



COVID-19: Bangladesh

Multi-Sectoral Anticipatory Impact and Needs Analysis

**Needs Assessment Working Group
BANGLADESH**

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BANGLADESH

COVID-19: Anticipatory Impact Analysis

Coordinated efforts of



Needs Assessment Working Group

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Executive Summary

Along with the rest of the world, Bangladesh is preparing to undertake a range of measures to protect its population from the COVID-19 and its long-term socio-economic and humanitarian impacts. COVID-19 which was declared a pandemic by WHO on 30 January 2020 has already increased the pressure on an already strained humanitarian system, both globally and in Bangladesh.

In the Global Humanitarian Response Plan for COVID-19, the UN Secretary General highlighted the need to protect the most vulnerable communities in society who will be severely affected during this time. This anticipatory needs analysis aims to provide timely evidence with which to plan an effective and coordinated humanitarian response focusing on the most vulnerable communities in Bangladesh that will be impacted as a result of the fallout from COVID-19 response. It will also supplement, but not overlap with the national COVID-19 preparedness and response, and Rohingya refugee COVID-19 response plans.

The COVID-19 response, including the general special leave declared by the government from 26 March to 25 April in Bangladesh is already impacting some of the most vulnerable groups in the country. It is expected that broader socio-economic impacts will continue to be felt for several months if not years across the world, and this will also have a significant localised impact on Bangladesh as well. These impacts will also disproportionately affect the most vulnerable groups. The impact of the global COVID-19 response will be far reaching for Bangladesh, as it will impact both import of essential items and exports, especially related to the RMG sector on which the country relies heavily for income and employment.

Most vulnerable groups in Bangladesh primarily rely on daily income sources, and the loss of these income sources has required them to resort to negative coping mechanisms which will have long-term implications. Further specific needs and vulnerabilities around gender, disability, age, ethnicity (indigenous groups), returnee migrant workers, income levels and employment type continue to emerge and will increase with time. While it is difficult to predict all downstream impacts of the current situation, early planning and preparation for emerging and known challenges will be critical for the humanitarian sector to be prepared to mobilise and respond in a timely manner.

While the number of COVID-19 cases in Bangladesh have remained relatively low, they are in an upward trajectory (Johns Hopkins data). This will require further continuation of lockdown and travel restrictions in order to health response. As the lockdown continues, the socio-economic impact at community level will be more prominent. The upcoming cyclone and monsoon seasons (and resulting flooding and landslides) will further aggravate the humanitarian needs of the most vulnerable groups in the coming months if there is any disaster as forecasted by BMD.

The Government of Bangladesh has mobilised significant resources to support communities impacted. However, it is likely that a coordinated humanitarian response over a 12-month period will be needed to supplement these efforts, especially to ensure that the most vulnerable groups receive targeted support. This analysis looks at identifying risks for vulnerable communities due to their geographical locations and/or socio-economic conditions. It will provide the basis future planning, including where activities need to be focused, who is most in need and how the programs can be best delivered.

Key Findings

The findings of the study highlights that the ongoing COVID-19 response and resulting socio-economic implications have increased vulnerability of already identified at-risk groups.

Major findings and trends emerging from the study are noted below:

- The humanitarian vulnerabilities and needs emerging as a result of lockdown measures, and its resulting economic implications will be nuanced for specific clusters of at-risk populations, based both on geographic and dimensions. The impact will also be most pronounced for people who are already suffering from multiple vulnerabilities and deprivations.
- More people are likely to vulnerable categories due to expected challenges. This includes people marginally above the poverty level falling below the poverty line due to loss of income and employment during this period.
- People rely on unsustainable, daily wage-earning in order to support themselves and their families. Current situation measures have and will continue to severely affect daily wage earners.
- Loss income will have broader implications areas such as food security, WASH, protection, health, and education.
- People of Bangladesh is mostly dependent on agriculture and due to lockdown the value chain of perishable items are disrupted and will led the producers to shut down production. Once shut down; it will take years to recover which will negatively impact on food availability and also a huge number of population will became vulnerable and aid dependent.
- There will be loss of agriculture production due to closer of agriculture input market, lack of agriculture inputs like seeds, fertilizer etc. This will negatively impact agricultural production and farmer's livelihood.
- Considering food security and health service situation the nutrition situation will be worsen and the number of SAM children will increase including increased maternal and child mortality.
- The humanitarian impact is likely to be among already at-risk ethnic community groups low-income families, people with disabilities, returnee migrant workers, informal and low wage earners such as daily women headed household, transgender and sex worker and tea plantation workers.
- As restrictions will likely continue to ensure the public health of the wider population, people will be required to rely on any savings available, government and other support measures to continue their lives under lockdown. More than 52% of the people have indicated that they have not received any support since lockdown/ movement restrictions (26 March 2020) were put in place. Resorting to negative coping mechanisms is set to increase with the most likely options set to be distress selling and skipping meals.
- The findings have highlighted that lockdown restrictions are already impacting food security and nutrition, with prices of essential items showing an increase.
- As restrictions continue, further impact food production and supply chains, the most vulnerable groups will be an of food availability and diversity – with considerable implications for needs.
- Due to the loss of daily work, migrant workers will likely return to their communities, which will have a number of broader social and economic implications.
- Protection and safety issues such as domestic and intimate partner violence and child exploitation will likely increase and become compounded by factors such as loss of income, school closures, returning migrant workers, communities remaining under lockdown for prolonged periods, and inability to access regular safety and support mechanisms.
- Maternal mortality will likely increase with necessary PPE reducing the availability of skilled midwives, and mothers opting for home births due to safety worries and social stigma.
- Women, girls, and female-headed households are likely to face more severe impacts during the ongoing situation. LGBTIQ+ groups, especially those who do not have an adequate support structure within their communities remain at high risk during this period.
- There will be a significant impact on the private sector, especially resulting in a snowball effect to the communities linked to them.
- The upcoming cyclone and monsoon seasons (and resulting flooding and landslides) will further increase the vulnerability of at-risk groups.

Priority Geographic Areas

Based on five key composite indicators (*risk of exposure to COVID19 and urban critical livelihood vulnerability, demographic and social vulnerability, economic and physical vulnerability, and recurrent disaster vulnerability*), this analysis provided a ranking of geographic priority areas for the response. The top twenty (out of 64) priority districts based on this ranking are: Bandarban, Netrakona, Kishoreganj, Sunamganj, Jamalpur, Kurigram, Patuakhali, Gaibandha, Sirajganj, Bhola, Nilphamari, Cox's Bazar, Satkhira, Rangamati, Rangpur, Sherpur, Khulna, Barguna, Bogura and Dinajpur.

Key Findings – Sector Based Main Impacts and Needs

Health

Anticipated Impacts

- Increased strain on existing healthcare workers and system, compounded by shortage of healthcare workers, resource and PPE.
- Most vulnerable communities are likely to have insufficient information on symptoms and procedures to be followed.
- Concerns of attending to health facilities due to fears of getting infected.

Needs and Priorities

- Building up capability on critical aspects such as bio safety procedures, use of PPE and safe management of patients and samples.
- Preparation and dissemination of normative frameworks, SOPs and other guidelines to ensure healthcare worker safety.
- Ensuring availability of sufficient equipment and reagents.

Key Statistics

- 61% of respondents know where to contact if experiencing COVID19 symptoms
- 83% of respondents reported experiencing mental stress
- 45% reported that health facilities are inaccessible

Sexual and Reproductive Health Education (SRHE)

Anticipated impacts

- Maternal mortality and morbidity expected to increase, along with unmet needs for family planning, and reduction in clinical management of rape.
- Lack of PPE may result in reduced availability of midwives, and worries of infection will lead to pregnant women avoiding hospitals, resorting to home deliveries without access to skilled care.

Needs and Priorities

- Ensuring access to evidence based SRH services, and inclusion of pregnant women to triage and case management at health care facilities
- Procurement of PPE to increase their accessibility to midwives and provide required training on their use

Key Statistics

- 43% of healthcare workers heard of mothers dying in their area within the last week
- 25% of healthcare workers noted women are not coming into healthcare facilities

Gender/ GBV

Anticipated impacts

- Global evidence shows pandemic/ disease outbreaks increase GBV incidences due to loss of livelihoods, increased unemployment and food insecurity - intensifying intimate partner violence, domestic violence and vulnerabilities of sexual and gender minorities
- Restrained or social distance order has affected prevention measures, access to information and availability of adequate support services
- Disproportionate impact on female-headed households
- With women being primary caregivers and all family members bound to stay at home, the increased workload can lead to additional mental pressures on women.

Needs and Priorities

- Dignity Kits with COVID19 IPC items to women and girls for enhancing safety and providing life-saving information for potential GBV survivors
- Access to multi-sectoral services for GBV survivors including psychosocial support, and GBV risk mitigation for most vulnerable groups
- Integrated GBV response services in priority sectors
- Support to national government in case management and psychosocial support
- Intervene innovative way to engage women in livelihood work and promote awareness messaging on equal sharing of care work through engaging men, male family members.

Key Statistics

- Intimate partner violence among unmarried women between 20-24 years is 28% (GBV Section)
- Female headed households are identified as facing the greatest challenges in meeting their daily needs
- 50% identified that safety and security of girls was an issue in the lockdown
- 33% did not know where to seek help in cases of abuse

Key Findings – Sector Based Main Impacts and Needs

WASH

Anticipated Impacts

- Lack of maintenance of water and sanitation services specially in climate vulnerable areas and urban slums which could lead water borne disease
- Community level solid waste management workers could fall into high health risk
- Hygiene Products (Soap, hand Sanitizer etc) price goes high

Needs and Priorities

- For COVID-19, handwashing is the most important practice which we should focus on and ensure handwashing material available and affordable in market
- Ensure continual functionality of water facilities in rural and urban areas
- Ensure all community clinics/HCF have access to WASH services and provide relevant hygiene messages

Key Statistics

- 42% indicated hygiene materials are not easily accessible
- 47.9% Use of safely managed drinking water services
- 74.8% Handwashing facility with water and soap
- 64.4% Use of basic sanitation services

Food Security and Nutrition

Anticipated impacts

- Significant impacts observed and further anticipated on food value chains (especially those relying on import and export), and prolonged impacts can include limited access and distribution, reduced food diversity, impact on upcoming planting seasons, and even potential collapse of some sectors.
- Limited livelihood options due to disruption to food value chains (where most vulnerable groups rely on for daily or seasonal work), compounded by limited access to food, will lead to increased indebtedness and negative coping mechanisms.

Needs and Priorities

- Supporting most vulnerable groups with appropriate in-kind and cash support to ensure that they have adequate access to essential food items.
- Immediate interventions to ensure fair pricing to safeguard producers and consumers, as well securing and supporting the food value chain and market distribution system.
- Nutrition supply, capacities and human resources are available with operational guideline for treatment of acute malnutrition.
- Micronutrient supplement for the HH with PLW and children to ensure nutrition
- Immediate awareness creation at the community level and with health care providers on breast feeding, complementary feeding and healthy nutrition practices for pregnant women, adults and elderly.

Key Statistics

- 75% respondents mentioned without sufficient access to food at home; 91% don't have sufficient money to buy food; and 66% reported that main challenge was closed markets
- 70% indicated they couldn't provide a varied diet to children between 6 and 23 months
- 49% indicated that women and children couldn't access health and nutrition services
- After assessing 366 health facilities only 27% of the health facilities are functional for severe acute malnutrition treatment and 95% do not have sufficient supply of F-75 and F100

Education

Anticipated impacts

- Significant impact on continuity of education and availability of remote services for primary and secondary aged children
- Significant impact for children from marginalised and most vulnerable groups in the community as they will have limited or no access to the alternate modes of education promoted by the government.

Needs and Priorities

- Supporting the government to increase the pool of alternate education platforms made available, giving due consideration to availability and accessibility by vulnerable groups.
- Increasing awareness among students and parents about alternate platforms available for education.
- Awareness raising for parents and teacher that girls should be free from household chore and care responsibilities (gender stereotype role)

Key Statistics

- 60% indicated no regular communication from schools about learning continuity
- 38% parents indicated no continuous educational support to children in lockdown
- 42% had not heard of any remote based education activities
- 59% households had school going children

Key Findings – Sector Based Main Impacts and Needs

Child Protection

Anticipated Impacts

- Increased child protection issues including increased child abuse and online exploitation due to children not attending school/ staying at home and loss of their social support networks.
- Violence against women and children is prevalent with an estimated 45 million children locked down in homes that use violent discipline (MICS 2019)
- Child Helpline 1098 has seen a 4-fold increase in calls in the last two weeks due to COVID-19 . This may increase in future.

Needs and Priorities

- Increasing capacity and knowledge on protection issues, psychosocial support and about specific vulnerabilities based on gender, and special needs.
- Generation of targeted resources for children, parents/ caregivers and teachers, both in terms of health promotion, but also on increasing protection.
- Virtual Emergency Courts need activation to ensure the quick release of children in overcrowded detention facilities
- Birth Registration has largely stopped but needs to continue

Key Statistics

- 62% of households indicated that children are staying at home
- 42% indicated that beating by parents of guardians had increased
- 40% increase on calls to the child helpline

Shelter

Anticipated impacts

- Physical living conditions affecting the spread or containment of the disease, particularly in dense urban environments
- Evacuation centres in the case of cyclones, flooding and landslides will likely increase risk for spreading COVID-19 as physical distancing measures may not be possible.
- Significant impacts in densely populated slums and informal settlements and camps and camp-like settings where displaced populations live

Needs and Priorities

- Planning for needs of marginalised and communities in slums in meeting self isolation and quarantine requirements that will emerge
- Identification of needs for shelters and temporary housing/ camps for vulnerable communities

Key Statistics

- 54 % of the respondents from slum and floating population highlighted the need for essentials NFIs such as beds, mosquito nets and others.

Early Recovery

Anticipated impacts

- Substantial numbers people will have no or limited livelihood options; increased vulnerability to food insecurity and heightened debt exposure and food price spikes for essential commodities.
- Due to negative household savings with reduced flow of remittance and increased level of unemployment due to return of migrant labour; a huge economic impact at Macro, Meso and Micro level is anticipated.
- Availability of fewer safety nets and income generating opportunities in terms of employment and remittances may lead local markets to suffer from liquidity crisis and loss of social cohesion, instability, insecurity may rise.

Needs and Priorities

- Emergency employment creation through creation of temporary jobs and ensured access to social safety nets and wages.
- Support to enterprise recovery for small businesses and micro-enterprises through providing start-up grants which may include but not limited to new skill for returnees, small grants for small business for both local and returnees.

Key Statistics

- 25% spike in price of potatoes, 13% spike in price of rice
- 43% indicated that their business had been significantly affected, with 42% indicating a more than 3-week period for resuming

Key Findings – Sector Based Main Impacts and Needs

Logistics

Anticipated impacts

- Significant impact on supply chain continuity, with border closures, import/ export and movement restrictions increasing challenges.
- Increased costs of relief commodities and availability and access to food, fuel and other essential resources will be affected
- Internal movement restrictions may limit humanitarian access to vulnerable groups and reduce service availability, decreasing humanitarian response capacity

Needs and Priorities

- Increased coordination among clusters/ humanitarian organisations to plan requirements and increase preparedness for eventual response (including seasonal flooding and cyclone needs that will emerge)
- Pre-positioning stockpiles of essential items in priority districts to enable faster distribution of relief when the need emerges
- Coordination with the government to facilitate logistical setup within current restrictions, including fast-tracking importing and clearance of essential items required for response.

Key Statistics

58% respondents reported no or limited access to roads due to mobility restriction and lockdown imposed by Government.

Private Sector Impact and Potential Fallout

A significant impact will be felt by the private sector during this period, which will have a follow-on effect on the wider community linked to these businesses, with casual and informal workers within the private sector expected to feel the brunt of the impact. The export sector – including RMG, leather, agro-processing, pharmaceuticals and jute have already seen a major reductions in exports as the markets in US and Europe have become difficult to access due to restrictions. Similarly SMEs are facing major disruptions to their business operations. Overall slowing down of businesses will impact cash flows, and the ability for these organisations to pay salaries and maintain employees. This will have widespread socio-economic and psychosocial implications, and the potential to increase the number of vulnerable people requiring support.

Demographic Vulnerabilities - Key Data

Demographic dimensions play a key role in determining vulnerability of people, not only in terms of susceptibility to COVID-19, but also in terms of the socio-economic impacts they will face during this period. Some of the main determinants include, age (65+ years), sex, populations living in slums, low income households, impact on women garment workers; people living with disabilities as well as people in ethnic communities.

- **Age:** 32 districts have over 100,000 people who are 65+ years. Rural areas have higher proportion of elderly people.
- **Population living in slums:** 2,619,021 with over 13 districts with a population of between 10,000-20,000 living in per slums
- **Ability:** About 50% of districts have 50,000 or more people with a disability. Rural areas have a higher proportion of people with a disability.
- **Women-headed households:** 4,473,839 from 08 divisions.
- **Ethnicity:** 3 million people from 50 ethnic communities live in Bangladesh and are among the most marginalised and excluded vulnerable groups.

People in need
Urban Areas from
top 20 Districts

People need support
(Number of poor
Households)

3,814,734
Families

People in Need
(national) except
urban Areas from
top 20 districts

People need support
(Number of poor
Households)

41,20,240
Families



About the Anticipatory Impact and Needs Analysis

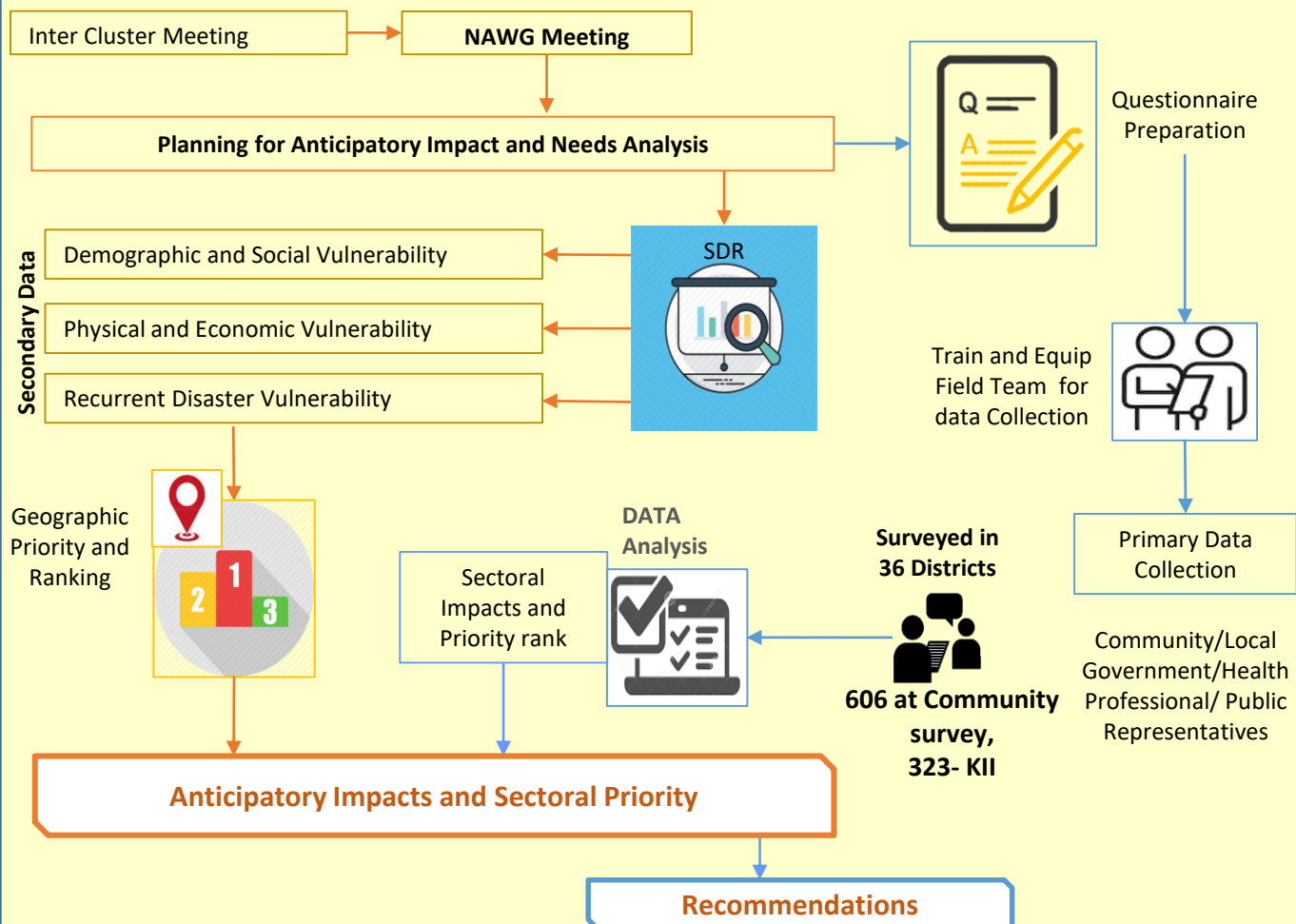
COVID-19: Anticipatory Impact Analysis

The anticipatory analysis aims to provide a rapid overview of the impact of ongoing COVID-19 health emergency, and its inevitable impacts on most vulnerable groups and other sectors. Countries such as Bangladesh with about 20% extreme poor household and higher number of household having unsustainable livelihood dependency, can anticipate severe impacts on them due to the current COVID-19 situation.

Needs Assessment Working Group in Bangladesh, comprising of both Government and non-government humanitarian agencies have undertaken this analysis to assess the humanitarian impact that can be anticipated in the current context. The primary goal is identifying persisting and anticipatory needs through composite primary and secondary information-based analysis. Purposive sampling was done to conduct structured interview of the community from diversified socio economic and livelihood groups, complemented by additional key informant interviews to determine the anticipated impacts. For the secondary review, four dimensions were analyzed; i.e. Demographic and Social Vulnerability, Economic and Physical Vulnerability Recurring Disaster Vulnerability along with Urban focused unsustainable livelihood and exposure analysis.

Analysis done based on secondary pre-crisis information from Government (BBS) and other reliable sources, sector specific analysis by the respective clusters and primary data through individual interview covering most vulnerable groups both rural and urban settlements and Key Informant Interview (KII) with local administration, public representative and health personnel's both urban and rural settings. Primary data collected through more than 40 local, national and international agencies presence on ground. See details of the methodology from flow-chart below.

Process and Methodology



About the COVID19-Health Emergency

COVID-19: Anticipatory Impact Analysis

COVID-19 has been declared a global pandemic and the first case of Covid-19 in Bangladesh was detected on 8 March 2020. So far, the country has detected 1231 confirmed cases of Covid-19, of whom, 50 have died and 49 have recovered after treatment. In total, 104,969 people have been quarantined (institutional and home) till date of whom 65,580 have been released from state of quarantine (as of 16 April 2020). Bangladesh Government declared general leave and ban all inter district transports since 26th March 2020 and most of the economic activity are retrained to reduce the transmission of COVID -19.

Current Situation

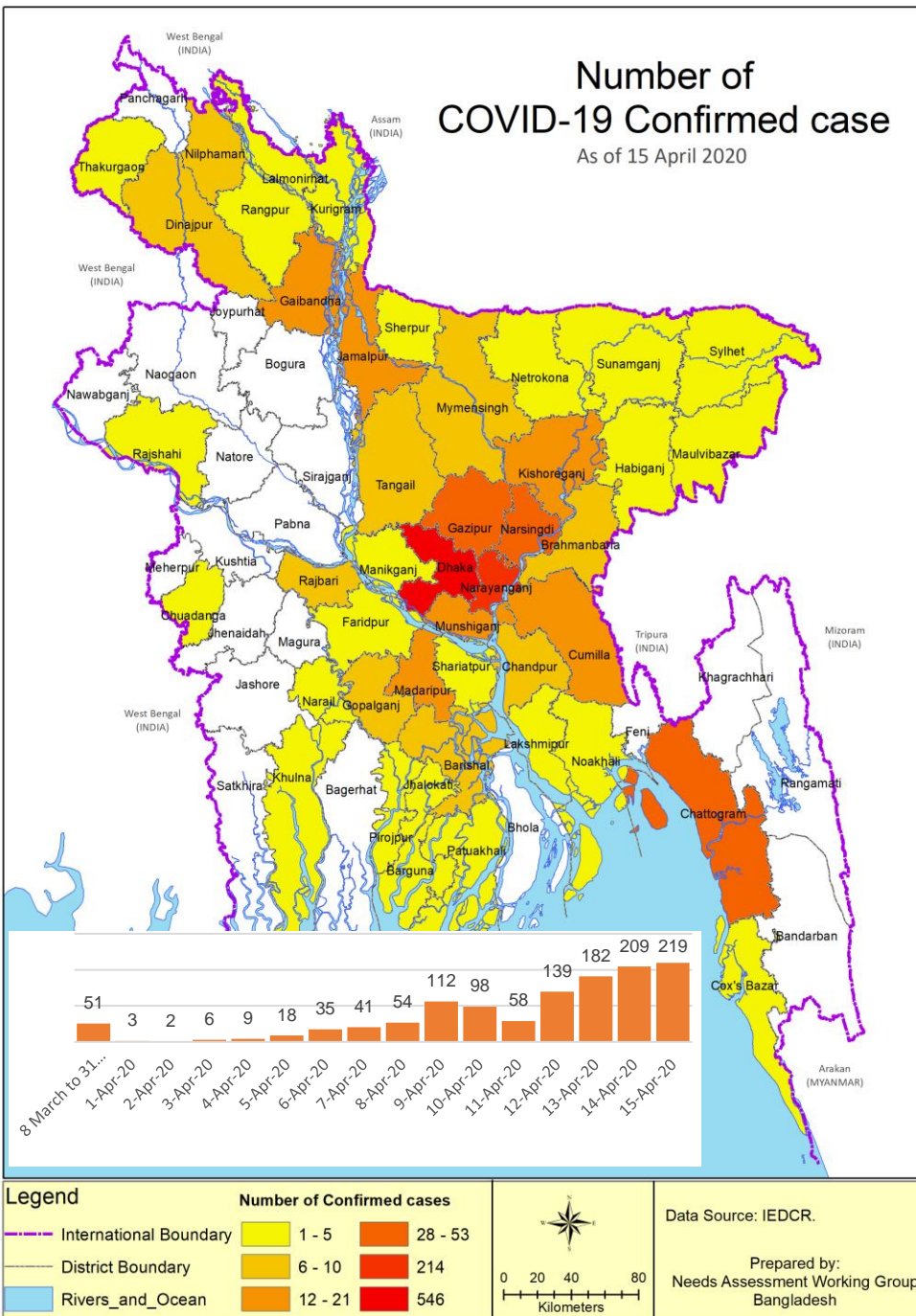
 **1231**
Total Confirmed cases

 **104,969**
Total Quarantine

 **65,580**
Released from Quarantine

 **50**
Death

Empirical evidences (chart of confirmed case on left) showing rapid increase of COVID-19 cases. The coming months will be critical in terms of the impact it will have on the economy and other sectors in the longer term – both from a global perspective as well as domestically in Bangladesh.



Within the current situation, priority will be ensuring the health system is strengthened to support all people in Bangladesh. However, the ongoing lockdown situation is anticipated to have a severe impact on socio-economical vulnerable people in Bangladesh.

While the number of COVID-19 cases in Bangladesh have remained relatively low, they are in an upward trajectory (Johns Hopkins data). This will require further continuation of lockdown and travel restrictions in order support the health response. As the movement restrictions continues, the socio-economic indices at community level will be impacted. The cyclone and monsoon seasons (and resulting flooding and landslides) will further aggravate the humanitarian needs of the most vulnerable groups in the coming months.

The four dimension of vulnerability has been analysed to identify the prior geographic region-

- ☐ Exposure, risks and Urban focused unsustainable livelihood
- ☐ Demographic and Social Vulnerability
- ☐ Economic and Physical Vulnerability
- ☐ Recurrent Disaster Vulnerability

Analysis guided to identify the priority districts on the basis of composite value of the ranking.

☐ **Exposure, risks and Urban focused unsustainable livelihood**

COVID-19 risk is related to human social behavior, with high likelihood to impact the congested urban areas with higher population density, people with low immunity or elderly and people who are easily exposed. In the urban areas, floating populations, people living in slums and urban focused unsustainable livelihood dependent people will face further issues as they face a higher risk of unemployment and income loss. As these population depend on daily income, tend to have no savings, and sometimes are living under the burden of loans, they remain highly vulnerable.

For analyzing these impacts, several aspects of demographic exposure and urban critical urban livelihood scenarios are described in the lens of vulnerability .

Vulnerability Related to density:

- High Density prone areas are susceptible to higher rate of COVID-19 spread.
- People in higher density areas tends to live in the congested living arrangement which increase the risk of being affected
- Bangladesh has a high population density with more than 1100 people living in per square kilometer

Vulnerability of Different Age Group:

- Older people in terms of protection, access to services and aid due to the socio-physical obstacles to key services
- Age can impact access to humanitarian information and services
- Fatality risks (27-30% of affected population) of elderly population is higher than others.

Vulnerability Related to floating and Slum Population

- Floating population has higher risks of exposure to virus.
- Most of the floating population and slum dwellers depend on unsustainable livelihoods.
- There are 0.15 million floating population and 2.6 million slum dwellers in Bangladesh.

Vulnerability of Urban Unsustainable livelihood dependents:

- Unsustainable livelihood such as rickshaw pullers, small street tea stall workers, street fruits/vegetables sellers etc. may loose their income due to lockdown situation.
- Majority people from this livelihood group depend on day to day income
- These livelihood group tends to have no savings.

Priority Geographic Areas (Urban): Exposures and Critical Urban Socio-Economic Vulnerability

COVID-19: Anticipatory Impact Analysis

List of Indicators used for ranking different social, physical and economic condition.

Composite risk of Exposer to COVID-19 Confirmed Cases, Quarantined, Density, Floating population, Slum Population, Elderly population, Safe Hand wash,

Critical Urban Professional Slum Population, Tea stall worker, Rickshaw Puller

Ranked 32 districts on the as per the major composite indicators

Composite risk of Exposer to COVID-19		Composite Critical Urban Profession		Exposures and Critical Urban aspects				
District	Rank	District	Rank	Composite risk from indicators rank (out of 64)				
				Districts	Exposer Vulnerability value	Unsustainable urban focused profession and Vulnerable Population	Composite Value	Priority Rank
Dhaka	1	Dhaka	1	Dhaka	1	5.5	3.3	1
Chattogram	2	Chattogram	2	Chattogram	4	10.5	7.2	2
Gazipur	3	Cumilla	3	Narayanganj	9	6.5	7.8	3
Narayanganj	4	Mymensingh	4	Gazipur	5	15.5	10.4	4
Rangpur	5	Narayanganj	5	Rangpur	13	9.75	11.5	5
Comilla	6	Khulna	6	Barishal	20	11	15.7	6
Chandpur	7	Noakhali	7	Cumilla	14	18.75	16.4	7
Cox's Bazar	8	Jessore	8	Mymensingh	17	16.5	16.8	8
Mymensingh	9	Rangpur	9	Sylhet	20	14.25	17.0	9
Jashore	10	Gazipur	10	Khulna	26	10	18.0	10
Sylhet	11	Barisal	11	Chandpur	15	21	18.1	11
Barisal	12	Rajshahi	12	Cox's Bazar	17	20.25	18.4	12
Feni	13	Tangail	13	Jashore	20	22.5	21.2	13
Kushtia	14	Kishoreganj	14	Kushtia	22	21	21.3	14
Rajshahi	15	Dinajpur	15	Feni	21	21.75	21.6	15
Gaibandha	16	Feni	16	Kishoreganj	26	18.5	22.2	16
Brahmanbaria	17	Pabna	17	Rajshahi	22	24	23.0	17
Bogra	18	Chandpur	18	Gaibandha	23	24.75	23.8	18
Jamalpur	19	Gaibandha	19	Pabna	27	21.5	24.1	19
Kishoreganj	20	Brahmanbaria	20	Bogura	24	24.25	24.2	20
Dinajpur	21	Kushtia	21	Dinajpur	26	24.75	25.3	21
Khulna	22	Lakshmipur	22	Brahmanbaria	24	28.25	26.0	22
Pabna	23	Sylhet	23	Sirajganj	27	25	26.2	23
Sirajganj	24	Jhenaidah	24	Bagerhat	35	19.25	27.1	24
Nilphamari	25	Bagerhat	25	Nilphamari	30	24.5	27.3	25
Chuadanga	26	Bogra	26	Noakhali	32	23	27.7	26
Faridpur	27	Cox's Bazar	27	Jamalpur	25	34.75	30.0	27
Tangail	28	Natore	28	Faridpur	32	29.25	30.4	28
Noakhali	29	Jamalpur	29	Tangail	32	30.25	30.9	29
Shariatpur	30	Sirajganj	30	Maulvibazar	38	24.75	31.5	30
Narsingdi	31	Patuakhali	31	Chuadanga	31	37.5	34.4	31
Nawabganj	32	Netrakona	32	Nawabganj	35	34.25	34.5	32

Demographic and Social Vulnerability

Demographic and social vulnerability comprises of different demographic and social groups who have less skill sets or critical social positions due to different, race, gender or physical abilities. The major demographic and physical groups were analyzed district wise for identifying priority areas.

- ☐ People with Disability
- ☐ Women and Women Headed Household
- ☐ Ethnic Population

- ☐ Illiterate Population
- ☐ Sex Worker
- ☐ Primary School enrolment

Vulnerability Related to Disability:

- Less to no accessibility to basic services and aid
- Protection concerns related to exclusion and stigma and-Social Practices of ignore people with disability
- In most the cases, poor households tend to have higher number of people with disability which is also results in limiting the special care available to these persons with disability.

Vulnerability related to Gender

- Women are exposed more to different vulnerabilities and risks;
- Women, specially women headed household faces challenge to get access to services.
- Persisting gender inequality and GBV
- Mental health is an issue for women to deal with increased burden of care work as well as uncertainty of income, food security and access to hygiene and health facilities.

Vulnerability of Ethnic Population:

- Ethnic population are likely to be poor and more vulnerable in terms of physical, social and economic capital
- Less accessibility to basic service and living in the hard to reach areas
- Depends on unsustainable income sources
- Tends to be less educated and has very high vulnerability to any kind of shocks.

Education related vulnerabilities:

- Likely don't have minimum access basic service
- Mostly depend on unsustainable livelihood or low-income opportunities
- Vulnerability in terms of information and communication as they are less likely to understand the messaging which appear as barrier to access services as well as leading to increased unsafe health practices

Vulnerabilities of Sex Worker

- Victim of social stigma.
- No access to social services
- In the current situation, they have no income source
- In most of the areas, these groups are facing food crisis situations.
- Very difficult to have health services made available to them.

Primary School enrolment

- Lower enrolment appears as vulnerable human capital
- Due to the school closure, a higher number of children are staying at home. Poor children especially don't have access to TV/online based learning.
- Anticipated high dropout rate due to this crisis.

❑ Economic and Physical Vulnerability

Economic condition of a household appears as an important resilience indicator in crisis situations, including physical capital and assets. For analyzing economic and physical vulnerability major economic and physical capital indicators were reviewed and later ranked to identify priority districts.

- ❑ Poverty rate of Household
- ❑ Vulnerable Livelihood
- ❑ Food Price in Market

- ❑ Housing Structure
- ❑ Unsafe hygiene practice
- ❑ People use open space for toilet

Poverty related vulnerability

- Household living below the poverty line are not able to access basic services
- About 2.2 million people live below the poverty line
- Severely vulnerable to shocks.
- This COVID-19 lockdown situation will severely impact their income.
- Rangpur division has highest number of extreme poor population and Chattogram has second highest.

Vulnerable livelihoods (Labour)

- Mainly work as daily labourers.
- Due to the lockdown/ staying at home, agriculture dependent labourers will not be able to move to the other regions for their livelihood.
- There are about 7.2 million agricultural labourers in the country who has no alternate limited income since 26 of March.
- Rangpur Division has the highest number of agricultural labourers.

Food price in market

- Price of the staple foods tend to increase.
- It is anticipated that food prices may increase as the market is not fully functional.
- As supply chains are disrupted, in a short period of time, there will be a spike in market prices
- An increasing trend has been observed for Rice, Potato, Flour, Soybean in last two week

Housing structure related vulnerability

- Most of the houses in coastal , hill tracts and northern flood prone areas are built of mud or jhupri (shanty).
- On an average more than 7% of houses are kutcha and 10% houses are jury.
- Kutcha and jhupri houses are less resilient to natural disaster and high likelihood of being impacted

Unsafe hygiene practice related vulnerability

- Unsafe hygiene practices at household level increase risks
- These aspects will be severely affected at times of disaster.
- Indicator for vulnerable socio-economic conditions.
- About 15% people don't have safe sanitation, and about 50% people don't follow proper handwash related hygiene.

People with no toilets

- People who have no toilets are susceptible to contagious diseases.
- Very low socio-economic condition among these groups
- About 8% population use open space as toilets.
- People form these households tend to have more health issues than others.

Recurrent Disaster Risks and Vulnerability

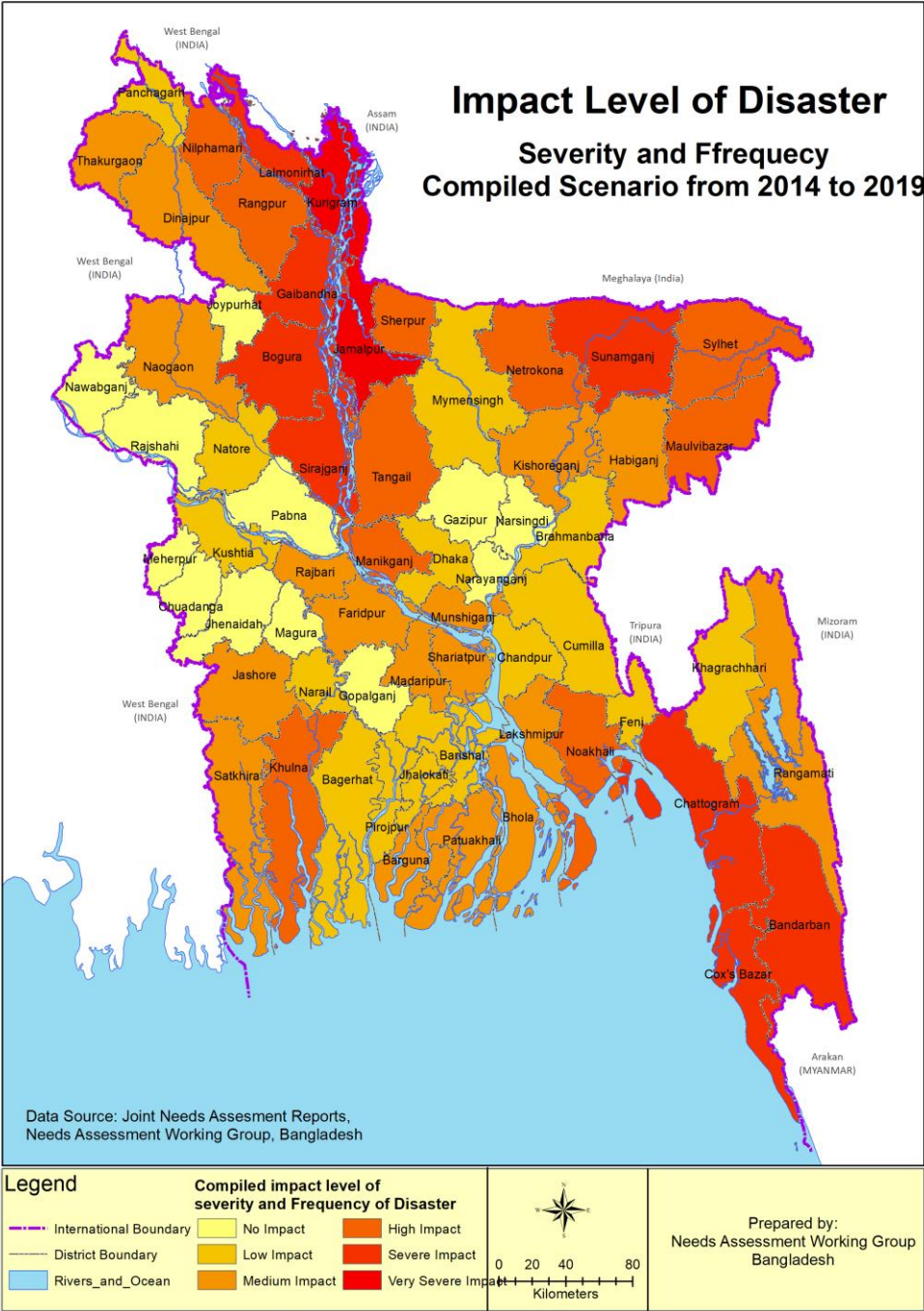
COVID-19: Anticipatory Impact Analysis

Disaster Incident and their severity of impact from 2014 to 2019 has been analyzed to summaries the impact by districts. There are total 14 major disaster during this period which impacted Bangladesh in different areas of Bangladesh

14 Major disaster in last five years:

1. 2014 NW Flood 2
2. 015 NW Flood
3. 2015 SE Flash Flood
4. 2016 NW Flood
5. 2017 Haor Flash Flood
6. 2017 Northern Flood
7. 2015 Cyclone Komen
8. 2016 Cyclone Roanu
9. 2017 Cyclone Mora
10. 2017 Monsoon Flood
11. 2017 SE Land slides
12. 2019 Cyclone Fani
13. 2019 Monsoon Flood
14. 2019 Cyclone Bulbul

Composite Impact level of Disasters	Number of Districts
Low to no Impact	27
Medium Impact	19
High Impact	8
Severe Impact	5
Very Severe Impact	5
Grand Total	64



Top 15 disaster affected Districts in last fiver years (in terms of Severity and exposures)

District	Disaster Vulnerability Rank	District	Disaster Vulnerability Rank
Jamalpur	Very Severe	Kishoreganj	Severe
Kurigram	Very Severe	Sunamganj	Severe
Gaibandha	Very Severe	Patuakhali	Severe
Bandarban	Very Severe	Sirajganj	Severe
Bhola	Very Severe	Satkhira	High
Cox's Bazar	Very Severe	Khulna	High
Netrakona	Severe	Bogra	High
		Chittagong	High

Recurrent Disaster Risks and Vulnerability

COVID-19: Anticipatory Impact Analysis

Anticipation of Disaster Risks

Cyclone and Landslide : According to Monthly Forecast of Bangladesh Meteorological Department, There Is a likelihood of 1-2 depression developing in the Bay of Bengal during the month of April. One of the depressions may further develop into a cyclone and affect the coastal region. There are 18 million people living in cyclone/ landslide risk prone 19 districts. Among them, about 9 million people are poor (within which 4.5 million people extremely poor).

Monsoon Flood and Riverbank Erosion : The forecasted heavy rainfall in the upper streams in the north and north-western regions of the country may trigger flash floods in several districts in those areas. About 19 million people are living in seven flash flood risk prone districts where most of the district has higher level of poverty. It is also anticipated that in the upcoming monsoon season river bank erosion may associated with the regular monsoon flood.

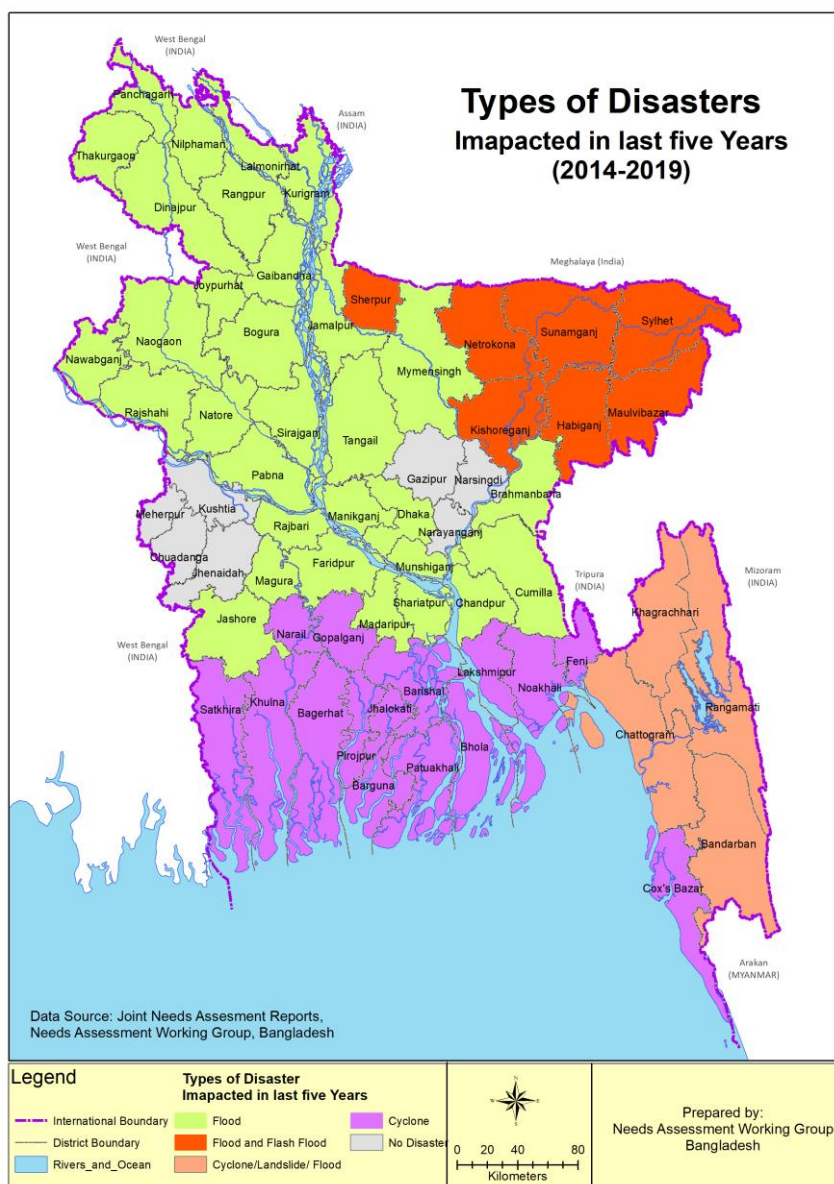
Nor'wester and Heat Wave: 4 to 6 severer to moderate nor'westers are forecasted in the north, north west and middle part of the country for the month of April 2020. On the other hand 1 severe heat wave and 1-2 moderate heat waves can prevail in north, north western region.

Vector Borne Diseases in City Areas: As 2019 experienced highest number of Dengue patient in single year, it is anticipated that in the upcoming month (May , June, July, August) the scenario can be deteriorate. Proper preparedness and planning is urgent to mitigate this alarming disaster

Major Disaster Type	Number of Districts
Cyclone	15
Cyclone/Landslide/ Monsoon Flood	4
Monsoon Flood with High Impact and River Bank Erosion	10
Regular Monsoon Flood	21
Flash Flood	7
N/A	7
Grand Total	64

On the basis the previous disaster impact scenario, there are 10 districts which experiences severe impact of monsoon flood and other 20 districts also impacted by regular monsoon flood. In terms of cyclone there are four districts which impacted severely cyclone and landslide more than one time in last six years. On the other hand coastal 15 districts has experiences cyclonic wind and had to moved to shelter due to high danger signal of cyclone. The flash flood also had potentially sever impact in 07 districts of Haor region.

As forecasted by BMD, it is anticipated that these highly impacted districts could be impacted this year.



Priority Geographic Areas (National): Overall Physical , Social, Economic and Disaster Vulnerability

COVID-19: Anticipatory Impact Analysis

List of Indicators used for ranking different social, physical and economic condition.

Composite Demographic and Social Vulnerability	Women Headed Households, Ethnic population, HH Vulnerability index, people with disability , Literacy status
Composite Economic and Physical capital	Extreme Poor, Housing Structure, Agri Labor, Sanitation and Hygiene
6 Year's Compiled Disaster Vulnerability	Severity of impacts of 14 Major disaster from 2014 to 2019.

Ranked 32 districts on the as per the major composite indicators

(Composite Values out of 64: Lower is worst)

District	Composite Demographic and Social Vulnerability	Composite Economic and Physical Vulnerability	Recurrent Disaster Vulnerability	Final Composite Value	Priority Rank
Bandarban	5	23.3	1.5	9.9	1
Netrakona	13.8	14.3	2.0	10.0	2
Kishoreganj	21.8	10.7	2.0	11.5	3
Sunamganj	15.2	23.0	2.0	13.4	4
Jalalpur	32.4	14.3	1.0	15.9	5
Kurigram	27	20.7	1.0	16.2	6
Patuakhali	28.8	18.7	2.0	16.5	7
Gaibandha	25.4	24.7	1.0	17.0	8
Sirajganj	36.2	13.3	2.0	17.2	9
Bhola	21.4	31.7	1.8	18.3	10
Nilphamari	20	16.7	22.0	19.6	11
Cox's Bazar	9.8	48.0	1.9	19.9	12
Satkhira	39	19.3	2.0	20.1	13
Rangamati	11.2	30.7	19.0	20.3	14
Rangpur	23.6	16.3	23.0	21.0	15
Sherpur	18.8	21.0	26.0	21.9	16
Khulna	40.8	23.7	2.0	22.2	17
Barguna	37	15.7	14.5	22.4	18
Bogura	36.6	30.3	2.0	23.0	19
Dinajpur	33	17.0	25.0	23.3	20
Noakhali	31	22.7	17.0	23.6	21
Khagrachhari	16.2	39.7	20.0	25.3	22
Lalmonirhat	34	24.7	18.0	25.6	23
Lakshmipur	28.4	16.7	36.0	27.0	24
Chattogram	39.2	42.3	2.0	27.8	25
Bagerhat	23.8	23.7	37.0	28.2	26
Naogaon	19.4	26.3	40.0	28.6	27
Thakurgaon	31	31.0	24.0	28.7	28
Tangail	33.4	25.5	28.0	29.0	29
Habiganj	13.4	41.3	33.0	29.2	30
Mymensingh	12.6	29.0	48.0	29.9	31
Sylhet	43.4	52.0	2.2	32.5	32

Composite risk from indicators rank (values out of 64)

Key findings: One third of the respondents are still unaware of where to report to if anyone has COVID-19 symptoms. Awareness level is higher in the urban areas (71%) than in rural settings (56%). More than half (68%) of the respondents do not know if the health facilities are providing similar support like normal time or have any special activities for COVID-19 response. At least 30% of the respondents are concerned about visiting health facilities after the COVID-19 outbreak in Bangladesh while the fear is more (54%) among the rural inhabitants.

The survey revealed that community groups at all administrative levels are living with some existing morbidities including communicable diseases (15%), asthma (12%), infections (5%); while 83% of the people are suffering from mental distress due to COVID-19. This panic is a little more intense in the urban area (85%). About 38% of the health facilities are receiving less patients than the normal time. Health workers are not exception from this COVID panic, with 32% of the health workers convinced or somehow willing to extend their service while 24% regretted to provide health services.

❑ **Potential risks: Current and anticipation**

- Increased number of COVID-19 morbidity and mortality
- Inaccessibility health services by other critical health patients

❑ **Anticipated Distress and disruption**

- COVID-19 management might be affected due to shortage of dedicated health care staff at health facility level

❑ **Immediate Needs and Priorities**

- **Capacity building:** Training needed on evidence-based surveillance, biosafety and biosecurity and laboratory biosafety protocols, specimen collection and transport, RT-PCR, case management, IPC, including on donning and doffing of PPE for relevant health and lab professionals
- **Equipment and reagent:** Ventilators; Pulse oxymeter with cardiac monitoring, N95 mask, Closed colored bin, PPE, Biohazard bag, Autoclave, Viral transport media with swabs, , Large medical oxygen cylinders; RNA extractor, Reagents and laboratory consumables
- **Normative work:** Develop, review and disseminate SOPs for the molecular detection of COVID-19, Printing and dissemination of guideline on case management, SOP and job aids; Printing and dissemination of triage algorithm and job aids; Printing and dissemination of triage algorithm and job aids
- **HR:** National consultant for contact tracing, surveillance, and National consultant for monitoring quality of in vitro diagnostics and other devices
- **Others:** Provision of ambulance service in all districts for COVID-19 pa

❑ **Anticipated medium term Needs and Priorities**

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers,
- Prevent transmission & amplification events, and enhance infection prevention & control in community and health care settings;
- Identify, isolate and care for patients early.
- Communicate critical risk and event information to the communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships

❑ Current and anticipated potential risks

The current COVID-19 pandemic is affecting lives of people and health care workers worldwide. Throughout Bangladesh, the shortage of personal protective equipment (PPE) is imposing a direct risk for midwives and other health care staff. Currently, the existing PPE is prioritized to those providing direct care to people diagnosed with the coronavirus, as well as to the higher-level facilities. Because of this, attention has been drawn away from providing critical lifesaving sexual and reproductive health and rights (SRHR) services. Furthermore, the lack of PPE and necessary supplies, has the potential of making midwives stop coming to hospitals and health facilities in fear of getting infected. As a result of lower numbers of midwives, and of fear of getting infected, pregnant women will stop seeking health care, which will increase the number of home deliveries without any skilled provider or access to emergency obstetric and newborn care (EmONC).

It is anticipated that maternal mortality and morbidity will rise, as well as the unmet need for family planning (FP). Additionally, fewer patients will receive clinical management of rape (CMR) care, access to antenatal care (ANC), and lifesaving comprehensive emergency obstetric and newborn care (CEmONC). From primary data collected from health care workers nationally in the beginning of April 2020, 43% said that they have heard of mothers dying during the last week in their area, and 26% said that current SRH services are not meeting the needs. 25% said that women are no longer coming to the health care facilities.

Globally, and during any crisis, it's estimated that around 25% of any population are women of reproductive age, and that 15% of all currently pregnant women will experience complications. Furthermore, between 5%-15% of all deliveries require C-section. In summary, it's crucial to prioritize midwives and other health care staff, as well as pregnant women, lactating mothers and especially women of reproductive age with disabilities in the COVID response, to make sure that the vulnerable are not forgotten.

Target population: Midwives and other health care workers, pregnant women, lactating mothers and women of reproductive age, especially the ones living with disabilities.

❑ Immediate needs and priorities

- **Procurement of PPE** for midwives and health care staff to make sure midwives will continue working and provide lifesaving care
- **PPE training** for midwives and health care staff on how to properly use PPE without spreading the virus
- **Training on a guideline for universal screening** and segregation of potentially contagious patients, including pregnant women
- **Information awareness** targeting health care workers, pregnant women and lactating mothers
- **Ensure access to evidence-based SRH services** to pregnant women, lactating mothers and women of reproductive age, and for pregnant women to be included in hospital triaging
- **Understand if/ which challenges** women face in receiving quality health services and education regarding COVID
- **Advocate** for pregnant women to be included in the triage and case management guidelines at health care facilities/ hospitals
- **Understand** in a better way which impact the virus has on pregnant women and on fetus
- **Rapid assessment** needs to be carried out to understand the implications of COVID to women and lactating mothers

☐ Anticipated medium-term needs and priorities

- **Meet the need of CEmONC** services, such as bleeding, prolonged or obstructive labour, infection and eclampsia. This will also include services such as family planning, antenatal and prenatal health services
- **Inadequate access to SRH services** since health care clinics and hospitals will be understaffed, underequipped and overwhelmed with patients seeking health care, including pregnant women
- **Information sharing** and awareness raising regarding COVID and pregnant women once more data is available
- **Continue supporting midwives'**, health care staff and health facilities/hospitals with PPE if the shortage of equipment continues
- **Monitor** and follow up to ensure health facilities and hospitals and their staff are following PPE guidelines, and that pregnant women are included in triaging. Health care workers are providing evidence-based care for pregnant women, lactating mothers and women seeking SRH care.
- **Support** mothers and women who suffer pregnancy related complications from receiving insufficient care due to the COVID situation

❑ Potential risks: current and anticipated

Global evidences that shows pandemic/ disease outbreak increase GBV incidences- often leaving girls and women vulnerable to violence and rape — a result of the civil unrest and instability that epidemics leave in their wake. Quarantines, isolation, school and office closures - public health measures aimed at slowing the spread of disease — put girls and women at higher risk of violence. The scenario can potentially be no different in Bangladesh – between 15-31 March, 23 cases of GBV between has been reported in media of which 11 were rape cases. Where 382 cases on average are registered monthly in one district by the caseworkers – this life-saving GBV response is now stalled. Intimate partner violence among the ever married young women (20-24 years) is 28.1 % - highest across age groups. The recent data collection informs that 49.2% women and girls feel safety and security is an issue in the current lockdown. 51.7% of the women responded insufficient personal health items available to them, which is potentially as a results of movement restriction.

Among the marginalized population, one of the most affected group will be the key population and gender diverse population – the transgender (Hijra) and sex workers – who live on day-to-day earning. A large number of children and ageing parents of the female sex workers (FSWs) live with them in the brothels – which has closed down currently. Only 1 in 9 nine FSWs have some sorts of savings to survive for a few days. Government announced ration support to FSWs in brothels – however – it will not cover all particularly the large number of street based FSWs around 36,539. Closure of drop-in centers for injecting drug users (IDU) and people living with HIV (PLWHIV), and street policing is exposing key population to exploitation and further marginalization.

Gender based violence is already an under-reported social pandemic which will only exacerbate in any circumstances of no prevention measures, adequate support services and potential social instability. Lockdown and quarantine leading to loss of livelihood, unemployment, food insecurity will intensify partner violence, domestic violence and vulnerability of key population.

Target population: 1) Percentage of the population of Women of reproductive age (WRA): 26%. Particularly women with disabilities. 2) Percentage of the population who are adolescents and young (10-24 years): 20.4% (boys 10.5% and girls 10.0%) 3) Key population/ gender diverse population: Female sex workers: 40,072; Male sex workers: 26,237 PLWHIV: 6, 027, Transgender: 3350 (hijra community members) and 8,533 (street based)

❑ Immediate needs & priorities:

- Dignity Kits with COVID19 IPC items to women and girls for enhancing their safety and providing life-saving information for potential GBV survivors, during lockdown and quarantine.
- In current context of limited movement, access to multi-sectoral services for GBV survivors including psychosocial support by means of strengthening referral pathways, remote case management in Women Help Desks, Women Friendly Spaces, and other service facilities.
- GBV risk mitigation with key population with first priority to the ones without shelter or home.
- Life-saving information on COVID-19 prevention, and healthy coping strategies and referral pathways, targeting adolescent youth, to prevent conflicts and violence (esp. sexual violence), using alternative means of communication and exploiting existing social (virtual) networks
- COVID-19 prevention efforts to targeted adolescents and youth through one-on-one/virtual peer education on the importance of social stability and peace preservation, healthy coping strategies, and life-saving GBV & SRH messaging

❑ Anticipated medium term of needs & priorities:

- Integrated GBV response services and risk mitigation measures for survivors affected by the pandemic. Prioritize sectors/ interventions such as food security, cash and livelihood, life-skills/education to support survivors, particularly for social reintegration of adolescent girl survivors.
- Support to national/government in strengthening case management particularly on psychosocial support (PSS), referral and shelter homes.
- Scaled up accessibility to mental health support services for the most vulnerable population, and targeting the adolescents and youth.
- GBV service providers, including helpline providers, capacity to understand the distinct needs and vulnerabilities of adolescent girls, including PSS as it pertains to GBV, particularly during an emergency.
- Scaled up adolescent and youth targeted life skills educational programming focusing on gender empowerment and GBV prevention.
- Targeted adolescents and youth engaged as champions and ambassadors for ending GBV, especially sexual violence
- Protection risk analysis for key population including LGBTIQ individuals, who may not present for testing or health services due to stigma and protection concerns.

❑ Potential risks: current and anticipated

Bangladesh is highly prone to floods, cyclones and drought prone areas are expected to turn into severely drought prone ones. In addition, saline water intrusion is affecting safe water access and agricultural production.

- Water Points (Tubewell) are a commonly useable thing in Bangladesh and high-risk point for virus transmission
- Unsafe faecal sludge management and water handling could lead Diarrhea and Cholera outbreak
- Mismanagement of Solid Waste Management from primary station (household) to Secondary Station can cause environmental hazard
- Unaffordability of hygiene material due to COVID19 socio-economic situation
- Integrated Vector Control in response to dengue season in urban areas: minimizing breeding grounds and standing water (including in drainages in urban areas), waste management to minimize vector breeding.
- Cyclone: prepare shelters with enough and resilient WASH facilities for maintaining personal hygiene.

❑ Anticipated distress and disruption

- High population density in the country with exposure of natural hazards will increase impacts and vulnerabilities. Urban, particularly in densely populated slums and informal settlements and urban slums where marginalized groups reside and where health, water and sanitation services are poor.
- Due to Supply and Demand mismatch, soap and hygiene material shortage could make personal and hand hygiene complex
- Unavailability of plumber and mason on time to repair water/sanitation services can led longer down time of WASH services
- Dry Season (April to September), Cyclone and Flood can interrupt water supply

❑ Immediate Needs and Priorities

Resource Mobilization

1. Communication and social mobilization

- Awareness among the mass communities on how to prevent the Covid-19, how to protect family members and the community from the transmission of Novel Corona Virus, the importance of social distancing, handwashing with soap home quarantine etc.
- Reach Community people and disseminate WASH messages thorough religious leaders also awareness raising through posters/leaflets, radio communication and hand mikes, smart phone messaging, and other online means of dissemination
- Hygiene Promotion and awareness i.e. handwashing practise
- Disinfection of Water Points and ensure Chlorinated water supply
- Ensure health safety for household to treatment plant solid waste management workers
- Ensure supply chain of Soap and Hygiene materials up to route level of Bangladesh

2. Service delivery

- Safe water supply (as some areas have no water supply at this moment specially in urban slums areas and climate vulnerable areas, also hard to reach areas like CHT, Tea garden and can't buy water from the shop
- Adequate Hand washing station with soap particularly in and around slum area, who does not have facilities.
- Rehabilitation of water points, tube wells and latrines, water treatment plans
- Adequate WASH facilities in the Health care facility

❑ Immediate Needs and Priorities (contd.)

- Distribution of Hygiene items
- Utilization of school colleges for the period of treatment. Doctors and volunteers to be deployed to the affected areas.
- Community Volunteers to be trained up how to use PPE and manage those.
- Inclusive WASH facilities for person with disability and elderly people
- Mapping of partners: To prepare partner mapping
- Contingency plan for the monsoon flood and cyclone season within the COVID 19 Crisis
- Establish systems of solid waste management
- Installation of temporary hand washing station.
- Installation of temporary water points and latrine within floods/cyclone
- Coordination: close collaboration with the Health and WASH sectors to closely monitor situation and flexibly react to disease outbreaks or infrastructure failures.
- Monitoring :: including feedback mechanisms for communities regarding comprehension of messages, and access to services

❑ Anticipated medium term Needs and Priorities

- Coordination with the clusters, government agencies and local partners to get information, needs identification & assessment and for response to the crisis.
- Resource mobilization
- Pre-positioning of essential spare parts and O&M tools for handpumps in rural areas.
- To provide support to Government for the purchase of bleaching powder (granular chlorine) for Bucket chlorination, handpump sanitization and environmental cleanliness
- Assist Government to ensure continuity of Water Supply and garbage collection systems of each WASA, City Cooperation and Municipality.
- Developing maintenance protocol and training TW tube well mechanics on chlorination of existing water points;
- Behavior change communication to introduce handwashing before water collection to avoid minimize contamination of through the handpump handle
- Unconditional cash grants to meet WASH related needs of the communities based on the context of the next six months.
- PPE for the community volunteers (simplified PPE)
- Water and sanitation needs
- Access to MHM and reproductive health
- Solid waste management
- Integrated Vector Control in response to dengue season in urban areas: minimizing breeding grounds and standing water (including in drainages in urban areas), waste management to minimize vector breeding.
- Cyclone: prepare shelters with sufficient and resilient WASH facilities for maintaining personal hygiene
- Equipped Community Health Care with handwashing facilities and running water
- Regularized Chlorinated water at least to municipalities and City Corporation
- Equipped City Corporation and Municipalities with Safe Solid Water Management and Recycle equipment's

❑ Potential risks: Current and anticipation

Food Security is the composition of four components; Food Availability (production and Import), Access to food (physical and economical), Food Utilization and Food Stability. All these 4 dimensions are directly or indirectly challenged due to the COVID-19. Food security does not stop at well-stocked markets and supermarkets – we need to worry about the domestic purchasing power of the poorest, their access to food, production continuity and stability of supply. One of the major challenge is the supply chain for the agriculture product as most of the country population are agriculture livelihood. The Value chain is extremely hampered and will lead some of the sector to be collapsed and consumer will have less access to diverse food group. Agriculture input markets are not functioning which became a challenge for agriculture livelihood as well as negative impact on production in the upcoming planting season. Food availability at Household level in urban poor or daily wage earners are extremely challenged due to the lock down and discontinuation of livelihood activities. In addition to this there are vulnerable groups who don't have sufficient food at their household and need immediate food assistance. Many of these urban and rural vulnerable groups are not covered by safety net programs and life becoming extremely vulnerable.

❑ Policy implications -on supply chain and businesses

- Sharp decline in food procurement and closure of markets
- Reduced availability of and access to essential food items
- Difficulty for households to sell their agricultural produce, limited or no income generation
- Increase in food prices and adopting negative coping mechanisms
- Local businesses that rely heavily on exports (fish/shrimp) and supply chains that depend on import (onion, oil, sugar, etc.) are already severely affected
- Small-scale farmers are facing difficulties working on their land/accessing markets to sell their products or buy seeds and other essential inputs.
- Less food production of high value commodities (fruits and vegetables) due to lockdowns and disruption in the value chain including poultry and dairy.
- Blockages to transport routes are particularly obstructive for fresh food supply chains and may also result in increased levels of food loss and waste
- Negative impact on livestock & poultry sector due to reduced access to animal feed, vaccination and huge gap between farm gate price and retail price.

❑ Strategic Implications- on agriculture

- Loss of income due to lack of alternative income generation
- Limited access to agricultural inputs leads to reduction in cultivated areas and in agricultural activities (weeding, pruning, mulching) resulting in falling yields, less crop diversity and, in the long term, soil infertility.
- Lack of cash and increased debt will compromise access to production inputs for the coming agricultural season
- Transport and trade restrictions affect commercial trade and value chain
- Liquidation of machinery, agricultural equipment, other assets, savings, livestock to cover living health costs and/or unforeseen expenses
- Reduced economic access to food and dietary diversity which increase inequality between the sexes, especially for vulnerable groups due to the accumulated problems of access to land, access to finance and knowledge
- Increasing trend of exclusion for those infected with COVID19, resulting in difficulties maintaining social groups leading to discrimination and stigma
- Unavailability of agricultural workers - day laborers due to restricted movement for individuals and transport

Operational Implications- on communities and households

- | | |
|---|-----------------------------------|
| ▪ House Hold food stock and access to food | ▪ Food availability, |
| ▪ Agriculture Service continuity | ▪ Access and Stability of Food |
| ▪ Safety and protection of people for Business as usual | ▪ Livelihood and coping mechanism |
| ▪ Agriculture inputs/supply | ▪ Supply and value chain of food |
| ▪ Food Stock and inland production | ▪ Safety and diversity of food |

❑ Immediate Needs and Priorities

- Support vulnerable group with Minimum Food Basket (in kind) and the remaining of the Minimum Expenditure basket in cash as only 16% reported that they have food stock and 91% people don't have sufficient money to buy food; markets are not functioning and preferred items are not available
- Mass communication on Hygiene, Food utilization, healthy practice and nutrition to strengthen the body immune system to fight against virus. Key messages and Q&As on modes of transmission, symptoms, high-risk practices and alternative solutions for different target groups.
- Food security Coordination to bridge the Government, Humanitarian Community, Donors and the development community
- Immediate intervention to ensure fair price for the producer to protect the agriculture as a whole to minimize the risk and vulnerability. Otherwise this group will become vulnerable and risk to be added as vulnerable group for food and livelihood assistance. Particularly for perishable items like vegetable, milk, egg, poultry etc.
- Immediate intervention to keep the food and agriculture market functional maintaining the health standard and guidelines and protect people from transmission of COVID-19.
- Identify & ensure Food Security essential and critical services and supplies.
- Supporting the safe handling of food and transportation up to consumer.
- Support the farmers and food handler for safe and (COVID) contamination free food.
- Ensure agriculture and livestock services are provided maintaining safety in a continued manner.
- Organize awareness raising campaigns, Communication with Communities
- Use monitoring systems as triggers to activate the response – Early Warning Early Action (EWEA)/ Forecast Based Actions / Financing (FBA/F) ;

❑ Anticipatory Medium Term Needs and Priorities

- Ensure livelihood
- Ensure agriculture production
- Promote local variety of seeds, fertilizer and agricultural practices.
- Ensure agriculture, poultry, fisheries, livestock production
- Support the Supply chain for food, trade and agricultural inputs
- Support the value chain of agricultural products
- Market monitoring and ensure market functionality
- Ensuring access and availability of key agricultural inputs (seeds, labor, fertilizer, machinery, etc), by keeping input supply chains functioning to ensure timely production for the planting season coming up and providing special permits for migrant labor;
- Continuation of Food Assistance for the extremely vulnerable group with MEB
- Working with food logistics companies to develop health screening protocols and providing targeted, time bound and transparent incentives to hire workers to maintain food transport and logistics, including deliveries to remote and needy areas;
- Reviewing regulations to permit closed food service establishments (restaurants, food centers, e-commerce companies) to redeploy their equipment and assets to deliver essential foods to areas needing it the most;
- Supporting informal and formal food-related Small and Medium Enterprises to maintain cash flow and survive potentially catastrophic drops in demand so they can recover when the crisis is over. Community approach can be adopted where feasible.

❑ Potential risks: Current and anticipation

- Nutrition facilities are not accessible mostly as 45% reported not accessible and 24% reported they don't know.
- Dietary diversity is a challenge as 79% women reported that they can not provide diverse food to the child between 6-23 months
- UNICEF is monitoring closely the impact of COVID-19 pandemic on the delivery and support systems in the country. A rapid assessment exploring preparedness, functionality, and status of service provision of all SAM units in the country (366 units) has been undertaken. The assessment of units showed the following: 36% lack SAM registers; 52% do not have weighing scales; 50% lack SAM guideline document; 67% do not have a dedicated nurse; and 95% do not have sufficient supply of F-75. Overall, considering these indicators, we can conclude that 73% of facilities are not functional and only 2% of the units meet all criteria. Furthermore, a case load analysis is being undertaken using MICS and routine DHIS2 data. Based on the information generated, location of most vulnerable communities, and case load forecasting, micro-plans are being developed to mitigate the impact of COVID-19 disease, taking the resulting socio-economic situation in the country.

❑ Anticipation of Distress and disruption

- Due to food insecurity, dietary diversity will be challenged
- With disruption of health services, drop in immunization services, added socio-economic situation there will be higher cases of acutely malnourished children.
- Breastfeeding is strongly hampered due to lockdown as 59% reported that they cannot breast feed.

❑ Immediate Needs and Priorities

- Ensure Nutrition Supply, capacities and human resources are available with operational guideline for treatment of acute malnutrition
- Protective equipment's and guideline are available for the service provider
- Immunization activities should be continued
- Ensure continued breast feeding immediately by increasing awareness both at health facility and community level
- Child between 6-23 months need complementary food (create awareness of the government children's food basket) and healthy nutrition practices during CoVID-19
- As Health and nutrition facilities are not accessible, nutrition services should go to door step along with other health and family planning services.
- Develop a minimum standard package with MoH&FW for health and nutrition services which should continue
- Continue to provide school meals as "take-out" packages to ensure nutrition is maintained for vulnerable children, including food for other family members, effectively turning schools into emergency food distribution points; (Enrich Govt. food basket for children and adults)

❑ Anticipation of medium term Needs and Priorities

- Targeted Supplementary feeding may be required in most vulnerable population
- Vitamin campaign and deworming
- Equipping health facilities for treatment of severe acute malnutrition in anticipation of increased caseload (supplies, HR and capacities).
- Immediate awareness creation at the community level and with health care providers on breast feeding, complementary feeding and health nutrition practices for pregnant women, adults and elderly.

❑ Potential risks: Current and anticipation

With the current lockdown and closure of school 40 million school age children will have no or limited continuity of education. The Ministry of Education has started televised education classes for grade 6-10 from 29th March and for primary grade from 07 April. But the need assessment reveals 61% parents did not receive any communication from their children's schools/college. What percentage of the children are participating in the televised education is not yet known. According to the Bureau of statistics only 56% of population have access to Television, 95% use mobile but only 6% have internet access and radio is also not commonly heard. Continuity of education for marginalized children is a challenge specially (the 46%) not having access to TV and internet. If the closure of schools prolong, children from poor and marginalised may discontinue their education (opportunity cost) depicting a risk of increasing number of out of school.

❑ Anticipation of Distress and disruption:

Children from marginalized and poor community are in risk group. They may discontinue their education and the number of out of school children may increase

❑ Immediate Needs and Priorities

Supporting education continuity plan of Ministry of Education and Ministry of Primary and Mass Education, technically led by Access to Information (a2i), ICT division. The areas of support are

- 1) Engage with teachers and parents to ensure that the *Aamar Ghare Aamar School* (my school at my home), televised every day for primary and secondary is accessed to majority of the school going children.
- 2) Education cluster to collaborate with MOPME and MOE to strengthen learning continuity plan utilizing multiple platforms like mobile phone, radio, Internet and other TV channels to maximize the reach and make them interactive and engaging for learners, parents/caregivers and teachers.
- 3) Activate the ELCG/development partners' platform to support the Government for ensuring learning continuity of all children including with disability.
- 4) The Education Cluster led by MOPME (jointly co-lead by UNICEF and Save the Children) to update the 4w (Who, What, Where and When/time) matrix.
- 5) Organize weekly cluster virtual meeting and contribute to HCTT on respond and recovery plans.

❑ **Current context: risks and potential impact**

COVID-19 has already changed context in which women and children live Bangladesh. The Government of Bangladesh has already taken steps in operationalizing quarantine measures, such as school closures and restrictions on movements, which has disrupted children's routine and social support. As a result, Stigma and discrimination related to COVID-19 has immensely affected children more vulnerable to violence and psychosocial distress. Due to limited control measures that consider the gender-specific needs and vulnerabilities of women and girls has increased their protection risks and lead to negative coping mechanisms. In Bangladesh the most susceptible vulnerabilities among women and children, are those in various institutions, children on the streets, women working in tea gardens. Consequently, there has been an increase of 40% call to Child Helpline related to COVID-19, increase in child abuse, and exploitation being anticipated while approximately 45 million children in Bangladesh live confined now in homes. The GoB will need enormous support in ensuring that protection authorities take concrete steps to ensure protection of women, children including adolescent girls/boys is integral to all COVID-19 prevention and control measures

❑ **Current Immediate needs & priorities:**

Child Protection: CP Cluster members will prioritize child protection in humanities action under this response. As the schools are closed, there is a high risk of child protection issue regarding child labor, Violence, child marriage during and just after the crisis. To address violence against children at home, it is important to aware parents through mobile messaging, social media, TV channel and any other means as appropriate. It is important to have child safeguarding training for health workers, Social Workers, collaborate on mental health and psychosocial support (MHPSS) care and messaging for children and caregivers to ensure protection. Children should be provided safe, child-friendly hygiene promotion activities before and during outbreaks, including the development of posters and infographics targeting children, parents/caregivers and teachers. Ensure field staff and volunteers have necessary knowledge and skills related to CP/GBV risk mitigation, prevention of Sexual Exploitation and Abuse (PSEA), child safeguarding, and safe referral practices. CP Cluster members will be safeguarding children against violence in crisis period. CP interventions will also strongly consider gender as cross cutting and will consider special group i.e elderly, People with Disability, and chronically sick people within inclusive approach.

❑ **Immediate Needs and Priorities:**

- **Case Management:** Contextualize and translate various Parenting tips, prevention if violence, abuse including GBV during COVID-19 and reach people with PSS for families and children at the community level.
- **Child Helpline 1098:** upscale support to Child Helpline that received, an increase of 40 per cent COVID-19 related calls in the past two weeks. Need to support with psychosocial support, referrals to health and social services as well as emergency response and temporary shelters, including for children and families living on the streets.

- **Ensure effective reporting and referral mechanisms are in place:** Adapt existing reporting and referral mechanisms and equip frontline health workers/ Social Workers to respond to children affected by violence during COVID-19.
- **Ensure standard procedures for alternative care are in place:** Adapt existing protocols and/or referral pathways to ensure alternative care for situations where children lose parental care as a result of COVID-19 and equip frontline workers to respond.
- **Provide psychosocial support for parents/caregivers:** Using creative modalities, provide parents/caregivers with PSS, information about COVID-19 and how to identify and support their children showing signs of distress, and where and how to access support and services.
- **Provide psychosocial support for children and adolescents and strengthening of social service workforce:** Children and adolescents may be sad and isolated, stigmatized, or have limited peer and community interaction and support. Provide psychosocial and mental health support with and for children and adolescents, information about COVID-19 and where and how to access support and services.
- **Support children living on the street or separated:** Children living on the street, are at institutional care settings may face exploitation and abuse, hygiene practices or in case of children on the street are scarcity of foods and other basic services. Provide psychosocial support to these group of children, information about preventing from COVID-19, provide hygiene materials, adequate food and linkage with services.

❑ **Anticipated Medium term of needs & priorities:**

- Establish Child Friendly Corners/ Service centers at Medical facilities and equip with stimulation materials
- Strengthening CP referral pathways to include remote case management
- Arrange alternative family-based care for children whichever is appropriate
- Strengthening Social Service Work force for both community and hospital

❑ **Potential risks: Current and anticipation**

While the physical structures in which people live or are being sheltered may not be immediately affected by the COVID-19 crisis, the physical and social conditions under which people live can have an effect on the spread or containment of the disease and how effectively people can protect themselves and their families. This will have a particular impact in densely packed urban areas, where populations living in poverty have few options and little support and risk the virus spreading quickly and widely.

❑ **Anticipated Distress and disruption**

Distress and disruption become significant when we consider the housing and neighborhood conditions in urban areas, particularly in densely populated slums and informal settlements and urban slums where marginalized groups reside and where health, water and sanitation services are poor. There are also real challenges for those living in camps/camp-like settings and collective accommodations, where displaced populations are often sheltered.

❑ **Immediate Needs and Priorities**

Primary and secondary analysis shows that many people particularly the different vulnerable group like marginalized people living on the street and slum; don't have enough capacity and space to ensure safe home quarantine during this COVID-19 crisis. Around 54 % of the responders during the assessment, highlighted the need for essential NFI like bed, mosquito net and others.

❑ **Anticipated Medium Term Needs and Priorities**

Although, COVID-19 is the health crisis across the world and the impact of this crisis is very critical. It has been advised from all concern authorities to stay at home. However to ensure safe living environment and considering of the people vulnerabilities; need of temporary makeshift shelter or camp like settlement is being anticipated.

❑ Potential risks: Current and anticipation

With the current lockdown, a substantial people have no or limited livelihood option; specially the daily labor, domestic worker, rickshaw/van puller, construction worker, small informal business, transport helper and drivers, hawkers, salesperson, sex workers and transgender are likely at risk of unemployment and joblessness. Disrupted or broken down food supply chain may pose huge monetary loss to agro-farming and will lead to shortage in food and next spell of farming needs.

In City Corporations, Pourashovas and Rural areas 55.9%, 39.9% and 38.5% business/organization have been fully affected due to this situation while 25%, 43.26% and 38.49% are partially affected. According to KII, the average % of major livelihood options in 8 divisions are: Day laborer (15%), Rickshaw/Van Puller (14%), Small Business (14%), Transport worker (72.9%), Domestic Worker (54.9%). The percentage of livelihood impacted by major livelihood options are: Day laborer (96.3%), Rickshaw/Van Puller (92.7%), Small Business (72.9%), Transport worker (7%), Domestic Worker (8%).

Risk of shutting down of small and medium enterprise may jeopardized the overall socio-economic conditions. These risks are not only with the COVID affected household but also affect the whole of the society particularly the low-income people. The risk may lead them to pursue for negative coping strategy. Disruption of social cohesion and insecurity will be big risk.

❑ Anticipated Distress and disruption

Both urban and Rural population, especially Poor to mid income families, are facing the disruption and are in distress. The average monthly household income in 8 division in January and February ranged between BDT 9,470.00- 18,783.10 (Average BDT 12704.96216) while the monthly household expenditure ranges between BDT 8,355.00-17,243.00 (Average: BDT13,432.00). More than 35% population belongs to the BDT 5001-10000 income group. It seems their savings in normal time is almost nil and obviously they are going to face acute monetary support during the crisis.

In City Corporations, Pourashovas and Rural areas 55.88%, 39.89% and 38.49% business/organization have been fully affected. According to KII, the average % of major livelihood options in 8 divisions are: Day laborer (15%), Rickshaw/Van Puller (14%), Small Business (14%), Transport worker (72.9%), Domestic Worker (54.9%). The percentage of livelihood impacted by major livelihood options are: Day laborer (96.3%), Rickshaw/Van Puller (92.7%), Small Business (72.9%), Transport worker (7%), Domestic Worker (8%).

❑ Immediate Needs and Priorities

(1) Emergency employment creation through creation of temporary jobs through 'cash-for-work' modality for epidemiologically vulnerable household and businesses that are forced to close or quarantine during the containment phase and depending heavily on the informal economy having limited opportunities to cope or adapt.

(2) Monetary and technical support for employment creation through quick recovery of small businesses and micro-enterprises that lost productive assets during the crisis.

❑ Anticipated medium term Needs and Priorities

(1) Alternative employment creation through for unskilled labor to carry out labor-intensive public works schemes or other short-term activities prioritized by crisis affected communities.

(2) Enterprise recovery supports for small and medium enterprise. Support local entrepreneurs to generate income through self-employment in the form of 'start-up grants' or 'start-up packages' who have lost some or all of their livelihoods assets but usually have some work experience or remaining assets that can be used or reactivated in livelihoods activities with short production and sales cycles to revive the business i.e. agriculture, farm and non-form activities, new skill and new business etc.

(3) Activities to support social cohesion, improve security.

❑ Potential Risks: Current and Anticipation

The current COVID-19 pandemic health emergency imposes a severe threat on supply chain continuity and any break at any time may affect the vulnerable people who are currently under lockdown condition. The border closures and travel restrictions also increasing the supply chain complexities.

The current lockdown and quarantine situation cause a significant number of people to lose their livelihoods or have limited livelihood options. Specially the daily labor, house maid, construction worker, small informal business, transport helper and drivers, hawkers, rickshaw pullers, street vendors, slum dwellers, salesperson are likely at risk of unemployment and joblessness. Risk of shutting down of small and medium enterprise may jeopardized the overall socio-economic conditions. These risks are not only with the COVID affected household but also affect the whole of the society particularly the low-income people.

If the current health emergency triggers the humanitarian crisis and subsequent humanitarian response becomes eminent, the lockdown and travel restriction could impose severe impact on supply chain and logistics which in turn affect the relief operation. By adequate joint preparation, the humanitarian communities can find ways to work in partnerships and coordination to strengthen collective capacities to respond to a situation that will most likely evolve beyond the Health Emergency of a certain period of time.

❑ Anticipated Distress and Disruption

Effects on reduced supply chains and logistics: The probable impact of the pandemic on supply chain could be massive for health and humanitarian partners as well as the Governments. Nationwide and international travel restrictions, border closures, import/export and port restrictions, reduced commercial aviation and shipping operations and restrictions on movement to/from other countries and within the country have directly impacting on availability and access of food, fuel and other essential needs.

The main short-term implication on both commercial and humanitarian supply chains relate primarily to the disruption of movement of items and people and the interruption of services, including the suspension of flights; the imposition of quarantine periods and export restrictions; border closures; port closure; and reduced market functioning, among others. Some of these issues are expected to persist for the foreseeable future as the outbreak continues to spread, and it is expected that a number of transport companies and airlines may have difficulty to survive the downturn in business. Drastic reductions in the availability of international air travel are also an issue.

The global travel restriction would likely lead to increased costs and limited availability of relief commodities. The internal movement restrictions and travel bans including closing of airports might limit the humanitarian access to vulnerable people and reduce humanitarian services.

A decrease of humanitarian response capacity is possible as humanitarian organizations might not be able to return to the country for an unforeseeable period of time due to border closures and travel restrictions, and would then need to self-isolate for 14 days upon return. With restrictions on public gathering, a number of coordination meetings and humanitarian response activities have been postponed and need to be organized virtually. COVID-19 may trigger an increase in community clashes to access services, food or medical supplies. Price speculations could increase food prices and shortages of food, water and other essential items are scenarios to prepare for.

❑ Immediate Needs and Priorities

- Inter-agency coordination on logistics issues for increased efficiency and coherence of the humanitarian response across the humanitarian sector
- A common information management system for pooling logistics assets and resources to have an up-to-date data and information to facilitate identification of logistics gaps and constraints
- Efficient logistics information management, coordination and planning procedures and platforms
- Efficient logistics procurement system and mechanism to continue to meet the rising demand of humanitarian supplies and commodities
- Advance procurement /importation of food commodities and NFI and storage in strategic locations to reduce delivery lead-time
- Analysis of domestic food and NFI market to suggest an procurement arrangement in more favourable conditions
- Prepositioning of food and other items at strategic locations for rapid delivery
- Close collaboration with Government authorities to ensure that cargos of food and other essential items can continue to make their way at times movement restrictions imposed by the Governments
- Prioritized and fast-tracking cargo release and customs clearance procedure (one stop shop) and SOP for speedy import and release of relief items and equipment, utilizing strategic storage locations to reduce congestion at points of entry
- Identification of several strategic storage locations and warehousing facilities in liaison with the local Government, national NGOs and civil societies
- A centralized pool of local transporters by road and water
- A centralized inventory of relief item suppliers; domestic and international
- An inventory of logistics capacities, resources, assets and facilities of humanitarian actors to ensure complementarity of efforts through enhanced partnerships and better sharing
- A database of who is doing what and where in logistics and supply chain area
- A material stockpiles by prepositioning of MSUs, Generators, Prefeb offices and other logistics NFI equipment
- Logistics damage and needs assessment and necessary action to restore logiatics facilities/ resources in consultation with relevant Government ministries and departments
- Logistics Concept of Operation (ConOps) for humanitarian response with involvement of humanitarian actors and the Government
- Establishment of close contact with all clusters through inter-cluster and HCTT mechanism for better coordination and information exchange in logistics area
- Advocacy initiative with the national and local Government to resolve any logistics and supply chain complexities that may arise during operation
- Liaison with AFD and BIWTC for logistical support including helicopter, transport plane, water vessels for humanitarian relief operation
- Regular coordination meetings with international relief agencies and donors to mobilize fund in logistics sector

❑ Anticipation of Medium Term Needs and Priorities

- Humanitarian logistics hubs at strategic locations for cargo consolidation and storing critical items for rapid forwarding/dispatch where needed
- Rapid mobilization of operational support equipment such as temporary storage facilities (MSU), generators and other relevant logistical items
- Augment the existing capacity and infrastructure to enable humanitarian cargoes to be rapidly delivered where needed most
- Reinforce inventories across strategically located hubs, to be ready to distribute food and NFIs when and where needed
- Liaison with Government to keep open the supply corridors with the neighbouring countries for sourcing and transporting humanitarian assistance, if needed
- Liaison with Government to get advance permission and speedy procedure for urgent incoming relief cargoes that flies from other countries
- Dedicated strategic aviation services and charter dedicated vessels, if required, to ensure movement of goods where normal commercial traffic can no longer go because of restriction
- Arrangement of air transport services for relocations and evacuations, if required
- Option for air medical evacuation services enabling critically ill humanitarian workers to be safely moved to the closest health facilities
- Communication services for the humanitarian communities across the strategically located logistics hubs
- Advocacy for private sectors (DHL, UPS, TnT) engagement for logistics support during emergency
- Common database of logistics capacity assessment for easy access to critical logistics information on port/ airport capacities, road/rail/waterway networks, storage facilities, transportation resources etc.
- Surge capacity and standby rosters/pool of appropriate technical experts on logistics and supply chain; easily accessible by all
- Enhanced logistics response capacity by technical trainings and system development at all levels
- Effective coordination and collaboration with AFD and other relevant Government departments and institutions for any humanitarian logistics issues

Response Analysis and Operational Constraints

COVID 19-GoB Response and Preparedness

COVID-19: Anticipatory Impact Analysis

- Bangladesh Government has declared subsidy and allocation for different sectors.
- Prime Minister H.E. Sheikh Hasina has directed nations for safety and support during this crisis has declared 31 action points.
<https://www.youtube.com/watch?v=bxWRgIJFQNC>
- IEDCSR and DGHS under Ministry of Health is coordinating all health related interventions and leading the health operation.
- Ministry of Disaster Management and Relief has allocated substantial amount of GR Rice and cash to support the marginalized people during this lockdown situation.
- At district and Upazila level Corona Prevention committee and local disaster response team has been activated under districts and upazila administration as per the Standing order on Disaster 2019, coordinated by Ministry of Disaster Management and Relief.

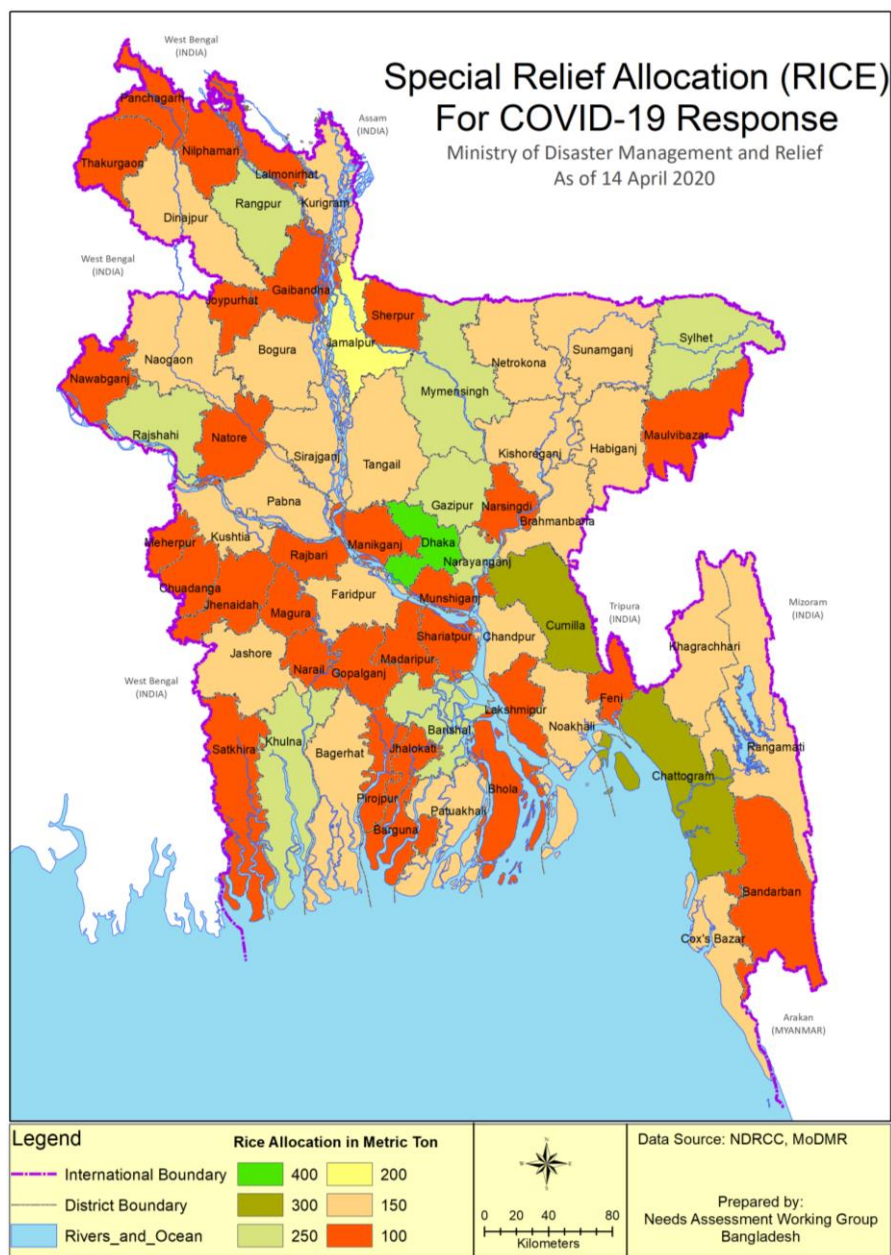


Table: Summary of Relief Allocation by Ministry of Disaster Management and Relief

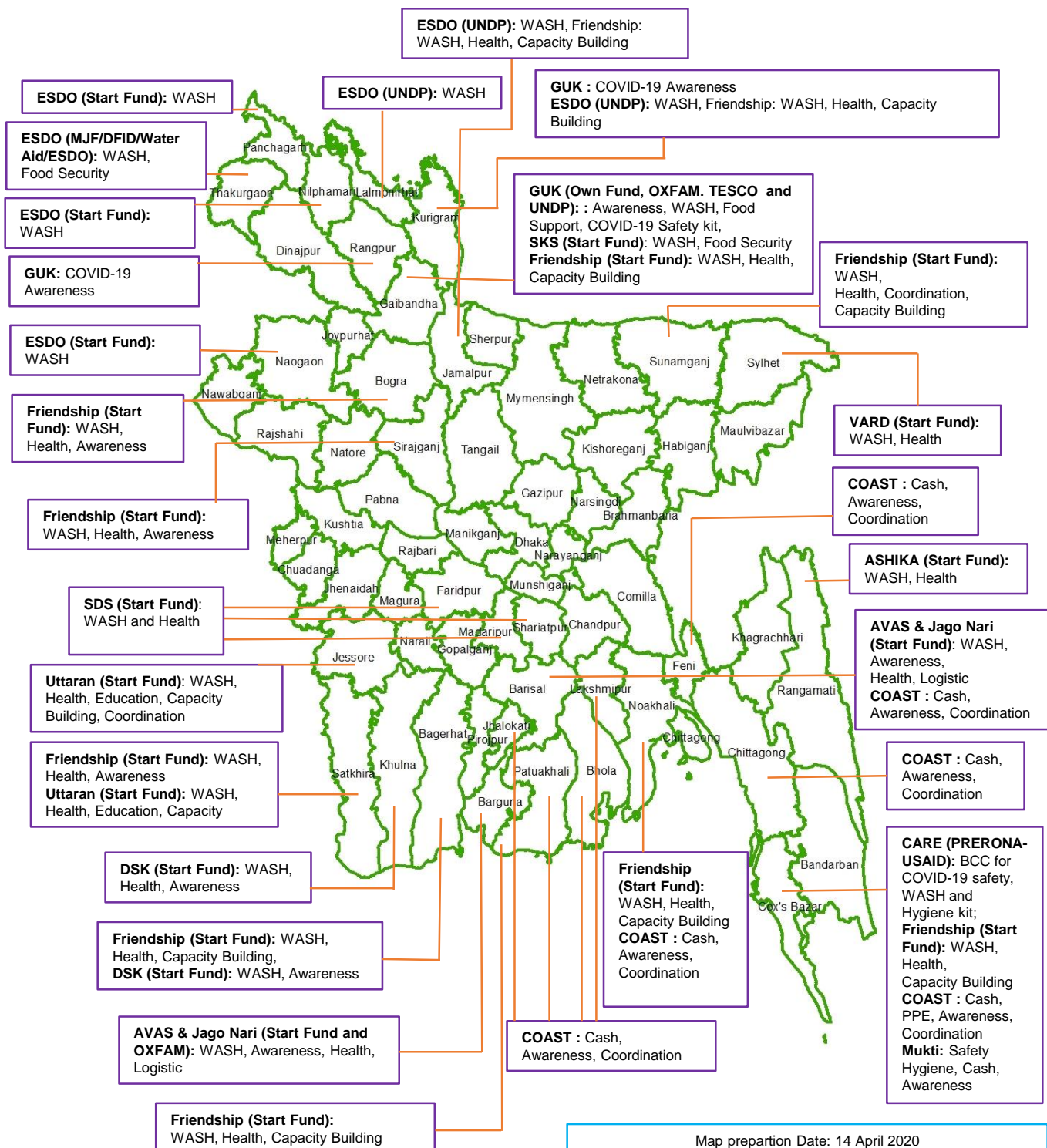
Division	Rice allocation for Relief (Up to 9 April)_MT*	Special Rice allocation for COVID Response (As of 13 April)_MT *	Cash (BDT) allocation for Relief (Up to 9 April)	Special Cash(BDT) allocation for COVID Response (As of 13 April)	Cash allocation (BDT)for Child Food (Up to 9 April)	Special Cash(BDT) allocation for Child food for COVID Response (As of 13 April)
Barisal	5,558	800	21,196,500	4,000,000	2,700,000	1,400,000
Chittagong	12,628	1,800	81,480,764	8,600,000	6,000,000	3,000,000
Dhaka	14,284	2,200	59,271,500	11,200,000	6,700,000	3,400,000
Khulna	9,445	1,300	33,725,500	6,200,000	4,400,000	2,400,000
Mymensingh	4,359	700	15,983,500	3,000,000	2,000,000	1,000,000
Rajshahi	6,837	1,000	28,352,500	5,200,000	3,600,000	1,800,000
Rangpur	7,940	1,050	29,818,000	5,600,000	3,800,000	1,900,000
Sylhet	4,916	650	54,745,000	3,200,000	2,200,000	1,100,000
Grand Total	65,967	9,500	324,573,264	47,000,000	31,400,000	16,000,000

*MT= Metric Ton

Source: NDRCC Corona Update (57th), 14 April 2020

COVID 19- Response from Non Government Agencies

COVID-19: Anticipatory Impact Analysis



Map preparation Date: 14 April 2020

Data Source: NAWG Response Compilation (Only Compiled information which reported through 4W formats.

Prepared By: Needs Assessment Working Group Bangladesh

Other Agency Response	Agency	Types of Response	Areas of Response
	BRAC	Awareness raising, protective wear, hygiene products, cash	All over Bangladesh (total allocation BDT 15 crore or approx. \$1.8 million)
	World Vision	Awareness, Food, Cash, Health, WASH, Capacity Building, Case management (health and protection), Psychological support and orientation for the affected mother & care giver	Dhaka, Bandarban, Sylhet, Sunamgonj, Chottagram,Cox's Bazar, Cumilla, Gazipur, Satkhira, Bagerhat, Pirojpur, Barishal, Gopalganj, Barguna, Mymensingh, Netrokona, Sherpur, Tangail, Dinajpur, Naogaon, Nilphamari, Rajshahi, Rangpur,Thakurgaon.

COVID 19- Response from Non Government Agencies

COVID-19: Anticipatory Impact Analysis

Response by BANGLADESH RED CRESCENT SOCIETY

Actions Taken from Bangladesh Red Crescent Society (BDRCS):

+ Key figures at a glance:



1000+

On an average 1000 RCY volunteers mobilized on a daily basis throughout the country.



1643

Set of PPE provided to Holy Family Red Crescent Medical College Hospital, all branch offices and Population Movement Operation at Cox's Bazar.



68

Branch Offices working dedicatedly apart from National Headquarters, Holy Family Red Crescent Medical College Hospital.



20000

Hygiene packets being distributed by all 68 units throughout the country.



620,000+

People received life-saving awareness messages through social media (587,988 through facebook and 31956 by twitter).



600,000

Pieces of leaflets with life-saving awareness messages distributed across the country.



1000+

Staff and volunteers got training /orientation on COVID-19 at NHQ, MCH centers and PMO Cox's Bazar.



75000

Total food parcels (7-day plans for a family with 7.5 kg rice, 1 kg pulse, 1ltr edible oil, 1kg sugar, 1kg salt, 0.5kg Semolina/Suji) planned to be distributed throughout the country, initially 41000 packets being purchased with available funds.



500+

Trained staff and volunteers working actively on field according to roster and contingency plan.

Learning and Challenges from Start Fund Bangladesh Response:

So far Start Fund has allocated GBP 0.55 million to respond to COVID-19 crisis through its 9 member NGOs, all of which are local. These local NGOs working with support from Start Fund Bangladesh have been abiding by Start Fund's SOP ensuring safety of both community and organization's staff/volunteers. Some key challenges and lessons are:

- Local CSO platforms formed under Start Fund's responses have helped in coordination and knowledge sharing amongst NGOs, government authorities of districts and unions and law enforcing agencies
- Banks working for shorter duration means online banking has to be used; However, when notified that transactions are for responding to COVID-19, banks are becoming more flexible and cooperating
- Items under hygiene kit and PPE are increasingly becoming scarce
- Due to lockdown, special permission has to be taken from DC, TNO authority for ensuring implementation – this can sometimes include transportation
- For a comprehensive response, other crisis also have to be considered – Start Fund has allocated additional funding for Measles outbreak and Nor 'wester along with higher amounts for COVID-19 – this should be advocated for all responses of COVID so that donors take into account wider impact

Standard Operating Procedure of SFB and Guideline for response can be found here:

<https://startprogrammes.app.box.com/s/4q2ffqhh329080kyq82fi35fab71mw4z>

Overall Sectoral Priorities

COVID-19: Anticipatory Impact Analysis

Key Immediate Needs Community Assessment

Priorities	Priority Rank
Food Security and Nutrition	1
Hygiene, sanitation and dignity	2
Income and employment	3
Health care (incl. reproductive health)	4
Education and Child Protection	5

Medium Term Needs Community Assessment

Priorities	Priority Rank
Food Security and Nutrition	1
Hygiene, sanitation and dignity	2
Health care (incl. reproductive health)	3
Income and employment	4
Education and Child Protection	5

Current Sectoral Priority Key Informants Assessment

Sector	Priority Rank
Health	1
WASH and GBV	2
Nutrition	3
Food Security and Nutrition	4
Education and Child Protection	5

Mid Term Sectoral Priority Key Informants Assessment

Sector	Priority Rank
Food Security and Nutrition	1
WASH and GBV	2
Livelihood	3
Health (incl. reproductive health)	4
Education and Child Protection	5

This needs and impact analysis highlights that the humanitarian community must be prepared to roll-out a complementary humanitarian response effort to support the Government of Bangladesh in the coming months. With the COVID-19 response efforts likely to continue (due to the global nature of the pandemic and likely secondary and tertiary waves of infection), targeted interventions will be required for the most vulnerable communities.

The response planning will need to be coordinated with the Government of Bangladesh to align with its own response efforts to maximise coverage. This will rely on existing coordination mechanisms with the government, including the HCTT and clusters. Outlined below are recommendations to the humanitarian community in order to address impacts and needs outlined in this document.

- **Ensure adequate resources are available in advance:** The humanitarian response will require advance planning to ensure sufficient resource stocks are available for an eventual response. Given the current global travel restrictions, reduced global trade and increased demand for humanitarian goods, stockpiling will need to be planned and addressed as a priority. Coordination with the Rohingya response will be critical at this time.
- **Medium to long term planning required:** Any response plan will need to ensure adequate resources are planned for the next 12 – including for the flood and cyclone responses that will emerge. Given the current condition with travel and resource limitations, reactionary plans may not be most appropriate. Proactively building up resources stocks will allow the humanitarian sector to respond more effectively. The plans can be regularly review and updated.
- **Integrate international standards:** Ensure minimum international standards integrated into the design and rollout of the response, including the issued SPHERE COVID-19 guidance, CHS, AAP and C4D principles. Circulation and training on these of these standards after translation into Bangla can be undertaken as required.
- **Gender Focused Intervention:** promote the idea of equal sharing equal access, equal respect and equal decision through women leadership. Hence engagement of women led, women rights focused organization and organizations/network work on promoting gender quality is vital. All humanitarian response and operation mechanism must adopt this approach to ensure voice of women, transgender and other groups who are excluded into whole response operational process from national to local level.
- **Localised leadership in response coordination:** Taking lessons from 2019 flood response, establish local coordinators for all priority districts with clear TOR, monitoring and coordination roles. These roles will need to be defined as soon as possible to enable necessary training and resource mobilising.
- **Adapt coordination processes:** Plan for remote management and coordination between humanitarian partners, local coordinators and donors (less resource intensive, such as WhatsApp, Viber groups for real time updates). Such mechanisms will be important for local coordinators to function more effectively in the current context.
- **Sourcing locally:** Advance response planning will also be important to identify items that can be resourced or produced locally. This will also increase flow of resources into local communities. Explore how most vulnerable, and most significantly impacted (out of work) groups can be incorporated into the response.
- **Integrated planning:** The response planning will need to be well coordinated to ensure cross cutting issues are integrated in to targeted interventions. Additionally, given the strain on the limited resources available, it will be important for much closer coordination among the cluster and organisations to build on synergies.
- **Going local:** The current humanitarian context can be used as a critical moment to advance the localisation agenda in Bangladesh even further. Given the mobility restrictions, as well as limits on international travel, donors and international organisations will need to actively support local organisations taking the lead in the response effort. This can include (but should not be limited to), agreeing to only mobilise local surge resources, all projects funded under the response plan to only recruit local staff, increase direct funding to local organisations, increasing cluster and HCTT representation of local organisations, and increasing use of local language in response coordination efforts.

Critical Humanitarian Considerations

- Seasonal consideration (cyclone and monsoon flood season)
- Situation of Person With Disability (PWD)
- Situation of Ethnic people
- Situation of migrant people
- COVID19 and Localization
- COVID19 and Impact in Private sector
- COVID19 and consideration of Sphere and core humanitarian standard

❑ **Potential risks: Current and anticipation**

Given its geographical characteristics and location, Bangladesh is exposed to a wide range of different climate-induced hazards, including floods (riverine floods, flash floods), cyclones, droughts, storm surges, sea-level rise, environmental degradation and salinization of water and soil.

Any such natural hazard, especially floods or cyclones at this time of the COVID 19 pandemic will be a crisis within a crisis. Not only will the existing vulnerabilities of this population likely to be exacerbated by the COVID 19 crisis, but the risk of spreading of the deadly virus amongst the population who are exposed and vulnerable, will also increase exponentially.

❑ **Anticipated Distress and disruption**

Along with high exposure to natural hazards, Bangladesh is also characterized by low per capita income, and a high population growth rate. Specifically, the climate vulnerable regions of the country are also usually more underdeveloped regions, with inadequate education, health and infrastructure facilities and limited employment opportunity for all section of the society, especially for women. Many people from the climate vulnerable regions are also likely to be home at this time, as jobs for internal migrants in Bangladesh have been temporarily halted in major urban areas. In some sectors like RMG, there is an expectation that the jobs will be reduced in the medium term also, resulting in longer term unemployment for many internal migrants who often come from the climate vulnerable areas. In addition, large number of returnee migrants from other countries face social stigma due to current nature of the crisis. Lower level of remittance from abroad will also leave many households with lower means to meet daily needs. This will further increase the vulnerability of communities in these areas.

The COVID 19 crisis is likely to impact the already vulnerable population more gravely due to the following reasons:

- Limited access to health facilities and services may prevent timely and appropriate treatment;
- Access of first responders to affected areas, especially climate vulnerable regions are often limited which may prevent timely medical support;
- Temporarily higher numbers of internal migrants to be found in climate vulnerable areas as their sources of income in cities and factories are not available;
- Availability of fewer safety nets and income generating opportunities in terms of employment and remittances may increase displacements and migration, either forced or voluntary, from climate vulnerable regions, as affected populations tend to move to cope with the negative effects;
- Existence of any other diseases on top of the possible Covid19 are likely to increase morbidity.
- Difficulties in maintaining social distancing and hygienic practices in potential displacement settings like cyclone shelter.
- Stigma of the community towards internal and international migrants.
- Limited understanding and adherence of the community to quarantine and self isolation guidelines.

❑ **Current Needs and Priorities (1-3 months)**

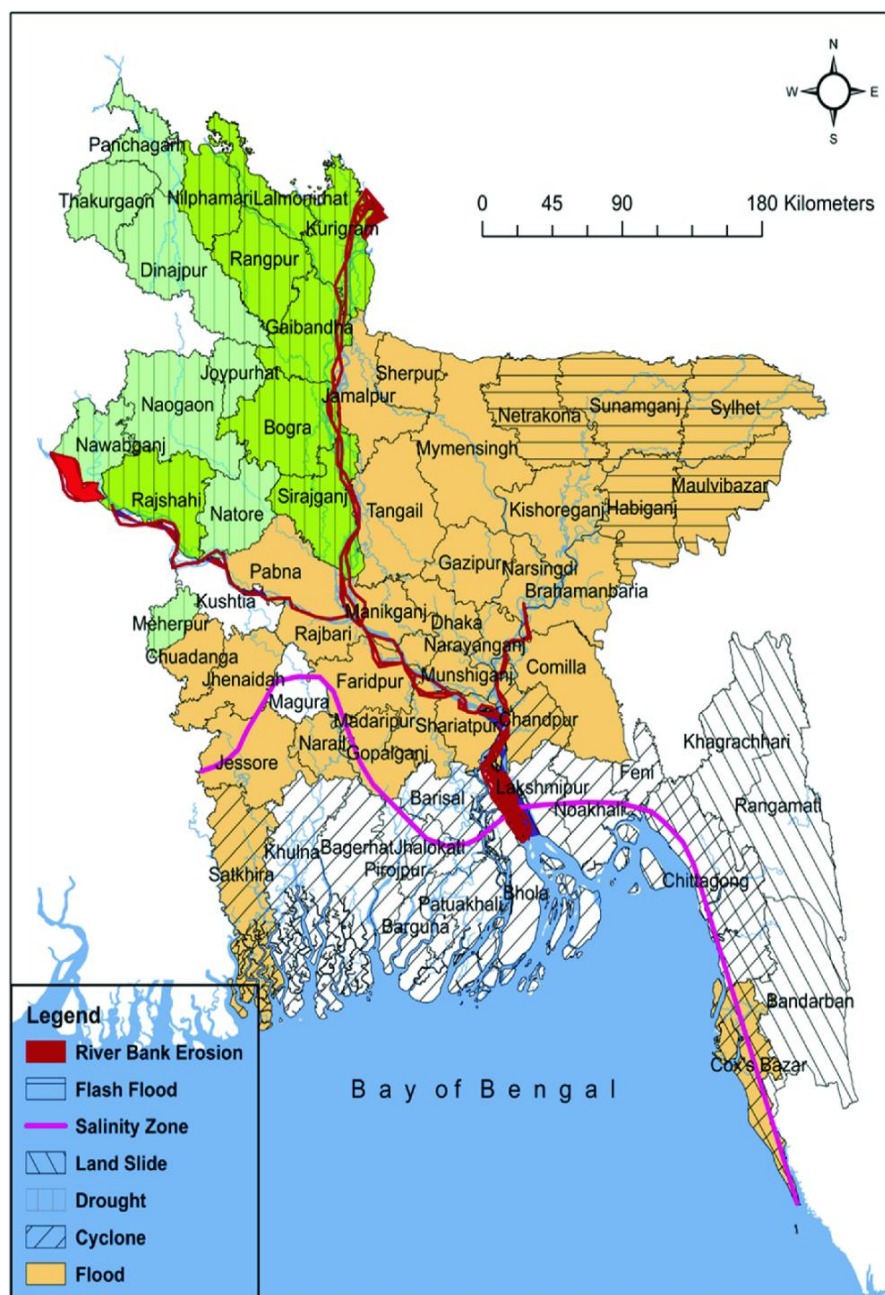
- Increased awareness on the COVID 19 pandemic and ways to prevent its spread amongst the population, especially those in climate vulnerable areas;
- Setting up of immediate (temporary) shelters for those losing their homes due to the natural hazards;
- Setting up of health and isolation facilities in and around climate vulnerable areas;
- Ensured access to social safety nets and wages for people on the move, who may have lost their homes due to natural disaster
- Increased training of existing health care workers on screening and segregation of the COVID 19 patients;
- Procurement of PPE for health care staff in the region;
- Increased availability of safe drinking water, especially in climate vulnerable areas;
- Advocate for inclusion and prioritization of climate vulnerable populations in the COVID response;
- Develop mechanism to ensure social distancing and hygienic practices in displacement settings.
- Awareness in the community regarding quarantine and self isolation guidelines.
- Countering Stigma of the community towards internal and international migrants.

COVID-19 and Seasonal (cyclone and monsoon flood) consideration-UN IOM

COVID-19: Anticipatory Impact Analysis

Anticipated Medium Term Needs and Priorities (6-9 months)

- Advocate for inclusion and prioritization of climate vulnerable populations in policy and institutional framework;
- Increased social safety nets for those with affected incomes;
- Increased access to skill development programmes for those in climate vulnerable areas for alternative livelihood opportunities;
- Increased public spending on social services for climate vulnerable areas;



Multi-hazard map of Bangladesh

Extracted from: Haque M., Pervin M., Sultana S., Huq S. (2019) Towards Establishing a National Mechanism to Address Losses and Damages: A Case Study from Bangladesh. In: Mechler R., Bouwer L., Schinko T., Surminski S., Linnerooth-Bayer J. (eds) Loss and Damage from Climate Change. Climate Risk Management, Policy and Governance. Springer, Cham

❑ **Background:**

There are no official national statistics in Bangladesh on persons with disabilities. The 5th National Census conducted by Bangladesh Bureau of Statistics (BBS) under the Ministry of Planning in 2011 showed a national prevalence rate of 1.4%. According to the Household Income and Expenditure Survey of BBS in 2010, the prevalence was recorded at 9.07%.

The Department of Social Services under Ministry of Social Welfare has been implementing a nationwide disability survey with the assistance of the Ministry of Health and Family Welfare and Jatiyo Protibondhi Unnayan Foundation. The survey was envisaged to give detailed statistics of persons with disabilities, disaggregated by type and grade of disability, age, gender, educational and economic status, ethnic origin and urban/rural strata. Doctors and 103 Consultants (Physiotherapy) participated to conduct the survey of 1,333,337 PWDs (as of April 2017).

National Disability Cards have been distributed among about 950000 numbers of people (as of 2017). The Department of Social Services of Bangladesh under the Disability Detection Survey Program of the Ministry of Social Welfare has developed a database that stores information about 12 types of disability. The number of people registered in the database is 1,509,716 (as of 31 December 2016). Any person with disabilities can register in this database; the type and degree of disability is detected and confirmed by medical doctors and certified physiotherapists.

❑ **Key issues**

Equality and non-discrimination

‘Disability’ was not mentioned as a specific ground for discrimination in the 1972 Constitution, however, by addressing the “backward” citizens, the Constitution created space for disability-related policy and legislation. Relevant legal regime consists of the National Policy on Disability (1995), the National Action Plan on Disability (2006) and the Rights and Protection of Persons with Disabilities Act (2013). An Anti-discrimination bill has reportedly been under preparation since 2014. In the context of Covid-19, potential or actual discrimination against PWD will need to be prevented, monitored and remedied.

Health

The national health policies in the past have rarely incorporated disability issues, and so the main actors in this field have mostly been non-government organizations. 32 operational plans are now running under the National Health, Population and Nutrition Sector Development Program (HPNSDP), two of which plans, and in addition, one project under the Ministry of Health and Family Welfare have now been approved focusing on Autism. Ministry of Health has established an Autism Cell to coordinate related activities. In the context of Covid-19, availability, accessibility, affordability and quality of healthcare have to be guaranteed for PWD.

Accessibility

The Act 2013 defined ‘Accessibility’ as “the right of persons with disabilities to get access, opportunity and treatment on an equal basis with others in all facilities and services available to the general public, including physical infrastructure, transportation, communication, information, and information and communication technology.” It guarantees accessibility in public places and public transports. In the context of Covid-19, accessibility to health care, food distribution, other social safety net provisions may be a challenge.

Situations of risk and humanitarian emergencies

The National Disaster Response Plan and the Standing Orders on Disasters have provisions to include PWD to be prioritized during all evacuation, rescue, shelter, relief and post-disaster rehabilitation schemes. This needs to be enforced as required during the Covid-19 situation.

Right to information

The Act 2013 has recognized RTI as a right. For people with hearing and speech impairment, “using Bangla sign language as their first language, to the greatest extent possible” has also been established as a right. Under the purview of PMO, an Access to Information (A2I) project is being operated, under which 5,000 community-based information centers have been opened across the country, creating an enabling environment for people at even the most remote grassroots level to access information through internet. A process has been initiated, to install talking software to these computers, such that people with visual disabilities, along with those who do not have the ability to read, also can get access to information. In the Covid-19 context, it is important that risk communication reaches PWD in the most appropriate manner as this could be life-saving.

Liberty and security of the person

The Act 2013 has provision to protect PWD from oppression, as inalienable right. Integrity of PWD is also protected under this law. This could be a particular challenge in situations of Covid-19 quarantines, isolations, and more generalized ‘lockdowns’.

Adequate standard of living and social protection

Government introduced a monthly allowance for people living in dire poverty across the country. The allowance now amounts to BDT 500, and currently 310,000 such people are under this safety net program. Under the National Social Security Strategy (NSSS), 1 million PWD (aged 1–59 years) would get financial allowances and those aged above 60 years would receive a pension amounting BDT 3,000 per month. The government also gives grants and loans to NGOs for PWD. It is important for PWD to continue receiving such allowances in the current Covid-19 situation.

Living independently and being included in the community

The Act 2013 safeguards PWD to live in the society with parents or legal guardians, children and family, to marry and have families; participate fully and actively, depending on the nature of their disability, in social, economic and state functions;” and receiving assistance and rehabilitation for the purpose of gaining physical, mental and technical competence enabling them to integrate with the society completely” as inalienable rights. PWD are at particular risk of not being able to live independently and therefore not being able to physically distance themselves during the Covid-19 outbreak as they may be living within a community but may be dependent on support from others.

Work and employment

The Act 2013 has established work and employment of PWD as their inalienable right. It ensures rights to gain employment in public and private institutions; to remain employed or receive appropriate rehabilitation and adequate compensation; to receiving reasonable accommodation in education, work and all other applicable fields etc. PWD may be among the first to lose their work in the current Covid-19 situation and this will need to be taken into account in social safety net provisions.

Women with disabilities

The National Women Development Policy categorized women with disabilities as especially vulnerable. A specific objective was set for establishing the rights and promoting development of women with disabilities. The Act 2013 gives equal status to men and women with disabilities in all its provisions. Seats have been reserved for them in all the committees (from national coordination to grassroots level) enshrined with the responsibilities to oversee the implementation of the law. These functioning of these committees needs to be improved. Re. Covid-19, women with disabilities will be facing particular challenges to participation, they may face increased sexual and other types of gender-based violence, and they may face particular stigmatization as women and as PWD. Their voices need to be included in any Covid-19 programming.

Children with disabilities

The National Children Policy in 2011 has provided non-discrimination on any grounds whatsoever and recognizing the vicious cycle between poverty and disability concerning children with disabilities, and special emphasis on education, overall development, and special provisions during disasters. The Children's Act 2013 has provisions to protect children with disabilities as well. Children with disabilities may be facing particular challenges during the Covid-19 outbreak given their multidimensional vulnerabilities and deprivations.

Some recommendations:

- Ensure access to targeted PWD programmes, inclusion in distribution of humanitarian aid and capacity building for resilience
- Ensure attention to above-mentioned potential for discrimination/stigma, elements of vulnerabilities of PWD
- Ensure participation of PWD in strategic planning and programme implementation
- Ensuring PWD access to justice
- Information dissemination needs to be PWD-appropriate

❑ **Background:**

It is widely recognised that Ethnic peoples are one of the poorest of the poor and vulnerable. In Bangladesh, more than 3 million Ethnic peoples, from 50 different communities (recognised by Cultural Ministry, GoB) have been facing exclusion from all decision-making process for long. Ethnic peoples always faced higher rate of health risk. This COVID 19 is impacting and will impact thousand of Ethnic peoples in their region, remote areas.

Ethnic vulnerable groups should be given special attention for humanitarian support. In the CHT and the plain land, Ethnic peoples should be included. We suggest that UN include Ethnic organisations at local and national level to provide humanitarian support for Ethnic peoples.

❑ **Short term/Immediate Support:**

1) Humanitarian supports (food items and livelihoods) for migrant Ethnic peoples. Some thousands of Ethnic peoples engaged in informal work such as security guards, housemaids (Gulshan/Baridhara area), beauty parlour, drivers, riksha pullers and other forms of informal works. Most of them will face loosing their jobs or some sectors will be vulnerable in business. Humanitarian support should include them and special attention is necessary. We can give UN the list of beneficiaries in some categories like extreme vulnerable, vulnerable and needy etc. UN can recheck it.

❑ **For Mid-Term Support:**

1) Special attention should be given to support for small Ethnic entrepreneurs so that they can restart their business after COVID 19.
2) Support Ethnic youth for employment creation and support them for searching or providing jobs. This will be a difficult task. But I think the post COVID 19 will be a great challenging time for employment.

❑ **Long Term Support:**

1) Support Ethnic peoples' organisations and associations to build their capacity and network to claim their rights and entitlements. This is not fully relevant with this humanitarian support, but I think this is very crucial for future of Ethnic peoples' survival.

COVID-19 and situation of Migrant people-UN IOM

COVID-19: Anticipatory Impact Analysis

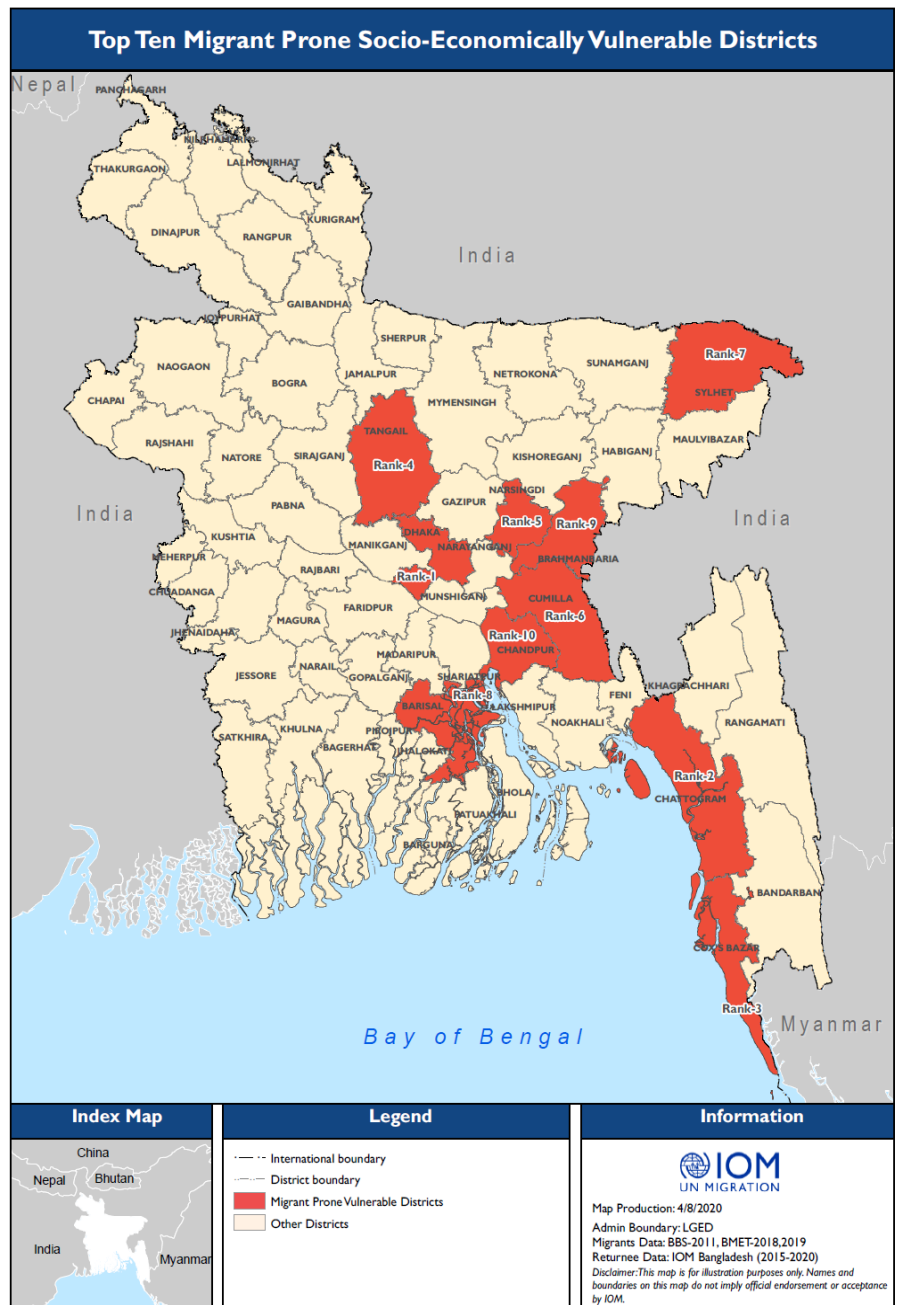
The COVID-19 pandemic, though a global health emergency, has exposed the vulnerabilities of migrant workers in developing economies like Bangladesh and India. Since the onset of COVID 19 related economic slowdown Bangladeshi migrants have started to return in particular from the Middle East, Europe, and India. According to GoB estimate more than 400,000 Bangladeshi migrants returned between 18th February to 18th March. IOM's remote assessment of land border crossing in two bordering districts to India estimates around 10,000 people returning across the border since 8th March 2020.

With the lockdown and complete suspension of work in the RMG and construction sectors, internal migrants from the urban areas like Dhaka, Chattogram, Gazipur and Narayanganj have also returned home, with many unlikely to return to work in the medium term. The return of migrants and lack of employment/income generating activities in the home districts will create pockets of poverty in these districts, with many families dependent on the international and/or internal remittances for their livelihood.

The international migrants and their families may face extra hardship as many of the returnees are likely to have significant debts due to high migration costs and the untimely return. Further, remigration will be difficult for these returnees due to the global shut down and recession, while local employment is also not easily available. They also face hardships due to the stigmatization of migrants as being vectors of the disease. Migrant workers who have returned to BGD have faced discrimination and have been particularly affected by quarantines and lockdowns

Based on available data on international migrants, international return (IOM assisted), and internal in and out migration, the top ten migrant prone socio-economic vulnerable districts are: 1. Dhaka; 2. Chattogram; 3, Cox's Bazar; 4. Tangail; 5. Narsingdi; 6. Cumilla; 7. Sylhet; 8. Barishal; 9. Brahmanbaria; and 10 Chandpur.

The immediate step is to assess the needs and vulnerabilities of the migrants in these districts and prepare an area-based multi sectoral support plan for the whole district. Based on the area based multi sectoral plan, the districts may need special economic packages and safety net programmes to avoid a situation where large number of families are trapped into transitional and/or marginal poverty.



❑ State of affairs in Bangladesh on Localization

Localization is an idea derived from World Humanitarian Summit discourse (2014 to 2016) finally which has been agreed and announced from the Grand Bargain (May 2016) commitment, contain 10 streams and 51 indicators, where streams on Transparency, Localization, Participation Revolution are prominent. All UN agencies, major donors countries and major INGO has agreed on the commitment, and through C4C (Charter for Change) all most all major INGOs has taken furtherance approach in this regard. In this path UN agencies has taken NWoW (New Way of Working) especially to work in triangle approach, i.e., human and development approach in anchoring in sustainable forces in locality. The approach recognize the leadership role of local actors who are mostly local NGOs and local government for sustainability, local resource mobilization and accountability. Bangladeshi local and national NGOs are quite active in promotion of localization in this regard including floating what they demand from donors, INGOs and government, they are also active in Rohingya response too, in proposing what should be the road map in this regard. But ironically it is observed that during 2017 and 2018 funding to the local and national NGOs has bit reduced as Oxfam Money talk research shows, in Rohingya response it is less than 4 % (money) to 8 % (partnership) as it is found by Humanitarian Advisory Group and NIRAPAD (2017) and CCNF (2020).

Realization in international level

Meantime discourse on localization has got furtherance on this eve of COVID 19 crisis, the response seems very much depend on locals, as people movement have been made limited, in most cases expatriates have been barred from moving in the field. International network like ICVA, A4EP and NEAR gave calls and released position papers in this regard, in ICVAs paper they have used the term Reinforce three time in respect of localization. UNHCR chief Filip Grandi issued a letter where he give importance on local actor and urged his organization to show more flexibility in this regard. It is important to increase WASH activates, awareness and covid 19 screening in the camp.

Local NGOs are the first responder in this COVID response

Meantime local NGOs has already responded with their own fund in this regard since the beginning of March 2020. NAHAB, BD CSO, Community Radios process leaded by COAST, NIRAPAD, Disaster Forum and Credit and Development Forum (CDF) already motivating their network members and providing knowledge in this regard. With the assistance of their network they are preparing now for the long term approach. The Local and National NGOs are active country wise in the following activities:

- Raise awareness campaign against coronavirus at the grassroots and the capital specially among the marginalized people;
- Promote content on proper hand washing and respiratory hygiene;
- Provide basic facilities to underprivileged communities from basic needs to hygiene materials (i.e. essential food pack, health kits, etc.) to socially ignored vulnerable groups;
- Provide PPE support to health personnel;
- Set up water taps and basins along with hand soaps for pedestrians and the public, especially in virus prone area or the area of low income groups;
- Distribute hand sanitizers, face masks, and spray disinfectants in some areas of the capital city, aiming to fight the spread of coronavirus;
- Distribute free masks to disable people, disadvantaged children and run campaigns in schools on how to wash hands and maintain cleanliness to keep the disease away;
- Distribute some Non-Food Items (NFI) and food items for the people and service provider at institutional quarantine.
- Two NNGO provide their hospitals as isolation center and Covid 19 health support.

Understanding the situation and trends:

For all of us this is the new and evolving knowledge so in course of time the approach will be live and will have changes. All actors have to work to reduce the impact and as well to recover the economy especially on the informal sector where 85 % of employment relied in Bangladesh, production and supply chain which is based in rural and semi urban area, agriculture and micro entrepreneurs sectors and have to be assisted.

There will be additional force of around 10 lacs of immigrant's returnees from abroad and possible loss of job by around 20 lacs especially female from garment industry who will be mostly concentrating in rural and suburban setting. Most vulnerable target area are, slum, refugee camps, remote climate hot spots sandbar islands etc. Major target groups are labors of informal sectors, returnee migrants and garment workers in rural area. Students, school teachers who do not have any job to do now, they should be utilized COVID 19 prevention works. Local NGOs are already actively contributing and coordinating with the Deputy Commissioner and Upazila Nirbahi Officer in local level for relief and prevention work. The activities should include all informal sectors especially agriculture.

Advocacy and what government, donors and INGOs should consider to do:

Government should have to consider the fact neither full lock down is feasible as production and supply chain have to keep running and investment in the production sectors should be continued, so it should be an issue of strict adherence of social and physical distancing, this is one of the approach toward to prevent possible famine simultaneously to contain the spread of COVID 19. Donors and INGOs should consider to take more flexible approach and go for more direct funding to local NGOs, especially INGOs should consider to pull out from the field operation, rather they should be by limited in monitoring and technical assistance.

Some recommended actions for the local NGOs:

- Increase awareness on the COVID 19 pandemic and ways to prevent its spread amongst the population.
- Sensitize Imams of the mosques to disseminate the message "stay at home and continue prayer from home". Announcement and awareness campaign could be done using the loud speakers of the local mosques.
- Advocate for ensuring social distancing at hat-bazars. NGOs may work with upazila and district administration in this regard.
- Provide necessary information to the community about their entitlement i.e. from where the community can get food assistance and what would be the quantity; how and from where people can get medical treatment, if they infected.
- Advocate for integrating and applying accountability elements and sphere standards in assistance delivery to the communities.
- Ensure access to social safety nets and other supports provided by GoB for the people who are in need of supports.
- Identify infected people and help them in getting treatment (local inspection team can disseminate this information to relevant government official i.e. civil surgeons).
- Establish a volunteer group and train them in managing the dead bodies (subject to availability of PPE)

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COVID19 and impact on private sector- Action Aid

COVID-19: Anticipatory Impact Analysis

Private sector is the key pillar of Bangladesh economy. COVID-19 pandemic has a huge impact on this sector. But, the sector itself has proceed to response to the pandemic with the resources, services, innovation and initiatives

❑ Analysis of impacts on private sector

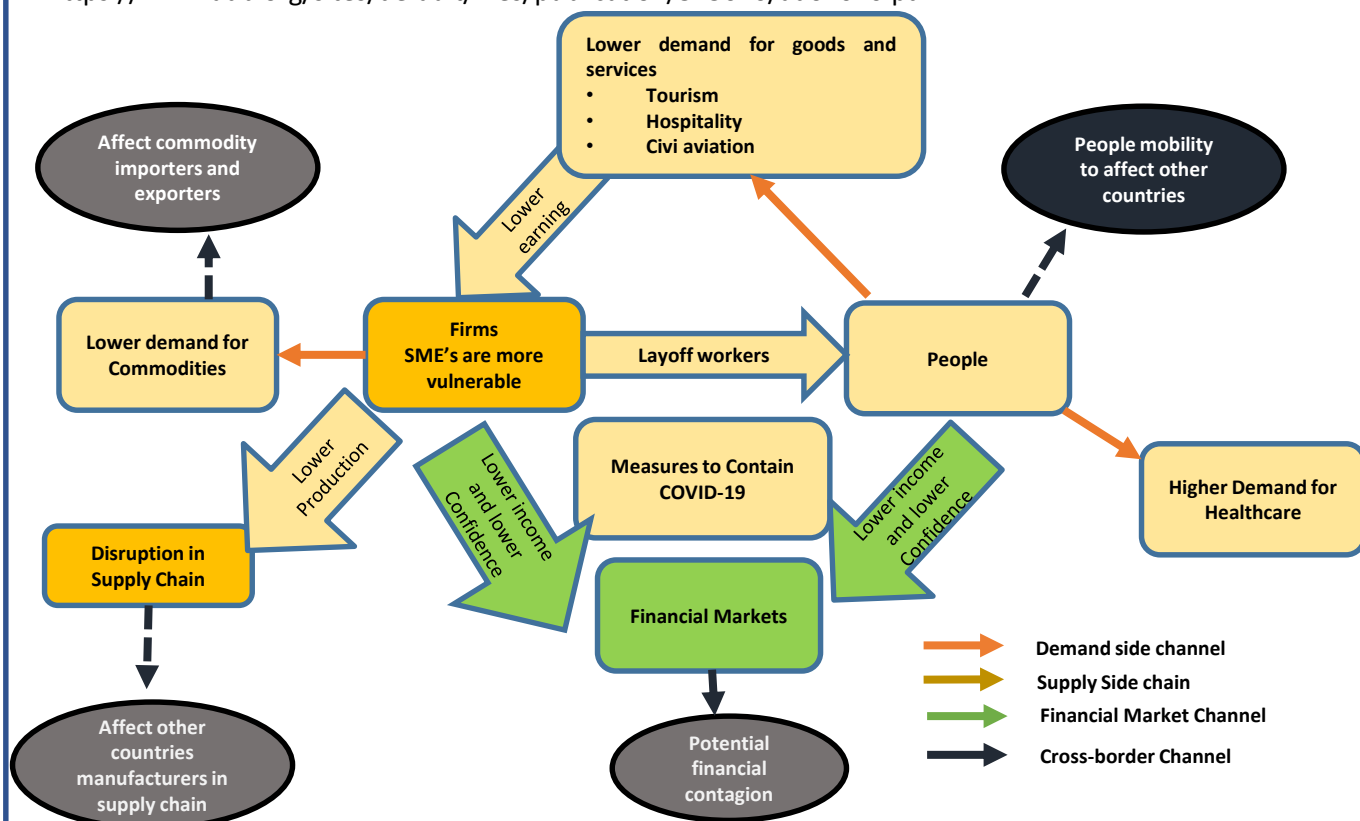
According to the Asian Development Outlook (ADO) 2020 in the region overall growth will drop to 2.2%; in the newly industrialized countries the rate will be 2.4 %. While in Bangladesh in the same period it is projected as 7.8%. which is the highest in the region. Though, idustrial growth will slip to 11.5% from 12.7% in 2019 and service sector growth may slip to 6.5% from -6.8% in 2019, which largely covers wholesale and retail trade, transport, education, and health and social services.

According to Dhaka Chamber of Commerce and Industries analysis, the export of Bangladesh led by RMG, Leather, Agro-processing, Pharmaceuticals, Jute and Jute goods are getting affected seriously. Already, total export of July to February period of current fiscal year (FY2019-20) decreased by 4.79 percent to USD26.24 billion from USD27.64 billion in previous FY2018-19. Export of RMG products decreased by 5.53 percent, Leather and Leather products by 9.04 percent, Frozen and Live Fish by 4.39 percent, Engineering products by 3.94 percent. As the outbreak of Coronavirus in Europe and the United States, the main export destinations of Bangladesh, turned pandemic in March the situation has been worsening gradually. In the meantime, as of March, 2020, approximately US\$ 2.90 billion of export orders of 1,089 garment factories had already been cancelled or were being held up following the outbreak of coronavirus. It is creating an unbearable pressure on Cash flow of the factories making them unable to pay the bills and salaries of the workers.

At the same time total 79,00,000 number of SMEs and a significant number of non-listed business from informal sector in Bangladesh are hardest hit posing threat to the livelihoods of millions of people due to restricted movement. They are badly in need of financial and policy support to restore supply chain.

ADO 2020 has stated that, "Downside risks to the outlook are severe, most notably from coronavirus disease (COVID-19). No one can say how widely the COVID-19 pandemic may spread, and containment may take longer than currently projected. The possibility of severe financial turmoil and financial crises cannot be discounted. Sharp and protracted declines in commodity prices and tourist arrivals will challenge dependent economies across the region."

<https://www.adb.org/sites/default/files/publication/575626/ado2020.pdf>



❑ Initiatives taken by private sectors in Bangladesh to address country COVID -19 response

Health sector response in line with COVID19 preparedness and response plan by MoH

- **Testing kit** - Private sector in Bangladesh is playing a significant role to address the pandemic. Stretching from developing very low cost and faster testing kit to facilitate mass and quick screening of the infected people to support informed isolation and quarantine.
- **PPE** -Manufacturing Personal Protective Equipment -PPE to protect the frontline actors, though most or all of those are grade 1 only. For medical service providers doctors and nurses need grade 3 or 4 quality, which is still dependent on import.
- **Ventilator** -Numbers of companies have taken initiative to produce ventilator in the country. They are expecting to start production by next two months.
- **Hospital/ Clinical service** -Private clinic and hospitals are offering their installed capacity to be utilized for covid treatment. They have around 200,000 beds capacity. Beyond that major industrial groups in the country have taken initiative to establish new hospital facilities with around 8,000 bed for Dhaka city.
- Pharmaceuticals companies of Bangladesh have taken initiative to contribute with the medicines widely used across the affected countries. Government has taken initiative to regulate said medicine production and distribution.
- **WASH response** -FBCCI has been taken initiative to disinfect the roads from Narayanganj to Dhaka.
- **Distribution of food and non-food items** - Business communities across the country have started to distribute food and non-food items to the affected people. FBCCI is collecting information on those initiatives to be compiled.
- Other response initiatives SME's, garments sectors in country migrant population etc.

❑ Initiatives taken for private sectors in Bangladesh- Financing packages by state

The total amount of these stimulus packages will be Tk 72,750 crore which will be 2.52 percent of the GDP. Prime Minister Sheikh Hasina has announced four new stimulus packages on March 4 of Tk 67,750 crore to overcome the possible economic shock from the ongoing shutdown enforced to prevent the coronavirus spread. With the previously announced Tk 5,000 crore stimulus package, the amount of the whole package now stands at Tk 72,750 crore.

The government simultaneously took four programmes under a work plan to be implemented in phases categorised as "immediate, short and long". The four programmes are: increasing public expenditure, formulating a stimulus package, widening social safety net coverage and increasing monetary supply.

The government would provide working capital of Tk 30,000 crore for the Covid-19 affected industries and service sector institutions. The commercial banks will provide the loans from their own resources to the industries or business entities concerned on the basis of bank-client relationship. The interest rate of this loan facility will be nine percent, of which the loan takers will provide 4.5 percent while the government will provide the rest of the interest to the respective banks as subsidy.

In the second package, which will be for the small and medium industries, the government will provide Tk 20,000 crore as working capital. The commercial banks will provide the loans from their own resources to the industries or business entities concerned on the basis of bank-client relationship. Here, the interest rate will be the same as nine percent, but the four percent interest will be borne by the loan-taking industries while the rest of the money will be paid by the government to the respective banks as subsidy.

In the third package, the Bangladesh Bank will expand its EDF (Export Development Fund). Aiming to increase the facility for importing raw materials under the back-to-back LC system, the central bank will enhance its EDF facility from \$3.5 billion to \$5 billion. As a result, some Tk 12,750 crore, equivalent to \$1.5 billion, will be added to the respective fund. The current interest rate of the EDF is LIBOR (London Inter-Bank Offer Rate) + 1.5 percent (which is 2.73 percent in total). It will be decreased to two percent, she said.

For the last package, Bangladesh Bank will introduce a new loan facility system titled "Pre-shipment Credit Refinance Scheme". The amount of this loan facility will be Tk 5,000 crore in total where the interest rate will be seven percent.

Earlier on March 25 on the occasion of the Independence and National Day 2020, the Prime Minister had announced a stimulus package of Tk 5,000 crore for export-oriented industries to fight the adverse impact of coronavirus on the economy. This money will be used for providing the salaries and wages of workers and employees only.

Coordination support by civil society: Under the scope of HCTT civil society organisations are extending coordination support to the private sector apex bodies to aggregate all initiatives in to the humanitarian response documentation and broader coordination mechanism in the country.

Private sector's recommendation

Different apex bodies of private sectors are continuously following the situation and consistently providing recommendations to the government. From Dhaka Chamber of Commerce and Industries (DCCI) following are submitted-

Micro, Small & Medium Enterprises (MSME) Sector

- Emergency fund for MSMEs, BSCIC Factory owners and informal sectors, Channel SME refinancing scheme for working capital for MSMEs, Waiver of Port demurrage fee and Bank interest rate for delayed goods release, Waiver of Rent of the government owned spaces
- Market access support for MSMEs
- Waiver of Utility bills, VAT and SD for all traders and MSMEs
- Waiver of VAT, SD & AT on Essentials Commodities and Health Safety Instruments at Import
- Deferral of Corporate tax and Individual tax for current FY2019-20

Export oriented Industries

- 1 Year waiver in interest payment
- 1 Effort to restore GSP facility from USA and GSP Plus from EU Trading
- Strengthening the mobile court for market monitoring
- Fixing the sale limit for daily essentials and health and hygiene items

Financial Sector

- Ensure Adequate Liquidity in the Banking Sector to Support MSMEs
- Re-financing can be changed into Pre-financing scheme for MSMEs
- Bank Guarantee requirement waiver by commercial banks from Limited liability companies

Informal sector

- Inclusive and widespread safety net for Informal sector

Power Sector

- 1 Revisit the Power Purchase Agreement to retain the money within government

International Funding Agencies

- Negotiating with International Funding Agencies for required resources

COVID19 and consideration of Sphere and Core Humanitarian Standards

- Sphere Community Bangladesh(SCB)

COVID-19: Anticipatory Impact Analysis

❑ Current situation

- As to loss their social-dignity, a large number of middle and lower middle-class families are not appearing or expressing their sufferings while they are in intense needs of humanitarian supports.
- Extensive use of social media seriously hampering vulnerable, marginalized peoples' rights of protecting personal information along with social dignity. Lack of coordination in managing information increases misinformation and rumors that leveraging risk of community spread and vulnerabilities of people.
- Forefront humanitarian aid workers are at the high level of exposure to the virus.
- Several approaches have already been exercised in distributing relief packages in situation of social/physical distancing. Managing physical/social distance simultaneously with the humanitarian standards, needs innovative approaches.
- Participation and engagement of affected population will increase the risk and vulnerability both for responders and the beneficiaries.
- Sporadic relief distribution by amateur individuals and organizations are increasing risks of virus transmission along with violation of rights and dignity of affected people.
- To avoid discrimination and stigmatization, people are tended to hide their illness. This harmful stereotype might rise and increase stigma and pervasive misinformation. Which not only contribute to more severe health problems, continued spread of virus, and difficulties controlling the disease outbreak but also upsurge starvation, GBV and discriminations in the society.
- In absence of Sphere and other humanitarian standards, the COVID-19 outbreak might further excavate the socio-economic inequalities and reduce cohesion. Misuse of power or targeted action disproportionately affecting key populations, leading to further discrimination. Humanitarian actions itself are in high probability of abused, when not in line with humanitarian charters and standards.

COVID19 and consideration of Sphere and Core Humanitarian Standards-SCB

COVID-19: Anticipatory Impact Analysis

❑ **Obligation from standards**

Sphere and the Humanitarian Standards Partnership (HSP) developed the minimum response standards for all crisis-affected people, established standards and guidance for humanitarian actions for affected populations to survive and recover with dignity. Over the last three decades, based on commitments and experiences, humanitarian sector developed tools that can directly support your COVID-19 response, gathered knowledge and evidences from response to epidemics, including the Ebola outbreak in West Africa in 2014.

Sphere standards are directly relevant the current COVID-19 pandemic – most importantly the Health and Water, Sanitation and Hygiene Promotion chapters. Also, HSP's standards such as Core Humanitarian Standard, Cash Assistance, Inclusion of older people and people with disabilities, Education in Emergencies, Child Protection and Markets and Economic Recovery are equally important in responding the COVID-19 in Bangladesh.

In addition to the technical advices, those standards provide guidance on the rights of people, information sharing and community engagement:

Sphere and the HSP have jointly launched the “[COVID-19 guidance based on humanitarian standards](#)”. Sphere Community Bangladesh and it's members are committed to promote and comply the guidance:

- a. Information:** acknowledge and respect peoples' rights to understand the situation and know what is happening. People have the right to trust that the measures taken are in the best interest of the community and people. Standards obliged to provide clear, transparent and understandable information concerning the outbreak, the actual danger and what is expected of people.
- b. Dignity:** Ensuring human dignity is the foundation of all humanitarian response standards. Standards provides guidance and tools to provide supportive messaging and care to affected people and communities.
- c. Community engagement:** To avoid the spread of rumours and misinformation and to to build trust, Standards provides guidance, indicators and tools for sharing information transparently, involve and include communities directly (including women, children, older people, persons with disabilities and other often excluded groups), listen to them and understand perceptions, social norms and beliefs.
- d. Holistic and comprehensive response:** Analyze affected people's other needs include the long-term needs of the wider population.

Recommended actions

1. Awareness of humanitarian standards for both responders, duty-bearers and also for the affected people. Develop easy and simple IES materials that help realizing standards on the ground.
2. Based on the Sphere and the HSP's “[COVID-19 guidance based on humanitarian standards](#)” develop tools for the responders in Bangla.
3. All response plan including resources, funds and investment must include ensuring standards especially the CHS – human dignity, staff safety, information management etc.
4. Local organizations should be provided technical support to implement humanitarian standards in their response. A pool of resources organization at national and regional level should be capacitated to provide technical support in terms of capacity building, management and implementation for local organizations.

References

COVID-19: Anticipatory Impact Analysis

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Contacts:

For Regular Updates Please visit:

<https://www.humanitarianresponse.info/en/operations/bangladesh/needs-assessment-working-group>

Contact:

1. Kaiser Rejve, Director, Humanitarian and Resilience Programme, CARE Bangladesh and Co-Chair-NAWG. E: Kaiser.rejve@care.org
2. Md Jafar Iqbal, Coordinator-NAWG, Bangladesh. Mobile: +8801915177117, E-Mail: jafar.iqbal@care.org

Annexes

- ☐ **Sector-Specific Primary Data findings**
- ☐ **Secondary Analysis**
- ☐ **Acronyms and Glossary**
- ☐ **Acknowledgement (list of contributors)**
- ☐ **Terms of Reference of Primary data Collection**
- ☐ **Contacts**

Annex A:

Sector-Specific Primary Data findings

Voices from the Community and Key Informants

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Health

Information about the COVID-19 Treatment/ reporting

Administrative Region	Know	Don't Know	Not Answered
City Corporation	31.62%	58.82%	9.56%
Paurashava	26.97%	71.35%	1.68%
Rural Areas	39.18%	55.67%	5.15%
Total	33.88%	60.99%	5.13%

Status of the Services of Health Facilities

Administrative Region	Do not Know	Not Providing Similar Support	Remain Same	Not Answered
City Corporation	22.06%	36.76%	41.18%	0.00%
Paurashava	19.10%	39.33%	41.01%	0.56%
Rural Areas	25.09%	43.99%	30.24%	0.69%
Total	22.64%	40.99%	35.87%	0.50%

Accessibility status of health/nutrition facilities

Administrative Region	Do not Know	No	Yes	Not Answered
City Corporation	30.15%	39.71%	30.15%	0.00%
Paurashava	25.84%	34.27%	39.33%	0.56%
Rural Areas	20.27%	53.95%	25.43%	0.34%
Total	24.13%	44.96%	30.58%	0.33%

People have Communicable diseases related complicity

Administrative Region	No	Yes	Not Answered
City Corporation	86.76%	9.56%	3.68%
Paurashava	76.40%	16.85%	6.74%
Rural Areas	79.38%	15.46%	5.15%
Total	80.17%	14.55%	5.29%

People with other health related issues

Administrative Region	Asthma related		Infectious Diseases	
	No	Yes	No	Yes
City Corporation	82.35%	13.97%	88.24%	8.09%
Paurashava	76.40%	16.85%	89.89%	3.37%
Rural Areas	85.57%	9.28%	89.35%	5.50%
Total	82.15%	12.56%	89.26%	5.45%

People Experiencing mental stress due to this situation

Administrative Region	Do not Know	No	Yes
City Corporation	8.82%	4.41%	85.29%
Paurashava	1.12%	12.92%	84.27%
Rural Areas	2.75%	15.12%	81.44%
Total	3.64%	12.07%	83.14%

One third of the respondents are still unaware of where to report to if anyone has COVID-19 symptoms. Awareness level is higher in the urban areas (71%) than in rural settings (56%). More than half (68%) of the respondents do not know if the health facilities are providing similar support like normal time or have any special activities for COVID-19 response. At least 30% of the respondents are concerned about visiting health facilities after the COVID-19 outbreak in Bangladesh while the fear is more (54%) among the rural inhabitants.

The survey revealed that community groups at all administrative levels are living with some existing morbidities including communicable diseases (15%), asthma (12%), infections (5%); while 83% of the people are suffering from mental distress due to COVID-19. This panic is a little more intense in the urban area (85%). About 38% of the health facilities are receiving less patients than the normal time. Health workers are not exception from this COVID panic, with 32% of the health workers convinced or somehow willing to extend their service while 24% regretted to provide health services.

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Sexual Reproductive Health Rights (SRHR)

Respondent's family member have pregnant or lactating mother

Administrative Region	No	Yes	Not Answered
City Corporation	60.29%	22.79%	16.91%
Paurashava	64.61%	14.04%	21.35%
Rural Areas	60.14%	13.75%	26.12%
Total	61.49%	15.87%	22.65%

Status of the access to dignity kit (ex. Underwear, Essential Covering Garments, Menstrual hygiene kit) by women/girls

Administrative Region	Do Not know	No	Yes	Not Answered
City Corporation	27.21%	42.65%	27.94%	2.21%
Paurashava	20.79%	27.53%	40.45%	11.24%
Rural Areas	26.46%	50.17%	16.49%	6.87%
Total	24.96%	41.82%	26.12%	7.11%

Status access to Doctor or medical service SRH related Support

Administrative Region	Local birth attendant	No access	Others	Local doctor	Have access to Hospital	Not Answered
City Corporation	0.00%	33.09%	2.94%	34.56%	24.26%	5.15%
Paurashava	1.12%	24.72%	1.69%	32.02%	29.21%	11.24%
Rural Areas	0.69%	30.24%	1.37%	41.24%	18.21%	8.25%
Total	0.66%	29.26%	1.82%	37.02%	22.81%	8.43%

Gender Based Violence (GbV)

Women and girls awareness on availability of GBV response services/support:

	Do not know	No	Yes	Not Answered
City corporation	18.38%	28.68%	44.85%	8.09%
Paurashava	11.80%	25.84%	53.37%	8.99%
Rural upazila	13.75%	39.52%	37.80%	8.93%
Grand Total	14.21%	33.06%	43.97%	8.76%

Women and adolescent girls needs on personal hygiene items by location:

	Do not know	No	yes	Not Answered
City corporation	12.50%	53.68%	26.47%	7.35%
Paurashava	6.18%	40.45%	45.51%	7.87%
Rural upazila	11.00%	57.73%	25.09%	6.19%
Grand Total	9.92%	51.74%	31.40%	6.94%

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Water Sanitation and Hygiene (WASH)

Access to Water			
Type of Administrative Region	Have Access	Don't Have Access	Not Answered
City Corporation	98.53%	0.74%	0.74%
Paurashava	97.75%	2.25%	0.00%
Rural Areas	95.88%	4.12%	0.00%
Total (N=606)	97.02%	2.81%	0.17%

Accessibility of Hygiene Materials

Division	no	yes	Not answered
Barisal	44.35%	48.39%	7.26%
Chittagong	48.61%	51.39%	0.00%
Dhaka	39.83%	58.47%	1.69%
Khulna	48.65%	51.35%	0.00%
Mymensingh	29.82%	66.67%	3.51%
Rajshahi	50.00%	50.00%	0.00%
Rangpur	34.75%	63.56%	1.69%
Sylhet	50.00%	50.00%	0.00%
Total (N=606)	41.65%	55.87%	2.48%

Accessibility of Hygiene Materials

Type of Admin. Region	No	yes	Not Answered
City Corporation	41.18%	57.35%	1.47%
Paurashava	37.08%	56.74%	6.18%
Rural Areas	44.67%	54.64%	0.69%
Total (N=606)	41.65%	55.87%	2.48%

It is evident that around 42% people do not have access to hygiene material (soap/ hand sanitizer). The scenario is almost same whether it is city corporation, paurashava or upazila. Little more than half the population (56%) has access to some kind hygiene materials. Especially Rajshahi and Sylhet, half of people do not have access to hygiene materials, which is alarming. It is a similar situation in Khulna and Chittagong. It is relatively better in Rangpur and Dhaka city. This will affect most vulnerable community especially children, women and persons with disabilities.

Knowledge and Perception about barrier measures to prevent against COVID-19	Responses
barrier measures to prevent against COVID-19	%
Washing Hands with soap for 20 seconds; Wash hands after touching anything that might get touched by other people.; Wash hands after touching money; Keep money into a different disposable packet temporarily for this period. (If money carries virus, it might infect the moneybag and other things attached); Maintain cold and cough time hygiene; Clean the toilet at least once a day with bleaching powder. Clean the toilet of a sick person twice a day with bleaching powder. Use reusable hand-gloves while cleaning; Keep your house and latrine clean; Avoid spitting, as it spreads potentially infected water particles	4%
Wash hand with soap when we arrive home.	6%
Use hand sanitizer when go out, Use mask when go out, After coming home keep your shoes in different box, wash your hands first, then clean the parts of the house you have touched (door lock, light switch, keys), clean the packets you brought from outside, then get a clean shower with chlorinated water, Avoid touching eyes, nose and mouth with bare hands; Keep social distance; Use properly chlorinate water; Drink purified water; Flash your toilets properly.	5%
Don't go to public places; Keep the required distance with the sick people; Be very careful while disposing the waste of the sick people.	3%
Know all of these	5%
I do not know	3%
I don't have to	5%

It was found that most people know the common prevention measures against COVID-19. The table contains multi-response data showed in percentage. The most important one is that people know how to wash their hands and they wash their hands with soap before entering home. About 3% people responded that they do not know about the preventive measures. Again 5% felt that they don't have to follow these measures, which is alarming. Authorities need to follow-up with these group of people urgently.

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Food Security and Livelihood

Household have sufficient food at home		
Do Not Know	11	2%
No	454	75%
yes	138	23%
Grand Total	603	

How many days food stock		
	16 days	
Food items in a meal in addition to cereal		
	2 to 3 items	

Reasons HH do not have sufficient food (461)		
Don't have money to purchase food	420	91%
Market is closed	124	27%
Food item is not available in the market	133	29%
Transportation is banned (can't go to the market)	117	25%

Food markets functioning for procuring food items (549)		
Fully	42	8%
Partly	434	79%
Not functioning	37	7%
Don't Know	36	7%

Agriculture markets functioning for procuring agriculture inputs (552)		
Fully	44	8%
Partly	277	50%
Not functioning	102	18%
Don't Know	129	23%

Can producers sell their products at the market (528)		
Yes	37	7%
No	263	50%
Partly	114	22%
N/A	114	22%

Status of the essential food price (rice, lentils and oil) (548)		
Remain same	145	26%
Very high	368	67%
Price is low	3	1%
Don't know	32	6%

Status of the vegetable price in the local market (549)		
remain same	173	32%
very high	295	54%
Price is low	46	8%
Don't know	31	6%

Status of the protein food price in your local market (543)		
Remain same	140	26%
Very high	320	59%
Price is low	24	4%
Don't know	59	11%

Cooking fuel for households are available (543)		
Yes	211	39%
No	179	33%
Partly	153	28%

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Nutrition

Prevalence to Malnutrition			
Administrative Region	No	Yes	Not Answered
City Corporation	65.44%	30.88%	3.68%
Paurashava	64.61%	28.65%	6.74%
Rural Area	71.48%	23.37%	5.15%
Grand Total	68.10%	26.61%	5.29%

Household with child between 6-23 months are you able to provide diverse food				
Administrative Region	Do Not Know	No	Yes	Not Answered
City Corporation	8.09%	79.41%	9.56%	2.94%
Paurashava	9.55%	69.66%	3.37%	17.42%
Rural Area	12.71%	65.98%	10.31%	11.00%
Grand Total	10.74%	70.08%	8.10%	11.07%

Accessibility status of women and children to health and nutrition services				
Administrative Region	Do Not Know	No	Yes	Not Answered
City Corporation	16.91%	52.21%	29.41%	1.47%
Paurashava	23.03%	45.51%	21.91%	9.55%
Rural Area	16.15%	50.17%	27.84%	5.84%
Grand Total	18.35%	49.26%	26.45%	5.95%

Status of the accessibility to nutrition facilities			
Do Not Know	146		24%
No	272		45%
Yes	185		31%

Rapid assessment of SAM units preparedness, functionality, and status of service provision	
Number of units assessed	366
Lack of SAM registers	36%
Do not have weighing scales	52%
Lack of SAM guideline document	50%
Do not have a dedicated nurse	67%
Do not have supply of F-75 & F-100	95%
facilities are not functional	73%
The units meet all criteria	2%

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Education

School Going Children in Household

Administrative Region	Have	Don't Have	Not Aplicable	Not Answered
City Corporation	53.68%	33.82%	11.76%	0.74%
Paurashava	58.99%	33.71%	6.18%	1.12%
Rural Area	62.20%	29.90%	5.84%	2.06%
Grand Total	59.34%	31.90%	7.27%	1.49%

Home-based remote education (TV, online, radio, mobile) and participation of Children

Administrative Region	Don't know	no	Yes, But children are not attending	Yes, my children are attending the class	Not Answered
City Corporation	13.97%	37.50%	24.26%	14.71%	9.56%
Paurashava	13.48%	47.75%	14.61%	16.29%	7.87%
Rural Area	20.62%	40.21%	19.93%	13.06%	6.19%
Grand Total	17.02%	41.82%	19.34%	14.38%	7.44%

Supports from the parents for learning at home

Administrative Region	No	Not Applicable	Yes	Not Answered
City Corporation	24%	27%	40%	9%
Paurashava	31%	22%	38%	8%
Rural Area	37%	18%	36%	8%
Grand Total	33%	21%	38%	8%

Private arrangement to assist children in these school closer days

Administrative Region	No	Not Applicable	Yes	Not Answered
City Corporation	56%	24%	10%	10%
Paurashava	64%	20%	8%	7%
Rural Area	67%	18%	7%	8%
Grand Total	64%	20%	8%	8%

Child Protection

Status of Childer during Movement Restriction

Administrative Region	Not staying at home	Staying at Home	not applicable
City Corporation	18%	58%	24%
Paurashava	11%	71%	18%
Rural Area	29%	57%	13%
Grand Total	21%	62%	17%

Status of Child abuse (physical and mental) at Home during movement restriction

Administrative Region	Do not know	Not Increased	Increase a little bit	Increased	Not Answered
City Corporation	11%	34%	34%	21%	0%
Paurashava	10%	54%	23%	11%	2%
Rural Area	14%	46%	30%	9%	1%
Grand Total	12%	46%	29%	13%	1%

Annex: Primary data Findings

COVID-19: Anticipatory Impact Analysis

Shelter

Status of sufficient living space at the home

* in consideration to stay at home

Administrative Region	Do Not Know	No	Yes	Not Answered
City Corporation	6.62%	51.47%	40.44%	1.47%
Paurashava	0.00%	35.96%	52.25%	11.80%
Rural Area	1.03%	36.08%	50.86%	12.03%
Grand Total	1.98%	39.50%	48.93%	9.59%

Needs of Essential non food Items (NFI)

Administrative Region	Do Not Know	No	Yes	Not Answered
City Corporation	13.97%	22.06%	63.97%	0.00%
Paurashava	4.49%	38.76%	44.94%	11.80%
Rural Area	2.06%	27.49%	54.64%	15.81%
Grand Total	5.45%	29.59%	53.88%	11.07%

Types of Essential non food Items (NFI) required (Only from floating and slum population)

Administrative Region	Beds	Mosquito net	Others
City Corporation	41.38%	59.77%	22.99%
Paurashava	35.00%	52.50%	36.25%
Rural Area	45.28%	71.70%	38.36%
Grand Total	41.72%	63.80%	33.74%

Early Recovery

Status of the Impact of business/organization

Administrative Region	Fully	Not Significantly	Partially	Not Answered
City Corporation	55.88%	7.35%	25.00%	11.76%
Paurashava	39.89%	7.87%	43.26%	8.99%
Rural Area	38.49%	11.34%	39.52%	10.65%
Grand Total	42.81%	9.42%	37.36%	10.41%

Anticipation of the resuming period of the business/organisation

Administrative Region	1_week	2_weeks	3_weeks	Longer	Not Applicable	Not answered
City Corporation	14.71%	21.32%	5.88%	35.29%	11.03%	11.76%
Paurashava	7.87%	7.87%	5.06%	38.76%	10.67%	29.78%
Rural Area	10.31%	8.25%	4.81%	46.39%	12.71%	17.53%
Grand Total	10.58%	11.07%	5.12%	41.65%	11.74%	19.83%

Household average Monthly Income and Expenditure in January-February 2020

Divisions	Average Monthly Income in January-February 2020	Average Monthly Expenditure in January-February 2020
Barishal	11,473.63	12,343.92
Chattogram	18,783.10	17,243.48
Dhaka	12,616.20	12,420.55
Khulna	13,383.78	21,675.88
Mymensingh	11,393.62	11,187.11
Rajshahi	9,470.00	8,355.00
Rangpur	10,309.95	9,344.55
Sylhet	13,666.67	11,533.33
Grand Total	12704.96216	13432.34657

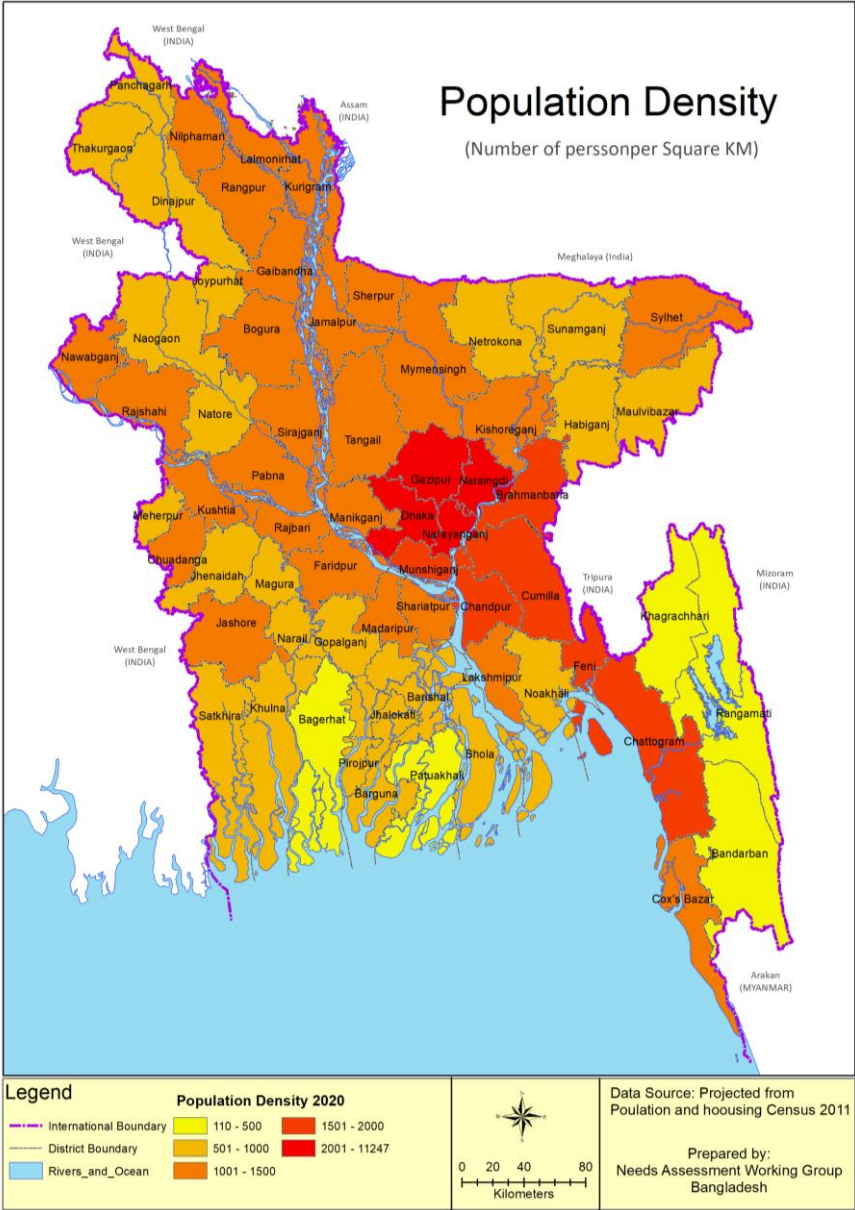
Annex B: Analysis of Secondary Information and Data

Annex: Critical Urban Demographic Monograph

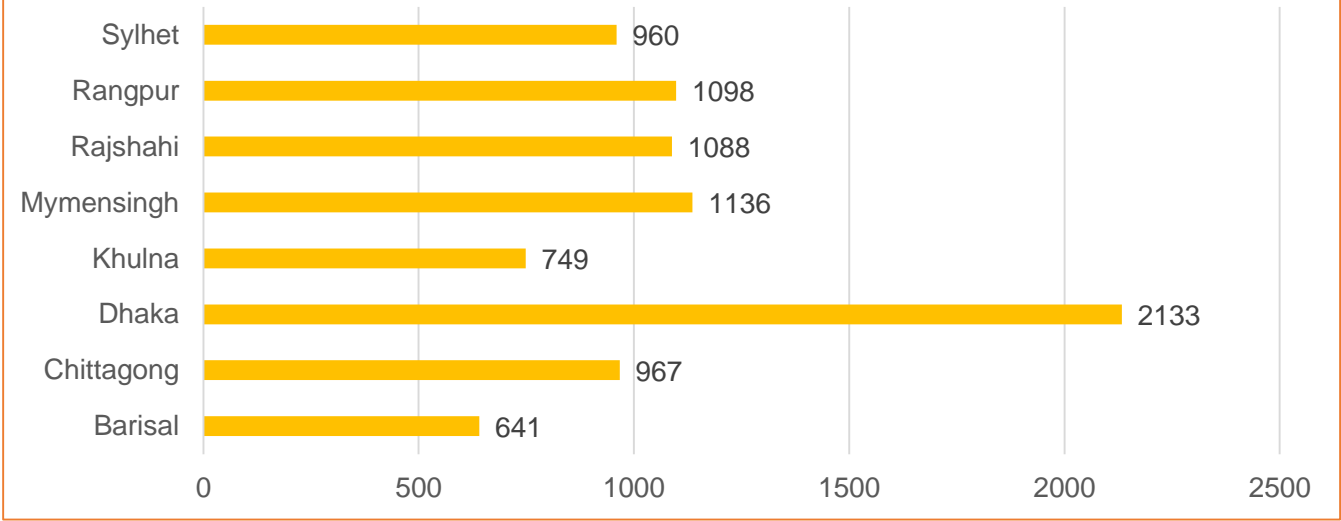
Population Density

COVID-19: Anticipatory Impact Analysis

- More than 100 population living in per square kilometer in 36 districts out of 64 districts in Bangladesh
- 4 Districts have population density more than 2000, which are tends to very risky.
- Dhaka is the highest density district also Dhaka a division has twice density in comparison to other division.
- Adjacent Districts of Dhaka also have higher density and anticipated as very high risk prone areas for COVID-19.



Density by division



Annex: Critical Urban Demographic Monograph

Elderly Population

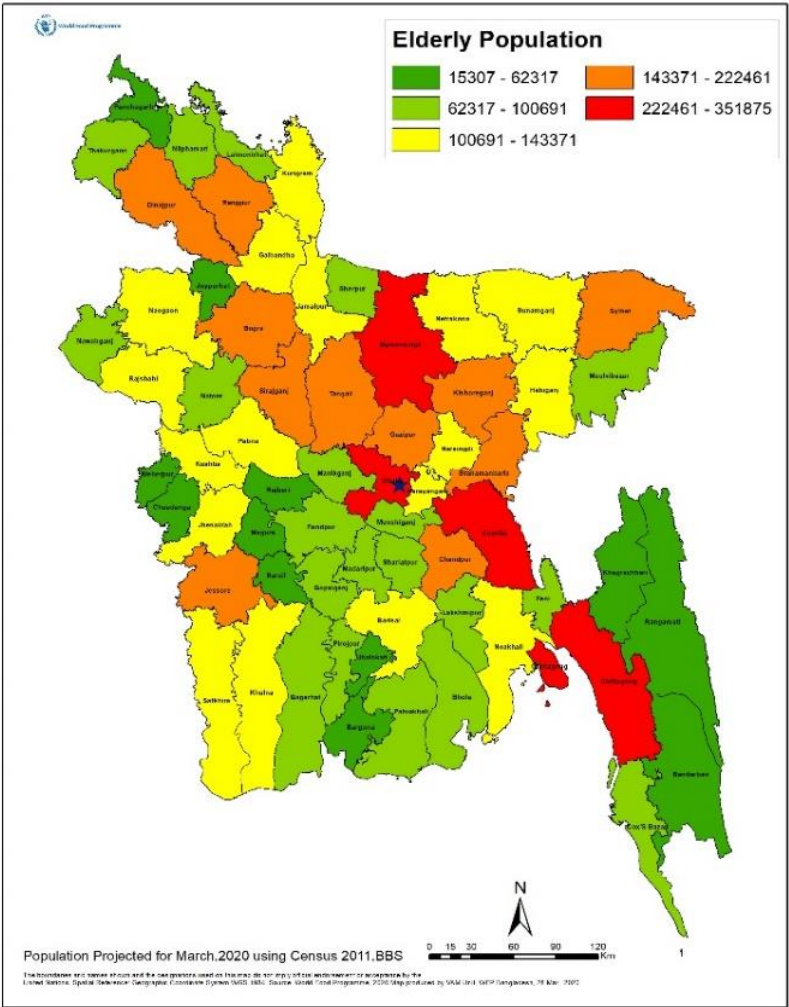
COVID-19: Anticipatory Impact Analysis

Concentration of Elderly Population (65 years & above) in District level of Bangladesh

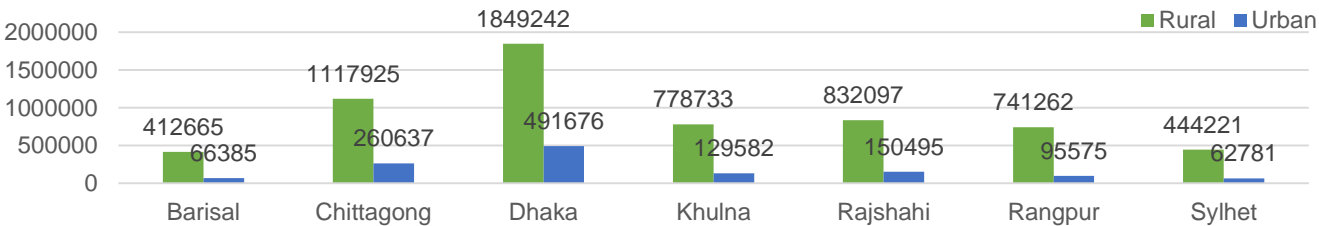
Geographic Distribution of different age Group Population :

Number of elderly (65+ year) is highest in Dhaka district followed by Chattogram, Mymensing and Cumilla, respectively. Around 32 districts have abundance of over 0.1 million elderly vulnerable people. Around 20 districts have more than 50,000 elderly population. No district has less than 15,000 elderly people living in them.

As per the global statistics population under different risk groups in Bangladesh are shown in table 2. If the COVID-19 reached epidemic community transmission, the people under different age group will be impacted differently.



Rural vs Urban Elderly Population



In general urban areas are high risky to COVID-19, but in Bangladesh, rural area has higher number of elderly population, so in cases of rapid community transmissions the rural areas will experiences the high risks fatality.

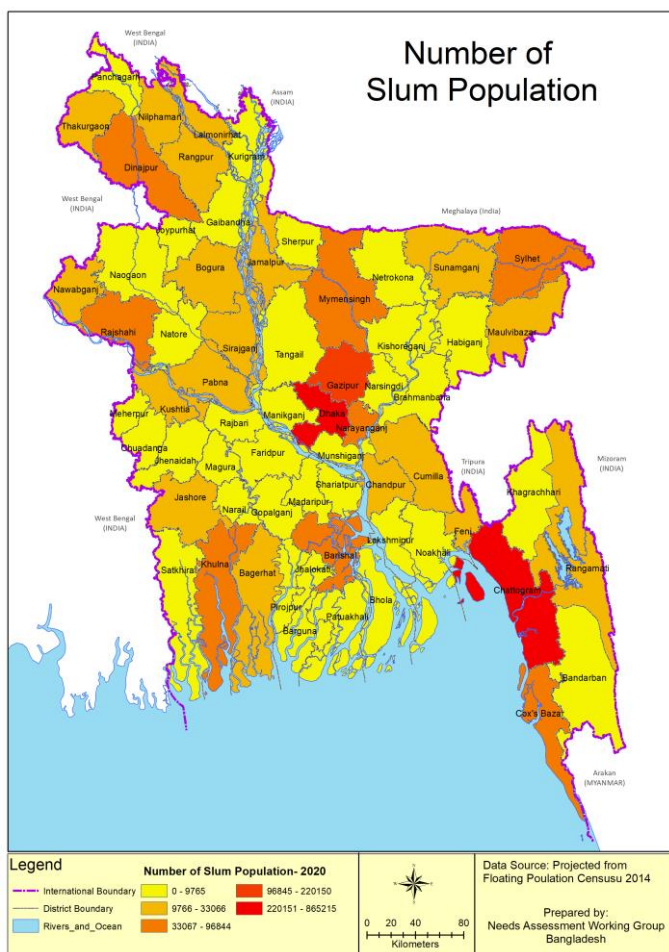
Divison	People under medium risk	People under Medium to high Risks		People under High risks		People under Very Sever risks
	Age 0 to 10	Age 10 to 29	Age 30 to 49	Age 50-59	Age 60-64	Age Over 65
Barisal	2005657	3151977	1976152	574840	274437	484698
Chittagong	8305760	13371569	6915343	1844454	854595	1498906
Dhaka	9429464	18895935	11397426	2697927	1126246	1827270
Khulna	3329985	6330426	4456489	1168021	488640	908065
Mymensingh	3201499	4299366	2813103	789914	361782	654909
Rajshahi	4370055	7854575	5440327	1395551	577172	996415
Rangpur	4180429	6595737	4461131	1200852	485240	839525
Sylhet	3343924	4711484	2549375	669041	311802	543385
Grand Total	38166773	65211069	40009347	10340600	4479915	7753173

Table 2 : Population by age group in Different division

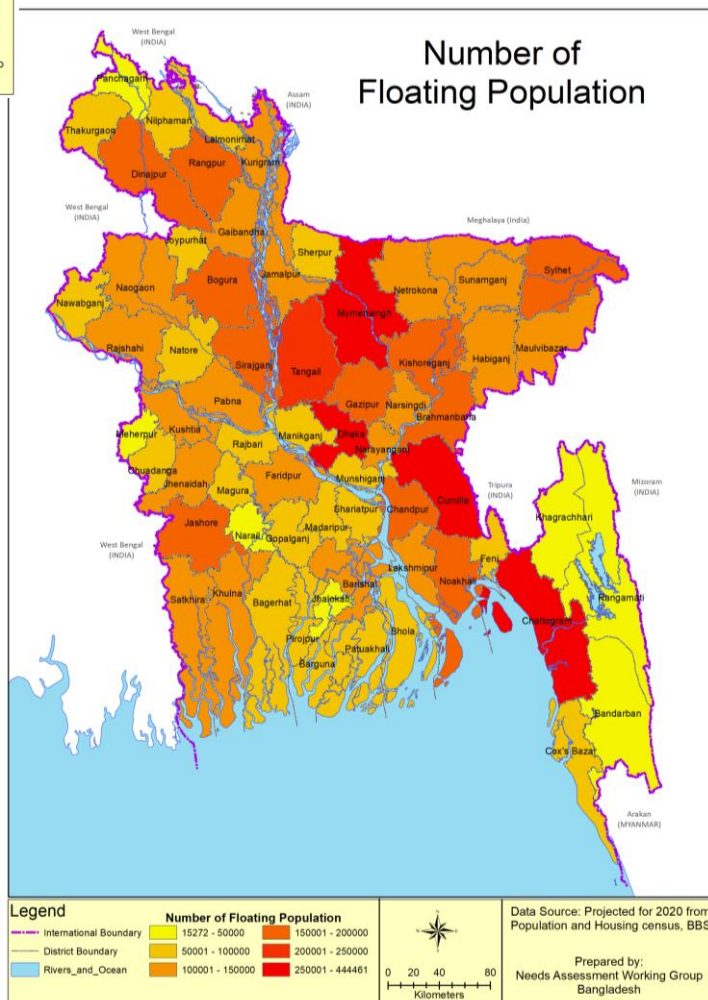
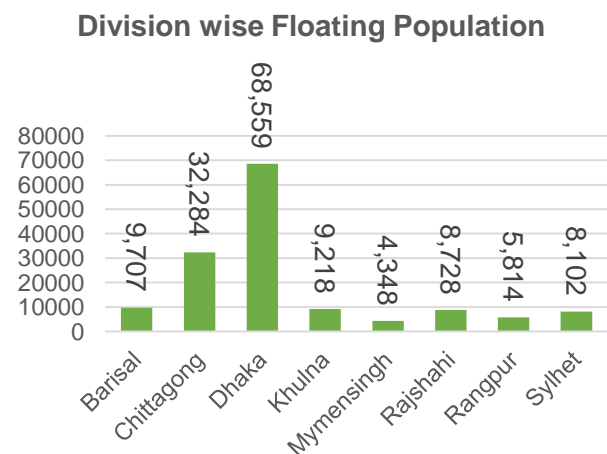
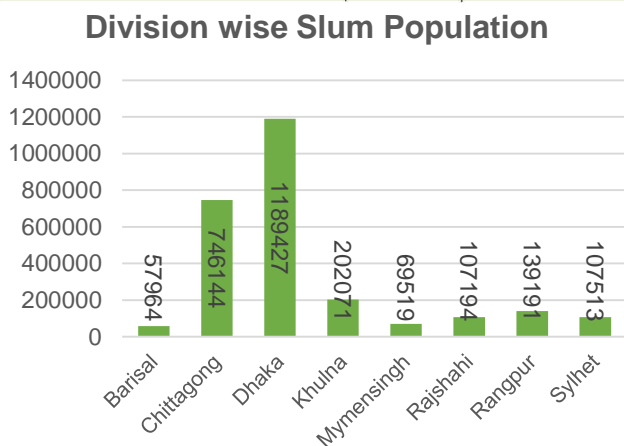
Annex: Critical Urban Demographic Monograph

People in slum and floating Population

COVID-19: Anticipatory Impact Analysis



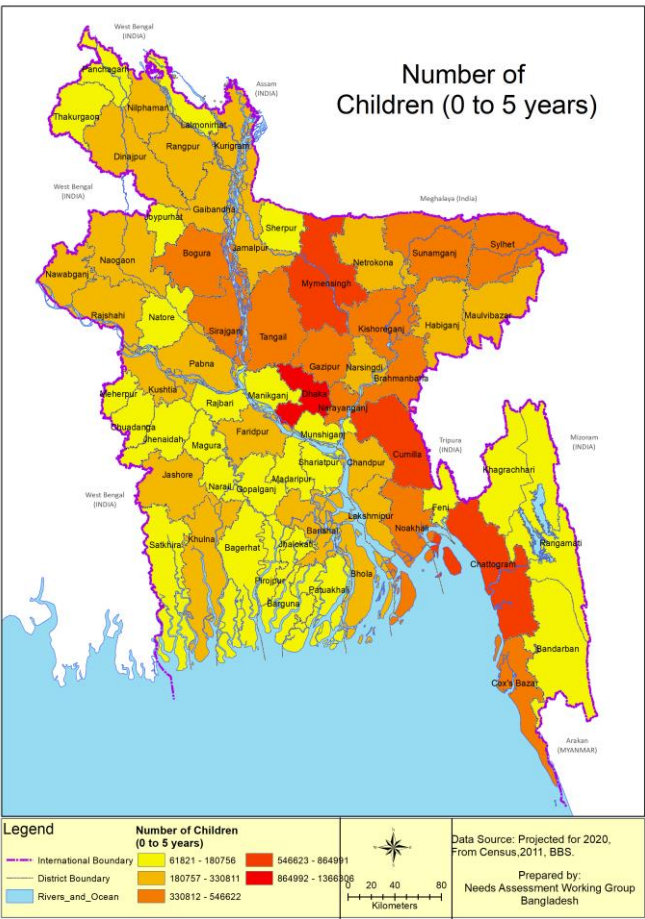
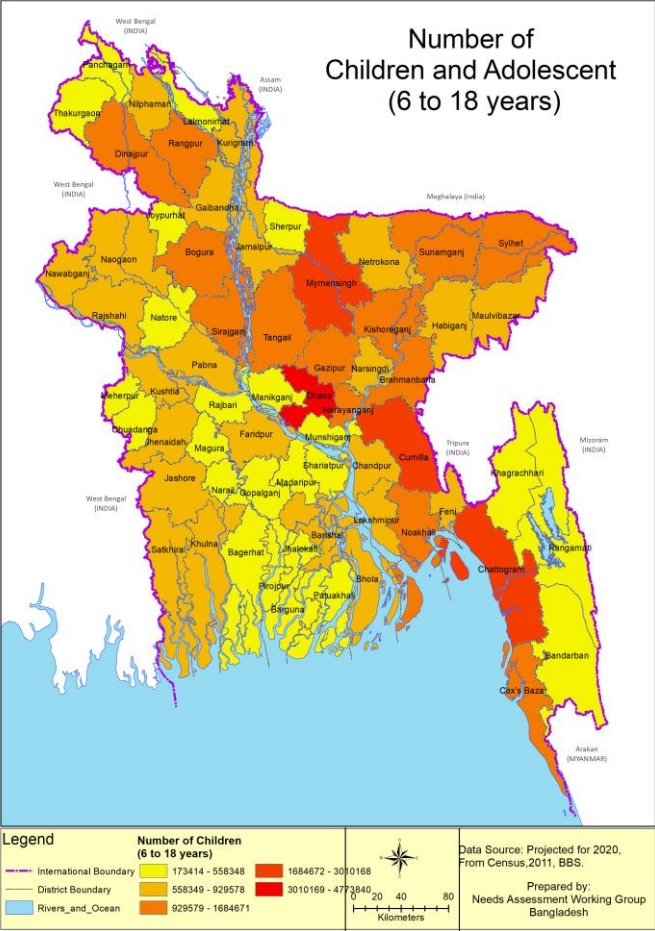
Range of The slum population	Districts under the range	Total slum population of these districts
More than 100000	Dhaka and Chattogram	1464457
50000-100000	Sylhet, Khulna, Gazipur	387434
40000-50000	Barishal, Mymensingh, Narayanganj	49371
30000-40000	Dinajpur, Jashore, Kushtia, Rangpur	136058
20000-30000	2 (Chandpur, Rangamati)	46920
10000-20000	13 Districts	201508
Less than 10000	35 Districts	140,368
Total Slum Population		2619021



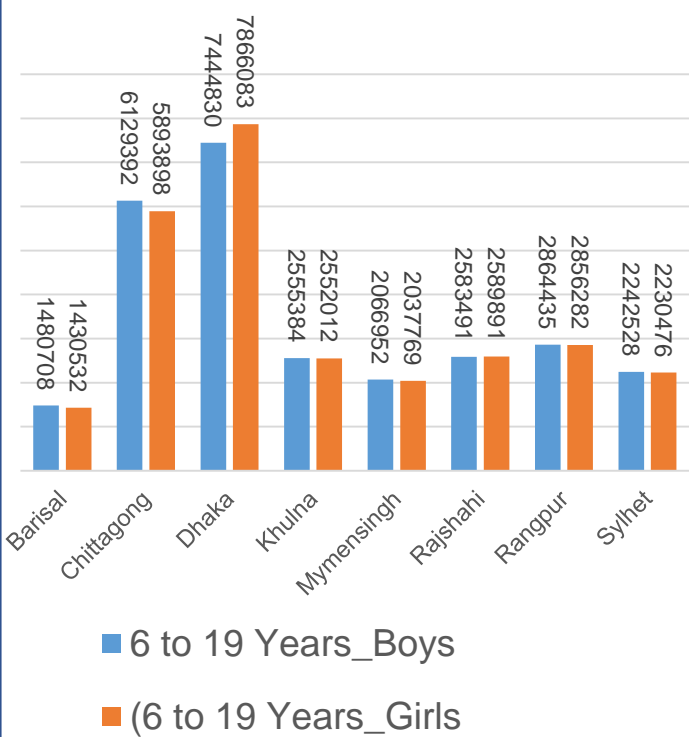
Annex: Demographic Vulnerability

Children and adolescents

COVID-19: Anticipatory Impact Analysis



Child and Adolescents by sex



Age Distribution of COVID-19 Confirmed Cases

Age_Range	Percentages of cases
<10	4.5
11-20	2.2

Division	Children (0 to 5 Month)	Child and Adolescents (6 to 19 Years)
Barishal	877588	2911240
Chattogram	3774179	12023291
Dhaka	4708855	15310913
Khulna	1494340	5107396
Mymensingh	1435168	4104721
Rajshahi	1592187	5173382
Rangpur	1889046	5720717
Sylhet	1553852	4473004
	17325215	54824664

Annex: Demographic and Social Vulnerability

Women Headed Households

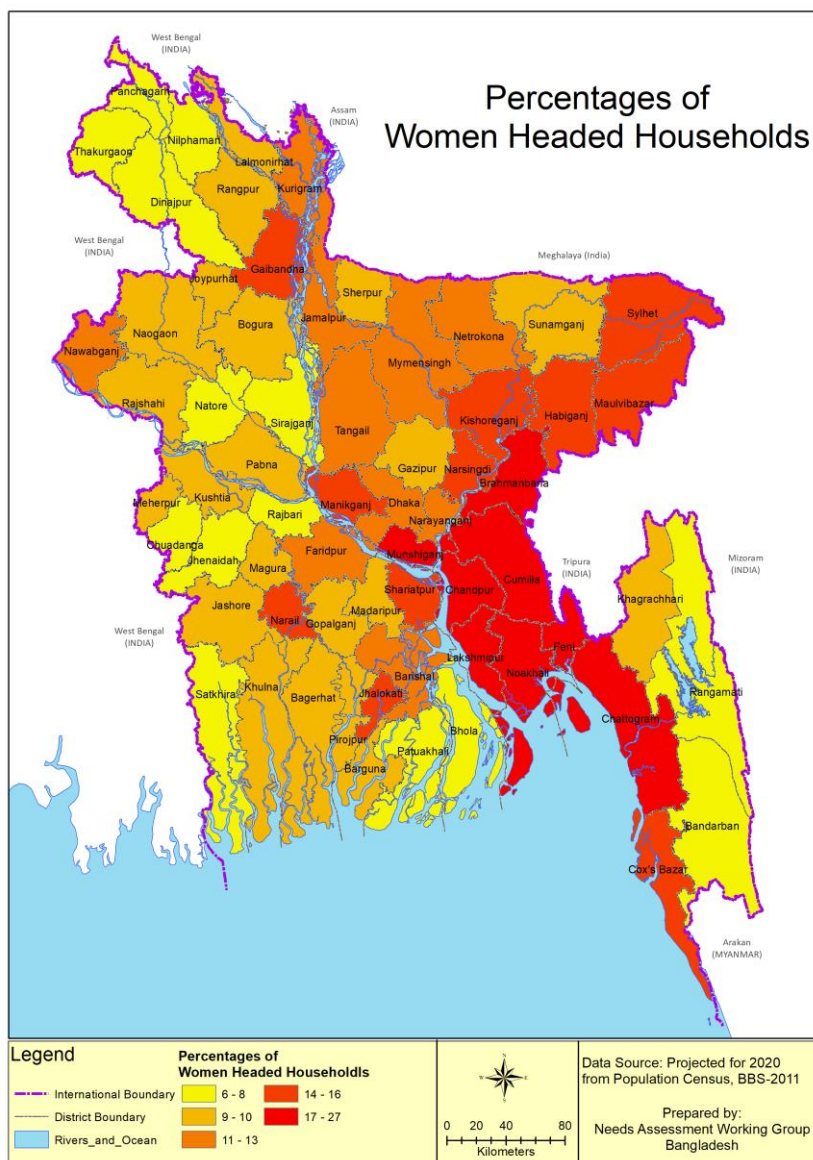
COVID-19: Anticipatory Impact Analysis

About 12% of the household are women headed in Bangladesh. Among Which approximately 10 million households are poor. According to BBS data more Women Headed HHs are in Dhaka, Chattogram division, but in terms of the percentages of women headed households are poor In Dhaka and Chattogram, WHHs is more because women migrated to these cities to work in RMG sector. And most of these migrated women are living in urban slums with limited facilities on WASH and health.. In Sylhet and Rangpur, They are living in most densely populated areas WHHs are more because of male migrates to Europe and other cities in Bangladesh. In most cases, WHHs are responsible for take care of food security for families, take care of health issues of children and elderly people of their families. Thus their workload are always is an issue. And during any disaster, they are exposed more to different vulnerabilities and risks; accessibility to get access to collect water, firewood, food, market, health facilities due to disruption of those facilities. And they are more vulnerable to exposed to COVID-19 more in case lack of proper hygiene precaution.

Most home quarantine people are from Dhaka, Chattogram, Khulna, Sylhet and Mymensingh Division. And most WHHs are also from Dhaka, Chattogram, Sylhet. It means these WHHs are potentially exposed to COVID in case of increased number of cases.

At the same time, WHHs might experience difficulties more to secure food, get access to health in case of locked down situation.

Mental health is an issue for them to deal with increased burden of Care work as well as uncertainty of income, food security and access to hygiene and health facilities.

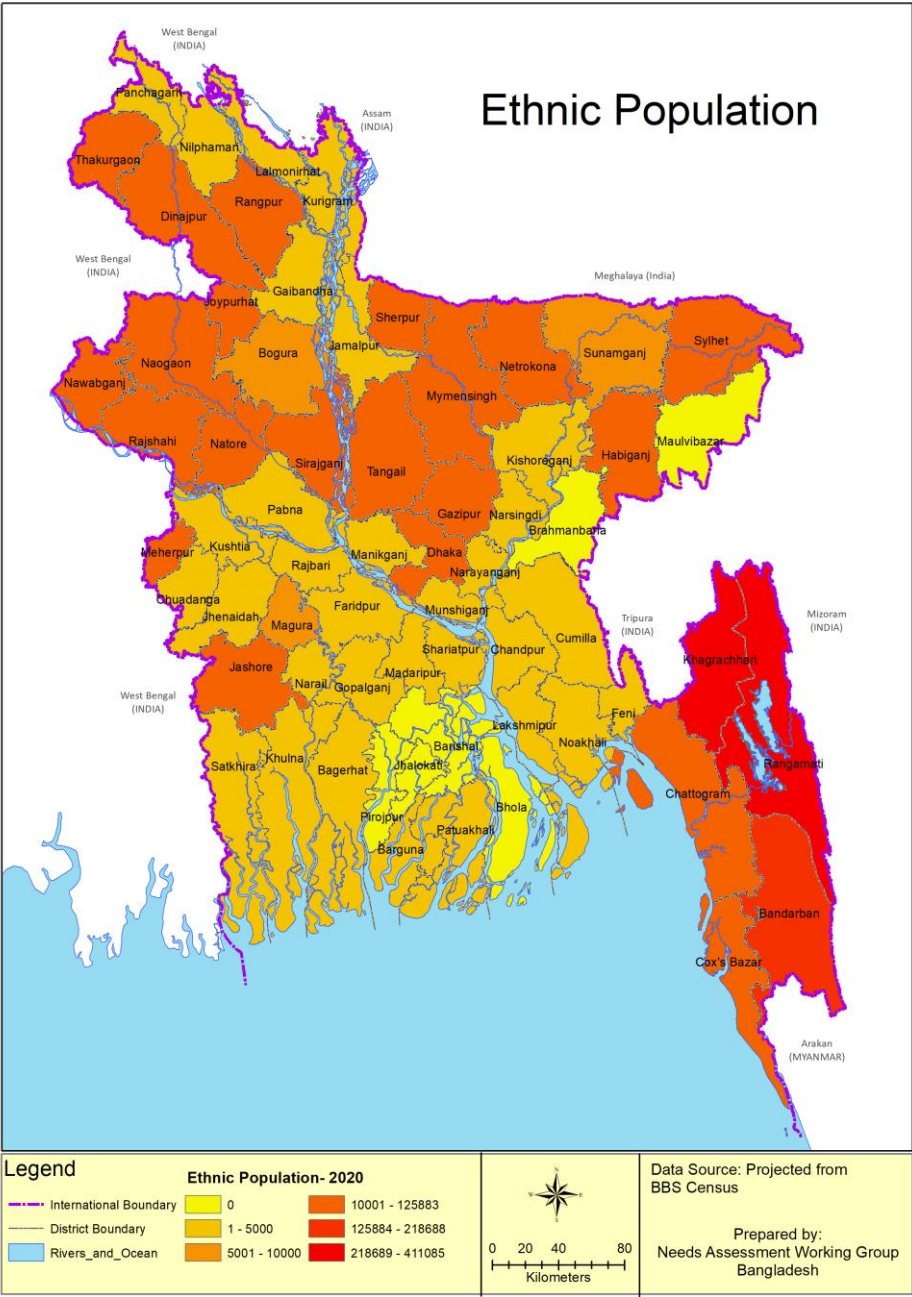


Division	Womned Headed Households	Women Headed Poor Household	Percentages of Women Headed hoouseholds
Barishal	168910	45249	8.9
Chattogram	1267473	224156	19.5
Dhaka	1308737	196897	11.7
Khulna	342136	93937	8.6
Mymensingh	307391	104015	11.0
Rajshahi	382407	109871	9.1
Rangpur	399612	195116	9.3
Sylhet	297174	44329	13.6
Grand Total	4473839	1013570	12.1

Geographic Distribution

- Chattogram division has the highest number of ethnic population.
- In the Rajshahi and Rangpur division, there are

Division	Number of Ethnic Population
Barishal	2661
Chattogram	1055256
Dhaka	112373
Khulna	67804
Mymensingh	86914
Rajshahi	246316
Rangpur	113997
Sylhet	101745



Number of Ethnic Population	Districts	Number of Ethnic Population
01-1000	19 Districts	5012
1000-10000	21 Districts	67114
10000-20000	7 Districts	111566
20000-30000	8 Districts	199742
30000-50000	Chattogram, Mymensingh	76522
50000-100000	Rajshahi; Dinajpur; Habiganj, Naogaon	332856
210000-220000	Bandarban, Khagrachhari, Ranggamati	994253
Grand Total	64 Districts	1787065

Annex: Demographic Vulnerability

People with Disability

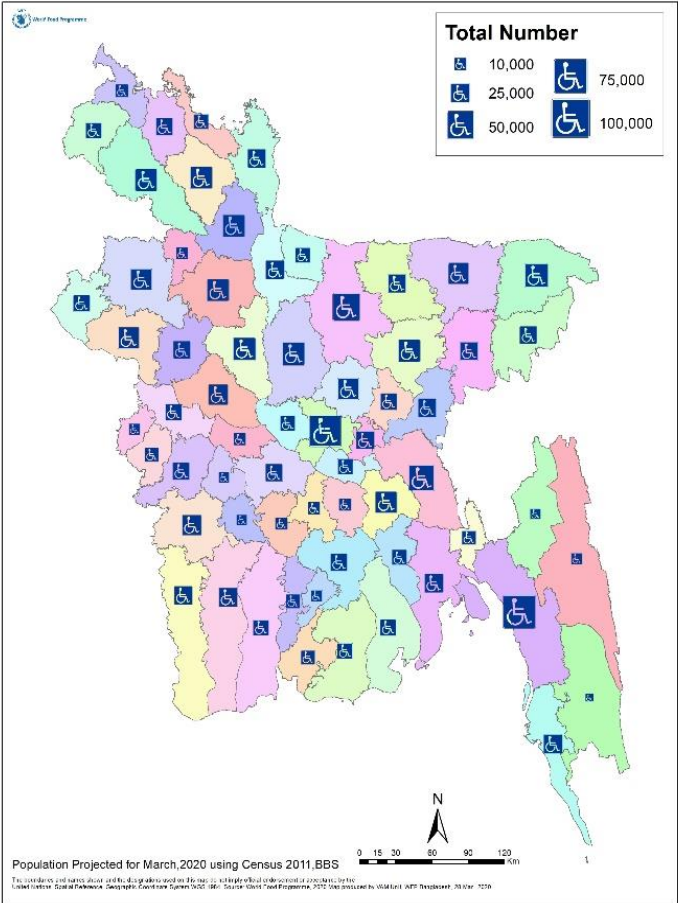
People with disability have less opportunity to get engaged in income generating activities. Most of them depend on the earning family member(s). Their existing vulnerability have a high probability of increase due to any kind of crisis like coronavirus outbreak/pandemic. Countrywide lockdown is highly likely to affect the earnings of the few disabled people engaged in IGAs and the earning member(s) of any non-earning disabled person. Access to market and healthcare facilities is generally a challenge for the disabled.

Prevalence of disabled people is highest in Dhaka and Chattogram district followed by Mymensingh and Cumilla. Around half of the districts of Bangladesh sows a prevalence of more than 50,000 disabled people.

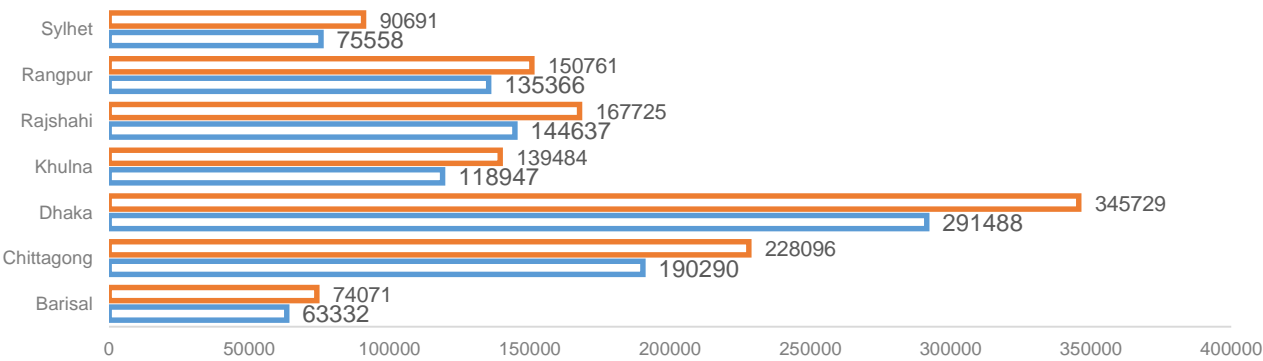
Prevalence of disability is exceedingly high in rural areas compared to the urban areas making the rural areas seem more vulnerable for the disabled people living there. Relatively higher proportion of urban disabled people is seen in Dhaka and Chattogram division.

In all divisions, disabled male prevalence is slightly higher than the female counterpart. Both male and female disabled people are equally vulnerable amid COVID-19 crisis.

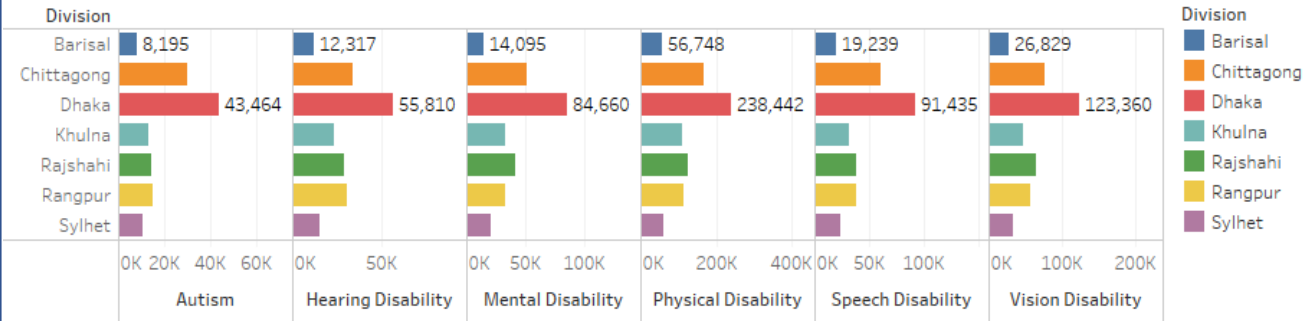
Concentration of Disable Population in District level of Bangladesh



Gender Distribution of Disable Population



6 General Types of Disability



Annex: Social Vulnerability

Situation of Sex Worker

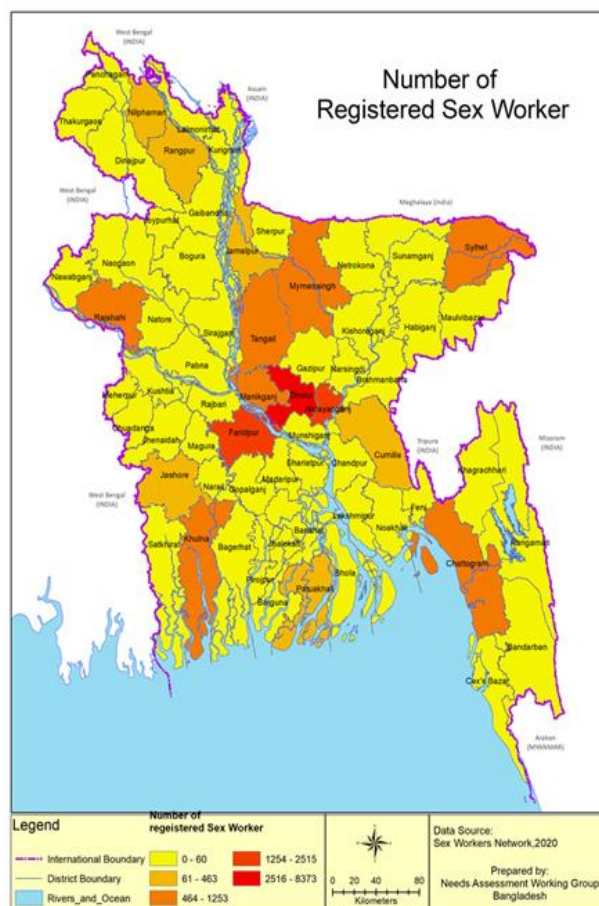
COVID-19: Anticipatory Impact Analysis

❑ Situation analysis of sex workers

The current context of COVID-19 outbreak and country wise lockdown, many of the gender diverse population, especially hijra, who are poor and live on day-to-day earnings, cannot earn their living and they are in need of food.

A mapping exercise represents **3350 community members (hijra)** of all divisions of the country through its field offices and 35 CBOs (community-based organizations) run and managed by Hijra themselves. Some main findings are:

- They are poor and in acute need.
- They are mainly from low income sector and therefore now in a terrible condition because of lockdown.
- Most of them are staying at home without work and for them, no work no food despite their traditional earning source called *'Badhai'* (receiving very minimal amount of money i.e. 10 or 20/= from the shops in bazar that willingly gives by owners) which is also closed nowadays



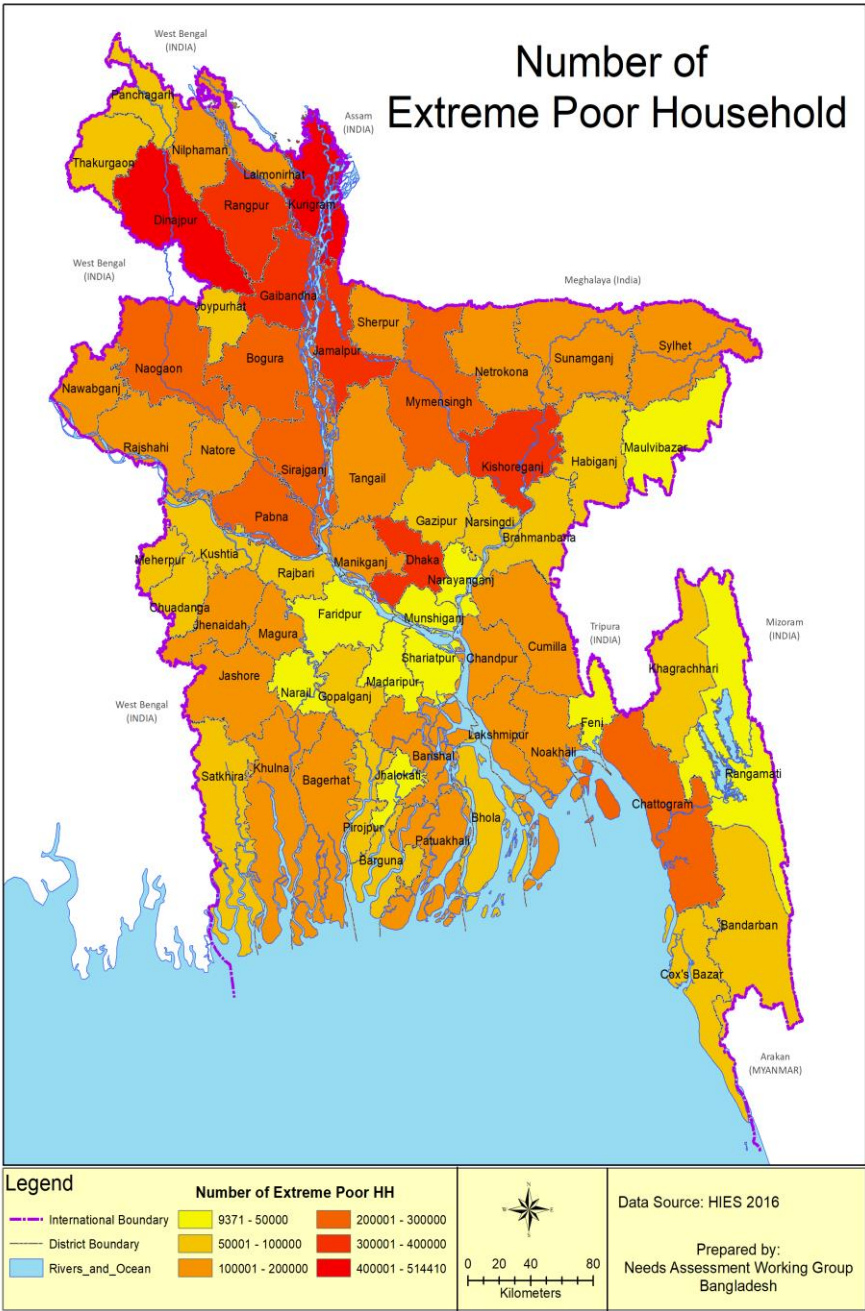
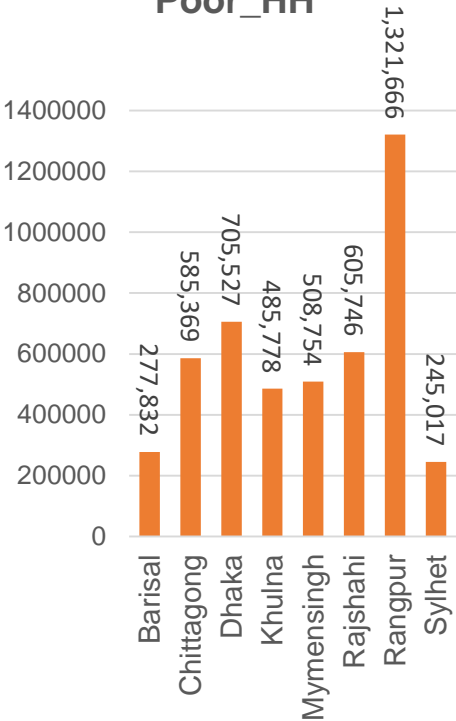
- They are suffering from food crisis and other necessary daily belongings that includes PPE such as masks, hand sanitizers etc.
- Approximately 3,350 poor community peoples have been identified through the Community Based Organizations (CBOs) being managed by Bandhu who are vulnerable at the current moment across the country
- For their life saving, support as well as Aid is very essential at this moment

According to mapping study and size estimation of key population of Bangladesh for HIV Programme 2015-2016, National AIDS STD Control Programme, approximately 4,500 female sex workers (FSWs) are residing in 11 brothels in 8 districts. A programmatic mother-list of the FSWs in brothels estimates 3,239 female sex workers are living in 11 brothels. A large number of children and their old parents are also living with the FSWs in these brothel and they are dependent on the earning of the FSWs. The FSWs who are living in different brothels receive at least 10,000 clients per day and spending for their livelihood, sending money to the family living outside brothels and paying a high house rent Tk. 250 to Tk. 500 per day.

But the recent COVID-19 outbreak impacted significantly on their livelihoods. On March 20, 2020, the government of Bangladesh announced the closure of all brothels until at least 5 April 2020 with a promise to give each of the sex workers a package of 30kgs of rice, and a freeze on rent. But only Daulatdia and Tangail brothel residents received rice from the Deputy Commissioner's Office. FSWs of Daulatdia received 30kg rice/FSW and Tangail received 15 kg rice/FSW. Other FSWs living in other brothels didn't receive any support from anyone. Though some of them received rice and house rent from government but they also need cooking oil, salt, fuel /firewood and dry food like lentil/beans and potatoes even to survive. Now the sex workers of different brothels live in hand-to- mouth situation. Only one in nine FSWs have some sorts of savings to survive for a few days. Many of the FSWs family outside the brothel are depending on the earnings of the sex workers and now their families are also suffering.

Bangladesh Government declared country lockdown fro 26 march to 14 April for preventing the spread of Corona virus. This decision prevails as very effective to reduce the spread of corona virus at community level. Thus impacted the economy of the country and anticipate as severe impact on extreme poor household if the lockdown continue for long time as most of the extreme poor and poor Households depen on unsustainable livelihood sources which is mainly daily basis income.

Number of Extreme Poor_HH



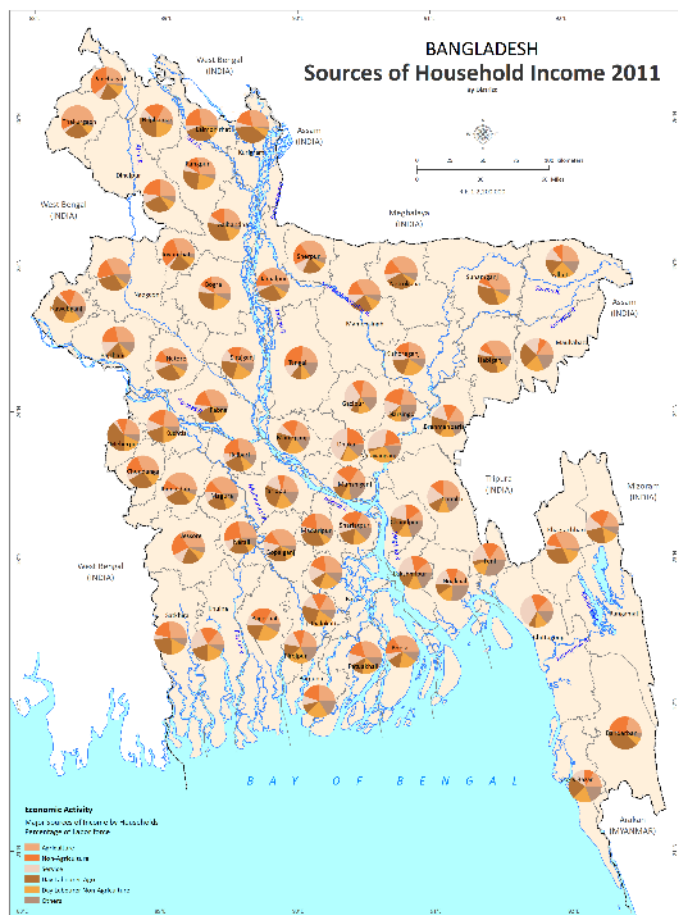
Range of the Extreme Poor	Number of District
0-10	26
10-20	24
20-30	7
30-40	4
40-50	1
50-60	2
Grand Total	64

Division	Number of Extreme Poor HH	Number of Poor HH
Barishal	277832	508008
Chattogram	585369	1223575
Dhaka	705527	1717711
Khulna	485778	1086880
Mymensingh	508754	933826
Rajshahi	605746	1186121
Rangpur	1321666	2039096
Sylhet	245017	347055
Grand Total	4735687	9042272

Annex: Economic and Physical Vulnerability

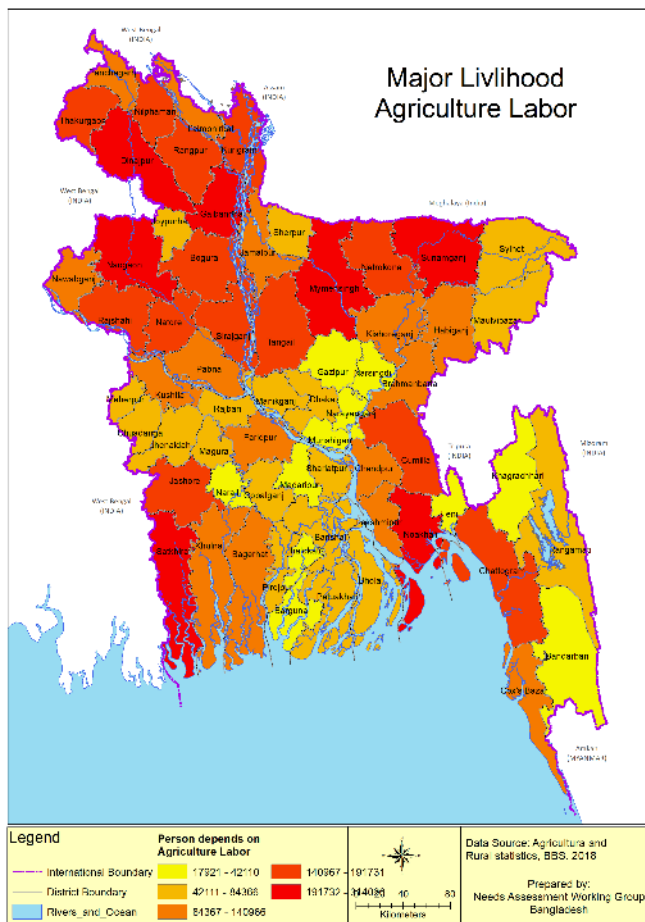
Livelihood Vulnerability

COVID-19: Anticipatory Impact Analysis



- Peoples' livelihoods of the affected areas have gone under serious uncertainty because there is no job for day laborer
- The main livelihoods are agriculture based daily wage labor
- Food insecurity is also associated with seasonality, natural disasters like flood, cyclone including high levels of chronic poverty
- Due to long time lockdown more people will go to below poverty line
- Due to changed socio-culture many livelihood activities will be challenged

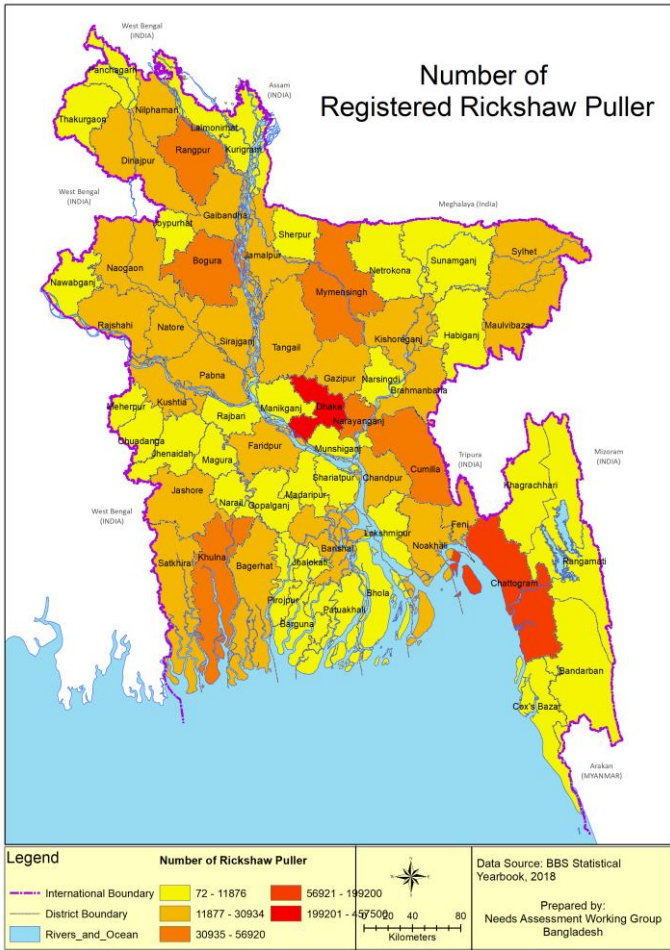
- From the assessment it is evident that people will have negative impact on Livelihood. The chance of adopting negative coping is extremely high.
- Less likely to access better livelihood opportunities
- Long time jobless situation will expose them to more debt
- Livelihood options are limited at this point of time
- Vulnerability to food insecurity
- If early action is not taken many sectors will be closed which will limit livelihood activities like vegetable, milk, egg, poultry and chicken industry will collapse.
- More exposed to indebtedness



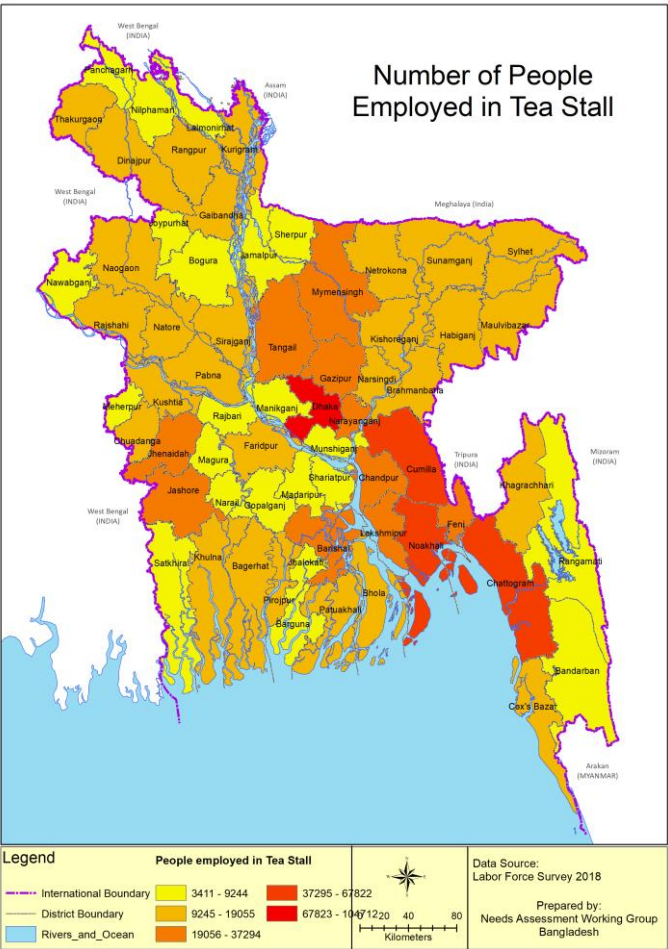
Annex: Critical Urban unsustainable livelihood

People with Unsustainable Income source

Needs Assessment Working Group



Division	Rickshaw Puller 2018	Tea stall employment
Barishal	59568	79990
Chattogram	349846	308772
Dhaka	649580	279159
Khulna	176206	130949
Mymensingh	85834	68099
Rajshahi	150292	73987
Rangpur	144964	92859
Sylhet	57478	43911
Grand Total	1673768	1077726



Annex: Economic and Physical Vulnerability

Market Situation

COVID-19: Anticipatory Impact Analysis

Food Price Data

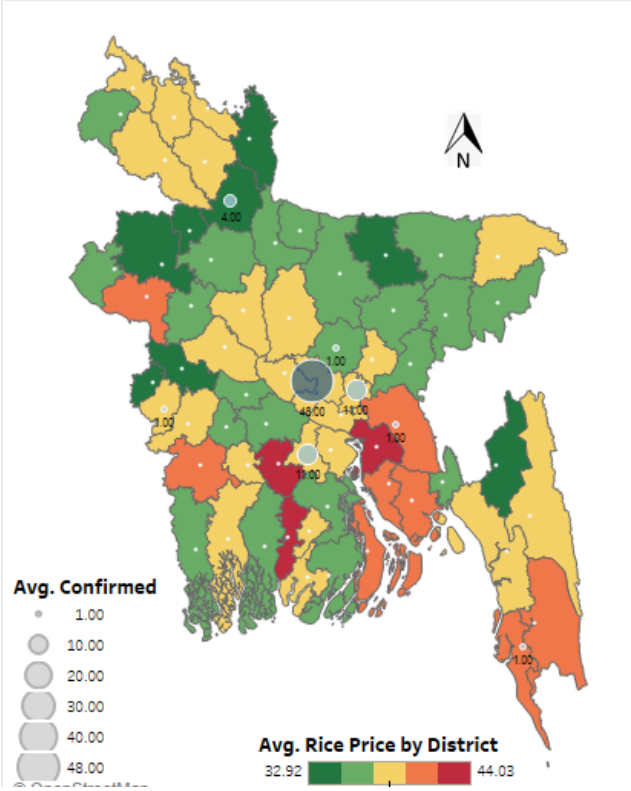
Five essential food item prices- Rice, Potato, Flour, Soybean and Lentil were monitored since COVID-19 confirmation in Bangladesh. An increasing price trend was observed for all commodities except Lentil (Masur Imported Ordinary). During the price monitoring period it was found that the price hiking started with the first corona detection in Bangladesh and the second round of price hiking was observed after the first death case of COVID-19.

The average price increased up to 10 tk per kg for rice and 4-5 tk per kg for potato at national level. At the district level the highest average price was observed at Gopalganj, Chandpur, Pirojpur, Rajshahi , Cox's Bazar and Bandarabans. However, it should be noted that the annual inflation rate for food commodities in Bangladesh is approximately 5% (BBS-CPI, 2020). This trendlines indicate increment of food prices in the market is likely to affect consumers especially who are relying on temporal income sources without any savings and given the coming Ramadhan and lean period.

However, there can be greater price spikes in shorter period in case of supply chain disruptions due to international trade conditions for the ongoing crisis.



Rice Price Tren During COVID-19 Crisis



Average Price of Basic Food Commodities

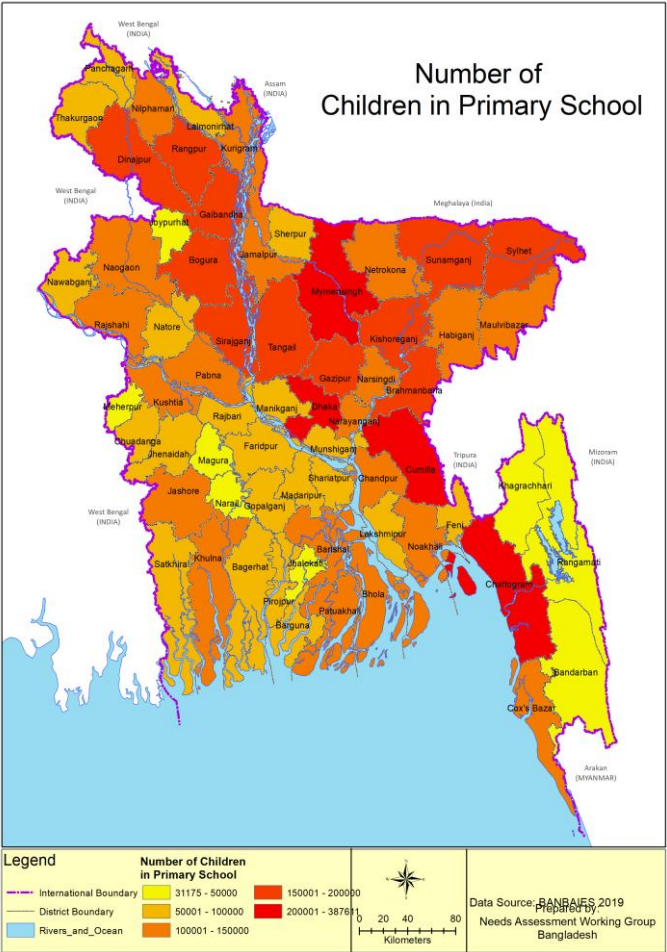
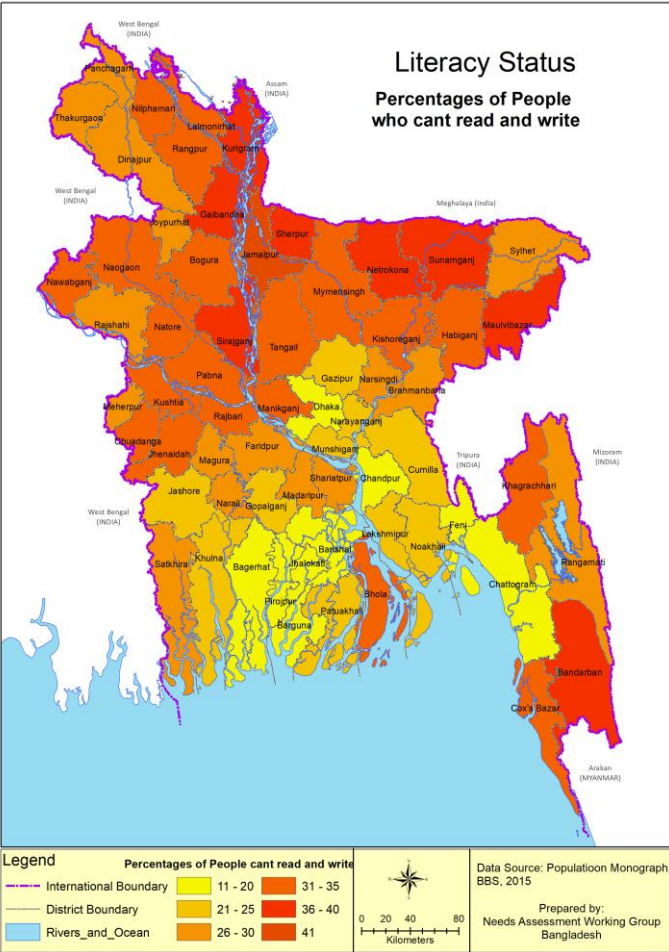


Data collected and analyzed by WFP-VAM Unit

Annex: Social Vulnerability

Literacy status

COVID-19: Anticipatory Impact Analysis



Illiterate Percentages	Nuber of Districts
10-20	9
20-25	10
25-30	16
30-35	20
35-40	8
40-45	1

Top Tem	Illiterate (Percentages
Jamalpur	41
Bandarban	39.48
Sherpur	39.4
Gaibandha	37.22
Kurigram	36.96
Netrakona	36.63
Sunamganj	35.95
Sirajganj	35.26
Maulvibazar	35.11
Kushtia	34.61

Legend

■ ≤40

■ >40 to <=60

 >60 to <=75

 >75 to <=90

 ≥ 90

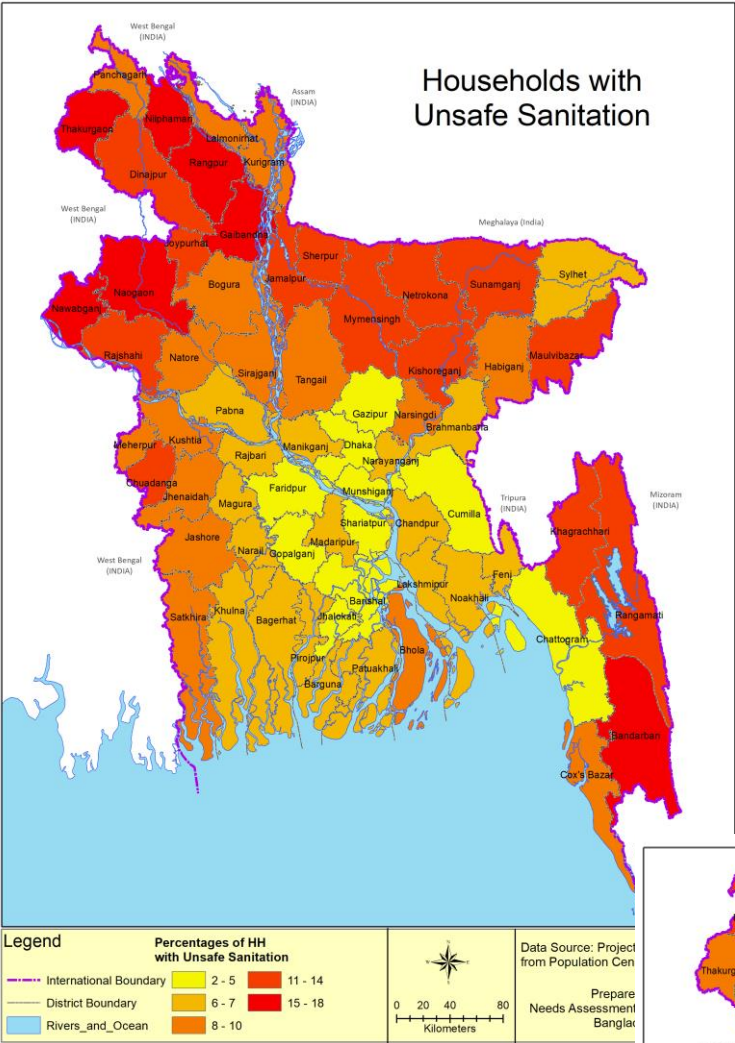


Needs Assessment Working Group Bangladesh

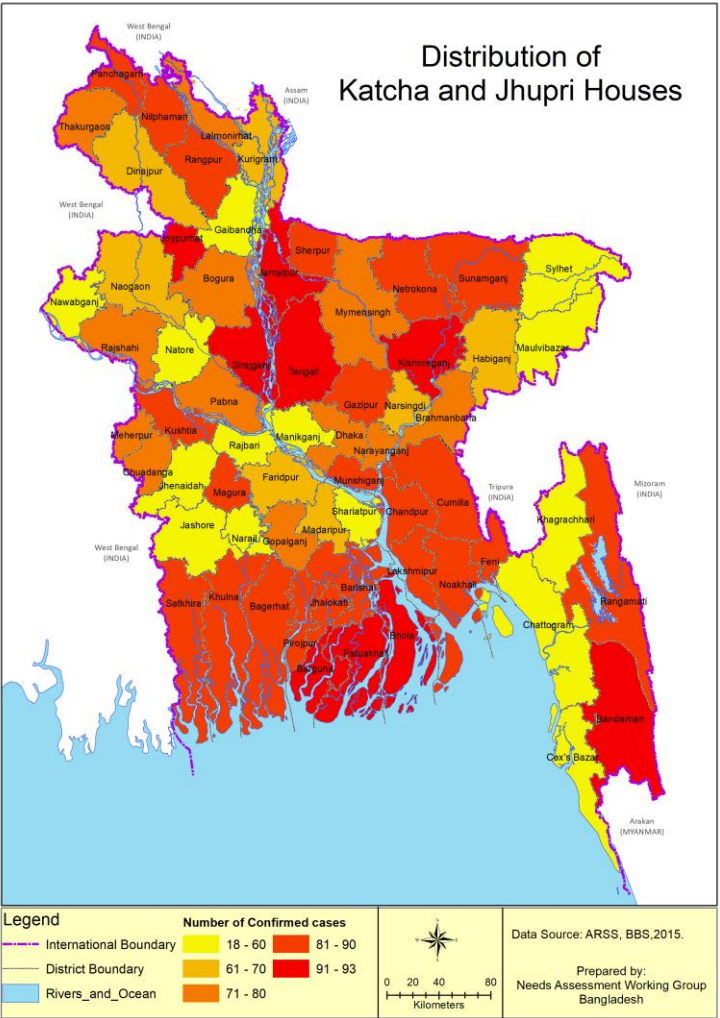
Annex: Physical Vulnerability

Sanitation and Housing Status

COVID-19: Anticipatory Impact Analysis



It is evident that around 42% people do not have access to hygiene materials (soap/ hand sanitizer). The scenario is almost same whether it is city corporation, paurashava or upazila. Little more than half the population (56%) has access to some kind hygiene materials. Especially Rajshahi and Sylhet, half of people do not have access to hygiene materials, which is alarming. Almost same situation in Khulna and Chattogram. Relatively it is better in Rangpur and Dhaka city. That will affect most vulnerable community especially children, women and person with disability.



Annex: Population Table

COVID-19: Anticipatory Impact Analysis

National Prior Geographic Areas- Top 20 District on the basis of physical , social, economic and recurrent disaster vulnerability

District	Pop 2020 Projected	HH 2020	Number of Ethnic Population	Number of Extreme Poor_HH	Number of Poor HH	Number of Women Headed Households	Disable Person	Number of Aged Population over 65	Occupation _agri- labour	Income Daily Labour Non Agri	Major Disaster Type
Bandarban	492652	101620	218688	51094	64224	6910	5813	15272	26747	6000	Cyclone/Lan dslide/ Flood
Netrakona	2471924	531212	27933	82657	180453	58433	38315	212585	160378	34000	Flood and Flash Flood
Kishoreganj	3230134	695879	323	237155	372573	92552	40054	167967	124475	148000	Flood and Flash Flood
Sunamganj	2963756	528790	8299	102056	137432	51821	42678	219318	236978	68000	Flood and Flash Flood
Jamalpur	2473509	607803	1731	214007	319218	72936	33640	202828	121671	43000	Flood
Kurigram	2355232	578253	471	311794	409519	63030	40039	188419	188434	41000	Flood
Patuakhali	1606713	362447	1446	88328	134939	22472	33902	89976	78035	61000	Cyclone
Gaibandha	2619376	674076	4715	194808	314524	88978	40338	206931	258172	90000	Flood
Sirajganj	3512269	810712	22479	100447	247024	59993	53386	259908	189399	138000	Flood
Bhola	1845827	387204	0	32912	59939	23619	35809	88600	81566	69000	Cyclone
Nilphamari	2107815	484451	632	68986	156478	35365	33303	143331	179601	94000	Flood
Cox's Bazar	2881971	523482	18445	40465	86793	74858	38618	89341	110888	68000	Cyclone
Satkhira	2101816	497302	2732	46249	92449	35806	29846	180756	261926	81000	Cyclone
Rangamati	687894	148313	411085	15899	42314	8899	5641	26828	58100	20000	Cyclone/Lan dslide/ Flood
Rangpur	3224267	805964	20635	217288	352932	79790	47719	248269	191631	175000	Flood
Sherpur	1433369	360307	17057	87591	148807	37112	22074	118970	80747	25000	Flood and Flash Flood
Khulna	2265442	534815	2039	73965	164937	43855	29904	183501	114251	106000	Cyclone
Barguna	934553	225941	1215	27271	58067	19205	12710		38274	50000	Cyclone
Bogura	3792412	966969	8723	130638	263209	86060	61816	292016	149673	167000	Flood
Dinajpur	3341530	799891	74850	360271	514410	63191	64157	253956	314020	65000	Flood
Total 20 Districts	46342459	10625430	843498	2483882	4120240	1024885	709763	2258696	2964966	1549000	

Urban Area: Top 20 District on the basis of Exposures to COVUD-19 and Critical Urban aspects

Districts	Pop 2020 Projected	HH 2020	Number of Ethnic Population	Slum population 2020	Number of Floating Population	Number of Extreme Poor_HH	Number of Poor HH	Number of Women Headed Households	Person with Disabilities	Number of Aged Population over 65	No_of_Ric kshaw Puller 2018	Major Disaster Type
Dhaka	16461517	3808042	27985	865215	46972	63214	381566	441733	268323	444461	457500	Flood
Cahttogram	8649907	1739912	36330	599243	5331	61245	238194	321884	115909	328696	199200	Cyclone/La ndslide/ Flood
Narayanganj	3878276	888797	1163	49372	1769	267	22931	107544	44600	217183	34986	N/A
Gazipur	5415623	1314894	24370	220150	5446	25377	91122	122285	72569	178716	25044	N/A
Rangpur	3224267	805964	20635	32745	1152	217288	352932	79790	47719	248269	52384	Flood
Barishal	2296183	507457	0	46914	3254	68862	138891	57343	33524	133179	28460	Cyclone
Cumilla	6215828	1215607	3729	12785	2694	65643	164350	269865	90751	323223	43836	Flood
Mymensingh	5741770	1298218	40192	40627	2044	124499	285348	138909	87849	482309	35292	Flood
Sylhet	4480509	777694	16578	70441	1717	68126	101411	116654	42678	291233	20844	Flood and Flash Flood
Khulna	2265442	534815	2039	96844	1623	73965	164937	43855	29904	183501	56920	Cyclone
Chandpur	2554203	535492	1277	24114	1450	81823	156953	113524	31417	150698	15364	Flood
Cox's Bazar	2881971	523482	18445	54052	14885	40465	86793	74858	38618	89341	11544	Cyclone
Jashore	3057824	726049	19264	30373	829	65127	195089	71879	48619	247684	30758	Flood
Kushtia	2153761	528018	1938	33066	389	37278	92562	43298	24553	176608	20192	N/A
Feni	1641271	317054	657	17696	862	10685	25681	85922	27902	88629	20004	Cyclone
Kishoreganj	3230134	695879	323	6017	1456	237155	372573	92552	40054	167967	26922	Flood and Flash Flood
Rajshahi	2908075	710164	55253	51308	1298	51842	143098	64625	45948	209381	30934	Flood
Gaibandha	2619376	674076	4715	6375	238	194808	314524	88978	40338	206931	29966	Flood
Pabna	2882437	674862	2306	16612	505	113647	222569	57363	45254	227713	24656	Flood
Bogura	3792412	966969	8723	12992	2721	130638	263209	86060	61816	292016	49190	Flood
Total 20 districts	86350787	19243444	285923	2286940	96635	1731953	3814734	2478920	1238346	4687736	1213996	

Terms of Reference for Multi Sectoral Anticipatory Impact and Needs Analysis of COVID-19 Data Collection Needs Assessment Working Group (NAWG)-Bangladesh

About NAWG:

As consensus with Government of Bangladesh and agreed by Humanitarian Coordination Task Team (HCTT), Which is leaded by Ministry of Disaster Management and Relief and United Nations Resident Coordinator Office, has come to consensus that all assessments in the initial days and weeks of a disaster should be joint assessments to make sure participation of all stakeholders and ownership of the results. Humanitarian stakeholders in the country will operationalize as working group name Needs Assessment Working Group (NAWG). This Needs Assessment Working Group was Chaired by the Department of Disaster Management and co-chaired by CARE Bangladesh since 2017.

About the survey and Impact Assessment:

The objective of Multi Sectoral Anticipatory Impact Analysis is to provide a rapid overview of the impact on other sectors and the need for assistance. Information collected through this format is the basis for decision making in the initial stages of a lock down, including the need for more detailed assessments. In the country plan, it is clear that everyone who is affected by Corona virus are dire needs of health support. But other than these due to the current lock down situation, the multi-dimensional impacts prevailed over marginalized people.

Additional Information:

Name or identical information of respondent will not be shared or published. The Findings will be validated through the HCTT meeting before publishing the report.

Target Group:

For each district (Rural Upazila or outside the city corporation areas) /City Corporation, 26 survey needed to be conducted. The district focal have to conduct two types of Survey:

1. Community Level Survey (16 Survey)
2. Key Informants Interview (10 Survey- 5 Health Professional and 5 local government officials.

Details of this survey and sampling are given below.

1. Survey at the Community level for each district (Rural Upazila or outside the city corporation areas) /City Corporation:

Data collection process:

- Target people who lost their livelihood (wage earners, small business, peddlers, local grocery shopkeepers & workers, women domestic workers, workers in eatery/hotel business, carpenter/tanner/shoemaker, rickshaw/van/CNG puller, rickshaw/van/CNG/automobile mechanics, bus/truck drivers, street food/vegetable sellers, beggar, beauty salon/parlour, tailoring, small garment transport worker, sex worker, transgender group....)
- If possible, please interview the people in the hard to reach areas
- Fill in one format for each family
- When there is conflicting information, the team or person should fill the format in using their best idea at the time, based on their understanding of scenarios, their own professional experience, secondary data,

When accessibility is challenged, but where phone communication is possible, the format can be completed over the phone with the permission of the organization/team coordinating analysis

First Introduce yourself and then make it clear that we are only collecting information for understanding the situation. Never promise them about the support.

Category of respondent from the community	Number of Survey required
Women	03
Men	03
Demographic Group: Children (below 18) /Adolescent girls/Age people (Above 60)/ Person with disability/ Pregnant women or Lactating women/ Ethnic Population/ Women Headed HH/ Floating Population/ Drug addict)	Any 05 category from this group
Livelihood Group: Day laborer/Rickshaw-van puller/ Transport worker/ Small business / Domestic Worker/ Beggar/ Business/Services/ Sex worker/ transgender group / Small Business = peddlers, local grocery shop keeper/worker, rickshaw mechanics, street food/vegetable sellers, beauty salon/parlor, tailoring, small garments, transport worker, sex worker, transgender group....) Other Risk population <ol style="list-style-type: none"> 1. Transgender group 2. Street dwelling drug abusers 3. HIV patients 4. Aged people with Hypertension 5. Migrants came to the country recently Garbage collectors	Any 05 category from this group
Total	16

1. Key Informants Survey (Rural Upazila or outside the city corporation areas) /City Corporation:

Data collection process:

- This format is not a survey, rather it combination of key informant interviews, field visits, and direct observation:
- When there is conflicting information, the team or person should fill the format in using their best idea at the time, based on their understanding of scenarios, their own professional experience, secondary data, and lessons learned from similar disasters
- When accessibility is challenged, but where phone communication is possible, the format can be completed over the phone with the permission of the organization/team coordinating the assessment.
- Data collection team also encouraged to use best suitable option for conducting interview through phone, survey monkey (only for service provider) skype (where appropriate) etc , also use the beneficiary database for reaching out them through distance communication.
- Informed consent, volunteer principle, privacy, confidentiality and other data collection principles should follow specially when interviewing with women and girls. We strongly suggest to engage women colleagues to conduct interview with women and girls.

Conduct Survey of-

- Outlines how the impact is likely to unfold in the days and weeks to follow
- Uses information based on local knowledge and past experiences

Category of respondent from the community	Number of Survey required
Health Professionals (Civil Surgeon Office/Medical College Hospital/ District Government Hospital/ Upazila Health Complex/ Private hospital/ Mid Wife/Nurse/ Community Health professional)	05
Key Government Professionals and Public Representatives (DC/UNO/DRRO/PIO/ Zila Chairman/ Upazila Chairman/ Union Chairman/ department of Women Affairs/ DAE/ BBS officer/ Other Relevant Officials)	05
Total	10

Safety Concern - It is highly recommended that partners on the ground adopt alternative modalities to collect data (i.e. tele-interview) to the extent possible. If in exceptional cases data collection has to happen in physical presence, partners are requested to take necessary measures of physical distancing, wearing masks, hand washing.

Contact: For any kind of Support and queries, Please contact :

1. **Raihanul Islam** ; M: +880 1976 427446; email: Raihanul.Islam@care.org
2. **Mahabubay Sobahani**; E: Mahabubay.Sobahani@care.org; M: 01312720364

IEDCR and DGHS has opened online portal and prepared 11 major guidelines and other communication materials for COVID-19 operation, awareness and coordination. In order to control and prevent COVID-19 the following guideline has been prepared

- 1) Instruction for hospital management dealing with COVID-19 patients or Standard Operating Procedure (SOP)
- 2) Logical usage of Personal Protective Equipment (PPE) for controlling COVID-19
- 3) Instruction for COVID-19 disinfection and environmental disinfection or Standard Operating Procedure (SOP)
- 4) Instruction of household caring for mildly infected or suspected patient; applicable for the infected persons who do not need to stay at hospital.
- 5) Worldwide practicable prevention for pregnant mothers and family
- 6) Recovering the superstitions related to COVID-19
- 7) COVID-19 infection: What to do for being mentally stress-free
- 8) Instructions on the secure burial process of the dead person by COVID-19 or Standard Operating Procedure (SOP)
- 9) Instruction regarding quarantines of suspected peoples closely connected with infected person
- 10) Waste management guideline focusing COVID-19 for hospital and airport
- 11) Guideline of preparing preventive anti-germ liquid for COVID-19

All these guidelines can be accessed from the link: <http://corona.gov.bd/important-links>

For up-to-date information on COVID-19 impact and cases, DGHS is maintaining the online base info portal. All updated information can be accessed from <http://103.247.238.81/webportal/pages/covid19.php>

Annex E : Acronyms and Terminology

COVID-19: Anticipatory Impact Analysis

A2I- Access to Information	INGO- International Non-Governmental Organization
A4EP- Alliance for Empowering Partnership	IOM- International Organization for Migration
AAP- Accountability to affected populations	IPC- Infection prevention & control
ADO- Asian Development Outlook	JNA – Joint Need Assessment
AFD- Armed Forces Division	KII- key informant interviews
AIDS- acquired immune deficiency syndrome	LGBTIQ- Lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning
ANC- Antenatal care	MHM- Menstrual Hygiene Management
BBS - Bangladesh Bureau of Statistics	MHPSS- Mental health and psychosocial support
BD- Bangladesh	MOC- Ministry of Commerce
BDT- Bangladeshi Taka	MoDMR- Ministry of Disaster Management and Relief
BGMEA- Bangladesh Garment Manufacturers and Exporters Association	MOE- Ministry of Education
BIDA- BANGLADESH INVESTMENT DEVELOPMENT AUTHORITY	MOPME- Ministry of Primary and Mass Education
BIWTC- Bangladesh Inland Water Transport Corporation	MSME- Micro, Small & Medium Enterprises
BKMEA- Bangladesh Knitwear Manufacturers & Exporters Association	MSU- Mobile Storage Units
BSCIC- Bangladesh Small and Cottage Industries Corporation	NAHAB- National Alliance of Humanitarian Actors
C4C- Charter for Change	NAWG- Needs Assessment Working Group
C4D- Communication for Development	NDRCC- National Disaster Response Coordination Cell
CCNF- Cox's Bazar CSO NGO Forum	NFI- Non Food Items
CDF- Credit and Development Forum	NIRAPAD- Network for Information, Response And Preparedness Activities on Disaster
CHS- Core Human Standard	NNGO- National Non-Governmental Organization
CHT- Chattogram Hill Tracts	NW- North-west
CMR- Clinical management of rape	NWoW -New Way of Working
CP- Child Protection	O&M- Operations and Maintenance
CSO- Civil Society Organization	PLW- Pregnant and lactating Women
DCCI- Dhaka Chamber of Commerce & Industry	PLWHIV- People living with HIV
DDM- Department of Disaster Managment	PPE- Personal Protective Equipment
DGHS- Directorate General of Health Services	PPP- Public-private partnership
ELCG- Education Local Consultative Group	PSEA- Sexual Exploitation and Abuse
EmONC- Emergency obstetric and newborn care	PSS- Psychosocial support
EU- European Union	PWD- Public Works Department
EWEA- Early Warning Early Action	R&D-Research and development
FBA- Forecast Based Actions	RMG - Ready-Made Garments
FBCCI- Federation of Bangladesh Chambers of Commerce and Industries	RNA- Ribonucleic acid
FBF- Forecast Based Financing	RTI- Right to information
FGD- Focused Group Discussion	RT-PCR - Reverse transcription polymerase chain reaction
FP- Family planning	SD- supplementary duty
FSWs- Female sex workers	SDG- Sustainable Development Goals
GBV- Gender Based Violence	SE- South-east
GDP- Gross Domestic Product	SEAF- Special Economic Assistance Fund
GSP- Generalised scheme of preferences	SME- Small & Medium Enterprise
HCTT- Humanitarian Coordination Task Team	SOP- Standard Operating Procedures
HH- Household	SRH- Sexual and reproductive health
HIV- Human immunodeficiency virus	SRHE- Sexual and reproductive health in Emergency
HPNSDP- National Health, Population and Nutrition Sector Development Program	SRHR- Sexual and reproductive health and rights
HR- Human resources	STD- Sexually Transmitted Disease
HSP- Humanitarian Standards Partnership	TOR- Terms of Reference
ICT- Information & Communication Technology	TW- Tube-well
ICVA- International Council of Voluntary Agencies	UN- United Nations
IDU- Injecting drug users	UNESCAP- The United Nations Economic and Social Commission for Asia and the Pacific
IEDCR- Institute of Epidemiology, Disease Control and Research	UNHCR- United Nations High Commissioner for Refugees
	UNICEF- United Nations International Children's Emergency Fund
	UNRCO- United Nations Resident Coordinator Office
	US- United States
	USD- United States Dollar
	VAM- Velocità Ascensionale Media
	VAT- value added tax
	WASA- Water Supply & Sewerage Authority
	WASH - Water, sanitation and hygiene
	WFP- World Food Programme
	WHO- World Health Organization
	WRA- Women of reproductive age

Role	Agency	Name
Advisors	UN (UNRCO): Humanitarian Affairs Advisor	Henry Glorieux
	NAWG -Co-chair (Assessment coordination)	Kaiser Rejve
	UN (UNRCO): Humanitarian Program Specialist	Kazi Shahidur Rahman
Editors	Humanitarian Advisory Groups (HAG)	Eranda Wijewickrama
	Humanitarian Advisory Groups (HAG)	Beth Eggleston

Core Analysis And Reporting Team

Role	Agency/Sectors		Name
Lead, Analysis and Reporting	CARE		Md Jafar Iqbal
Core Analysis and Reporting Team	Primary Data Analysis	IOM	Tessa Richardson
			Aline Kirkland
	Primary and Secondary(Market, Disability, poverty) data analysis and	WFP	Sanjida Showkat
		WFP	Kaniz Fatema
		WFP	Mahathir Sarkar
	Secondary data review and compilation	CARE	Mohammad Mahabubay Sobahani
		CARE	Raihanul Islam
	Reviewer and contributors	UN Women	Farhana Hafiz
		Christian Aid	Shahana Hayat
		UN RCO	Jenni Wisung
		START FUND	Md Shofiul Alam
		START FUND	Samia Rahman
		IFRC and Shelter cluster	Md. Sharif Khan
		CARE	Mrityunjoy Das
		Bangladesh University of Professionals, Lecturer (on Study leave at Durham University, U.K.)	Asikunnaby
		UNICEF	Piyali Mustaphi
		Concern Worldwide	Towhidul Islam Tarafder
		Muslim Aid	Md. Abdur Rahim
		Kobo monitoring	Md. Sohedul Islam
	Cluster and Working Group Coordination and Sectoral Reporting	Child Protection	Irene Tumwebaze
		Displacement Cluster	Peppi K SIDDIQ and Khan Ashfaqur Rahman
		Education	Jacklin Rebeiro
		Early Recovery	Tahmina Tamanna
		Food Security	Mohammad Mainul Hossain Rony
		Gender Based Violence (GBV)	Rumana Khan
		Gender in Humanitarian Action (GiHA)	Dilruba Haider
		Health	Dr Hammam
		Logistics	Malik KABIR
		Nutrition	Mohammad Mainul Hossain Rony
		Shelter	Hasibul Bari Razib
		SRHE	Asa Forsgren
		WASH	Saleha Khatun

Acknowledgement

COVID-19: Anticipatory Impact Analysis

Role	Agency/Sectors		Name
Thematic Paper (Critical Humanitarian Consideration)	Private Sector	ActionAid Bangladesh	A M Nasir Uddin
	Sphere & Core Humanitarian standard	Islamic Relief	Moyen Uddin Ahmmed
	Migrant Population	IOM	GIGAURI Giorgi
	Ethnic Population	UNRCO	Heike Alefsen
	Person with Disability	UNDP	Zahid Hossain
	Localization	COAST, NAHAB, NIRAPAD	

Data Collection and Field Coordination Team

Role	Agency/Sectors	Name	District
District Lead	AVAS	Md. Monirul Islam	Patuakhali
	World Vision	Rahat Ara Sirajum Monir	Dinajpur, Pirozpur, Bagerhat, Sherpur, Netrokona, Thakurgaon, Nilphamari, Sunamganj
	BRAC	GM Moinul Islam	Barishal
		Redwanuzzaman Chowdhury	Bogura
	CRS	Mohammed Nasir Uddin	Bandarban
	Caritas Bangladesh	Priyanka Nag	
	COAST Trust	Md. Salim Reza	Laksmipur
		Md. Iqbal Hossain	Noakhali
	Christian Aid	Shahana Hayat	Cox's Bazar, Satkhira, Khulna, Jamalpur, Kurigram
	POPI	Sina Chowdhury	Kishoreganj
	SDS	Salim Hossen Khan	Rajbari
		Ali Islam Mredha	Madaripur
		Amala Das	Shariatpur
	Light House	K.S.M. Tarique	Gazipur
	Bandhu Social Welfare Society (Bandhu)	AKM Mahbubul Islam (Tanvir)	Mymensingh
	MMS	Md. Rafiqul Islam Sohel	Sirajganj
	GUK	Aftab Hosain	Gaibandha
	DAM	Md. Roushon Ali	Panchagarh
	IRW	Shaikh Mohi Uddin	Sylhet
	AKK	Md. Habibur Rahaman	Faridpur
	Uttaran	Jahin Shams	Satkhir (Sundarbans Adjacent Areas)
	Friendship	Farid Ahmed Sagar	Kurigram (Roumari)
	Ipas	Sayed Rubayet	Health Professional's KII
	Sex Workers Network	Shafia	Sex Worker Database

Acknowledgement

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Role	Agency/Sectors	Name	District
District Co-lead	World Vision	Anukul Chondro Bormon	Dinajpur
		Arabinda Sylvester Gomes	Nilphamari
		Liobarth Chisim	Thakurgaon
		Sagor D' Costa	Sherpur
		Proshanto Nafak	Bagerhat
		Sebastine Areng	Pirojpur
		Bibhudan Biswas	Sunamganj
		Sebastian Purification	Netrokona
		Md. Azizul Hoque	Thakurgaon
	Karmaneer Samajik Mohila Unnyan Sangstha	Shahana Begum	Cox's Bazar
	Social Development Programme (SODEP)	Sahmim Khondokar	Shariatpur
	POPI	Babul Hossain	Kishoreganj
		Faridul Alam	
	Karmojibi Kallyan Songstha (KKS)	Md. Akram Hossain	Rajbari
	Nari Mukti Sangha	Afiz Iqbal	Gazipur
	Desh Development Centre (DDC)		Madaripur
	BRAC	Golam Rabbani	Barishal
			Bogura
	Mission Mahila Unnayan Sangstha	Abdullah	Satkhira
	Association for Social Development and Distressed Welfare		Khulna
	Gonochetona	Fatema Nargis	Jamalpur
	Bandhu Social Welfare Society (Bandhu)	Saidur Rahman	Mymensingh
	NDP	Kazi Masuduzzaman	Sirajganj
	AFAD	Syeda Yesmin	Kurigram
	GuK	Joya Prosad	Gaibandha
	DAM	Ferdousi Akhter	Panchagarh
	Taranga Mohila Kollyan Sangstha	Shamima Khan	Jamalpur
	Pirojpur Gono Unnayan Samity	Ziaul Ahsan	Pirojpur
	Ashroy Foundation	Lutfor Rahman	Khulna

Acknowledgement

COVID-19: Anticipatory Impact Analysis

Role	Agency/Sectors	Name	City Corporation
City Corporation Focal	World Vision	Rahat Ara Sirajum Monir	Dhaka City Corporation Rangpur City Corporation
	Ashroy Foundation	Momotaz Khatun	Khulna City Corporation
	DAM	Md. Nashir Uddin Ahmed	Barishal City Corporation
		Reaz Uddin Ahmed	Rajshahi City Corporation
	COAST Trust	Md. Mamun Hossain	Chattogram City Corporation
	IRW	Shaikh Mohi Uddin	Sylhet City Corporation
City Corporation Co-lead	Saint Bangladesh	Kazi Jahangir Kabir	Barishal City Corporation
	World Vision	Ronet Leo Gomes	Dhaka City Corporation
	Ashroy Foundation	Banasree Bhandery	Khulna City Corporation
	APOSH	S M Abdullah Al Reza	Rajshahi City Corporation
	World Vision	Stphan Halder Ruven	Rangpur City Corporation
	IRW	Md. Jahidul Hasan	Sylhet City Corporation
	NPUD	Shahed Ibne Obaed(Chotton)	Dhaka City Corporation
	ESDO	Jaminy Kumar Roy	Rajshahi City Corporation
	Light House	Abdur Rahim Sumon	Rangpur City Corporation
Municipality Focal	JAGO NARI	Duke Ivn Amin	Barguna Municipality
			Betagi Municipality
	SANGRAM	Md. Nurulla	Pathorghata Municipality
		Md. Yousuf	Amtali Paurashava
	DAM	Md. Mahfuzul Islam	Savar Paurashava
	APOSH(NPUD)	SM Abdullah Al Reza	Rajshahi Sadar Paurashava
	Wolrd Visiom	Liobarth Chisim	Thakurgaon Paurashava

For Updates and Contacts Needs Assessment Working Group (NAWG), Bangladesh

OCHA Services

Jafar Iqbal

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Overview of NAWG

As consensus with of Bangladesh and agreed by Humanitarian Coordination Task Team (HCTT) of Bangladesh, all assessments in the initial days and weeks of a disaster should be joint assessments to

KEY DOCUMENTS

Needs Assessment Working Group (NAWG) ToR

Note: All clusters, NAWG member agencies and relevant member agencies agreed and came to consensus on the findings and key recommendations of this report. Further this report submitted to Ministry of Disaster Management and Relief of the Government of Bangladesh (Co-Chair- Humanitarian Coordination Task Team) for kind review and formal approval.

Please reach us for any queries related to this report:

1. Kaiser Rejve, Director, Humanitarian and Resilience Programme, CARE Bangladesh and Co-Chair-NAWG. E: Kaiser.rejve@care.org
2. Md Jafar Iqbal, National Coordinator-NAWG, Bangladesh. Mobile: +8801915177117, E-Mail: jafar.iqbal@care.org