

IMPACTS OF COVID-19 ON FOOD-INTAKE AND NUTRITION OF POOR PEOPLE A RAPID APPRAISAL

A study conducted by

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RIGHT TO FOOD BANGLADESH

June 2020

Supported By



Civic Engagement Alliance

EXECUTIVE SUMMARY

The study titled “Impacts of Covid-19 on Food-intake and Nutrition of Poor People: A Rapid Appraisal” has attempted to have a rapid assessment of the food consumption and nutrition situation of poor people living in different parts of Bangladesh. The study has been conducted by Right to Food Bangladesh, a platform of food security campaigners. The study is based on primary data collected by the volunteers of Right to Food Bangladesh, which has long been working country-wide for ensuring sufficient food-intake and nutrition by people. The study has also enquired about people’s awareness about the devastating health-risks of the COVID-19 or Coronavirus and the practice of hygiene to combat those risks.

The study is based on a short questionnaire survey during June 2020 among 834 randomly selected economically vulnerable people in 37 districts covering all administrative divisions. The study covers 4 districts from Chattogram, 7 from Rangpur, 6 from Rajshahi and 5 districts from Dhaka. Respondents include rickshaw and van drivers, scooter and taxi drivers, transport workers, small shopkeepers, road/pavement vendors, barbers, beauty parlor workers, garbage collectors, part-time housemaids, bricklayers, workers in small workshops, street vendors and street vendors, Individual or commercial drivers, freight workers, carpenters, e-commerce delivery workers, agricultural workers, etc. Many of these workers mostly get paid daily, so they survive one day at a time.

Findings from the study

- To control the spread of COVID-19 virus, the government announced a general holiday of all economic and social activities in late March and it continued for more than a month. Though businesses opened on a limited basis since early May, the economic activities have remained at a sub-optimal level.
- The study shows that 98.6 percent of of the poor people are severely affected due to the prolong two month long shutdown of economic activities. They have faced a decline in their income, loss of job, the closing of shops and business activities, and even a complete halt of income.
- Though facing economic hardship, only a few respondents have changed their occupations, which implies that it is not easy to get new works.
- Those who changed the occupation have mostly become day labourers and agricultural labourers as it is relatively easy to enter into these occupations. About 70 percent of those changed occupations took these new occupations for survival.
- The agriculture workers could manage works during the pandemic as the period of general holiday was the harvesting time of the boro, major rice crop of Bangladesh.
- As poor people have minimal savings or no savings at all, a downturn in their income is bound to have extended negative impacts on their food intake and nutritional status. Poor people have been suffering from the insufficient food supply due to pandemic of COVID 19. Nearly 87 percent of poor people have been facing hardship to arrange for adequate food and nutritious food.
- It is noted that in the pre-COVID situation, 91.6 percent of the respondents used to take three meals a day, and the remaining used to take two meals a day.
- Though most of the respondents used to have three meals a day, during the general holiday, 95 percent to 100 percent of the respondents of different divisions faced problems to maintain three meals a day. Even 5 percent of poor lived on one meal a day during the previous week from the interview.

- The shortage of food is relatively high in Mymensingh and Sylhet divisions.
- The study reveals that low-income families are in the food supply problem, which has exposed their families to nutritional and health risks. Their income has gone down drastically. It has become difficult for them to survive with sufficient food intake.
- The nutritional status of the poor people has fallen at stake, especially the nutritional status of the children and pregnant women and lactating mothers.
- Half of the poor people received some forms of assistance (dry food, cash, or cooked food) from the government or the private sector.
- However, around 90% of the respondents did not suffer from sickness since the lockdown till the interview.
- The study also wanted to explore the awareness status of poor people regarding the health risks of COVID-19. It is noted that most of the respondents understand that the health risks of COVID-19 could be minimized by maintaining social distance, wearing masks and following some basic hygiene at home and outside. It was noted that all respondents know about the COVID-19.

Recommendations

- i) Various government initiatives to support the poor (in cash or in-kind) should be made available to poor people in urgent need of food.
- ii) The transfers of money, including various social protection benefits, should be sent regularly to the beneficiaries by utilizing mobile financial services.
- iii) Nutritional food for children (cookies etc.) should be supplied in the food baskets for the poor
- iv) Various stimulus packages announced by the government for micro, small and medium enterprises (MSMEs) and informal sector enterprises should be implemented immediately. This would ensure livelihood opportunities for many poor people working in these enterprises.
- v) We need to work for the improvement of the supply chain of agricultural products to ensure efficient food supply throughout the country and a good price for the producers.
- vi) Any leakage from the social protection benefits and food and cash assistance should be punished heavily.
- vii) Treatment facilities for COVID-19 health complexities should be increased in rural areas.
- viii) We have to improve on the overall health infrastructure and treatment facilities throughout the country to make the system more capable of dealing with health issues coming out of the current pandemic.

INTRODUCTION

COVID-19 has impacted every sphere of life. The economic crisis induced by this pandemic has hit low-income people the hardest. Both rural and urban poor are severely affected as they are mostly working in the informal sector. Many of them have lost their employment wholly, or the income opportunities have drastically shrunk, and their earning has fallen at stake. These people usually live hand to mouth and, therefore, have very limited or no savings. It is apprehended that they are downsizing their essential livelihood expenditure, which might have implications for their food intake and nutrition. The current study has attempted to have a rapid assessment of the food consumption and nutrition situation of poor people living in different parts of Bangladesh. The study is based on primary data collected by the member organizations of the district committee & their volunteers of Right to Food Bangladesh, which has long been working country-wide for ensuring sufficient food-intake and nutrition by people. The study has also enquired about people's awareness about the devastating health-risks of the COVID-19 or Coronavirus and the practice of hygiene to combat those risks.

METHODOLOGY AND DATA

The study is based on a short questionnaire survey among 834 randomly selected economically vulnerable people in 37 districts covering all administrative divisions (Table 1). Poor people involved in various informal activities were randomly chosen to understand their vulnerabilities due to COVID-19. The survey was conducted in mid May to June 2020, both by direct interaction with respondents and through phone calls. For direct data collection, enumerators took necessary health precautions and maintained necessary social distancing. Right to Food Bangladesh developed and executed the questionnaire for data collection from the respondents. After collecting the data, they were processed through standard data processing software, and this report utilizes the results that evolved from the processed data.

The study covers 4 districts from Chattogram, 7 from Rangpur, 6 from Rajshahi and 5 districts from Dhaka. The highest number of respondents are from Khulna (21.2%). Four divisions, Khulna, Dhaka, Rajshahi and Rangpur cover 72% of the respondents.

Table 1: Division wise respondents

Divisions	Number of Districts Covered under each Division	Number of respondents in different divisions	Share of different divisions in total respondents (%)
Barishal	3	48	5.8
Chattogram	4	73	8.8
Dhaka	5	148	17.7
Khulna	8	177	21.2
Mymensing	3	79	9.5
Rajshahi	6	137	16.4
Rangpur	7	142	17.0
Sylhet	1	30	3.6
Total	37	834	100

Respondents include rickshaw and van drivers, scooter and taxi drivers, transport workers, small shopkeepers, road/pavement vendors, barbers, beauty parlor workers, garbage collectors, part-time housemaids, bricklayers, workers in small workshops, street vendors and street vendors, Individual or commercial drivers, freight workers, carpenters, e-commerce delivery workers, agricultural workers, etc. Many of these workers mostly get paid daily, so they survive one day at a time. The survey also included some respondents from jobless people like beggars, street children, physically challenged people etc.

BASIC FEATURES OF THE RESPONDENTS

The study has covered both male and female respondents from rural and urban areas. Some respondents were also selected from ethnic communities.

Males constitute 56.8% of the respondents, while 43.2% are female. However, in Barishal 62.5% of the respondents are female. The highest proportion of male respondents are from Mymensing (67.09%).

Table 2: Gender of respondents from different divisions

Divisions	Share (%) according to Gender		Total (%)
	Female	Male	
Barishal	62.5	37.5	100
Chattogram	35.62	64.38	100
Dhaka	39.86	60.14	100
Khulna	37.85	62.15	100
Mymensing	32.91	67.09	100
Rajshahi	48.91	51.09	100
Rangpur	49.3	50.7	100
Sylhet	50	50	100
Total (%)	43.2	56.8	100

The respondents are almost equally distributed between urban and rural areas. While 51.8% of respondents are from rural areas, 48.2% are from urban areas.

Table 3: Respondents from Rural and Urban areas

Areas	Number of respondents	Share in Total (%)
Rural	432	51.8
Urban	402	48.2
Total	834	100

From an ethnicity standpoint, 95.2% of the respondents belong to non-ethnic group and 4.8% were from ethnic communities.

Table 4: Respondents in accordance to their ethnicity

Ethnicity	number of respondents	Share in Total (%)
Non-Ethnic	794	95.2
Ethnic	40	4.8
Total	834	100

It is noted that 45.8% of the respondents are from the age group of 36 to 50. If we add 37.3% of respondents belonging to the young group, we will note that 83.1% of the respondents are below 50 years, or in an age range where we expect them to be engaged in income-generating activities.

70% of the respondents were from medium-sized families containing 4 to 6 members. We also see that 154 respondents belong to small families having up to 3 members (Table 6).

Nearly 40% of the respondents were day labours, housemaids, rickshaw pullers, small shop owners and owners of micro-businesses. The remaining respondents are also involved in informal occupations, including agricultural activities.

Table 5: Age group of the Respondents

Age range (Years)	Total Number	Share in Total (%)
Young (15- 35 Y)	311	37.3
Middle-aged (36-50 Y)	382	45.8
Senior (Above 50 Y)	141	16.9
Total	834	100

Table 6: The family size of the respondents

Family size	Number of respondents	Share in Total (%)
Small family (up to 3 members)	154	18.5
Medium family (4-6 members)	584	70.0
Large Family (Above 6 members)	96	11.5
Total	834	100

Table 7: Occupation of the respondents

Livelihood/ Occupation	Number	Share in Total (%)
Rickshaw/ van Puller	91	10.9
Hawker	29	3.5
Day Labor	170	20.4
Small Shop owner	118	14.1
Housemaid	104	12.5
Vehicle Driver	57	6.8
Micro Business	142	17.0
Informal Job	75	9.0
Agriculture	25	3.0
Others	23	2.8
Total	834	100

IMPACTS OF COVID-19 ON THE LIVELIHOODS OF POOR PEOPLE

Our primary interest was to enquire about the economic impact of COVID-19 on the poor people. To control the spread of COVID-19 virus, the government announced a lockdown of all economic and social activities in late March and it continued for more than a month. Though businesses opened on a limited basis since early May, the economic activities have remained at a sub-optimal level. We asked the respondents whether they faced any loss or damage in their occupational activities during the lockdown or not. In response, 98.6% of the respondents reported a loss or damage during the lockdown.

Table 8: Livelihood/occupational loss during the lockdown

Responses	Number of respondents	Share in Total (%)
Yes	822	98.6
No	12	1.4
Total	834	100

The respondents faced a decline in income in all divisions. The loss of income was very intense in the Sylhet division. Loss of employment is also faced by a large proportion of poor people, while only a few of them suffered a decline in salary. We mainly observe three types of damages noted by the respondents (Table 9) Those are a decline in income, the decline in sales, and loss of jobs. As most of the respondents are day labours, housemaids, rickshaw pullers, small shop owners, and owners of micro-businesses, three types of damages are faced by them. The picture is similar in all divisions.

Table 9: Division wise picture of livelihood/occupational loss during the lockdown

Division	% of respondents facing a particular type of loss							Total
	Income declined	Sale declined in shops	Extreme Food shortage	Shop Closed	Becoming Jobless	Salary reduced	No Income with loan burden	
Barishal	41.7	2.1	8.3	22.9	25.0	0.0	0.0	100
Chattogram	21.9	6.9	41.1	15.1	2.7	0.0	12.3	100
Dhaka	50.0	3.4	11.5	18.2	14.2	2.0	0.7	100
Khulna	58.8	4.5	15.3	12.4	5.1	2.8	1.1	100
Mymensing	53.2	0.0	5.1	5.1	31.7	1.3	3.8	100
Rajshahi	40.2	2.9	12.4	19.0	21.9	0.7	2.9	100
Rangpur	53.5	1.4	14.1	7.8	19.7	2.1	1.4	100
Sylhet	70.00	0.0	10.00	10.00	10.00	0.0	0.0	100
Share in Total (%)	48.9	3.0	14.6	13.8	15.6	1.6	2.5	100

As medium-sized family constitute 70% of the respondents and as 98.6% of the respondents faced damage in their respective occupation/ livelihood, we observe that 70% of the respondents suffering loss have medium-size families (Table 10). There is not much difference between different family size groups in terms of damage, where we observe a decline in income to be the most common aspect of loss.

Table 10: Damage of occupation/ livelihood by family size

Particulars	Small Family (up to 3)	Medium Family (4-6)	Large Family (Above 6)	Share in Total (%)
Income declined	9.2	33.7	6.0	48.9
Sale declined in shops	0.6	1.9	0.5	3.0
Shop Closed	1.4	11.8	1.4	14.6
No Income	2.9	9.7	1.2	13.8
Becoming Jobless	3.6	10.0	2.0	15.6
Salary reduced	0.4	1.2	0.0	1.6
No Income with loan burden	0.4	1.8	0.4	2.5
Total	18.5	70.0	11.5	100

Though almost all respondents faced loss in their livelihoods due to lockdown, only 6.6% of them chose to change their regular occupation (Table 11) This finding indicates that it is not easy for these poor, mostly low skilled or unskilled people to change their jobs even when they face a downturn.

Table 11: Changes in Occupation/ Livelihood activities

Responses	Number of respondents	Share in Total (%)
Yes	55	6.6
No	779	93.4
Total	834	100

Those who changed the occupation have mostly become day labourers and agricultural labourers as it is relatively easy to enter into these occupations. About 70% of those changed occupations took these new occupations for survival. As the lockdown period was the harvesting time of the main rice crop of Bangladesh, the boro, many poor people could get some works in agriculture.

Table 12: New occupations chosen by respondents

Livelihood/ Occupation	Total Number	Share in Total (%)
Rickshaw Puller	3	5.45
Agricultural labor	12	21.82
Fisherman	2	3.64
Hawker	7	12.73
Day Labor	27	49.09
Beggar	1	1.82
Others	3	5.45
Total	55	100

IMPACTS OF COVID-19 ON THE FOOD-INTAKE AND NUTRITIONAL STATUS OF THE RESPONDENTS

The last section has described that COVID virus-induced livelihood losses have caused damage to income by poor people. As these people have minimal savings or no savings at all, a downturn in their income is bound to have extended negative impacts on their food intake and nutritional status. It is noted that in the pre-COVID situation, 91.6% of the respondents used to take three meals a day, and the remaining used to take two meals a day (Table 13).

Table 13: Meals a day by the respondents in the pre-COVID situation

Meals/ day	Number of respondents	Share in Total (%)
2	70	8.4
3	764	91.6
Total respondents	834	100

Though most of the respondents used to have three meals a day, during the lockdown, 95% to 100% of the respondents of different divisions faced problems to maintain three meals a day (Table 14). All respondents in Mymensing division reported a hardship to manage three meals a day, which indicates a lower level of job opportunities by the respondents.

Table 14: respondents facing a challenge to have three meals a day during the lockdown

Division	Responses		Total %
	Yes	No	
Barishal	95.83	4.17	100
Chattogram	98.63	1.37	100
Dhaka	100	0	100
Khulna	98.87	1.13	100
Mymensing	100	0	100
Rajshahi	98.54	1.46	100
Rangpur	99.3	0.7	100
Sylhet	96.67	3.33	100
Share in Total (%)	98.9	1.1	100

In all divisions, poor people mainly suffered from a shortage of sufficient food and a severe lack of nutritious food. Nearly 87% of poor people faced hardship to arrange for adequate food and nutritious food. Respondents from Rangpur suffered the most from the general food crisis, and respondents from Rajshahi suffered the most from the Nutritious food crisis.

Table 15: Types of the crisis faced by poor people concerning food-intake

Division	Types of problems (%)					Total (%)
	Food shortage	Nutritious Food shortage	Extreme Food shortage	Occasional Problems	Borrowed money to arrange Food	
Barishal	52.08	35.42	6.25	6.25	0	100
Chattogram	41.10	43.84	1.37	6.85	1.37	100
Dhaka	69.59	19.59	8.11	1.35	8.11	100
Khulna	27.33	70.93	0	0	0	100
Mymensing	15.48	46.43	32.14	5.95	32.14	100
Rajshahi	18.25	68.61	7.3	4.38	7.3	100
Rangpur	68.31	23.94	4.23	3.52	4.23	100
Sylhet	53.33	13.33	20	10	20	100
Share in Total (%)	42.7	44.5	7.8	3.5	1.6	100

The problem with food intake is so severe among poor people that 85% of the respondents could not take three meals a day during the week before the interview was taken. Even 5% of poor lived on one meal a day during the previous week from the interview.

Table 16: Number of meals taken by the respondents in the last seven days

Number of Meals taken per day in the last 7 days	Number of respondents	Share in Total (%)
1	42	5.0
2	616	73.9
3	176	21.1
Total	834	100

We observe that 41.2% of the respondents could not manage any nutritious food during the week before the interview took place (Table 17). Another 21.7% could manage meat, fish, egg or milk once during the previous week.

Table 17: Number of times in the last seven days respondents could take at least one nutritious food (fish, meat, eggs or milk)?

Nutritious food intake in the last 7 days	Number of respondents	Share in Total (%)
0	344	41.2
1	181	21.7
2	139	16.7
3	66	7.9
4	37	4.4
5	35	4.2
6	13	1.6
7	16	1.9
8	3	0.4
Total	834	100

Nutritious food is critical for the growth of children, and therefore, we asked the respondents whether or not they have a child of 2 to 5 years old. It is noted that 36 percent of the respondents have at least one child belonging to this age cohort. The previous table indicated that around 80% of respondents could not manage nutritious food for more than two days during the last week from the interview. This situation is alarming. The children of these households have severe risks of facing health problems related to nutritional deficiencies.

Table 18: Respondents having a child who is 2 to 5 years old in their respective households

Responses	Number of respondents	Share in Total (%)
Yes	302	36.2
No	532	63.8
Total	834	100.0

We asked the 302 respondents, who have at least one child belonging to the age cohort of 2 to 5, whether they could provide any extra or nutritious food to those children in the previous week. We note that only 27.8% of the respondents or 84 respondents could provide special food to their children (Table 20). The rest could not manage to provide such extra food.

We further explored that the extra food provided to the children included *suji*, *daal*, *khichury* and milk, not necessarily meat, fish, or eggs. The study also enquired about the nutrition status of pregnant women or lactating mothers during the lockdown. Out of 834 respondents, 124 noted that there is a pregnant woman or lactating mother in their respective households (Table 19).

Out of the 124 respondents, only 11 respondents mentioned that they could manage to provide extra (nutritious) food to the pregnant woman or lactating mother in their respective households (Table 21). Thus 90 percent of the respondents having a pregnant or lactating mother in their households could not manage extra food for them. It is well understood that pregnant women and lactating mothers need extra and nutritious food, and disruption in that could not only increase the health risk of the mother but also the baby.

The study findings reveal that low-income families are in the food supply problem, which has exposed their families to nutritional and health risks. We also notice that if their livelihood situation is not improved, their food crisis will continue as most of the two-thirds of the respondents do not have a store of food (Table 22). Only 25.4% of the respondents have some stores of food, mostly for about a week.

Table 19: Provide extra food to the 2 to 5 years old child

Responses	Number of respondents	Share in Total (%)
Yes	84	27.81
No	218	72.19
Total	302	100.0

Table 20: Respondents having a pregnant woman/lactating mother in their respective households

Responses	Number of respondents	Share in Total (%)
Yes	124	14.9
No	710	85.1
Total	834	100

Table : Provide extra food to Pregnant woman & lactating Mother

Responses	Number of respondents	Share in Total (%)
Yes	11	8.9
No	113	91.1
Total	124	100

Table 22: Stored food in the households of the respondents

Responses	Number of respondents	Share in Total (%)
Yes	212	25.4
No	622	74.6
Total	834	100

COPING WITH COVID-19 INDUCED FOOD CRISIS

Since the outbreak of the COVID-19 pandemic, both government and private sector people have come forward with various types of help for poor and vulnerable people. Such programmes include the distribution of cash, food and cooked food. We note that only half of the respondents received support and aid during the lockdown (Table 23). Receipt of assistance is highest among the respondents from Khulna division (60%) and people from Rangpur received the least.

Those who received supports reported receipts of relief in kind (food, rice, etc.), only a few (around 3%) received cash support. About half of the respondents who did receive aid and support, got it from the government (Table 24). The other half received assistance from private sources.

Those who received assistance mostly were not satisfied with the quantity of food provided to them (Table 25). About 86% percent of the respondents who received food was not sufficient or too little.

Table 23: Receive support / Assistance during the lockdown (cash, food, cooked food)

Division	Responses		Total %
	Yes	No	
Barishal	54.17	45.83	100
Chattogram	54.79	45.21	100
Dhaka	46.62	53.38	100
Khulna	59.89	40.11	100
Mymensing	39.24	60.76	100
Rajshahi	43.80	56.20	100
Rangpur	38.73	61.27	100
Sylhet	54.17	45.83	100
Share in Total (%)	48.6	51.4	100

Table 24: Sources of supports

Particulars	Number of respondents	Share in Total (%)
Government	214	52.9
Private	191	47.2
Total	405	100

Table 25: Satisfaction with the quantity of food assistance

Responses from the respondents	Number of respondents	Share in Total (%)
Sufficient	55	13.58
Not-Sufficient/ too little	350	86.42
Total	405	100

CONDITION OF HEALTH

The study tried to understand the health condition of poor people and asked them about their health situation. When we asked them whether they faced any sickness since the lockdown or not, about 90% of the respondents answered that they did not face any illness. Only 91 (10.9%) respondents got sick.

Most of the respondents (60%) suffered from fever, while some suffered from various pains.

We had also found that 93% of the respondents did not receive any healthcare when they got sick.

Those receiving health care services mostly received that from local doctors, pharmacies, or local level healers. About 65% of the respondents received healthcare from the local doctor, local healer and local pharmacy. One of the respondents also received online services. Also, 16% of them received services from government hospitals.

Table 26: Illness during the lockdown

Responses	Number of respondents	Share in Total (%)
Yes	91	10.9
No	743	89.1
Total	834	100

Table 27: Types of illness

Types of illness	Number of respondents	Share in Total (%)
Pain (Headache, Body, Stomach)	16	17.58
Non-Infectious Diseases	9	9.89
Fever	55	60.43
Diarrhea	9	9.89
Others	2	2.19

Table 28: Received any formal health care

Responses	Number of respondents	Share in Total (%)
Yes	56	6.7
No	778	93.3
Total	834	100.0

Table 29: Place of receiving health services

Responses	Number of respondents	Share in Total (%)
Community Clinic	3	5.4
Doctors' Chamber	1	1.8
Government Hospital	9	16.1
Local Doctor	13	23.2
Local Healer	12	21.4
Local Pharmacy	12	21.4
MBBS Doctor	2	3.6
Online Service	1	1.8
Private Hospital	3	5.4
Total	56	100

AWARENESS REGARDING THE RISKS OF COVID-19

It is revealed that during the last three months that the health risks of COVID-19 could be minimized by maintaining social distance, wearing masks and following some basic hygiene at home and outside. It was noted that all respondents know about the COVID-19 virus (they know as Corona Virus). When the enumerator asked them how they can prevent the virus from spreading, they mentioned that staying at home (Table 30). 94% of the respondents stayed home as a precaution to prevent the virus. Only 3% of them wore masks, maintained social distancing and washed hands regularly.

Table 30: Precautions the respondents have taken to prevent this virus

Types of Precautions	Number of respondents	Share in Total (%)
Mask only	10	1.20
Hand wash only	3	0.36
Social distancing	3	0.36
Both Mask and Distancing	11	1.32
Mask hand wash	14	1.68
Stay home	790	94.72
Others	3	0.36
Total	834	100

When the respondents were asked what they would do if they become COVID-positive, 91.6% noted that they would opt to get tested and follow the doctors' advice, Only 5 of the respondents did not know what to do.

Table 31: Actions to be taken by the respondents if they are infected with the coronavirus

Particulars	Number of respondents	Share in Total (%)
Call hotline	2	0.2
Clean	1	0.1
Doctors' Advice	42	5.0
Doctors' Advice & hot drink water	5	0.6
Doctors' Advice & home quatrain	6	0.7
Don't know	5	0.6
Keep distancing from other members of the Family	5	0.6
Phone hotline	1	0.1
Stay home	3	0.4
Test & Doctors Advice	764	91.6
Total	834	100.0

FINDINGS FROM THE CASE STUDIES

The study conducted 11 case studies to understand the situation of poor people better. We note the following from those case studies.

Before the COVID outbreak, the case study respondents were more or less satisfied with their food intake. But after COVID-19 stroke, all of these families containing 3 to 6 members, were forced to take only one meal a day. Infants are not getting proper nutrition. Their income has gone down drastically. It has become difficult for them to survive with sufficient food intake. The people we interviewed for case studies were day labors, agriculture labors, household help, rickshaw pullers etc. Therefore, they cannot stay at home. They have to go outside to earn to survive.

“My tummy does not understand there is Corona out there, and I have to eat.”

-Aminul from a Ulipur, an employee of a tea stall

These people are stressed because they cannot arrange sufficient food for themselves nor their children.

“At the end of the day, I cannot look at my innocent, starving kids, it breaks my heart.”

-Suraia Begum, a woman who earned 150tk per day before the lockdown and has lost the entire income as she has lost her job as a maid.

There were also pregnant women in 4 families. They were not getting sufficient foods, let alone nutritious foods. Only two respondents out of 11 case study respondents received aid and rations from the government. Most people got rations from NGOs and stretched the rations 7 to 8 days. There are 2 cases where we see the primary earner of the family had a lot of debt to pay off, so that was an extra burden to think about. Ripon, a tea stall owner in the district of Bhola, had to sell the only piece of land he had to pay off debts during the current COVID-19 crisis.

People also had to change their profession to support the family. Dipali Rongpal from Rajshahi was a day-laborer but after the lockdown, she and her family sometimes just take wild potatoes and sell timber in the local market. The Husband of Salma Begum from Barisal had a fruit business, but after the lockdown, he had to close his business and became a day-laborer. Cases like this indicate that people are suffering, and in these types of situations, you cannot always ask for help; you have to deal with it. When we asked if they received any help, aid, or support from the government, most of them answered in the negative. When the government did try to help, they either received rations that lasted only a couple of days or the ration that was sent, was consumed by local leaders. Most people did receive some aid from NGOs.

Overall the people are not scared of dying from the COVID-19 induced health complications; they are more afraid of dying of hunger. They just want food and some ration.

DISCUSSIONS AND RECOMMENDATIONS

The principal aim of this quick appraisal was to understand the situation of livelihoods, food consumption and the nutritional status of the poor people living in different parts of Bangladesh as a result of COVID-19 pandemic. The study also wanted to explore the awareness status of poor people regarding the health risks of COVID-19. With these objectives, a short survey was conducted among 834 poor people from 37 districts covering all administrative divisions. In addition, 11 case studies were conducted among poor people from different occupations. The study only includes those people who were already poor or near-poor in the pre-COVID situation.

Based on field level data collected from different parts of the country, the study has noted the following findings-

- The livelihoods of 98.6% of the poor people are severely affected by the lockdown due to the pandemic. They have faced a decline in their income, loss of a job, the closing of shops and business activities, and even a complete halt of income.
- Though facing economic hardship, only a few respondents have changed their occupations, which implies that it is not easy to get new works.
- Poor people have been suffering from the insufficient food supply. Nearly 87% of poor people have been facing hardship to arrange for adequate food and nutritious food. Even 5% of poor lived on one meal a day during the previous week from the interview.
- The shortage of food is relatively high in Mymensing and Sylhet divisions.
- Their nutritional status of the poor people has fallen at stake, especially the nutritional status of the children and pregnant women and lactating mothers.
- Half of the poor people received some forms of assistance (dry food, cash, or cooked food) from the government or the private sector.
- Therefore, the government should expand support to the poor, encourage the private sector to come forward with more related programs. During the pandemic, we have noted how important it is to have a law for ensuring the right to food.

The study findings call for some urgent steps to help the poor people to have sufficient food consumption that can ensure the required nutrition.

- i) Various government initiatives to support the poor (in cash or in-kind) should be made available to poor people in urgent need of food.
- ii) The transfers of money, including various social protection benefits, should be sent regularly to the beneficiaries by utilizing mobile financial services.
- iii) Nutritional food for children (cookies etc.) should be supplied in the food baskets for the poor
- iv) Various stimulus packages announced by the government for micro, small and medium enterprises (MSMEs) and informal sector enterprises should be implemented immediately. This would ensure livelihood opportunities for many poor people working in these enterprises.
- v) We need to work for the improvement of the supply chain of agricultural products to ensure efficient food supply throughout the country and a good price for the producers.
- vi) Any leakage from the social protection benefits and food and cash assistance should be punished heavily.
- vii) Treatment facilities for COVID-19 health complexities should be increased in rural areas.
- viii) We have to improve on the overall health infrastructure and treatment facilities throughout the country to make the system more capable of dealing with health issues coming out of the current pandemic.

APPENDIX

Table A-1: Income level of the respondents in different occupations

Occupation	Daily income (Taka)	Monthly income (Taka)
Rickshaw and Van pullers	400-450 /-	--
Scooter, CNG, Auto rickshaw driver	700-1000/-	--
Other transport drivers	450-500/-	--
Salon	350-400/-	--
Beauty Parlor workers	--	4000-5000/- per woker
Garbage disposal workers	--	3000/-
Household help	1500-4000/-	--
Carpenter	450-500/-	--
Agricultural workers	400-450/-	--
Tailor	700-800/-	--
Brickfield workers	600/-	--
Beggar	100-200/-	--
Vegetable vendors	240-500/-	--
Hotel and restaurant workers	150-250/-	6000-7000/-
Goods supply chain workers	400-500/-	--
Other workers who earn on a daily basis	250-350/-	--