Covid-19 Livelihood Crisis, Social Cohesion Challenges and Mitigation Options

An empirical study among low-income groups and migrant workers in Bangladesh

By

Sanaul Mostafa, PhD
M. Shahidul Islam, PhD
Nahida Akter
Kawsher Ahmed

Centre for Peace and Justice, Brac University

June 2021

Covid-19 Livelihood Crisis, Social Cohesion Challenges and Mitigation Options

An empirical study among low-income groups and migrant workers in Bangladesh

By

Sanaul Mostafa, PhD
M. Shahidul Islam, PhD
Nahida Akter
Kawsher Ahmed

Centre for Peace and Justice

Brac, University

June 2021

List of Abbreviations

BA	Bachelor of Arts
BSC	Bachelor of Science
CNG	Compressed Natural Gas drivers
COVID-19	Coronavirus Disease
CPJ	Centre for Peace and Justice
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDP	Gross Domestic Product
ILO	International Labour Organization
IOM	International Organization for Migration
KII	Key Informant Interview
LG	Local Government
MA	Master of Arts
MFI	Microfinance institution
MSC	Master of Science
NGO	Non-governmental Organization
OHS	Occupational Health and Safety
RMG	Readymade Garment
SANEM	South Asian Network on Economic Modeling
SDG	Sustainable Development Goals
WFP	World Food Programme

Table of Contents

Acknowledgements

Executive summary

The Covid-19 pandemic has caused substantial damages to the health and wellbeing of people around the world. As of February 1, 2021, Bangladesh recorded 535,000 infections with 8,100 deaths and a 90 percent recovery rate. In addition to the outbreak of the virus itself, the mitigation strategies to curb its spread, such as lockdown and social distancing, have significantly impacted the lives and livelihood of millions of people in Bangladesh. Amongst its other economic impacts, the costs of the pandemic are visible in the decline of Bangladesh's export earnings and the return of thousands of migrant workers from overseas.

A decline in domestic demand has caused a marked rise in unemployment and thus a reduction of income. A significant number of industrial workers and micro-entrepreneurs of the formal and informal sectors, amongst others, have lost their access to economic activities. Reports suggest disproportionate sharing of the burden of the pandemic by marginalized groups, as well as increased risk and incidence of gender-based violence (GBV) in the country. In addition, there is concern that the social bondage, peace, and stability of the country, which has enabled Bangladesh to grow in the past few decades, is likely to be jeopardized. This challenges Bangladesh's long-term development goals, including eradicating extreme poverty by 2030.

Against this backdrop, the Centre for Peace and Justice, Brac University (CPJ) undertook a study to understand the impacts of Covid-19 on select vulnerable groups. The study focused on two groups: low-income, urban formal and informal workers, and migrants who returned home to Bangladesh from abroad amid the pandemic (hereunder referred to as 'returnees').

The study had three objectives: a) Analyse the Covid-19-driven core livelihood challenges of people who belong to low-income groups and their livelihood challenges in relation to social cohesion; b) Explore their options and opportunities for coping with threats to social cohesion, and c) Identify strategies for Government of Bangladesh (hereunder referred to as 'the Government'), NGOs, and communities to consolidate social cohesion. Here, low-income groups include garment workers, returnees and non-RMG workers (household aides, day labourers, transport workers like rickshaw pullers, drivers of motored three-wheelers and their helpers, microentrepreneurs, and low salaried persons in the private sector).

The study followed a normative view of social cohesion. It used a set of indicators generated from a social cohesion framework used in Latin America and the Caribbean to undertake an inter-country comparison of social cohesion. Social cohesion is understood in this study as a cumulated complementary behaviour of public institutions, society and community, which can be applied to overcome the livelihood challenges of the listed

vulnerable households during the pandemic. Accordingly, the research framework used in this study included three thematic pillars: 'Distance/divide', 'Institutional inclusion/exclusion mechanisms', and 'Sense of belonging'. ***Distance/divide*** is understood here as a manifestation of the equality or divides faced by low-income groups and migrants as opposed to other social groups not listed as low-income. ***Institutional inclusion and exclusion mechanisms*** are 'actions carried out by various institutional actors' in response to the felt 'Distance'. ***Sense of belonging*** characterizes the complementary response of the community and society. The study has applied a set of indicators involving these three pillars and used them to formulate research questions.

To determine the state of social cohesion, the study used two types of proxy indicators, namely a) Impact Indicators and b) Outcome Indicators. The Impact Indicators were designed to help determine whether and how the social cohesion issues experienced by the surveyed population influenced their wellbeing during the pandemic as a result of behaviours of other stakeholders. These proxy impact indicators included: a) Perception of the survey population regarding unity and bondage in society, b) Observation of family relations (e.g., gender-based violence), c) Observation of conflicts in society attributed to the pandemic, and d) Observation of discrimination practised by service providers. The Outcome Indicators are related to the listed pillars ('distance/divide', 'institutional inclusion/exclusion', and 'sense of belonging'). The ability of the surveyed population to cope with social cohesion issues ('coping measures') is also incorporated in the Outcome Indicators.

The Outcome Indicators under **Distance/Divide** include a) Job losses without severance, compensation, or other benefits, b) Loss of income, c) Relative trend of expenditures, d) Relative loss of assets, and e) Continuity of learning for children through an online system.

The pillar theme **Exclusion/Inclusion** is expressed through eight indicators: a) Public control over prices of necessary goods, b) Continuous access to social safety net where relevant, c) Access to emergency relief (from government, NGOs, and community), d) Access to public information and instructions on Covid-19, e) Access to medical care if needed during the pandemic, f) Existence of conflict resolution system, g) Public initiatives to substitute income loss, and h) Safeguards against discrimination.

The third pillar, **Sense of Belonging,** is characterized through four indicators**:** a) Affiliation with organisations to participate in decision making and raise voices, b) Access to benefits from affiliated organisations, c) Representation through organized entities (e.g., trade unions and similar interest groups), and d) Precedence of consultations by employers.

The state of **Coping** measures is reflected through five indicators: a) Vulnerability to lower food and nutritional intake due to income loss, b) Vulnerability to survive without

practical external help, c) Use of savings and personal assets to survive, d) Opt for an alternative livelihood and e) Accumulation of debt (loans, rental payment, and utilities).

The study applied mixed-method research - quantitative research complemented by qualitative tools. A survey among 1,064 respondents belonging to the three groups (RMG workers, returnees and non-RMG workers) was conducted in November and December 2020. In addition to literature review, the team also conducted qualitative research through KIIs, FGDs, and unstructured interviews to complement and validate the findings of the quantitative study.

RMG Workers

The survey shows that 96% of surveyed garment workers rejoined work after a brief shutdown of factories. Of them, 53% reported that either workers or trade union leaders were consulted before the shutdown of factories. 14% received furloughed income, and 37% received their dues. 68% received due payment after resuming work (76% of males and 65% of females).

49% of RMG workers reported that their salary and other benefits decreased. The average (mean) monthly income decreased by 21%. In contrast, their monthly expenditures dropped by only 2%, forcing them to depend on savings, borrowing and other forms of debt to manage their expenditures. Only 27% of the garment workers or their families had some access to emergency relief (generally provided during disasters) and 16% to the social safety net, which is typically available to people who satisfy specific criteria irrespective of disaster situations, such as the old age allowance. 76% of the workers reported depletion of their personal or family savings.

19% of workers had a formal affiliation with a community network/organization. 40% of them sought help from communities, and 27% of them received the needed help. 69% received the support they sought from various sources. 73% of the workers felt the need for financial support to overcome the challenges. They borrowed cash mostly from informal sources, including relatives (34%), neighbours (32%) and grocery shop owners (17%).

The immediate impact of the fall in income, disproportionate decline in expenditure, and higher debts was reflected in their food intake behaviour, among others. RMG workers reported reducing the frequency of meals (38%), consuming less quantity of food (69%), and cutting protein intake (85%). A quarter of them or their families accessed healthcare services during the pandemic and 36% of this group faced increased healthcare costs. Only 18% of their children had access to online education. Lack of facilities either at school or home was attributed to relatively low access to virtual education.

Access to information about the pandemic was high, with 99% of the workers reporting access. But trust in this information varied, with 62% reporting a 'high' (24%) to

'moderate' (38%) level of trust in public information. In contrast, 56% had a 'high' (13%) to 'moderate' (43%) level of trust in NGO-led initiatives. They relied on television (45%), mobile phones (27%), and neighbours (18%) for information related to Covid-19. Nearly 91% of the workers were satisfied with the way the government had managed the pandemic. However, 58% were not confident that the government would control the pandemic in the near term.

Garment workers were subject to uncertainties (43%) as to how long they could live with the pandemic. Only 9% said they could cope with the situation for more than one year. Those who experienced difficulties in coping with pandemic-induced vulnerabilities feared facing multiple problems and uncertainty if the situation became prolonged. These include food shortage (87%), further decline in savings and likelihood of higher indebtedness (95%), unaffordable healthcare (44%), adverse impacts on children's education (59%), worsening family and social relations (43%), and deteriorating law and order (11%).

The study found that 32% of the garment workers noticed conflicts arising in society amid the pandemic. Conflicts between neighbours (49%) topped the list, followed by those within families (27%), between tenants and landlords (15%) and in the office (9%). 66% of garment workers reported that the pandemic also impacted their own family's relations, and 65% felt that their family's relations deteriorated owing to emotional stress. In contrast, 25% said they had appreciated the benefits of spending extra time together, leading to better family ties. No significant gender gap was found in this regard. 64% of the workers felt that social bondage and harmony in the society had decreased, whereas 9% reported that it had increased. The remaining 27% felt it had remained unchanged.

The study showed that more than 90% of the RMG workers were worried about their health, life and economic loss. 76% believed that their social condition would deteriorate even further if the pandemic persisted. About 68% of workers thought that the government should be more proactive in offering financial assistance to help them recover economic losses.

Non-RMG Workers
91% of non-RMG workers surveyed were employed when the survey was conducted, and 45% were working part-time, with large heterogeneities in terms of type of employment. 64% of household aides were working part-time. The income of 92% of non-RMG workers had declined, with 97% of household aides reporting decline. Collectively, their monthly average income had decreased by one-third, whereas their expenditures dropped by 18%. 64% of non-RMG workers had received emergency relief, and about a quarter had access to the social safety net.

23% of non-RMG workers had a formal association with community networks. 52% of the workers sought help from communities, with 64% of household aides seeking assistance, followed by private service holders, transport workers, daily labourers and microentrepreneurs. 31% of them received the needed help; nevertheless, such cushions were inadequate to navigate the pandemic, as over 80% of non-RMG workers reported that their savings were adversely affected. The fact that 80% of them felt the need for financial support further accentuates their experiences of hardship. They borrowed cash from many informal sources, including relatives (34%), neighbours (31%), and grocery shop owners (16%).

The immediate impact of the sharp fall in income, disproportionate decline in expenditure and high levels of debt was reflected in non-RMG workers' food intake behaviour, among other areas. 47% of them reported a decrease in the frequency of meals, a group that includes 58% of the transport workers, followed by household aides (53%) and daily labourers (49%). 73% of non-RMG workers reported that they consumed less quantity of food, and 83% reduced their consumption of protein, with household aides and daily labourers the most affected. 24% of the non-RMG workers have accessed healthcare services during the pandemic, and 27% experienced an increase in healthcare costs. Only 16% of their children had access to online education during the pandemic.

Of non-RMG workers, 98% had access to Covid-related information. They relied heavily on television (46%), mobile phones (27%) and neighbours (18%) to get information. 63% reported feeling trust in information and service provided by the Government, compared to 60% who trusted information from NGO-led initiatives. 94% of respondents were satisfied with the way the government had managed the pandemic. However, 59% of non-RMG workers were not confident that the government would be able to control the pandemic in the near term.

About 85% of the non-RMG workers felt that they would face difficulties in coping with the adverse impacts of the pandemic. Household aides (93%), in particular, were vulnerable in this regard. 34% of workers felt uncertainty as to how long they could live with the hardships caused by the pandemic. Those who had been finding difficulties to cope with the pandemic feared facing multi-pronged problems if the situation became prolonged. Feared problems include food shortage (85%), further decline in savings and likelihood of higher indebtedness (96%), unaffordable healthcare (53%), adverse impacts on children's education (59%), worsening family and social relations (45%), and deteriorating law and order (15%).

About 37% of the non-RMG workers had noticed conflicts arising in society amid the pandemic. Household aides and transport workers observed more conflicts compared to other sub-groups. Nearly 70% of the workers reported that the pandemic had also impacted their own family's relations. This was more common among household aides

(75%) and daily labourers (73%) than other sub-groups. In view of access to emergency relief, 37% of the non-RMG workers or their family members faced discrimination. The situation was worse among transport workers (50%) and household aides (47%). 66% of non-RMG workers felt that social harmony and bondage had decreased, whereas 9% reported it had increased, and the remaining 27% felt it had not changed. The corresponding figures for household aides (84%) and transport workers (77%) were higher than the mean value of those reporting decreased social harmony.

Regarding their expectations about the future, 90% of the non-RMG workers were worried about their health and life. About 94% were worried about economic loss and 72% about deteriorating social conditions. 72% of the non-RMG workers expected the government to help them recover their economic losses.

Returnees

About 64% of the surveyed returnees were repatriated forcefully, while 33% of them returned home with their employers bearing the costs. About 84% of them did not receive any severance pay or their dues from their employers. Upon arrival, the returnees found it difficult to find jobs at home. They have experienced a sharp fall in average monthly income (60%), whereas their domestic expenditures dropped by only 22%. As a result, the returnees used their savings and borrowed cash to finance expenditures. The returnees or their families had limited access to emergency relief (10%) and to the social safety net (15%). About 12% of returnees had a formal association with a community network. About 32% sought help from a community network and 20% received the desired help. About 70% of the returnees felt the need for financial support in order to meet minimum daily needs. They borrowed cash from relatives (57%), friends (12%), other institutions (12%), banks (9%), neighbours (8%) and grocery shop owners (4%).

The sharp fall in income forced some returnees to reduce the frequency of meals (29%), consume less quantity of food (66%), and cut protein intake (83%). 35% of the returnees or their families accessed healthcare services (private and public), and 36% of them found the services expensive. 80% of their children could not access online education.

About 96% of the returnees had access to information related to Covid-19. They relied heavily on television, mobile phone and neighbours to get information. 71% of them had a 'high' to 'moderate' level of trust in public information and services provisions, as opposed to 50% in the case of NGO-led initiatives. 95% of the returnees were satisfied with how the government had managed the pandemic. However, 40% of them were not confident that the government would be able to control the outbreak in the near and long term.

Given their high level of unemployment, depletion of savings, high debt, and little community support, 62% of the returnees would like to return to their former host countries. Less than 10% of them had secured alternative livelihoods, though 25% had

tried. Women were much more likely than men to seek alternative livelihoods, with 48% of the female returnees exploring opportunities at home.

The returnees said they faced several hurdles to return to host countries. Issues such as financial constraints, reliability of Covid-19 certificate, control of the pandemic and availability of jobs in host countries were critical factors. 5% of the returnees were associated with the government's reintegration plan. They opined that acquisition of a new skill (94%), control of virus (88%), usage of individual savings and assets (85%), institutional support including bank loans (78%) and family support (74%) were critical while pursuing an alternative livelihood.

65% of the returnees felt that harmony, bondage and unity in society had decreased, whereas 7% reported it had increased and the remaining 28% found that it had remained unchanged. 84% of the returnees felt that attitudinal shifts in society toward individual self-interest had caused the perceived decline in social harmony. About 9% of them stated they had witnessed conflicts in society, and 30% of the returnees or their families had experienced discrimination. 96% of the returnees were worried about their health and life, and 98% were afraid of economic loss. 74% were also concerned about losing their social position. Finally, 74% of the returnees expected to receive the government's support to overcome their economic losses.

Gender perspectives

The survey captured the distinct perceptions of female respondents on several issues, namely their work burden, work-life balance, and gender-based violence. 52% said they were responsible for a dependent child or care of a disabled person. In terms of professions of the female respondents, household aides (60%) had the most obligations as caregivers, followed by private service holders (55%), garment workers (52%), daily labourers (52%) and microentrepreneurs (47%). Compared to the pre-pandemic period, female respondents' burden in childcare or taking care of disabled persons increased markedly, from 18% at the end of 2019 to 53% during the pandemic.

Concerning professional engagement during the pandemic, 86% of female respondents were working despite health risks. While 10% had to stop working during the pandemic due to loss of employment, 4% had stopped working willingly. About 46% of female respondents mentioned that their workload had increased during the pandemic. A disaggregated picture among different professions shows higher workloads across groups. 56% of non-RMG workers' workload increased, followed by that of widows (64%), divorced women (56%), women aged 30-44 years (51%), and returnees (48%). About 9% of female respondents faced gender-based violence (GBV), with returnees (22%) subject to higher levels.

Interpretation

Based on the findings, it can be said that the non-RMG group, particularly the household aides, suffered the most during the pandemic. Transport workers, day labourers, microentrepreneurs, and low-earning service holders were more likely to have been adversely affected than RMG workers and returnees. The sub-groups under non-RMG workers are seldom organized groups having any representation at the national level to raise their voices. The returnees who were severely affected by the pandemic also lacked representation. The circumstances were slightly different for the garment workers, who have some degree of representation and association and were, therefore, beneficiaries of government stimulus packages.

The findings described above lead to the view that the survey population experienced six kinds of 'Health Hazards.' 'Health' is understood here not merely in the medical sense, but includes six categories: Financial Health, Asset Health, Physical Health, Emotional Health, Relational Health and Digital Health. While 'Financial Health' considers the target groups' situation related to income and expenditure, 'Asset Health' is expressed through changes in savings, physical assets and debts. 'Physical Health' refers to nutrition, awareness of Covid-19 related awareness, and associated behaviours. 'Emotional Health' here entails the feelings of the survey population including depression, and the existing support available to address it. The situation related to conflicts in society perceived as associated with Covid-19 is expressed under the topic 'Relational Health'. Finally, the 'Digital Health' of the survey population, as opposed to other members of society, is primarily expressed through the degree to which students are accessing online education and the degree to which people can access information related to Covid-19 online.

Financial Health: The non-RMG group, the returnees and, to some extent, the garment workers have either lost employment or have had to accept low-paid, part-time work. Consequently, workers have lost half of their income on average, and an overwhelming proportion of them did not receive severance pay or other benefits. In the informal sector, the non-RMG workers in particular do not have rights protected by the country's labour laws. The garment workers, like non-RMG workers, were at risk of losing jobs or pay reductions. Most returnees left their jobs abroad without severance and benefits, which raises concerns about the informal nature of employment of most expatriate workers.

The government's decision to relax lockdown, allowing the opening of garment and other factories, gained overwhelming support from low-income households. This decision maintained the export stream and saved more than one million garment workers from extreme livelihood challenges. Government support to garment manufacturers in the form of the stimulus package also contributed to the resumption of operations. On the contrary, the government undertook few targeted measures to address the income losses of non-RMG workers. NGOs and community networks were relatively ineffective in addressing the problems households faced during the crisis. Low-income groups had to survive with reduced income and constrained budget. Although this is generally true for

all three surveyed populations, the situation was worse for the non-RMG group. The government's effective monitoring of the market of daily necessities kept prices largely under control, although year-on-year inflation spiked owing to supply chain constraints.

Asset Health: The fall in income forced households to use their savings, valuables and working capital. The government had no effective (formal institutional) mechanism to support the needy. The government's instructions to landlords not to evict people due to nonpayment of rent and to creditors to allow payment delays helped respondents to some extent. However, those measures helped little to avert long-term indebtedness. NGOs did not offer any emergency loans, leaving households to depend on relatives, neighbours and other informal sources.

Physical Health: Many households faced food and nutritional insecurity. Given their limited income, affording a balanced diet was already difficult during pre-Covid. The subsequent decline in the frequency of meals, quantity of food and protein intake could have long-term implications for their health. The crisis was addressed to some extent through emergency assistance by the government and community. NGOs played comparatively lesser roles in this regard. Households faced discrimination and favouritism in accessing emergency assistance. The help received was less than they required to meet food and nutritional needs.

The low-income groups, in general, appreciated the role of the government in disseminating information. Although one-third of them doubted official data on infections and deaths due to Covid-19, they still considered the government a reliable source for information and other services on Covid-19. The government also acted promptly, addressing the corrupt practices of some private healthcare providers, including ensuring transparent Covid-19 test facilities. On the contrary, NGOs did not reach out to households who live in relatively remote settings. A section of households received relief multiple times, while others had no access at all.

Emotional Health: Emotional and mental health issues attracted rudimentary attention from the government even though 95% of the respondents suffered from mental stress. There were sporadic efforts by some public institutions and freelance psychosocial counsellors. Still, they could not reach low-income populations with no or limited access to the internet and telemedicine. If this remains unaddressed in the protracted phase of the pandemic, severe mental health implications are likely to manifest, which could endanger the community's wellbeing.

Relational Health: The concept of 'Relational Health' is introduced here to capture a person's relationship with family, neighbours, community, and institutions. Although some positive efforts were recognized – emergency assistance, loans and information related to Covid-19, the survey population mentioned issues that affected their relational health. Households did not have a high level of trust in information related to Covid-19.

Even though a section of them appreciated the government's handling of the pandemic, many doubted its ability to handle the problem in the near future. Many respondents faced discrimination in accessing emergency relief. They had conflicts with neighbours or landlords. Their family relations deteriorated. An insensitive attitude of the community and government toward returnees adversely affected their reintegration process into social and economic life in Bangladesh. Together, these factors could have led to deteriorating social bondage amid the pandemic.

Digital Health: The digital divide, which was a concern even before Covid-19, has grown during the pandemic. Most children of low-income families were deprived of virtual education. There was also no pedagogic approach to overcome the resulting learning gaps, accentuating pervasive inequality in education. In addition, limited access to the internet had also deprived low-income families of multiple benefits amid the marked digital transformation seen during the pandemic.

Recommendations

In summary, the interpretation of the findings outlined above leads to the conclusion that Bangladesh had struggled with social cohesion during the pandemic in ways that further accentuate existing challenges around inequality and injustice. Low-income people experienced severe livelihood challenges requiring immediate policy attention. Therefore, the researchers propose a wide range of policies to achieve greater equality, justice and peace for all in the society. Policymakers and other stakeholders may consider the following recommendations.

Short-term:

a) *Solidarity package*: The government may develop and introduce a one-year 'Solidarity Package' targeted to the recovery and wellbeing needs of the most affected groups. Household aides, daily labourers and transport workers may be considered as the preferred target groups.

b) *Food and nutrition support programmes*: Given the massive impacts of the pandemic on low-income people's food intake behaviour, the government may introduce targeted programmes to provide subsidized nutritional support by expanding the number of fair price outlets managed by the Trading Corporation of Bangladesh. Existing school feeding programmes funded by World Food Programme should also be extended to urban areas, particularly schools and madrashas located in slum areas and other low-income settlements.

c) *Institution building*: The government may identify people who are subject to the listed health hazards and recognize them as potential beneficiaries of public programmes. Based on the type of needs, they may be grouped following a set of criteria. For example, an area-based group can be formed to support those needing emotional care. The government may encourage potential beneficiaries to organize themselves as area-based groups and networks to seek public support. The groups and networks

thus formed should be required to follow a set of rules regarding self-management and representation of beneficiaries in order to be eligible for government support, as it is easier for the government to reach out to organized groups than to individuals for consultations.

d) *Direct accessibility*: The government may introduce direct accessibility to the most affected members affiliated with the networks by using their cellphones and thus their national identification document (e.g., NID). This will allow potential beneficiaries to access financial transfers and information about non-financial care options. This can also be used to increase the coverage of social safety nets in urban areas.

e) *Access to productive capital*: The government may provide capital support at low interest to micro-entrepreneurs (e.g., working capital), returnees (air ticket finance against employment abroad), and transport workers (e.g., financing for income-generating vehicles) through banks and NGOs.

f) *Emotional care*: The government may strengthen efforts to continuously offer counselling to emotionally distressed persons both online, via mobile phone and in-person through satellite clinics and specialized psychosocial counselling services. The government may promote emotional health and introduce emotional care services by building suitable content in higher education and training, certification and professionalization of caregiving.

g) *'Innovative pedagogy' in education*: The government may consider an innovative pedagogical approach for children who have had no access to the internet during the pandemic. The approach should: a) address the learning gaps that amounted for these learners over the past year, b) cover the contents of a new year of the subsequent grades, and c) include off-line self-learning content assisted by senior students. These need to be accompanied by teacher training and materials development, and media access via TV and internet.

h) *Transparency, accountability and integrity*: All public measures undertaken by the government need to be followed up on to ensure efficiency, effectiveness, and transparency. Therefore, the government may introduce results-based performance indicators for all activities in which the public resources will be used, thereby bringing the implementing agencies under a transparency and reporting framework.

Long-term:

i) *Recognition of biological risk (pandemic/epidemic) as a disaster*: The government may consider the inclusion of biological hazards such as general pandemics and epidemics as a disaster. The functions of the Disaster Management Committee may be reviewed to ensure its ability to respond to the biological risks.

j) *Media Policy*: The government may consider introducing a special TV channel for learning purposes, and could provide subsidies to internet service providers to offset any rise in costs incurred by users and the IP.

k) *Reorientation of the role of non-profit organizations in society*: In order for non-profits to become more responsive to all types of biological disaster, the government may promote and support community-based non-profits, whose mission is to complement the government and provide primarily community-sensitive public goods by utilizing volunteers from diversified professional groups.

l) *Life cycle approach for returnees to absorb shocks*: The government could develop a new approach to out-migration by regarding Bangladeshis going abroad and returning as life cycle choices. Whether their return was forceful or voluntary, the returnees may be supported along their life cycle, starting with the pre-migration preparation phase up to their return and reintegration in Bangladesh.

m) *Healthcare market*: The government may maintain strict regulatory compliance for any diagnostic services and care offered by the private sector. An affordable fee system may be negotiated for the vulnerable groups listed in the networks. In addition, the government may promote more social entrepreneurship in the health sector to ensure affordability, dependability and quality.

Part I: Background, rationale and objectives

Background

The Covid-19 pandemic (Coronavirus disease) has caused substantial damages to the wellbeing of people worldwide.[1] As of February 1, 2021, Bangladesh recorded 535,000 infections with 8,100 deaths and a 90% recovery rate.[2] During the early phases of the pandemic, the public health service delivery system struggled to cope with the infections. In 2020, the government's decision to impose a lockdown from mid-March was extended to May 30. Since then, the conditions of lockdown have gradually been relaxed and re-tightened according to the fluctuating level of outbreak.

Throughout this period, government offices, factories and other businesses have been required to follow Covid-19 health protocol, and schools all over the country have remained closed since mid-March 2020. While the government's measures have helped avoid major harm to the lives of the people, their economic, educational, emotional, and social wellbeing remains in jeopardy. The virus outbreak itself and the mitigation strategies of lockdown and social distancing intended to curb the spread of Covid-19 have impacted vulnerable groups' lives significantly.

Bangladesh has performed better than many countries with similar socio-economic standing in terms of the health impact of the pandemic (see comparative daily infection and death rate in Figure 1).[3] The economic costs of Covid-19 are reflected, among others, in the decline of exports by 14.6% year-to-year in 2020. Thousands of migrant workers returned home from the Middle East and other parts of the world. Industry, trade, selected agro-based areas, and the service sector have been functioning at sub-optimal levels. Nevertheless, sectors that support information and telecommunication technology and logistics have experienced considerable growth, as people's demand for online-based services has increased during the pandemic.

The domestic demand for goods and services has declined, causing severe unemployment and reducing income. Industrial workers as well as micro-entrepreneurs of the formal and informal sectors have had to reduce their activities. A Brac survey reported that a new group of impoverished Bangladeshis has begun emerging amid an increase of extreme poverty by 60%, with 14% of people struggling with food access.[4] According to one estimate, in addition to the 34 million existing poor in Bangladesh, another 36 million people are classified as "non-poor" but are currently vulnerable during the pandemic. Another report indicated that Bangladesh's overall poverty rate could reach 41%,

---

[1] In this report, 'Covid-19 pandemic' and 'pandemic' are used interchangeably.
[2] See Worldometer, Available at: www.worldometer.info/coronavirus/country/Bangladesh, Accessed on February 1, 2021
[3] ibid
[4] Extreme poverty rises 60% amid Covid-19 outbreak: Brac survey. The Business Standard, April 10, 2020

meaning that another 20% of the population could still fall into poverty.[5] Inequality, which was prevalent already before the virus outbreak, is expected to rise further should the crisis prolong, given that only 19% of the urban poor have access to public social protection programmes, compared to 35% of the rural poor.[6]

Reports suggest disproportionate sharing of the burden of the pandemic by women in Bangladesh, along with an increase in the risk and incidence of gender-based violence (GBV).[7] The livelihoods of women, 3.3 million of whom work in the RMG sector, and who comprise roughly 92% of the informal sector, are apprehended to be at stake.

Figure1: Daily deaths and new infections of Covid-19 in Bangladesh, February 2020 to January 2021

---
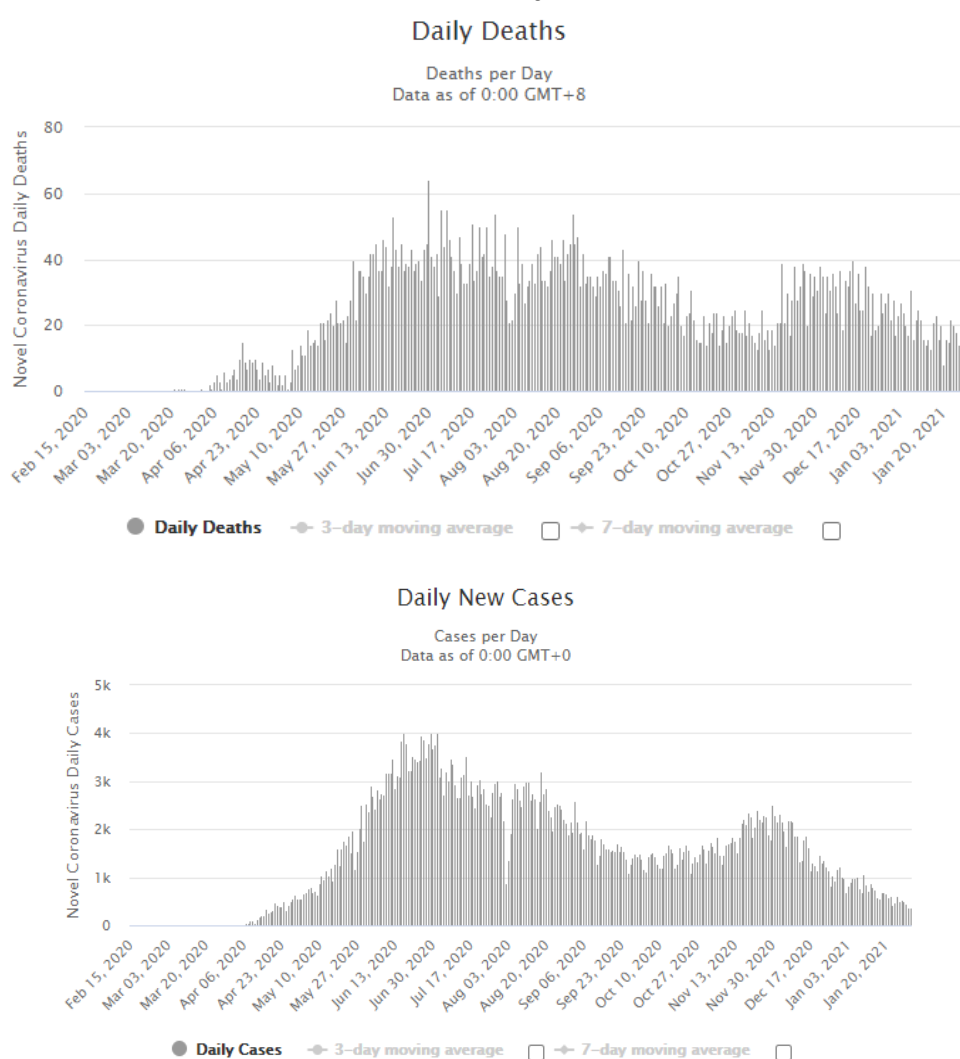
[5] Covid-19 impacts may double poverty in Bangladesh. Business Standard, May 01, 2020
[6] Social Safety Nets: Not many urban poor getting help. Daily Star, October 17, 2019
[7] Covid-19 Bangladesh: Rapid Gender Analysis, UN Women, 2020, available at: https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/Covid-19-bangladesh-rapid-gender-analysis , Accessed on January 1, 2021

Globally, Covid-19 has reversed years of development progress and threatens to undermine future gains. According to a World Bank estimate, the pandemic is pushing 40 to 60 million people into extreme poverty. [8] UNDP estimates that global human development (a combination of education, health, and living standards) could fall in 2020. This would be the first fall since 1990, when measurements began.[9] In the long term, lost months of learning, nutritional deficiencies, and difficulty accessing healthcare can affect inequality of opportunity, social mobility and productivity. The World Bank predicts that the world is unlikely to attain the goal of eradicating extreme poverty by 2030.[10] The Sustainable Development Goals (SGDs) to be affected include a) eradication of extreme poverty (Goal 1), health (Goal 3), education (Goal 4) and gender equality and women's empowerment (Goal 5), inequality (Goal 10) and peace justice and institutions (Goal 16).

Given its economic vulnerabilities, Bangladesh may also struggle to achieve the poverty eradication and SDG goals. The achievement of greater social bondage, peace, and equality, believed to have been instrumental for progressive development in Bangladesh over the last decade, may now be in jeopardy. On one side, these factors are characteristics of progressive development; on the other side, they are also the means to achieve a continuously higher level of development. The question is whether and how the changes in Bangladeshi people's livelihoods during Covid-19 are related to changes seen in terms of social bondage, peace and equality. Specifically, it is important to investigate whether these three factors have functioned to mitigate the challenges emerging from Covid-19, or whether they have instead lost their effectiveness.

Since the onset of the Covid-19 outbreak, researchers have undertaken numerous rapid assessments and studies to understand the impacts of the pandemic. So far, superficial descriptive data are available to understand the impacts mainly from an economic perspective. Information related to the Spanish Flu and the Asian Flu is available and may help researchers understand economic impacts and predict challenges. But information is lacking in regard to the social impact of these pandemics, and available data is not sufficiently representative.

In the context of data scarcity, any policy to withstand the adverse social impacts of the pandemic may lack logical justification, and thus may have high probability of failure.

---

[8] Covid-19 to Add as Many as 150 Million Extreme Poor by 2021. Available at: https://www.worldbank.org/en/news/press-release/2020/10/07/Covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021, Accessed on January 1, 2021

[9] Covid-19 and the SDGs: How the 'roadmap for humanity' could be changed by a pandemic, Available at: https://feature.undp.org/Covid-19-and-the-sdgs/ , Accessed on January 10, 2021

[10] Global goal to end poverty by 2030 unlikely to be met. Available at: https://www.reuters.com/article/us-global-development-poverty-idUSKCN1LZ2JL , Accessed on January 14, 2021

Therefore, more in-depth, systematic, and comprehensive study is needed to gain insight into the livelihood situation (types and magnitude of sufferings, causes of suffering, coping mechanisms, state of social cohesion in the process, and options for the future) experienced by the most vulnerable populations under pandemic. Based on empirical study, this report is expected to enrich the evidence base related to the livelihood of the most vulnerable groups, particularly in regard to social cohesion during the pandemic, with the objective to craft policies.

Rationale

The Centre for Peace and Justice's (CPJ) raison d'être for conducting the study was to explore potential factors that could enhance social cohesion, peace, and stability in coalition with similar institutions in Bangladesh and abroad. CPJ believes that social cohesion as a value generates positive social behaviour in all individuals, characterising social bondage, mutual regard, and socially beneficial action as positive societal outcomes. This, in turn, contributes to the impact of peace, justice and stability in society. CPJ also believes that social cohesion as a value helps overcome crisis and vulnerability, and cements the path toward sustained wellbeing. Through this study, CPJ attempted to understand how socially cohesive behaviour of institutions (government, NGOs and other organisations) and community have made a difference in the lives of the most vulnerable during Covid-19. The findings described in this report are expected to contribute to policy dialogue aiming at the 'Vision 2021,' which foresees Bangladesh as a middle-income country.

Research objectives

CPJ pursued three objectives through this study:

a) Analyse core livelihood challenges induced by Covid-19 amongst people who belong to low-income groups and are critical forces for the Bangladesh economic growth paradigm, and identify how these challenges relate to social cohesion within family and society;[11]

b) Explore options and opportunities to cope with threats to social cohesion; and

c) Identify strategies for the government (national and local), NGOs (national and international), and communities to consolidate social cohesion and thus sustain peace and social justice in view of SDG 16, among other goals.

The study targeted three groups under the survey population, namely a) Readymade Garment workers (hereunder 'RMG', b) Migrant workers who returned to Bangladesh during the pandemic (hereunder 'Returnees'), and c) urban low-income group excluding garment workers (hereunder 'Non-RMG'). Various categories of people, mostly informal

---

[11] Here 'core' means the challenges, which have direct impact on the survival life of the people in the short run.

workers, belong to the Non-RMG group, namely household aides, day labourers, transport workers (rickshaw pullers, CNG drivers, helpers), microentrepreneurs, and low-salaried persons working in the private sector. Their livelihood challenges are critical from both economic and societal perspectives.

The RMG sector contributes 11.2% to the GDP of the country.[12] More than 4,600 RMG factories constitute the largest industrial sector in the country. It generates 36% of employment in the manufacturing sector, engaging 4.1 million workers.[13] More than 10 million Bangladeshi migrants remitted close to $18 billion in 2019, and the sector represents around 7% of the country's GDP.[14] A large informal urban economy also absorbs labourers who migrated from rural areas.

Structure of the report

The report contains five parts following this introduction. Part I contains the background, objectives and rationale, Part II deliberates on the concept of social cohesion and a framework used to develop the research design (research questions, methodology and sampling). Part III extensively describes findings from both the survey and qualitative research. A synthesis of all findings in the form of a summary and conclusion is the mainstay of this section. The findings are interpreted in Part IV, reflecting on the state of social cohesion in Bangladesh amid the Covid-19 pandemic. Part V includes short and long-term policy and programme proposals toward strengthening social cohesion in Bangladesh based on the findings and interpretations.

---

[12] Apparel sector's contribution to GDP going down for years. Dhaka Tribune, 26 April 2019.
[13] Covid-19 and the ready-made garments industry in Bangladesh. Available at:
https://www.adb.org/sites/default/files/linked-documents/54180-001-sd-04.pdf , Accessed on January 12, 2021
[14] Bangladesh faces a crisis in remittances amid Covid-19. Available at:
https://www.weforum.org/agenda/2020/06/bangladesh-faces-a-remittances-crisis-amid-Covid-19/ ,
Accessed on December 21, 2020

Part II: The social cohesion framework in the context of Covid-19 and research design

Understanding social cohesion framework in the context of Covid-19

The term 'social cohesion' is discussed in the literature from two perspectives, a) sociological and psychological, and b) that of policymakers (Chan 2006).[15] While the first view looks at theorizing the concept (positivistic approach), the second is guided by a set of norms and values that should characterize social cohesion and be institutionalized in behavioural processes (normative approach) to address problems that generate divide (e.g. persistent unemployment from economic restructuring, exclusion in the age of information technology and network society).

In line with this study's objective to formulate programmatic and policy proposals, the research team followed the normative approach, appreciating a set of values listed by various authors and institutions. For example, the Council of Europe (2008) listed a sense of belonging, inclusion, and participation.[16] Jeannotte mentioned shared values and challenges, equal opportunities, and a sense of trust. In addition, OECD (2012) considers life satisfaction, trust, and social behaviour as part of the norms and values.[17] Following contemporary debates, policymakers tend to include social inclusion and exclusion, sense of belonging, sense of trust, shared values and challenges, equal opportunities, social capital, and social mobility as characteristics of social cohesion.

Before determining the operational definition and social cohesion framework to be used during the research, the research team considered it useful to list some definitions found in the literature. The definition suggested by Chan et al. (2006) is: *'Social cohesion is a state of affairs concerning both the vertical and horizontal interactions of society as characterized by a set of attitudes and norms that includes trust, a sense of belonging and the willingness to participate and help, as well as their behavioural manifestations'.[18]* This definition reflects the contemporary discussion.

The literature furthermore recognizes social cohesion as a social feature that can positively affect society by reducing vulnerability attributed to psychological stress and insufficient trust in government during crisis or uncertain situations. Zundert (2020) also considers social cohesion as an instrument to monitor societal development and relates

---

[15] Chan, J., To, H.P., and Chan, E. (2006), Reconsidering Social Cohesion: Developing a Definition and Analytical Framework for Empirical Research, Social Indicators Research, 75: 273–302 available at: https://link.springer.com/content/pdf/10.1007/s11205-005-2118-1.pdf, accessed on 30th July 2020

[16] Council of Europe (2008), Towards an active, fair and socially cohesive Europe. Report of high-level task force on social cohesion.

[17] OECD (2012), Perspectives on Global Development 2012: Social Cohesion in a Shifting World. Organisation for Economic Co-operation and Development: Paris. Available at: https://doi.org/10.1787/22224475, accessed on 20th July 2020

[18] Chan, To, and Chan, p. 290.

it to the economic performance of a country. Ritzen et al. (2000) also draw attention to how social cohesion determines the 'room for manoeuvre' in designing better institutions, which in turn affect a country's economic performance.[19]

Social cohesion framework by Villatoro (2007)

The European Council and United Nations Economic Commission for Latin America and the Caribbean (ECLAC) used a system of indicators to monitor social cohesion in Latin American and Caribbean countries. A set of indicators emerged from the social cohesion framework developed by Villatoro (2007) for ECLAC that include three interconnected dimensions: distance, institutional inclusion and exclusion mechanisms, and sense of belonging (Box 1 and Table 1) for the underlying definition and elements of the framework: [20]

Definitions

Social cohesion is understood as 'the dialectic between instituted social inclusion and exclusion mechanism and citizens' responses, perceptions and attitudes towards the way these mechanisms operate'.

Distance is a manifestation of 'Objective well-being divides' compared with living conditions of other social groups'.

Institutional inclusion-exclusion mechanisms are 'Actions carried out by various institutional actors'.

Sense of belonging means here 'psychological and cultural expressions that take into account of the degree of people's linkages and identification with the society as a whole'.[21]

Table 1: Social cohesion framework by Villatoro (2007)

Components and Dimensions of Social Cohesion		
Distance/divide	**Institutional inclusion-exclusion mechanisms**	**Sense of belonging**
- Poverty and income - Employment - Access to social service - Consumption of goods and access to basic services - Access to education	- Democratic system - Rule of law (fight against corruption, justice and human security) - Policies for operation of markets	- Multiculturalism and non-discrimination - Social capital (informal social network, confidence, participation) - Prosocial and solidarity value

---

[19] Ritzen, J., 2001, Social cohesion, public policy and economic growth: Implications for OECD countries, in J. Helliwell (ed.), The contribution of human and social capital to sustained economic growth and well-being (Ottawa: Human Resources Development Canada).

[20] ECLAC and Europe Aid. A system of indicators for monitoring Social Cohesion in Latin America, 2007, p.27.

[21] ECLAC and Europe Aid, p. 28.

		- Future expectations and prospects of social mobility
- Access to health - Access to new technologies		- Sense of integration and social affiliation

In the first column, 'Distance/divide,' helps identify whether distance and divides exist in society. In the second column, 'Institutional exclusion-inclusion mechanisms' recognize the role of the government in response to these potential distance and divides. The third component, 'Sense of Belonging,' helps capture the role of the community if distance and divides do exist, and indicates how government actions need to be complemented. The state of social cohesion is expected to be a result of the interplay among these three components.

In the context of Covid-19 in Bangladesh, all dimensions of the component 'Distance/divide' appear relevant. The same seems valid for the component of the 'Institutional inclusion-exclusion mechanism'. The dimensions 'Non-discrimination, social capital and prosocial and solidarity value' under the component 'Sense of belonging' seem relevant as well. However, given the governance context under Covid-19, the study adopts three components with a modified set of corresponding dimensions as listed below:

Component 1: Distances/Divides
The first component, 'Distances/Divides', refers to the material condition of the group and communities, which restricted them from accessing their basic rights and participating in necessary social activities and resources and opportunities to develop their potentiality. The micro indicators of this broad component are employment, income and poverty, social welfare, education, access to new technologies, health, consumption, and availability of basic services (Villatoro, 2007).[22]

Dimensions
a) Changes in employment and income due to Covid-19
b) Changes in food and nutritional behaviour
c) Changes in access to social services (social safety net). Are supplementary benefits available?
d) Changes in the debt and savings. Are savings used up? Loans increased? Working capital consumed?
e) Access to Covid-19-specific health services (testing, medical supplies)
f) Access to education during Covid-19 (children, students) as opposed to the affluent class of the society
g) Access to technologies (to access public information, public safety net, education)

---

[22] Villatoro, P. (2007). A system of indicators for monitoring social cohesion in Latin America. UN. ECLAC. Secretariat: Santiago.

Component 2: Institutional inclusion-exclusion mechanisms

The second component deals with the actions of different institutional actors and the effects of the action on opportunities, process and results of inclusion-exclusion. The focus is primarily given to activities that are promoting inclusion and social cohesion. Here the institution refers to interactions of the organized system and social relations that create the basic framework for human actions, while the term 'mechanisms' defines the process of materialization that may have made an impact on the structure of opportunities and end results.

Dimensions

a) Are people's opinions heard (analysis of the situation, freedom of expression, censorship, and how to cope)?
b) Are anti-corruption measures effective if people's benefits are mismanaged (relief, cash)?
c) Do policies exist to manage the distribution of Covid-19 related benefits (relief, cash transfer?)
d) Do markets function so that people have fair prices (hoarding, monopoly, constrained access of the farmers and labourers)?

Component 3: Sense of belonging

The third component comprises psychological and cultural expression, which establishes the linkage and identification of people with the society as a whole or group. Sense of belonging also affects the reactions of the actors in which different mechanisms of inclusion-exclusion function. Social belonging is essential to resist the tendency of break-up and to develop strong cooperation in order to ensure inclusion. Social belonging deals with people's well-being and social integration and the development of shared identities to build group loyalty and foster respect for diversity and non-discrimination (Berman and Phillips, 2004). The aspects of the sense of belonging are 'relational' (interactions), 'emotional' and 'cognitive' (values, attitudes, identities, perceptions, feelings).

Dimensions

a) Do GBV and discrimination occur against minorities/ethnic groups/vulnerable groups (female respondents, people with disabilities)?
b) Do people have access to social networks to benefit from social capital (common initiative, social entrepreneurship)?
c) Is there a feeling of integration and solidarity in society (helping each other, sharing resources)?

A negative trend of the dimensions listed under these three components may cause various challenges, like citizen dissatisfaction or distrust in state institutions, conflicts among people belonging to different economic strata, and the same between employees

and employers. In other words, such probable consequences may emerge as an aggregate effect of the situation related to the dimensions classified under three components of social cohesion.

Social cohesion framework used in the study

While embracing the normative view of social cohesion discussed earlier, the research team put effort into further operationalising the concept of social cohesion to provide analytical support for policy and programme proposals. The table below elaborates the framework used for the study:

Social Cohesion Framework				
Definition		**Measurement**	**Actors/Stakeholders**	**Nature of Activity**
A set of values and norms to be practiced by the stakeholders when one group of society experiences livelihood challenges.	Outcome level (Behavioural level)	Outcome-level indicators to measure whether behaviours associated with social cohesion occur.	• Public institutions (Government, local government) • Non-government institutions (NGOs, community-based organisations such as networks, associations, and cooperatives) • Private (Individual community members, private companies) • Self-help groups of the affected stakeholders (e.g., RMG workers, non-RMG workers, and returnees).	• Public institutions: a) Provide services as duty bearers, b) Encourage other groups to be socially cohesive, and c) Encourage the vulnerable groups to be vocal and organized. • Non-government organizations provide services, advocate for services by public institutions, and encourage vulnerable groups to be vocal and organized. • The vulnerable group is vocal, self-organized and demands services as rights-holders.
State of well-being of the society as a whole, particularly that of the vulnerable groups in terms of equality, peace, stability, solidarity, and inclusiveness.	Impact level (Benefits level)	Impact-level indicators to measure whether the realized behaviour of the stakeholders has led to the expected state of well-being.		The society, particularly vulnerable groups, provide feedback.

The proposed Social Cohesion Framework internalizes the framework used by OECD. It addresses four broad questions elaborated in the following: a) Concept, b) How to measure, c) Who are the actors and d) Scope of social cohesive behaviour.

The **concept** of social cohesion is understood here at two levels, namely Outcome and Impacts. The **Outcome** should consist of all behavioural actions of the stakeholders in

response to the felt livelihood challenges of the vulnerable groups. The **Impacts** are the felt results (equality, peace, stability, and feeling of inclusiveness) due to the behavioural actions. The nature of livelihood challenges is similar to those of the themes listed under Pillar 1 of the OECD framework.

The framework demands impact and outcome indicators to **measure** the state of achievement at the respective level. They are critical to measuring progress toward the achievement of social cohesion, to document lessons learnt, and to introduce changes if needed.

The framework also lists the **actors** who have a role to play as duty bearers (public institutions such as government and local government); supportive institutions (NGOs, community-based organisations such as associations, cooperatives, private sector, and community members); and vulnerable groups (self-help groups or individual duty holders).

The **scope** of socially cohesive activities at the **behavioural level** depends on the types of livelihood challenges the vulnerable groups face. The activities of one stakeholder should complement the other to achieve efficiency and effectiveness in the process. Public institutions may encourage other stakeholders to perform complementary roles, while non-state institutions may advocate for the rights of the vulnerable groups with public institutions. The vulnerable groups may organize themselves, articulate their demands to the government, and seek support from non-state entities in the process. The scope of activities **at the impact level** includes providing feedback by the society as a whole - and by vulnerable groups in particular - in regard to the felt changes around challenges experienced in the past, as well as around equality, peace, solidarity and inclusiveness.

The study used this framework for data collection, analysis, and interpretation, and searched for policy and programme proposals to address the livelihood challenges of the vulnerable groups under Covid-19.

Research design

Methodology
This study applied quantitative research methods complemented by qualitative ones (Johnson et al., 2007).[23] While a survey was used to collect quantitative data, key informant interviews (KIIs), focus group discussions (FGDs), semi-structured interviews, and a literature review were used to gather qualitative data. The survey was conducted between November 2020 to December 2020.

---

[23] Johnson BR, Onwuegbuzie AJ, Turner LA. Toward a definition of mixed methods research. Journal of Mixed Methods Research. 2007; 1:112–133. doi: 10.1177/1558689806298224.

Quantitative methods: Survey

The survey population included three groups, namely a) RMG workers, b) Returnees, and c) non-RMG workers comprised of household aides, day labourers, transport workers, micro-entrepreneurs, and low-salaried persons in the private and service sectors. Additionally, given the added vulnerabilities face by women, the study also looked at selected gender-specific issues. The sampling process included four steps: a) Characterization of the respondents (into the three broad population groups), b) Geographical sampling, c) Access to potential respondents, and d) Random sampling.

Step 1: Identification of respondents

The research team first identified respondents belonging to the non-RMG group using four criteria: 1) residence in congested residential areas (e.g., slums), 2) 18 to 65 years of age, 3) either the head of the family, the core income earner, or the recognized representative of the household, and 4) belonging to one of the sub-groups of workers listed under the non-RMG group. In the case of RMG workers, in addition to the criteria mentioned above, respondents were identified based on their industrial clusters where RMG workers are settled in selected areas of Dhaka city and Savar. Returnees were identified based on their geographic concentration in the greater Dhaka area.

Step 2: Geographical Sampling

The team collected data from Dhaka North and Dhaka South under City Corporation, Dhaka South City Corporation, and greater Dhaka, particularly Savar, to identify the RMG and non-RMG workers. The study reached out to Returnees living in Nawabganj in Dhaka, and in the Manikganj and Madaripur areas (See Map 1).

Sample size estimation

Considering a 5% margin of error and 95% confidence interval for the true population proportion, a minimum of 384 respondents for each group was required in order to ensure a reliable estimate with reasonable precision. Given Covid-19 and resource-related constraints, the team was unable to reach 384 Returnee respondents, as they were found to be living dispersed across Bangladesh. Considering the final sample size of 196 for the returnees, a margin of error of 7% is estimated. The total sample size therefore was 964 (384+384+196). Taking the non-response rate and potential outliers into account, an additional 10% of respondents in each group were considered for a total sample size of 1,064 (422+422+216). Among other factors, gender representation and the female workforce participation rate in the RMG, non-RMG, and returnee population were considered in designing the sampling strategy.
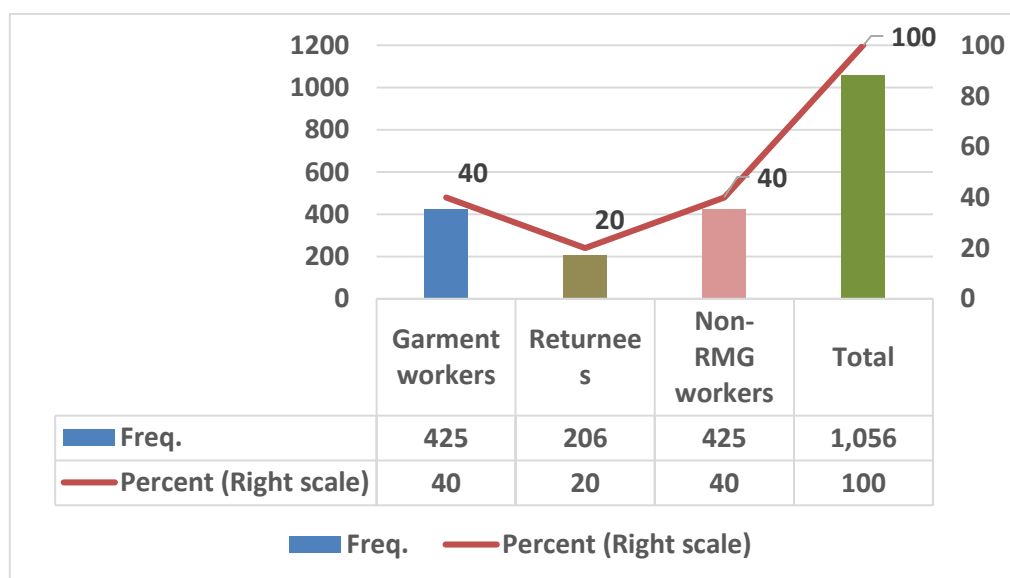
Composition of the respondents

The study reached out to 1,064 respondents; after excluding outliers, the final tally stood at 1,056, including 425 RMG workers (40%), 206 returnees (20%) and 425 non-RMG workers (40%) (Figure 2). The male-female ratio of selected respondents was 52:48.

Map 1: Survey areas in Dhaka division

Dhaka Division
Survey Conducted Areas

Figure 2: Distribution of respondents by profession

	Garment workers	Returnees	Non-RMG workers	Total
Freq.	425	206	425	1,056
Percent (Right scale)	40	20	40	100

The share of female respondents was highest among RMG workers (76%), followed by the non-RMG group (36%), and lowest amongst returnees (13%) (Figure 3). These figures are in line with the national representation of the labour force, with more females working in the RMG sector and male workers generally dominating non-RMG sectors, with the exception of household aides.

Figure 3: Share of male and female workers in different professions
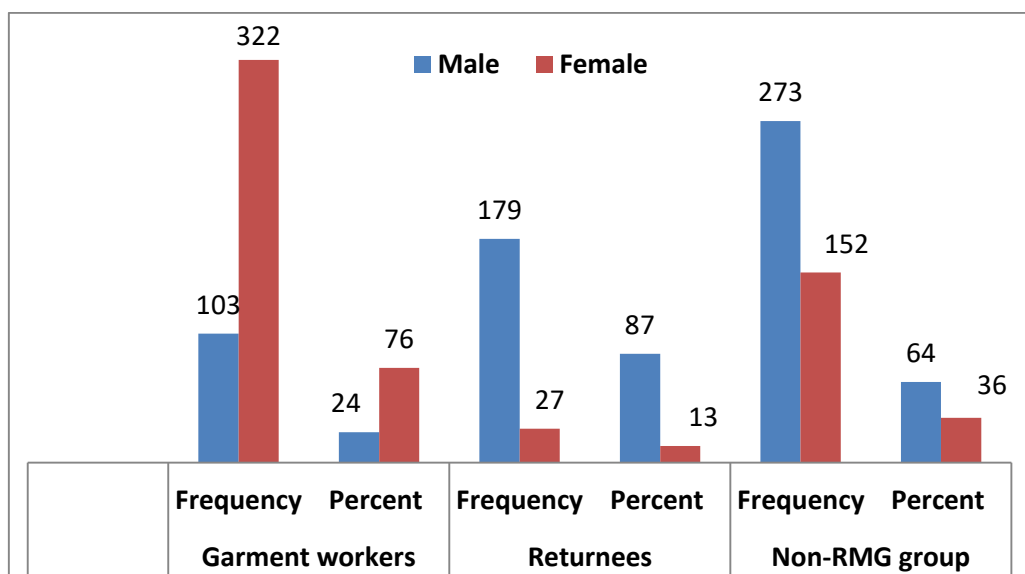
Among non-RMG respondents, 10% were household aides, 38% daily labourers, 26% low-paid salaried persons working in various service sectors (hereunder "service"), 6% transport workers (rickshaw pullers, three-wheeler drivers, etc.), and 19% micro-entrepreneurs (hereunder "business") (Figure 4).

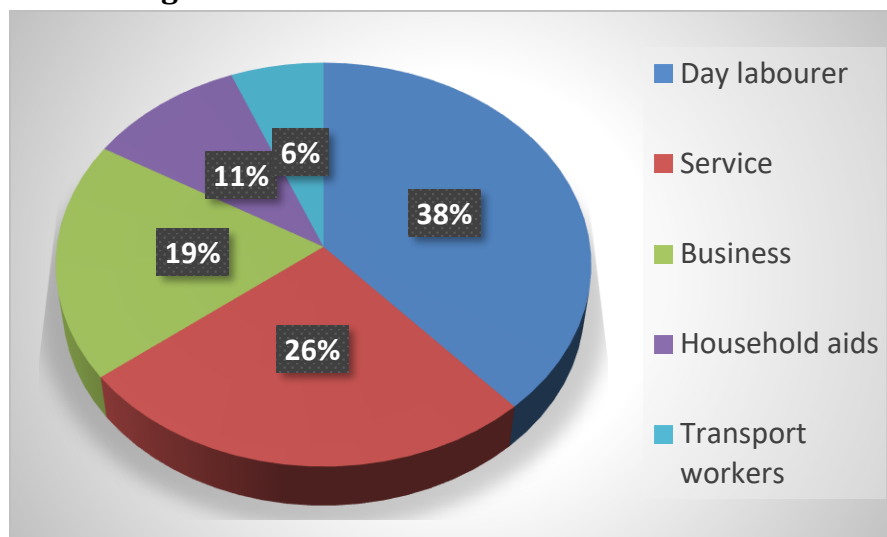**Figure 4: Classification of non-RMG workers**

Table 2 summarizes respondent demographic statistics. The average household size was 4.3, the average age of the household was 34 years, the average educational attainment was primary level, and 81% of respondents were employed at the time of the survey. The share of male and female respondents was 52% and 48%, respectively.

Table 2: Summary statistics of respondents

	Obs	Mean	Std. Dev.	Min	Max
Gender	1,051	0.52	0.50	0	1
Household size	1,049	4.3	1.61	1	10
Age	1,051	34.4	9.72	18	73
Education	1,051	5.0	3.65	0	16
Employment	1,051	0.81	0.40	0	1

Note: Education is a discrete variable: 1-10 = class 1-10, 11 = SSC, 12-13 = HSC, 14-15 = BA/BSC, 16= MA/MSC, and 0 = otherwise

Qualitative methods

For qualitative data collection, the study team conducted KIIs interviewing subject matter specialists. Two FGDs focused on female-headed households, and an FGD with a marginalized group (cleaners) was conducted. Ten unstructured interviews were also conducted. Table 3 shows the sample size for the qualitative and quantitative (survey) components of the study.

Table 3: Sample size for survey research and quantitative data collection

	Quantitative	Qualitative
Garment Workers	Survey research (425 respondents)	KII (2), FGD (1), unstructured interviews (2)
Non-RMG Workers	Survey research (425 respondents)	KII (6), FGD (1), unstructured interviews (6)
Returnees	Survey research (215 respondents)	KII (2), unstructured interviews (2)

Quality Control System

The members of the research team have conducted the KIIs, FGD and unstructured in-depth interviews. The questionnaire was pre-tested and reviewed. The enumerators were trained, and their performance was continuously followed up during the data collection process. The data collection activity was preceded by testing the questionnaire. In the case of any confusion about the data, measures were undertaken to correct it.

Ethical Considerations

The study occurred during the pandemic period, with team members interacting online following a participatory approach from the beginning. The team members brought complementary and contextual knowledge and skills to apply throughout the research process (conceptualization, data collection, analysis, conclusion). One member of the

four-person research team, four enumerators, and one facilitator were women, thus the extended research team can claim being gender-balanced.

The enumerators of the questionnaire survey and the facilitator of the FGDs were trained on how to conduct data collection safely during the pandemic by following Covid-19 protocol. The enumerators collected the data in person. Under no circumstances did the research team allow the health and safety of the enumerators and respondents to be risked, given the seriousness of the pandemic context. In addition, the enumerators received support for safe travel, accommodation and physical safety needed for movement in the field. As third-party agents, the data collectors were duly contracted and paid for their services in a timely manner.

The facilitators and enumerators made the respondents aware of the purpose of the research and sought their consent. Respondents were encouraged to respond to the questions without fear, compulsion, benefits, or prejudice. Enumerators and facilitators treated respondents with utmost respect irrespective of gender and ethnicity. The respondents were informed that their identity (name, gender, age, address, and cell number) would be used only for quality control purposes, kept confidential, and not shared with any agency for other purposes (non-disclosure).

The research was conducted from a 'value free' perspective without bias toward any specific idea, belief, or prejudice. The research team enjoyed complete academic freedom throughout the research process. The researchers applied IT-driven standard statistical tools (STATA) and qualitative methods for data analysis.

Limitations

The research initiative was subject to six limitations. First, random sampling was conducted in pre-selected areas of Dhaka, where the researchers had access to respondents through selected institutions. However, these institutions merely had a database of the survey population, and the forthcoming research findings would not benefit them in any way. Therefore, any potential bias was avoided. As a second limitation, the respondents chosen randomly were in some cases unwilling to cooperate due to the Covid-19 situation. Third, despite reaching a sufficient overall sample size for the non-RMG group, composed of various sub-groups, the size of some sub-groups did not satisfy the minimum sample size. Fourth, the number of returnees, identified only from three districts (Dhaka, Manikganj and Madaripur), was lower than the required sample size (215 versus the required 385). Fifth, the KIIs and unstructured interviews conducted over the phone may not capture the same scope of information normally available through in-person communication. Sixth, the research team members were required to work remotely under the Covid-19 context, which barred in-person training provisions for enumerators and real-time monitoring of data collection, among other normal oversight activities.

Part III: Findings

In the light of the social cohesion framework introduced earlier, Part III discusses the findings gathered under three pillars of social cohesion— distance, institutional inclusion and exclusion, and sense of belonging.

1. Distance: Livelihood challenges of the vulnerable groups

1.1 Employment situation
The survey found 81% of the respondents employed (89% of females and 73% of males) (Figure 1.1). A differentiated analysis showed that 96% of the RMG workers were employed. 24% of the returnees were found employed. The rate of employment among the sub-groups of the non-RMG sector was 96% among transport workers, followed by day labourers (94%), micro-entrepreneurs (93%), private service holders (88%), and household aides (86%).

**Figure 1.1: Employment by gender, profession and education level**
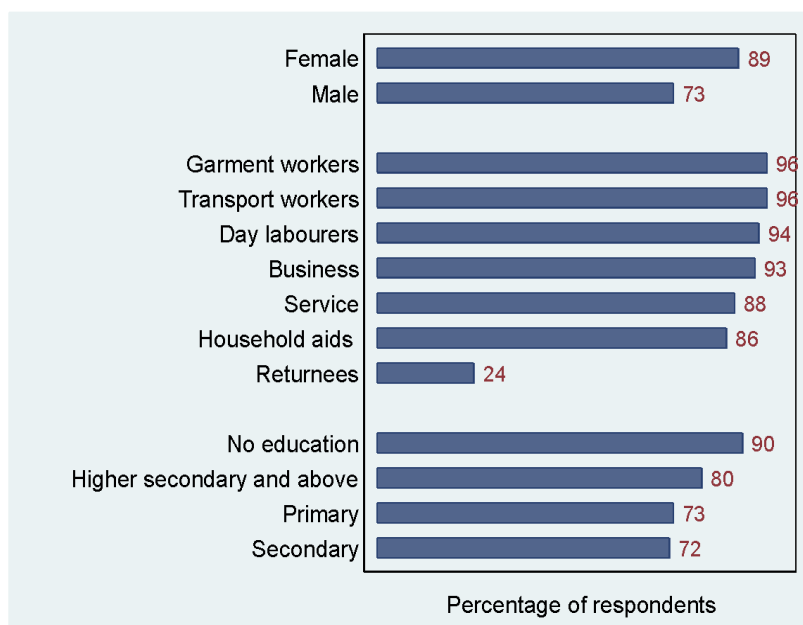
A KII with a capacity-building expert largely echoed the findings on the employment status in the RMG sector, particularly when it comes to the units of the sector, which comply with the rules imposed by foreign buyers (such workplaces are known as compliant factories). In some instances, a scarcity of employees also delayed the reopening of factories as many workers had returned to their villages during the early phase of the lockdown. However, this expert indicated that some non-compliant garment factories remained closed. Most of those who were unemployed cited that they lost jobs due to the economic ramifications of the Covid-19 pandemic (Figure 1.2).

Figure 1.2: Unemployment during the Covid-19 pandemic
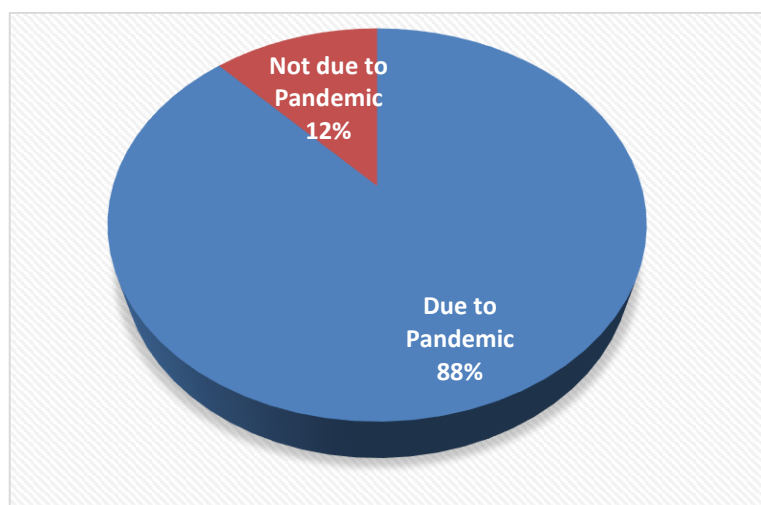
The survey found that 74% of households were employed full-time. Differentiation according to gender showed that a higher share of female workers (79%) employed full-time than their male counterparts (69%). While 97% of RMG workers were fully employed, only 24% of household aides and 34% of returnees worked full-time. On average, 55% of non-RMG workers were employed full-time. No female returnee migrant was working full-time (Figure 1.3).

Figure 1.3: Terms of employment, by profession and gender


Percentage of respondents
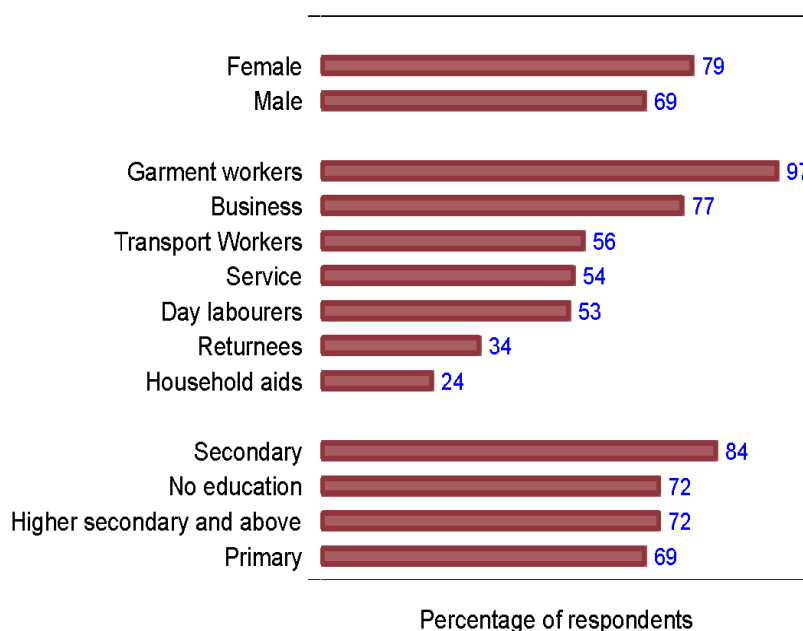
Various unstructured interviews and an FGD showed that a large percentage of household aides were not rehired even after the lockdown ended. Some household aides had managed to find alternative employment or part-time work. Unstructured interviews show that the returnees had difficulty finding jobs. They found the payment and working

conditions available to them in Bangladesh unsatisfactory in comparison to the benefits of their previous employment abroad. Male returnees expressed a strong desire to migrate back to their former host country.

1.1.1 Fear of job loss

Over two-thirds of the respondents (67%) feared job loss, with moderate to higher likelihood in different groups. The fear was high particularly among household aides (55%), followed by the private service holders (44%), microentrepreneurs (37%), daily labourers (41%), transport workers (24%), and RMG workers (42%). The fear of job loss was higher among female workers (70%) than male workers (64%) (Figure 1.4).

Figure 1.4: Fear of job loss, by profession
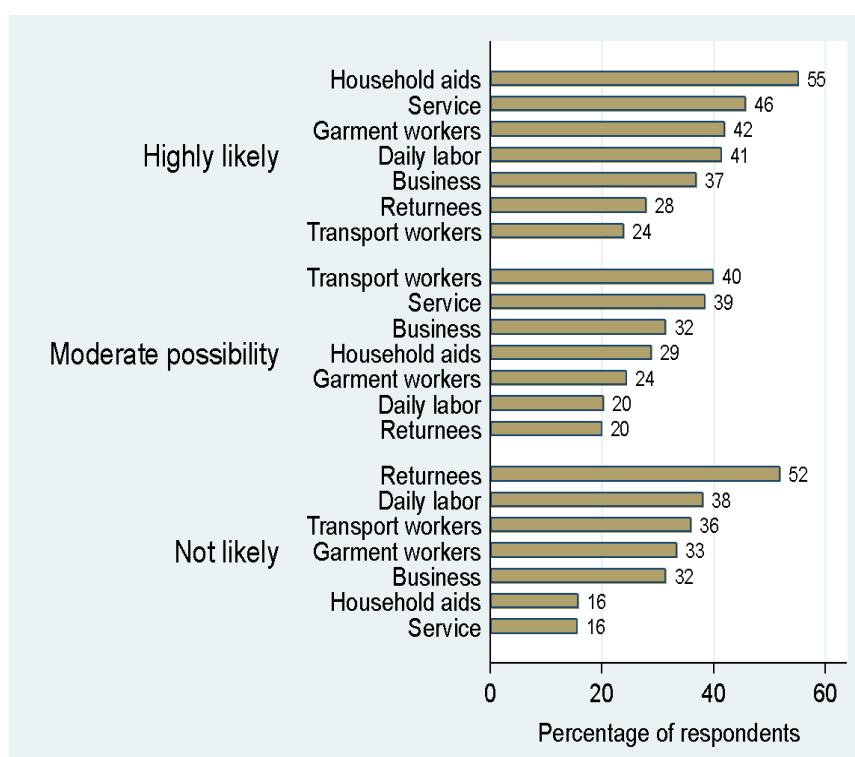
1.1.2 Fear of income reduction

Nearly two-thirds of respondents expressed a fear of income loss (63%) amid the pandemic. This fear was more widespread among female (69%) than male workers (55%). Private service holders were the most afraid of income loss (84%), followed by household aides (68%), RMG workers (67%), transport workers (65%), daily labourers (50%), and microentrepreneurs (45%) (Figure 1.5).

Figure 1.5: Fear of income reduction, by profession
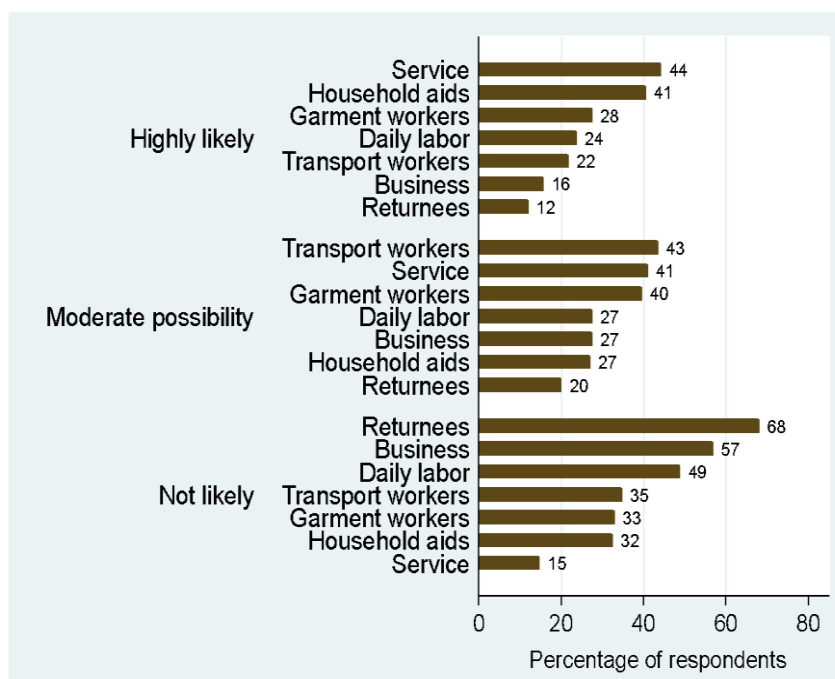
1.2 Changes in income and expenditures

The study explored the respondents' change in income and expenditure during the final quarter of 2020 vis-à-vis the pre-Covid situation (before January 2020). The households' mean (median) income had declined by 34% (37%). Male workers experienced a higher reduction in average income (41%) than female workers (28%). Differentiated figures by professions established that the mean monthly income of returnees declined from Tk 41,300 (Tk 40,000) to Tk 11,500 (10,000), a 67% (75%) decline.

The mean income loss for other professions was one-third (33%). In absolute terms, for microentrepreneurs, average income declined from Tk 22,700 to Tk 13,800. For private service holders it declined from Tk 15,800 to Tk 9,800, for transport workers from Tk 15,200 to Tk 9,800, for daily labourers from Tk 15,800 to Tk 14,400, and for household aides from Tk 14,800 to Tk 9,800. With the fall in mean income from Tk 16,500 to Tk 12,400 per month for RMG workers, their income loss (22%) was relatively lower than that of other professions (Figure 1.6).

The study captured the average monthly expenditures of the respondents by profession and gender during and before the pandemic. The average expenditure fell by 14%, and there had not been much of a gender difference in this regard. The drop was relatively higher for returnees (22%), with expenditures dropping from Tk 25,466 during pre-Covid to Tk 19,316 during the pandemic. Day labourers experienced a 20% expenditure drop (from Tk 13,659 to Tk 11,104). The expenditure of microentrepreneurs declined from Tk 18,370 to Tk 17,423, for private service holders from Tk 15,167 to Tk 11,506, for

transport workers from Tk 13,154 to Tk 11,365, for garment workers from Tk 13,624 to Tk 12,210, and for household aides from Tk 13,261 to 10,780 (Figure 1.7).

Figure 1.6: Change in monthly mean and median income before and during Covid-19
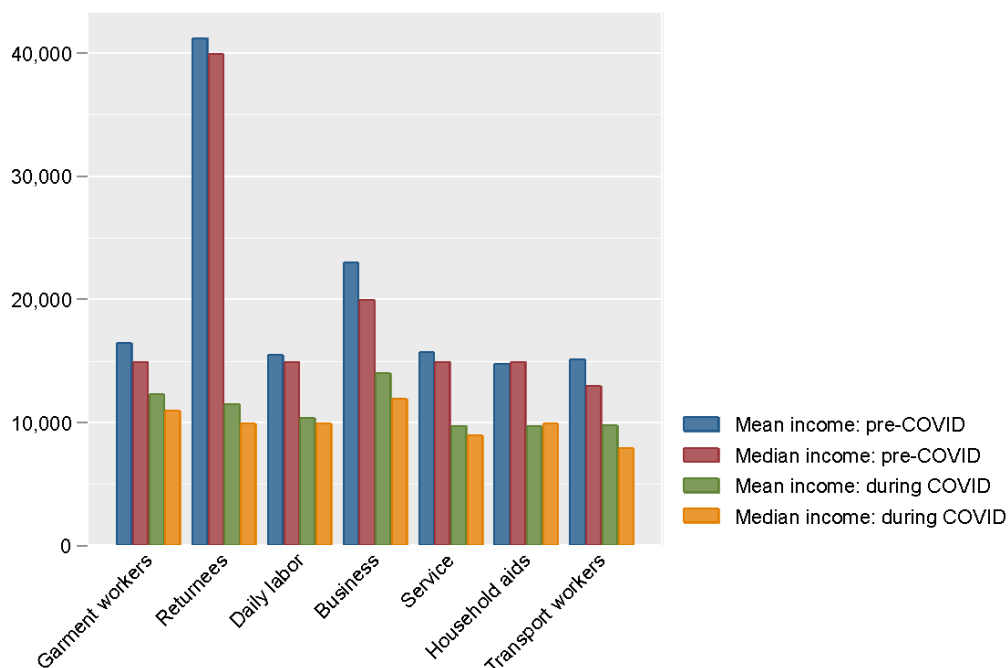

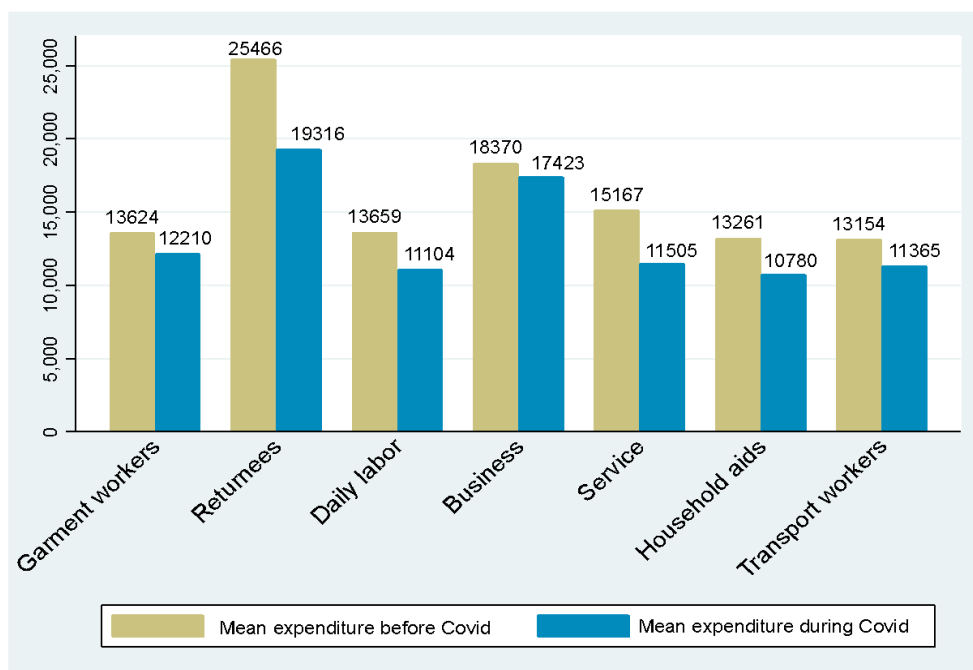**Figure 1.7: Average monthly expenditure before and during Covid-19**

Figure 1.8 shows the percentage change in income and expenditure for all professions. The fall in the average expenditure (14%) was not as high as the drop in the average income (34%). This is likely due to the 'ratchet effect', implying that when incomes of individuals fall, their consumption expenditure does not fall as much. High inflation due to limited supply during the lockdown attributed to logistical constraints. Overbuying trends amongst the rich and the Indian ban on onion exports also influenced the expenditure behaviour of consumers.

Figure 1.8: Comparison of percentage change in monthly income and expenditure
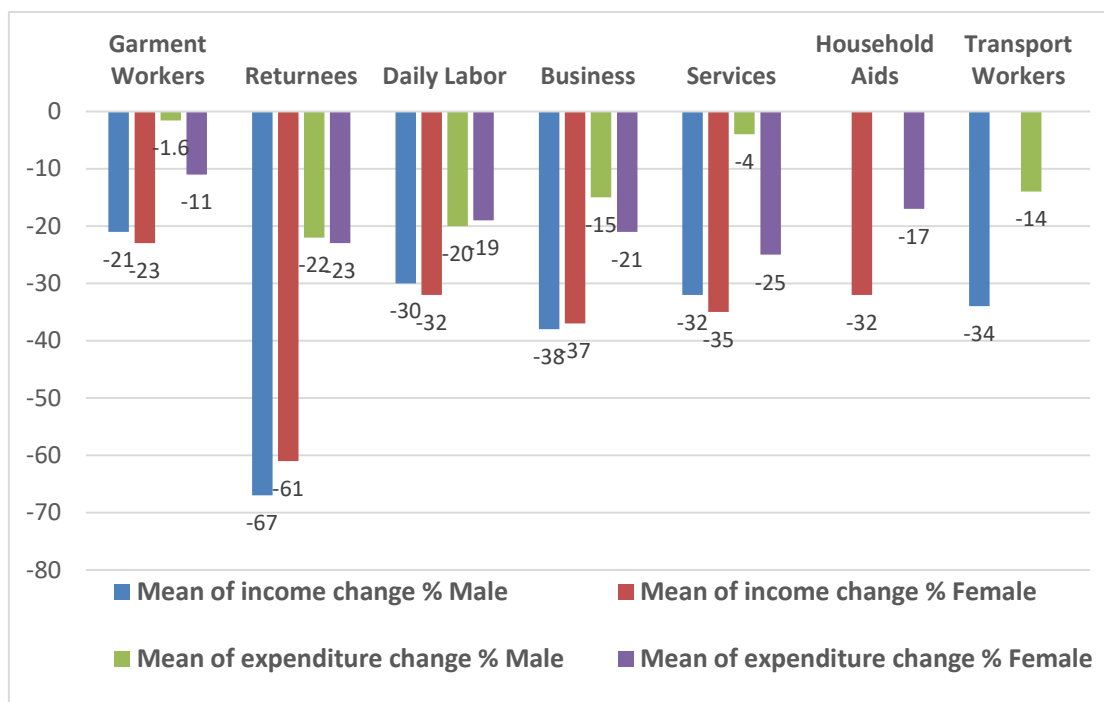
Unstructured interviews with the respondents showed that the inflation rate was higher during the lockdown period for three reasons. The supply chain was disrupted, the price of daily necessities (e.g., onions) increased due to the Indian ban on exports, and essential commodities were accumulated by the rich for hoarding. Unplanned procurement of items to distribute as relief goods was also a factor.

1.3 Household's access to health and education

The survey explored the households' expenditures on food, healthcare, utility bills, house rent, transport, and education. Nearly half of the respondents (49%) reported that their expenditures for 'food/grocery' had increased, followed by healthcare (37%), and utility bills (20%). Over one-third (37%) of respondents experienced a decrease in expenditures for food/grocery, followed by education (31%) and healthcare (23%). Households' expenditure for house rent (80%), utility bills (77%), transport (63%), and education (63%) remained largely unchanged (Figure 1.9).

Figure 1.9: Change in household expenditure for goods and services during Covid-19 pandemic

	Food/grocery	Healthcare	Utility bill	House rent	Transport	Education
Increased	49.24	36.55	20.46	14.4	11.69	6.03
Decreased	36.93	22.92	2.18	5.31	25.38	30.77
Remain same	13.83	40.53	77.37	80.29	62.93	63.2

Percentage of respondents (y-axis: 0, 20, 40, 60, 80)
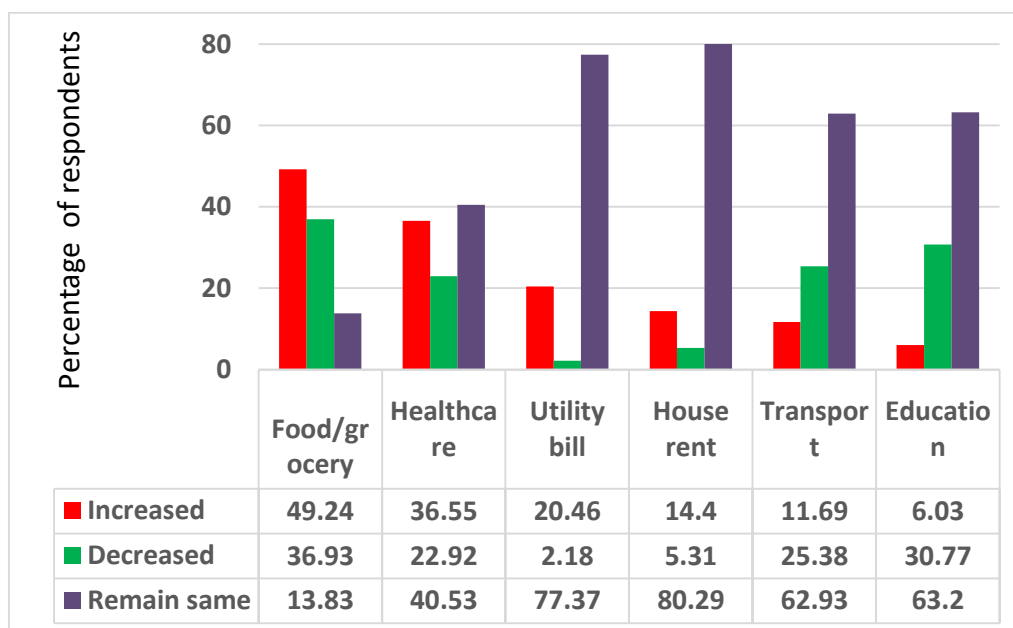
1.3.1 Access to healthcare services

The healthcare system faced considerable pressure to deal with the need for Covid-19-related services. Other regular healthcare services were also disrupted as hospitals faced a shortage of physicians and logistical support staff. 29% of households received healthcare services during the pandemic. Of these, 55% were male and 45% were female. 8% of households were required to take (or received) Covid-19-related healthcare services (66% males; 34% females).

Figure 1.10: Household satisfaction level on Covid-19 healthcare services

Pie chart:
- Very satisfied 47%
- Not satisfied 27%
- Moderately satisfied 26%
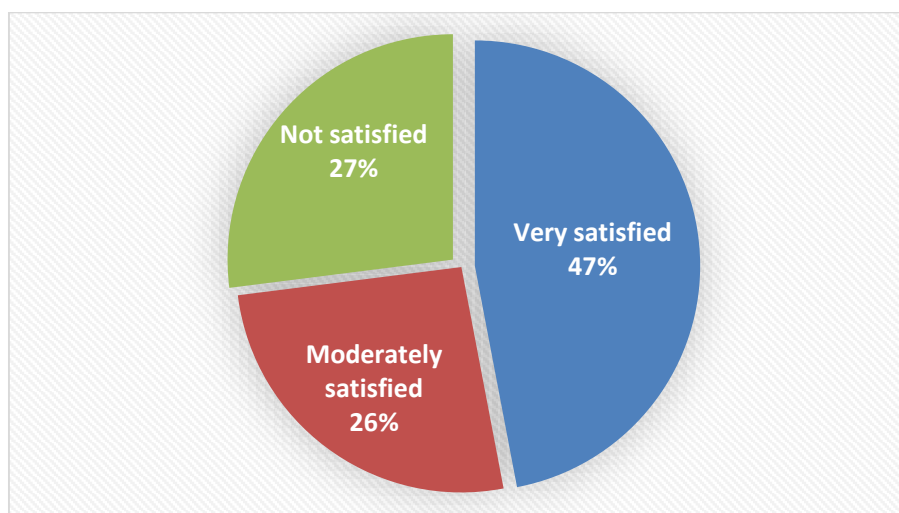
Regarding the respondents' level of satisfaction on Covid-19-related healthcare, 47% of those who received the service were highly satisfied, 26% were moderately satisfied, and 27% were not satisfied (Figure 1.10).

Regarding the change in healthcare budgets, 37% of the service recipients found that their budget for healthcare services increased, whereas 23% observed a decline, and 41% reported that their budget remained the same (Figure 1.11).

Figure 1.11: Change in healthcare budget of respondents
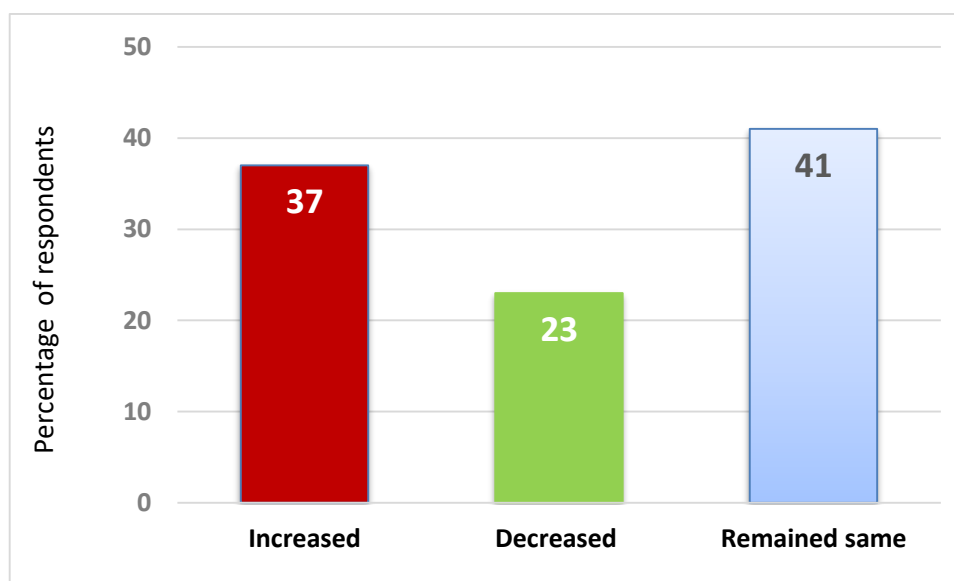
1.3.2 Access to online education

There were efforts to provide education services through information and communication technologies during the pandemic. The survey assessed the accessibility of education amongst school-going children. About 60% of households had school-going children, but only 18% of respondents reported that children in their family had access to online education (Figure 1.12).

The non-accessibility to virtual education is attributed to missing IT facilities and provisions in schools (58%) and unavailability of IT facilities at home (34%) (Figure 1.13).

Unstructured interviews with some parents showed that children had hardly any opportunity to learn lessons online. Some parents had explored coaching services. One NGO executive conversant with a Covid-era child education programme mentioned that their organisation had had only sporadic contact (for sharing materials, communicating with parents) with families of their students during the pandemic. A veteran education expert affiliated with the organisation Education Watch in Bangladesh confirmed that

suitable pedagogic approaches and technological solutions had not been available to the most vulnerable groups of society.

Figure 1.12: Access to online education of respondents' children during Covid-19
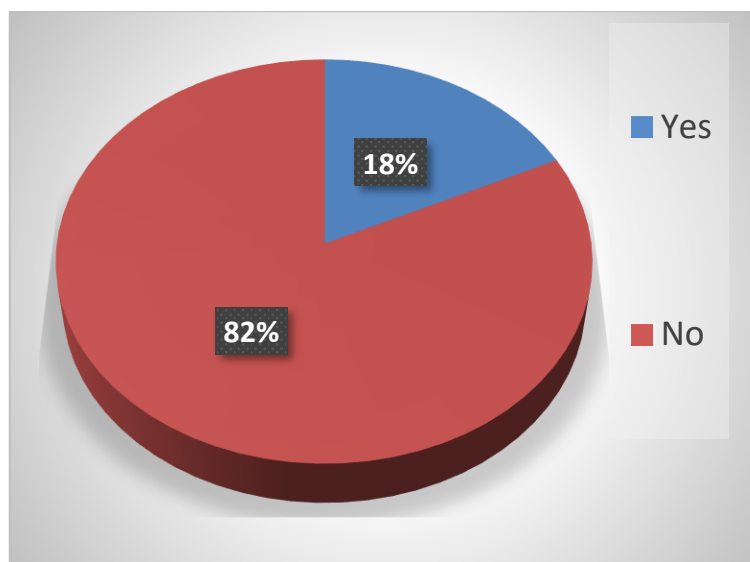
Figure 1.13: Reasons behind poor access to online education
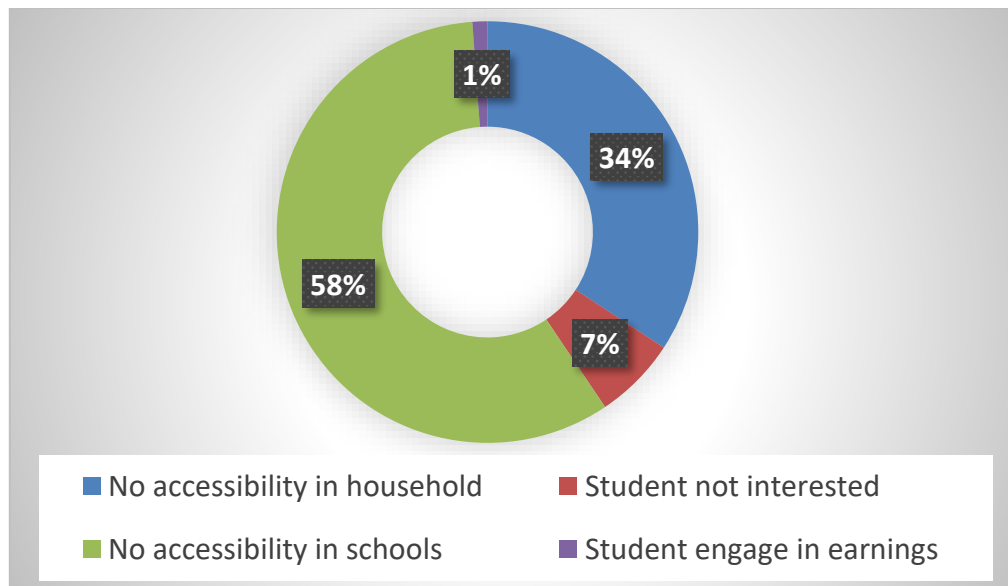
Perceptions about online education (Those who had access) varied. While about 90% of private service holders found online education during the pandemic either 'quite effective' or 'fairly effective', the corresponding figure for returnees was 87%, followed by day labourers (79%), RMG workers (69%), micro-entrepreneurs (59%), and household aides (50%). Transport workers reported that online education was not very effective (Figure 1.14).

Regarding the reopening of schools, opinions were divided. 34% of respondents had no opinion, 28% supported keeping schools closed until the pandemic is controlled, and 33% wanted schools to reopen immediately (Figure 1.15).

Figure 1.14: Perception of households on the effectiveness of online education
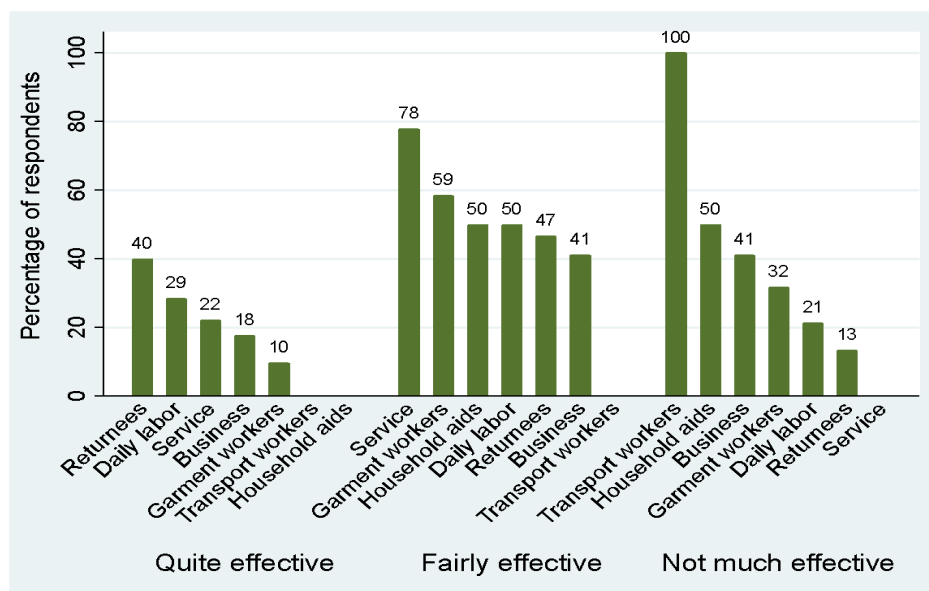
Disaggregated by respondent group, 40% of returnees favoured a quick reopening of schools, followed by non-RMG workers (34%), and RMG workers (27%). On the contrary, 32% of returnees thought schools should remain closed until the end of the pandemic, along with 31% of RMG workers and 24% of non-RMG workers (Figure 1.2A in Appendix).

Figure 1.15: Opinion of the household on re-opening of schools
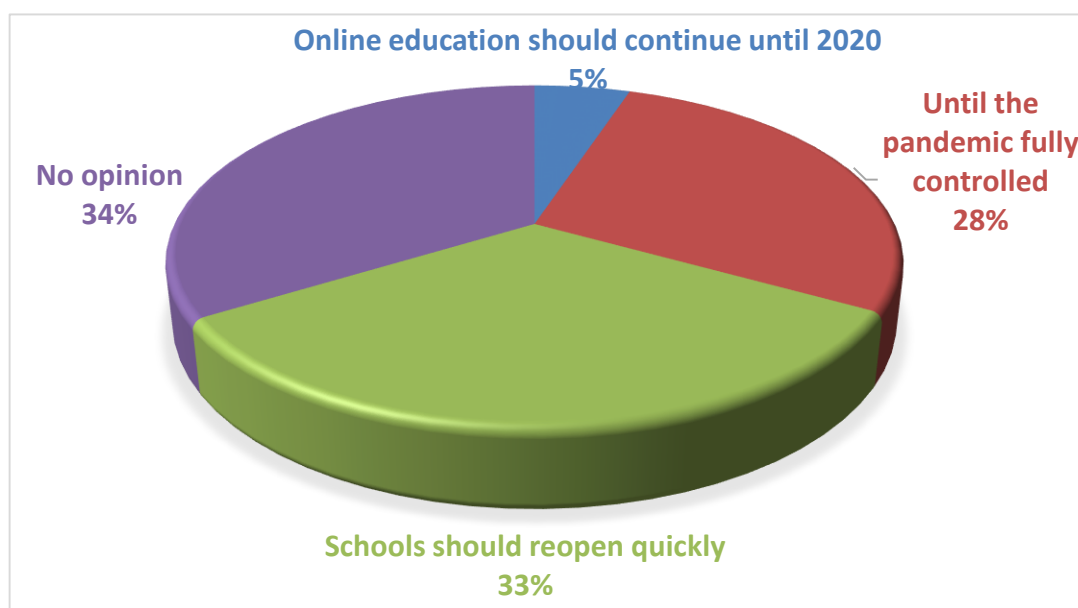
2. The state's behaviour toward vulnerable groups

The second pillar of the social cohesion framework is institutional inclusion and exclusion. In this section, the study explored how and to what extent public institutions served the interests of low-income and marginalized people, protecting them from the negative impacts of the pandemic. In doing so, the study tried to determine to what extent state and public institutions generated awareness about Covid-19, provided information and other instructions on the pandemic, delivered healthcare services, extended the social safety net, and provided emergency relief goods.

2.1 Awareness about Covid-19

The study asked respondents of the vulnerable communities whether they were aware of the government's Covid-19 related instructions (e.g., hand washing with soap, wearing masks, and maintaining social distance). Nearly all respondents were found to be aware of the health protocol to protect themselves from Covid-19 (Table 2.1).

However, there were gaps between knowledge and application of pandemic-related health protocol. Regarding adherence to health instructions, 94% of respondents said they washed their hands with soap regularly and 96% said they wore a mask, but only 58% said they maintained social distance (Table 2.1). A two-sample t-test showed a statistically significant difference between knowledge and application of respondents on Covid-19-related instructions (Table 2.1A in Appendix).

Table 2.1: Awareness and application of Covid-19 health guidelines

Whether respondents/family know health rules		Whether followed health rules	
Hand washing with soap			
	Percent		Percent
Know	99.8	Yes	93.8
Don't know	0.2	No	6.2
Wearing mask			
Know	99.8	Yes	96.2
Don't know	0.2	No	3.8
Maintaining social distance			
Know	99.3	Yes	58.4
Don't know	0.7	No	41.6

2.2 Access to services: Information provisions, social safety net, emergency relief

2.2.1 Access to Covid-19 related information

About 98% of the respondents had received adequate information on Covid-19. No gender gap existed. There were no varying figures by professions in accessing information about the pandemic (Figure 2.1).

Figure 2.1: Respondents' access to adequate information about Covid-19
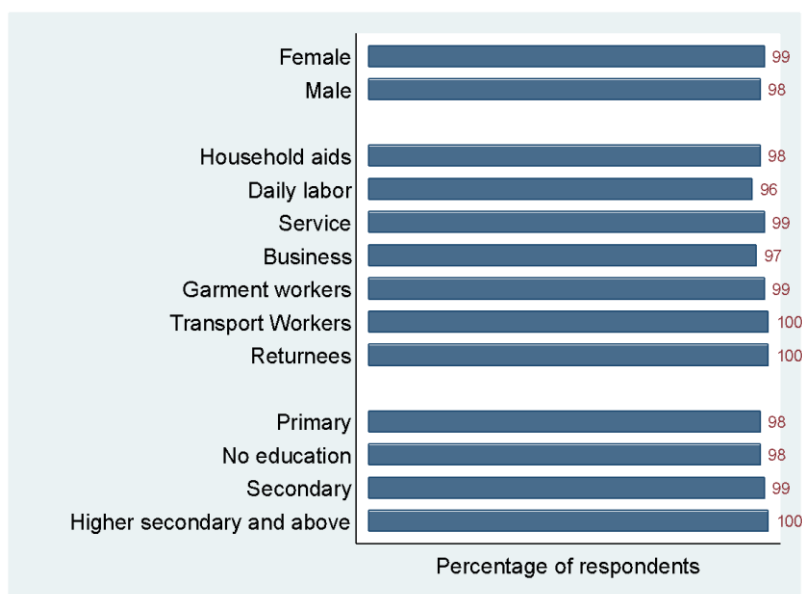
Respondents relied on multiple sources for information. Television topped the list (89%), followed by mobile phone (58%), neighbours/relatives (36%), social media (14%), radio (5%) and newspapers/online media (3%) (Figure 2.2).

Figure 2.2: Major sources of information about Covid-19

	Newspaper /Online news	Radio	Social media	Neighbour /relatives	Mobile phone	TV
■ Percent	2.8	4.7	14.4	36.7	58	89
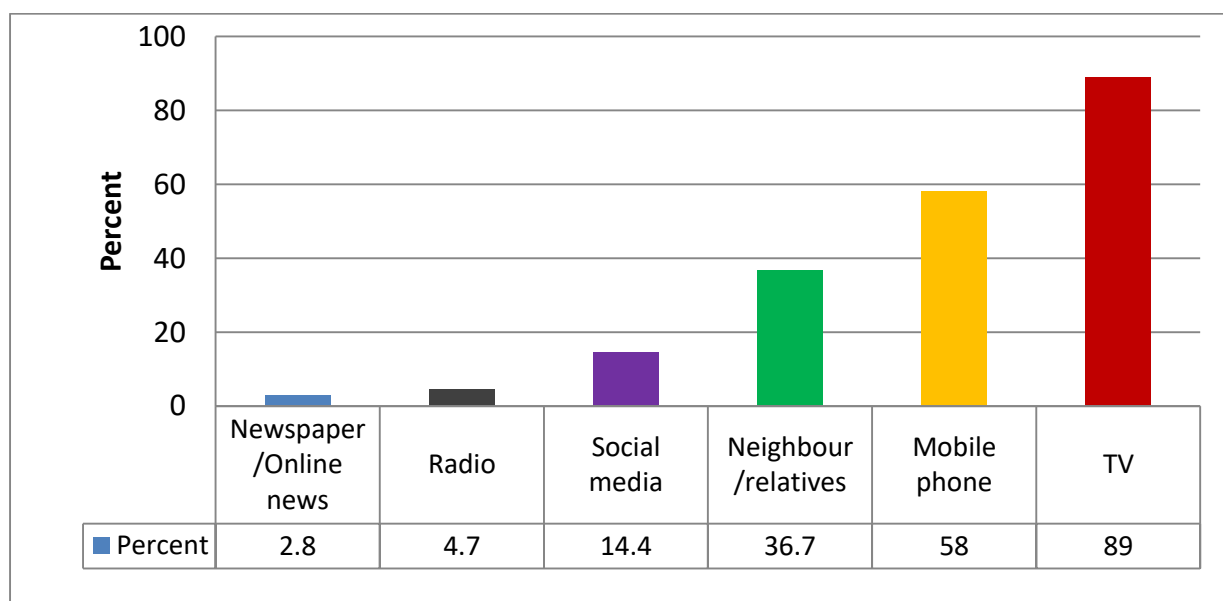
Unstructured interviews with women belonging to the non-RMG group revealed that they were aware of instructions and information about Covid-19. They also mentioned community-based campaigns as a source of information. However, they doubted whether information they received about the number of people who had died of Covid-19 was factual.

2.2.2 Access to the social safety net and emergency relief

The study explored the extent to which the three population groups were protected from extreme vulnerability through recurrent social safety net packages and ad hoc emergency assistance, and found that 22% of respondents or their families had access to social safety net programmes, namely food for work, cash for work, widow allowance, elderly allowance, and VGF (vulnerable group feeding) (Table 2.2).[24]

Table 2.2: Access to public social safety net

	Food for work	Cash for work	Widow allowance	Elderly allowance	VGF	Total	Any types of safety net
	Frequency						(%)
Yes	29	175	8	19	4	235	22
No	299	223	99	171	33	825	78
N	328	398	107	190	37	1060	100

Figure 2.3: Access of the households to public social safety net

Percentage of respondents

---
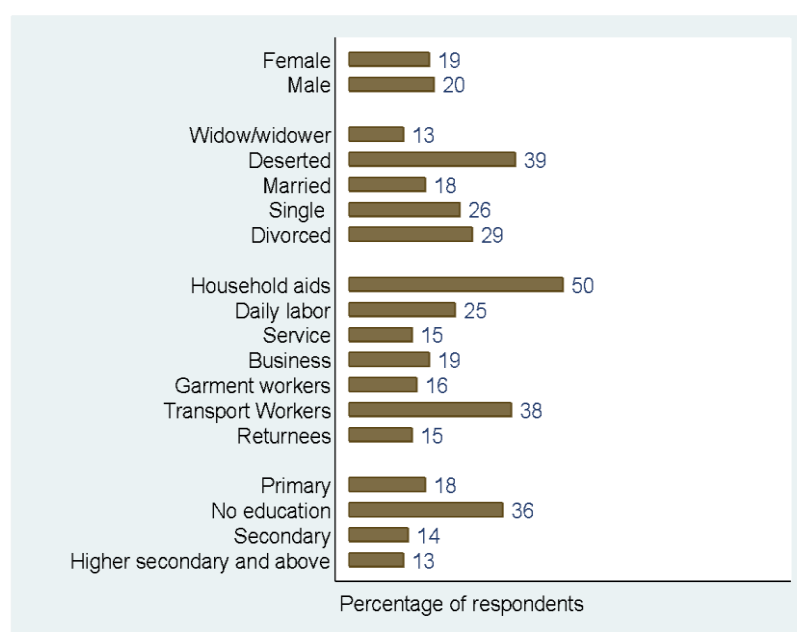
[24] In some cases, the dependents are having access to safety programmes in the villages.

Disaggregated by profession, the survey findings showed that household aides topped the list (50%) in accessing benefits, followed by transport workers (38%), day labourers (25%), garment workers (16%), private service holders (15%) and microentrepreneurs (15%). Women deserted by their spouses (39%) and respondents with no education (36%) also had higher access to the safety net programmes. A gender-differentiated analysis showed that 20% male and 18% female respondents were benefitting from public safety net programmes (Figure 2.3).

Additional emergency relief assistance was also provided by the government and other non-government and community organizations. The survey found that 27% of respondents had received this emergency relief. A gender-disaggregated analysis showed that 32% of females and 23% of males received emergency relief. Disaggregated findings by professions found that household aides topped the list (43%) in accessing emergency relief, followed by day labourers (41%), service holders (34%), microentrepreneurs (28%), garment workers (27%), transport workers (27%), and returnees (10%) (Figure 2.4).

Figure 2.4: Access of respondents to emergency relief
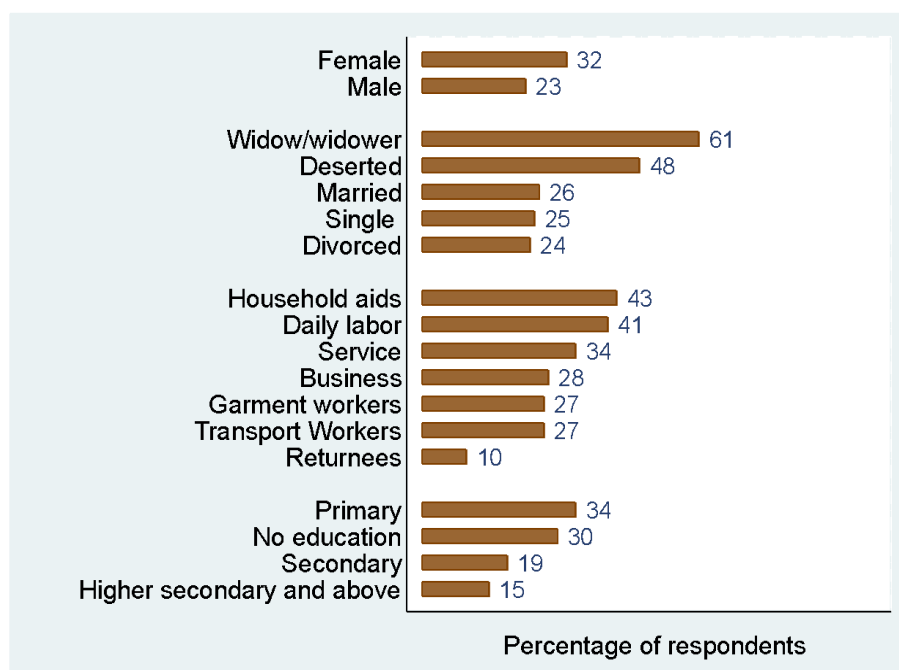
The study approached the respondents to cite the sources of emergency relief. Community sources of relief topped the list (64%), followed by government sources (39%) and NGOs (29%) (Table 2.3).[25] Differentiated findings according to profession showed that 74% of household aides received emergency assistance from the community, followed by garment workers (68%), microentrepreneurs (65%), returnees

---

[25] NGO relief programmes are often supported by international donors.

(65%), private service holders (61%), daily labourers (58%), and transport workers (29%).

The government was a source of emergency relief for 55% of migrant workers, followed by 46% of daily labourers, transport workers (43%), household aides (42%), garment workers (36%), microentrepreneurs (35%) and service holders (32%). NGO-driven relief was most accessible to transport workers (43%), microentrepreneurs (39%), private service holders (34%), garment workers (30%), daily labourers (27%), and household aides (21%) followed (Table 2.2A in appendix).

Table 2.3: Major sources of emergency relief during Covid-19 pandemic[26]

	Freq.	**Percent**
Government		
Yes	114	39
No	175	61
Community		
Yes	184	64
No	105	36
NGO		
Yes	83	29
No	206	71

Note: n=289

Two FGDs and several unstructured interviews revealed a mixed picture about access to emergency assistance. Amongst the interviewees, some had received help but a section had not. Political party affiliation and family relations were mentioned as de facto criteria determining access to relief. In addition, the accessibility of slum residents to roadways was another determinant in accessing emergency relief, as some respondents were excluded due to living in interior parts of slums.

2.3 Satisfaction over the services provided by the Government

2.3.1 Satisfaction over public healthcare services

Survey respondents reported mostly high (29%) and moderate (65%) levels of satisfaction over healthcare provisions made available by the government during the pandemic. In contrast, less than 6% of households rated this service poorly. Gender-wise, the level of satisfaction varied, as 31% of male and 28% of female respondents rated the service 'very well', whereas 67% of female and 63% of male respondents found it 'fairly

---

[26] Non-government sources of emergency relief are included here and therefore will not be included in the next section.

well'. There was a difference of opinion among various professions regarding this satisfaction with the public healthcare provisions (Figure 2.5).

Figure 2.5: Satisfaction over the government's healthcare services during Covid19
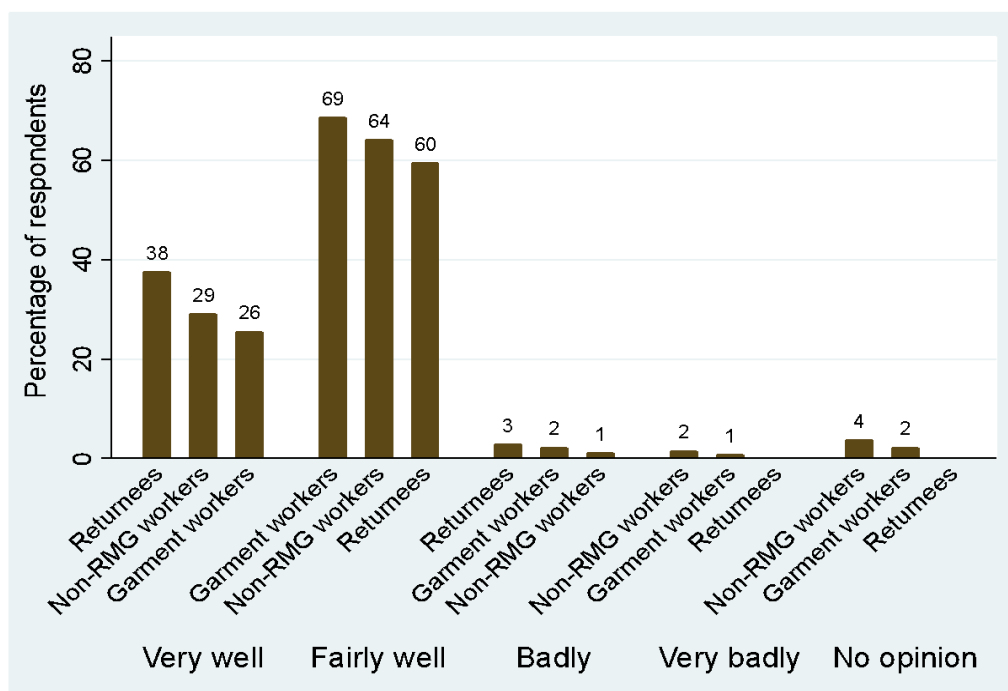
2.3.2 Satisfaction and trust over public information and NGO services

Two-thirds of households reported a high to moderate level of satisfaction on public information provided during the pandemic, while one-third had no trust (Figure 2.6). The study also asked the respondents to share their assessment of the information and services provided by NGOs, with 12% of male and 14% of female respondents expressing a high level of trust in these services. A moderate level of trust was found amongst 43% of male as well as 43% of female respondents. (Figure 2.7).

Disaggregated findings show that only 15% of non-RMG workers, 13% of garment workers, and 8% of returnees had high confidence in the information and services provided by NGOs. A moderate level of confidence was expressed by 45% of non-RMG workers, 42% of returnees, and 42% of RMG workers. On the contrary, 50% of returnees, 45% of RMG, and 40% of non-RMG respondents lacked trust in NGOs' Covid-19-related service provisions.

Figure 2.6: Households' reliance on information provided by the government
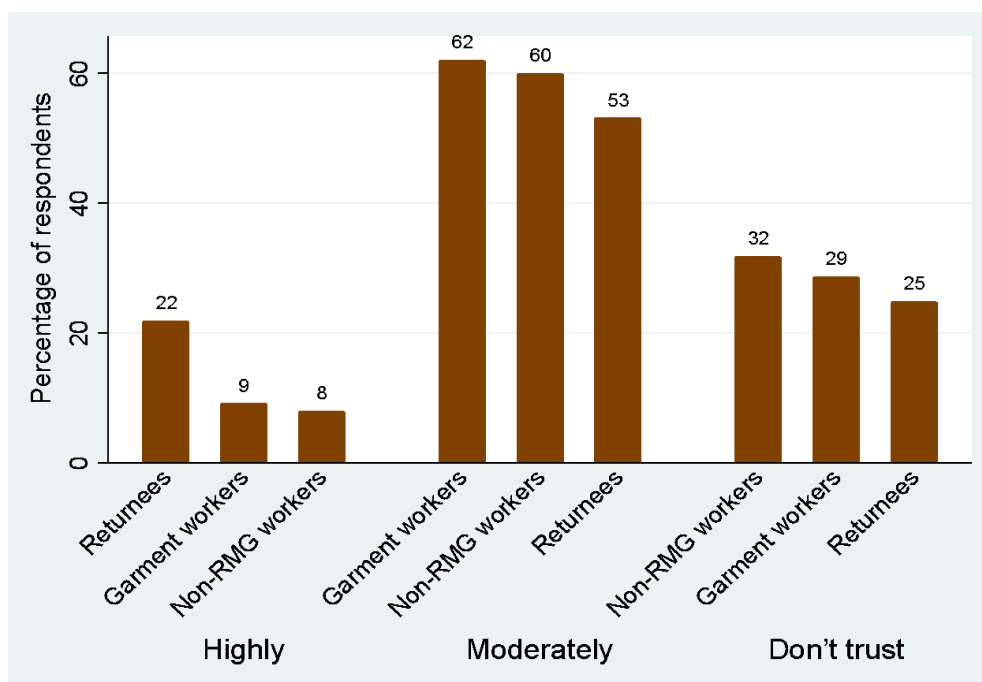
Figure 2.7: Trust in information and services provided by NGOs
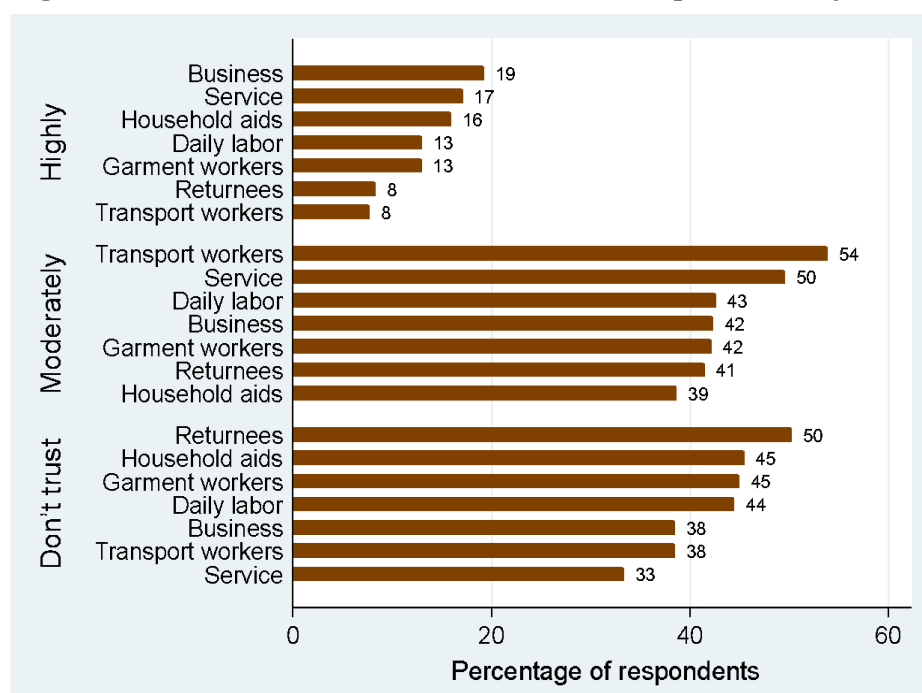
2.3.3 Government's decision to discontinue lockdown before controlling the virus

On the question of whether the government's decision to open up the economy was justified, 99% of returnees, 98% of garment workers, and 98% of non-RMG workers felt it was indeed justified (Figure 2.8).

Figure 2.8: Perception of respondents about the government's decision to open the economy
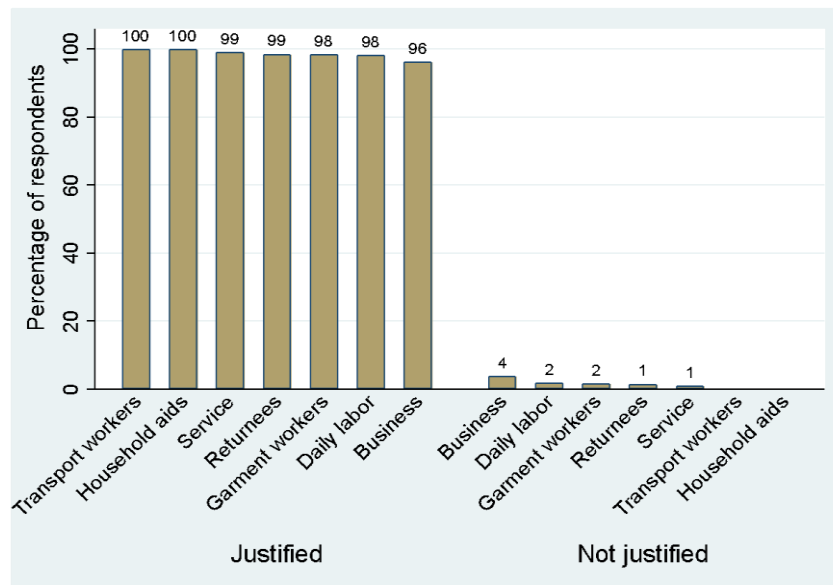
2.3.4 The government's role in the handling of the pandemic

On the question of satisfaction with the government's overall handling of the pandemic, 26% of male and 24% of female respondents reported a high level of satisfaction. The level of satisfaction was 'fairly well' among 70% of female and 68% of male respondents. A lower level of satisfaction was expressed by only 4% of respondents, while about the same share declined to express their opinions (Figure 2.9).

Figure 2.9: Opinion of the government's handling of the pandemic
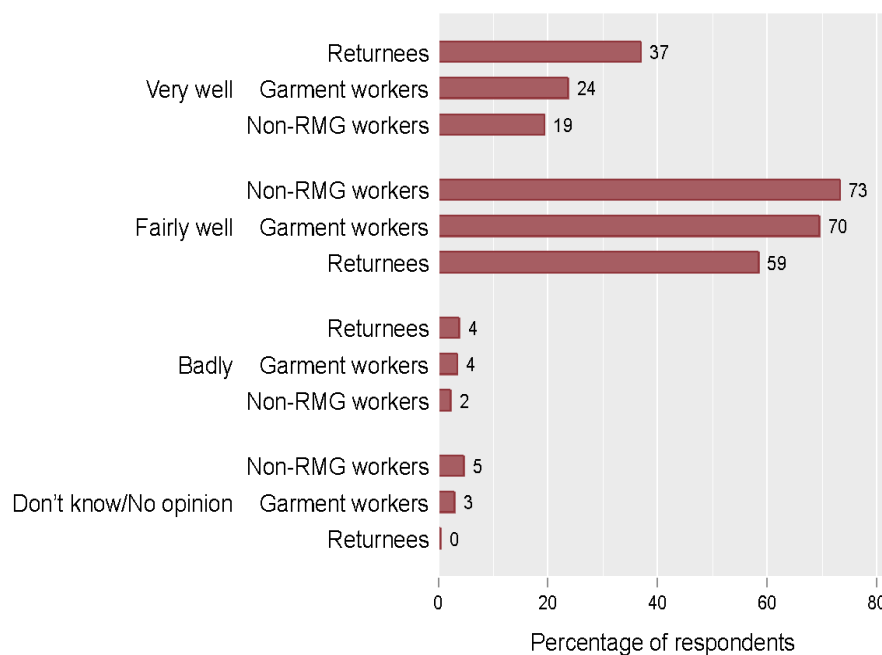
2.3.5 The government's ability to control the pandemic

The study determined whether respondents believed that the government would be able to control the outbreak within the next three months. 4.6% of female respondents and 6.2% of male respondents were very hopeful that the government would control the outbreak in the near term, whereas one-third of total respondents were not at all hopeful (Figure 2.9). Disaggregated findings show that only 9% of returnees were very hopeful in this regard, followed by 5% of garment workers and 4% of non-RMG workers (Figure 2.10).

Figure 2.10: Respondents' perception of the government's ability to control the pandemic in the near term
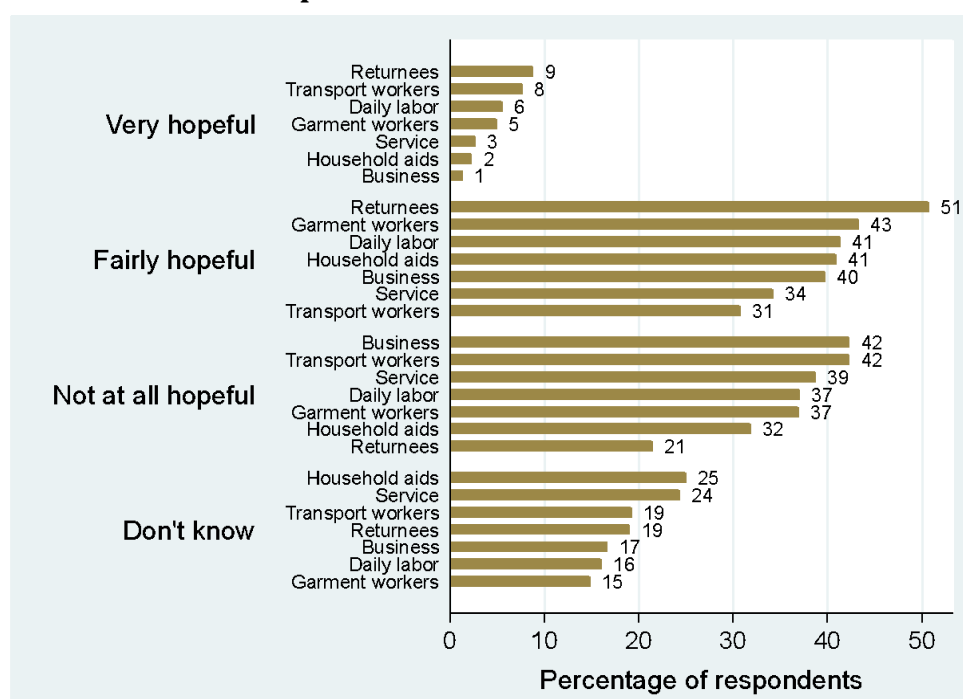
3. Sense of belonging

The third pillar of the social cohesion framework was designed to explore the existence of social capital amid the pandemic, and the extent to which accumulated social capital had been useful in addressing the problems faced by the survey population. In this regard, the study tried to gather information about how the communities have reached out to the people in distress. The perception of respondents about social bondage during the pandemic was also the subject of research.

3.1 Access to community network and support

The study considered a household's access or affiliation with any community group, network, or organisation as social capital. This was particularly important during the crisis period, as the government faced limitations to address the multi-dimensional

problems faced by vulnerable groups. The survey found that about 19% of households were affiliated with community networks. People involved in micro-entrepreneurship (32%) and private service professions (32%) were more likely to be affiliated with community network than household aides (11%) and returnees (12%) (Figure 3.1).

Figure 3.1: Respondents' affiliation with a community network
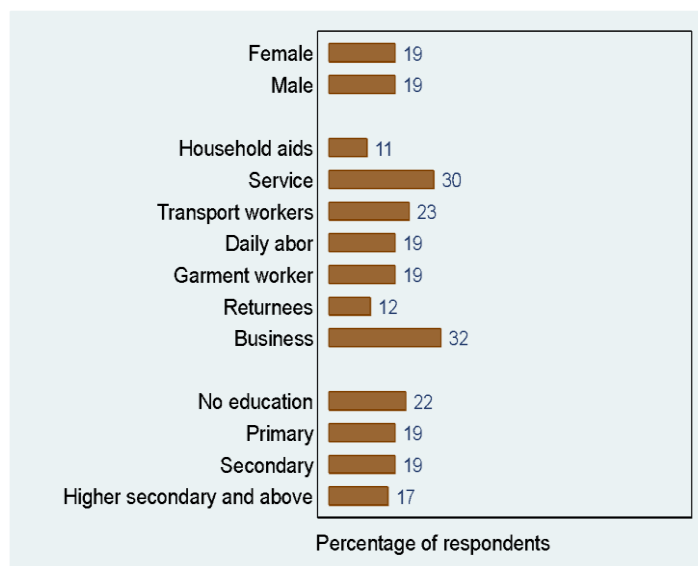
The survey also showed that 16% of households received help from the community network in which they were involved, but in some circumstances, particularly amongst household aides and transport workers, people did not receive any help (Figure 3.2).

Figure 3.2: Respondent's household received help from a community network
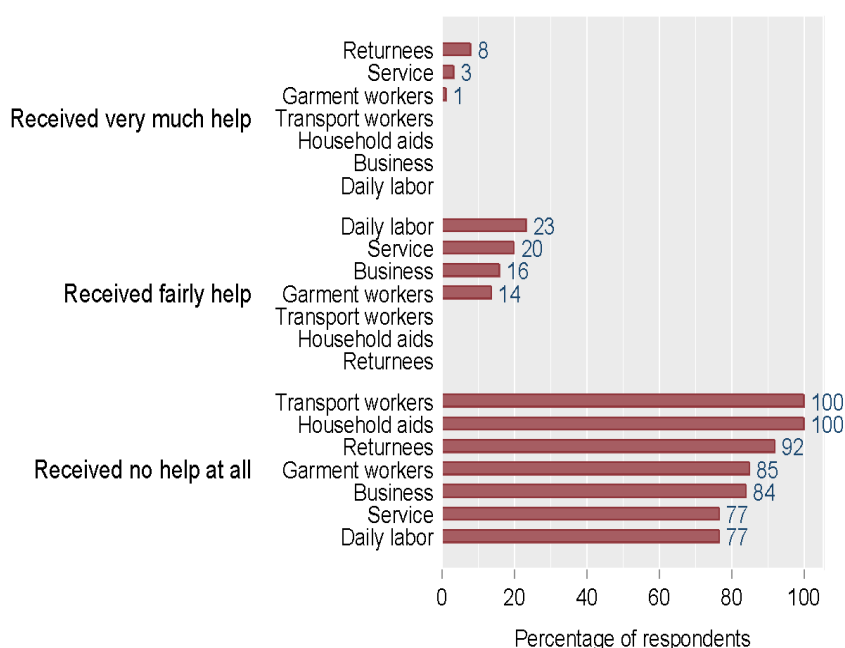
The study also explored whether respondents sought and received help from their community at large during the pandemic situation. 43% of respondents mentioned seeking community support, but only 27% had received the requested help. Disaggregated findings based on profession revealed that 68% of household aides had sought community support, followed by private service holders (55%), transport workers (54%), day labourers (52%), microentrepreneurs (40%), garment workers (39%), and migrant workers (32%) (Figure 3.3).

A gender-wise disaggregation of the findings showed that 48% of female and 39% of male respondents approached their community for help, whereas 29% of females and 26% of males received community support. 35% of the private service holders had received help from the community, followed by daily labourers (33%), household aides (27%), microentrepreneurs (27%), garment workers (27%), migrant workers (20%), and transport workers (19%) (Figure 3.3).

Figure 3.3: Respondents who sought community support during the pandemic

	Female	Male	House Keeper/ Maid	Service	Transport Worker	Daily Labor	Business	Garment worker	Migrant worker
Sought help %	48	39	68	55	54	52	40	39	32
Received help %	29	26	27	35	19	33	27	27	20

■ Sought help %   ■ Received help %
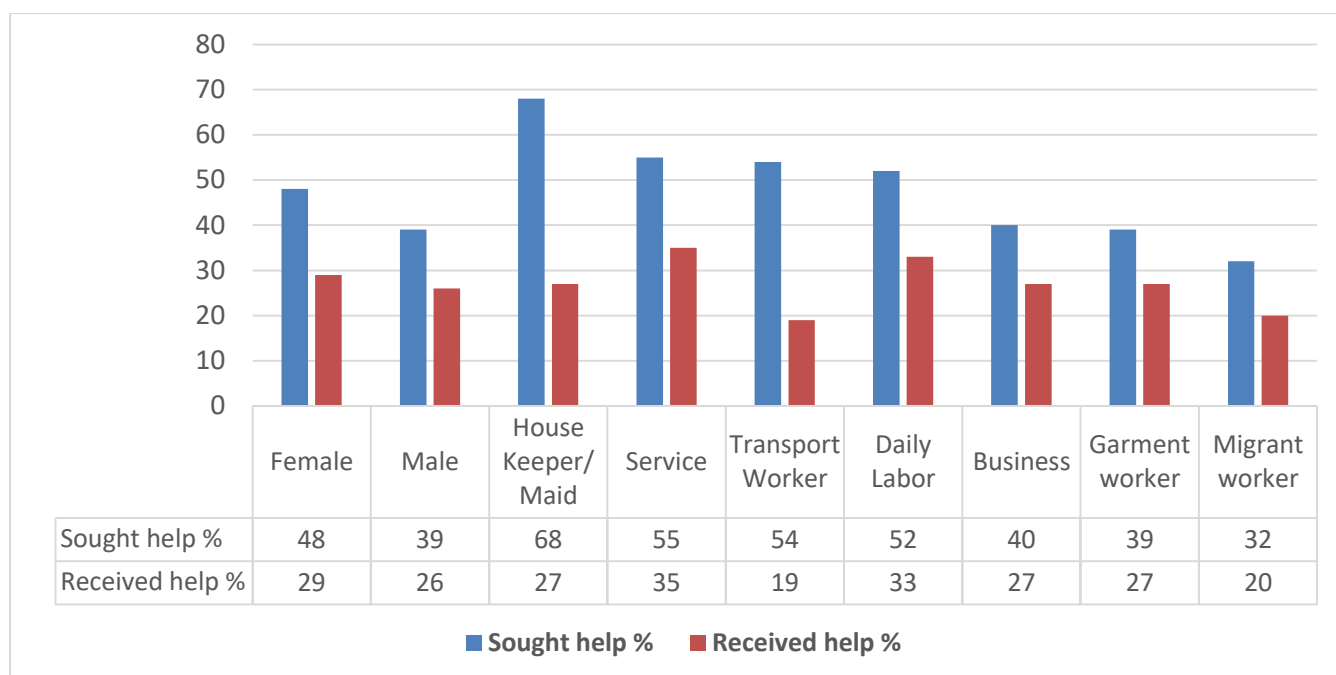
Unstructured interviews and FGDs revealed mixed views regarding availability of community or NGO support. While some people had received the help they sought, others reported that their names were listed but that they did not receive the requested support. Some household aides had received support from their employers. One NGO executive said that they helped certain people with whom they had existing institutional relations, but that the NGO did not follow a community-based approach in reaching out to the needy. Another senior NGO executive shared the view that the role of NGOs in society has become relegated solely to the implementation of donor-designed projects, causing them to lose their innovative capacity and desire to establish the kinds of volunteerism that

were needed to support vulnerable people under an unanticipated emergency like Covid-19.

3.2 Perception about harmony and social bondage

The study sought the survey population's perceptions on the state of social harmony, bondage, and unity within society. About two-thirds (65%) of households felt that the practice of these values had decreased, whereas 9% and 27% felt that it had 'increased' and 'remained the same' (Figure 3.4), respectively. When asked about the reasons behind the decline of bondage and unity in society, 89% felt that people have begun to prioritize their self-interests ahead of societal priorities. Other reasons included the limitations of government and the absence of social and community initiatives to promote social bondage during the pandemic (Figure 3.4).

Figure 3.4: The perception of the respondents on the state of harmony, bonding and unity and reasons behind the decline
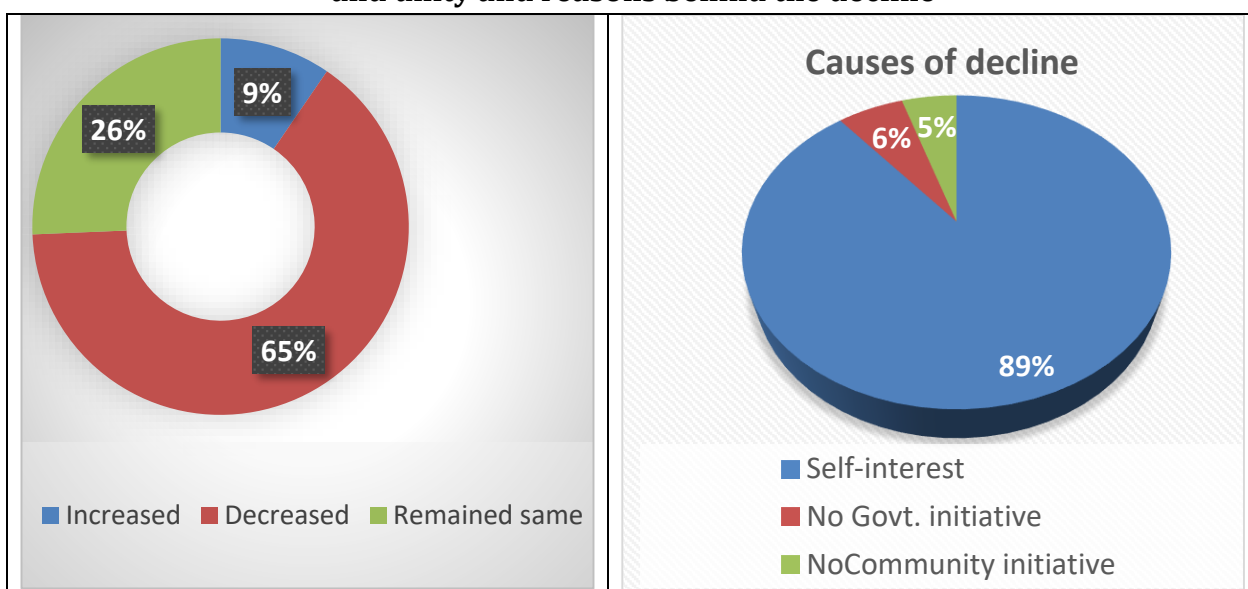
4. Coping measures and concerns

The study elaborated on the livelihood challenges of the surveyed populations under Section 1 and discussed the responses of public institutions (Section 2), community and NGOs (Section 3). This section outlines the way the survey population had coped with the Covid-19 pandemic, with a particular focus on their concerns and expectations about the future.

4.1 Coping strategies

4.1.1 Using savings and assets to Covid-19 related challenges

As discussed in the previous section, the households' income declined markedly during the pandemic, while the decline in their expenditures did not correspond closely to the

fall in income. Given the limited scale of social safety nets, emergency relief options, and community-based support, people had to rely on their savings and assets to cope with the situation. This becomes obvious considering that 83% of respondents reported that their savings had been adversely affected by the pandemic (88% of males, 77% of females). Among different professions, returnees (100%) were the most affected group, followed by household aides (89%), transport workers (85%), day labourers (82%), and private service holders (80%) (see Figure 4.1).

Figure 4.1: Respondents whose households' savings were affected during the pandemic

Percentage of respondents
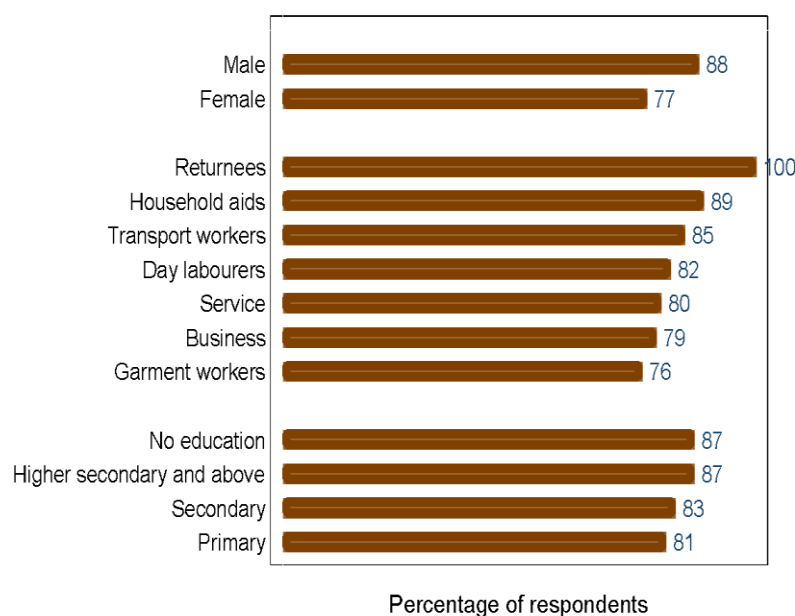
Unstructured interviews and an FGD revealed that most households had exhausted their savings. NGOs, which hold the savings of a section of the survey population, discouraged people from using savings for daily consumption purposes. Some respondents used their ornaments as collateral to obtain a loan, or sold them in order to finance daily necessities.

4.1.2 Rise of debt
In many cases, savings and assets were insufficient, or insufficiently relevant, for households to meet their financial and other needs. Three-fourths of households (75%) felt the need to seek financial support (80% of females, 71% of males). A disaggregated analysis by profession showed that 93% of household aides, 81% of service holders, 79% of day labourers, 77% of transport workers, and 74% of microentrepreneurs felt the need for financial support to reduce their hardship (Figure 4.2).

The survey population accumulated debt in the form of cash, in-kind support, and deferred rental payments. Borrowing cash (57%) was their main source of needs, followed by in-kind support (24%) and delayed house rent payment (18%) (Figure 4.3).

Several unstructured interviews revealed that the respondents were forced to take loans once their savings were used up. Depending on the types of collateral, interest rates differed.

A disaggregated analysis by gender, profession, and employment status showed a somewhat similar pattern in the case of debt accumulation. Female workers (RMG and non-RMG) sought more in-kind support than cash support and delay in the payment of house rent (Figure 4.4).

Figure 4.2: Need for financial help during the pandemic, by gender and profession
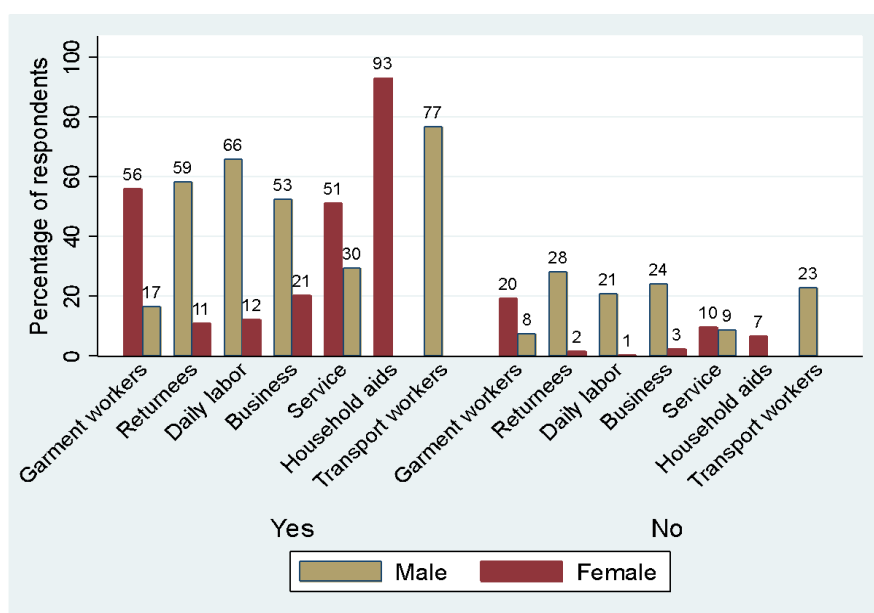
Figure 4.3: Types of support sought during the pandemic
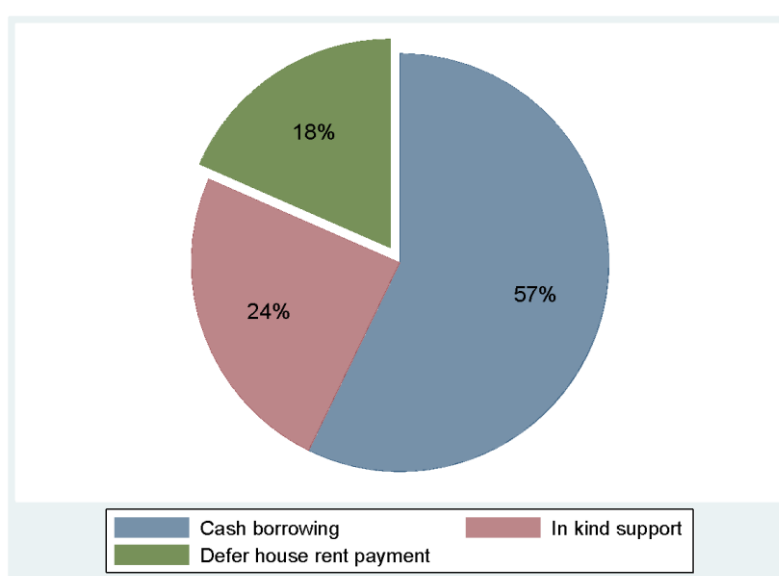
The study found that informal channels and institutions, namely relatives, neighbours, grocery store owners and friends were key sources of borrowing. Banks and other formal institutions played limited roles in meeting the borrowing needs of households (Figure 4.5).

Disaggregated findings showed that male respondents generally approached relatives more than female respondents, whereas women preferred to approach neighbours as their main source of financial help (Figure 4.5).

Figure 4.4: Types of support sought during the pandemic, by profession, employment status, and gender (multiple response)
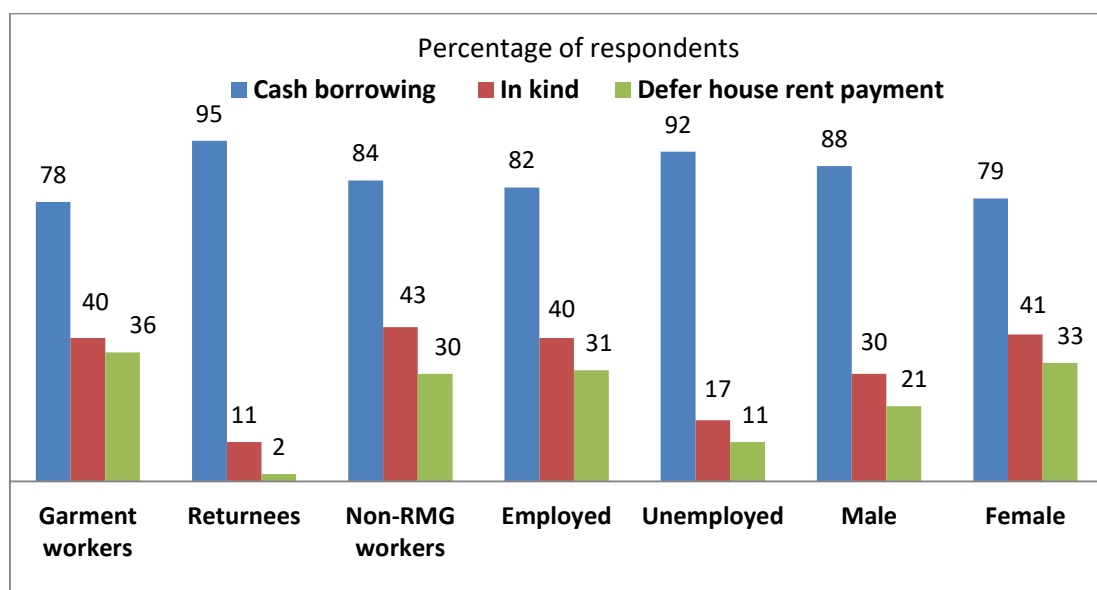
Figure 4.5: Sources of financial support sought during the pandemic (multiple response)
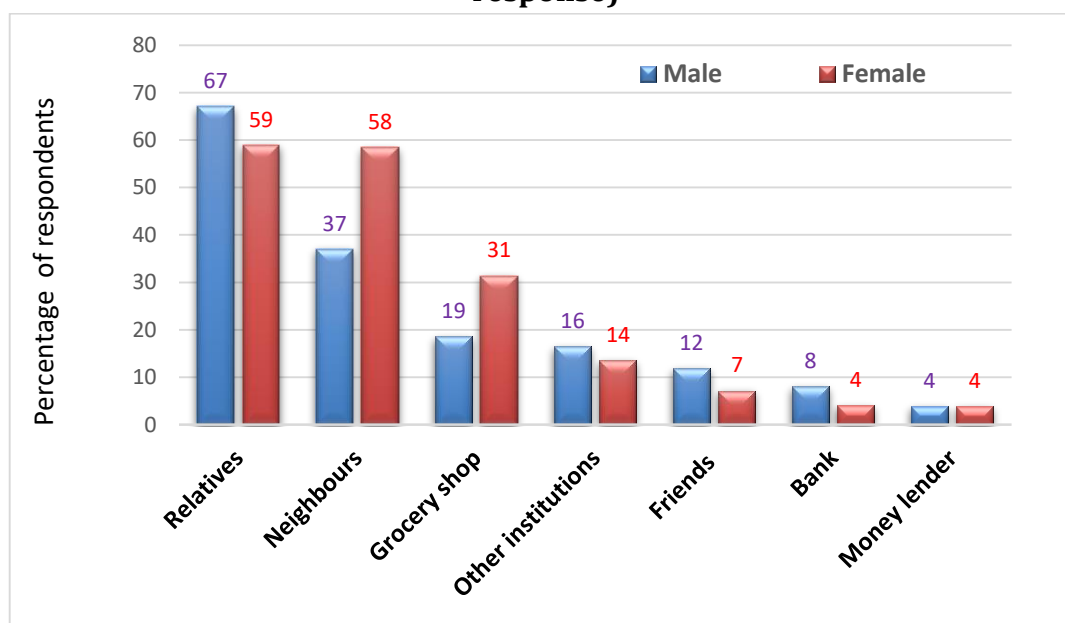
The returnees mostly approached their relatives for financial support (76%). Corresponding figures for the non-RMG and RMG workers were both 60%. Irrespective of gender and profession, banks, NGOs, and other institutions were the sources of funds for 12% of the respondents. (Table 4.1A in Appendix).

4.1.3 Search for alternative sources of income

In addition to adding debts and savings/assets, the respondents tried to earn from alternative sources when sufficient engagement in their profession was not possible. For example, the transport workers (27%) struggled during the lockdown and opted for an alternative mode of earning. The returnees, having lost their source of income abroad, explored alternative livelihood (25%), followed by day labourers (17%), private service holders (17%), and microentrepreneurs (15%) (Figure 4.6).

Figure 4.6: Respondents who sought alternative sources of income during the pandemic
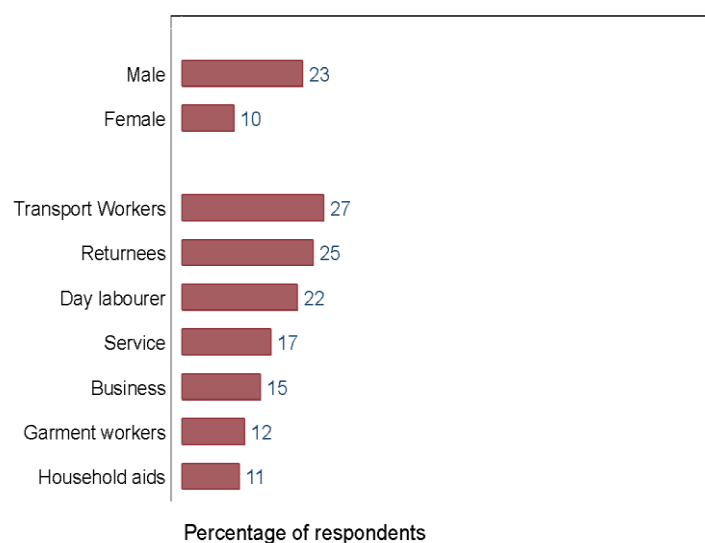
4.1.4 Changes in food and nutrition behaviour

The food intake and nutritional behaviour of respondents had changed amid the pandemic. About 93% of household aides, 92% of day labourers, 85% of microentrepreneurs, 92% of transport workers, 91% of day labourers, 89% of private service holders, 81% of RMG workers, and 78% of returnees experienced a change in their food intake (Figure 1.1A, in appendix). 40% of households ate fewer than 3 meals a day; 70% had less food, 87% reduced their protein consumption, and 69% of the families with nursing mothers and children reported having a decrease in nutritional care (Figure 4.7).

The incidence of decrease in protein intake amongst the professional groups varied from 83% to 93%, with household aides topping the list (93%), followed by day labourers (92%), private service holders (88%), garment workers (86%), microentrepreneurs (84%), transport workers (83%), and migrant workers (83%) (Figure 4.8). In FGDs and unstructured interviews, respondents also echoed that they experienced changes in food and nutritional intake behaviour. A two-sample T-test indicates no difference between male and female workers and employed and unemployed people in terms of food and nutrition intake, with an exception in terms of rate of eating three meals per day. In other words, these groups were all equally, adversely affected (Table 1.1A in Appendix). These results suggest that low-income households coped with the pandemic by changing food intake behaviour, among others.

Figure 4.7: Changes in food and nutritional intake (in %)
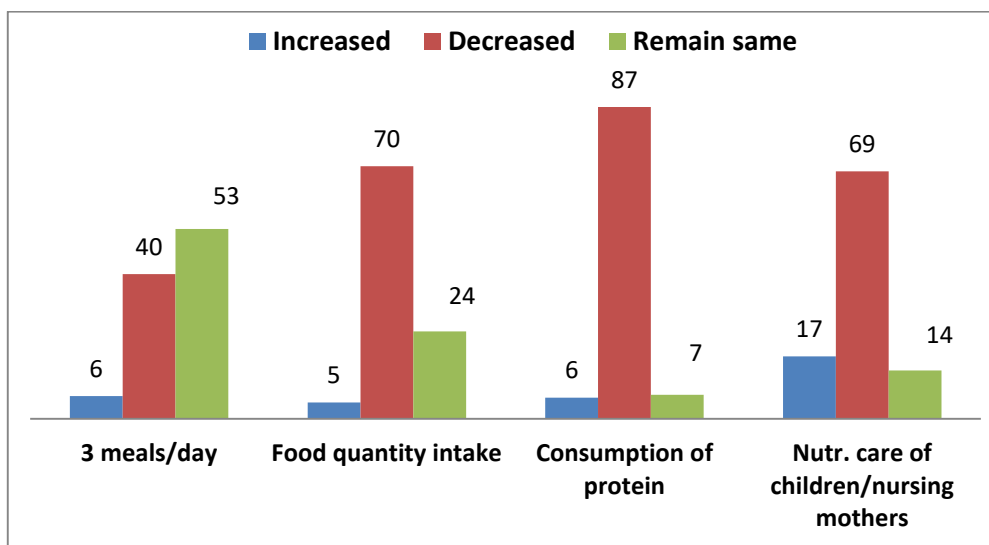
Figure 4.8: Incidence of change in protein intake
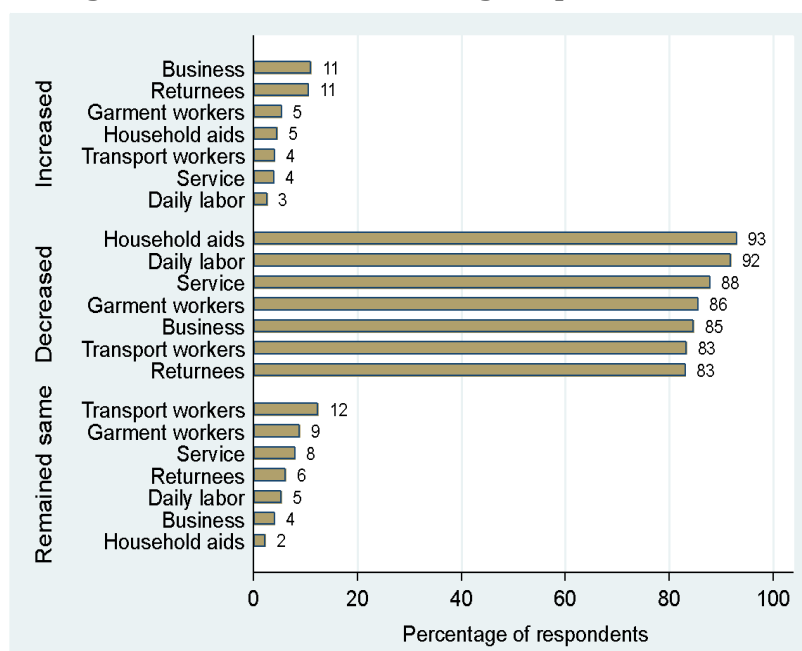
4.1.5 Living with emotional stress

The study showed that 95% of households experienced mental stress, with a disaggregated analysis showing that nearly all household aides underwent mental stress during the pandemic (Figure 4.9).

Figure 4.9: Experience of mental stress during the pandemic
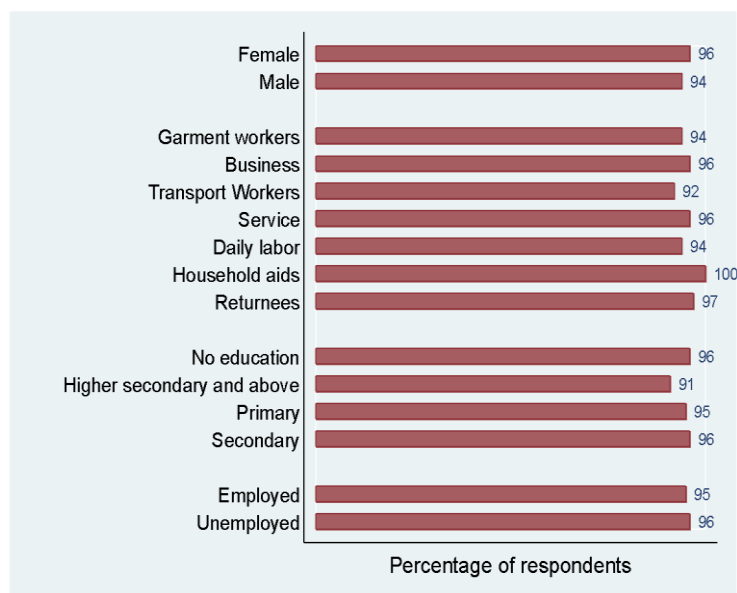
Even though emotional crisis was a common phenomenon during the pandemic, relevant public and private agencies had difficulty accessing low-income groups in providing services to address this issue, and these services tended to be short-lived.

4.1.6 Ability to cope with the pandemic

The study explored whether the respondents would be able to bear the burden and costs of the pandemic any further; 16% of respondents reported that they were in a position to further bear the burden of the pandemic (19% of males, 13% of women).

A disaggregated analysis by profession showed that the household aides (7%) were the least prepared to further bear the burden, followed by private service holders (11%), transport workers (12%), and daily labourers (15%). The micro-entrepreneurs (24%) were said to be better positioned than others (Figure 4.10).

Households are likely to face multi-dimensional problems if the pandemic prolongs. Respondents mentioned the possibility of food shortage (81%), reduction of income and savings (72%), increased healthcare costs (52%), disruption of education of children (43%), potential family conflict (38%), and deterioration of law and order (14%) (Figure 4.11) as possibilities. A disaggregated view by profession, gender, and state of employment provides a picture illustrated in Table 4.2A under appendix.

Figure 4.10: Households' ability to cope with the pandemic
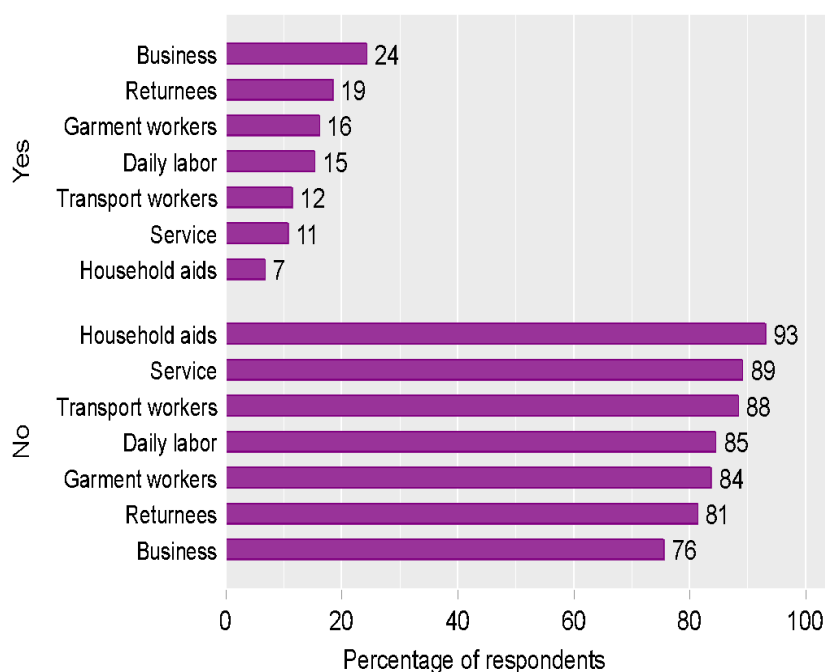
The report described the research findings under Sections 1 to 4 of Part III following a) aggregation (considering the survey population together), b) comparison and gender. The following section summarizes the findings from three sub-groups of the survey population (RMG, non-RMG and returnees). The reader can skip to Part IV if this differentiated deliberation is not a priority.

Figure 4.11: Types of problems households may face (multiple response)
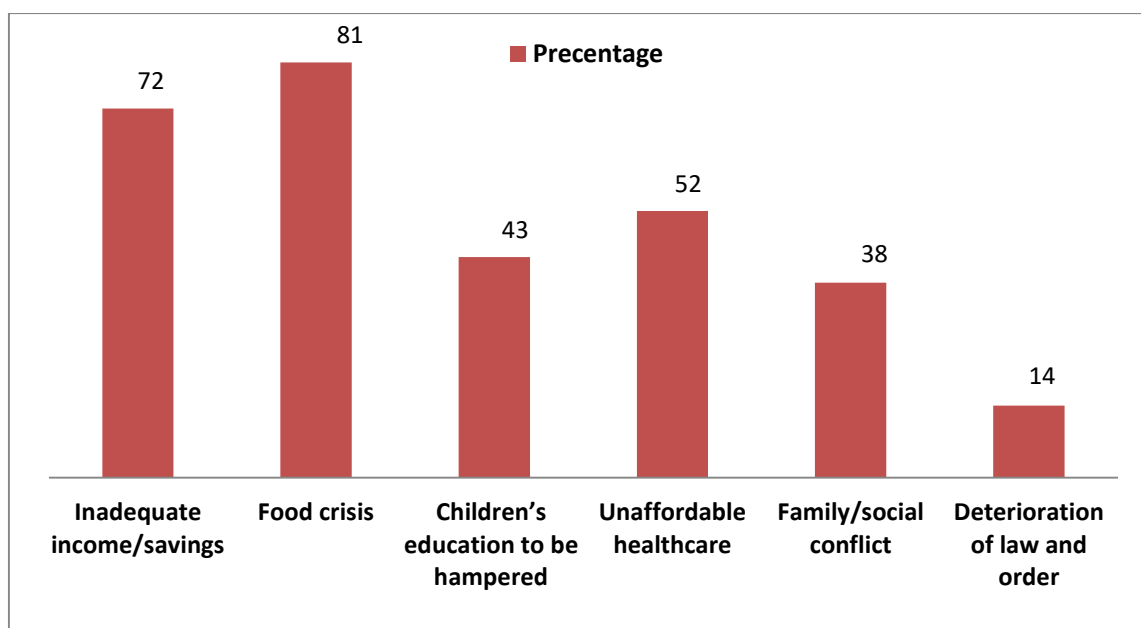
5. The social cohesion model in practice under Covid-19: A synthesis

In the preceding sections, the data related to the three pillars of the social cohesion framework were discussed sequentially, both in a consolidated and disaggregated manner (by gender and profession) for the three sampled populations (RMG, non-RMG, and returnees). In this section, the data pertaining to each group is discussed together in order to comprehend the state of social cohesion they experienced during the pandemic. A set of proxy indicators has been developed to examine the state of social cohesion of RMG workers, non-RMG groups and returnees. In addition, this section also discusses secondary literature, where applicable.

5.1 Proxy indicators on social cohesion

The study used two types of indicators to determine the state of social cohesion, namely a) Impact indicators and b) Outcome indicators. The Impacts are understood here as the ultimate results (state of well-being) illustrated through a set of proxy indicators (Impact indicators) as listed in the following:

a) Perception of the survey population about unity and social bondage in the society during the pandemic
b) Observation of family relations (e.g., gender-based violence)
c) Observation of conflicts in society attributed to the pandemic
d) Observation of discrimination practised by service providers (Government, NGOs and community)
e) Trust in public institutions
f) Expectations about the future (health and life)

It is assumed that social cohesion is less likely to have existed if the situation expressed by these indicators was perceived unfavourably by the survey population.

On the contrary, Outcomes are understood here as the behaviour of the government, local government, non-government institutions (NGOs, networks) and the community (individuals), which were expected to address the woes of the survey population. The existence of social cohesiveness is believed to exist if the listed stakeholders' behaviour positively addresses the visible challenges experienced by the survey population (e.g., during the pandemic). It deserves mentioning that the state can itself act and encourage others to act as well. On the other hand, the community can act and expect the institutions (state, NGOs and networks) to act. The following table lists some examples of the challenges under 'Distance' and the behaviour of the stakeholders in view of the challenges.

1	**Distance**	1. Job losses without severance, compensation, other benefits
		2. Relative loss of income
		3. Relative trend of expenditure
		4. Relative loss of assets (financial and physical)
		5. Continuity of learning for children through online system.
2	**Exclusion/ Inclusion**	6. Public control over prices of necessary goods.
		7. Continuous access to social safety net where relevant.
		8. Access to emergency relief goods (Govt, NGOs, community)
		9. Access to public information and instructions on Covid-19
		10. Access to medical care if needed during pandemic
		11. Existence of conflict resolution system
		12. Public initiatives to substitute income loss
		13. Safeguards against discrimination
3	**Sense of Belonging**	14. Affiliation with organisations to participate in decision making and raise voices.
		15. Access to benefits from organisations affiliated with
		16. Representation through organized entities (e.g., trade unions, similar interest groups)
		17. Precedence of consultations by employers.
4	**Coping**	18. Vulnerability to reduced food/nutritional intake due to income loss
		19. Vulnerability to survive without practical external help (sickness, emotional care, death)
		20. Use of savings, personal assets to survive
		21. Increased debt (loans, rent, utilities)

The outcome indicators are related to the three pillars of the social cohesion framework: distance/divide, institutional inclusion and exclusion, sense of belonging, and the coping measures and strategies of the households.

5.2. RMG workers

5.2.1 Impact indicators

The study assumed that the pandemic's various impacts in regard to scarcity and associated stress might lead to conflicts in the society. About 32% of garment workers reported that they had noticed conflicts, with conflicts between neighbours (49%) topping the list, followed by those within families (27%), between tenants and landlords

(15%) and in the office (9%) (Figure 5.1). About 66% of RMG workers reported that the pandemic had also impacted their family relations, and two-thirds of respondents felt that family relations deteriorated due to emotional stress, whereas the remaining 25% had appreciated the benefits of spending time together, leading to better family ties.

The study also explored the incidence of discrimination experienced by the survey populations during the pandemic. 31% of garment workers or their families had experienced discrimination, with no marked difference between male and female workers. Whereas 64% of RMG workers felt that social bondage and harmony in the society had decreased, 9% reported that it had increased. The remaining 27% felt it had remained the same.

Figure 5.1: Selected indicators of social bonding, conflict, discrimination and family relation for RMG workers
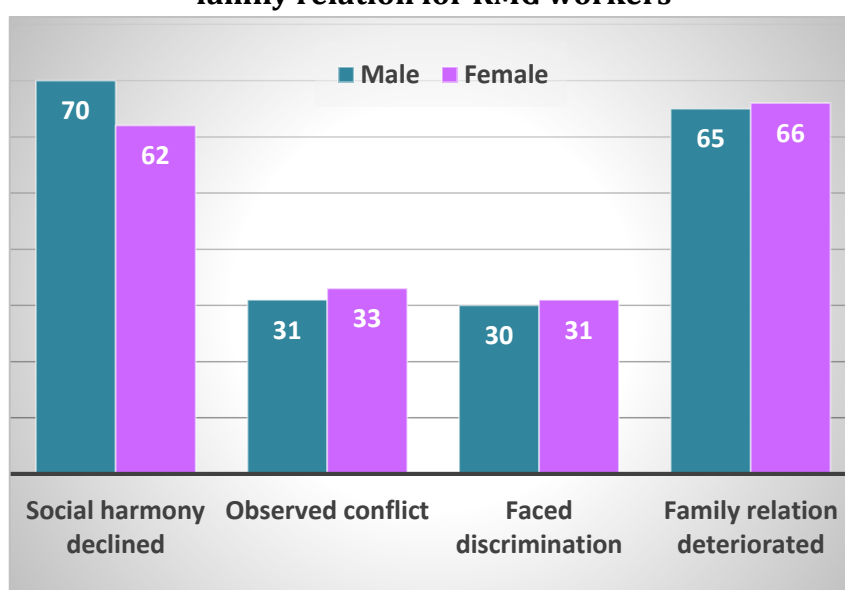
Figure 5.2: Garment workers concerns and expectations from government (in %)
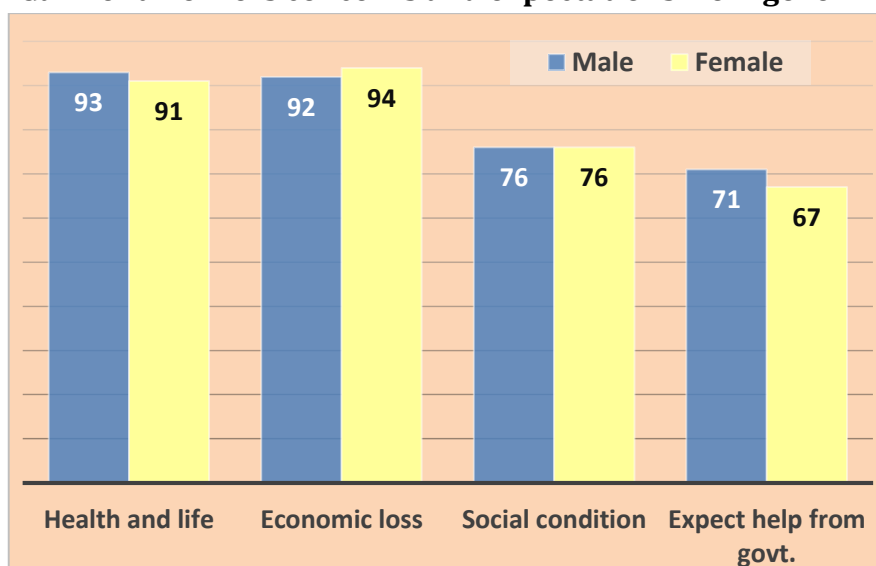
In regard to garment workers' expectations about the future, 91% of female and 93% of male workers were either fairly worried or very worried about their and their family members' health and life. 92% of male and 94% of female workers were either fairly worried or very worried about economic loss. Nearly 76% of respondents believed that their social condition would deteriorate. Most garment workers expected help from the government (Figure 5.2).

5.1.2 Outcome indicators

96% of the garment workers re-joined work after the lockdown, and 53% reported that either workers or trade union leaders were consulted before the shutdown of the factories. 14% of garment workers received furloughed income (19% of males and 12% of females), and 37% of respondents received severance payment (Figure 5.3).

Figure 5.3: Selected indicators of garment workers' employment and benefits during pandemic (in %)
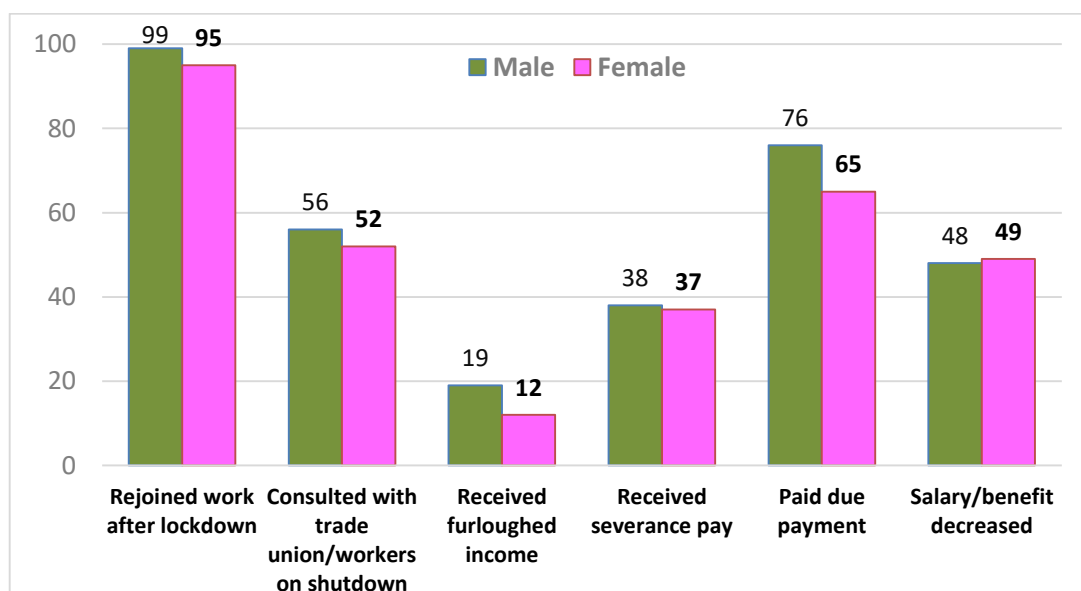
About 68% of the RMG workers received their dues following the re-joining of work (76% of males and 65% of females). 49% reported that their salary and other benefits had decreased by 21% (Figure 5.3). Their monthly expenditures dropped by 2%, forcing them to depend on savings, to borrow money, and to incur other forms of debt to manage their expenses. 27% of them or their families had access to emergency relief and 16% to the social safety net. 76% reported that their personal or family savings had been affected. This occurred among 83% of male and 74% of female workers. 19% of the workers had a formal association with community networks, with 40% seeking help from community sources, and 27% receiving the desired assistance. 69% of garment workers received the support they sought from various sources. However, this was not enough: 73% felt the need for financial support. Female workers sought more financial help (74%) than their

male counterparts (69%). They borrowed cash from relatives (34%), neighbours (32%) and grocery shop owners (17%).

The impact of the fall in income, the disproportionate decline in expenditure, and resulting indebtedness is reflected in the RMG workers' food intake behaviour. About 38% reported a decrease in the frequency of meals, eating less than three meals a day. Many also consumed a lower quantity of food (69%) and had to cut down their protein intake (85%). 25% of the RMG workers accessed healthcare services and 36% found healthcare services expensive. 18% of them said that their children had access to online education. However, two-thirds of the families accessing education online found it very effective or fairly effective.

Nearly all, 99%, of the RMG workers had access to information about the pandemic. 62% had a high to moderate level of trust in public information, while 45% had trust in NGO-led information. They relied on television (45%), mobile phones (27%), and neighbours (18%) for Covid-19-related information. 91% were satisfied with the way the government had managed the pandemic. However, 51% were not confident that the government would control the pandemic in the near term.

Garment workers had marked uncertainties (43%) as to how long they could live with the pandemic, reflected by the fact that only 9% felt that they could cope with the situation for more than one year. Those who had already faced difficulties to cope with pandemic-induced vulnerabilities feared facing multi-pronged problems if the situation were to become prolonged. These include food shortage (28%), further declines in savings and likelihood of higher indebtedness (26%), unaffordable healthcare (17%), adverse impacts on children's education (13%), worsening family/social relations (13%) and deteriorating law and order (3%).

5.3 Non-RMG workers

5.3.1 Impact indicators

37% of non-RMG workers noticed conflicts, and more household aides and transport workers (50% each) observed conflicts than other groups (Figure 5.4). Conflicts between neighbours (50%) topped the list, followed by those within families (31%), between tenants and landlords (11%) and in the office (9%). About 69% of non-RMG workers reported that the pandemic had also impacted family relations. The corresponding values for household aides (75%) and daily labour (73%) were higher than the mean figure. About 79% of respondents felt that their family relations had deteriorated owing to mental stress, whereas the remaining 21% appreciated the benefits of spending time together, leading to better family ties. However, household aides (94%) and transport workers (81%) experienced an adverse impact on family relationships at rates high above the mean.

About 37% of non-RMG workers or their families had been subject to discrimination during the pandemic. Relatively more female workers (41%), transport workers (50%) and household aides (47%) faced more discrimination than other groups. About 66% of the non-RMG workers felt that social harmony and bondage had decreased, whereas 9% reported an increase. The remaining 27% did not feel any difference compared to the pre-pandemic situation. A disaggregated analysis provided the corresponding figures for household aides (84%), transport workers (77%) and female workers (69%), which were higher than the mean value.

Figure 5.4: Selected indicators of social bonding, conflict, discrimination and family relation for non-RMG workers (in %)
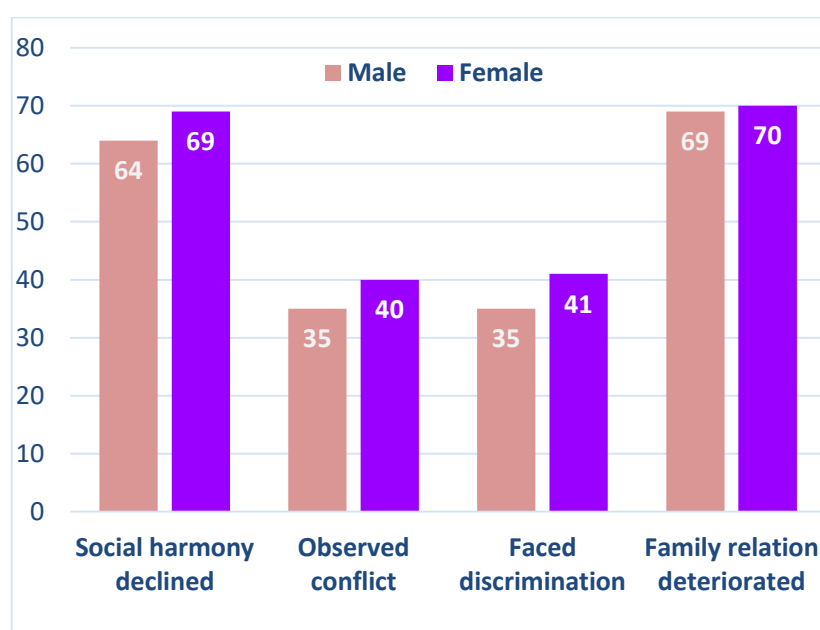
5.3.2 Expectations about the future

On the question of non-RMG workers' expectations about the future, 90% mentioned that they were either fairly worried or very worried about their and family's health and life (Figure 5.5).

A similar mood was expressed by 94% of the non-RMG workers when asked about their potential economic loss. Nearly 72% were worried about deteriorating social conditions. This was more highlighted by female respondents (84%) and transport workers (94%). About 72% of non-RMG workers expected that the government would help them to regain their economic losses, with male workers (75%), household aides (90%) and transport workers (94%) stating higher expectations in this regard.

Figure 5.5: Non-RMG workers concerns and expectation (in %)
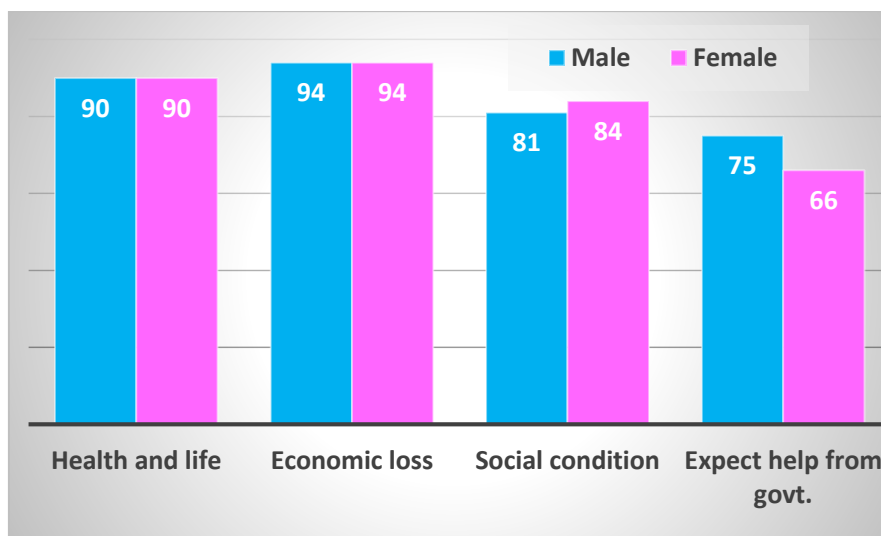
5.3.2 Outcome indicators

More than 90% of the non-RMG workers were employed, and of these, 45% were working part-time. The share of part-time work is far higher for household aides, three-fourths of whom were not involved in full-time employment. About 92% of non-RMG workers reported that their average income declined, with household aides topping the list. Collectively, their monthly average income had declined by one-third, and their expenditures dropped by 18%. These findings are in line with other studies conducted during the pandemic. One study found that amid the pandemic, households' income decreased by 49%, with 14% of households earning no income, and 19% out of employment.[27]

A study by SANEM shows that 56% of households claimed that their income declined despite still having work, while 9% claiming that they lost work, 7% claiming that working hours had reduced, and 33% claiming that their work had stopped temporarily during the initial lockdown. Between February and October 2020, the main income earners across all employment categories experienced a fall in average income: the decline was 32% for self-employed workers, 23% for wage-employed workers, 29% for day labourers, and 35% for other categories.[28]

About 35% of non-RMG workers received emergency relief, with women (45%) having better access than men (31%). One-quarter of non-RMG workers had access to the social

---

[27] Covid-19: Decreased income has affected livelihood of 98.3% of the poor, The Business Standard, 16 July, 2020.
[28] Covid-19 Fallout on Poverty and Livelihoods in Bangladesh: Results from SANEM's Nation-wide Survey Conducted in Nov-Dec 2020. Available at: https://sanemnet.org/summary-webinar-on-Covid-19-fallout-on-poverty-and-livelihoods-in-bangladesh-results-from-sanems-nation-wide-household-survey-conducted-in-nov-dec-2020/ , Accessed on February 28, 2021

safety net, with the female non-RMG workers (28%) constituting a higher share than males (23%). 23% of non-RMG workers had a formal association with community networks. 52% of the non-RMG workers had sought help from communities, with household aides (64%) seeking more assistance followed by service workers, transport workers, daily labourers and micro-entrepreneurs.

However, 31% of respondents received help – including over 60% of micro-entrepreneurs, daily labourers and people who work in petty services who received the support they sought. However, household aides (40%) and transport workers (35%) were the least likely to receive help. Nevertheless, such cushions were insufficient to navigate the challenges of the pandemic, reflected by the fact that 83% of non-RMG workers' savings were affected. Their hardships were further accentuated by the fact that 80% felt the need for financial support during the pandemic. Additionally, more female workers (89%) sought financial help compared to their male counterparts (74%). Non-RMG workers borrowed cash from numerous sources, mainly from relatives (34%), neighbours (31%) and grocery shop owners (16%).

The immediate impact of the sharp fall in income, the disproportionate decline in expenditure, and high levels of indebtedness is reflected in non-RMG workers' food intake behaviour, among other factors. 47% reported a decrease in the frequency of meals, indicating they had less than the conventional three meals per day. Here, the female population (50%), transport workers (58%), household aides (53%) and daily labourers (49%) were the most affected. 73% reported that they consumed less food than before the pandemic, with transport workers, daily labourers and household aides consuming the least. 83% said their protein intake declined, risking their long-term health outcomes. Household aides and daily labourers were the most disadvantaged groups in this regard.

A survey was conducted by the NGO Right to Food, in which 834 low-income people across the country were surveyed, mainly rickshaw pullers, hawkers, daily labourers, street tea shop workers, small car drivers and farmers on a daily wage. According to the survey, 99% of the poor were unable to afford three meals a day. Of these, 43% had a food shortage, and 44% were in dire need of nutritious food. It showed that 87% of the poor were facing a food and nutrition shortage in one way or another.[29] The SANEM study shows that in reaction to the crisis, households adopted a variety of coping strategies: 49% resorted to borrowing, 32% relied on savings, 27% reduced expenditure on non-food items, 27% changed their dietary patterns involuntarily, and 17% resorted to donations from friends or relatives.[30]

Besides food intake, the pandemic has had other short and long-term impacts on non-RMG workers regarding their family's access to healthcare and, for children, education

[29] The Business Standard, 2020
[30] SANEM, 2020

services. 23% of non-RMG workers accessed healthcare services during the pandemic, and 27% reported that their healthcare budget increased. Children from only 16% of these families had access to online education during the pandemic. Amongst those who did have access to online education, nearly 72% of families found this alternative learning method either very effective or fairly effective.

About 98% of the non-RMG workers had access to information about the pandemic. They relied heavily on television (46%), mobile phones (27%) and neighbours (18%) to get Covid-19-related information. They had a slightly higher level of trust in public (63%) than NGO-led (60%) information and service provisions related to the pandemic. Non-RMG workers, nonetheless, had a higher level of satisfaction with the public healthcare system (94%). Almost 94% were satisfied with the way the government had managed the pandemic. However, about 59% were not confident that the government would control the pandemic in the near term.

About 85% of the non-RMG workers felt that they would find it difficult to cope with further adverse impacts of the pandemic. Household aides (93%) in particular were most vulnerable in this regard. Non-RMG workers had uncertainties (34%) about how long they could contend with the pandemic, and only one-fifth said they could cope with the situation for more than one more year. Those who had been finding difficulties to cope with the pandemic-induced vulnerabilities feared facing multi-pronged problems if the current situation became prolonged. These include food shortage (27%), further declines in savings and likelihood of higher indebtedness (24%), unaffordable healthcare (17%), adverse impacts on children's education (15%), worsening family/social relations (13%) and deteriorating law and order (4%).

5.4 Returnees

5.4.1 Impact indicators

This section applies the same set of impact indicators to assess the situation of returnees. 9% of the returnees noticed conflicts in the society (Figure 5.6), with conflicts happening among neighbours topping the list (39%), followed by conflicts within the family (30%) and in the office (30%).

About 81% of female and 73% of male returnees mentioned deterioration of their family's relations occurring due to emotional stress, whereas others said their family's relations had improved thanks to spending more time together. About 30% of the returnees or their families had experienced discrimination, with female returnees (44%) affected more than male counterparts (29%).

The study found two-thirds of returnees perceiving that social harmony, bondage and unity had decreased during the pandemic, whereas 7% reported an increase and 28% feeling that they remained the same. When asked about the reasons behind the decline of

social harmony, 84% of the returnees stated that people had begun to prioritize their self-interests instead of those of society. In contrast, a small share of respondents blamed the lack of initiatives of the government and communities to promote social harmony.

Figure 5.6: Selected indicators of social bonding, conflict, discrimination and family relation for returnees (in %)
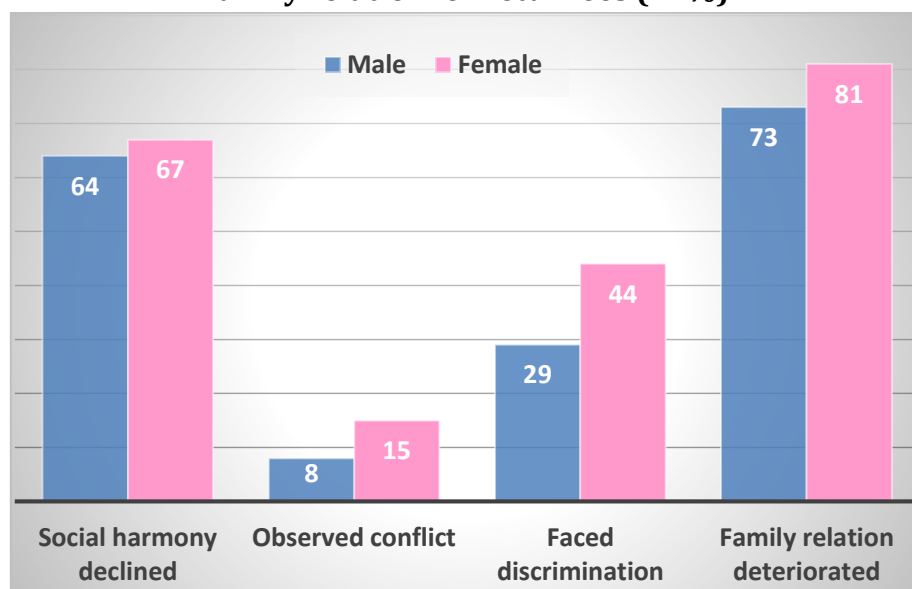
5.4.2 Expectation/fear about the future

About 96% were either fairly worried or very worried about their and their family's health and life (Figure 5.7). Almost an equal share of respondents was afraid about their economic loss. About three-fourths of returnees were also concerned about losing their social position. Nearly 73% expected the government to support them to overcome their economic losses.

Figure 5.7: Returnee migrant workers' concerns and expectation (in %)
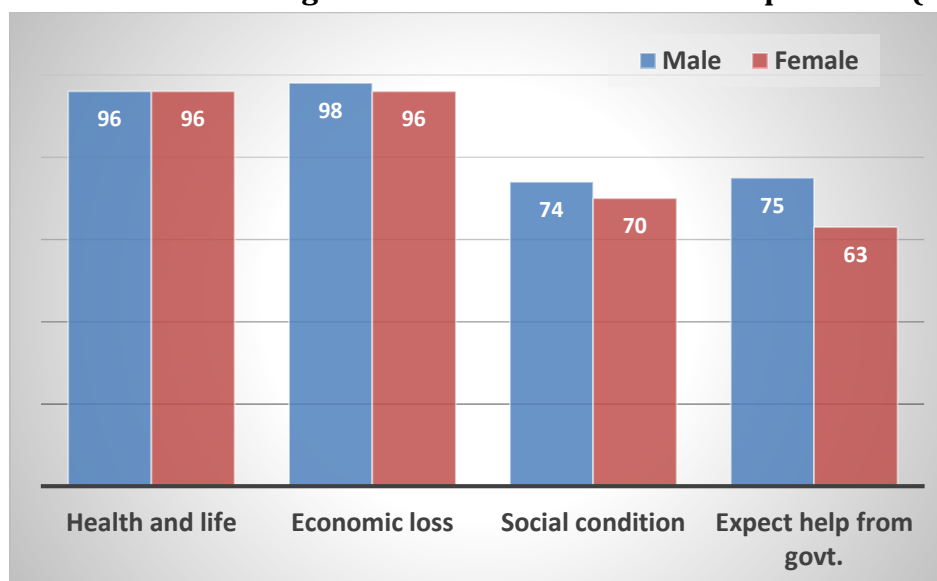
5.4.3 Outcome indicators

About 64% of returnees reported that they were repatriated to Bangladesh forcefully, while 33% have returned home at the company's costs (Figure 5.8). A BRAC study showed that 40% of migrant workers were forced to return due to the Covid-19 situation, 35% had come on holidays, and 18% had come for family reasons. 7% of returnees said their homecoming was not Covid-19 related.[31] An IOM study found that 29% of returnees were asked to leave their host countries, 23% came home due to Covid-19 worries, 26% responded to their family's call, and 9% returned due to fears that borders would be closed. [32]

Figure 5.8: The context of returnees arriving in Bangladesh (in %)

About 84% of returnees, irrespective of gender, did not receive any severance pay or legally owed salary from their employers. Another study showed that over two-thirds (67%) of returnees left involuntarily, 67% without receiving dues, and 62% leaving assets behind.[33] Upon arrival in Bangladesh, they struggled to find employment: three-fourths remained unemployed, and one-third were working part-time at the time of that study. A study by Winrock International found that 88% of returnees were unemployed.[34]

As such, their average monthly income had declined sharply (60%). Another study showed a 57% drop in income.[35] Their expenditure dropped by 22%. As such, the returnees used their savings and borrowed to finance their necessary expenses. The Winrock International study reported the inability of 94% of returnees to support

---

[31] BRAC: 87% returnee migrants struggling financially, Dhaka Tribune, 22 May 2020
[32] 70% of migrants returning to Bangladesh struggle to find employment: IOM. Daily Star, August 12, 2020.
[33] IOM, 2020
[34] Dhaka Tribune, 2020
[35] IOM, 2020

themselves.[36] Yet another study found 54% of the returnees borrowed money, 18% have become dependents, and 14% relied on other resources.[37]

The returnees and their families had limited access to emergency relief (10%) and a social safety net (15%). About 12% had a formal association with a community network. About one-third (32%) sought help from a community network, and 21% received the desired help. Despite having a weak network with communities, about 63% of returnees received the support they had sought. Another study found that 86% of the returnees did not receive any support since their return.

Similarly, a different study reported that 91% of returnees were not recipients of any support while the rest, 9%, received help from the government and private institutions.[38] Consequently, returnees had to spend their savings. The BRAC study showed that about 34% of returnees had no savings, while 19% said they could survive for only two months on their savings.[39] About 33% of the respondents said that their savings would allow them to survive for about three months. 10% borrowed money to finance their daily needs.

A study found that 60% of respondents spent all the money they had. The BRAC study revealed 87% of the returnees having no source of income.[40] About 70% of the returnees of the CPJ study expressed the need for financial support. They borrowed cash from relatives (57%), friends (12%), other institutions (12%), banks (9%), neighbours (8%) and grocery shop owners (4%). A study by the NGO Young Power in Social Action (YPSA) reported that many migrants had started borrowing, sold assets, and were trying to cut down on expenses.[41] The IOM study showed that 55% of the returnees had accumulated unpaid debt to family and friends (55%), micro-finance institutions (MFIs), self-help groups and NGOs (44%) and moneylenders (15%). The debt owing to family and friends (86%) was at zero interest. About 65% of returnees had debts with MFIs, NGOs and private banks at an interest rate of 10% to 15%. 62% of them also borrowed money from moneylenders, who charged interest between 50% to 150%.[42]

The situation mentioned above forced 29% of returnees to reduce their frequency of meals, to consume less quantity of food (66%), and to reduce protein intake (66%). The

---

[36] Dhaka Tribune, 2020

[37] IOM, 2020

[38] Dhaka Tribune, 2020

[39] Dhaka Tribune, 2020

[40] Dhaka Tribune, 2020

[41] Report on Socio-Economic Impact of Covid-19 on Returnee Migrants in Bangladesh, June 2020. Available at: http://ypsa.org/2020/06/research-on-socio-economic-impact-of-Covid-19-on-returnee-migrants-in-bangladesh/ , Accessed on January 1, 2021

[42] Daily Star, 2020

Winrock International study suggests that 60% said they did not have enough food to eat daily.[43]

The returnees (26%) required healthcare services, and 36% reported an increase in costs. In nearly four-fifths of cases, the children in returnees' families did not have access to online education. However, amongst those who had access, 87% of them found online education was either very effective or fairly effective.

Nearly 96% of the returnees had access to Covid-19-related information. They relied heavily on television, mobile phone and neighbours to get pandemic-related information. About 75% of them had a moderate level of trust in information and services provisions of the public sector, as opposed to 50% who had moderate trust in the NGO-led initiatives. Most returnees (95%) were satisfied with the way the government had managed the pandemic. However, 40% of them were not confident that the government would control the pandemic in the near term.

5.4.3 Future livelihood plan of returnees

Given their higher level of unemployment, savings depletion, higher indebtedness and lack of support and other opportunities, 62% of the returnees said they would like to return to host countries. Less than 10% had found an alternative livelihood, though a quarter had sought it. On the contrary, 48% of the female returnees had explored alternative livelihood opportunities in Bangladesh (48%) (Figure 5.9).

Figure 5.9: Future livelihood plan of returnee migrants, by gender

---
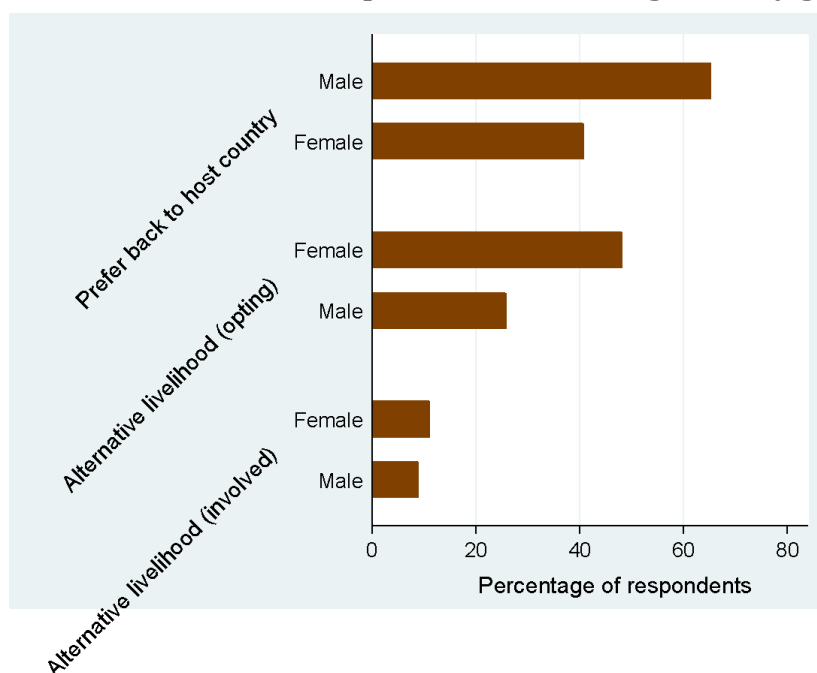
[43] Returnee Bangladeshi migrants suffering due to stigma and lack of support. Dhaka Tribune, August 19, 2020

A study by Young Power in Social Action showed that a higher percentage of returnees, 90%, wanted to return to host countries.[44] Another study revealed that 65% of returnees planned to re-migrate.[45] The BRAC study found that 84% of returnees had not secured any livelihood option since returning during the pandemic. Only 6% of the BRAC respondent group planned to migrate again, while the remaining 10% said they were engaged in agriculture-based small businesses, grocery shops, or other work.[46] The IOM study reported that 75% of returnees wanted to re-migrate, and 97% of those migrants would choose to go back to the same country they had returned from.[47]

The IOM study found that 60% of the returnees were interested in upgrading their skill set to secure better-paid jobs.[48] The CPJ study found several hurdles to return to host countries as issues such as financial constraints, reliability of Covid-19 certificate, control of the pandemic in Bangladesh and availability of jobs in host countries were critical in this regard. If one differentiates the findings according to the level of education, 75% of returnees with an education level of higher secondary and above preferred to return, while 25% were exploring alternative livelihood options instead (Figure 5.10).

Figure 5.10: Future livelihood plan of returnees, by level of education
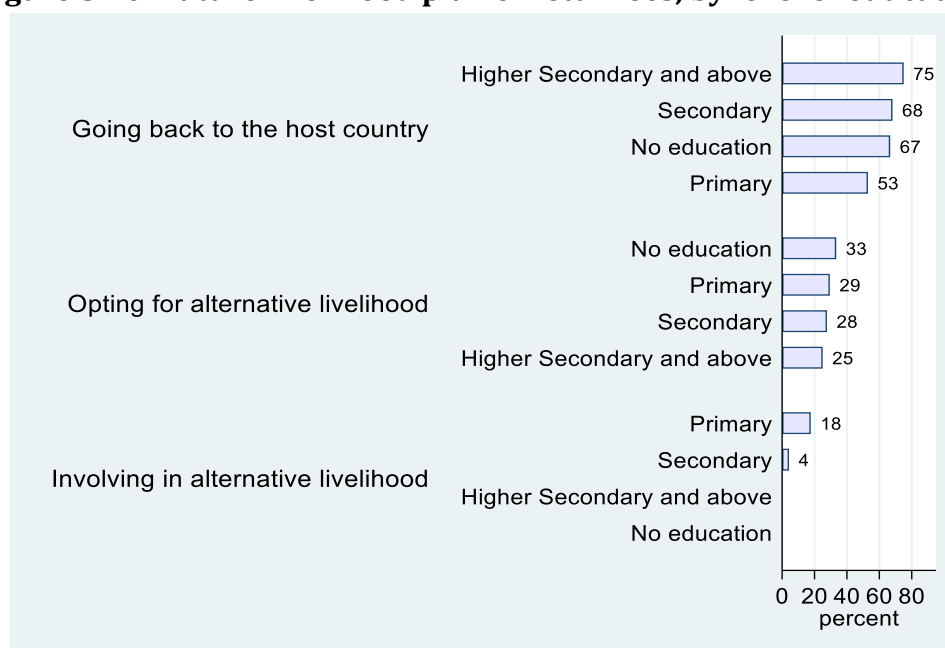
---

[44] Report on Socio-Economic Impact of Covid-19 on Returnee Migrants in Bangladesh, June 2020. Available at: http://ypsa.org/2020/06/research-on-socio-economic-impact-of-Covid-19-on-returnee-migrants-in-bangladesh/, Accessed on January 10, 2021
[45] Dhaka Tribune, 2020
[46] Dhaka Tribune, 2020
[47] Daily Star, 2020
[48] Daily Star, 2020

However, 5% of the returnees were associated with the government's reintegration plan (Figure 5.11). The researchers asked the returnees to list criteria that would enable them to pursue an alternative livelihood in Bangladesh. 94% of them mentioned acquisition of new skills, followed by the spread of the virus being controlled by the government (88%), using individual savings and assets (85%), obtaining institutional support such as a bank loan (78%), and receiving family support (74%) (Table 5.1).

Figure 5.11: Attachment with government reintegration program
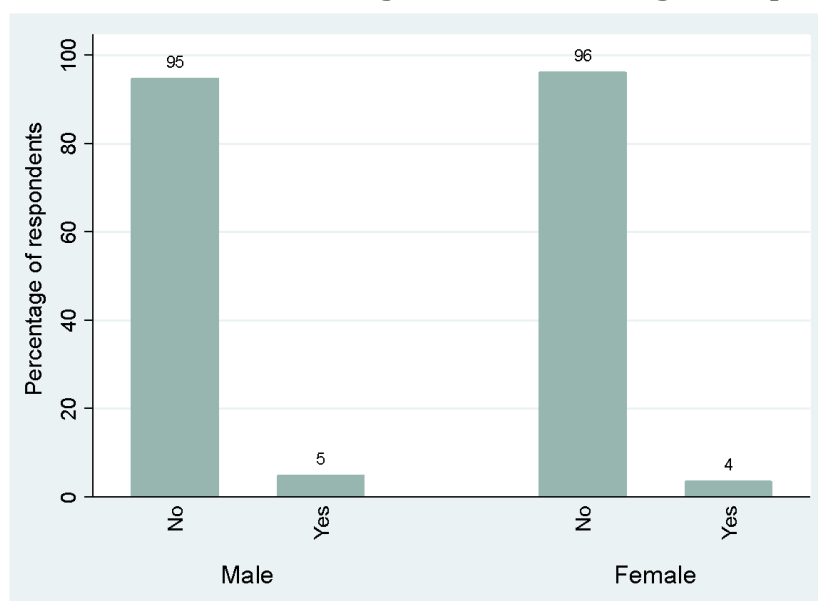
Table 5.1: Critical factors that would enable access to alternative livelihood

	Freq.	Percent
Acquiring skills		
Very Important	193	94.6
Fairly Important	10	4.9
Not Important	1	0.5
Use of individual savings/assets		
Very Important	174	85.3
Fairly Important	27	13.2
Not Important	3	1.5
Institutional help (Bank loan)		
Very Important	159	78.3
Fairly Important	39	19.2
Not Important	5	2.5
Family support		
Very Important	150	73.5
Fairly Important	52	25.5
Not Important	2	0.9

Control of Covid-19 outbreak by Bangladesh government		
Very Important	181	88.3
Fairly Important	23	11.2
Not Important	1	0.50

Table 5.2: Critical factors that would enable return to host countries

	Freq.	**%**
Institutional support (financial)		
Very Important	178	86.8
Fairly Important	22	10.7
Not Important	5	2.4
Reliable Covid-19 test certificate		
Very Important	191	93.2
Fairly Important	13	6.3
Not Important	1	0.5
Control of Covid-19 outbreak by Bangladesh government		
Very Important	162	79.0
Fairly Important	42	20.5
Not Important	1	0.5
Availability of jobs in host country		
Very Important	199	97.6
Fairly Important	4	1.9
Not Important	1	0.5

When asked about critical factors that would enable them to back to host countries, 98% of the returnees mentioned the availability of jobs in the host country. Obtaining a reliable Covid-19 certificate (93%), getting institutional support such as a bank loan (87%), and the control of the Covid-19 outbreak in Bangladesh (79%) were also critical factors in this regard (Table 5.2).

5.5 Gender issues

According to the International Labour Organization (ILO), women perform an average 76% of the total unpaid care work globally. [49] Women have been reported to disproportionately bear the costs of the pandemic. Numerous reports indicate that women's domestic and care work has increased during the pandemic, and there has been no sign of abatement of gender-based violence (GBV). According to the Bangladesh Bureau of Statistics, during the pre-Covid-19 era, women already performed 3.43 times

---

[49] Care economy: Women do 4 times more unpaid care work than men in Asia and the Pacific, Available at: https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm

more unpaid domestic care work than men on average. [50] Studies show that, disaggregated by sex, the average number of hours spent on unpaid domestic and care work per week in Bangladesh was 24 hours for women and 7 hours for men. According to SANEM, 81% of the total unpaid care work in Bangladesh was performed by women.[51] According to projections, women's burden of unpaid care work and household chores has increased during the pandemic.

The CPJ survey captured the perceptions of female households/respondents on several issues, namely their work burden, work-life balance, and gender-based violence, among other topics.

Figure 5.12: The share of a dependent child and/or disabled person

Percentage of respondents
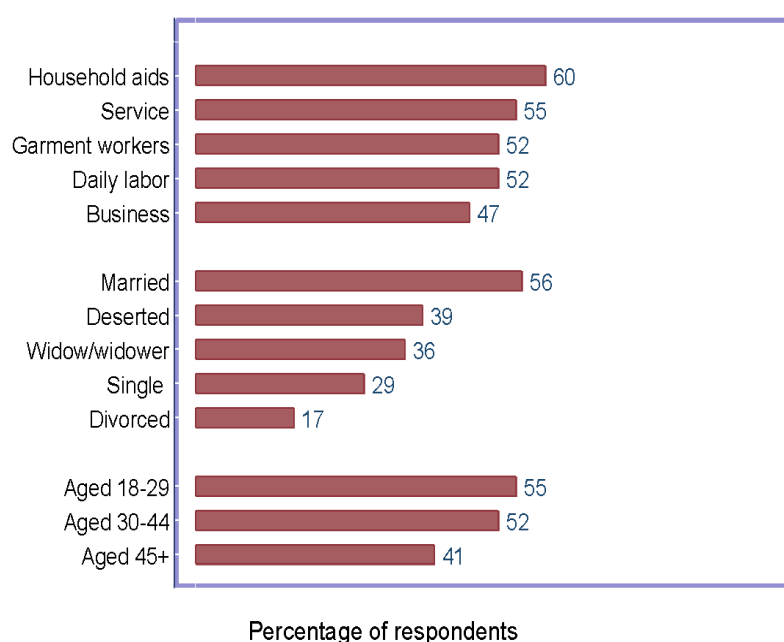
About 52% of female respondents had to rear a dependent child or disabled person. Disaggregated data (as reported in Figure 5.12) shows that household aides (60%) had the highest share of responsibilities to care-dependent persons, followed by private service holders (55%), garment workers (55%), daily labourers (52%) and microentrepreneurs (47%) (Figure 5.12). Compared to the pre-pandemic time, the burden of female respondents in raising children or taking care of disabled persons increased from 18% at the end of 2019 to 53% during the pandemic. Table 5.3 captures this redistribution of work, which mostly shifted away from other family members as the respondents suddenly spent much more time at home rather than the workplace, and thus devoted more time to the care of dependent children and disabled persons (Table

---

[50] Gender Statistics of Bangladesh 2018. Bangladesh Bureau of Statistics. Available at: https://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/Gender%20Statistics%20of%20Bangladesh%202018.pdf

[51] Women do four times more unpaid work than man. The Business Standard, 04 November 2019. Available at: https://www.tbsnews.net/economy/unpaid-work-estimated-4854-gdp

5.3). A rapid assessment by BRAC's Gender, Diversity and Justice Programme early in the pandemic found 91% of 557 women working in formal and informal sectors reported doing more unpaid care work, and 89% reported having no leisure time at all.[52]

Table 5.3: Care of children or disable persons before and during the pandemic

	Freq.	Percent	Cum.	Freq.	Percent	Cum.
	Before Covid-19			During Covid-19		
Care Support Institution	16	6	6	20	7	7
Respondent herself	46	18	24	160	53	60
Other member of the family	164	63	87	104	35	94
Dependent child/ disable person him/herself	33	13	100	17	6	100
Total	259	100		301	100	

Figure 5.13: Engagement in professional work amid the pandemic
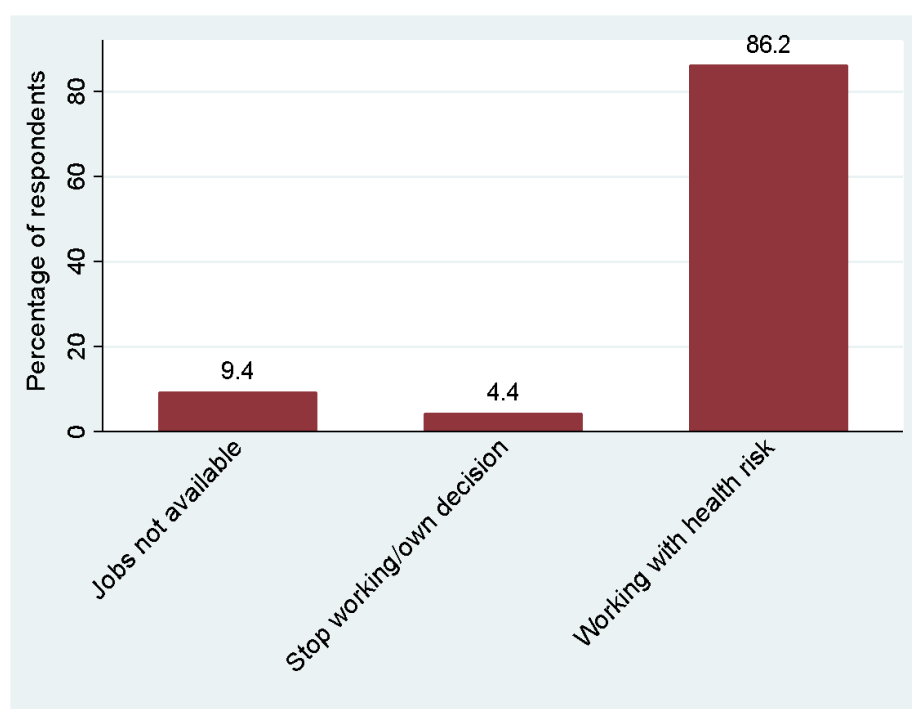
[52] Thankless as always: Women's burden of unpaid care work went up during Covid-19. The Daily Star, 23 September 2020.

The CPJ study also looked at professional engagement during the pandemic. 86% of respondents were still working, despite health risks. While 10% of respondents had had to stop working due to employment loss or unavailability of jobs, 4% had stopped working willingly (Figure 5.13).

Figure 5.14: Increased workload during the pandemic (in %)

Percentage of respondents
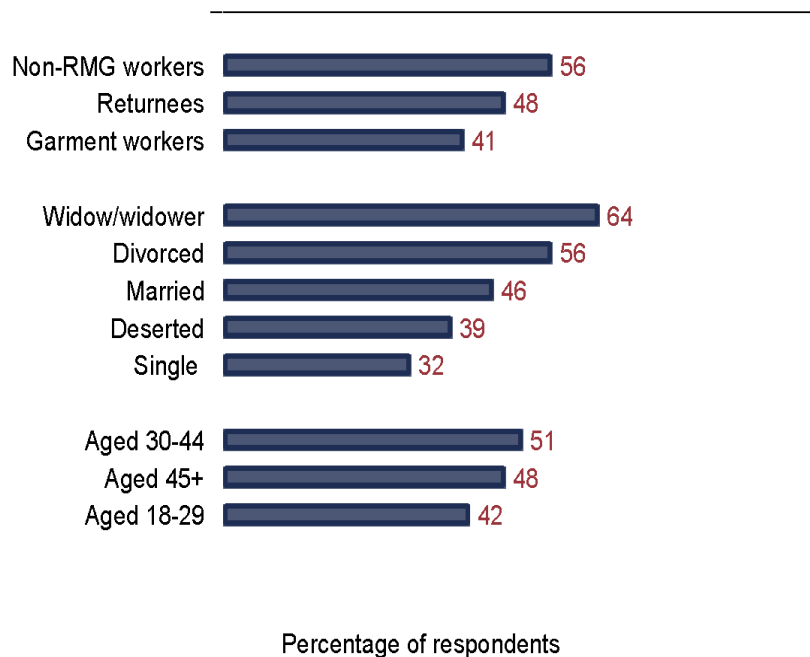
Figure 5.15: Share of female respondents who experienced GBV, by profession, marital status and age group (in %)
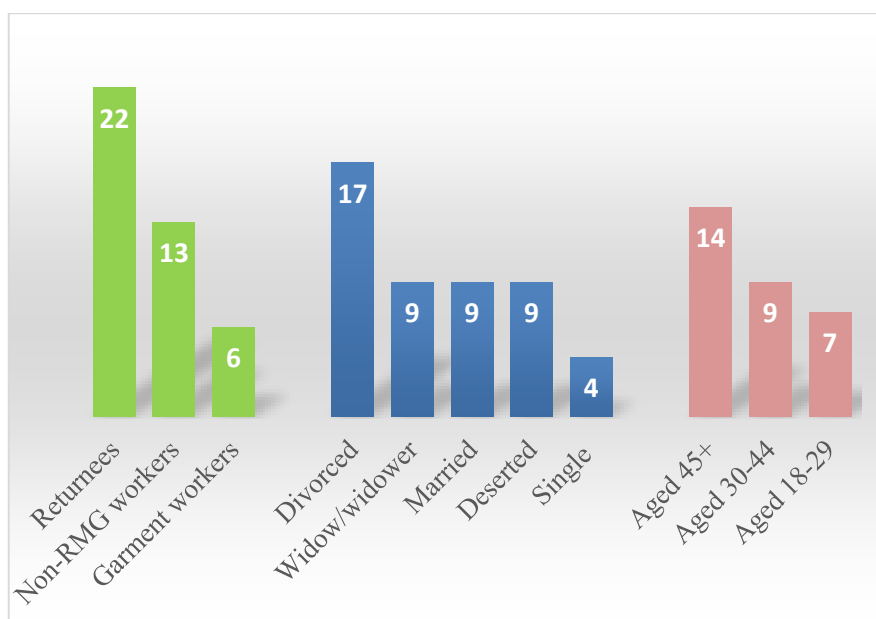
Additionally, 46% of female respondents said their professional workload had increased during the pandemic. A disaggregated picture shows that widows (64%), non-RMG workers (56%), divorced persons (56%), women aged 30-44 (51%), and returnees (48%) were the most likely to experience an increased workload during the pandemic, compared to 46% of respondents overall (Figure 5.14).

Amid relatively restricted mobility due to the pandemic, 9% of female respondents experienced GBV. However, there was a heterogeneous trend of GBV, with returnees (22%), divorced women (17%), and those aged 45 and above (14%) most likely to have experienced it (Figure 5.15). A total of 25,607 GBV complaints were received by BRAC's 410 Human Rights and Legal Aid Clinics across Bangladesh in the first ten months of 2020.

Part IV: Interpretation of the research findings in view of social cohesion

In this section, the survey findings elaborated in the preceding section have been used to assess the state of social cohesion as experienced by the survey population. This assessment, along with the survey findings, establishes the rationale for the policy proposals outlined in Section V of the report.

6. Social cohesion analysis

6.1 Overall interpretation

The fact that Bangladesh has not experienced any significant public disorder, food crisis, or mortality during the pandemic is evidence of the existence of some degree of social cohesion during the pandemic. The role of the government and communities, including friends, relatives and neighbours, may have helped people handle the Covid-19-induced challenges to some extent. However, as the deliberations in Part III show, Bangladesh has also struggled with social cohesion.

6.2 Unorganized groups suffered the most

The research findings conclude that the surveyed populations suffered during the pandemic to varying degrees. The non-RMG group, particularly household aides, suffered the most amid the poor state of social cohesion. Transport workers, day labourers, microentrepreneurs, and low-earning service holders from the private sector had similar experiences. These groups are seldom organized, lacking effective representation at the national level to flag their suffering and demand public support for stimulus packages or similar assistance.

The returnees, who suffered job losses and struggled to find an alternative livelihood, also lacked representation to voice their demands effectively. Their circumstances were

slightly different from those of the garment workers, who had some degree of representation that enabled them to influence national policy. Their employers sought stimulus support from the government and the sector was sensitive due to foreign buyers' attention to the plights of the workers. Effective lobbying by the RMG workers was instrumental in securing a Tk 62,879 crore stimulus package from the government.[53]

6.3 Livelihood challenges and the role of social cohesion

The findings on the livelihood challenges of the surveyed groups, discussed in the preceding section, can be summarized under six 'health hazards', namely Financial Health, Asset Health, Physical Health, Emotional Health, Relational Health, and Digital Health.[54]

While 'Financial Health' considers the population's situation related to income and expenditure, 'Asset Health' is expressed through changes in savings, physical assets, and debts. 'Physical Health' refers to nutrition and Covid-19-related awareness and behaviours. 'Emotional Health' relates to the feelings of the survey population, such as experiencing depression and accessing support to address mental health challenges. Conflicts in the society perceived to be associated with Covid-19 are expressed under the topic 'Relational Health'. Finally, the 'Digital Health' of the survey population, as opposed to other members of the society, is primarily expressed through the degree to which students are accessing online education and households are accessing Covid-19-related information online. The following deliberations include descriptions of the hazards impeding health in these six areas and explain how poor social cohesion makes them possible.
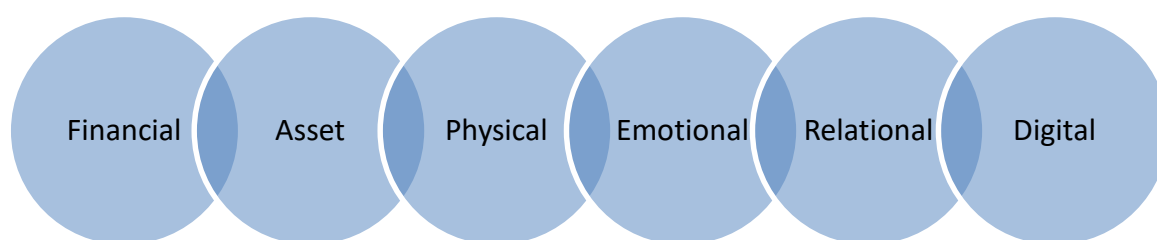
6.3.1 Financial Health

Loss of employment and income
The study shows that a section of the non-RMG workers, returnees, and to some extent garment workers lost employment, particularly during the initial lockdown. Subsequently, the majority of RMG workers and a large section of non-RMG workers found jobs. However, many respondents were working only part-time. Consequently, their income declined sharply. Many were deprived of severance and other benefits.

---

[53] Stimulus eludes 42pc apparel workers. Daily Star, December 18, 2020.
[54] Here the word 'Health' is used more in a general sense, not in the merely technical, medical sense.

Employees in the informal non-RMG sectors do not have rights supported by labour laws and lack the organizational strength to raise their voices collectively. Garment workers are better positioned in this regard. Still, many of them were wary of losing jobs or had had to accept lower pay, similar to employees of non-RMG sectors. Many returnees left their jobs abroad without severance payments and benefits as well. They found huge difficulties in finding alternative employment upon arrival.

Expenditure burden amid decreased income
Low-income groups had to survive with substantially reduced income and, in some instances, this was coupled with an increase in expenditure. In some cases, a rise in expenditure was clearly associated with a decrease in income. Household aides, day labourers, transport workers, and low-paid service holders generally receive at least one meal from employers, but lost this support during the pandemic and had to spend more of their own money on food.

In contrast, a portion of respondents had lower expenditure because of their lower income. Although this is generally true for all surveyed groups, the situation was worse for the non-RMG group. In short, the fall in average income, as opposed to the average change in expenditure, was an indication of the emergence of the new poor. This finding has been captured by other studies as well.

After nearly two months of lockdown at the beginning of the pandemic, the government reopened the economy, helping many people regain jobs and earnings. In some sectors, the government provided stimulus packages to help factories reopen. This kept the export sectors afloat and saved more than 4 million garment workers from extreme livelihood challenges. The government monitored the market situation closely; no significant scarcity of essentials was observed.

On the contrary, the government enacted few targeted measure to address the income losses of non-RMG workers and returnees. Only a small percentage of returnees received support due to stringent conditionalities. However, the government's interventions to curb the corruption of private health providers, some of whom were guilty of issuing false Covid-19 test certificates, and its efforts to arrange a proper certification process have helped many migrant workers to return to their workplace abroad and remain in the income stream.

6.3.2 Asset Health
The pandemic-induced change in the income and expenditure situation caused a change in the size of personal and family assets. The fall in income forced the survey population to utilize their savings, sell valuables, and channel working capital for essential expenditures. In the pre-pandemic era, female RMG workers in particular were accustomed to saving a portion of their earnings in order to generate alternative sources

of income after reaching a certain age, when they would no longer be physically able to stand the factory work environment. But the evaporation of their savings due to the pandemic has put their futures at stake.

Those who lacked savings relied on borrowing mostly from relatives, friends, grocery shops, and other informal sources. The situation for garment workers and returnees, particularly those who had savings, was slightly better. However, the deterioration of their net assets, characterized by reduced savings or increased debt, is likely to influence their livelihood in the future.

The government had no effective approach to protect the assets of low-income groups. The Bangladesh Bank planned to introduce a scheme to refinance NGOs' needs for an emergency loan for disbursement among low-income groups, but this did not materialize. The banks through which the money should have flown were either not well informed about the modus operandi of the scheme, or fell under liquidity constraints. The government's instructions to landlords not to evict people due to non-payment of rent, and to creditors to delay periodic instalments, helped the survey population in the short run, but this was inadequate to avert their long-term indebtedness.

NGOs did not provide emergency loans at low interest, which could have help offset depletion of savings. This failure was due to the restrictive government policy to keep part of the loans in fixed deposits and insufficient accumulation of liquidity from savings and repayment of instalments by loanees. NGOs allowed the loanees to delay the payment of instalments, but were not very forthcoming to give them access to additional loans out of fear that people would not use these for productive purposes. Thus, instead of engaging with banks and NGOs, the survey respondents became dependent on relatives, neighbours and other informal sources of funds.

6.3.3 Physical Health

Low-income households faced food and nutritional insecurity during the pandemic. Their pre-Covid-19 income was already insufficient for preparing balanced meals combining macro and micronutrients. The decline in frequency of meals, quantity, and protein intake will have long-term health consequences for the victims. Low-income people also missed receiving food support at the workplace. Food inflation has put further pressure on income. Worryingly, children and nursing and expectant mothers faced insufficient access to protein-rich food.

Food security was addressed to some extent through emergency assistance by the government and community. In addition, several government actions helped limit price volatilities. The market for essentials functioned somewhat well, although prices of necessities increased due to supply constraints. These increases were attributed to the Indian ban on the export of onions and to floods, which restrained the flow of goods

transport. No hunger-related death was reported during the lockdown. However, food supply was less than adequate.

In contrast to government support, NGOs and community networks played a comparatively ineffective role. As discussed above, emergency relief was not always provided in a need-sensitive manner. Rather, the survey population listed relatives, neighbours, friends and grocery stores as the major sources of help. Respondents recognized that the government had provided Covid-19-related information and instructions; however, nearly one-third doubted the official data on infections and death. The survey population spoke of the worries about their health and life.

6.3.4 Emotional Health

Unlike in developed countries, where various public and non-profit organisations addressed emotional and mental health issues during the pandemic, institutional stakeholders in Bangladesh have not been sensitive enough in this regard. As discussed in Part III, most respondents suffered from emotional issues due to conflicts in their lives, amongst other factors. The government did not have any strategy to track the extent of emotional issues and how these might impact people's livelihoods and societal peace during the pandemic.

The online services provided by the Institute for Mental Health and by public hospitals were not reachable for most of the affected low-income population, given their limited or lack of access to the internet. A small number of charities initially launched activities to help people with emotional issues by providing counselling online. But after some time, these online services were discontinued. Consequently, the emotional health issues of low-income groups remained unaddressed.

6.3.5 Relational Health

The concept of 'Relational Health' is introduced here to assess the quality of the relationships between the survey population and external agents (e.g., neighbours, community, institutions). The situation can be characterized in five ways. First, the survey population appreciated the dissemination of instructions about how to behave under Covid-19. However, many households did not fully trust the magnitude of contagiousness and death. In addition, they doubted the capacity of the government to get Covid-19 under control in the short term.

Second, many respondents faced discrimination in terms of accessing emergency assistance and relief. Some described that a section of the population received assistance multiple times while others did not receive anything. Third, a section of the survey population experienced conflicts with their neighbours or landlords. Fourth, the community and government were not sensitive enough to the returnees' needs and concerns regarding their reintegration process into society. They were instead suspected

of being 'virus carriers'. Finally, NGOs were not skilful or equipped enough to support low-income people suffering the impacts of the pandemic. With the exception of limited emergency assistance and deferrals of loan repayment, NGOs' presence was felt as rudimentary.

6.3.6 'Digital' Health

The digital divide between the rich and poor, a manifestation of inequality even before Covid-19, deteriorated during the pandemic. Most children of low-income families were deprived of schooling, and they were not offered any pedagogic approach to help overcome the learning gaps arising in comparison to the children of the affluent class, who had access to online education. Unless this increasing divide is addressed effectively through a supplementary pedagogic approach, the learning gap will continue to widen. This may lead to higher dropout rates and poor academic performance of children from low-income families in the future.

The NGOs engaged in education (daycare, pre-school and in some cases primary schools) had to close their operations in line with the government's policy. With the exception of some sporadic measures to communicate with parents and provide learning materials, they had virtually no plan or pedagogic method to offer to address the divide.

Part V: Policy proposals to enhance social cohesion

Based on the interpretation of the research findings outlined earlier, this section offers a set of short and long-term policy proposals. While the short-term proposals aim to address the immediate needs and concerns of low-income groups, the long-term ones seek to mitigate the severity of suffering if a similar crisis should occur in the future. The proposals also hint at the type of involvement of government, local government, NGOs, and the community, where relevant and critical.

Short-term policy proposals
   a) **Solidarity package**: The government may develop and introduce a one-year 'Solidarity Package' to help recover the well-being of the most affected. This package should provide financial support in the form of monthly grants to recover the physical and financial health of the sufferers. The package should be available particularly to household aides, day labourers, transport workers, and returnees who have no income or savings. Female-headed households and those who have the burden of raising children, caring for elderly family members, and people with disabilities may be preferred.

	Government	Local Government (LG)	NGOs	Community
Involvement	Provides grants directly to beneficiaries. Defines the criteria for the selection of beneficiaries and fixes the amount.	Develops selection criteria using NIDs and creates a database.	Help the LG to select recipients.	Provides information to LG, NGOs.

b) Food and nutrition support programmes

Given the massive impacts on low-income groups' food intake behaviour, characterized by a decline in the frequency of meal intake, consumption of less food, and a drastic fall in protein intake, the government may introduce new programmes to provide subsidized food to low-income people (preferably women) by increasing the number of outlets offering fair price for essentials and run by the Trading Corporation of Bangladesh. School feeding programmes funded by World Food Programme (WFP) and others should be extended to urban areas, particularly schools and *madrashas* located near slum areas and other low-income settlements.

	Government	Local Government	NGOs	Community
Involvement	Develops a policy (criteria for beneficiaries, quantity of food, frequency of distribution)	Implement (create a database, record keeping)	Provide survey support to find vulnerable women (e.g., nursing mother, elderly women, women with disabilities), who do not have access to safety net programme.	Monitoring of the distribution.

c) Institution building (social capital)

c) Institution building (social capital): To reach the most affected groups, local government bodies may be entrusted with identification of recipients by applying a set of criteria and encouraging them to organize themselves under area-based networks. The networks should be trade-based and recognized by the local government (e.g., networks of household aides). The NGOs with experience in institution building may be assigned with the formation and development of these networks and provide technical assistance to local government officials to help them register these networks.

	Government	Local Government	NGOs	Community
Involvement	Department of Social Welfare develops a policy to register local trade-based networks. Other related departments can also be engaged.	Helps form networks of unorganized professional groups.	Capacity building of the networks.	Encourages community members to organize themselves.

d) **Access to productive capital:** The government may provide productive capital at low interest to microentrepreneurs, returnees, and transport workers through banks and NGOs by introducing emergency loans enabling them to reengage in the market. In the case of returnees, access to resources to finance travel to the place of work may be simplified and expanded as the existing scheme is marginally utilized.

	Government	Local Government	Banks, NGOs	Community
Involvement	Provides policy: defines potential beneficiaries, criteria, loan amount, interest rate.	Prepares a database. Provides the database to the government.	Manage the fund.	Provides information and undertakes monitoring.

e) **Reduction of debt burden:** The government may introduce a low-interest loan scheme through NGOs to help the most affected, who had to take loans from informal lenders at high interests to survive. This intervention may be used to support the three groups included in the survey population. Overcoming debts associated with excessive debt servicing through a soft loan package will hinder the perpetuation of poverty and inequality.

	Government	Local Government	NGOs	Community
Involvement	Provides policy: potential beneficiaries, criteria, amount, interest rate.	Provides the database.	Manage the fund.	Provides information and undertakes monitoring.

f) **Emotional care:** The government may strengthen efforts to continuously offer counselling to emotionally and mentally distressed persons online, by phone, and in person through satellite clinics co-organized with the institutions and networks of the affected people. The government may support projects through which freelance counsellors provide similar services.

	Government	**Local government**	**Specialized NGOs, professionals**	**Community**
Involvement	Provides programme support, and introduces accessible services in person, by phone, and online through the Department of Health.	Provides database. Communicates about the programme to potential beneficiaries.	Provide emotional care service online, by phone, and in person.	Provides information about the needs.

g) **'Pedagogical innovation' in education:** The government may consider an innovative pedagogical approach for children who have no access to online learning. The approach should satisfy three characteristics. It should i) address the learning gaps of the past year; ii) cover the learning content of the new year; and iii) include off-line assisted, self-directed learning content. These need to be accompanied by teacher training, materials development, and accessibility to a dedicated TV channel if access to the internet is unavailable. School materials should support assisted home-based self-learning as well, where senior students teach junior ones.

	Government	**Local Government**	**Specialized NGOs**	**Community**
Involvement	Introduces the programme through the Ministry of Education. Develops curriculum and design methodology.	Monitors the programme.	Provide technical assistance to the government. Implement the government programme.	Provides information about the beneficiaries and monitors implementation.

h) **Developing database and network of vulnerable people in urban areas**: To reach the most affected groups in urban areas, where the social safety net is weak compared to rural areas, the government may introduce direct accessibility of

public services to organized recipients. Service providers (government and non-government) may establish two-way communication with recipients using a suitable app. The app should provide real-time information about services. This mode of communicating with beneficiaries should be used for all interventions described in a) through h) above.

	Government	Local Government	NGOs	Community
Involvement	Uses the database for transfers and other services.	Develops and maintains a database of networks and potential beneficiaries of all public programmes and updates them regularly.	Provide technical assistance to LG to develop databases and use the database for development interventions.	Provides information during the development and updating of the databases.

i) **Transparency, Accountability, and Integrity**: The government may introduce results-based performance indicators for all activities and bring the participating agencies under a transparency and reporting framework. All service providers may be obliged to practice social accountability practices as well. This measure addresses the potential for corruption and discrimination in delivery of the public services listed in a) through i) above.

	Government	Local Government	NGOs	Community
Involvement	Develops a monitoring system for the programme including online assessment by beneficiaries.	Complies.	Comply.	Participates in the public monitoring system.

Long-term policy proposals

a) **Recognition of 'virus' as a biological risk (pandemic/epidemic) under the National Disaster Management Plan**: The government may consider the inclusion of biological hazards such as general pandemic and epidemic as disasters, expanding the definition of health hazards, and add these to the scope of work of the Ministry of Disaster Management and Relief, where life and livelihood risks are concerned. The roles and responsibilities of Disaster Management Committees may be reviewed to respond to biological risks in distinct ways from other risks (e.g., flood, cyclone, etc.) and include plans for pandemic-specific contexts.

	Government	Local Government	NGOs	Community
Involvement	Expands the scope of the Ministry of Disaster Preparedness by including viruses as a biological risk and empowers the Ministry as a nodal authority for non-medical operations.	Forms specialized Disaster Management Committees at the UP level.	Provide training to the Disaster Management Committees.	Encourages members, particularly youth, to participate in the programme.

b) **Education policy**: The government may consider introducing a special TV channel for learning purposes, and can negotiate with internet service providers to offer special rates on the use of online learning modules through cell phones during specific hours and days. The learning modules may be repeated and publicly available for display on TV, cell phones and online platforms.

	Government	Local Government	NGOs	Community
Involvement	Ministry of Education can run a TV channel.	Asks schools to recommend that children follow the televised lessons.	Provide technical assistance to the government to prepare materials and pedagogical methods.	Encourages community members to allow their children to participate in the learning sessions.

c) **Recognition of emotional health as part of livelihood**: The government may recognize that sound emotional health is a component of the livelihood needs of its citizens, and can introduce an Emotional Care Service through public healthcare providers up to the Upazila level. Suitable content in medical education and training, and requirements for certification and professionalization of care, may be adopted.

	Government	Local Government	Specialized NGOs, professionals	Community
Involvement	Government recognizes emotional healthcare as	Maintains a database of the people who need services,	Specialized NGOs and professionals offer	Accommodates people with emotional care

	part of health policy, and provides extension services up to the Upazila level.	and communicates with the government and NGOs.	emotional care services both online and off-line.	in social and work life.

d) Reorientation of the role of non-profits in society: For non-profit organisations to become more responsive to community needs (e.g., during a biological disaster), the government may promote and support community-based non-profit entities, whose mission is to complement the government and provide primarily community-sensitive public goods as well (e.g., food and nutritional care, senior care, burial). They can cooperate with the Disaster Management Committees and can be initiated for specific purposes functioning at the Upazila and Ward levels. Young people and professionals from diversified backgrounds can contribute voluntarily as part of their social responsibility.

	Government	Local Government	NGOs	Community
Involvement	Enacts policy to promote and support formation of specialized non-profits.	Maintains a database of specialized non-profits.	Provide training in non-profit management.	Encourages members to participate in specialized non-profits.

e) Life cycle approach for returnees to absorb shocks: The government may recognize migrant workers' movements to go abroad and return as a life cycle choice of many Bangladeshis. Whether their return was forceful or voluntary, returnees may be supported along the life cycle, including preparation for migration and reintegration in Bangladesh. The roles of the government, private sector, NGOs, and community along the migration life cycle should be clearly defined and monitored. The scope of the Wage Earner Welfare Fund may be expanded to capture the life cycle approach for workers. Need-based support should be provided along the migration life cycle.

	Government	Local Government	NGOs	Community
Involvement	Adopts a comprehensive policy to address concerns of the migrant labourers from	Maintains a database of migrant labourers.	Support migrant labourers in finance, legal help during emergencies	Accommodates migrants during the re-integration process.

	pre-migration to re-integration in Bangladesh as an ongoing policy.		(e.g., repatriation, legal counselling) and reintegration.	

f) **Healthcare market**: The government may maintain strict monitoring of regulatory compliance for any pandemic-related diagnostic services and care offered by the private sector. Client-based reviews may be introduced here as well. An affordable fee system needs to be negotiated with private sector providers so that diagnosis and treatment are also accessible to all. In addition, the government may promote the creation of social entrepreneurship in the healthcare sector to address the profit motives and fraudulent practices of some private sector providers. The government should also encourage standardization of critical services.

	Government	Local Government	NGOs	Community
Involvement	Promotes and supports establishment of non-profit healthcare services. Introduces a fee system in the healthcare system coupled with stringent quality control systems.	Develops a database of service providers (private, public, and non-profit) and documents the feedback of community members who receive services.	Establish non-profit healthcare services.	Seeks quality control and provides feedback on the quality of services.

Appendix: Additional figures

Figure 1.1A: Incidence of changes in food behaviour, by profession
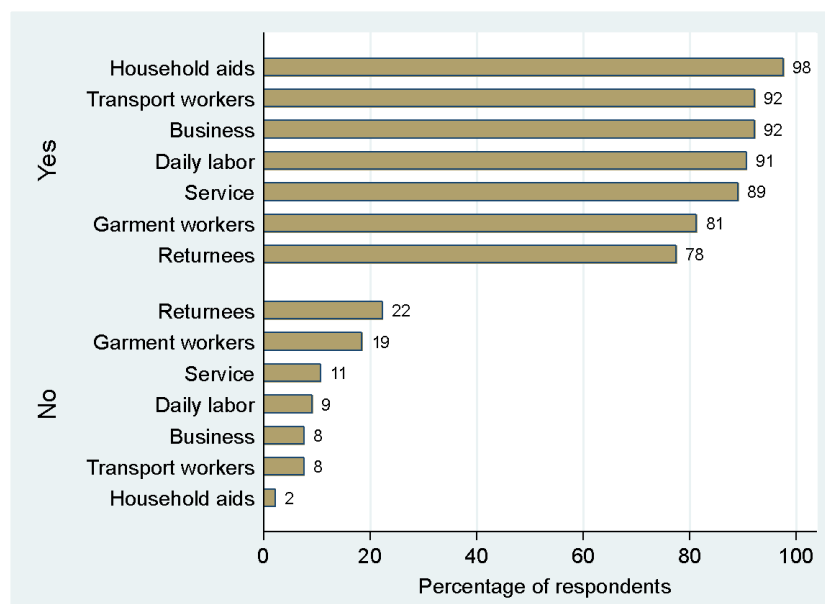
Table 1.1A: Two Sample t-test results on food and nutrition intake, by gender and employment status

	obs1	obs2	Mean1	Mean2	dif	St Err	t value	p value
3 meal a day (gender)	459	437	2.46	2.472	-.011	.042	-.3	.777
Adequate quantity (gender)	457	437	2.192	2.213	-.021	.034	-.6	.551
Protein intake (gender)	459	437	1.989	2.03	-.041	.025	-1.65	.097
3 meal a day (employed or otherwise)	728	168	2.488	2.369	.119	.052	2.25	.025
Adequate quantity (employed or otherwise)	727	167	2.212	2.162	.05	.044	1.15	.25
Protein intake (employed or otherwise)	728	168	2.013	1.994	.018	.032	.6	.559

Figure 1.2A: Opinion on opening of schools, by profession
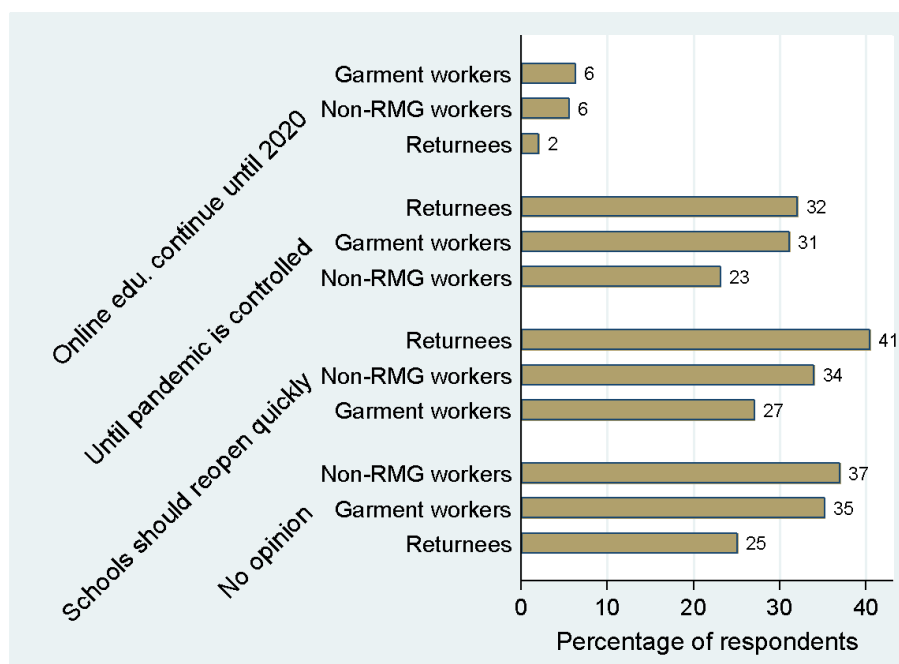
Figure 2.1A: Two Sample t-test (mean test) of Covid-19 health guidelines: Knowledge versus application

Covid-19 health guidelines	obs	Mean1	Mean2	dif	St_Err	t_value	p_value
Handwashing	1056	1.002	1.062	-.06	.007	-8.05	0
Wearing mask	1056	1.002	1.038	-.036	.005	-6.3	0
Social distancing	1056	1.007	1.416	-.409	.016	-26.8	0

Figure 2.2A: Sources of emergency relief, by profession (n=289)

Source of relief	RMG workers	Migrant workers	Daily labourers	Business	Service holders	Maids	Transport workers
Government							
Yes	35.65	55	46.27	34.78	31.58	42.11	42.86
No	64.35	45	53.73	65.22	68.42	57.89	57.14
Community							
Yes	67.83	65	58.21	65.22	60.53	73.68	28.57
No	32.17	35	41.79	34.78	39.47	26.32	71.43
NGO							
Yes	30.43	5	26.87	39.13	34.21	21.05	42.86
No	69.57	95	73.13	60.87	65.79	78.95	57.14

Table 4.1A: Financial support sought from different sources by profession group, employment status and gender

		Relatives	Friends	Neighbours	Money lender	Grocery shop	Bank	Other institutions	Total
Garment workers	Frequency	185	28	173	12	93	14	38	543
	Percent of responses	34.07	5.16	31.86	2.21	17.13	2.58	7	100
	Percent of cases	60.26	9.12	56.35	3.91	30.29	4.56	12.38	176.87
Returnees	Frequency	106	22	14	0	6	17	22	187
	Percent of responses	56.68	11.76	7.49	0	3.21	9.09	11.76	100
	Percent of cases	75.71	15.71	10	0	4.29	12.14	15.71	133.57
Non-RMG	Frequency	201	24	186	18	96	16	57	598
	Percent of responses	33.61	4.01	31.1	3.01	16.05	2.68	9.53	100
	Percent of cases	60.18	7.19	55.69	5.39	28.74	4.79	17.07	179.04
Employed	Frequency	384	55	334	27	180	33	101	1114
	Percent of responses	34.47	4.94	29.98	2.42	16.16	2.96	9.07	100
	Percent of cases	60.28	8.63	52.43	4.24	28.26	5.18	15.86	174.88
Unemployed	Frequency	108	19	39	3	15	14	16	214
	Percent of responses	50.47	8.88	18.22	1.4	7.01	6.54	7.48	100
	Percent of cases	75	13.19	27.08	2.08	10.42	9.72	11.11	148.61
Male	Frequency	261	46	144	15	72	31	64	633
	Percent of responses	41.23	7.27	22.75	2.37	11.37	4.9	10.11	100
	Percent of cases	67.1	11.83	37.02	3.86	18.51	7.97	16.45	162.72
Female	Frequency	231	28	229	15	123	16	53	695
	Percent of responses	33.24	4.03	32.95	2.16	17.7	2.3	7.63	100
	Percent of cases	58.93	7.14	58.42	3.83	31.38	4.08	13.52	177.3

Table 4.2A: Types of problems households likely to face, by profession, gender and employment status

		Inadequate income/savings	Food crisis	Education to be affected	Healthcare unaffordable	Family/social conflict	Law and order deterioration	Total
Garment workers	Frequency	307	338	155	208	151	38	1197
	Percent of responses	26	28	13	17	13	3	100
	Percent of cases	87	95	44	59	43	11	338
Returnees	Frequency	152	168	106	135	96	55	712
	Percent of responses	21	24	15	19	13	8	100
	Percent of cases	88	97	61	78	55	32	412
Non-RMG workers	Frequency	302	343	187	210	159	52	1253
	Percent of responses	24	27	15	17	13	4	100
	Percent of cases	85	96	53	59	45	15	352
Employed	Frequency	605	675	338	422	304	98	2442
	Percent of responses	25	28	14	17	12	4	100
	Percent of cases	86	96	48	60	43	14	348
Not employed	Frequency	156	174	110	131	102	47	720
	Percent of responses	22	24	15	18	14	7	100
	Percent of cases	86	96	61	72	56	26	398
Male	Frequency	392	434	239	289	222	97	1673
	Percent of responses	23	26	14	17	13	6	100
	Percent of cases	87	96	53	64	49	21	370
Female	Frequency	369	415	209	264	184	48	1489
	Percent of responses	25	28	14	18	12	3	100
	Percent of cases	86	96	48	61	43	11	345