Alliance 2015

towards the eradication of poverty

Covid-19 and Community Resilience

Bangladesh Report 2021

Project participants in Cox's Bazar are waiting with their respective documents for specific identification in outdoor waiting space considering social distance for control COVID-19 transmission. Bangladesh Photo: A. K. M Jakaria /Concern Worldwide.

Overview

This survey was undertaken in Cox's Bazaar, Bangladesh in October 2020 by Alliance2015 partners Helvetas and Concern Worldwide. It shows that high level of knowledge about COVID-19 (and how to avoid it) does not necessarily translate into action – people face many challenges in terms of affordability and availability of basic items such as soap and water, with many of these challenges being disproportionately felt by those living in the camp settings. Over half of those interviewed (51.2%) said there had been a negative change in the financial situation of their household – virtually all respondents (94.5%) said their ability to earn an income had been affected due to COVID-19. Almost one in 10 of those interviewed said that before March 2020, when the COVID-19 pandemic started, they were regularly receiving transfers from family living in other parts of the country or abroad – two thirds of these people said these transfers have decreased or dried up completely since the start of the pandemic. Amongst all respondents, 86.2% said they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Overall, 42.8% of those interviewed said they were eating less now, while 50.4% said the quality of what they were eating had gotten worse since the start of the pandemic. Over one fifth of respondents identified that they, or another person in their household had delayed, skipped or been unable to complete needed health care visits since the start of the pandemic and 14.6% said if anybody in their household fell sick this week they would not feel comfortable taking them to the health facility. In both cases, the fear of contracting COVID-19 at the facility and cost were the main reasons given. Overall 68.1% of those interviewed felt that compared to the period before COVID-19, access to school for the children in their household had gotten worse, with over half of those with children between the age of 4 and 16 saying that none of the children in their household were currently accessing education. Amongst the respondents 34.6% said they thought people in their community were arguing more than before the COVID-19 pandemic and 29.6% felt that people were arguing more within families.

Waiting area at Digital Booth - Concern Bangladesh in collaboration with local partners, have launched New Digital Booths in Dhaka, for screening and testing of Covid-19. Following a digital consultation with a doctor, patients showing symptoms are guided to a booth where samples are taken to test for Covid-19. Patients will receive results within 48 hours, additional advice and preventative supplies such as masks, if required. Photo: EHD / Concern Worldwide.

Introduction

Concern Worldwide has been working in Bangladesh since 1972 and has worked in Cox's Bazar intermittently over the years. Since September 2017, Concern has scaled up its operation in Cox's Bazar to address the humanitarian needs of the Rohingya people living in refugee camps. As part of the initial response in 2017, Concern focused on responding to the emergency by providing emergency nutrition services to reduce both Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) and Non Food Items (NFIs) to meet immediate needs. Over time, the operation also worked on Disaster Risk Reduction (DRR) to reduce the seasonal weather and disaster vulnerability of at risk Rohingya people and the Bangladeshi host communities living in Cox's Bazar.

Helvetas has been active in Bangladesh since 2000, and has worked in Cox's Bazar since 2017 providing support for Rohingya refugees. Helvetas has distributed hygiene kits to particularly vulnerable refugee families and has constructed communal latrines and biogas kitchens. The project contributes to a better health situation as the use of latrines reduces open defectaion and thus the risk of disease. It also decreases the firewood consumption and thus deforestation. Helvetas also contributes to improved information mapping in the refugee camps and makeshift settlements.

The conditions in the camps, including overcrowding, limited sanitation facilities and an overburdened health system, have made the COVID-19 preparedness and response plan uniquely complex. An inability to fully meet basic needs, low levels of nutrition and limited access to healthcare may have had a damaging impact on the immunity levels of Rohingya refugees, making them more vulnerable to the virus. A COVID-19 outbreak in the refugee camps and neighbouring communities would disproportionately affect women, girls, and other vulnerable populations. Gender norms and roles in both refugee and host communities are likely to limit the ability of women and girls to protect themselves from the virus and, if not adequately taken into account, they will have a significant impact on prevention and response efforts. Special attention to reduce risks must be accorded to older women, women with existing medical conditions and to pregnant women with a lower immunity status.

In 2020, Concern and Helvetas began responding to the COVID-19 crisis working to improve the resilience of vulnerable households and improve COVID-19 infection prevention and control at health facilities and community level in the Rohingya refugee camps in Cox's Bazar.

At the end of October 2020 (the time of the survey), there were 407,684 cases of COVID-19 reported in Bangladesh and a total of 5,923 deaths from the disease. This had risen to 644,439 cases and 9,318 deaths by April 2021 (the time of writing the report).[1] The government has responded to the pandemic by invoking travel restrictions, stay-at-home orders, workplace and school closures, cancelling of public events, limiting public gatherings to less than 10 people and requiring facial coverings outside of the home at all times.

1. Unless otherwise stated, all figures relating to COVID-19 caseloads and deaths are taken from the 'Our World in Data' dashboard at https://github.com/owid/covid-19-data/tree/master/public/data

Methodology

Two Alliance2015 partners, Helvetas and Concern Worldwide collected data from 617 individuals in Cox's Bazaar between the 22nd and 20th of October 2020. Data was collected from camp residents in Balukhali and Kutupalong and members of the host community in Kutupalong, with 86.1% of respondents coming from the camp population and the remaining 13.9% identifying themselves as being rural, that is from the host community. They were drawn from participants in one of four interventions from Concern's Emergency, Nutrition, Food Security and Livelihoods (EFSL) project or COVID-19 Response project, or Helvetas's Emergency, Food Security and Livelihoods (EFSL) project or their Hygiene Kit distribution project.

Interviews were conducted in person, by Concern staff and volunteers on the Helvetas programmes, observing stringent precautions against the spread of COVID-19 including mask wearing, maintaining a distance of two metres between the enumerator and the respondent and avoiding physical contact. Data was collected on digital data gathering devices using the KoBo tool.

The respondents were a reasonably balanced mix of men (52.7%) and women (47.2%) and had a mean age of 33 years (median 31) with 35% being 27 years and under, 34.2% being between 28 and 35 years and the remaining 30.8% being 36 years and above. The data in the following report is generally disaggregated in terms of location, sex of respondents and age group.

Knowledge of COVID-19

Almost all of the Respondents interviewed (99.7%) said they had heard about COVID-19, with knowledge of the main means of avoiding catching COVID also quite high. Amongst all respondents, 98.7% identified frequent hand washing with soap as one of the main precautions to take, a further 91.4% identified the importance of wearing a mask and 74.1% identified the need to maintain a physical distance. Somewhat surprisingly only 14.6% identified the importance of avoiding hand-shaking, hugging and social kissing.

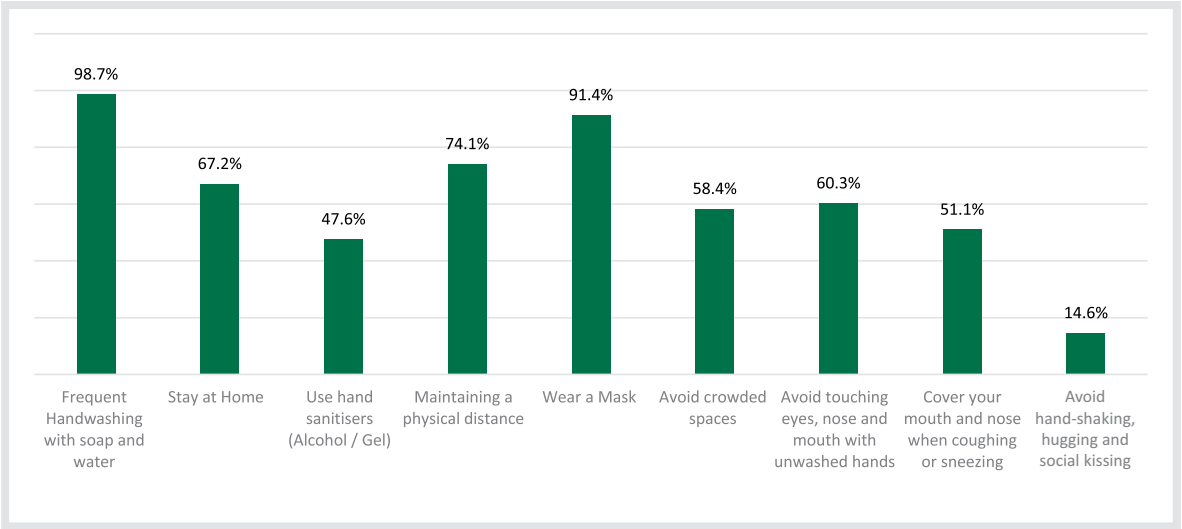

Figure 1 Percentage of respondents identifying the main precaution to avoid COVID-19

However, of more relevance may be the challenges that people face in terms of following the guidelines on preventing the spread of COVID-19. Respondents were asked to identify all the challenges they faced, which can be grouped into issues related to affordability, availability and the dense population in the areas in which they work and live. Maintaining social distance appears to be the biggest challenge amongst those interviewed with 68.5% identifying the housing they live in as being crowded, a further 44.4% saying that the market places are crowded and 39.2% saying that it was hard for them to stay away from neighbours and friends. However, as the following figure shows – while the concerns over market places are shared by roughly the same proportion of respondents who live in camp and host communities; the proportion saying they live in a crowded house is considerably higher amongst the camp population.

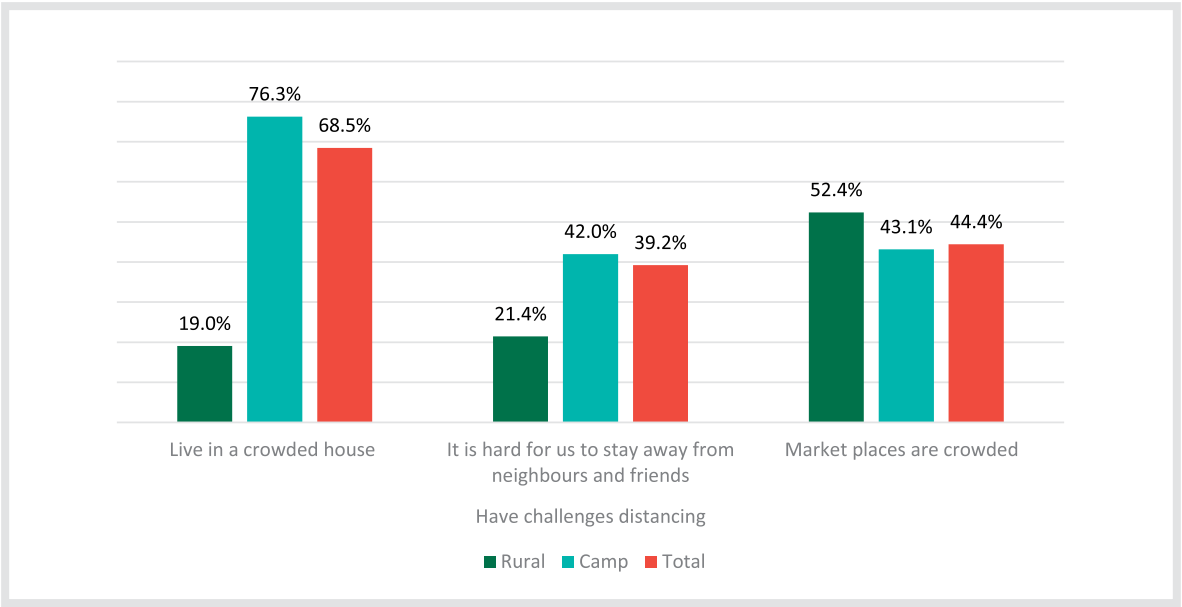

Figure 2 Why people cannot follow COVID-19 prevention measures: Social Distancing

Availability of materials seems to be the second most frequently mentioned challenge, with 40.2% of respondents saying they faced challenges with the availability of water, 21.1% saying this was the case with soap and 21.0% with facemasks. Again, as the figure below shows, there were huge differences in terms of the availability of water in particular between those in the rural and camp settings.

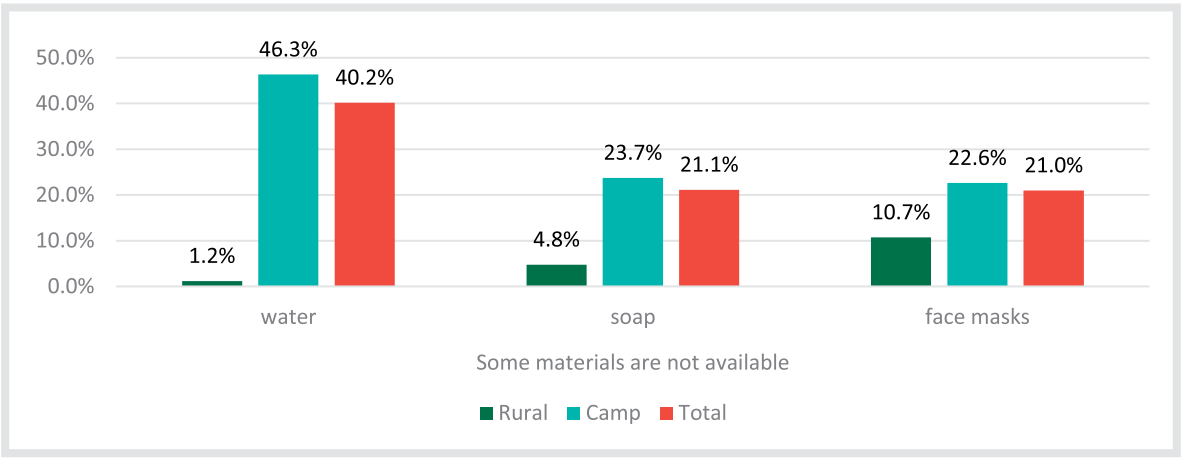

Figure 3 Why people cannot follow COVID-19 prevention measures: Availability of Materials

Affordability is also a frequently mentioned challenge when it comes to following the guidelines provided, with 19.0% saying they cannot afford water, 24.4% saying they cannot afford soap and 24.1% saying they cannot afford face masks, again with huge differences in terms of location.

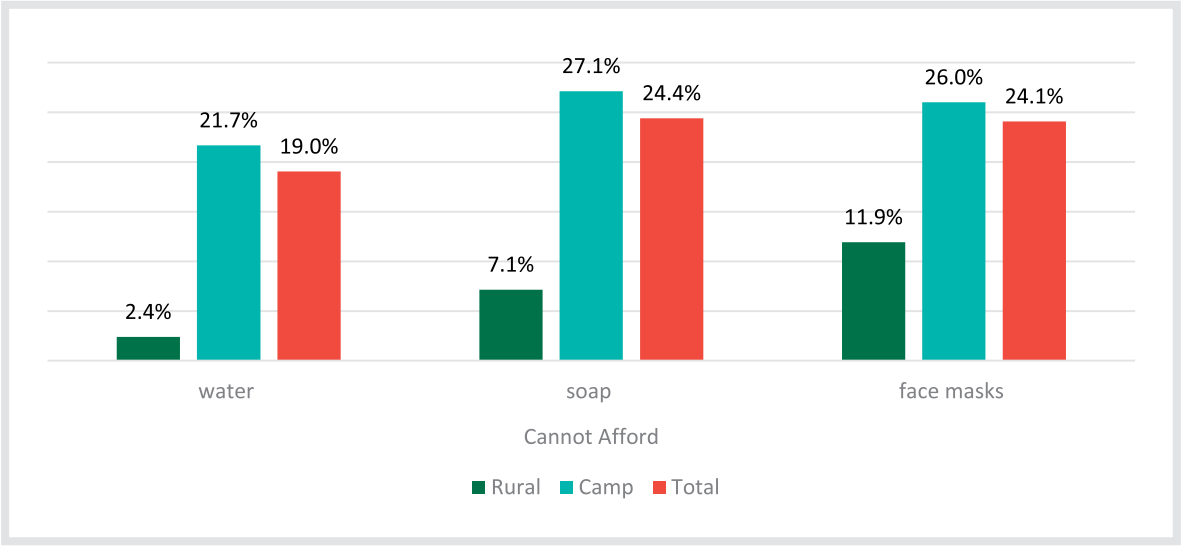

Figure 4 Why people cannot follow COVID-19 prevention measures: Affordability

There were some differences in some of the response in terms of the sex of the respondent with women more likely to say they cannot afford water (24.6% against 14.2% for men) or that water is not generally available (51.2% against 40.2% for men). Similarly, women were more likely to say they cannot afford soap (26.6% against 22.2%) or that it is not available (24.6% against 18.2% for men). However, men were more likely to say they could not afford masks than women (26.2% against 21.5%) or that they found the market places to be crowded (52.0% for men against 36.0% for women). Overall, 8.3% of respondents identified no challenges, 11.2% identified they faced one challenge and 18.4% faced two challenges, meaning 72.1% of those interviewed faced three or more challenges in following the guidelines. Respondents living in camps identified on average 3.4 challenges against 1.3 identified amongst the host community: there was only a small difference between male respondents (at 3.0) and female respondents (at 3.3).

Income

Respondents were asked to describe the change in the financial situation of their household since the start of the Covid-19 crisis; 37.1% said there had be a slight decline in this (roughly estimated to be up to 20%) with 14.1% saying there had been a significant negative change. Overall, 19.3% said it had remained the same and 7.1% said that it had improved slightly. A large proportion (22.3%) either did not know or would not answer the question. There appears to be little difference in terms of the different age groups, location and sex of respondent in terms of identifying a significant negative change; even though younger respondents, those living in camps and men were more likely to say it had remained the same, while those in rural areas (the host community) and in the older age groups were more likely to say there had been a slight negative decline.

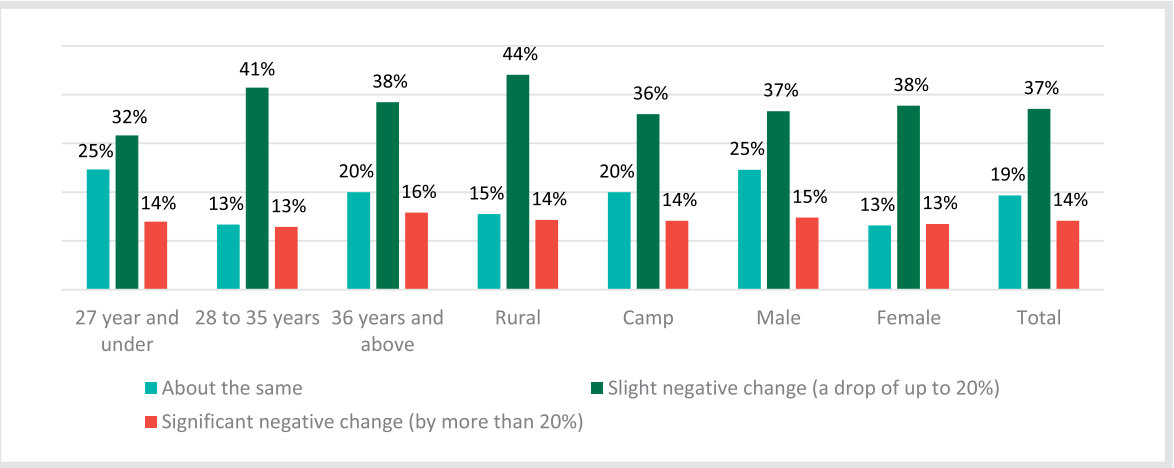

Figure 5 How has the financial situation of the household changed

Respondents were asked to identify their household's usual primary source of income (before COVID-19). Just over one-quarter (27.1%) said they were primarily dependent on support from external agencies, 26.8% depended on formal employment and 15% on casual labour, a further 12.0% were dependent on small scale (petty) trading and 1.3% depended on agriculture from their own land, overall, 5.5% said that remittances from family members were their primary source of income. However, there are differences between those living in the camp settings and those who described their area as rural – almost one third (31.3%) in the camps are dependent on external support compared to 1.2% in rural areas, while those in rural areas have a greater proportion who depend on formal employment, casual labour, agriculture or petty trading. There are also gender differences with more men engaged in small scale trading activities than women (17.8% compared to 5.5%), with more women likely to identify support from external agencies as their households primary source of income (38.1% compared to 17.2% for male respondents) or to be dependent on remittances (8.0% compared to 3.4%).

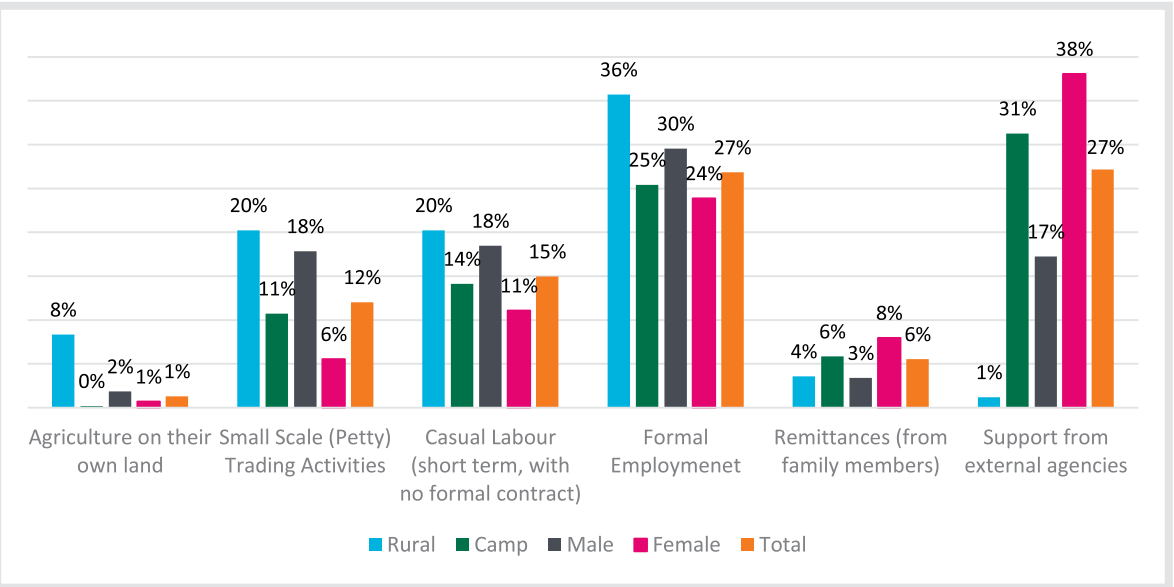

Figure 6 Primary Source of Income for the Household, by location and sex of respondent

Virtually all respondents (94.5%) said their ability to earn an income had been affected due to COVID-19, of these, almost one in 10 said that it had improved. Though the most frequent description was that it had gotten a little worse (given by 72.2% of respondents), with the remaining 17.8% of those interviewed saying it had gotten a lot worse. Looking at the disaggregated figures in the following table, it is apparent that while a greater proportion of those living in rural areas said their incomes had got better, they were also more likely to say it had gotten a lot worse. A similar pattern can be seen amongst the younger age group. In terms of income, the worst affected appears to be those who depend on agriculture on their own land, even if that is a very small sample – all of whom said their income had declined; those whose primary income source was petty trading were also more likely to say that it had gotten a lot worse.

Table 1 How has income been affected by COVID-19

	Got a little better	**Got a little worse**	**Got a lot worse**
Rural	16.9%	59.3%	23.7%
Camp	8.4%	74.3%	16.8%
Male	12.7%	68.8%	17.6%
Female	6.7%	75.3%	17.9%
27 year and under	15.3%	63.2%	21.5%
28 to 35 years	6.4%	77.1%	15.9%
36 years and above	7.1%	76.4%	15.7%
Agriculture on their own land	0.0%	75.0%	25.0%
Small Scale (Petty) Trading Activities	20.8%	56.3%	22.9%
Casual Labour (short term, with no formal contract)	6.6%	78.9%	14.5%
Formal Employment	8.5%	73.7%	17.8%
Remittances (from family members)	12.5%	81.3%	6.3%
Support from external agencies	9.3%	72.2%	17.6%
	9.6%	**72.2%**	**17.8%**

Respondents were then asked to identify the main challenges they faced. Amongst all of those who gave small scale trading as their household's primary source of income the main reason given for the decline in income was that their customers no longer have any money to spend (mentioned by 35.1% of respondents). This was closely followed by the fact customers are not coming to the market because of COVID-19 restrictions and that usual goods are not available to trade (given by 33.8%).

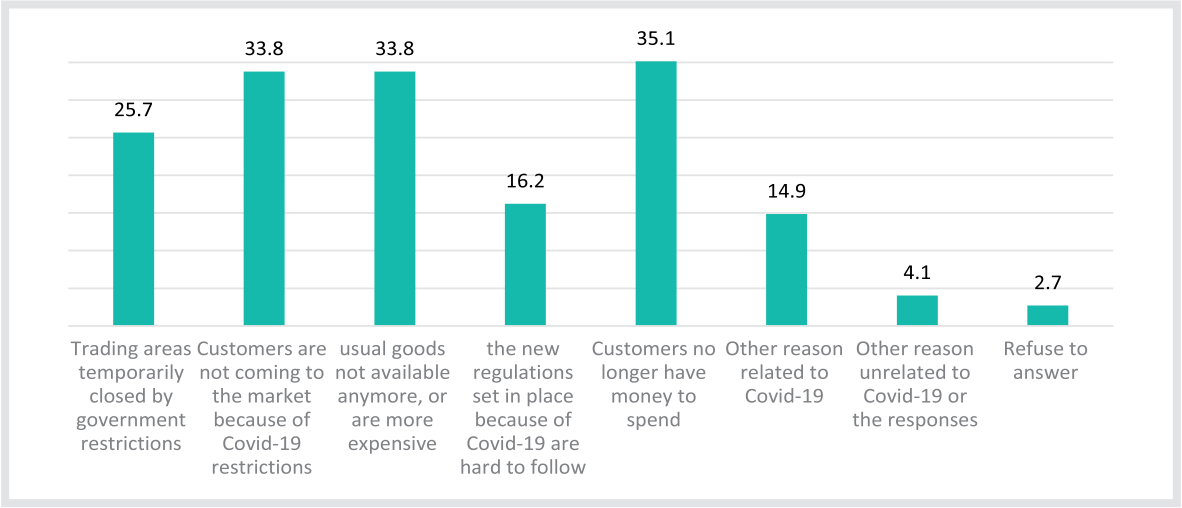

Figure 7 Why has income decreased for those working in small scale trade

Amongst those who identified that their household's primary source of income was from casual labour, the main challenge they face was that people are no longer recruiting (given by 52.1% of respondents) or that the amount they are being offered for their labour is lower than it was before (given by 44.6% of respondents). For those who identified formal employment as their primary source of income, reasons for declines were given as employer had reduced their work hours (mentioned by 37.0% of respondents) or that were not able to work because of lockdown / travel restrictions (mentioned by 36.4%). One in eight (12.1%) identified a reason for the drop in income as being that employers had laid people off (the response of 12.1%).

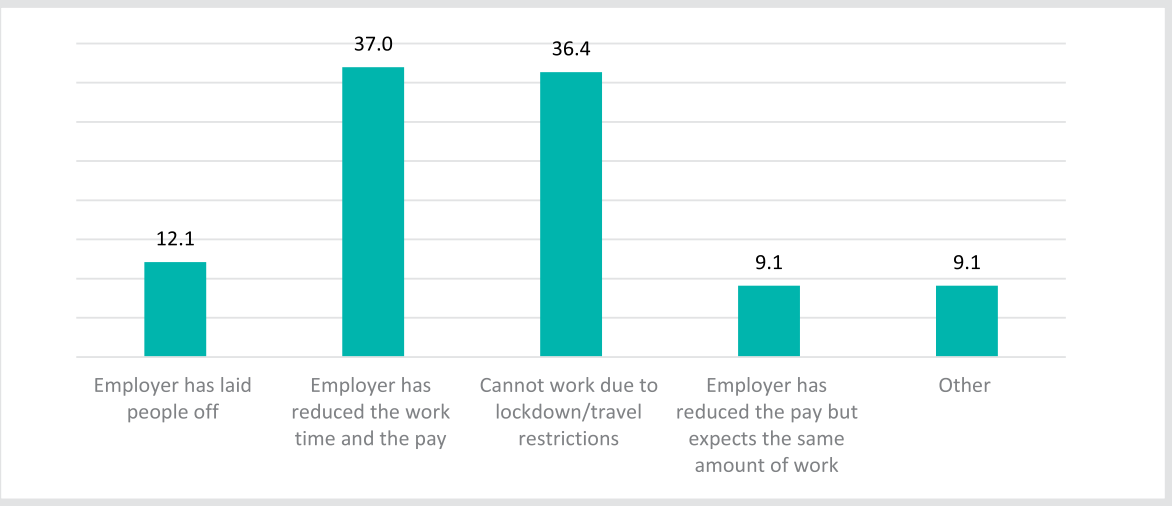

Figure 8 Why has income decreased for those working in formal employment

Remittances

While 5.5% of respondents identified that remittances were their primary source of income, in total 9.6% of those interviewed said that before March, when the COVID-19 pandemic started, they were regularly receiving transfers from family living in other parts of the country or abroad. Very little difference was observed in terms of the sex of the respondent, their location (camp or host community) or their age as to whether they had received remittances or not. Slightly over one quarter identified that they had decreased in value by up to a half (25,4%) with a similar proportion saying they had stopped completely and 16.9% saying they had decreased a lot. The following table presents this in a disaggregated manner, but a number of respondents in some of the group is quite small.

Table 2: How have remittances change since the start of COVID-19

	They have increased	They have stayed the same	They have decreased (up to 1/2 less)	They have decreased a lot	They have stopped completely	Respondent did not know
Rural	25.0%	0.0%	25.0%	0.0%	12.5%	37.5%
Camp	0.0%	17.6%	25.5%	19.6%	27.5%	5.9%
Male	3.0%	18.2%	36.4%	9.1%	15.2%	12.1%
Female	3.8%	11.5%	11.5%	26.9%	38.5%	7.7%
27 year and under	0.0%	29.2%	25.0%	16.7%	16.7%	12.5%
28 to 35 years	8.7%	4.3%	26.1%	8.7%	34.8%	8.7%
36 years and above	0.0%	8.3%	25.0%	33.3%	25.0%	8.3%
Total	**3.4%**	**15.3%**	**25.4%**	**16.9%**	**25.4%**	**10.2%**

The main reasons given for these declines were that their relatives' income was reduced (given by 77.5% of those who said there had been a decline), relatives lost their jobs (given by 20.0% of respondents), or that their relatives' own cost of living had increased (identified by 50.0%). A smaller proportion (10.0%) identified that the remittances had decreased because their relatives had become sick or had died or the cost of sending the transfer had increased.

Looking to the future

We asked respondents whether they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Amongst all respondents, 86.2% said they expect this to be the case, with more men giving this response than women (87.1% compared to 85.1%); with the older age groups being (slightly) more worried and with those depending on support from external agencies being most worried (see the following figure for more details).

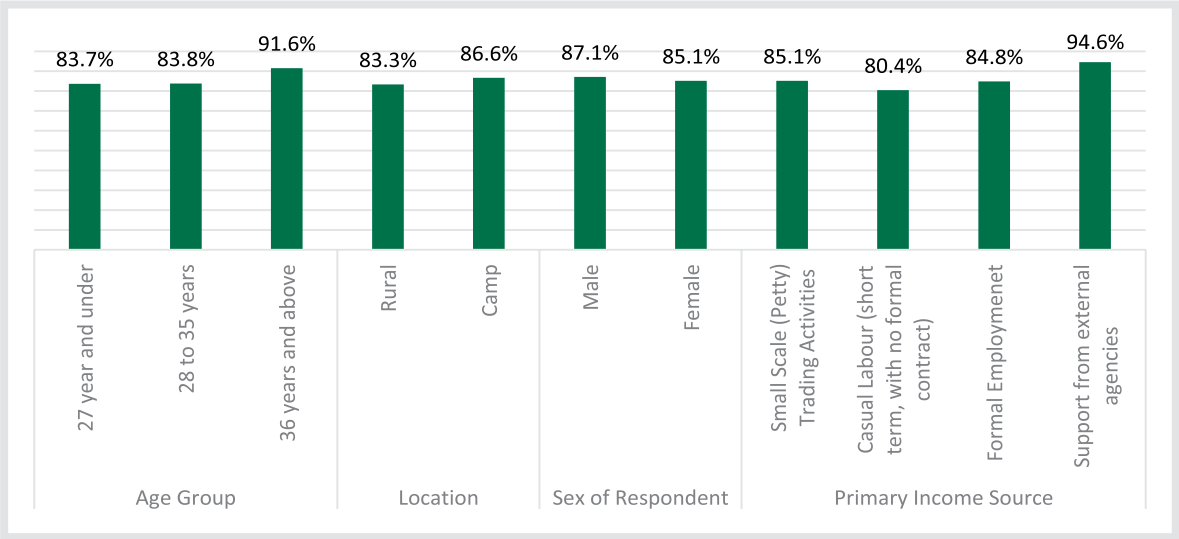

Figure 9 % respondents saying they are worried about their financial future

In terms of what the main worries were, the most frequently cited was potential price increases (given by 61.6% of all respondents), followed by less working hours being available (given by 45.4% of all respondents) and that transport would become more expensive (given by 28.4% of respondents).

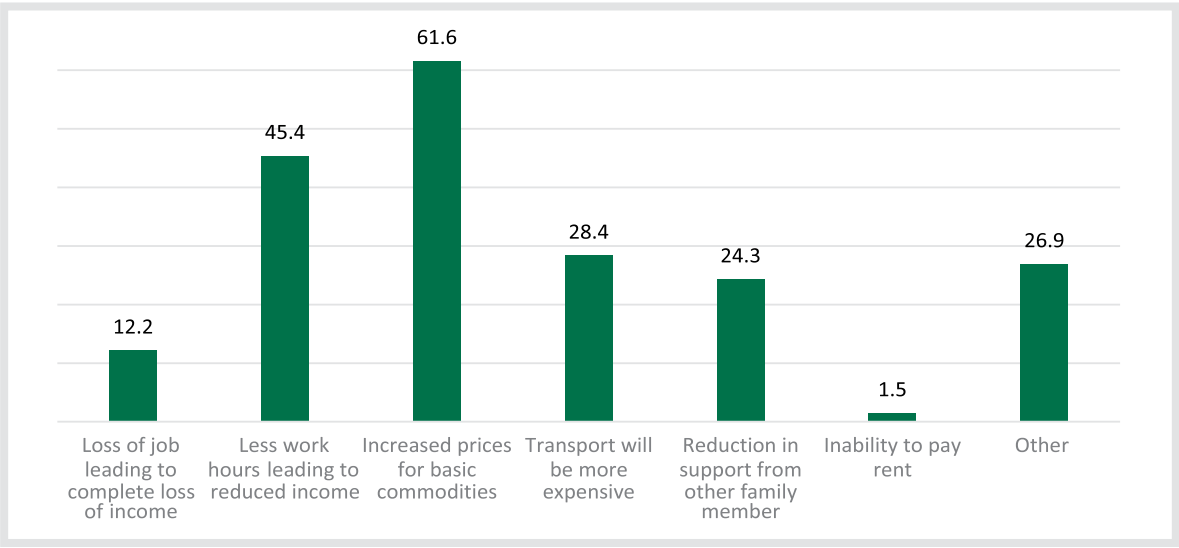

Figure 10 What are the main financial fears for the future

Food

We also asked respondents to compare the situation at the time of the interviews to the period before COVID-19 in terms of the quantity and quality of food. Overall, 42.8% of those interviewed said they were eating less now, with 55.1% saying it had remained the same and 1.8% saying they were eating more. In terms of quality, 50.4% said it had gotten worse; with 45.7% saying it was the same and 2.4% saying it had actually improved.

Female respondents were more likely to say their household was eating less than male respondents were (48.1% compared to 38.2%). There was an even more striking difference between men and women in terms of their response on quality with 60.6% of women saying it had gotten worse compared to 41.5% of men. Those living in the camps were more likely to give a negative response on quantity and quality than those living in the rural (host) communities,

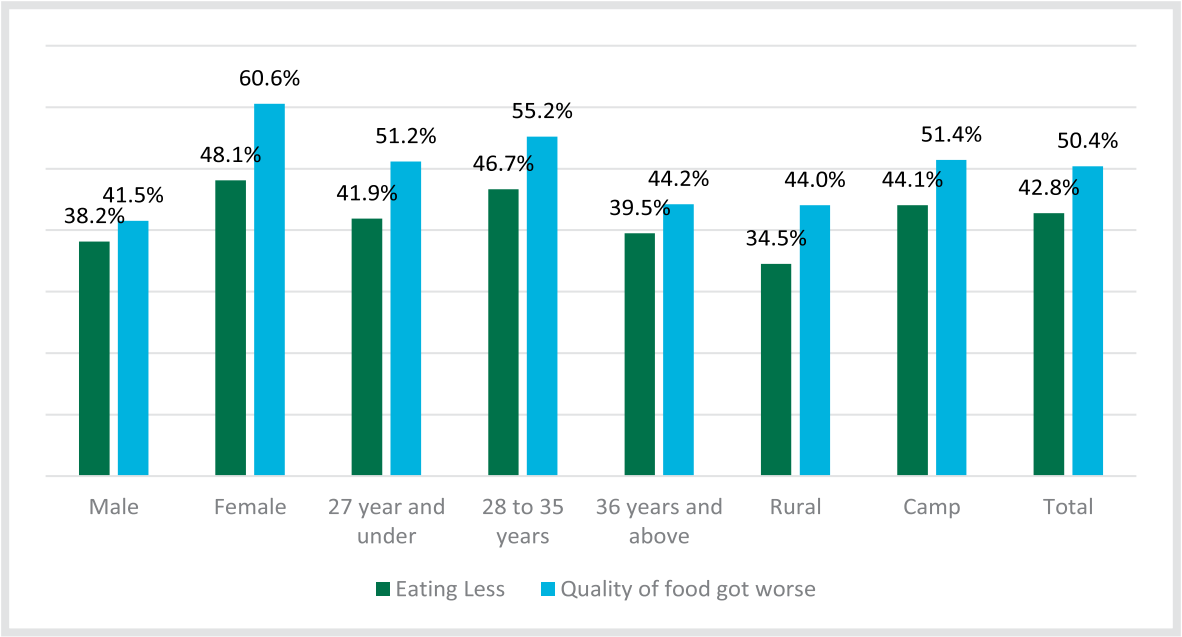

Figure 11 % of respondents saying they were eating less and the quality of the food was worse

Health

Respondents were asked, to describe the health and well-being of their family members compared to the period before COVID-19, with an overwhelming majority (69.3%) saying that it had remained the same. Similar proportions said that it had gotten worse (15.3%) and that it had improved (15.1%), with women being more likely to say it had gotten worse than men (18.7% against 12.3%). Similarly, those in the camps were slightly more likely to say it had gotten worse than those in the rural areas (16.0% compared to 10.7%), though they are also more likely to say it had improved (16.4% giving this response compared to 7.1% in the host community).

Respondents were further asked whether they, or any other person in their household delayed, skipped or had been unable to complete needed health care visits since the start of the COVID-19 pandemic, with 20.7% of respondents saying this had been the case. Amongst female respondents this was 23.2% and amongst males 18.2%, with a bigger difference observable between the camps and rural (host) communities (22.2% against 10.7%).

For those who had foregone assistance, the two main reasons given for this were a fear of contracting COVID-19 at the facility (given by 64.6% of respondents) and that the clinic had a long waiting time (given by 61.4% of respondents) or that the facility had reduced opening hours (given by 27.6% of respondents). The issue of cost was raised by 10.2% of respondents, a much smaller proportion than raised this issue in other contexts. There are some striking differences in the responses between those living in the camp and those in the rural area, with those in the camp much more likely to give fear of contracting COVID or the facility had restricted opening time than those in the host community, who were more likely to identify cost as a challenge.

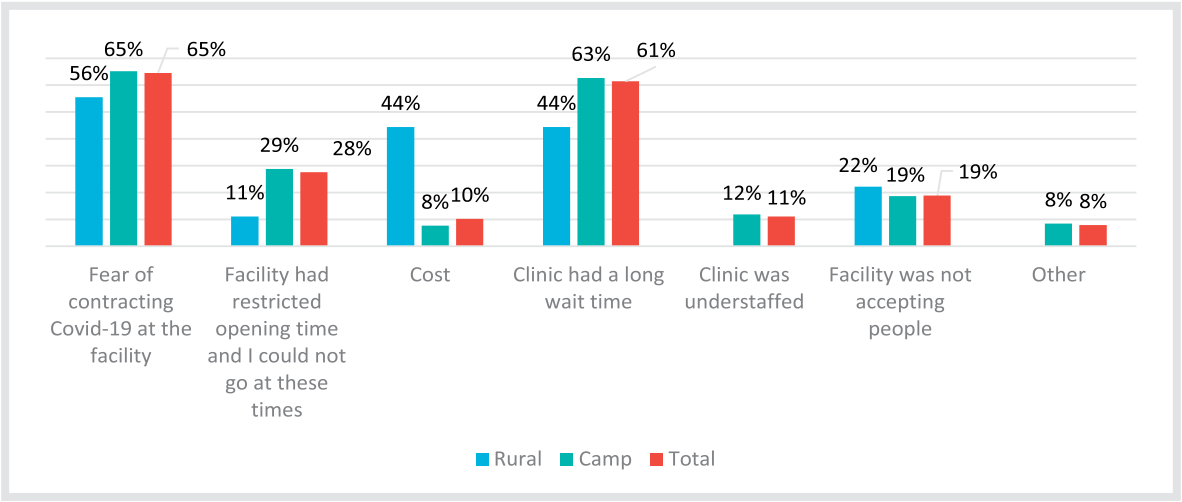

Figure 12 Main reason for not attending at health facility

Respondents were also asked 'if anybody in your household fell sick this week would you feel comfortable taking them to the health facility?' 14.6% of respondents said this was not the case, with men much more likely to give this response than women (23.1% against 5.2%) and those in rural (host) communities much more likely to say this than those in the camps (32.1% against 11.9%). While 16.7% of those who said they would be reluctant to attend in the coming week said this was because of a fear of COVID, a much higher 34.4% said this was related to cost and 26.7% said this related to long wait times at the facility.

Well Being

People were also asked if, during the pandemic period, they had experienced a selection of (negative) feelings more than usual. A very high proportion of respondents (86.2%) said that they had felt sad more than usual over the past month, with a similar figure (77.9%) saying they had felt worried. A smaller, but still substantial proportion (53.8%) reported having trouble sleeping, with 48.0% saying they had experienced sudden mood swings (such as anger or crying easily). A greater proportion of men reported experiencing mood swings or being worried than women; with women more likely to report they had experienced trouble sleeping or had felt sad. Those living in the camp settings were more likely to identify these emotions across the board than those living in rural (host) communities. This suggests that the emotional strain of COVID-19 is affecting everybody.

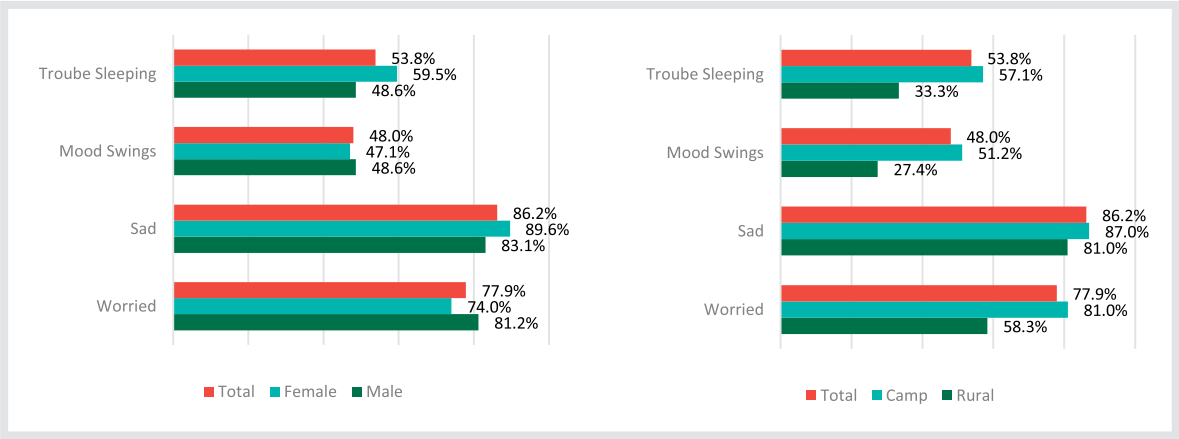

Figure 13 % of respondents saying that had experienced a selection of (negative) feelings in the previous months

Education

Respondents were asked, compared to the period before COVID-19 'how would you describe the access to school for the children in your household'. In response, 68.1% said it had gotten worse, with 27.2% saying it had remained the same, a very small proportion said it had improved (1.3%), with the remainder refusing to answer or not having children in their household.

We refined this further by asking whether there were children between the age of 4 and 16 in the household, with this being the case in 89.1% of households. Virtually all of these respondents said that the schools had been closed at some stage (96.9%) with most of these respondents (96.6%) saying that they had not yet reopened at the time of the survey.

Amongst all of the households with children of this age, we asked are these children accessing some form of education. In response over half (53.1%) said none of them were, with only 15.7% saying all of them were. This was considerably worse in households where the respondent was female (51.9% against 37.9%), or where the respondent said their household lived in a camp setting.

Table 3 Are children currently accessing some form of education

	No, none of them	**Yes, some of them**	**Yes, most of them**	**Yes, all of them**
27 year and under	55.3%	19.4%	8.8%	11.8%
28 to 35 years	58.3%	17.6%	5.0%	10.1%
36 years and above	45.3%	15.6%	7.3%	25.7%
Rural	25.0%	31.6%	6.6%	36.8%
Camp	57.6%	15.3%	7.0%	12.3%
Male	41.3%	20.8%	9.1%	22.8%
Female	67.1%	13.7%	4.4%	7.2%
Total	**53.1%**	**17.5%**	**6.9%**	**15.7%**

For the 40.1% of respondents who said some, most or all of the children in their household were accessing education, the vast majority said they were attending some form of school (86.4%). For those where none or some of the children were not accessing education the main reason given was the schools were still closed (given by 96.9%) underlining the importance of accessible schools for children's education, with alternative means, such as online lessons or radio based education programmes not being available for the people interviewed.

We also asked all respondents whether they thought girls or boys suffered the most – overall 15.4% said girls suffered more, with 25.2% saying boys had, with the remainder (56.1%) saying they had suffered the same. As the following figure shows, this was the case for both men and women, all age groups and both rural and camp locations.

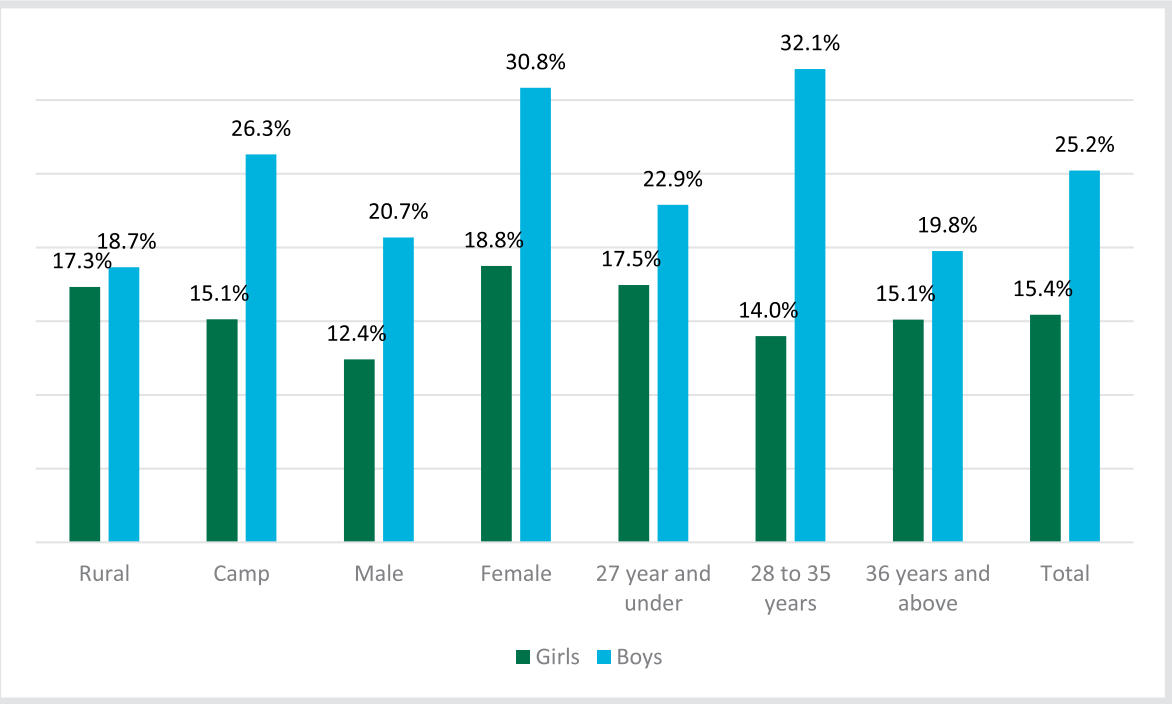

Figure 14 Proportion of Respondents who felt girls had suffered the most in terms of their education

Coping

Respondents were asked to identify which of a series of strategies they had used to cope with the situation since the start of the COVID-19 pandemic. 54.5% said they had to borrow money (more prevalent amongst those living in the camps); 31.9% said they had to sell household items (also more prevalent amongst those living in camps); 59.3% said they took goods on credit in the local store (more prevalent amongst men and the older age groups), and 60.8% said they had asked for help from neighbours (a more frequent response amongst women than men).

Table 4 Most frequently used Coping Strategies

	Borrow Money	**Sell Household items**	**Take goods on credit in the local store**	**Ask for help from neighbours**
Male	54.5%	31.1%	64.0%	56.9%
Female	54.7%	32.5%	54.3%	65.1%
Rural	48.8%	9.5%	59.5%	34.5%
Camp	55.4%	35.4%	59.3%	65.0%
27 year and under	48.4%	35.8%	54.4%	58.6%
28 to 35 years	59.5%	31.9%	62.9%	64.8%
36 years and above	55.8%	27.4%	61.1%	58.9%
Total	**54.5%**	**31.9%**	**59.3%**	**60.8%**

Those who borrowed money predominantly did this from neighbours or friends (82.1%) or extended family (17.6%), even though a substantial number did borrow from micro finance institutions (MFIs) (11.9%), banks and moneylenders or loan sharks (8.1%). Men were much more likely to be able to borrow from MFIs or other financial institutions, with women being more likely to resort to moneylenders. Those living in the host community reported a much greater access to more formal means of borrowing and were much less likely to borrow from extended family members or neighbours and friends.

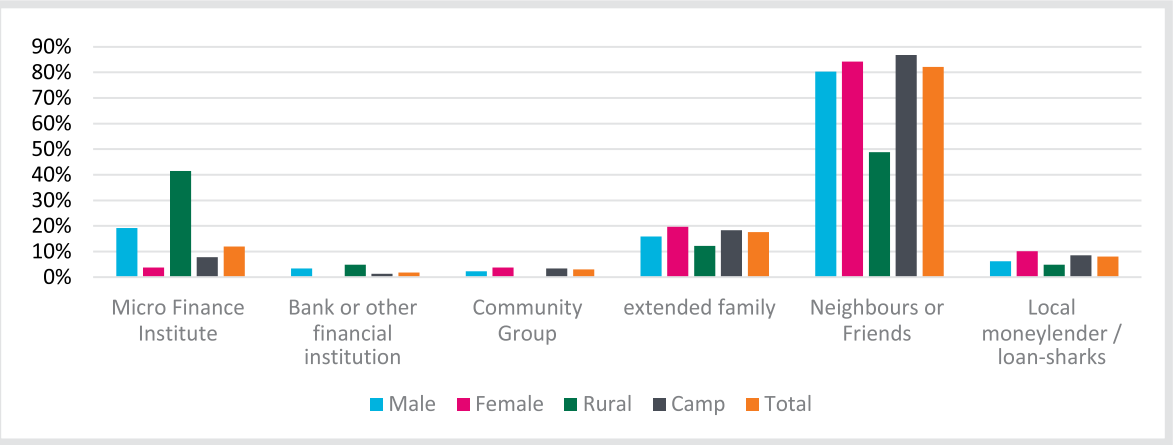

Figure 15 Where do people borrow from

Respondents were also asked whether they felt they would be able to repay this loan in the agreed time frame. Only 29.3% answered yes to this question, 31.3% said no and 37.6% said they did not know, suggesting households will become further indebted as a result of the COVID-19 crisis. The proportion responding yes was considerably higher amongst respondents in the host community (48.8%) than amongst those living in the camps (26.5%)

In terms of selling off household assets, amongst those who identified that they had resorted to this coping mechanism, 29.6% said they had sold material goods, such as televisions or radios. In addition, 28.1% said they had sold off their jewellery – this was a much more frequent response amongst women (33.0% against 23.8% for men) and amongst the host community. One in five who had sold off household assets identified that they had sold livestock – in this instance, a greater proportion of men gave this response. One in three respondents (34.7%) said they had to sell off some of their clothing; these were drawn completely from the camp population. Overwhelmingly respondents did not feel they had received a fair price for the goods they had sold (with 86.7% expressing this opinion).

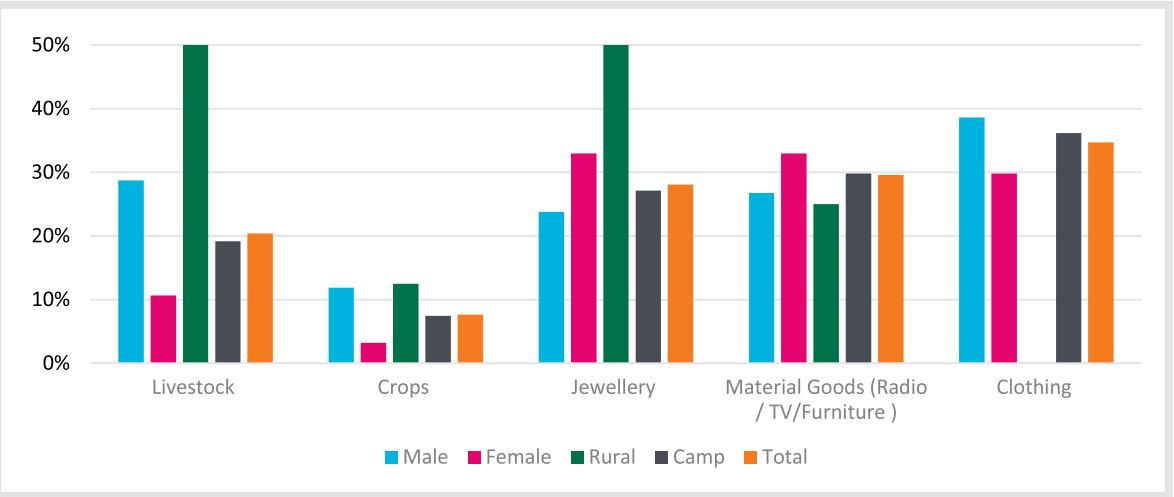

Figure 16 What have people been forced to sell - % of households

People were also asked whether they or anyone in their household received a cash or goods transfer from any government, international organisation, or NGO assistance programme since the beginning of the COVID-19 pandemic with 88.9% saying that had been the case. This was considerably higher amongst the camp population, where 95.1% of those interviewed gave this response compared to 50.0% amongst the host community. Amongst those who did receive assistance 87.9% said it had been helpful in increasing their ability to deal with the effects of COVID-19.

A further question was asked in terms of whether the respondent knew if anyone in the community received any food, cash or other support from government, international organization, or NGO assistance in the past three months that was related to the COVID-19 pandemic with 91.7% saying they were aware of this. These respondents were further asked if they thought the assistance had gone to those who needed it the most; amongst these, 50.2% said they thought this was the case, 20.7% said this was partly the case, 5.0% said they did not know but 23.0% categorically said the support had not gone to those who needed it most.

Finally, respondents were asked whether, compared to before the COVID-19 pandemic, they felt that they and their family could manage and adapt successfully. Almost two-thirds (65.0%) said this was the case, with men, younger people and those living in the rural (host) communities more likely to give this response, though as the following figure shows there was very little difference between the groups.

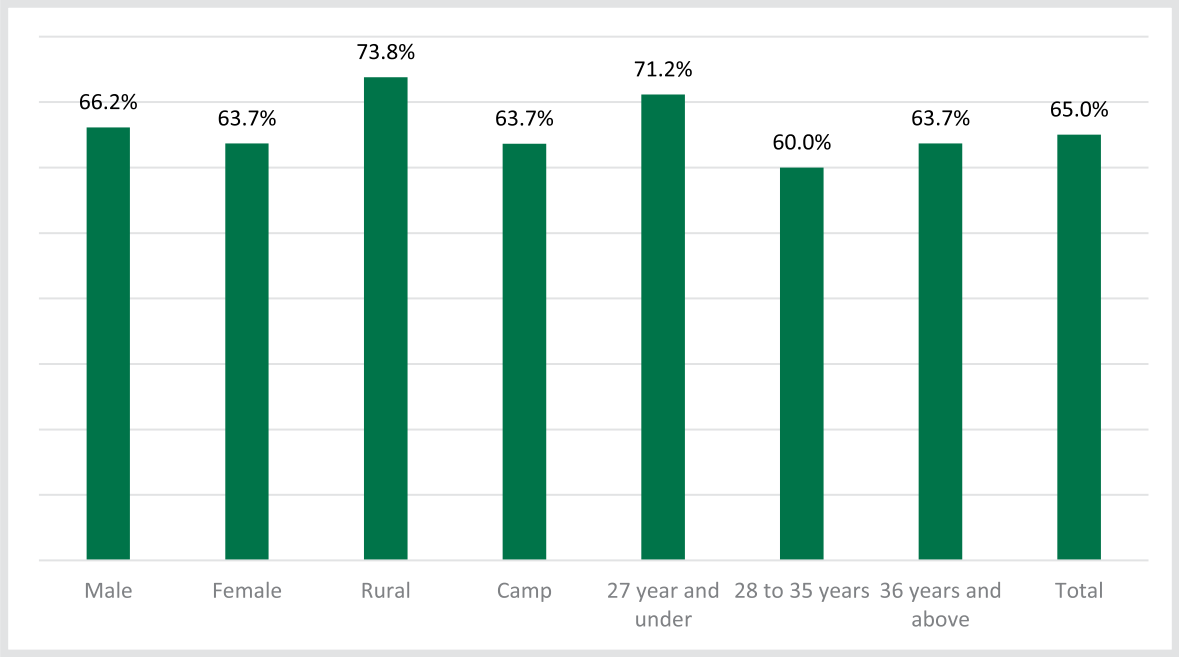

Figure 17 % of respondents saying they were able to cope

Community

Overall 41.3% of respondents said they felt people in their community were helping each other more since the start of the COVID-19 pandemic. This was slightly higher amongst male respondents, when compared to female respondents (43.4% against 38.8%), and higher amongst respondents living in the camps as opposed to the host community (43.1% against 29.8%)

Respondents were also asked if they thought people in their community were arguing more than before the COVID-19 pandemic – which 34.6% said they thought was the case. The proportion giving this response was higher amongst male respondents than females, and amongst younger

age groups. We also asked if those interviewed felt that people were arguing more within families since the COVID-19 pandemic with 29.6% saying this was the case. In this instance more women than men gave this response, similarly those living in the camps were more likely to give this answer than those in the host community.

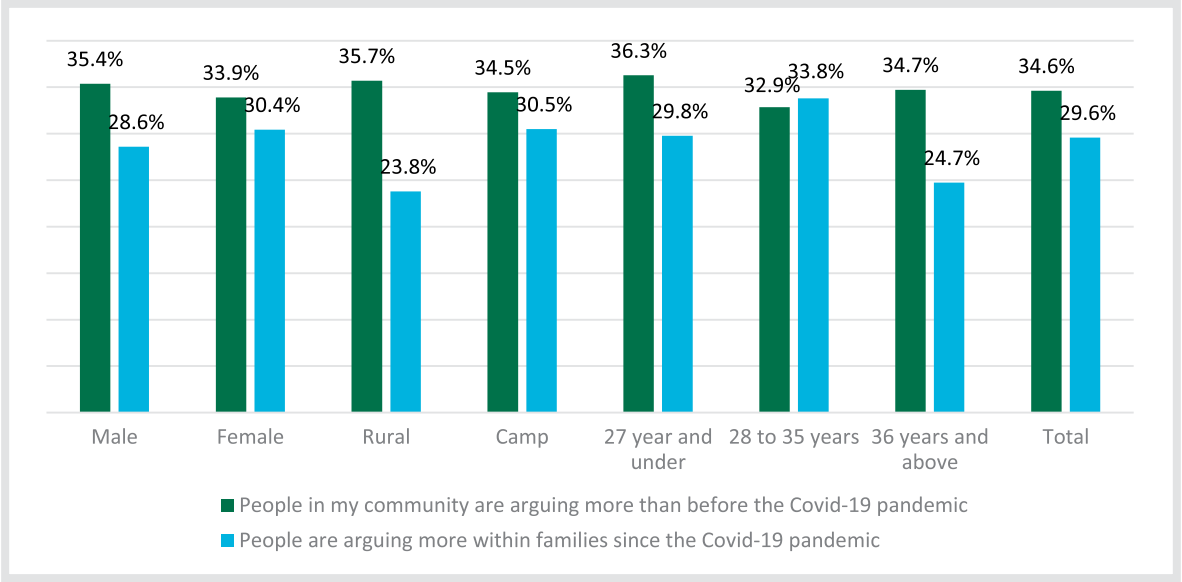

Figure 18 % respondents saying there is more arguing in the community and in families

We also asked if the respondents thought that some people in the community have suffered more during the pandemic than others, with 77.9% saying this was the case, with women (at 83.7%), those living in the camps (at 79.7%) more likely to give this response than men (at 72.6%) and those in the host community (66.7%). Amongst all respondents, 93.1% said the elderly had been most affected, followed by children (84.1%), and people with disabilities (80.4%). However, interesting differences between groups can be seen when we look into the proportion who say women (70.5%), women headed households (15.2%) and refugees (86.2%) have been most affected. In this sense, while 98% of the camp population felt refugees had been more affected, nobody from the host community gave this response, and while 77% of female respondents said women had been more affected, this dropped to 65% amongst male respondents.

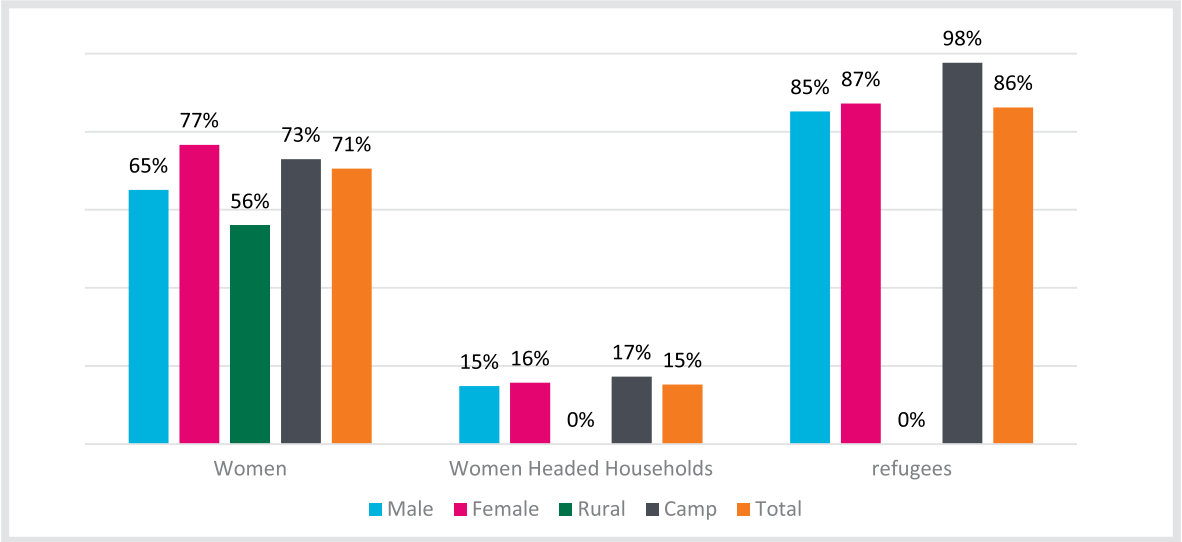

Figure 19 % identifying specific groups as suffering the most since the start of the pandemic

Recommendations

Our data was collected amongst those living in the camps in Cox's Bazaar and the nearby host communities. If we are to achieve the SDGs it will be important for any and all recovery programmes to focus first on these areas, and on countering inequalities made inexcusably starker by the pandemic and the limited responses to them. In particular:

- Address the challenges presented by declines in food quantity and quality, being cognisant of the potential long term impact.
- Ensure that Social Protection interventions, particularly those run by the government reach people living in these areas in a clear and transparent manner.
- Focus on restoring the livelihoods and income of the extreme poor who have been so severely impacted by the pandemic. This may include providing targeted assistance to those who have become indebted.
- Strengthen primary, community-based health care services and local care workers who play a crucial role in controlling the spread of COVID 19.

Food Security

- Ensure all livelihoods and cash-based interventions developed to support the Rohingya and host communities are developed with a gender-lens, target women and adolescent girls and mitigate GBV.
- Continue to support women in both host and Rohingya communities to engage in homestead gardening.
- Increase the engagement of women and adolescent girls in the production of masks as an income-generating opportunity and a way to include them in prevention activities.

Nutrition

- Ensure older women and those with underlying medical conditions, pregnant and lactating women have access to an adequate and nutritious diet.
- Ensure children, especially girls, have access to an adequate and nutritious diet, including dietary complements when needed.

WASH

- Prioritize menstrual hygiene management, ensure women and girls have ongoing access to appropriate products and have safe and dignified ways to clean and/or dispose of them, including in treatment, isolation and quarantine facilities.
- Ensure sufficient quantities of soap for bathing and laundry are distributed to Rohingya households.
- Design targeted interventions for older women, who largely do not access WASH facilities, to ensure they can maintain their personal hygiene to protect themselves from COVID-19 based on having consultations with them.

Alliance 2015

Alliance2015 is a strategic network of eight European non-governmental organisations engaged in joint humanitarian and development action to achieve greater scale and quality of impact. Originally constituted to strengthen its contribution to the Millennium Development Goals (MDGs), Alliance2015 joins forces to achieve greater impact on poverty reduction and disaster preparedness and response in the framework of the Sustainable Development Goals (SDGs). Based on this work on the ground, Alliance2015 also strives to influence development and humanitarian policies in Europe, and globally. Alliance2015 is a unique partnership that relies on its members' inputs and shared interests. While focusing on joint impact, the partnership is designed to enable its members to retain their own identity, brand and philosophy.

Alliance2015 members have identified Community Resilience as their common shared vision. The pandemic is testing the resilience of communities globally, across all regions and socio-economic groups. It is also having very differentiated impacts on people across regions of the world and within countries, exacerbating existing inequities and inequalities and creating new ones. Alliance2015 members have adapted their programmes and have initiated new activities to address the crisis. We have been collecting qualitative and quantitative data to inform and shape our interventions right from the start of the pandemic.

Alliance 2015

towards the eradication of poverty