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USAID/BANGLADESH COVID-19: AN ANALYSIS OF THE CHANGING DEVELOPMENT NEEDS AND PRIORITY ACTIONS – FINAL REPORT

November 11, 2020



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Cover Photos (clockwise from top left): Photo 1: Children are also using masks when they go outside; two young boys going to mosque for their prayers. Photo 2: People using masks and social distancing outside in the street as they go about their business. Photo 3: Bashundhara City shopping mall, a popular mall in Dhaka, Bangladesh, is using a virus disinfecting gate for visitors. Photo 4: Entry point (gate) of a Red Zone, blocked by the Bangladesh Police and City Corporation to restrict movement of that community's people. (Photos 1-3 taken on July 5, 2020 and Photo 4 taken on July 6, 2020 by Monowarul Islam.)

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CONTENTS

- EXECUTIVE SUMMARYi
- 1.0 INTRODUCTION 1
 - 1.1 Country Development Cooperation Strategy (CDCS)..... 3
- 2.0 ASSESSMENT RATIONALE AND PURPOSE..... 5
 - 2.1 Assessment Objective..... 5
 - 2.2 Assessment Audience 5
 - 2.3 Assessment Questions..... 5
 - 2.4 Assessment Schedule 5
- 3.0 ASSESSMENT METHODOLOGY 6
 - 3.1 Data Collection Methods..... 6
 - 3.1.1 Document and Secondary Data Review..... 6
 - 3.1.2 Sample Selection..... 6
 - 3.1.3 KIIs and SGDs..... 6
 - 3.1.4 Online Survey..... 7
 - 3.1.5 Online Survey Respondents 8
 - 3.2 Data Analysis Methodology 8
 - 3.2.1 Secondary Data Analysis 9
 - 3.2.2 Qualitative Data Analysis 9
 - 3.2.3 Quantitative Data Analysis 9
 - 3.3 Methodological Limitations..... 9
 - 3.4 Assessment Team 10
- 4.0 FINDINGS..... 11
 - 4.1 AQ 1: How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions? What are the lessons gleaned for future programming? 11
 - 4.1.1 General Findings..... 11
 - 4.1.2 Findings by Development Objective 12
 - 4.1.3 Lessons Gleaned for Future Programming..... 15
 - 4.3 AQ 2: What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in? 16
 - 4.3.1 Findings..... 16
 - 4.4 AQ 3: Are there gaps or areas that USAID should be working on based on new needs identified? 23
 - 4.4.1 Findings..... 23
 - 4.5 AQ 4: The proposed Results Framework for the new draft CDCS is very integrated and, given the new context of development priorities, how will development priorities be able to address the pivots needed to confront COVID-19? 28
 - 4.5.1 Findings..... 28
- 5.0 RECOMMENDATIONS 32
 - 5.1 Recommendations by Technical Office 32
 - 5.1.1 Mission-wide..... 32
 - 5.1.2 Office of Democracy, Human Rights, and Governance (DRG)..... 33

5.1.3 Office of Economic Growth (EG)	34
5.1.4 Office of Food, Disaster and Humanitarian Assistance (FDHA)	35
5.1.5 Office of Population, Health, Nutrition and Education (PHNE)	35
ANNEXES	36
Annex 1: Rapid Assessment Statement of Work	37
Annex 2: Assessment Matrix	40
Annex 3: Assessment Timeline	42
Annex 4: Documents Reviewed.....	45
Annex 5: List of Key Informants	51
Annex 6: KII/SGD Protocol for USAID Points of Contact, Implementing Partners, and GOB and Civil Society Representatives.....	55
Annex 7: KII/SGD Protocol for bilateral and multilateral donors	59
Annex 8: Online Survey	60
Annex 9: 14 TIP recommendations.....	70
Annex 10: Online Survey Results (Closed-ended questions only)	71
Annex 11: Need Assessment, Cox’s Bazar	81

LIST OF TABLES

Table 1: Number of KIIs/SGDs Participants by Stakeholder Group	7
Table 2: Number of Online Respondents by Stakeholder Group	7

LIST OF FIGURES

Figure 1: COVID-19 Summary	2
Figure 2: USAID/Bangladesh CDCS, 2011-2019 (Extended to 2021).....	4
Figure 3: Characteristics of Online Survey Participants	8
Figure 4: Draft of New USAID CDCS, 2020	28
Figure 5: Funding by Donor Type and Sector Type for Bangladesh COVID-19 Response.....	28

ACRONYMS

Acronym	Description
A/COR	Assistant/Contracting Officer's Representative
ADB	Asian Development Bank
AQ	Assessment Question
AR	Attack Rate
AT	Assessment Team
AUHC	Advancing Universal Health Coverage
BC-TIP	Bangladesh Counter-Trafficking In Persons
BGMEA	Bangladesh Garment Manufacturing and Exporter Association
BIGD	BRAC Institute of Governance and Development
BLAST	Bangladesh Legal Aid and Services Trust
BMEL	USAID Bangladesh Monitoring, Evaluation, and Learning Activity
BRAC	Bangladesh Rural Advancement Committee
BSCIC	Bangladesh Small and Cottage Industries Corporation
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CFR	Case Fatality Rate
CHT	Chittagong Hill Tracts
CHTWCA	Chittagong Hill Tracts Watershed Co-Management Activity
CLA	Collaborating, Learning, and Adapting
COP	Chief of Party
COR	Contracting Officer's Representative
COVID-19	Coronavirus Disease 2019
CPI	Corruption Perceptions Index
CSO	Civil Society Organization
CTC	Counter-Trafficking Committee
CVE	Countering Violent Extremism
DANIDA	Danish International Development Agency
DCOP	Deputy Chief of Party
DEC	Development Experience Clearinghouse
DGHS	Directorate General of Health Services
DO	Development Objective
DOS	Department of State
DRG	Office of Democracy, Human Rights, and Governance
DSA	Digital Security Act
EC	European Commission
EG	Office of Economic Growth
ELCG	Education Local Consultative Group

Acronym	Description
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FD	Forest Department
FDHA	Office of Food, Disaster, and Humanitarian Assistance
FY	Fiscal Year
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GIHA	Gender in Humanitarian Action
GOB	Government of Bangladesh
HCTT	Humanitarian Coordination Task Team
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IEDCR	Institute of Epidemiology, Disease Control, and Research
IMF	International Monetary Fund
IOM	International Organization for Migration
IP	Implementing Partner
IPC	Infection Prevention and Control
IR	Intermediate Result
JICA	Japan International Cooperation Agency
KII	Key Informant Interview
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LSP	Local Service Provider
M&E	Monitoring and Evaluation
ME&A	ME&A, Inc. (formerly Mendez England & Associates)
MEL	Monitoring, Evaluation, and Learning
MJF	Manusher Jonno Foundation
MMWU	Morbidity and Mortality Weekly Update
MOEWOE	Ministry of Expatriates' Welfare and Overseas Employment
MOHFW	Ministry of Health and Family Welfare
MSMEs	Micro, Small, and Medium Enterprises
NAWG	Needs Assessment Working Group
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
PHNE	Office of Population, Health, Nutrition, and Education
PLHIV	People Living With HIV
POC	Point of Contact
PPE	Personal Protective Equipment
PPJ	Promoting Peace and Justice
PPRC	Power and Participation Research Centre
PWD	People With Disabilities
RMG	Ready-Made Garment

Acronym	Description
RRR	Rapid Research Response
RT-PCR	Reverse Transcription-Polymerase Chain Reaction
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SEA	Sexual Exploitation and Abuse
SGD	Small Group Discussion
SHN	Surjer Hashi Network
SMS	Short Message Service
SOW	Statement of Work
SPSS	Statistical Package for the Social Sciences
TB	Tuberculosis
TI	Transparency International
TIP	Trafficking in Persons
U.S.	United States
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNITAR	United Nations Institute for Training and Research
USAID	United States Agency for International Development
USG	United States Government
VE	Violent Extremism
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

INTRODUCTION

This Executive Summary presents a synopsis of the key findings and recommendations produced by this rapid assessment analyzing how the coronavirus disease 2019 (COVID-19) pandemic has impacted the changing development needs and priority actions for the United States Agency for International Development in Bangladesh (USAID/Bangladesh).

The ME&A assessment team (AT) conducted the rapid assessment to provide answers to the following four principal assessment questions (AQs):

1. How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions, and what are the lessons gleaned for future programming?
2. What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in?
3. Are there gaps or areas that USAID should be working on based on new needs identified?
4. The proposed Results Framework for the new draft Country Development Cooperation Strategy (CDCS) is very integrated and, given the new context of development priorities, how will development priorities be able to address the pivots needed to confront COVID-19?

BACKGROUND

COVID-19 has spread across 188 countries and caused unprecedented impacts across the globe. To reduce the cycle of COVID-19 transmission, governments around the world have instituted countrywide lockdowns with strict hand hygiene and social distancing measures together with other public health measures. Bangladesh has been significantly affected by COVID-19. Key informants for this assessment described its impact on the country and its citizens using words such as “tremendous,” “devastating,” “unprecedented,” and “horrific.” This impact has been exacerbated by a number of factors, including a struggling health care system, loss of employment in key sectors and industries, 21.8 percent of Bangladeshis living below the national poverty line (Asian Development Bank [ADB], 2018), and 9.2 percent of the employed population earning below \$1.90 a day (ADB, 2019). During the COVID-19 lockdown, USAID implementing partners (IPs) and their local partners have adapted their operations to this “new reality” by allowing employees to work remotely, where possible. Instead of face-to-face interactions, meetings have been conducted through Skype, Microsoft Teams, Zoom, WebEx, Google Meet, and other teleworking platforms. IPs report that in many instances, the delivery of aid and development services had declined appreciably and, in some instances, been curtailed.

ASSESSMENT METHODOLOGY

The rapid assessment used a mixed-methods data collection design consisting of 1) document and secondary data review, 2) key informant interviews (KIIs) and small group discussions (SGDs), and 3) an online survey. Overall, the AT reviewed 117 documents, conducted KIIs and SGDs with 53 key informants, and received 130 responses to the online survey.

KEY FINDINGS

I. How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions?

- The countrywide lockdown and social distancing requirements hampered IPs' ability to implement projects in the field. As a result, 68 percent of USAID and IP activity targets set in the work plans have

been adversely affected. Nevertheless, IPs took swift action and identified areas of programming that could be pivoted toward COVID-19, adapted to teleworking, and found ways to coordinate with their stakeholders and beneficiaries.

- IPs adapted to using remote technologies instead of face-to-face interactions and have introduced virtual programming. For instance, one IP sends out “Do it yourself” YouTube Videos to farmers on how to fix equipment, how to weld, and so on. IPs are also relying more on local partners, remote coordination with the Government of Bangladesh (GOB), and private sector partnerships.
- The most prevalent programming pivot by IPs has been in the area of awareness raising and risk communication through social media, miking, and distributing leaflets. According to the majority of key informants, television is the most effective method for COVID-19 awareness raising.
- COVID-19 affected all development areas. Precisely 62.3 percent of online survey respondents were not satisfied with COVID-19 mitigation methods compared to 28.5 percent who were somewhat satisfied and 9.2 percent who were very satisfied.
- IPs working under the Office of Democracy, Human Rights, and Governance (DRG) placed most of their program activities on the back burner during the pandemic once the GOB began implementing measures to stop its spread. Over time, these IPs adopted remote technologies by using Zoom to hold meetings and trainings and Facebook to conduct advocacy sessions. Moreover, the DRG IPs worked on addressing the rights of Ready-Made Garment (RMG) workers, provided livelihood support to RMG workers, and conducted remote negotiations with the private sector. The Bangladesh Counter-Trafficking in Persons (BC-TIP) activity provided training for Counter-Trafficking Committee (CTC) members and volunteer groups in Cox’s Bazar on awareness raising about COVID-19, fielded a survey on attitudes towards returned migrant workers, and provided livelihood support to 500 families of those at risk of Trafficking in Persons (TIP) and to TIP victims and survivors.
- IPs in the Office of Economic Growth (EG) experienced implementation challenges but managed to achieve most of their targets (e.g., 70 percent of targets in agricultural mechanization). These IPs pivoted to address COVID-19 impacts by developing better linkages between banks and farmers to provide low interest loans to support on-farm enterprises.
- The Office of Population, Health, Nutrition, and Education’s (PHNE) COVID-19 response strategy includes the following five pillars: 1) enhancing Bangladesh’s surveillance and testing capacity, 2) strengthening case management and infection prevention and control (IPC) efforts at health facilities, 3) improving supply chain and logistics management systems, 4) raising community awareness and strengthening information systems, and 5) providing technical assistance and strengthening guidelines to ensure essential services are provided (PHNE Portfolio Review, 2020).
- IPs working in nutrition assisted the GOB to develop guidelines for newborns and children (under five years of age) and for prenatal, perinatal, and postnatal maternal health care in COVID-19 situations. They also provided technical assistance to strengthen the regulatory system under the Directorate of Drug Administration to ensure the supply of quality assured medicines and medical devices. They also donated ORSaline-N, TasteMe Instant Soft Drink Powder and sheet molding compound water to the Bidyanando Foundation which provides food support to underprivileged children and communities.
- The United Nations Development Programme (UNDP), with funds from USAID’s Chittagong Hill Tracts Watershed Co-management Activity (CHTWCA) and the Danish International Development Agency (DANIDA), and in partnership with the GOB, distributed solidarity packs (containing food, hygiene products, and agriculture seed packs) along with awareness-raising posters to 98,500 households in Chittagong Hill Tracts (CHT) and another 3,300 households in Cox’s Bazar. Due to the pandemic, livelihoods related to nature-based ecotourism are hampered as national parks, botanical gardens, and other forest-based recreational areas are closed due to COVID-19. Due to the loss of

jobs/businesses in towns, significant numbers of unemployed individuals returned to their villages, which created additional pressure on forests to sustain their livelihoods.

- IPs under the Office of Food, Disaster, and Humanitarian Assistance (FDHA) pivoted their programming to educate beneficiaries on how, where, and when they can access services (e.g., access to loans.) Additionally, IPs engaged in dialogue with microentrepreneurs to address the impact of COVID-19 on their access to financing.

1A. What are the lessons gleaned for future programming?

- Virtual technology has been a useful alternative, but it cannot completely replace face-to-face interactions. For many IPs, the adjustment to teleworking and remote means of communication posed an initial challenge, but with daily use teleworking has been successfully adopted. While alternate communication networks need to be created to enhance interaction with vulnerable groups, IPs have so far managed to reach some of these beneficiaries through telephone calls and/or engagement of community members in the activity itself.
- The Mission and IPs should develop a detailed and action-oriented contingency plan to enhance preparedness and resilience for future shocks and stressors. They should allocate sufficient time to prepare and plan before shocks or stressors occur, so that they can properly coordinate a rapid response. They should further develop roadmaps and community-based and activity specific action plans to engage with beneficiaries in emergencies.
- USAID IPs should enhance linkages with the private sector. Assessment findings support the need to change the overall strategy of how development is done by generating more opportunities for the involvement of partnerships with the private sector. This includes the importance of examining and addressing past failures to attract the private sector's involvement in development work. Work is in progress to strengthen the relationship between the private and development sectors so they are better able to respond to future social and economic challenges.
- The move toward digitalization is welcomed; however, economic inequalities preclude certain groups from gaining access. The desire for rapid digitalization caused by COVID-19 needs to address the socio-economic and digital divide across population groups in Bangladesh. Inclusiveness and access should be preconditions for digitalization.

2. What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in?

- Four in 10 online survey respondents believe the biggest COVID-related problem at the national level is the lack of economic activity, particularly activity related to production, transportation, supply chain, labor, and markets. The sectors rated as most important to get the economy back on its feet were economy/financial, health care, education, agriculture, and transportation.
- Nearly eighty (80) percent of survey respondents support local political party involvement in risk communication about COVID-19. Local party leaders have high visibility and authority in their local communities and their constituents might be more likely to follow their advice.
- Globally, COVID-19 has increased the visibility of civil society organizations (CSOs) that are working on the front line to raise awareness about the disease. Seventy-three (73) percent of survey respondents were either satisfied or very satisfied with CSOs' role in promoting awareness about COVID-19. CSOs have an important role to play in promoting awareness and conducting advocacy campaigns about COVID-19 mitigation measures by actively engaging the GOB, non-governmental organizations (NGOs), donors, and other stakeholders.
- CSOs' activities advocating for greater government accountability have been subpar. Greater CSO engagement and visibility at the local and national levels would help in the fight against corruption.

The COVID-19 crisis has highlighted the need to monitor the GOB's actions to ensure greater transparency and accountability related to aid distribution. CSOs should advocate for fair and transparent practices and monitor the implementation of GOB public initiatives.

- While the incidence of TIP might initially be reduced due to the lockdown and restrictions on movement, it will likely increase once restrictions are eased due to the increased number of unemployed, returned workers, and destitute persons who make easy targets for traffickers. A post COVID-19 TIP response and mitigation strategy is needed to address this problem.
- RMG workers have been adversely affected by the COVID-19 pandemic. Due to the lockdown and cancellation of orders from Europe and the United States, the RMG sector suffered severe losses in March and April leading to a surge in unemployed RMG workers, some without severance pay or benefits. Fortunately, this sector, has seen improvements in July and August. Revamping the RMG sector with greater hygiene measures and protection of workers' rights needs to be a priority.
- The agriculture, fisheries, and livestock sectors have been severely impacted by COVID-19, and small business owners in these sectors require low-interest loans to survive the impact of the pandemic. While government subsidies are available, only a small number of key informants in the fisheries sector have received financial assistance. Additional means of support need to be mobilized to ensure that micro, small, and medium enterprises (MSMEs) continue post-pandemic and prepare for future lockdowns, including contingency plans for transportation and supply chains, and support to develop business plans. Future programs should further advocate for employment and livelihood protections for informal workers, daily wage earners, unemployed, and owners who lost their small businesses.
- Bangladesh has had considerable difficulty providing quality health care to its population. This was exacerbated by the pandemic. Bangladesh has one of the world's highest population densities. That, coupled with low levels of testing, personal protective equipment (PPE) and oxygen supplies, as well as a chronic lack of beds, especially in the intensive care units, means that the health care system was unable to adequately respond to the pandemic. Significant financial and technical support has been provided to this sector; however, additional infrastructure, technology, and equipment investments are needed, and government hospitals require better management and administration practices. Focus should also be directed at making strides toward Universal Health Coverage (UHC).
- Donors continue to provide assistance to the health care sector in the form of public private partnerships (PPPs), which have improved health care delivery. Donors should also consider working with the GOB to provide free or discounted health care for COVID-affected, vulnerable patients, such as garment workers, the unemployed, and indigenous peoples.
- IPs working in maternal and prenatal care have been adversely affected by COVID-19 and have been unable to address the needs of their beneficiaries. This sector, however, has seen improvements in July and August now that IPs have been able to resume work in communities.
- Vulnerable groups without community support structures—particularly women, girls, female-headed households, gender diverse populations, as well as lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+)—are more likely to face adverse impacts during the ongoing situation. Among USAID and IP survey respondents, 56.6 percent have implemented measures to mitigate the impacts of COVID-19 on vulnerable groups, and 45.2 percent believe these measures have been successful.
- As a result of COVID-19, youth access to education, livelihoods, and incomes has severely declined. School closures created a wide educational gap among youth and have negatively affected their future employment prospects. Girls, in particular, may be forced into negative coping mechanisms, such as early marriage or prostitution. More attention needs to be placed on youth community engagement to create greater employment opportunities and means to advance their education.

- Although not mandated to work directly with the Rohingya refugees, IPs provided support to the adjacent communities. Of the survey respondents who felt comfortable answering questions on this topic, 40.6, 55.5, and 55.3 percent felt that support provided by, respectively, the GOB, bilateral/multilateral institutions, and United Nations (UN) agencies has been fairly or very successful.

3. Are there gaps or areas that USAID should be working on based on new needs identified?

- According to the 2019 Transparency International (TI) Corruption Perceptions Index, Bangladesh ranked in 146th place out of 180 countries. Key informants corroborated the TI ranking, claiming that corruption is widespread and common in day-to-day interactions at all levels in Bangladesh. Issues of corruption in aid distribution have also tarnished Bangladesh's COVID-19 relief effort.
- During the COVID-19 pandemic, GOB authorities used the controversial Digital Security Act (DSA) to harass and indefinitely detain activists, journalists, and others critical of the government and its political leadership (Human Rights Watch, 2020). Given the critical role government authorities play in COVID-19 messaging and mitigation, there is a need to continue to focus on funding governance programs, especially those that address *“the linkage between emergency distribution and accountability, all of the issues of media, governance, equity, and state of democracy.”*
- Key informants generally did not feel sufficiently knowledgeable to answer questions about violent extremism (VE) during the pandemic. Nonetheless, a recent article published in The Diplomat titled *What Does COVID-19 Mean for Terrorism in Bangladesh?* lays out the scenario for a resurgence of pandemic-induced VE in Bangladesh. The lockdown has resulted in young people spending more time conducting internet searches which offers extremist groups greater opportunities for online recruiting. Due to the security forces's shift in focus from countering jihadist militants to cracking down on drug trafficking networks, and now policing COVID-19 restrictions, a space may have opened up for the reactivation of dormant insurgency groups such as Ansar Al Islam (AAI) and/or the Islamic State (IS) Caliphate. This suggests the need for IPs working in countering violent extremism (CVE) to develop approaches that mitigate the impacts of COVID-19 on CVE, e.g., the increase in unemployed youth seeking something to do that provides a strong sense of identity and purpose, and for USAID to scale up CVE programming in Bangladesh to address the CVE-related challenges specified by the United Nations Institute for Training and Research (UNITAR).
- Globally, there is an uptake of reported cases of gender-based violence (GBV). According to the May 2020 UNDP report *Gender-Based Violence and COVID-19*, 243 million women and girls world-wide were victims of sexual or physical violence perpetrated by their intimate partner over the last 12 months. The Manusher Jonno Foundation, a local human rights organization, reported that 4,249 women and 456 children are known to have been subjected to domestic violence in 27 of 64 districts of Bangladesh in April alone, including 1,672 women and 424 children for the first time in their lives.
- According to an August 2020 study conducted by the International Organization for Migration (IOM), 70 percent of migrant workers returning to Bangladesh between February and June due to COVID-19 are out of work. Such unplanned and large-scale returns of unemployed migrants affect communities that depend on remittances; one migrant worker supports on average three family members.
- People without a sustainable income source and those marginally above the poverty line are more likely to fall into poverty due to the loss of income and employment; therefore, livelihoods assistance needs to be provided for these vulnerable groups. In doing so, it should be noted that the most vulnerable persons often lack access to technology and require alternative communication channels.
- The livelihoods of workers in the agriculture, fisheries, and livestock sectors have been adversely affected by the pandemic, while transportation and supply chains have experienced significant delays. The poor are taking the brunt of the economic shock, with severe impacts on their income and wealth.

Many non-poor face a similar fate and are turning to homestead food production to meet their needs. Rapid response measures are necessary to meet the needs of the poor and vulnerable non-poor, with funding directed towards livelihoods and food security programming.

- March 2020 marked the closure of all educational institutions in Bangladesh. Their opening is anticipated by the year's end. This situation exacerbates the existing learning crisis in which 57 percent of the 42 million children enrolled in school are in learning poverty and only 25 percent of secondary-level children master the required competencies. At present, the GOB offers a TV-based learning program, My School at My Home, that covers some academic curriculum requirements but not all. Some private schools also offer telecourses. Innovations for Poverty Action (IPA) warns that “the sudden nationwide shutdown also risks reversing some of the earlier achievements with improved access to education such as close to universal primary school enrollment and attainment of gender parity in secondary education.” Hence, donors in collaboration with the GOB should develop and enact plans for safe school opening.
- While it is the priority of the international community to address the immediate impacts of COVID-19, donors and the GOB should not neglect funding interventions to ensure the nation's readiness to respond to natural disasters. Proper natural resource management and conservation will not only benefit the environment and help to mitigate the impacts of climate change, but will also provide an extra layer of assistance to the population of Bangladesh by building resilience against the impacts of cyclical disasters, such as floods, cyclones, etc.

4. The proposed Results Framework for the new draft CDCS is very integrated and, given the new context of development priorities, how will development priorities be able to address the pivots needed to confront COVID-19?

Development Objective (DO) I: Democratic Systems that Promote Transparency, Accountability, and Integrity Improved

- Support needs to be allocated to enterprise recovery for MSMEs through small grants to prevent business failure and support the start-up of small businesses. Support should also be directed to ensure that natural resources management is strengthened.
- Programs providing legal assistance to vulnerable communities and marginalized groups to understand their rights and ways to access the justice system should be supported. USAID should add an anti-corruption program to its portfolio that engages CSOs, NGOs, and media in monitoring the GOB aid distribution process and other public initiatives.
- Instances of TIP are likely to increase post-COVID. USAID should continue its effort to address the 14 recommendations listed in the *U.S. Department of State's Trafficking in Persons Report 2020, Annex 9* and continue coordinating with the GOB at the national and local levels. In the long term, USAID could focus on targeting workforce development programs for marginalized groups such as returning migrants and increasing opportunities for youth entry in the workforce.
- USAID should engage local political party leadership in COVID-19 risk communication and awareness raising within their local communities. It should also look to engage youth in formal political processes. This can also act as a catalyst for future political and societal change, encourage inclusive political participation, and promote the development of policies responding to the needs of the younger generation suffering from widespread unemployment and increased political marginalization as a result of COVID-19. Likewise, involving women, particularly those from vulnerable communities and marginalized groups, in the formal political process should be supported.

DO 2: Opportunities and the People’s Lives Enhanced to Create an Inclusive Society and Economy

- In the short term, IPs should work to build the capacity of NGOs and CSOs to advocate with national and local governments for the needs of the poor, RMG workers, and other socially-excluded groups. Advocacy should address their needs in terms of economic empowerment, social safety nets, and access to health care.
- Support should be given to programs that provide essential services that address GBV. These programs should be bolstered to mitigate the expected increase in GBV resulting from the COVID-19 restrictions such as increased unemployment and poverty.
- USAID should consider increasing its support to build a strong network of CSOs connected with the media, able to mobilize quickly and advocate for social issues such as governmental transparency, anticorruption, child marriage, GBV, and equal rights for gender diverse communities. They could also be used to counter rumors related to COVID-19 and its aftermath.
- USAID should work with workers and producers in the agriculture, fisheries, and livestock sectors to build their capacity to withstand the impacts of COVID-19 by linking them with financial institutions for microcredits, low interest loans, and other financial services to ensure their post-pandemic operations. Programming should also support expanding social protection coverage to informal workers in rural sectors, including timely cash transfers and food or in-kind distributions. The Food and Agriculture Organization of the United Nations (FAO) suggests including specific measures tailored to female workers with care responsibilities at home, families that may resort to child labor as a coping strategy, and other vulnerable subgroups.

DO 3: Society’s Ability to Mitigate, Adapt to, and Recover from Shocks and Stresses Improved

- USAID should continue supporting the Institute of Epidemiology Disease Control and Research (IEDCR) to conduct surveillance to identify and track individuals infected by COVID-19 and those with who they have been in contact. This will prevent the spread of the disease and foster data driven decision-making. Efforts should also be made to address infrastructure, technology, and equipment shortfalls that hamper the provision of quality health care.
- Activities to address the immediate needs of the poor and extremely poor, and provide livelihood and food security support to vulnerable communities, will help develop resiliency. In the long run, strengthening the country’s social safety nets is imperative to provide income security for the elderly, widows, people with disabilities, and other vulnerable groups. Similarly, programming that supports temporary employment for working age men and women will improve stability.

RECOMMENDATIONS

Drawing on the assessment findings, the AT offers the following recommendations (in addition to the priorities presented for AQ 4 above):

- Support a culture of collaborating, learning, and adapting (CLA) to upgrade IPs’ ability to report on lessons learned pertaining to COVID-19 mitigation strategies so they can make adjustments to their programs and activities and adapt them as needed.
- Develop a detailed, action-oriented contingency plan for the Mission to enhance its preparedness and resilience for future shocks and stressors. Encourage IPs to develop staff and beneficiary engagement contingency plans for their activities.
- Invest significant efforts to enhance linkages with the private sector. Assessment findings highlight the need to generate more opportunities to involve and partner with the private sector.

- Consider adding an Anticorruption Activity to USAID’s portfolio that supports citizens in unveiling and fighting corruption with assistance from a coordinated network of CSOs and the media.
- Support the move toward wider digitalization, including e-Justice, digitalization of courts, telemedicine, and distance learning. The desire for rapid digitalization created by COVID-19 needs to account the socio-economic and digital divide across population groups in Bangladesh. Inclusiveness and access should be preconditions for digitalization.
- Continue supporting CVE programming or programming intended to enhance social cohesion and conflict resolution strategies in Cox’s Bazar to mitigate the occurrence of social unrest.

I.0 INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in Wuhan, China in December 2019 and has since spread across 188 countries and territories (World Health Organization [WHO], 2020). Seven remote islands in the Pacific Ocean, North Korea, and Turkmenistan are the only countries without any reported cases of COVID-19 (Al Jazeera, WHO, 2020). The WHO declared the outbreak a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020.

The United States Agency for International Development Bangladesh (USAID/Bangladesh) Program Office issued Tasking Request S023 for the USAID Bangladesh Monitoring, Evaluation, and Learning (BMEL) Activity to conduct a rapid assessment and offer an analysis on the impact the COVID-19 pandemic has had on the changing development needs and priority actions for the Mission.

COVID-19 has had an alarming spread across 188 countries, and its consequences have caused unprecedented impacts on many vital sectors across the globe. The frontline battles were initially fought by the countries' health care systems, as they were the first to experience the brunt of the pandemic. To reduce the cycle of COVID-19 transmission, governments around the world instituted countrywide lockdowns with strict hand hygiene and social distancing measures, coupled with regular governmental briefings.

The initial countrywide lockdowns had a positive effect on reducing the spread of COVID-19. Nevertheless, the sudden drastic measures have also had a staggering impact on the global economy, combined with a spike of unemployment rates across the world (World Bank [WB], International Monetary Fund [IMF], 2020). The WB states that the COVID-19 recession “has seen the fastest, steepest downgrades in consensus growth projections among all global recessions since 1990.” It is forecasted that the baseline global gross domestic product (GDP) rate will shrink by 5.2 percent in 2020 (WB, 2020). Governments have begun opening up their economies while advising their citizens to follow the hand hygiene and social distancing guidelines provided by the World Health Organization (WHO). Yet, notwithstanding this guidance, outbreaks have once again begun to appear. Pharmaceutical companies and governmental and private research intuitions, supported by private and public funds, have been rushing to find a treatment for COVID-19. Currently, there are over 100 coronavirus vaccines known to be either in clinical trials or early development stages (British Broadcasting Corporation [BBC], 2020).

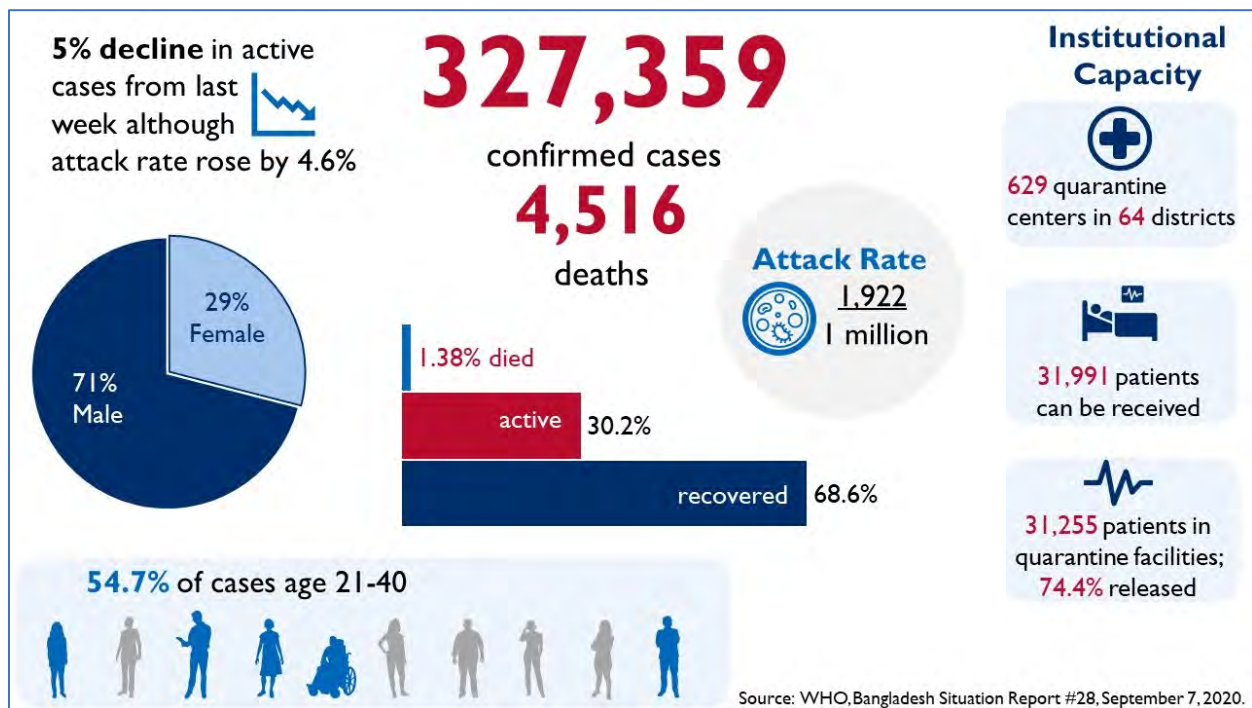
While the developed countries are having a difficult time controlling and coping with the spread of COVID-19, the developing countries have far fewer coping mechanisms available to mitigate COVID-19's impacts. As a result, citizens of those countries have a tendency to experience more severe shocks and stressors. The inability to contain COVID-19 in emerging and developing countries—especially those with high poverty rates, where the health system is ill-equipped to respond to everyday health emergencies and that do not have the proper resilience built up to respond to a pandemic of this size—could precipitate a deeper recession, disproportionately affecting the countries' most vulnerable populations.

COVID-19 has significantly affected Bangladesh. In the words of our respondents, its impact on the country and its citizens has been “tremendous,” “devastating,” “unprecedented,” and “horrific,” mostly due to an under-resourced health care system and loss of employment opportunities that adversely affect the 21.8 percent of Bangladeshis living below the national poverty line (Asian Development Bank [ADB], 2018) and the 9.2 percent of employed population earning less than \$1.90 a day (ADB, 2019). The pandemic has threatened to push these vulnerable groups further into destitution. As reported by the Institute of Epidemiology, Disease Control, and Research (IEDCR) in the WHO's latest Morbidity and Mortality Weekly Update (MMWU) No. 28 (between March 9 and September 7, 2020) there were 327,359 confirmed COVID-19 cases in Bangladesh by reverse transcription-polymerase chain reaction (rt-PCR), including 4,516 related deaths and an estimated Infection Fatality Ratio (IFR) of 1.38 percent. Of these confirmed COVID-19 cases, 68.6 percent had recovered, 1.38 percent had died, and 30.2 percent remain

active cases. In comparison to the previous week, the number of COVID-19 active cases decreased by 5 percent. On September 7, Bangladesh’s overall attack rate (AR) was 1,922 per 1 million. In the same week, the COVID-19 weekly AR increased by 4.6 percent, in comparison to the previous week (1,909 and 1,825 per 1 million respectively).

According to the Directorate General of Health Services (DGHS), the current institutional quarantine capacity in the country as of August 31, 2020 is represented by 629 centers across 64 districts, which can receive 31,991 persons. A total of 31,255 individuals were placed in quarantine facilities and of them 74.4 percent have been released. The IEDCR reported that the Dhaka division accounts for over 50 percent of all COVID-19 cases in Bangladesh. Overall, 29 percent of tested females and 71 percent of tested males have tested positive for COVID-19. About half (54.7 percent) of all of the positive cases are in the 21-40 years of age group.

Figure 1: WHO Morbidity and Mortality Weekly Update (MMWU) No. 28



To limit the impact of COVID-19, the Government of Bangladesh (GOB) instituted a countrywide lockdown on March 22, 2020, initially for a 10-day period, then further extended it until May 31, 2020. Between May 31 and June 30, offices and workplaces began to reopen slowly; however, a curfew was instituted between the hours of 8:00 p.m. and 6:00 a.m. Recently, the GOB subsequently extended the curfew between the hours of 10:00 p.m. and 5:00 a.m. Since May 30, the GOB has made wearing masks and social distancing mandatory when outside one’s home. As of July 23, the GOB will take legal action against those not wearing masks or social distancing. For instance, public administrators in Khulna Division

The GOB has established a three-zone system to categorize COVID-19 infected areas as Red, Yellow, and Green.

The DGHS determines zoning parameters based on the number of COVID-19 infected individuals living within a high, moderate, or low population density ranked area:

- High-density populated areas with more than 39 confirmed cases per 100,000 residents are marked as Red Zones.
- Moderately densely populated areas located outside the cities (to include villages) with more than 30 confirmed cases per 100,000 residents are categorized as Red Zones.
- High-density populated areas with less than 39 confirmed cases per 100,000 residents are marked as Yellow Zones.
- Moderately densely populated areas located outside the cities (to include villages) with less than 30 confirmed cases per 100,000 residents are categorized as Yellow Zones.
- Areas with less than five cases are categorized as Green Zones.

have instituted a fine of TK 4,000 for those not adhering to this order. The public transit system is running at a reduced capacity and is subject to health and hygiene directives. Limited domestic flights resumed on June 1, and limited international flights have resumed to/from China, Malaysia, Maldives, Qatar, Sri Lanka, Turkey, United Arab Emirates, and the United Kingdom (UK); nevertheless, most airlines require a negative COVID-19 test before entering or leaving the country (United States [U.S.] Embassy-Dhaka, 2020).

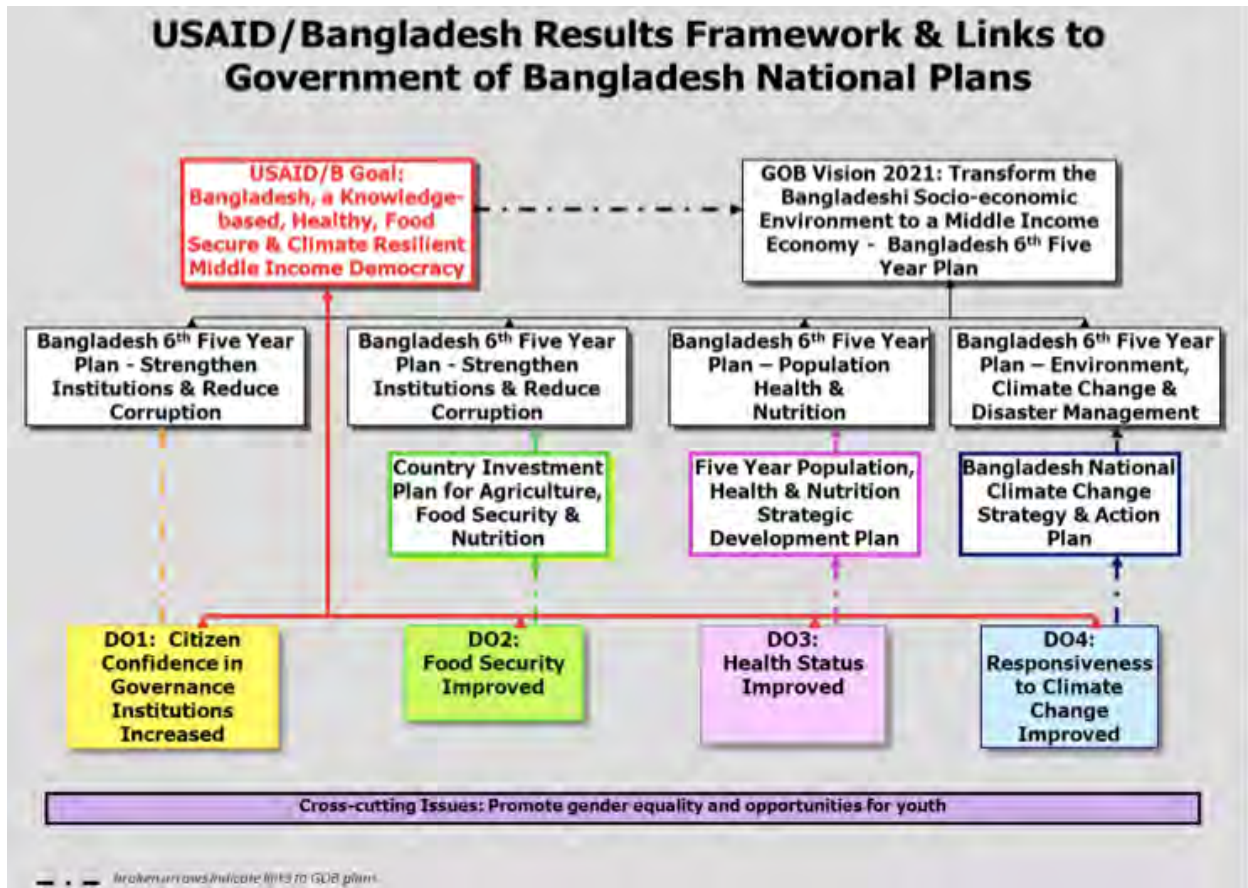
In the Global Humanitarian Response Plan for COVID-19, the United Nations (UN) Secretary General emphasized the need to protect the most vulnerable communities. Social distancing in countries such as Bangladesh is difficult for the most vulnerable segments of the population, where close quarters living conditions, lack of basic services, and reliance on daily income sources have an adverse effect on health and economic outcomes (United Nations Children's Fund [UNICEF], USAID, European Union [EU], 2020). While Bangladesh has seen an enviable GDP growth of 8 percent per year, the impact of COVID-19 is forecasted to shrink its GDP growth to 2 percent for 2020 (IMF, 2020). COVID-19's impacts on Bangladesh's economy make it more difficult for the country to achieve its target of becoming a lower middle-income country by 2021, as delineated in the USAID Journey to Self-Reliance (USAID, 2020).

During the COVID-19 lockdown, USAID implementing partners (IPs) and local partners have had to adapt their operations to this "new reality" by allowing employees to work remotely, where possible. Instead of face-to-face interactions, meetings have been conducted through Skype, Microsoft Teams, Zoom, and other teleworking platforms. Additionally, the suspension of travel and other restrictions have posed significant challenges to the development community, requiring IPs to formulate alternate ways to implement their respective activities. While the adjustment to remote work has not been easy, the majority of key informant interview (KII) and small group discussion (SGD) participants expressed a desire to incorporate the use of technology beyond the conclusion of the COVID-19 pandemic.

1.1 COUNTRY DEVELOPMENT COOPERATION STRATEGY (CDCS)

The current USAID/Bangladesh Country Development Cooperation Strategy (CDCS) runs until 2021, with the goal for Bangladesh to become a "knowledge base, healthy, food-secure, and climate-resilient lower middle-income democracy" by its 50th year of independence, with a minimum per capita of \$999 (USAID, 2011, updated 2019). The 2011-2019 Results Framework (Figure 2) included the following four Development Objectives (DOs) and corresponding Intermediate Results (IRs): DO 1: Citizen confidence in governance institutions increased; DO 2: Food security improved; DO 3: Health status improved; DO 4: Responsiveness to climate change improved.

Figure 2: USAID/Bangladesh CDCS, 2011-2019 (Extended to 2021)



To achieve DOs and IRs, USAID/Bangladesh supported 63 activities with 50 international organizations and several national governmental and non-governmental organizations directly involved in their implementation. USAID programs and activities aim to address the persistent challenges the country is facing in making strides toward self-reliance. Under DO 1, IPs work to address issues of governance and rule of law, help to support a stable democratic environment, aim to combat counter-trafficking in persons, address issues of children with disabilities, produce policy research, and counter transnational security threats. IPs under DO 2 focus on increasing agricultural productivity, crop diversity, and agricultural infrastructure development, as well as addressing challenges in food security. IPs under DO 3 provide assistance to the country’s health care system, promote access to quality education, and ensure access to adequate nutrition. Finally, IPs under DO 4 focus on responding to vulnerabilities to natural disasters and climate change. The challenges experienced across the country due to the shutdown and social distancing guidelines have forced the Mission and its IPs to adapt activities to allow programming to continue pursuant to the Mission’s four DOs (USAID, 2020).

Due to the COVID-19 pandemic, BMEL has adapted its research protocols to implement this assessment by using remote methods of data collection. The subsequent sections of this report will explain the assessment’s purpose and rationale, the data collection and analysis methodologies employed, and their associated findings and recommendations related to COVID-19’s impact on the changing development needs and priority actions for USAID/Bangladesh.

2.0 ASSESSMENT RATIONALE AND PURPOSE

2.1 ASSESSMENT OBJECTIVE

The objective of this rapid assessment is to provide a better understanding of COVID-19's impacts on development priorities to determine how USAID can better position itself to address changes in programming needs and identified programming gaps. The rapid assessment aimed to: a) identify potential impacts in the key development sectors where USAID/Bangladesh is engaged; b) better understand the development gaps as a result of COVID-19 in Bangladesh; c) pinpoint key challenges to implementation; d) depict lessons learned, framing the opportunities to address COVID-19's impacts; and e) provide overall recommendations for the Mission's current and future programming (see Annex I for the Rapid Assessment Statement of Work [SOW]).

2.2 ASSESSMENT AUDIENCE

The primary intended audience for this rapid assessment is Mission management and staff. The rapid assessment's results are intended to assist the Mission to identify pivots, strategies, and gaps that may need to be considered in determining the Mission's strategic direction and informing the development of future programming initiatives and a new CDCS. USAID may disseminate the report widely to stakeholders—such as IPs, GOB agencies, other sector-specific donors, and non-governmental organizations (NGOs)—and upload the report to the USAID Development Experience Clearinghouse (DEC).

2.3 ASSESSMENT QUESTIONS

The ME&A assessment team (AT) conducted the rapid assessment to provide answers to the following four principal assessment questions (AQs):

1. How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions, and what are the lessons gleaned for future programming?
2. What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in?
3. Are there gaps or areas that USAID should be working on based on new needs identified?
4. The proposed Results Framework for the new draft CDCS is very integrated and, given the new context of development priorities, how will development priorities be able to address the pivots needed to confront COVID-19?

2.4 ASSESSMENT SCHEDULE

The rapid assessment was conducted over the course of five-and-a-half weeks, beginning with a kick-off meeting on June 15. Nine days later, on June 24, BMEL submitted its Work Plan and draft data collection instruments, and on June 28 an in-brief meeting was conducted with the AT, assistant/contracting officer's representative (A/COR), and director and assistant director of the Technical Office. Following the in-brief, the Work Plan and instruments were revised, with the final version submitted on July 1. Also, during the first two weeks, BMEL conducted a thorough desk review of secondary source documents, culminating in the submission of a Summary Report of Desk Review on July 3. Primary data collection began with the online survey going live on July 4 and the first KIIs were performed on July 7.

The AT submitted an initial draft report on July 24. On August 9, USAID's requested the team to conduct additional interviews with bilateral and multilateral donors. The requests for interviews were sent on August 10-11, and interviews were conducted between August 15-25. The AT submitted an interim report to USAID on August 24. In order to perform additional data analysis and incorporate findings from bilateral and multilateral donors, USAID agreed to extend the final report submission date to September 10 (see Annex 3 for the detailed assessment schedule).

3.0 ASSESSMENT METHODOLOGY

3.1 DATA COLLECTION METHODS

The assessment used a mixed-methods data collection design, consisting of three qualitative and quantitative data collection methods found below. The data collection methods were selected to ensure methodologically sound, rigorous, and robust results to answer the AQs.

1. Document and secondary data review;
2. KIIs and/or SGDs; and
3. Online survey.

Data collection methods are described in greater detail below (see Annex 2 for the Rapid Assessment Matrix).¹

3.1.1 Document and Secondary Data Review

As part of this rapid assessment, the AT reviewed 117 documents (e.g., reports, briefs, situational reports, assessments) developed by USAID, bilateral and multilateral donors, the GOB, civil society organizations (CSOs), and NGOs (see Annex 4 for the complete Bibliography). The team created an analytical framework/matrix, which it used to record and categorize the data found in each document during the desk review. The main categories included, but were not limited to, implementation priorities, opportunities, and gaps created by COVID-19, as well as the identification of factors that could influence the strategic direction of USAID's CDCS.

3.1.2 Sample Selection

The AT used purposive sampling methods to select KII/SGD participants. The purposive sampling criteria were intended to select individuals that had some familiarity and knowledge of USAID activities in Bangladesh. In selecting IP staff, both national and internationally managed activities were considered in the selection process. The team ensured that there was a fair representation of programming activities and respondent groups in the sample. The AT developed a list of all respondents' contact information and their availability to participate in the KIIs and SGDs. The online survey invitations were sent to all IP contacts provided by USAID, the GOB, bilateral and multilateral donors, and NGO/CSO key stakeholders.

3.1.3 KIIs and SGDs

KIIs and SGDs (2-3 persons) are semi-structured interviews conducted with key informants representing principal program stakeholder groups.² The interview protocol included 25 questions related to the four different technical areas (see Annex 6 for an English language version of the KII/SGD protocol.) As seen in Table 1 below, the AT initially conducted a total of 30 KIIs/SGDs involving 34 participants. USAID requested the team to conduct additional interviews with bilateral and multilateral donors, resulting in an

¹ The Rapid Assessment Matrix includes the data sources, data collection methods, and data analysis methods used to answer each AQ.

² In the original Work Plan, the AT proposed having SGDs with USAID Points of Contact (POCs) and A/CORs; however, due to the A/CORs' limited availability, USAID instructed BMEL to forgo these interviews. USAID POCs and A/CORs were strongly encouraged to provide responses to the online survey.

additional 19 interviews. The KIIs and SGDs were conducted through Google Meet, Microsoft Teams, Skype, Zoom, or telephone depending on participants’ preferences. On completing each KII and SGD, the AT produced a detailed interview transcript within 24 hours to prevent the “selected memory” effect. The team members reviewed these transcripts to ensure quality, clarity, and completeness. A comprehensive list of the individuals and organizations consulted are included in Annex 5 of this report.

Table 1: Number of KIIs/SGDs Participants by Stakeholder Group

Type of Stakeholder	Participants
IP staff members	21
GOB officials	5
Bilateral and multilateral donors, private agency, international financial institutions	22
CSOs	5
Total	53

3.1.4 Online Survey

To triangulate the data from the KIIs and SGDs, the AT administered an online survey of 29 questions targeting 134 respondents, including USAID A/CORs, USAID IPs and their local counterparts, local government officers, and multilateral and bilateral donors using Survey123 (see Annex 7 for an English language version of the questionnaire). The IPs were asked to forward the survey link to staff members and local partners best positioned to answer the survey questions. Information about the online survey—including its purpose, brief instructions for completing it, and a link to the survey site—was sent to all targeted stakeholders via email.

All or most survey questions had multiple pre-coded answers, which permitted quick and easy data aggregation. The online survey ran from July 5-16, 2020, with the first reminder sent to non-responders on July 8 and the last reminder on July 13. The online survey data collection was extended at the request of USAID. As a result, requests for participation in the survey were sent to 34 bilateral and multilateral donor representatives, and the online survey extended another 10 days from August 14-24, 2020 during which time the team received 13 additional responses. In cases where providing online responses was not possible, the AT called the respondents and collected their responses over the telephone. These responses were then entered in Survey123. The online survey provides data relevant to determine the extent of COVID-19’s impact on various USAID technical divisions and IPs’ ability to continue implementing activities. Table 2 below illustrates the breakdown of online survey respondents by stakeholder group.

Table 2: Number of Online Respondents by Stakeholder Group

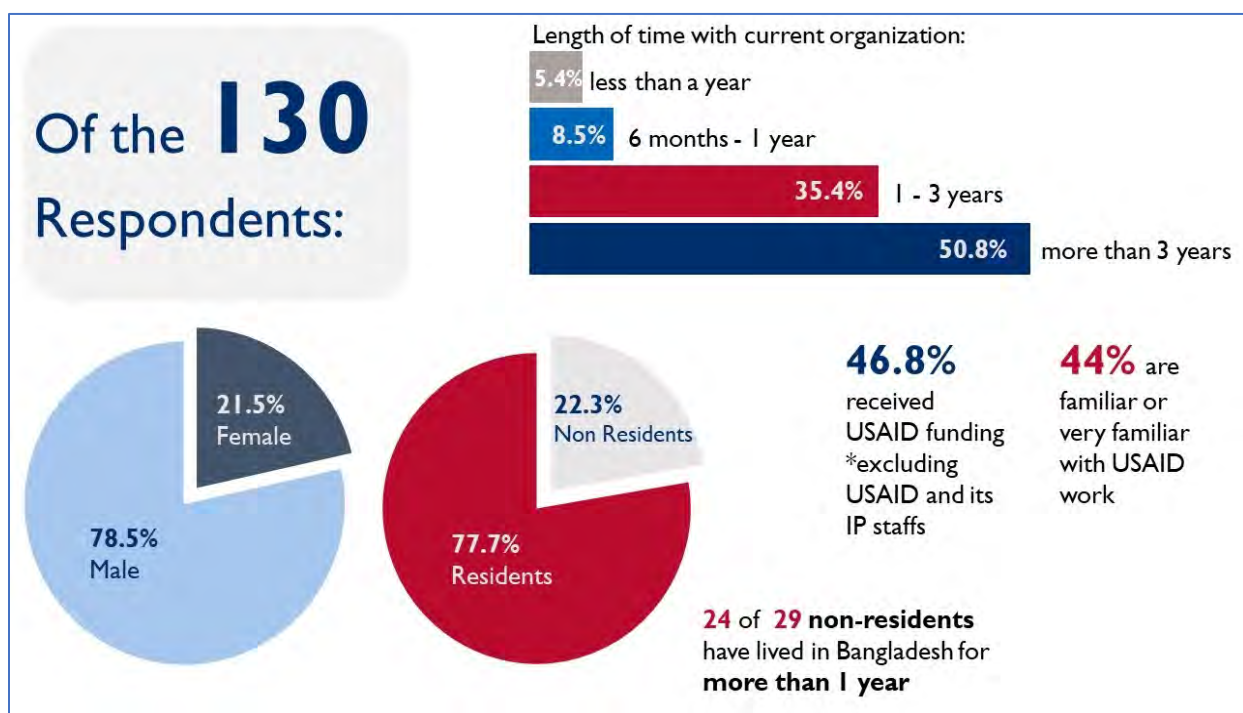
Stakeholder Group	Respondents
USAID	11
Key staff of IPs	64
Key staff of the local partners of IPs (NGOs and private agencies)	15
Key local government staff (deputy commissioner, upazila nirbahi officer, upazila chairman)	20
Bilateral and multilateral donors, academics, private agencies, etc.	12
Other	7
Total	129³

³ One person refused to respond to the stakeholder group question.

3.1.5 Online Survey Respondents

A total of 130 responses were received through the online survey, of which 78.5 percent identified as male and 21.5 percent as female.⁴ When asked about their citizenship and residence in Bangladesh, 77.7 percent of respondents reported being citizens or residents of Bangladesh and 22.3 percent reported being non-residents. Of the non-residents, 82.8 percent had resided in Bangladesh for more than a year. When asked the position respondents held at their organization, 108 out of 129 respondents opted not to respond to this question, alluding to their desire for anonymity. When asked about the length of employment with their organization, 50.8 percent of respondents reported more than three years and 35.4 percent reported at least one year but less than three. Except for those that identified as working for an IP or USAID, respondents were asked whether they receive funding from USAID. Out of the 47 respondents, 46.8 percent reported receiving funding from USAID. Of the 25 respondents not receiving funding from USAID, 44 percent reported being familiar or very familiar with USAID’s work in Bangladesh.

Figure 3: Characteristics of Online Survey Participants



3.2 DATA ANALYSIS METHODOLOGY

As described above, this rapid assessment focused on three different methods of data analysis. Performing data analysis from two or more sources facilitated the validation and cross-verification of data and allowed the team to test the consistency of findings obtained through different instruments and secondary data sources. Also, by analyzing findings from the desk review in relation to the primary data from the KIIs, SGDs, and online survey, the AT was able to leverage the combined knowledge and experience of relevant stakeholders to arrive at the most salient findings, conclusions, and recommendations.

⁴ Women’s participation in surveys is generally low (ranges between 20-30 percent). This observation is based on data from BRAC and UNICEF studies conducted in Bangladesh. Future studies should consider oversampling of women respondents and adjusting the weights accordingly.

3.2.1 Secondary Data Analysis

The AT created an analytical framework/matrix, which it used to record and categorize the data found in each document during its desk review. The main categories included, but were not limited to, implementation priorities, opportunities, and gaps created by COVID-19, as well as the identification of factors that could influence the strategic direction of USAID's CDCS.

3.2.2 Qualitative Data Analysis

Qualitative data analysis began with notetaking. Data gathered at each KII and SGD were written up with a sufficient level of detail to permit a systematic content analysis and shared among team members to ensure that team members had the most complete picture possible of all information obtained. The team next conducted narrative reviews of interviews and discussion responses to create an initial understanding of the key themes and revelations in respondents' commentary. These were then coded into manageable thematic code categories and subcategories using NVivo. Once coded, the AT ran a content analysis of the qualitative data using NVivo to determine the prevalence of certain words, themes, or concepts. The results were then examined to find patterns and draw conclusions in response to the AQs.

3.2.3 Quantitative Data Analysis

Before analysis, all survey data were examined to determine there was no duplication. A sample of 25 percent of the data were verified. Survey123 automatically tabulated frequencies by count and percentage and produced a report providing basic descriptive statistics represented in the form of tables, graphs, and visualizations as appropriate. The AT next exported the survey data into Statistical Package for the Social Sciences (SPSS) to generate additional cross-tabulation and frequencies. No statistical significance tests were conducted, or inferential analysis performed because the sample was not selected using a probabilistic technique. However, frequencies were triangulated with qualitative data collected through KIIs and SGDs to ensure validity of findings.

3.3 METHODOLOGICAL LIMITATIONS

The assessment methodology involved the following methodological limitations that were mostly mitigated through the use of the three different data collection methodologies and data triangulation. By combining information from documents and interviews with multiple sources, biased data from one source should not unduly skew the analysis.

The short timeframe and small size of the AT limited the breadth and depth of data that could be collected, and documents reviewed. Interviewed stakeholders might not all have had direct experience the areas covered by the interview questions and the online survey; therefore, part of their answers might be based on their subjective perceptions about the subject matter. During the KIIs and SGD, the team informed the participants that any questions they did not feel comfortable answering could be skipped. Participants were very willing to answer all questions pertaining to their field of expertise and skipped only those questions pertaining to the sector or area in which they did not have any direct knowledge.

While the online survey data are not statistically significant nor valid, they are reliable enough to triangulate information gathered through the KIIs and SGDs and secondary source data analysis. Originally, the AT anticipated receiving low numbers of responses to the online survey. At the end of the data collection, however, the team managed to gather 130 responses. This was because the team used a snowball procedure where base respondents were asked to forward the survey link to staff members and local partners who might be best positioned to provide answers to the survey questions. On the downside, the team was not able to track how many individuals received the survey link and therefore were unable to calculate the true response rate.

The availability of the targeted key informants varied significantly. Requests for interviews were sent to a number of respondent groups with varying levels of success. Bilateral donors and ministerial-level GOB

officials proved unresponsive to the AT's approaches during the first attempt at data collection. Initially, the team had difficulties reaching multilateral donors due to their hierarchical approval processes before permission for interviews could be granted, so the team had to resort to the use of personal relationships to gain access to interviewees. During the second data collection period, the team received a list of bilateral and multilateral contacts from USAID. While several contacts on the list had already departed Bangladesh, with their assistance the team was successful in reaching the correct contacts. A total of 19 bilateral and multilateral donors staff members participated in this rapid assessment. The vast majority of IPs were readily available to grant the team KIIs and SGDs and overwhelmingly participated in the online survey.

Finally, given the remote nature of data collection and connectivity issues in Bangladesh, the team made every effort to accommodate alternate means for conducting interviews, such as the use of telephone calls. In many cases, online methods were not available or had a tendency to malfunction due to bandwidth and other issues. Despite repeated efforts to send formal notification to the GOB, local government officials did not trust the use of remote technology when conducting interviews based on their fear of being misquoted. They asked team members to come to their district to conduct the interviews face-to-face. Due to the distances involved, limited timeframe, and limited public transportation services during COVID-19, the team was unable to comply with these requests and proposed that the local government officials at least participate in the online survey, which provided a greater assurance of confidentiality. Many officials elected to avail themselves of this option.

3.4 ASSESSMENT TEAM

The two-person AT responsible for conducting all aspects of this rapid assessment are including the following:

- Dr. Silvia Susnjic, Team Leader/Senior International Development Specialist: Dr. Susnjic was responsible for overseeing and coordinating all activities related to this rapid assessment, conducting data collection using a mixed-methods approach, performing data analysis, and ensuring the production and completion of quality deliverables in a professional manner, and in compliance with the SOW.
- Mr. Nazrul Islam, Senior International Development Specialist: Mr. Islam provided assistance with document identification and selection, primary and secondary data collection and analysis, report writing, and production of the report's annexes.

In addition, support was provided by the USAID BMEL activity managed by ME&A, including Monowarul Islam, Monitoring and Evaluation (M&E) Specialist, who provided assistance with secondary data collection and reporting and conducting KIIs and the SGD and Imran Khan, Data Analyst and Geographic Information System (GIS) Specialist, who provided assistance with qualitative and quantitative data analysis. Furthermore, John Roscoe, Chief of Party, and Robert Aschenbrenner, Project Manager, provided assistance to the AT in reviewing and providing feedback for all deliverables developed as part of this rapid assessment. Finally, ME&A Director of Monitoring and Evaluation, Dr. Gary Woller, reviewed the final report before its submission to USAID.

4.0 FINDINGS

4.1 AQ 1: HOW ARE USAID/BANGLADESH ACTIVITIES MITIGATING THE IMPACT OF COVID-19 ON THE ANTICIPATED DEVELOPMENT OUTCOMES FROM THEIR PLANNED INTERVENTIONS? WHAT ARE THE LESSONS GLEANED FOR FUTURE PROGRAMMING?

This section provides an overview of the way USAID IPs mitigated the impacts of COVID-19 on the anticipated development outcomes of their planned interventions. This section first presents the general and DO-specific findings in terms of the employed COVID-19 mitigation measures, followed by lessons learned in relation to USAID's future programming.

4.1.1 General Findings

The international development sector has been significantly impacted by the COVID-19 pandemic. International development actors across the globe were forced to rapidly adjust to the new circumstances by halting or adapting their existing programming. In March and April 2020, bilateral and multilateral donors commissioned a large number of needs assessments to investigate the anticipated multisectoral impacts of COVID-19. Based on these findings, donors reprogrammed activities to best mitigate the short-term impacts of the pandemic. A great deal of funding across donors (e.g., United States Government [USG], European Union [EU], Swedish International Development Agency [SIDA], Foreign and Commonwealth Office [FCO]) has been pledged to counter the immediate spread of COVID-19 within the population and provide relief to the struggling health care sector. Overall, international donors, in coordination with the GOB, have been particularly successful in coordinating efforts to address COVID-19's impacts and alleviate some of the anticipated negative shocks and stressors that might have been experienced by the country's most vulnerable population groups.

"I am supposed to provide technical assistance to our sub-grantees. Due to COVID-19, the sub-grantees have not been able to implement events at field level for the past three and half months." USAID IP Staff Member

During KIIs, USAID IPs reported not being able to conduct their regular activities that required a constant field presence, such as conducting monitoring visits, inspecting health facilities, delivering services to vulnerable communities, or holding face-to-face consultation sessions with counterparts. Even after termination of the lockdown, IPs' field presence has continued to be hampered by strict social distancing requirements. Keeping a

distance of six feet between individuals has prevented IPs from conducting face-to-face trainings, capacity building workshops, and holding in-person advocacy sessions. Therefore, it is not surprising that 68 percent of USAID A/CORS and IPs reported their targets being very much or fairly affected by the impacts of the pandemic.⁵

Overall, 59.2 percent of all survey respondents (only 11 percent less than USAID A/CORS and IPs alone) reported their targets being negatively affected. This could be attributed to the fact that GOB respondents reported their targets have been only slightly affected or not affected at all. Continuation of programming was contingent on IPs' ability to adapt activities to remote work. Although difficult at first, the majority of interviewed IPs swiftly adapted to a teleworking stance by holding frequent team meetings, connecting to their stakeholders, collaborating with advisory groups, and coordinating with the GOB and the international donor community using electronic means. IPs were able to continue to implement limited activities with their beneficiaries by relying on social media and video sharing platforms.⁶ It was particularly challenging for IPs working directly with the GOB to provide technical assistance due to governmental office closures. Those IPs that relied on networking and promoting in-person advocacy efforts were forced

⁵ Findings are based on KIIs/SGDs conducted between July 7-15, 2020.

⁶ Facebook and YouTube.

to halt all activities. IPs that were unable to implement activities via remote means focused on administration work (e.g., updating documentation, preparing manuals, policies and guidelines) and preparing for post-pandemic programming (e.g., developing plans for engagement with beneficiaries and GOB counterparts, fielding sector-focused rapid assessments).

Overall, awareness raising and risk communication about COVID-19 has been the most prevalent programmatic pivot. Eighty percent (80%) of interviewed IPs reported they had pivoted to these activities. The second most cited COVID-19 reprogramming activity was the distribution of disinfectants, sanitary products and personal protective equipment (PPE) to local partners and beneficiaries in remote villages, vulnerable population groups, and farmer gatherings. Nearly all IPs that engaged in awareness raising and risk communication at the community level did so through miking, social media, distribution of leaflets, and youth spreading messages among community members. Yet, online survey findings show that six in 10 respondents suggested that television was the most important channel for raising awareness and providing risk communication about COVID-19⁷ followed by miking (18.5 percent) and mobile video shows (7.7 percent). This discrepancy could be due to the concentration of Dhaka-based assessment respondents who fall into a higher socio-economic bracket. UNICEF's "Risk Communication & Community Engagement for COVID-19 – Engaging with Children and Adults with Disabilities"⁸ states that 15 percent of the global population tend to be excluded from the social discourse and access to information, yet it is this same group that is at highest risk of exposure and the secondary impacts of COVID-19. Therefore, the use of television as means of risk communication needs to be supplemented by a more inclusive channel able to reach the poor and extremely poor segments of society. Still, despite massive awareness raising activities across all actors, the poor and extremely poor living in urban slums are having the hardest time observing WHO recommended preventive measures.⁹ For these vulnerable groups, COVID-19 continues to be a daily battle between life and livelihood.

"We developed a communications platform with a mobile provider to facilitate mass communication on COVID-19 matters through voice and text messages. We also distributed leaflets, and verbally reinforced the important of hygiene and safety during trainings. We also used our community and trade union networks to share public health information on COVID-19."
USAID IP Staff Member

4.1.2 Findings by Development Objective

DO I: Citizen Confidence in Governance Institutions Increased

The Democracy and Governance (DRG) Office implements activities to address countering violent extremism (CVE), conflict prevention and governance, human rights and rule of law, labor rights, and political processes and civil society through 18 activities under DO I. The emergence of COVID-19 initially overshadowed practically all areas of development with the exception of health. DRG IPs reported they were expecting to reach about 50 percent of their targets despite the delays caused by the lockdown. Having experienced initial difficulties working with its GOB counterparts due to closure of the courts and advisory services, one IP was able to conduct a successful Zoom training with the Supreme Court Special Committee, the first-of-a-kind justice training to have been conducted remotely in Bangladesh. IPs have also been able to implement activities through social media platforms. Most notably, one IP developed a local campaign "No Mask, No Service" that gained nationwide recognition. An IP working with the ready-made garment (RMG) sector was able to conduct remote negotiations with factory management, facilitate digital activities, and provide advocacy support for worker rights protections, specifically to ensure workers are properly compensated. Another IP working on counter trafficking in persons (CTIP) initiated

⁷ In April 2020, BRAC published the results of the "Rapid Perception Survey on COVID-19 Awareness and Economic Impact" in which 66 percent of the study population stated they first learned about COVID-19 on television. The majority of BRAC survey respondents worked in the service industry or were self-employed.

⁸ https://www.unicef.org/disabilities/files/COVID-19_engagement_children_and_adults_with_disabilities_final.pdf

⁹ <https://www.worldbank.org/en/news/feature/2020/06/10/covid-19-turns-spotlight-on-slums>

a program in Cox's Bazar that included training for Counter-Trafficking Committee (CTC) members and volunteer groups on awareness raising for COVID-19. The same IP also commissioned a survey on attitudes towards returned migrant workers and provided livelihoods support to 500 families of those at risk of trafficking in persons (TIP), TIP survivors, and victims of child marriage.

DO 2: Food Security Improved

The Economic Growth (EG) Office implements the Feed the Future portfolio through 17 activities under DO 2: *Food security improved*. IPs under this DO experienced challenges during the months of March and April 2020 when faced with a halt of transportation and a disruption of supply chains. IPs in this sector experienced delays in activities such as field experiments and seed distributions that were not implemented in full. Due to the local government's misinterpretation of GOB guidelines, one IP was unable to move broken harvesters that needed repairing from one district to another. Based on the current review of

“Government instruction and how it was interpreted by rural authorities was not unison. Agricultural machines need to move from one part to another and the local authorities did not let them, so we had to move them during the night.” USAID IP Staff Member

news sources and additional findings from KIIs, the transportation and supply chains have since resumed; however, there is an indication that the prices of goods have risen. One IP working in livestock husbandry reported that its beneficiaries could not receive services, which they usually received from the project, such as door-to-door visits, artificial insemination services, and veterinary services for animals. Cattle farmers incurred losses because of their inability to sell products like milk, cattle, fodder, etc. Therefore, the IP's COVID-19 response plan focused its immediate response on restoring market access links for output market entrepreneurs in both the dairy and beef cattle market system.

IPs looked at opportunities to encourage enterprises to diversify their distribution/retail channels and use alternative channels to reach more customers and minimize economic impacts on their businesses. Within two months, many of the enterprises saw an increase in sales and were able to recover their losses to some extent. Furthermore, according to an IP in the fisheries sector, the income of fish farmers has been reduced due to COVID-19 transportation and supply chain disruptions. The IP also reported that while 500 beneficiaries had applied for government-subsidized low interest loans, only 60 had received distributions. Since banking partners are willing to issue low interest loans, IPs are linking farmers with the banking sector in the hope of securing some form of financial relief.

Since August, there has been no restriction on the transportation of goods, and markets are open. The supply chain for agricultural inputs and outputs has resumed but is still not operating as fully as before COVID-19. The supply chain was further impacted in some areas due to cyclone Amphan and its associated flooding. All of these constraints have contributed to an increase in prices for agricultural goods. In order to mitigate the impacts of COVID-19, one IP reported expanding its support to service providers and community agents by training them to use social media instead of conducting fieldwork to select beneficiaries, providing in-person training, and linking them to inputs. Based on this support, 172 entrepreneurs were able to raise fodder for their cattle, and for sale at the market. Considering social distancing, the same IP has transformed its stand-alone animal health campaigns model into a home visit campaign model through the use of local service providers. About 150 home visit campaigns were organized during this period, while community agents have selected 4,500 farmers for training on livestock rearing.

Finally, impacts of COVID-19 have also been mitigated by expanding beneficiaries' knowledge of how to address their immediate needs and where to seek assistance as Bangladesh emerges from the COVID-19 crisis. IPs have also been working with microentrepreneurs to find suitable financial solutions for struggling beneficiaries. The months of March and April 2020 were especially challenging for farmers because they had products that they were not able to sell. Many of these products perished, and as a result, farmers lost their incomes and had no existing capital for reinvestment. Therefore, as part of their COVID-19

response, IPs developed creative training videos intended for small groups of beneficiaries to learn about ways to improve their ability to access food through farming 60-day crops. The activities provided cash assistance via a mobile transfer system (bKash) and set up and supported community savings loans and groups to enhance their beneficiaries' savings potential.

DO 3: Health Status Improved

The Office of Population, Health, Nutrition, and Education (PHNE) implements activities in nutrition, health, and education through 19 activities under DO 3: *Health status improved*. Globally, the USG through its SAFER Action Plan is focused on scaling up community approaches to slow the spread of COVID-19 by addressing the critical needs of health care facilities, health care workers, and patients; identifying, investigating, and responding to COVID-19 cases through expanded disease detection and surveillance mechanisms; employing strategies to address second-order impacts of COVID-19; and developing plans for the utilization of therapeutics, vaccines, and other life-saving supplies (USG, 2020). In Bangladesh, USAID is supporting the country's COVID-19 readiness and response in the following areas: strengthening diagnostic and laboratory capacity, increasing case management and infection prevention and control practices, improving supply chain and logistics management systems, and enhancing risk communication messages to increase knowledge and dispel myths and misconceptions (USAID, 2020). USAID also provides funding for a medical epidemiologist through the Centers for Disease Control and Prevention (CDC) based in Bangladesh. Funding is also provided to the GOB to strengthen its public health system and develop more public health experts. With assistance from USAID, the IEDCR, a major DGHS unit that leads the national response to COVID-19, was initially able to collect and transport all of the specimens from the limited number of suspected cases from surveillance sites to testing laboratories. Since the virus started to spread, the IEDCR has faced challenges in coping with the expanding demand for specimen collection and transportation over a much larger area.

The PHNE Office's COVID-19 response strategy includes the following five pillars: 1) enhancing Bangladesh's surveillance and testing capacity, 2) strengthening case management and infection prevention and control (IPC) efforts at health facilities, 3) improving supply chain and logistics management systems, 4) raising community awareness and strengthening information systems, and 5) providing technical assistance and strengthening guidelines to ensure essential services are provided (PHNE Portfolio Review, 2020). IPs under PHNE reportedly experienced challenges in reaching their beneficiaries during March and April 2020. Some challenges related to changing health service demand and structures at the community level, triggered a shift in the approach of the USAID Advancing Universal Health Coverage (AUHC) activity, while the politicization of data impacted the adoption of evidence-based interventions and caused a delay in releasing reliable data sources, such as the Bangladesh Demographic and Health Survey/Bangladesh Maternal Mortality and Health Care Survey (BDHS/BMMS). In addition, during that time tuberculosis (TB) vaccination programs were postponed. IPs implementing activities in health were able to provide technical assistance to strengthen the regulatory system via the Directorate of Drug Administration to safeguard the continued supply of quality assured medicines and medical devices, and provide capacity building support to the National Laboratory so that the lab is capable of testing COVID-19 medicines.

Casual worker/daily payment basis workers are starting to receive their first salaries since the start of the pandemic. IPs supported their network provider (Blue Star providers) by providing PPE and masks, and supported their other network member (Gold Star-rural women) by providing foodstuffs in light of their financial hardship. In order to support frontline doctors and health workers who are engaged in COVID-19 treatment, IPs provided them with hand sanitizers, water, face shields, and surgical masks through the DGHS. Donations of ORSaline-N, TasteMe Instant Soft Drink Powder, and water were made to the Bidyanando Foundation, a non-profit social welfare organization that has been providing food support to underprivileged children and communities. Finally, IPs distributed ORSaline-N and drinking water to the GOB to support COVID-19 patients.

Currently, all government health care facilities are operating. These include community clinics, union health and family welfare centers, mother and child welfare centers, and upazila health complexes. They have been operating during regular business hours and providing antenatal, postnatal, delivery, and neonatal care in addition to primary health care. Satellite clinics and home visits by frontline service providers are still only operating on a limited scale. The Smiling Sun clinics under the AUHC activity implemented by Chemonics International are in operation with all of their services (i.e., antenatal, postnatal, delivery, neonatal care, and family planning services), but the number of beneficiaries using these facilities has not yet returned to pre-COVID-19 levels. IPs also assisted the government in developing guidelines for newborns, children (under 5 years of age), and prenatal, perinatal, and postnatal maternal health care in COVID-19 situations.

DO 4: Responsiveness to climate change improved

Activities under DO 4 moved to teleworking and providing remote support to their stakeholders. As the economy and livelihoods are hard hit, the United Nations Development Programme (UNDP) with funds from USAID's Chittagong Hill Tracts Watershed Co-Management Activity (CHTWCA) and the Danish International Development Agency (DANIDA) and in partnership with the GOB, distributed solidarity packs (containing food, hygiene, and agriculture seed packs) along with awareness-raising posters to 98,500 households in Chittagong Hill Tracts (CHT) and another 3,300 households in Cox's Bazar. Due to the pandemic, livelihoods of nature-based ecotourism are hampered as national parks, botanical gardens, and other forest-based recreational areas have closed. As a result of business closures and job losses in towns, significant numbers of unemployed individuals have returned to their villages. This combined with reduced surveillance activities of Forest Department (FD) staff has created additional pressure on forests to sustain their livelihoods, including increased encroachment into forest areas for agriculture and settlements, overgrazing, and hill cutting. Additionally, due to reduced human mobility, wildlife is becoming more visible in neighborhoods.

4.1.3 Lessons Gleaned for Future Programming

Based on the KIIs/SGDs and the online survey findings, the AT has identified three main lessons to be integrated in future Mission programming.

"The biggest lesson is how you can use Internet to provide support and training to the rural population. There is no need to abandon them any longer. The amount of work seems to increase this way." USAID IP Staff Member

Virtual technology has been a useful alternative, but it should not be regarded as being able to completely replace face-to-face interactions. For many IPs, the adjustment to teleworking and the use of remote means of communication at first posed a challenge; nonetheless, with daily use and adjustments, teleworking has been successfully adopted by all KIIs. IPs reported using Zoom, Teams, Google Meet, and Webex to hold meetings and trainings; Facebook to engage in social media campaigns; and YouTube to deliver "how to" videos.

COVID-19 pushed IPs to integrate these teleworking technologies and, in the process, they found them to be more useful than initially thought. Compared to a year ago, IPs now consider conducting virtual meetings and capacity building sessions, promoting awareness, and delivering trainings through virtual means a useful alternative to face-to-face engagements. That said, reaching vulnerable groups who live in remote areas or have limited access to remote communication technologies remains a challenge that requires additional innovative solutions. For the time being, however, IPs have managed to reach some of these beneficiaries through telephone calls and/or engagement of community members in the activity itself.

This experience has opened IPs' horizons as to what is possible using remote technologies, and they are willing to continue incorporating remote technologies after the COVID-19 crisis ends. Consistent with this, IPs now insist that general preparedness and resilience to absorb future shocks and stressors needs to be enhanced through capacity building in the use of remote technologies. Nevertheless, as rapport

building and reading nonverbal cues are hard to do remotely, there remains a need for in-person interactions.

Develop a detailed, action-oriented contingency plan to enhance preparedness and resilience to mitigate the impacts of future shocks and stressors. Sufficient time needs to be allocated for preparedness and planning prior to the occurrence of a stressor or shock to be able to coordinate a rapid response. Therefore, roadmaps and activity-specific and community-based action plans should be developed to properly engage beneficiaries in case of future stressors and shocks. As noted by one KII respondent “disaster management planning for development programming should no longer be optional, it should now be the norm.” Action plans would benefit from incorporating the lessons learned during past crises events. For instance, Bangladesh’s medical professionals that have experiences working in Ebola prevention could be engaged in future pandemic response planning scenarios.

“Bangladesh is famous for its garment industry. The lockdown resulted in the lay-off of many RMG workers. Workers lost income generating opportunities. RMG enterprises started producing gowns and masks; however initially the quality has not met the standards. In coordination with other donors and WHO, we commenced an initiative for RMG enterprises to start producing PPE based on the highest medical standard. But I think this is a good example of how to engage the private sector in a way that will in turn benefit the local population, especially the vulnerable groups such as RMG workers.” Bilateral Donor

Significant effort should be made to enhance linkages with the private sector. KII/SGD findings indicate most of the IPs are coordinating with the GOB, but very few of them (except EG IPs) have coordinated with the private sector. A KII notes that donors need to “change the overall strategy of how development is done by generating more opportunities for involvement of and partnership with the private sector by seeking concepts from the private sector on the ways the private sector could work with donor agencies to combat COVID-19’s impacts and/or future humanitarian disasters.” A multilateral donor interviewee, for example, stressed the importance of examining and addressing past failures in order to request the

private sector’s involvement in development work. One KII interviewee also notes that coordination by multilateral donors is in progress to strengthen the relationship between the private and development sectors to better respond to the future social and economic challenges facing the country.

The move toward digitalization is welcomed; however, economic inequalities preclude certain groups from gaining access. The International Telecommunication Union (ITU) estimates that globally around 3.6 billion people remain offline. The situation is much worse in the less developed countries where an average of only two in 10 people are online. The desire for rapid digitalization created by COVID-19 needs to address the socio-economic and digital divide across population groups in Bangladesh. Inclusiveness and access should be preconditions for digitalization.

4.3 AQ 2: WHAT DEVELOPMENT CHANGES/NEEDS ARE ANTICIPATED AS A RESULT OF THE PANDEMIC IN THE SECTORS THAT USAID/BANGLADESH IS CURRENTLY WORKING IN?

4.3.1 Findings

Engage Local Political Parties in Risk Communication

Eighty (80) percent of survey online respondents support local political parties’ involvement in risk communication about COVID-19, including 48.8 percent of respondents who believe their involvement is extremely important. Local party leaders tend to have high recognizability and authority in their local communities, which makes their constituents more likely to follow their advice. Among the 20 percent of respondents who did not support the local parties’ involvement, the most cited reason was the general lack of trust in political party representatives. The words of one respondent best exemplify the sentiment, “In the present context, people’s faith in the political system is quite low. In my opinion, they [political party representatives] are not reliable sources people trust for raising awareness about COVID-19.” Possibly

contributing to this lack of trust are the recently uncovered corrupt practices in aid distribution.¹⁰ Working with political leaders by coaching them to be stronger advocates for their communities' needs and engage in transparent and fair practices could be advantageous to lessening instances of corruption and thereby increasing people's trust in local political parties.

A Vocal Civil Society

In the last few decades, CSOs in Bangladesh have succeeded in reaching remote areas of the country where they have mobilized the poor into groups to make them aware about health, education, and running schools as well as providing loans to start their small businesses. Globally, COVID-19 has increased the visibility of CSOs that are working on the front line to raise awareness about the disease. When respondents were asked how satisfied they were with the engagement of CSOs in promoting awareness about COVID-19, 73 percent of them felt somewhat satisfied (64.3 percent) or very satisfied (8.7 percent). On the contrary, 27 percent of respondents reported being unsatisfied.

CSOs can play an important role involved in promoting and developing mass awareness and advocacy campaigns and engaging the GOB, donors, and other stakeholders in dialogue about COVID-19 mitigation measures. Yet, one out of four survey respondents believe CSOs are not doing enough. Respondents felt that CSOs should be more vocal and put more pressure on the GOB to distribute aid in a transparent manner. KII participants talked about instances where political parties' affiliations dictated the distribution of aid. A possible disruptor preventing CSOs from amplifying their COVID-19 messaging on social media might be the recent GOB abuses of the Digital Security Act (DSA) in which activists were imprisoned for allegedly criticizing the GOB's COVID-19 response on social media.

Continued support to CSOs to improve their capacity to address COVID-19, as well as issues of gender-based violence (GBV) and child marriage, is crucial. CSOs should be particularly involved in promoting and developing mass awareness and advocacy campaigns.

Trafficking in Persons

While there are reports that the incidence of TIP has been greatly reduced as a result of the COVID-19-related lockdown, due to the increase of unemployment, poverty, and number of returning migrants, it is anticipated that TIP will increase once restrictions are eased up. The U.S. Department of State (DOS) released the 20th edition of the *Trafficking in Persons*¹¹ report in which it noted that the GOB “does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so. The government demonstrated overall increasing efforts compared to the previous reporting period; therefore, Bangladesh was upgraded to Tier 2” (U.S. DOS, 2020, p. 93). The government identified 585 potential trafficking victims in 2020, an increase from 419 in the previous reporting period. For protection, the potential trafficking victims should be included in the regular monitoring system. They should also get financial and technical support for income-generating activities to be self-reliant.

The Bangladesh Counter-Trafficking in Persons (BC-TIP) IP should be encouraged to continue working with the GOB and local authorities to implement the 14 recommendations listed in the TIP report included in Annex 9.

Micro, Small, and Medium Enterprises (MSMEs)

According to the Bangladesh Rural Advancement Committee (BRAC) *Rapid Perception Survey on COVID-19 Awareness and Economic Impact*¹² report findings, 92 percent of respondents have experienced adverse economic impacts from COVID-19. Wage laborers in the non-agricultural sector reported the most significant impacts (77 percent) compared to those in the agriculture sector (65 percent). About 14 percent of total respondents reported having no food in their homes. In urban areas, the rate was

¹⁰ <https://www.ucanews.com/news/corruption-mars-bangladeshs-covid-19-relief-efforts/87700>

¹¹ <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>

¹² <https://reliefweb.int/report/bangladesh/rapid-perception-survey-covid-19-awareness-and-economic-impact-final-draft-may>

18 percent. Overall, 29 percent reported having 1-3 days' worth of food in their homes. There was a substantial net income loss for those living in rural areas as compared to those in urban areas, 80 to 69 percent respectively. The excess supply of returnee laborers, moreover, has significantly lowered the wage rates.

The RMG sector through May 2020 was on the verge of a dramatic revenue collapse due to diminished orders from Europe and the United States. The Bangladesh Garment Manufacturing and Exporter Association (BGMEA) estimated that from March through May 2020, RMG exports were 84 percent lower than for the same period last year. Over the same period, orders worth more than \$3 billion were canceled or suspended, crippling manufacturers' ability to pay the salaries of 2.3 million workers. In order to mitigate the impacts on the RMG sector, Prime Minister Hasina announced a stimulus package of Tk 727.50 billion,¹³ equivalent to 2.52 percent of national GDP, including Tk 50 billion (\$600 million) for the salaries and allowances of export-oriented RMG industry workers and staff (Daily Star, April 5, 2020). Additionally, Bangladesh has requested a two-year duty-free access for RMG products to the U.S. market. Fortunately, the RMG sector was able to gradually recover.¹⁴ In order to assist the RMG sector, bilateral donors increased their coordination efforts between UN agencies and the BGMEA. This cooperation has led to the creation of a task force with interested buyers to support the production of Level-I PPE in the country, both as a response to the immediate COVID-19 crisis and as a long-term investment to enhance higher-level PPE production capacity (European Commission [EC], Japan International Cooperation Agency [JICA],¹⁵ 2020).

The consequences of the transportation and supply chain disruptions have severely affected the agriculture sector. The UN's Food and Agriculture Organization (FAO) in their "*Bangladesh COVID-19 Rapid Assessment of Food and Nutrition Security*"¹⁶ report indicates that prices in April and May increased significantly for most food commodities across the markets largely due to the breakdown in transportation mechanisms since the strict lockdown commenced on March 24. Farm gate prices have dropped for eggs (-18 percent), broilers (-15 percent), day-old layer chicks (-75 percent), and day-old broiler chicks (-90 percent), with about 50 percent of eggs and 70 percent of broilers unsold at farms.¹⁷ Overall, about 70,000 farmers have been affected by the decrease in demand for food supplies. Barely 10 percent of rice mills are operating due to a lack of supply of paddy and labor. Overall, about 70,000 farmers have been affected by the decrease in demand for food supplies and face disincentives for planting new crops.

The Integrated Dairy Research Network estimates that by the end of March 2020, dairy farmers were incurring a loss of 37 crore taka daily.¹⁸ In the fisheries sector, the priorities are transport, distribution, finance, and cash flow due to the seasonality of fish farming.¹⁹ The private sector has been proactively

¹³<https://www.thedailystar.net/coronavirus-deadly-new-threat/news/combating-coronavirus-pm-announces-tk-727cr-stimulus-package-1889764>

¹⁴ According to the most recent report from the Financial Express, as of August 16, 2020, the country's RMG export earnings in the first 18 days of July stood at \$1.57 billion despite the COVID-19 pandemic, which local manufacturers consider as a good sign of reviving new or cancelled work orders. Bangladesh earned \$1.78 billion during the same period of July 2019. The July 2020 earnings over that of last year declined by 11.74 percent, according to BGMEA data. The country earned \$2.25 billion, \$374.67 million, \$1.23 billion, and \$2.24 billion in March, April, May, and June of this year, respectively. Subsequently, growth declined by 20.1 percent, 85.3 percent, 62.1 percent, and 6.6 percent from March to June over the corresponding months of last year. According to BGMEA president Dr. Rubana Huq, RMG exports are around \$210 million lower than the 18 days' earnings of last July.

¹⁵ <https://www.jica.go.jp/bangladesh/english/office/topics/200722.html>

¹⁶ https://fscluster.org/sites/default/files/documents/fao_bangladesh_covid-19_rapid_assessment_report_09-05-2020_final13may2020.pdf

¹⁷ COVID-19 intensified pre-existing problems in the poultry sector related to food safety fears over factory farming and consumers' dislike of broilers, as well as rising mortality presumably due to resurgent avian influenza and other diseases.

¹⁸ Most dairy farms are small producers; 76 percent have five cows or fewer.

¹⁹ Shrimp export prices (e.g., for golda [freshwater shrimp] and bagda [saline water shrimp]) have fallen drastically. Both imports and exports have declined, while the movement of fishery products for domestic markets is still fairly functional. During the pre-lockdown time, prices rose sharply because of increased consumer demand.

responding to some challenges in supply chains; nevertheless, food affordability has been affected as incomes have constricted for millions of families.

According to KII findings, the transportation²⁰ and supply chains have been restored. However, lessons learned should be gathered and emergency plans and guidelines put in place to prevent complete disruptions should lockdowns or disasters occur in the future. In April, the GOB unveiled a Tk 50 billion (\$590 million) stimulus package with a 4 percent discounted interest rate on loans for the farmers who are being affected severely by the ongoing lockdown.²¹ When asked whether their beneficiaries received government subsidies, an IP in the fisheries sector reported that out of 500 applications, only 60 of them received funding. IPs reported that MSMEs have been depleting their cash reserves, increasing their debts, taking loans from banks, and facing bankruptcies.

Findings from the joint survey conducted by the BRAC Institute of Governance and Development (BIGD), and the Power and Participation Research Centre (PPRC)²² report *Poverty Trends under Covid-19: Sharing Findings from PPRC-BIGD Rapid Response Survey*,²³ released in August indicate that 15.6 percent of Dhaka residents moved back to their villages because of their inability to afford the cost of living. Between February and June, earnings of the urban poor fell by 43 percent, while they decreased by 41 percent for rural people and 25 percent for CHT residents. There was also an overall 42 percent drop in earnings in June and July.²⁴ Factory workers' earnings fell by 16.2 percent, the lowest drop among all groups, while agricultural workers saw their earnings drop by 39 percent, although the GOB claimed this sector was active during the pandemic. Overall, unemployment was relatively low among factory and agricultural workers at 10 percent.

“Cash support is not always the solution for MSMEs. In addition to financial assistance, an alternate business plan might be a sustainable idea for future programming to address the impacts of COVID-19. Donors can import experiences from ongoing projects and plan accordingly.” USAID IP Staff Member

USAID programming could provide support to MSMEs in developing their business plans, while future programs should advocate for employment and livelihood protections for workers in the informal sector, daily wage earners, unemployed workers, and frontline market actors who lost their small businesses. Coordination should take place with financial organizations to provide low interest loans to MSMEs. Additional support should be extended to workers and producers in the agriculture, farming, fisheries, and livestock sectors. Increased efforts should be directed toward recruiting more women and youth in agricultural activities. Beneficiaries would benefit from programs intended to

enhance sustainability of business practices and development of action plans to mitigate future shocks and stressors.

Health System Management/Universal Health Coverage

At the national level, the main challenge to successfully tackling the COVID-19 pandemic is that Bangladesh has one of the world's highest population densities, coupled with low levels of testing, PPE, and oxygen supplies as well as a chronic lack of beds, especially in the intensive care units (ICUs), which can mean one must choose between one's "life vs. livelihood." In response to a request by High Court Justice M. Enayetur Rahim about the numbers of health care facilities in the country, the Department of Health reported in June that there are only 1,169 ICU beds in total for a population of 165 million people, combining the

²⁰ The transportation sector has a very large number of unskilled laborers earning low wages and suffering from wage discrepancies who are now earning less than they did before the COVID-19 pandemic started.

²¹ <https://www.harvestplus.org/knowledge-market/in-the-news/bangladesh-govt-supports-farmers-ensure-food-supply-during-covid-19>

²² The survey was conducted from June 20 to July 2 with 7,638 respondents. More than 55 percent of participants lived in urban areas, over 43 percent in rural areas, and 1.22 percent resided in the CHT area.

²³ <https://bigd.bracu.ac.bd/news/covid-19-fallout-economic-activities-dropped-by-70-pc-in-urban-areas-survey/>

²⁴ Rickshaw puller earnings dropped by 54 percent, small business owners by 50 percent, and unskilled workers and those employed in the transportation sector by 48 percent.

capacity of the public and private sectors.²⁵ This report also indicates that there are no ICU facilities in 47 of 64 districts in Bangladesh. In Cox’s Bazar where the population density is four times that of New York City, the situation is exacerbated due to a general fear of testing, lack of health facilities, and poor communication networks (UNICEF, Bangladesh, 2020).

As defined by the WHO, UHC²⁶ implies that all people have access to quality health services they need, without experiencing financial hardship. Achieving UHC, “including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all” is listed as one of the UN Sustainable Development Goals (SDGs).²⁷ According to the 2018 article, *Financing Health Care in Bangladesh: Policy Responses and Challenges Towards Achieving Universal Health Coverage*,²⁸ government health care expenditures in proportion to total public spending plummeted from 6.2 percent to 4.1 percent from 2010 to 2018. Overall, 67 percent of health care costs are paid by people compared to the global standard of below 32 percent.

The GOB has included UHC into its health care policy. The most important policy document specifically focusing on UHC in Bangladesh is the *Health Care Financing Strategy 2012-2032: Expanding Social Protection for Health towards*

“Capacity development of IEDCR and the public health management system under DGHS are prime areas where donors should provide both financial and technical assistance. IEDCR should be developed as an independent organization under the Ministry of Health and Family Welfare in the form of the CDC in the United States and China, and ICMR in India. Donors should support development of a rapid response team. Currently, with U.S. assistance, a few graduates developed as members of the rapid response team that played a vital role during the COVID-19 pandemic. This support needs to be increased to develop more graduates for this team.” USAID IP Staff Member

Universal Coverage, published by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MOHFW)²⁹ aligned with the Nutrition Sector Development Program (HPNSDP) 2011-2016,³⁰ where the importance of injecting funds into the health care sector is fully acknowledged. The USAID-funded AUHC project is transforming the nationwide Smiling Sun network of 399 clinics into a consolidated pro-poor social enterprise called the Surjer Hashi Network (SHN). Under this effort, ThinkWell leads as an incubator to SHN providing technical support to establish the board of directors, SHN leadership, and staff as well as provide support in the areas of governance, business planning, systems development, and growth.³¹

Maternal and neonatal care activities have also experienced delays.³² Hypertension and diabetes are on the rise, which may adversely impact maternal health.³³ As a result, maternal and child mortality may increase due to the limited availability of health care services. Although unrelated to the COVID-19 pandemic, 25 percent of all senior-level staff positions in the maternal and prenatal care sectors have yet to be filled. According to data presented in UNICEF’s COVID-19 in Bangladesh Hotspots Meeting of June 17, 2020, consultations in government hospitals for children under the age of five went from approximately 35,000 in February 2020 to 80,000 in April and May 2020. The average three-year trend for consultations was about 306,000 for boys and 301,000 for girls. Since August 2020, all government

²⁵ Bangladesh has a total of 1,034 Coronary Care Unit (CCU) beds, 141,903 general beds (8.7 per 10,000) <https://www.dhakatribune.com/bangladesh/court/2020/06/08/hc-wants-to-know-total-icu-capacity-across-the-country>

²⁶ [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

²⁷ <https://www.undp.org/content/undp/en/home/sustainable-development-goals.html>

²⁸ https://www.researchgate.net/publication/327775465_Financing_health_care_in_Bangladesh_Policy_responses_and_challenge_s_towards_achieving_universal_health_coverage

²⁹ <http://socialprotection.gov.bd/wp-content/uploads/2017/03/HCF-Strategy-Bd-2012-2032.pdf>.

³⁰ http://www.mohfw.gov.bd/index.php?option=com_content&view=article&id=166&Itemid=150&lang=en.

³¹ <https://thinkwell.global/projects/achieving-universal-health-coverage-bangladesh/>

³² In April and May, small pharmacies and drug stores closed, and beneficiaries did not have access to contraceptives and medicine. This has since changed; pharmacies and drugstores have resumed their operations. As per reports from the PHNE office, sales of contraceptives through pharmacies is higher than in the previous year.

³³ <https://www.sciencedirect.com/science/article/pii/S197613172030044X>

health care facilities are in operation. However, satellite clinics and home visits by frontline service providers are still operating on a limited scale. Trends indicate that more patients are now requesting health care services.

Although the survey respondents ranked health as the second most important sector for getting the country back on its feet, most of the open-ended responses indicated that strengthening the health care system and making strides toward UHC should be the main priorities. During the pandemic, IPs have reported that people have died as a result of not being able to access health care facilities for reasons unrelated to COVID-19. WHO also notes a sharp rise in non-communicable diseases (NCDs). NCDs now account for 67 percent of all deaths in Bangladesh, of which about half are premature. The toll of NCDs, chronic diseases, cancer, diabetes, cardiovascular diseases, and chronic respiratory diseases is increasing in Bangladesh as the population becomes more urbanized. The disease burden in Bangladesh is further exacerbated by unsanitary living conditions that underscore the poor economic conditions of both urban and rural home dwellers.³⁴

Providing an alternative to face-to-face visits through telemedicine could be a solution to this problem. According to the DGHS under the MOHFW, high-quality telemedicine services have been provided in different levels of hospitals all over the country. Among these, services are provided by two specialized hospitals (Bangabandhu Sheikh Mujib Medical University and National Institute of Cardiovascular Diseases), three district hospitals (Shatkhira, Nilphamari, and Gopalganj), and three sub-district hospitals (Pirgonj, Dakope, and Debhata), although they seem to only be available to patients admitted to the hospitals.³⁵ Patient services, such as infection prevention and consultations, have also been provided using telemedicine services. Introduction of online-based doctors' consultation and a mobile-based money transfer system to pay the doctors' consultation fees are being developed. As a result of these initiatives, a large group of people will have access to preventive health care services.

Donors continue to provide assistance to the health care sector in the form of private public partnerships (PPPs) which have resulted in successful health care delivery. Furthermore, donors, through the GOB, may consider providing assistance with free or discounted health services for the COVID-affected vulnerable patients, such as garment workers, frontline market actors, the unemployed, people who lost their businesses, and indigenous people.

Increase Assistance for Women and Youth, Gender Diverse Groups, and LGBTIQ+

“Gender is a major gap. For instance, women entrepreneurs were not able to access stimulus packages at all. With regards to the agricultural support packages; just recently the GOB officially recognized women as farmers. Furthermore, women have a hard time accessing agricultural loans.”
Multilateral Donor

The Gender in Humanitarian Action (GIHA) working group issued the *COVID-19 Bangladesh Rapid Gender Analysis* report in May 2020 stating that the pandemic is disproportionately impacting women as existing gender inequalities are exacerbating gender-based disparities between women, men, girls, and boys in terms of access to information, coping resources, and the pandemic's socio-economic impact. Care International's article *“COVID-19 Could Condemn Women to Decades of Poverty: Implications of the COVID-19 Pandemic on Women's and Girls' Economic Justice”* reports that women also face a higher risk of infection due to their types of employment. For example, women make up over 70 percent of global health and social work frontline jobs, increasing their risk of contracting COVID-19. The World Economic Forum points out, although women make up 70 percent of the health workforce, they only comprise 25 percent of senior leadership positions. The World Economic Forum article *“Why We Need Women's Leadership in the COVID-19 Response”* further states that gender inequalities are exacerbated during times of crises (e.g., limited access to paid work due to jobs in retail, smallholder farming, or migrant or domestic labor) leading

³⁴ https://www.researchgate.net/publication/316362296_Public_Health_Problems_in_Bangladesh_Issues_and_challenges

³⁵ <https://dghs.gov.bd/index.php/en/publications/health-bulletin/dghs-health-bulletin/490-telemedicine-service>

to poorer health outcomes among women. WHO data suggest that, during the COVID-19 pandemic, the incidence of domestic violence has increased, which may lead to further marginalization.³⁶ In Bangladesh, women and girls have decreased access to financial services at a time when financial assistance becomes particularly vital for crisis management and livelihoods.³⁷

Thus, it is not surprising that online survey respondents ranked women as the second most affected group after the elderly. KII participants observed that human rights violations occur more frequently since the pandemic has started. While women, girls, and female-headed households are likely to face more severe impacts during the ongoing situation, gender diverse population, as well as lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) groups, especially those who do not have an adequate support structure within their communities, are also at high risk of adverse COVID-related impacts.³⁸ Among USAID and IP respondents to the online survey, 56.6 percent reported implementing measures to mitigate the impacts of COVID-19 on vulnerable groups, and 45.2 percent of them believe the implemented measures have been very or fairly successful while another 52.4 percent believe they have been somewhat successful.

As indicated in the International Labor Organization (ILO) *Youth and Covid-19: Impact on Jobs, Education, Rights and Mental Well-being Survey*³⁹ report, youth access to education, livelihoods, and incomes has severely declined due to impacts of COVID-19. School closure created a wide educational gap among youth and has affected their future employment prospects. Girls, in particular, have been forced into negative coping mechanisms, such as early marriage and prostitution.⁴⁰ Roughly 84 percent of online survey respondents believe the youth were very or fairly impacted by the pandemic. Thus, adequate attention needs to be placed on youth engagement within their communities, creating greater employment opportunities and means to advance their education.

While not mandated to work directly with the Rohingya refugees, IPs provided support to the adjacent communities. When asked to rate the assistance provided to the Rohingya refugees, one-third of respondents reported not knowing much about the subject. About 40.6, 55.5, and 55.3 percent of respondents felt that support provided by, respectively, the GOB, bilateral/multilateral donors, and UN agencies has been fairly or very successful. Notwithstanding that Amnesty International called for the GOB and international donors to step up their efforts to protect the right to health of Rohingya refugees and host communities during the COVID-19 response and ensure that the refugees have access to life-saving and essential health care during the pandemic, KIIs/SGDs with bilateral and multilateral donors indicate a very low rate of infection in the Rohingya camps. According to the WHO Situational Report #21, as of September 3, 2020, a total of 3,965 COVID-19 positive cases were reported in Cox's Bazar district, of which 101 were in the Rohingya refugee camps. Recent reports⁴¹ also indicate that tensions between the Rohingya refugees and adjacent communities, together with stigmatization and discrimination, is on the rise.

³⁶<http://www.emro.who.int/violence-injuries-disabilities/violence-news/levels-of-domestic-violence-increase-as-covid-19-pandemic-escalates.html>

³⁷ <https://reliefweb.int/sites/reliefweb.int/files/resources/policy-brief-the-impact-of-covid-19-on-women-en.pdf>

³⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25889&LangID=E>

³⁹ https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_753026.pdf

⁴⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Bangladesh.Final_May2020.pdf

⁴¹ <https://www.thenewhumanitarian.org/news-feature/2020/07/27/Bangladesh-Rohingya-refugee-host-coronavirus-aid>

4.4 AQ 3: ARE THERE GAPS OR AREAS THAT USAID SHOULD BE WORKING ON BASED ON NEW NEEDS IDENTIFIED?

4.4.1 Findings

Governance and Human Rights

“The Mission needs to take greater leadership, so that we can respond to the actual crisis, quickly responding to the needs. I would think oversight of the government and how and what they are doing would be one critical area for engagement. The GOB is working without any supervision, without accountability. NGOs [and] media should be empowered to provide oversight of the government, make sure they are accountable, that they have all the marginalized communities included in their plans of action.” USAID IP Staff Member

According to the 2019 Transparency International (TI) Corruption Perceptions Index (CPI), Bangladesh ranked 146 out of 180 countries, with a corruption score of 26/100.⁴² (By way of contrast, the corruption score for the Asia Pacific region is 45/100, with Afghanistan scoring 16/100 and New Zealand 86/100). While this rapid assessment has not been commissioned to explore issues of governmental corruption, KII participants and online survey respondents were asked to share their opinions on the topic. Findings support the TI’s CPI score as instances of corruption in

Bangladesh seem to be widespread and very common in day-to-day interactions at all levels. Issues of corruption in aid distribution have hampered Bangladesh’s COVID-19 relief effort.⁴³ For instance, in April, Awami League leaders and local politicians allegedly engaged in the theft of food items meant for the poor during the COVID-19 shutdown. Further, a hospital owner in Bangladesh was recently arrested on charges of fraud, after allegedly issuing thousands of fake COVID-19 test results to deceive patients out of an estimated \$350,000 in a wide-ranging scam that has shaken confidence in the country’s medical establishment.⁴⁴

In her speech to the nation on January 25, the Prime Minister (PM) stressed the importance of people’s involvement and the media’s supportive role in fighting corruption. Further, Article 13 of the UN Convention Against Corruption obliges the GOB to create a conducive environment for the participation of civil society, NGOs, media, and citizens at large in the anti-corruption movement. Yet, during the COVID-19 pandemic, the authorities used the controversial DSA⁴⁵ to harass and indefinitely detain activists, journalists, and other government critics and their political leadership (Human Rights Watch, 2020). Since the start of the pandemic, 16 journalists have been arrested under the DSA for “*spreading rumors and carrying out anti-government activities*” by allegedly posting on social media about “*the coronavirus pandemic to negatively affect the nation’s image and to create confusion among the public through the social media and cause the law and order situation to deteriorate.*”⁴⁶

⁴² The CPI scores 180 countries and territories by their perceived levels of public sector corruption, according to experts and businesspeople and uses a scale from 0-100. If a country scored a 100 it means it is considered very clean and 0 is considered highly corrupt. The full report can be accessed through the following link:

https://www.transparency.org/files/content/pages/2019_CPI_Report_EN.pdf

⁴³ Awami League leaders and local government officials arrested for theft of rice meant for the poor, <https://www.ucanews.com/news/corruption-mars-bangladeshs-covid-19-relief-efforts/87700>.

⁴⁴ A hospital owner in Bangladesh allegedly scammed patients out of \$350,000 using fake COVID-19 tests, <https://edition.cnn.com/2020/07/16/asia/bangladesh-covid-test-scam-intl-hnk-scli/index.html>.

⁴⁵ In October 2018, the GOB adopted the National Digital Security Act. The bill contains extremely wide and vague definitions for key terms, most egregiously the one for “digital security,” which includes all types of security and not just external threats. It grants the responsible minister wide discretionary powers in defining the roles and responsibilities of the proposed Digital Security Agency, which is tasked with implementing the bill at a later point in time. It is inconsistent with established practice in the country, as with most other democracies where the powers of regulatory bodies are defined in the legislation that births them (Friedrich Naumann Stiftung, 2018).

⁴⁶<https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/>

Given that leaders play a critical role in time of crisis, there is a need to continue to focus on funding governance programs, especially those that address “the linkage between emergency distribution and accountability, all of the issues of media, governance, equity and state of the democracy.” Further, more emphasis should be placed on advocating for significant revisions to the DSA to ensure that freedom of speech is protected as required by Article 19 of the UN’s Universal Declaration of Human Rights. All of the abovementioned incidents stress the importance for USAID’s continuous support of DRG programming to increase citizen engagement in the political processes and support transparent governance based on democratic practices.

Countering Violent Extremism

The rapid assessment generated limited findings on the incidence of violent extremism (VE) in Bangladesh. Overall, when asked what the incidence of VE has been during COVID-19, KII/SGD participants generally did not have enough information to feel confident answering this question, although a few KII respondents did mention that CVE and insecurity programming “have not been up to the mark.” Nevertheless, a recent article published in *The Diplomat*, titled “What Does COVID-19 Mean for Terrorism in Bangladesh?”⁴⁷ provides a potential COVID-19 scenario for resurgence of VE in Bangladesh. The article cautions that the COVID-19 pandemic might contribute to the growth of radicalization as the ensuing lockdown has created a wider online space for radicalizers and their audience as more time is now spent looking for information online. This could be partly due to the security forces’s shift in focus from jihadist militants to cracking down on drug trafficking networks, and now to countering COVID-19, opening up space for reactivation of dormant insurgency groups such as Ansar Al Islam (AAI) and/or the Islamic State (IS) Caliphate. As a result, extremist groups can now more easily reach their audience (especially among disenfranchised youth), already frustrated with the COVID-19 constraints, lack of foreseeable employment opportunities, and the general state of anxiety about the future. All of these early warning signs are exacerbated by the closure of educational institutions and a looming economic and social crisis.

The United Nations Institute for Training and Research (UNITAR)⁴⁸ cautions about the challenges that are prevalent in CVE programming that include the increased spread of misinformation and conspiracy theories, online recruitment amid the backfiring of lockdown measures, modifying strategies for violent attacks, halted or reduced international security assistance missions, halted peace building and development initiatives, and new ways of financing terrorism. IPs working on CVE need to devise ways of addressing these challenges to mitigate the impact COVID-19 has had (or may have) on CVE. Thus, it is advisable for USAID to scale up CVE programming in Bangladesh to address some of the CVE-related challenges identified by UNITAR. Further, USAID could benefit from engaging in youth development activities that encourage positive coping strategies that shape attitudinal and behavioral changes. Workforce development programs, particularly for at-risk youth, could provide third-party benefits to the community as a whole.

Gender-Based Violence and Child Marriage

Globally, there is an uptake of reported cases of GBV. The UNDP released a report *Gender-Based Violence and COVID-19*⁴⁹ in May 2020 in which it states that 243 million women and girls across the globe have been subjected to sexual or physical violence perpetrated by their intimate partner over the course of the last 12 months. Due to the COVID-19 pandemic, the number is likely to increase as “security, health, and money worries heighten tensions and strains and are accentuated by cramped and confined living conditions.” A recent study on *Violence Against Women and Children: COVID-19*⁵⁰ published by the Manusher Jonno Foundation (MJF), a local human rights organization, reported that at least 4,249 women and 456 children are known to have been subjected to domestic violence in 27 out of 64 districts of Bangladesh in the

⁴⁷ <https://thediplomat.com/2020/06/what-does-covid-19-mean-for-terrorism-in-bangladesh/>

⁴⁸ <https://unitar.org/learning-solutions/publications/impact-covid-19-violent-extremism-and-terrorism>

⁴⁹ https://reliefweb.int/sites/reliefweb.int/files/resources/undp-gender-GBV_and_COVID-19.pdf

⁵⁰ <http://www.manusherjonno.org/wp-content/uploads/2020/03/Brief%20Survey%20report%20April%202020.pdf>

month of April alone, with 1,672 women and 424 children facing domestic violence for the first time in their lives. Further, MJF interviewed 17,000 women and children and found that 848 women were tortured physically, 2,008 mentally, and 85 sexually, while 1,308 faced financial restrictions from their husbands. The survey also said that four women were raped, one killed, and 20 women were sexually assaulted by people not related to them in April.

The COVID-related economic hardships also increase the tendencies of families resorting to early child marriage. While child marriage is nominally illegal in Bangladesh, the COVID-19 pandemic has created a distraction for GOB and law enforcement officials tasked with monitoring this practice. Notwithstanding that USAID already implements programs that advocate for rights of women and girls, further involvement in developing programming addressing the aspects of protection, mainstreaming, gender analysis, risk assessment and mitigation measures, and safety audits may help prevent instances of GBV and sexual exploitation and abuse (SEA) exacerbated by the COVID-19 pandemic (USAID, 2020). Through advocacy events, community members should be made aware of the increased risk of GBV during the pandemic, and communities need to be organized to offer support to the victims of GBV. *Girls not Brides*⁵¹ advises that in order to mitigate the increase in child marriages, donors and government agencies should increase funding for NGOs and community-based organizations (CBOs) working in the GBV space. Organizations working at the community level have the capacity to respond most quickly and effectively to the needs of the most vulnerable girls and women, particularly during lengthy travel restrictions.

Returning Migrants

About 10 million Bangladeshis live and work abroad, mainly employed as low-skilled labor in the Persian Gulf. In 2019 alone, over 10 million migrants sent close to \$18 billion in remittances representing approximately 6.1 percent of Bangladesh's GDP.⁵² COVID-19 has intensified socio-economic crises, including joblessness, consumption of reserve funds by family members, and shrinking the country's remittance inflow. According to a recent study conducted by the International Organization for Migration (IOM), 70 percent of migrant workers who returned to Bangladesh due to the COVID-19 pandemic are out of work. Such unplanned and large-scale returns of unemployed migrants affect communities that depend on remittances; one migrant worker supports on average three family members (IOM, 2020).

In this situation, the most urgent need is to enhance the financial security and social safety of workers laboring abroad as well as those who have returned to Bangladesh. The Ministry of Expatriates' Welfare and Overseas Employment (MOEWOE) announced \$5,900-8,260 in loans for migrant workers to pursue income-generating activities, particularly in agriculture. The GOB has also taken the step of paying about \$60 as a one-time payment to every returning migrant worker. Furthermore, the GOB has created a loan fund of about \$2.4 million under the midterm support scheme, which can serve as an additional policy option to address the impacts of COVID-19 on migrant workers (Bhuyan, 2020, MOEWOE, 2019).

Social Safety Nets

The BIGD conducted two rapid research responses (RRRs) to COVID-19.⁵³ The first RRR focused on livelihoods and coping, while the second attempted to understand how government policies are being received and acted upon by communities. The results showed that the poorer segment of the population is taking the brunt of the COVID-related economic shock in the form of relatively larger income shocks. Particularly for the extreme poor, income has been wiped out almost completely. An alarming proportion of the non-poor are also facing severe income shocks. About 72 percent of main income earners in urban slums and 54 percent in rural areas had no income during early April. For about 77 percent of vulnerable non-poor and 65 percent of the non-poor, income has fallen below the poverty line. The RRRs concluded that COVID-19 is not only making the poor poorer but creating a vast group of "new poor." The WB

⁵¹ <https://www.girlsnotbrides.org/covid-19-and-child-marriage/>

⁵² https://ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-dhaka/documents/genericdocument/wcms_742536.pdf

⁵³ <https://bigd.bracu.ac.bd/publications/livelihoods-coping-and-support-during-covid-19-crisis-report/>

projected that the extreme poverty rate in Bangladesh would increase from 12.8 percent last year to 21.8 percent in 2020. This would mean that another 15.2 million would join the already existing 21.58 million extremely poor.

KIIs conducted with IPs working under the Office of Food, Disaster, and Humanitarian Assistance (FDHA), found the previous assistance provided to beneficiaries, particularly through trainings, has provided them with coping strategies that enabled them to alleviate the immediate COVID-19 shocks. Yet, beneficiaries are still in dire need of livelihood support as they are being forced to sell their tangible goods and turn to homestead and food production to be able to meet the basic nutritional needs. This suggests that rapid response measures should be employed to meet the needs of the poor and extremely poor through funding directed toward livelihoods and food security.

In order to enable the poor to absorb the COVID-19 income shock, the GOB proposed a budgetary allocation of Tk 955.7 billion for the social security sector for the next fiscal year (FY 2021),⁵⁴ comprising roughly 17 percent of total proposed budget and 3 percent of the GDP. To ensure the livelihoods of the poorest segments of society, the GOB has made direct cash transfers to 5 million people during FY 2020. Additional assistance has been proposed for FY 2021 for the Rural Social Services Programme intended to provide liquidity to the rural economy by creating self-employment opportunities for the poor and extremely poor.⁵⁵ However, based on the KII findings, the proposed budgetary allocation is insufficient to address the current rate of vulnerability and poverty in the country. For instance, the Social Welfare Department provides 57 types of support in the form of allowance and safety net programs to vulnerable groups; however, the coverage is not enough to assist the number of applicants they receive. Therefore, donors should coordinate with the GOB, World Food Program (WFP), and WB to support the expansion of social protection programs in order to provide immediate economic relief and food rations to daily wage earners and other low-income groups suffering reduced income due to the shutdown of businesses and restricted freedom of movement. To mitigate the impending economic and social crisis, current emergency assistance should be continued and post-crisis assistance in different social protection programs prepared.

Education

March 2020 marked the closure of all educational institutions in Bangladesh. Their opening is anticipated by the year's end. With close to 42 million children enrolled in school, Bangladesh is among the countries most affected by a complete shutdown. This dire situation will further compound the existing learning crisis, where 57 percent of children are in learning poverty and only 25 percent of secondary level children master the required competencies. According to UNICEF, a critical component of the emergency response to COVID-19 will be to ensure that children remain engaged in learning activities and, as much as is feasible, the education system continues to function. UNICEF, a co-chair of the Education Local Consultative Group (ELCG) and Education Cluster, is leveraging a broad coalition of partnerships at the national and local levels to ensure continued child learning and development. At present, the GOB offers the TV-based learning program My School at My Home that covers some of the academic curriculum requirements but obviously not the entire curriculum requirements.

Innovations for Poverty Action (IPA) warns that *“the sudden nationwide shutdown also risks reversing some of the earlier achievements with improved access to education such as close to universal primary school enrollment*

⁵⁴ The funding has been allocated for Maternity Allowance for Poor Mothers, Working Lactating Mothers' Assistance Programme, Vulnerable Group Development Programme, Freedom Fighters Honorarium, Employment Opportunity for the Extreme Poor, Special Allowance for Improving the Living Standards of Gypsies and Disadvantaged Communities, Education Stipend and Training for Gypsies and Disadvantaged Communities, Assistance for Cancer, Kidney and Liver Cirrhosis Patients, Living Standard Improvement Program for Tea Garden Workers, and other programs.

⁵⁵<https://thefinancialexpress.com.bd/economy/bangladesh/emphasis-on-social-safety-net-to-minimise-impact-of-covid-19-1591878141>

and attainment of gender parity in secondary education.⁵⁶ Hence, donors in collaboration with the GOB should develop and enact plans for safe school opening. The GOB could also benefit from capacity development at public schools in operating telecourses; and additional pedagogical teacher training is required to teach remote coursework in the national curriculum. Notwithstanding, the digital divide in Bangladesh and access to technology precludes children in vulnerable groups from participating in remote-based education. While USAID does not have the capacity to address the country's technological gaps, it can help expedite certain education activities to address the educational needs of the most vulnerable population groups.

Natural Resources Management and Wildlife Protection

Donors that include USAID, WB, and UNDP are implementing projects to promote the conservation of wildlife and natural resources. In a 2018 report, the World Wide Fund for Nature (WWF) wrote that wildlife has decreased by 60 percent in the last four decades. With the onset of COVID-19, there is an alarming trend indicating that poaching of wildlife is on the rise. Based on news reports, authorities in India, Pakistan, and Nepal reported a surge in illegal hunting, including of endangered animals and rare birds. In Bangladesh, fears of poaching emerged when the remains of a rare species of river dolphin were found in Rojan on the banks of the Halda river.⁵⁷ Further, authorities in India have reported incidents of illegal killings of tigers since the lockdown began. There are, moreover, concerns that the spike in poaching will not only kill more endangered tigers and leopards but also the species these carnivores depend upon to survive. Thus, the socio-economic impacts of COVID-19 extend to wildlife and natural resource protection. As individuals lose their livelihoods, they migrate from the city back to the village areas where they see protected areas as an alternative for securing sustenance. One IP, for example, reported several instances of encroachment into protected areas of Bangladesh's forests.

“USAID is an excellent partner, our cooperation is strongly increasing, and they expressed an interest in disaster risk management issues. Therefore we would welcome USAID's involvement in disaster risk management.”
Multilateral Donor

The secondary data review did not reveal much about the impact of COVID-19 on wildlife and natural resource conservation in Bangladesh, although available evidence suggests there is good reason to suspect that it is not inconsequential. Consistent with this, a high-level official at the Bangladesh FD remarked that it is *“now our responsibility to identify in the post-COVID-19 situation, how we can live in harmony with nature by addressing biodiversity degradation and reducing environmental pollution,”* while also emphasizing the need for more investment in biodiversity hotspot areas.⁵⁸ Notwithstanding, more work is required to better understand COVID's impact on wildlife and natural resource conservation in Bangladesh.

The secondary data review did not reveal much about the impact of COVID-19 on wildlife and natural resource conservation in Bangladesh, although available evidence suggests there is good reason to suspect that it is not inconsequential. Consistent with this, a high-level official at the Bangladesh FD remarked that it is *“now our responsibility to identify in the post-COVID-19 situation, how we can live in harmony with nature by addressing biodiversity degradation and reducing environmental pollution,”* while also emphasizing the need for more investment in biodiversity hotspot areas.⁵⁸ Notwithstanding, more work is required to better understand COVID's impact on wildlife and natural resource conservation in Bangladesh.

Given the above, USAID's programmatic focus should emphasize the importance of conservation and improved natural resource management in the face of the COVID-19 pandemic to prevent the illegal killing and trade of wildlife and depletion of natural resources. Providing alternative ways for securing the livelihoods of returning domestic migrants is one potentially effective method for alleviating the stresses on wildlife and natural resources resulting from the pandemic.

⁵⁶ <https://www.poverty-action.org/recovr-study/coronavirus-outbreak-schooling-and-learning-study-secondary-school-students-bangladesh>

⁵⁷ The carcass showed a sharp and deep incision from its neck to tail and layers of its body fat—from which oil is extracted for use in traditional medicines believed to cure illnesses. <https://www.france24.com/en/20200510-killing-of-rare-river-dolphins-sparks-poaching-fears-in-bangladesh-lockdown>

⁵⁸ UNDP virtual discussion, “Time for Nature: Accelerating Conservation Action in Post-COVID-19 Situation,” June 6, 2020.

4.5 AQ 4: THE PROPOSED RESULTS FRAMEWORK FOR THE NEW DRAFT CDCS IS VERY INTEGRATED AND, GIVEN THE NEW CONTEXT OF DEVELOPMENT PRIORITIES, HOW WILL DEVELOPMENT PRIORITIES BE ABLE TO ADDRESS THE PIVOTS NEEDED TO CONFRONT COVID-19?

4.5.1 Findings

This section of the report provides findings on the ways development priorities will be able to address the pivots needed to confront COVID-19 based on the new draft CDCS (see Figure 4). The current USAID/Bangladesh CDCS has been extended to 2021. In 2019, USAID/Bangladesh began developing the new CDCS that will include three distinct DOs with corresponding IRs and sub-IRs. This section aims to address the COVID-19 related programmatic pivots that will assist the Mission in refining the new CDCS.

Figure 4: Draft of New USAID CDCS, 2020

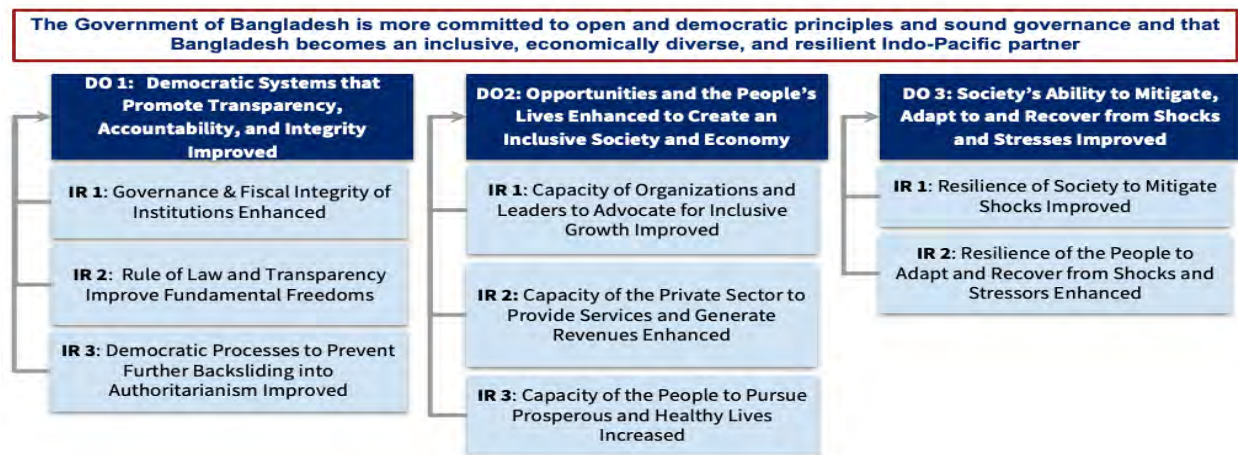


Figure 5 depicts donor funding for the Bangladesh COVID-19 response up to September 7, 2020. Most funding has been allocated for the immediate COVID-19 response, followed by economic recovery, addressing the needs of the vulnerable communities, education, and health. Note that funding for health is also allocated as part of the immediate COVID-19 response.

Figure 5: Funding by Donor Type and Sector Type for Bangladesh COVID-19 Response



The allocation of donor funding is in line with the rapid assessment findings, suggesting that future engagement is most needed in the economic/financial realm, health care services, and education. It is clear from the rapid assessment findings, moreover, that this support is particularly needed among the economically or otherwise disadvantaged population. Based on the team's overall findings, programmatic pivots should consider the environmental, social, and economic sustainability of proposed interventions and lessons learned from other shocks and stressors that could be applied in this context.

In order to determine the most important priority actions where USAID should focus, survey respondents were asked to first identify the biggest problems facing Bangladesh as a whole. About 46.1 percent identified the lack of economic activities, followed by poverty at 17.2 percent and lack of health care services at 14.1 percent. Other problems mentioned were inadequate employment opportunities, mismanagement of service delivery, and lack of governance. These findings were corroborated by the respondents' *ranking scores*⁵⁹ of the most important sectors for getting the country back on its feet. These were, in order of importance, economy/financial⁶⁰ (16.90),⁶¹ health care (14.70), education (13.62), agriculture (12.28), and transportation (12.03). Ranking scores confirmed findings elsewhere that the economic groups most affected by COVID-19 are the economically disadvantaged (8.20), followed by migrant workers (6.76), returned migrant workers (6.16), and RMG workers (6.04). Appropriately addressing the development needs and gaps becomes critical in order to mitigate the negative long-term impacts of COVID-19 to these crucial sectors.

DO 1: Democratic Systems that Promote Transparency, Accountability, and Integrity Improved

IR 1.1 Government and Fiscal Integrity Enhanced: Given that the post-COVID-19 economic recovery might last for months, if not years, and given the economy's centrality in the country's post-COVID-19 recovery, it is crucial to address the needs and gaps here first. Hence, to successfully revamp the business environment immediately post COVID-19, primary support should be targeted to recovery for MSMEs through start-up grants, which may include but not be limited to, new skills development for returnees and small grants for startup businesses. In the long term, activities implementing workforce development and/or tertiary education programs should be at the forefront to prepare all segments of the population, particularly youth and women, to join or re-enter the workforce. Examples of support could be a mainstreamed medical equipment production by the RMG sector or reduced remittances fees. In the long run, USAID activities targeting the sustainability of MSMEs via collaborative arrangements with the GOB could accelerate the country's economic recovery.

USAID activities could also facilitate linkages with the financial sector, such as access to emergency funds for MSMEs, Bangladesh Small and Cottage Industries Corporation (BSCIC) factory owners, and informal businesses; refinancing working capital for MSMEs; waiving port demurrage fees and bank interest rates for delayed goods release; or waiving rent for government-owned spaces to name a few. Emergency employment through the creation of temporary jobs and ensured access to social safety nets and wages would further help foster a more rapid recovery. On the GOB side, focused strengthening of the public financial management system will be necessary to meet increased expenditure control and reporting requirements, especially with the influx of COVID-19 funding from different donors, each managing fiduciary risks according to their rules and procedures.

IR 1.2. Rule of Law and Transparency Improve Fundamental Freedoms: A short-term priority identified by the rapid assessment for USAID's Promoting Peace and Justice (PPJ) program is to continue

⁵⁹ Ranking provides a list of choices for which the user specifies a preferred order. The user can select the choices in any order and then drag choices that have already been selected to reorder them. The user must rank all available choices before the survey response can be submitted. The score is a weighted calculation. Items ranked first are given a higher value or "weight." The score, computed for each answer option/row header, is the sum of all the weighted values.

⁶⁰ Macroeconomic indicators, including GDP, national income, etc.

providing legal assistance to vulnerable communities by increasing their knowledge of their rights and ways to access the justice system. Rapid assessment findings, moreover, highlighted the need to improve the timeliness of the legal process; equitable access to justice needs to be provided to all beneficiaries across socio-economic groups. The relevant long-term goal is to move toward the digitalization of the justice system (e-Justice). One prerequisite for such digitalization to occur is increased GOB investment in technology on a national level. Additionally, USAID should support revisions to the DSA as part of the Agency's promotion of democratic principles of governance.

“Our priorities are to continue working on safety at work, continue monitoring the layoffs, determine the percentage of the laborers who are actually coming back to work and who has been left behind, and focus on employment and social protection.” Multilateral Donor

With the influx of returning migrants, a lack of new employment opportunities, and a contracting economy, instances of TIP are likely to increase. USAID should continue its effort to address the 14 recommendations listed in the DOS *Trafficking in Persons Report 2020*. Continued coordination with the GOB are required on the national and local levels to combat the incidence of trafficking. In the long term, USAID could focus on targeting workforce development programs for marginalized groups, such as returning migrants, and increasing opportunities for women's entry into the workforce.

IR 1.3 Democratic Processes to Prevent Further Backsliding into Authoritarianism Improved:

A short-term priority is to engage local political party leadership in COVID-19 risk communication and awareness raising within their local communities. Political parties' leadership could play a critical role in addressing the immediate needs of their constituents by ensuring greater transparency in aid distribution at the local levels. In the long run, USAID should continue focusing on engaging youth in formal political processes. Youth engagement is a catalyst for future political and societal changes. Bangladesh is struggling with corruption issues; however, educating youth to be agents of change by adopting democratic principles could help mitigate this problem in the future.

Inclusive political participation is not only a fundamental political and democratic right but it is also crucial to building stable and peaceful societies and developing policies that respond to the specific needs of younger generations. In addition, greater involvement of women, particularly those from vulnerable communities, in the formal political process is needed. Marginalized groups need to be adequately represented in political institutions, processes, and decision-making, especially in elections, by knowing their rights and ways to participate in the political processes at all levels.

DO 2: Opportunities and the People's Lives Enhanced to Create an Inclusive Society and Economy

IR 2.1 Capacity of Organizations and Leaders to Advocate for Inclusive Growth Improved:

In the short term, IPs' focus should be to build the capacity of NGOs and CSOs to work with local and central governments to advocate for the poor, RMG workers, and socially-excluded groups to address their needs in the areas of economic empowerment, access to health care services, and social safety nets. USAID should encourage the inclusion of essential services to address GBV in preparedness and response plans for COVID-19. It should further consider building a strong network of CSOs connected with the media to enable them to quickly mobilize and advocate on issues such as governmental transparency, anticorruption, child marriage, GBV, and equal rights for gender diverse communities, and to counter rumors related to COVID-19. In the long term, a webpage tracking various GOB promises/statements could be beneficial to promote greater GOB accountability and transparency.

IR 2.2 Capacity of the Private Sector to Provide Services and Generate Revenues Enhanced:

In the immediate term, IPs should work with workers and producers in the agriculture, fisheries, and livestock sectors to build up their capacity to withstand the impacts of COVID-19 by linking them with financial institutions that can provide microcredits, low interest loans, and other financial services to ensure their sustainability and operation after the pandemic. Additionally, USAID should work with the

GOB and bilateral and multilateral donors to develop proper transportation and supply chain contingency plans. In the long term, COVID-19 impact mitigation strategies should focus on expanding social safety nets to workers in agriculture, including the provision of timely livelihood assistance. The FAO suggests support such as targeted cash, food, or in-kind distributions should be tailored to women workers with care responsibilities at home, families that may resort to child labor as a coping strategy, and other vulnerable subgroups. Efforts should be made to maintain agricultural supply chains and strengthen the market linkages for local producers.⁶²

IR 2.3 Capacity of the People to Pursue Prosperous and Healthy Lives Increased: The rapid assessment has not conducted KILs with IPs implementing primary and secondary education activities. While there are no activities currently being implemented in the education sector, support needs to be directed to the inception of activities focusing on primary and secondary education, specifically in regard to the inclusion issues facing vulnerable population groups. In the short term, the education activities could focus on ways to ensure lessons are delivered in alternate ways to guarantee equal access for all population groups. IPs could participate in discussions with the GOB on curriculum revisions for online learning in the case of disasters, when in-person school attendance would be deemed prohibitive. In the longer term, digitalization of educational institutions to ensure continuation of learning in times of shocks and stressors should be considered, focusing on issues of inclusion of vulnerable groups. USAID's Education office could support the teacher training institutes to offer telecourses for teachers and provide assistance and capacity building plans for public schools in telecourse design and implementation.

DO 3: Society's Ability to Mitigate, Adapt to, and Recover from Shocks and Stresses Improved

IR 3.1 Resilience of Society to Mitigate Shocks Improved: USAID should work to ensure that natural resources management and wildlife protection continue in the midst of COVID-19 to prevent exploitation of natural resources and killing of protected species, while also emphasizing the importance of conservation and improved natural resource management in the face of COVID-19 and climate change. There is also a need to continue strengthening the coordination and response for decreasing the impacts of natural disasters, such as floods and cyclones. Forests in Bangladesh are threatened by unsustainable uses and conversion to alternative land uses. In spite of the consequences of forest degradation and biodiversity loss, communities rely on forests for their livelihoods.⁶³ Therefore, USAID IPs should devise alternative income generating activities that would disincentivize the residents from encroachment into protected areas to exploit natural resources in order to secure their livelihoods.

Bangladesh still ranks among the top 10 countries in the world with the highest TB burden. Pneumonia and other infections are major causes of death among young children. Focusing on preventive care becomes imperative for early detection and treatment of these infections. While only 1 percent of the population is reported to be human immunodeficiency virus (HIV) positive, rates are much higher among high-risk populations: injecting drug users, sex workers, and men who have sex with men.⁶⁴ The Joint United Nations Programme on HIV/AIDS (UNAIDS) is working with the GOB to ensure that all people living with HIV (PLHIV), including those among refugee populations, receive a three-month supply of antiretroviral (ARV) drugs.⁶⁵ Providing livelihood assistance, access to medical care, and therapeutics is important to alleviate the impacts of COVID-19 for this high-risk population group.

IR 3.2 Resilience of the People to Adapt and Recover from Shocks and Stressors Enhanced: The most immediate need in health care is to collaboratively and cooperatively address the COVID-19 emergency, such as with financial and technical support. USAID should continue supporting the IEDCR to

⁶² <http://www.fao.org/3/ca8560en/CA8560EN.pdf>

⁶³ https://www.researchgate.net/publication/316489712_Developing_alternative_income_generation_activities_reduces_forest_dependency_of_the_poor_and_enhances_their_livelihoods_the_case_of_the_Chunati_Wildlife_Sanctuary_Bangladesh

⁶⁴ https://www.researchgate.net/publication/316362296_Public_Health_Problems_in_Bangladesh_Issues_and_challenges

⁶⁵ https://www.unaids.org/en/20200430_Bangladesh_pwud

conduct surveillance to identify and track individuals infected by COVID-19 and the people they have been in contact with to prevent the further spread of the disease and foster data driven decision-making. Based on UNDP Bangladesh Reports, According to the DGHS *National Preparedness and Response Plan for Covid-19*, Bangladesh's overall spending on health is around 3 percent of GDP. However, the government's contribution under the current budget is only 1 percent, while more than 70 percent of health spending is out-of-pocket, the highest in South Asia. According to the WHO and UNDP, Bangladesh's doctor-to-patient ratio is 5.26 per 10,000 people, the second lowest in South Asia.⁶⁶ Medical professionals bear the brunt of COVID-19 response, and a shortage of them creates further difficulties managing the pandemic.⁶⁷ In partnership with the GOB, multilateral and bilateral donors and USAID should engage in the development of plans to address the infrastructure, technology, and equipment shortfalls that prevent the provision of quality health care. In the longer term, enrollment in medical and nursing programs needs to be increased by providing health care workers with adequate wages. While the GOB has introduced health insurance for medical staff working in COVID-related areas, the remit and depth of support may be further increased. In the long run, IPs should continue engaging with the GOB to work toward UHC.

The immediate needs for the poor and extremely poor are to provide livelihood support to vulnerable communities and focus on food security programs to continue developing the resiliency of these groups. Ultimately, strengthening the country's social safety nets is imperative if Bangladesh wants to graduate from the ranks of lesser developed countries by 2021, a goal that might have to be revised due to the COVID-19 pandemic. The WB has worked with the GOB since 2010 to ensure social safety net programs are available to the economically disadvantaged and vulnerable groups.⁶⁸ Social safety nets include the provision of income security for the elderly, widows, and people with disabilities (PWD); generating temporary employment for working age men and women; and supporting the healthy development of young mothers and children. Such programs are intended to alleviate the effects of poverty, reduce poverty, and provide assistance to vulnerable groups.

5.0 RECOMMENDATIONS

The following recommendations are organized by technical office and were developed from the findings derived from the AT's integrative analysis of secondary sources, KIIs, SGDs, and the online survey.

5.1 RECOMMENDATIONS BY TECHNICAL OFFICE

5.1.1 Mission-wide

- Support a culture of collaborating, learning, and adapting (CLA) to upgrade IPs' ability to report on lessons learned pertaining to COVID-19 mitigation strategies so they can make adjustments to their programs and activities and adapt them as needed.
- Develop a detailed action-oriented contingency plan for the Mission to enhance preparedness and resilience strategies to mitigate the impacts of future shocks and stressors. Encourage IPs to develop staff and beneficiary engagement contingency plans for their activities.
- Significant effort should be made to enhance linkages with the private sector. Findings from the KIIs/SGDs and online survey support the need to change the overall strategy of how development is done by generating more opportunities for involvement of and partnership with the private sector.

⁶⁶ <https://www.bd.undp.org/content/bangladesh/en/home/stories/a-reality-check-for-bangladesh-s-healthcare-system.html>

⁶⁷ <https://www.dw.com/en/coronavirus-bangladesh-hospitals-deal-with-shortage-of-doctors/av-53109402>

⁶⁸ <https://www.worldbank.org/en/news/feature/2019/04/29/social-safety-nets-in-bangladesh-help-reduce-poverty-and-improve-human-capital>

- Consider the addition of an anticorruption activity to the Mission’s portfolio that engages and supports citizens in unveiling and fighting corruption with assistance from a coordinated network of CSOs and the media.
- Support the move toward wider digitalization, including e-Justice and digitalization of courts and telemedicine and distance learning. The desire for rapid digitalization created by COVID-19 needs to account the socio-economic and digital divide across population groups in Bangladesh. Inclusiveness and access should be preconditions for digitalization.
- Continue CVE programming, or programming intended to enhance social cohesion and conflict resolution strategies in Cox’s Bazar district, to mitigate the occurrence of social unrests given the recent reports of mounting tensions between the Rohingya refugees and adjacent communities, with stigmatization and discrimination on the rise.

5.1.2 Office of Democracy, Human Rights, and Governance (DRG)

- IPs should continue providing legal assistance to vulnerable communities by increasing communities’ knowledge of their rights and ways to access the justice system.
- IPs should work on improving the timeliness of the legal process and provide equitable access to justice to all beneficiaries across socio-economic groups.
- USAID should support revisions to the DSA as part of the Agency’s promotion of democratic principles of governance.
- USAID should continue its effort to address the 14 recommendations listed in the *DOS Trafficking In Persons Report 2020*. Continued coordination with the GOB is required on the national and local levels to combat the incidence of trafficking.
- IPs should engage local political party leadership in COVID-19 risk communication and awareness raising within their local communities. Political parties’ leadership could play a critical role in addressing the immediate needs of their constituents by ensuring greater transparency in aid distribution at the local level.
- USAID should continue focusing on engaging youth in formal political processes. Youth engagement serves as a catalyst for future political and societal changes. Educating youth to be agents of change by adopting democratic principles could help to mitigate corruption issues in the future.
- IPs should focus on inclusive political participation to build a stable and peaceful society and develop policies that respond to the specific needs of younger generations.
- USAID should encourage the greater involvement of women, particularly those from vulnerable communities, in the formal political process.
- IPs should ensure that marginalized groups are adequately represented in political institutions, processes, and decision-making, especially in elections, by knowing their rights and ways to participate in the political processes at all levels.
- In the short term, IPs’ focus should be to build the capacity of NGOs and CSOs to work with local and central governments to advocate for the poor, RMG workers, and socially-excluded groups to address their needs in the areas of economic empowerment, access to health care services, and social safety nets.
- USAID should encourage the inclusion of essential services to address GBV in preparedness and response plans for COVID-19. It should further consider building a strong network of CSOs connected with the media to enable them to quickly mobilize and advocate on issues, such as

governmental transparency, anticorruption, child marriage, GBV, and equal rights for gender diverse communities and to counter rumors related to COVID-19.

- In the long term, a webpage tracking various GOB promises/statements could be beneficial to promote greater GOB accountability and transparency.

5.1.3 Office of Economic Growth (EG)

- IPs support should be targeted to recovery for MSMEs through start-up grants, which may include but not be limited to, new skills development for returnees and small grants for start-up businesses.
- Activities implementing workforce development and/or tertiary education programs should be at the forefront to prepare all segments of the population, particularly youth and women, to join or reenter the workforce. Examples of support could be a mainstreamed medical equipment production by the RMG sector or reduced remittances fees.
- In the long run, USAID activities targeting the sustainability of MSMEs via collaborative arrangements with the GOB could accelerate the country's economic recovery.
- USAID activities could facilitate linkages with the financial sector, such as access to emergency funds for MSMEs, BSCIC factory owners, and informal businesses; refinancing working capital for MSMEs; waiving port demurrage fees and bank interest rates for delayed goods release; or waiving rent for government-owned spaces to name a few.
- IPs should advocate emergency employment through the creation of temporary jobs. Ensured access to social safety nets and wages would further help foster a more rapid recovery.
- On the GOB side, IPs could provide technical assistance to strengthen the GOB public financial management system to meet increased expenditure control and reporting requirements, especially with the influx of COVID-19 funding from different donors, each managing fiduciary risks according to their rules and procedures.
- In the immediate term, IPs should work with workers and producers in the agriculture, fisheries, and livestock sectors to build up their capacity to withstand the impacts of COVID-19 by linking them with financial institutions that can provide microcredits, low interest loans, and other financial services to ensure their sustainability and operation after the pandemic.
- USAID should work with the GOB and bilateral and multilateral donors to develop proper transportation and supply chain contingency plans.
- In the long term, COVID-19 impact mitigation strategies should focus on expanding social safety nets to workers in agriculture, including the provision of timely livelihood assistance. The FAO suggests support such as targeted cash, food, or in-kind distributions should be tailored to women workers with care responsibilities at home, families that may resort to child labor as a coping strategy, and other vulnerable subgroups.
- Efforts should be made to maintain agricultural supply chains and strengthen the market linkages for local producers.
- USAID should work to ensure that natural resources management and wildlife protection continue in the midst of COVID-19 to prevent exploitation of natural resources and killing of protected species, while also emphasizing the importance of conservation and improved natural resource management in the face of COVID-19 and climate change.
- USAID should continue strengthening the coordination and response for decreasing the impacts of natural disasters, such as floods and cyclones.

- USAID IPs should devise alternative income generating activities that would disincentivize the residents from encroachment into protected areas to exploit natural resources in order to secure their livelihoods.

5.1.4 Office of Food, Disaster and Humanitarian Assistance (FDHA)

- USAID should focus on targeting workforce development programs for marginalized groups, such as returning migrants, and increasing opportunities for women's entry into the workforce.
- IPs should address the immediate needs for the poor and extremely poor to provide livelihood support to vulnerable communities and focus on food security programs to continue developing the resiliency of these groups.
- USAID should increase programming to strengthen the country's social safety nets. Programming should be targeted to alleviate the effects of poverty, reduce poverty, and provide assistance to vulnerable groups. Such programming is imperative if Bangladesh wants to graduate from the ranks of lesser developed countries by 2021, a goal that might have to be revised due to COVID-19 pandemic.
- USAID should provide livelihood assistance, access to medical care, and therapeutics for PLHIV. This is important to alleviate the impacts of COVID-19 on this high-risk population group.

5.1.5 Office of Population, Health, Nutrition and Education (PHNE)

- The most immediate need in health care is to collaboratively and cooperatively address the COVID-19 emergency, such as with financial and technical support. USAID should continue supporting the IEDCR to conduct surveillance to identify and track individuals infected by COVID-19 and the people they have been in contact with to prevent the further spread of the disease and foster data driven decision-making.
- Medical professionals bear the brunt of the COVID-19 response, and a shortage of them creates further difficulties managing the pandemic. In partnership with the GOB, multilateral and bilateral donors, USAID should develop plans to address the infrastructure, technology, and equipment shortfalls that prevent the provision of quality health care. In the longer term, enrollment in medical and nursing programs needs to be increased by providing health care workers with adequate wages.
- While the GOB has introduced health insurance for medical staff working in COVID-related areas, the remit and depth of support may be further increased. In the long run, IPs should continue engaging with the GOB to work toward UHC.
- While there are no activities currently being implemented in the USAID education sector, support needs to be directed to the inception of activities focusing on primary and secondary education, in regard to the inclusion issues facing vulnerable population groups.
- In the short term, education activities could focus on ways to ensure lessons are delivered in alternate ways to guarantee equal access for all population groups. IPs could participate in discussions with the GOB on curriculum revisions for online learning in the case of disasters, when in-person school attendance would be deemed prohibitive.
- In the longer term, digitalization of educational institutions to ensure continuation of learning in times of shocks and stressors should be considered, focusing on issues of inclusion of vulnerable groups.
- USAID's Education Office could support the teacher training institutes to offer telecourses for teachers and provide assistance and capacity building plans for public schools in telecourse design and implementation.

ANNEXES

ANNEX I: RAPID ASSESSMENT STATEMENT OF WORK

STATEMENT OF WORK (SOW)

USAID/Bangladesh

COVID-19: An Analysis of the Changing Development Needs and Priority Actions for USAID/Bangladesh

Introduction:

The novel coronavirus (COVID-19) has continued to spread across Bangladesh. According to the Institute of Epidemiology, Disease Control, and Research, a total of 32,078 people had tested positive for COVID-19 infection and 452 had died from the global pandemic as of May 23, 2020. It is likely, the low number of recorded positive cases and deaths are related to the low number of tests administered. Initially the Government of Bangladesh (GOB) declared a 10-day shutdown from March 26 to April 4 and it has now been extended until June 1.

USAID/Bangladesh currently supports a diverse portfolio of activities to address persistent challenges in the areas of food security; access to quality education and health care; environment and natural resource management; economic growth and energy; vulnerability to natural disasters; and citizen confidence in governance institutions. However, the current challenges experienced across the country due to the shut down and social distancing guidelines have forced the Mission and its implementing partners to adapt activities which will allow programming to continue pursuing development objectives.

Purpose:

The overall purpose of this assessment will be to better understand the impact of COVID-19 on development priorities in order to determine how USAID can better position itself to address these needs. The proposed rapid assessment will assist in identifying potential impacts in the key development sectors that USAID/Bangladesh is engaged in; better understand the development gaps as a result of COVID-19 in Bangladesh; key challenges to implementation; lessons learned on the opportunities to address COVID-19 impacts; and overall recommendations.

The primary audience for the results of this analysis is the USAID/Bangladesh Mission, which will use the results to identify strategies and gaps which may need to be considered in the development of its new CDCS. The results of the analysis could help to inform the Mission on pivots, which may be needed for current programming, and strategic direction in the CDCS.

Research Questions:

The study will be guided by the following primary questions:

1. How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions and what are the lessons gleaned for future programming?
2. What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in?
3. Are there gaps or areas that USAID should be working on based on new needs identified?
4. The proposed Results Framework for the new draft CDCS is very integrated and, given the new context of development priorities, how will development priorities be able to address the pivots needed to confront COVID-19?⁶⁹

Additional research questions may evolve during document review and preliminary discussions.

⁶⁹ AQs have been revised by USAID.

Study Population:

The study team will conduct a desk assessment of a variety of documents such as assessments, evaluations, donor reports, policy documents, research models, Government reviews, etc. Sources of these documents will include (but not limited to) the GOB, UN Agencies, Multilateral Agencies like World Bank and Asia Development Bank, Humanitarian Coordination Task Team (HCTT), Country Preparedness and Response Plan (CPRP), key local institutions, and direct beneficiaries of USAID-funded activities in Bangladesh.

A notable contributor in the collection and review of key information sources will be USAID staff in each technical office, some of whom are already doing regular updates on impacts on current activities and also situational analysis in their sectors on the broader impact in their sector. They will provide technical leadership on the information collected through discussions/surveys with the study team. The research team will review the information collected and analyzed by each technical office as the starting point. In addition to Bangladesh specific documents, it is encouraged for the research team to look at other policy documents and assessments/reviews being conducted around the world to gain a broader perspective.

The Program Office will lead the overall effort and engage closely with the research team to define the strategy and workflow.

Methodology:

The study will be carried out according to the following sequence (Please note this is illustrative only):

1. Development of workplan and data collection tools.
2. Desk review of relevant documents and literature.
3. Virtual discussions with technical offices and specific staff.
4. Virtual focus groups of external stakeholders.
5. Data collection and analysis.
6. Out briefing with USAID staff on findings.
7. Draft report of the study for review and comments.
8. Final report of findings, conclusions, and recommendations to USAID/Bangladesh.

It is anticipated that steps 2-4 will be done in parallel given the need to analyze with the collective information. Due to the current travel restrictions, all research activities will be implemented using virtual tools such as online surveys, phone interviews, and online conference platforms. In addition, interviews should be guided by both structured questions and opportunity to collect data through open-ended discussions.

Work Products

The assessment team will provide the following work products/deliverables:

1. Work Plan: Within five (5) business days of commencement of the study, the assessment team will submit a work plan to USAID, including data collection instruments assessment analysis matrix, for review and approval by the Program Office.
2. A draft road map of tools and intended stakeholders identified.
3. Draft and final survey instrument for data collection for review and approval by the Program Office.
4. An online folder containing all the documents collected and reviewed for this study. This will include results of focused group meetings, with each technical office and other stakeholders.
5. Preliminary Findings: The assessment team will present its preliminary findings to USAID in order to obtain feedback that will be incorporated into the assessment report. An electronic version of

the presentation will be shared with USAID at least two (2) business day prior to the date of the presentation.

6. Draft Assessment Report: The assessment team will submit to USAID an electronic version of a draft assessment report in English for comments and feedback.
7. Final Assessment Report: The assessment team will submit the final assessment report within ten (10) business days after the Mission provides comments and feedback on the draft report. The final assessment report, in English and of publishable quality (Times New Roman, font size 12), will include a comprehensive bibliography with appropriate academic rigor.

Team Composition and Level of Effort:

Key personnel for this assessment must include a team leader/assessment specialist, and a senior international development expert.

Team Leader/Assessment Specialist (International):

The team leader will provide overall leadership for the team, and s/he will finalize the assessment design, coordinate activities, arrange periodic meetings, consolidate individual input from team members, and coordinate the process of assembling the findings and recommendations into a high-quality document. The team leader will possess good organizational and team building skills. S/he must demonstrate cultural sensitivities, particularly when interacting with a range of stakeholders. S/he will lead the preparation and presentation of the key assessment findings and recommendations to the USAID/Bangladesh team. S/he will have strong communications and writing skills in English.

The Team Leader/Assessment Specialist (International) will have:

- A Master's degree in a relevant discipline such as Economics, Agriculture, Public Policy, International Development, Business Administration, or any other relevant disciplines.
- At least 15 years of experience in evaluating projects for USAID or other international development agencies encompassing a diverse range of sectors.
- Competence in empirical research using econometrics and other statistical techniques.
- At least 10 years of experience in designing quantitative and qualitative surveys/studies/evaluations.

The Senior International Development Specialist (National) will have:

- A Master's degree in International Development, Public Policy, Agriculture, Economics, Business Administration, or another related field.
- At least 10 years of experience in international development, research and development, or related policy research.
- Thorough knowledge and understanding of the international development context of Bangladesh, and broad experience in cross-sectoral programs.
- Demonstrated experience authoring policy research papers and/or policy briefs.
- Experience in evaluations and/or assessments of projects with similar scopes, preferably for USAID.

Dates of performance and timeline:

The expected start date is o/a June 15, 2020 and is estimated to take no more than 30 working days.

ANNEX 2: ASSESSMENT MATRIX

#	Assessment Questions	Data Sources	Data Collection Methods	Data Analysis Methods
1.	How are USAID/Bangladesh activities mitigating the impact of COVID-19 on the anticipated development outcomes from their planned interventions and what are the lessons gleaned for future programming?	<ul style="list-style-type: none"> • USAID Portfolio Reviews, IP documentation, weekly reports, COVID redirection reports, Sitreps. • USAID IPs COPs, DCOPs, and Technical and Program Leads 	<ul style="list-style-type: none"> • Desk review • KIIs & SGDs • Online Survey 	<ul style="list-style-type: none"> • Content analysis to identify patterns through frequency of themes and outcomes • Comparative analyses (among respondent groups) • Cross-checking/triangulation between/among methods as appropriate • Sequential analyses (building a logical chain of evidence)
2.	What development changes/needs are anticipated as a result of the pandemic in the sectors that USAID/Bangladesh is currently working in?	<ul style="list-style-type: none"> • Documents in form of assessments, research studies, policy papers, development roadmaps, sector-specific COVID mitigation reports and strategies from multilateral and bilateral donors, including UNDP, UNICEF, UKAID, NGOs, CSOs, GOB • USAID IPs COPs, DCOPs, and Technical and Program Leads, UN, UNICEF, CSO, and GOB representatives • Survey and KII/SGD results 	<ul style="list-style-type: none"> • Desk review • KIIs & SGDs • Online Survey 	<ul style="list-style-type: none"> • Content analysis to identify patterns through frequency of themes, outcomes, and events • Comparative analyses (among respondent groups) • Cross-checking/triangulation between/among methods as appropriate • Sequential analyses (building a logical chain of evidence)

#	Assessment Questions	Data Sources	Data Collection Methods	Data Analysis Methods
3.	Are there gaps or areas that USAID should be working on based on new needs identified?	<ul style="list-style-type: none"> • IP documentation, weekly reports, COVID redirection reports, sitreps, documents in form of assessments, research studies, policy papers, development roadmaps, sector-specific COVID mitigation reports and strategies from multilateral and bilateral donors, including UNDP, UNICEF, UKAID, NGOs, CSOs, GOB • USAID IPs COPs, DCOPs, and Technical and Program Leads, UN, UNICEF, CSO, and GOB representatives • Survey and KII/SGD results 	<ul style="list-style-type: none"> • KIIs & SGDs • Online Survey 	<ul style="list-style-type: none"> • Content analysis to identify patterns through frequency of themes, outcomes, and events • Comparative analyses (among respondent groups) • Cross-checking/triangulation between/among methods as appropriate • Sequential analyses (building a logical chain of evidence)
4.	The proposed Results Framework for the new draft CDCS is very integrated and given the new context of development priorities, how will they be able to address the pivots needed to address COVID-19?	<ul style="list-style-type: none"> • IP documentation, weekly reports, COVID redirection reports, sitreps, documents in form of assessments, research studies, policy papers, development roadmaps, sector-specific COVID mitigation reports and strategies from multilateral and bilateral donors, including UNDP, UNICEF, UKAID, NGOs, CSOs, GOB • USAID IPs COPs, DCOPs, and Technical and Program Leads, UN, UNICEF, CSO, and GOB representatives • Survey and KII/SGD results 	<ul style="list-style-type: none"> • Desk review • KIIs & SGDs • Online Survey 	<ul style="list-style-type: none"> • Content analysis to identify patterns through frequency of themes, outcomes, and events • Comparative analyses (among respondent groups) • Cross-checking/triangulation between/among methods as appropriate • Sequential analyses (building a logical chain of evidence)

ANNEX 3: ASSESSMENT TIMELINE

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 June 14-20		Onboard the study team, Document collection and desk review	Document collection and desk review	Document collection and desk review	Document collection and desk review		
Week 2 June 21-27	Drafting of the Work Plan & Data Collection Instruments, continue the document review process	Continue drafting of the Work Plan & Data Collection Instruments, the document review process	Continue drafting of the Work Plan & Data Collection Instruments, the document review process	Finalizing the Work Plan and Data Collection Instruments, ME&A submits draft work plan & Data Collection Instruments to USAID	Desk Review and begin looking at the preliminary analysis of secondary data		
Week 3 June 28-July 4	Desk Review, continue the preliminary analysis of secondary data AND team planning meeting and in-briefing, final revisions to Work Plan and Data Collection Instruments based on USAID feedback	Revisions and Submission of the revised Work Plan and Data Collection Instruments based on USAID feedback AND continue the preliminary analysis of secondary data	Continue the preliminary analysis of secondary data AND begin Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Continue the preliminary analysis of secondary data AND Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Finalize the preliminary analysis of secondary data AND Fieldwork (KIs and SGDs, Online Survey) with stakeholders	ME&A submits draft summary report of desk review to USAID	
Week 4 July 5-11	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders		
Week 5 July 12-19	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Fieldwork (KIs and SGDs, Online Survey) with stakeholders	Data Analysis AND Writing the draft (#1) Assessment Report	Data Analysis AND Writing the draft (#1) Assessment Report		
Week 6 July 19-25	Writing the draft (#1) Assessment Report	Writing the draft (#1) Assessment Report	Writing the draft (#1) Assessment Report	Writing the draft (#1) Assessment Report AND ME&A quality control, final revisions to draft (#1) Assessment Report	ME&A quality control, final revisions to draft (#1) Assessment Report	ME&A submits draft (#1) Assessment Report to USAID	

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 7 July 26-August 1	Preparation of the PowerPoint presentation AND USAID review and comments on draft (#1) Assessment Report	USAID review and comments on draft (#1) Assessment Report	USAID review and comments on draft (#1) Assessment Report	ME&A submits draft preliminary presentation of findings to USAID/BMEL Contracting Officer's Representative (COR)	PowerPoint presentation of findings to USAID/ Bangladesh	USAID review and comments on draft (#1) Assessment Report	
Week 8 August 2-8	USAID review and comments on draft (#1) Assessment Report	USAID review and comments on draft (#1) Assessment Report	USAID review and comments on draft (#1) Assessment Report	USAID review and comments on draft (#1) Assessment Report AND ME&A quality control process on draft (#1)	USAID review and comments on draft (#1) Assessment Report AND ME&A quality control process on draft (#1)	USAID review and comments on draft (#1) Assessment Report AND ME&A quality control process on draft (#1)	
Week 9 August 9-15	Received USAID comments on draft (#1) Assessment Report AND Spreadsheet of Bilateral and Multilateral Donors	Submitted the Matrix of USAID comments and BMEL responses and included initial responses	Sent out Invitations to Bilateral and Multilateral Donors AND Updated the Spreadsheet with the current contact information	Sent out Invitations to Bilateral and Multilateral Donors AND Updated the Spreadsheet with the current contact information	Sent out Invitations to Bilateral and Multilateral Donors AND Updated the Spreadsheet with the current contact information	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey)	
Week 10 August 16-22	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) AND Provide responses to the Matrix	Submit the Matrix to USAID AND Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) AND Revise draft (#1) Assessment Report based on USAID comments/ feedback	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) Revise draft (#1) Assessment Report based on USAID comments/ feedback.	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) Revise draft (#1) Assessment Report based on USAID comments/ feedback.	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) Revise draft (#1) Assessment Report based on USAID comments/ feedback, includes ME&A quality control process	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey) Revise draft (#1) Assessment Report based on USAID comments/ feedback, includes ME&A quality control process	
Week 11 August 23-29	Fieldwork (KIIs/SGDs with Bilateral/Multilateral Donors and Online Survey)	Submission of draft report (#2) to USAID	KII/Online Survey with bilateral/multilateral donor responses	KII/Online Survey with bilateral/multilateral donor responses	KII/Online Survey with bilateral/multilateral donor responses	KII/Online Survey with bilateral/multilateral donor responses	

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 12 August 30- September 5	Revise draft (#2) Assessment Report based on USAID bilateral/multilatera l donor responses	Revise draft (#2) Assessment Report based on USAID bilateral/multilateral donor responses	Revise draft (#2) Assessment Report based on USAID bilateral/multilatera l donor responses	Revise draft (#2) Assessment Report based on USAID bilateral/multilater al donor responses	Revise draft (#2) Assessment Report based on USAID bilateral/multilateral donor responses		
Week 12 September 6 - 12	Revise draft (#2) Assessment Report based on USAID bilateral/multilatera l donor responses And ME&A QC	Revise draft (#2) Assessment Report based on USAID bilateral/multilateral donor responses And ME&A QC	Revise draft (#2) Assessment Report based on USAID bilateral/multilatera l donor responses And ME&A QC	Revise draft (#2) Assessment Report based on USAID bilateral/multilater al donor responses And ME&A QC	Submission of Draft Report (# 3) to USAID		
TBD (dependent upon USAID approval)	On USAID clearance of final Assessment Report, submit the executive summary of key findings, conclusions, and recommendations.	On USAID clearance of final Assessment Report, prepare two separate versions, if needed (one for public and one for internal use), edit for 508-compliance, and upload (of public version) to DEC					

ANNEX 4: DOCUMENTS REVIEWED

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
1	ABD (2020). "COVID-19 Impact on Job Postings: Real Time Assessment Using Bangladesh and Sri Lanka Online Job Portals."
2	ACAPS. (2020). "COVID-19 Rohingya Response." Date: March 19, 2020
3	ADB (2020). "ABD Briefs-133-May 2020."
4	ADB (2020). "ADB Approves \$500 Million for Bangladesh's COVID-19 Response."
5	ADB (2020). "ADB's Comprehensive Response to the COVID-19 Pandemic."
6	ADB (2020). "Approves \$100 Million to Support COVID-19 Response in Bangladesh."
7	ADB (2020). "Asian Development Outlook Supplement: Lockdown, Loosening, And Asia's Growth Prospects."
8	ADB (2020). "Member Fact Sheet Bangladesh."
9	ADB. (2020). "COVID-19 and the Ready-Made Garments (RMG) Industry in Bangladesh."
10	Ahmed. Akhter U. and Bakhtiar. M. Mehrab (2020). "Boro rice procurement in Bangladesh: Implications for policy." Report prepared by the International Food Policy Research Institute (IFPRI). Accessed June 14, 2020 http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/133724/filename/133934.pdf
11	Al-Jazeera. (2020). "Which countries have not reported any coronavirus cases?" Accessed on June, 19, 2020 at https://www.aljazeera.com/news/2020/04/countries-reported-coronavirus-cases-200412093314762.html
12	Amnesty International. (2020). "Bangladesh must put human rights at the centre of its COVID-19 response strategies."
13	Anwar, Saeed, Nasrullah, Mohammad and Hosen, M. Jakir, (2020). "COVID-19 and Bangladesh: Challenges and How to Address Them." <i>Frontiers in Public Health</i> .
14	APP (Asian Preparedness Partnership) and ADPC (Asian Disaster Preparedness Center). (2020). Country Preparedness and Response Plan (Draft VI, Date: March 26, 2020). Accessed on June 14, 2020 at https://app.adpc.net/sites/default/files/public/publications/attachments/Bangladesh-COVID-19-Country-Preparedness-and-Response-Plan.pdf
15	Article 19. (2020). "Bangladesh: Alarming crackdown on freedom of expression during coronavirus pandemic." Accessed on June 20, 2020 at https://www.article19.org/resources/bangladesh-alarming-crackdown-on-freedom-of-expression-during-coronavirus-pandemic/
16	Bandhu Social Welfare Society (2020). "COVID-19: Quick Survey for Community Response for TG and Hijra."
17	BBC. (2020). "Bangladesh fears a coronavirus crisis as case numbers rise." Accessed on June 16, 2020 at https://www.bbc.com/news/world-asia-53054785
18	BDRAL (The Bangladesh Rating Agency Limited). (2020). "Impact Note: Possible scenarios and impact of COVID-19."
19	BRAC (2020). "COVID-19 Pandemic: Agricultural market failures and implications for food security".
20	BRAC (2020). "Rapid Perception Survey On COVID-19 Awareness and Economic Impact (Final Draft)." Accessed on June 18, 2020 at https://reliefweb.int/report/bangladesh/rapid-perception-survey-covid-19-awareness-and-economic-impact-final-draft-may
21	BRAC (2020). "Rapid Perception Survey On COVID-19 Awareness and Economic Impact." Accessed on June 18, 2020 at http://www.brac.net/images/news/2020/Perception-Survey-Covid19.pdf
22	Biswas. Raaj Kishore, Huq. Samin and Afiaz. Awan, (2020). "Relaxed Lockdown in Bangladesh During COVID-19: Should Economy Outweigh Health?" Published by Kerman University of Medical Sciences (www.ijhpm.com).

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
23	CARE (2020). "COVID-19 Could Condemn Women to Decades of Poverty: Implications of the COVID-19 Pandemic on Women's and Girls' Economic Justice and Rights."
24	CARE and IRC (2020). "Global Rapid Gender Analysis for COVID-19."
25	CARE Bangladesh. (2020). "Rapid Assessment findings of COVID-19 effects on urban health."
26	CARE Bangladesh. (2020). "Rapid assessment of COVID-19 impact on livestock sector." SDC-SHOMOSHTI Project of CARE Bangladesh.
27	CNN. (2020). "A hospital owner in Bangladesh allegedly scammed patients out of \$350,000 using fake Covid-19 tests." Accessed on June 18, 2020 at https://edition.cnn.com/2020/07/16/asia/bangladesh-covid-test-scam-intl-hnk-scli/index.html
28	DGHS (Directorate General of Health Services). (2020). "National Preparedness and Response Plan for COVID-19, Bangladesh (version 5)." Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. Accessed on June 5, 2020 at https://reliefweb.int/sites/reliefweb.int/files/resources/nprp_covid-19_v6_18032020.pdf
29	Directorate General of Health Services. (2020). "Telemedicine Service." Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh. Accessed on June 7, 2020 at https://dghs.gov.bd/index.php/en/publications/health-bulletin/dghs-health-bulletin/490-telemedicine-service
30	DGHS, MOH&FW and WHO. (2020). "National Guidelines on Clinical Management of Coronavirus Disease 2019 (COVID-19); Version 4."
31	DGHS. (2020). "Zone based containment management implementation guideline considering COVID-19 pandemic risk (Bangla)." Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh.
32	Dhaka Tribune. (2020). "HC wants to know total ICU capacity across the country." Accessed on June 5, 2020 at https://www.dhakatribune.com/bangladesh/court/2020/06/08/hc-wants-to-know-total-icu-capacity-across-the-country
33	Disease Control Division, DGHS, MOH&FW. (2020). "How to run a COVID-19 hospital in Bangladesh (Version 2)." Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh.
34	EU (2020). "Team Europe is mobilising over € 334 million (around BDT 31 billion) for the fight against COVID-19 and its consequences in Bangladesh."
35	FAO (Food and Agriculture Organization of the United Nations). (2020). "Rapid assessment of food and nutrition security in the context of COVID-19 in Bangladesh." Accessed on June 14, 2020 at https://fscluster.org/sites/default/files/documents/fao_bangladesh_covid-19_rapid_assessment_report_09-05-2020_final13may2020.pdf
36	FAO (Food and Agriculture Organization of the United Nations). (2020). "Rapid Assessment on Potential Impact of COVID-19 Outbreak on Food and Agriculture System in Cox's Bazar. Cox's Bazar."
37	FAO (Food and Agriculture Organization of the United Nations). (2020). "Rapid Assessment to Evaluate the Impact of the Ongoing COVID-19 Epidemic on the Poultry Sector in Bangladesh."
38	France 24. (2020). "Killing of rare river Dolphins sparks poaching fears in Bangladesh lockdown." Accessed on June 22, 2020 at https://www.france24.com/en/20200510-killing-of-rare-river-dolphins-sparks-poaching-fears-in-bangladesh-lockdown
39	GAIN (Global Alliance for Improved Nutrition). (2020). "Impact of COVID-19 on Food Systems: A Situation Report."
40	Girls Not Brides. (2020). "COVID-19 and Child Marriage." Accessed on June 24, 2020 https://www.girlsnotbrides.org/covid-19-and-child-marriage/
41	GOB Corona Info (www.corona.gov.bd). (2020). "COVID-19 Bangladesh Situation report (Date: April 8, 2020)."
42	Health Economics Unit, MOH&FW. (2012). "Expanding Social Protection for Health: Towards Universal Coverage." Ministry of Health & Family Welfare, Government of the People's Republic

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
	of Bangladesh. Accessed on June 10, 2020 at http://socialprotection.gov.bd/wp-content/uploads/2017/03/HCF-Strategy-Bd-2012-2032.pdf
43	Hidrobo, Melissa, Kumar, Neha, Palermo, Tia, Peterman, Amber, and Roy, Shalini. (2020). "Gender sensitive social protection." Report prepared by the International Food Policy Research Institute (IFPRI). Accessed on June 14, 2020 at https://www.ifpri.org/publication/gender-sensitive-social-protection-critical-component-covid-19-response-low-and-middle
44	Huq, Samin and Biswas, Raaj Kishore. (2020). "COVID-19 in Bangladesh: Data deficiency to delayed decision." Published by: JoGH @ 2020 ISGH (www.jogh.org)
45	ICDDRDB (2020). "PHNE Situational Implementing Partner Template."
46	ILO. (2020). "Application of Migration Policy for Decent Work for Migrant Workers – Phase II." Accessed on June 14, 2020 at https://ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-dhaka/documents/genericdocument/wcms_742536.pdf
47	IMF. (2020). "IMF Country Report No. 20/187 (Date: June 2020)."
48	ISCG (Inter Sector Coordination Group). (2020). "COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox's Bazar District (Weekly Update #11 on May 24, 2020)."
49	ISCG (Inter Sector Coordination Group). (2020). "COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox's Bazar District (Weekly Update #12 on May 31, 2020)."
50	ISCG Gender Hub. (2020). "COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis."
51	James P. Grant School of Public Health, BRAC University. (2020). "Global COVID-2019 Pandemic Situation Report for Bangladesh." Dhaka, Bangladesh.
52	JICA. (2020). "JICA Supports the Local Production of Safe PPE for Health Workers". Accessed on July 24, 2020 at https://www.jica.go.jp/bangladesh/english/office/topics/200722.html
53	Leitheiser, Erin, Hossain, Syeda Nusaiba, Sen, Shuvro, Tasnim, Gulfam, Moon, Jeremy, Knudsen, Jette Steen and Rahman, Shahidur. (2020). "Early impacts of coronavirus on Bangladesh apparel supply chains." Published by RISC (The Regulation of International Supply Chains).
54	Manusher Jonno Foundation (MJF). (2020). "Violence against Women and Children: COVID-19." Accessed on June 14, 2020 at http://www.manusherjonno.org/wp-content/uploads/2020/03/Brief%20Survey%20report%20April%202020.pdf
55	Ministry of Health and Family Welfare (MoHFW). (2020). "Bangladesh COVID-19 Emergency Response and Pandemic Preparedness Project, Environmental and Social Commitment Plan (ESCP)." Government of the People's Republic of Bangladesh.
56	Ministry of Health and Family Welfare (MoHFW). (2011). "Health Population and Nutrition Sector Development Program (HPNSDP), 2011-16." Accessed on June 14, 2020 at http://www.mohfw.gov.bd/index.php?option=com_content&view=article&id=166&Itemid=150&lang=en
57	MoDMR and UNDP. (2020). "HCTT Contingency Plan 2020 for Climate-Related Disasters in the COVID-19 Pandemic Context."
58	MoHFW (Ministry of Health and Family Welfare). (2020). "Bangladesh COVID-19 Emergency Response and Pandemic Preparedness Project." Government of the People's Republic of Bangladesh.
59	MSF (Organization: Medecins Sans Frontieres). (2020). "Five challenges for the Rohingya in Bangladesh amid COVID-19." Accessed on June 14, 2020 at https://www.msf.org/five-challenges-bangladesh-amid-covid-19
60	Nasir, Khalid. (2020). "Coronavirus Pandemic: A Perspective from Bangladesh." Accessed on June 11, 2020 at http://bipss.org.bd/pdf/Coronavirus%20Pandemic%20A%20Perspective%20from%20Bangladesh.pdf

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
61	NAWG (Needs Assessment Working Group). (2020). "COVID-19: Bangladesh - Multi-Sectoral Anticipatory Impact and Needs Analysis." Accessed on June 12, 2020 at https://reliefweb.int/sites/reliefweb.int/files/resources/covid_nawg_anticipatory_impacts_and_needs_analysis.pdf
62	North South University. (2020). "COVID-19 and Bangladesh (Weekly Report, Date: March 27, 2020)." Dhaka, Bangladesh.
63	Nuhara. Syeda. (2020). "Bangladesh Govt. Supports Farmers to Ensure Food Supply During COVID-19." Accessed on June 14, 2020 at https://www.harvestplus.org/knowledge-market/in-the-news/bangladesh-govt-supports-farmers-ensure-food-supply-during-covid-19
64	PHE (Public Health England). (2020). "Beyond the data: Understanding the impact of COVID-19 on BAME groups."
65	Population Council. (2020). "COVID-19-related knowledge, attitudes, and practices among adolescent girls in Bangladesh."
66	Rahaman, Md Hasinur Khan and Howlader, Tamanna. (2020). "Breaking the back of COVID-19- Is Bangladesh doing enough testing?" Published by Institute of Statistical Research and Training (ISRT), University of Dhaka, Dhaka.
67	Rahman, Dr. Hossain Zillur and Matin, Dr. Imran. (2020). "Livelihoods, Coping, and Support during Covid-19 Crisis." Published by BIGD. Accessed on June 27, 2020 at https://bigd.bracu.ac.bd/wp-content/uploads/2020/04/Round-1_23_April_PPRC-BIGD-Final.pdf
68	Rahman, Dr. Hossain Zillur and Matin, Dr. Imran. (2020). "PPRC & BIGD Rapid Response Survey: Poverty impact of COVID-19." Published by PPRC and BIGD.
69	Ramachandran, Sudha, (2020). "The COVID-19 Catastrophe in Bangladesh." Published by The Diplomat.
70	RMMRU and Tasks Ahead. (2020). "Protection of Migrants during COVID-19 Pandemic Situation-Analysis."
71	Standard Chartered Bank. (2020). "Standing resolute beside the nation amidst COVID-19: Standard Chartered Bangladesh offers comprehensive support measures for wide range of clients."
72	The Australian Centre for International Agricultural Research (ACIAR). (2020). "Food systems security, resilience and emerging risks in the Indo-Pacific in the context of COVID-19: a rapid assessment."
73	The Business Standard. (2020). "COVID-19 impacts may double poverty in Bangladesh." Accessed on July 17, 2020 at https://tbsnews.net/economy/covid-19-impacts-may-double-poverty-bangladesh-says-think-tank-76027
74	The Diplomat. (2020). "What Does COVID-19 Mean for Terrorism in Bangladesh?" Accessed on June 11, 2020 at https://thediplomat.com/2020/06/what-does-covid-19-mean-for-terrorism-in-bangladesh/
75	The Finance Express. (2020). "Emphasis on social safety net to minimise impact of COVID-19." accessed on june 12, 2020 at https://thefinancialexpress.com.bd/economy/bangladesh/emphasis-on-social-safety-net-to-minimise-impact-of-covid-19-1591878141
76	The Guardian. (2020). "Bangladesh garment factories reopen despite coronavirus threat to workers." Accessed on June 11, 2020 at https://www.theguardian.com/global-development/2020/may/11/bangladesh-garment-factories-reopen-despite-coronavirus-threat-to-workers
77	The New Humanitarian. (2020). "COVID-19 fuels tensions between rohingya refugees and bangladeshi hosts." accessed on july 27, 2020 at https://www.thenewhumanitarian.org/news-feature/2020/07/27/bangladesh-rohingya-refugee-host-coronavirus-aid
78	Transparency International. (2020). "Corruption Perceptions Index 2019." accessed on July 27, 2020 at https://www.transparency.org/files/content/pages/2019_cpi_report_en.pdf

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
79	UCA News. (2020). "Corruption mars bangladesh's covid-19 relief efforts." accessed on june 21, 2020 at https://www.ucanews.com/news/corruption-mars-bangladeshs-covid-19-relief-efforts/87700#
80	UN (2020). "UN-framework-for-the-immediate-socio-economic-response-to-COVID-19."
81	UNDP (2020). "UNDP Brief: Gender-based Violence and CODID-19." Accessed on June 22, 2020 at https://reliefweb.int/sites/reliefweb.int/files/resources/undp-gender-GBV_and_COVID-19.pdf
82	UNDP (2020). "Rapid survey report on covid-19 interventions in the CHTWCA areas."
83	UNDP. (2020). "UNDP COVID19 Response Coverage Report on May 21, 2020."
84	UNDP. (2020). "World environment day, a call for urgent action for nature's conservation to prevent pandemic." accessed on june 21, 2020 at https://www.bd.undp.org/content/bangladesh/en/home/presscenter/pressreleases/2020/06/06/world-environment-day--a-call-for-urgent-action-for-natures-cons.html
85	UNESCAP. (2020). "Monitoring response to covid-19 along the regional transport network - Country Profile: Bangladesh." Accessed on June 15, 2020 at https://www.unescap.org/sites/default/files/Bangladesh-monitoring-response-to-COVID-19.pdf
86	UNHCR. (2020). "Q&A: Access to health services is key to halting COVID-19 and saving refugee lives." Accessed on June 12, 2020 at https://www.unhcr.org/news/latest/2020/3/5e7dab2c4/qa%E2%80%90access%E2%80%90health%E2%80%90services%E2%80%90key%E2%80%90halting%E2%80%90covid%E2%80%9019%E2%80%90saving%E2%80%90refugee%E2%80%90lives.html
87	UNICEF (2020). "COVID-19 in Bangladesh-Hot Spot Meeting." Accessed June 17, 2020.
88	UNICEF (2020). "Risk Communication & Community Engagement for COVID-19- Engaging with Children and Adults with Disabilities." Accessed on June 19, 2020 at https://www.unicef.org/disabilities/files/COVID-19engagement_children_and_adults_with_disabilities_final.pdf
89	UNITAR. (2020). "Impact of Covid-19 On Violent Extremism and Terrorism." Accessed on June 09, 2020 at https://unitar.org/learning-solutions/publications/impact-covid-19-violent-extremism-and-terrorism
90	United Nations Bangladesh. (2020). "COVID-19 Situation Report #2."
91	UN Women. (2020). "COVID-19 Bangladesh Rapid Gender Analysis." Accessed on June 5, 2020 at https://reliefweb.int/sites/reliefweb.int/files/resources/RGA%20Bangladesh.Final_.May2020.pdf
92	USAID (2020) "Bangladesh Nutrition Activity (BNA)."
93	USAID (2020). "COVID19 related awareness message for LSPs and farmers through SUDHOKKHO android application by The Feed the Future Livestock Production for Improved Nutrition (LPIN) activity."
94	USAID (2020). "Food security Update May 11."
95	USAID (2020). "The Effects of COVID-19 on the fisheries Sector in Bangladesh."
96	USAID (2020). "USAID Feed the Future Bangladesh Rice and Diversified Crops (RDC) - Communications Weekly Updates: June 5, 2020."
97	USAID (2020). "USAID Feed the Future Bangladesh Rice and Diversified Crops (RDC) COVID Response."
98	USAID. (2020). "COVID-19 Heroes Behind the Wheel Take to The Streets." Retrieved from the USAID webpage on June 16, 2020.
99	USAID. (2020). "Fact Sheet 1: COVID-19 Global Response." Retrieved online on June 16, 2020.
100	USAID. (2020). "Fact Sheet 2: COVID-19 Global Response." Retrieved online on June 16, 2020.
101	USAID. (2020). "Fact Sheet 3: COVID-19 Global Response." Retrieved online on June 16, 2020.
102	USAID. (2020). "The United States Government Delivers More Than \$173 Million In New Funding to Support Bangladesh's COVID-19 Response Efforts and Post-COVID Development and

No.	Author, Year Published, Title, Link (if available), Date Downloaded (if available)
	Economic Recovery.” Accessed on June 17, 2020 at https://www.usaid.gov/bangladesh/press-releases/jun-15-2020-united-states-government-delivers-173-million-new-funding-covid-19-response
103	USAID. (2020). “The United States Government Provides Over \$22 Million For Fighting COVID-19 In Bangladesh.” Retrieved from the USAID webpage on June 16, 2020 at https://bd.usembassy.gov/slide/the-u-s-government-provides-over-22-million-for-fighting-covid-19-in-bangladesh/
104	USAID. (2020). “USAID COVID-19 Global Response - Fact Sheet #1.” Date: April 21, 2020.
105	USAID. (2020). “USAID COVID-19 Global Response - Fact Sheet #2.” Date: May 5, 2020.
106	USAID/DRG. (2020). “Portfolio Review.”
107	USAID/Education. (2020). “Portfolio Review.”
108	USAID/EG. (2020). “Portfolio Review.”
109	USAID/EG. (2020). “Portfolio Review-Natural Resources.”
110	USAID/FDHA. (2020). “Portfolio Review.”
111	USAID/HA. (2020). “Portfolio Review.”
112	USAID/PHNE. (2020). “Portfolio Review.”
113	World Health Organization. (2020). “COVID-19 Situation Report 10 (Date: May 04, 2020).”
114	World Bank (2020). “COVID-19 and the Urban Poor: Addressing those in slums.”
115	World Bank (2020). “COVID-19 Turns Spotlight on Slums.” Accessed on June 19, 2020 at https://www.worldbank.org/en/news/feature/2020/06/10/covid-19-turns-spotlight-on-slums
116	World Bank and KNOMAD. (2020). “COVID-19 Crisis Through a Migration Lens (Migration and Development Brief 32).”
117	World Fish (2020). “Impact of COVID-19 on Aquaculture Market Actors and Fish Farmers, Weekly Survey: Round 2.”

ANNEX 5: LIST OF KEY INFORMANTS⁷⁰

No.	Name*	Institution and Position	Country	E-mail*
1		Hellen Keller International, Chief of Party	USA	
2		International Development Group (IDG), Chief of Party	Bangladesh	
3		World Fish, Chief of Party	USA	
4		Counterpart International, Chief of Party	USA	
5		Counterpart International	Bangladesh	
6		Counterpart International	Bangladesh	
7		Democracy International, Director of Programs	USA	
8		Democracy International, Chief of Party	Bangladesh	
9		Democracy International, Chief of Party	France	
10		Pathfinder, Chief of Party	USA	
11		CIMMYT, Chief of Party	Portugal	
12		Winrock International, Chief of Party	Netherlands	
13		Office of the United Nations Resident Coordinator, Humanitarian Affairs Advisor	Bangladesh	
14		UNICEF, Program Specialist, DAPM	USA	
15		Save the Children, Acting Chief of Party (Senior Technical Advisor, Maternal and Newborn Health)	Bangladesh	
16		Chemonics International, Senior Technical Advisor, USAID Advancing Universal Health Coverage (AUHC),	Bangladesh	
17		Chemonics International, Monitoring, Evaluation, and Learning (MEL) Director	Bangladesh	

No.	Name*	Institution and Position	Country	E-mail*
18		Bandhu Social Welfare Society (Bandhu), Executive Director	Bangladesh	
19		ACDI/VOCA, Chief of Party	Bangladesh	
20		Department of Agricultural Extension (DAE), GOB, Deputy Director	Bangladesh	
21		Sesame Workshop Bangladesh, Executive Project Director/COP	Bangladesh	
22		BRAC, Programme Head, Strategic Partnerships	Bangladesh	
23		Bangladesh Legal Aid and Services Trust (BLAST), Deputy Director	Bangladesh	
24		BRAC, Research Coordinator, Advocacy and Social Change,	Bangladesh	
25		Abt Associates, Deputy Chief of Party	Bangladesh	
26		IEDCR, DGHS, GOB, Consultant	Bangladesh	
27		Department of Social Welfare, GOB, Project Director	Bangladesh	
28		The Hunger Project Bangladesh, Secretary, SHUJAN: Citizens for Good Governance and Country Director	Bangladesh	
29		Department of Agricultural Marketing (DAM), GOB, Deputy Director	Bangladesh	
30		UNDP, Chittagong Hill Tracts (CHT) Watershed Co-Management Activity, Chief of Party	Bangladesh	
31		UNDP, Chittagong Hill Tracts (CHT) Watershed Co-Management Activity, National Project Manager	Bangladesh	
32		Department of Secondary and Higher Secondary Education, Project Director	Bangladesh	
33		United Development Initiatives for	Bangladesh	

No.	Name*	Institution and Position	Country	E-mail*
		Programmed Actions (UDIPAN), Director		
34		International Organization for Management (IOM), Migration Health Manager	Bangladesh	
35		International Organization for Management (IOM), Emergency Health Manager (IOM), Emergency Health Manager	Bangladesh	
36		World Bank, Agriculture Economist	Bangladesh	
37		United Nations Development Programme (UNDP) Dhaka, Bangladesh Assistant Resident Representative	Bangladesh	
38		Chief Economist UNDP	Bangladesh	
39		International Finance Corporation (IFC), Acting Country Manager	Bangladesh	
40		Joint United Nations Programme on HIV and AIDS (UNAIDS) Country Manager	Bangladesh	
41		Japan International Cooperation Agency	Japan	
42		Japan International Cooperation Agency	Japan	
43		Swiss Agency for Development and Cooperation (SDC) Programme Manager – Income and Economic Development	Bangladesh	
44		UNHCR, Representative	Bangladesh	
45		International Labour Organization, Director	Bangladesh	
46		International Labour Organization, Chief Technical Advisor, B-SEP project,	Bangladesh	
47		FAO, Chief Technical Adviser	Bangladesh	
48		FAO, Consultant	Bangladesh	

No.	Name*	Institution and Position	Country	E-mail*
49		Development Cooperation Australian Department of Foreign Affairs and Trade First Secretary	Bangladesh	
50		Senior Program Manager Australian High Commission, Bangladesh	Bangladesh	
51		(Officer-in-Charge) Representative of UNICEF Bangladesh	Bangladesh	
52		Representative of UNIDO	Bangladesh	
53		UNWOMEN Programme Specialist, DRR, Climate Change and Humanitarian Actions	Bangladesh	

* Names and e-mail addresses have been deleted to protect participants' identities.

ANNEX 6: KII/SGD PROTOCOL FOR USAID POINTS OF CONTACT, IMPLEMENTING PARTNERS, AND GOB AND CIVIL SOCIETY REPRESENTATIVES

Introduction

Thank you for making the time to talk with us today. My name is Dr. Silvia Susnjic and my colleagues are Mr. Nazrul Islam and Mr. Monowarul Islam. We work for ME&A, which is tasked with implementing the USAID Bangladesh Monitoring, Evaluation, and Learning Activity (BMEL). Our team is conducting a rapid assessment to provide an analysis of the impact the COVID-19 pandemic has had on the changing development needs and priority actions for the USAID Bangladesh.

You and/or your organization have been recommended to us as one of the key stakeholders able to provide expert insights on this topic. Although your participation in this KII/SGD is voluntary, we believe it is crucial for the assessment team to gain a greater understanding of the impact COVID-19 has had on USAID's programming in Bangladesh. Your views will inform our recommendations about future USAID programming. We encourage you to be as candid as possible.

Confidentiality

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to you personally. Your privacy will be protected; we will not include your name or any information that would make it possible to identify you in the report. We also ask that what we discuss today remains here with us.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this assessment and to have those questions answered by us before, during, or after the interview. Do you have any questions for me at this time? If you have any questions about the assessment at a later stage feel free to send an e-mail to the USAID Bangladesh Monitoring, Evaluation, and Learning Activity Acting Chief of Party, John Roscoe, at: jroscoe@engl.com

Consent

Our interview will take approximately one hour. You are free to not respond to any of our questions or to stop the interview at any time.

Do you agree to participate in this interview today? Yes No

With your consent, we would also like to record this interview so that we have an accurate record of what was said.

May I start the recorder? Yes No

[IF THE RESPONDENT SAYS "YES," BEGIN INTERVIEW. TURN RECORDER ON IF CONSENT TO RECORD IS GRANTED]

IF SGD: Note to facilitators: Manage your limited time effectively. State each question once, briefly and simply. Then wait for an answer. Do not repeat the question; do not offer hints or suggestions. Do not go around the room asking the same question to each person. Ask for a volunteer from the group and say, "Tell us ONE thing only." Then ask for another volunteer. If no one volunteers, ask a specific person to answer. Remind the new person to "Tell us ONE thing, something different than what was said before." Stop after about five things have been mentioned and move to the next question.

Sl. #	Questions	Respondents			
		POC	IP	GOB	CSO
1	-In your opinion how has COVID-19 impacted the development sector in Bangladesh? (Prompt about the availability of food aid, etc.) -How do you believe it will impact future development programming?	POC	IP	GOB	CSO
2	-How would you describe the impacts of COVID-19 on everyday life in Bangladesh? (Prompt about restrictions, availability of goods, prices of food, availability of medical care, work, education, etc.) -Which groups of people within the population of Bangladesh are most affected by the COVID-19 pandemic and why? (Prompt – women, children, people with disabilities, the poor, urban, rural, youth)	POC	IP	GOB	CSO
3.	-How has COVID-19 contributed to the marginalization of certain groups within the country? Why? (Prompt – women, people with disabilities, youth, refugees, people at risk, the poor, urban, rural, LGBT) What groups have been marginalized the most?	POC	IP	GOB	CSO
4.	-How has the COVID-19 pandemic affected your activity's ability to achieve the targets set in its work plan? -What are the specific challenges facing your activity in achieving its targets due to COVID-19?	POC	IP		
5.	-What specific measures has your activity taken to respond to COVID-19 challenges? -How do these measures address the needs of beneficiaries? [Interviewer to focus on the vulnerable populations such as poor, disabled, women, children, LGBT, stigmatized groups]	POC	IP		
6.	-What future changes to your programming will be required to mitigate the impact of COVID-19 in your sector?	POC	IP		CSO
7.	-What specific areas, if any, should donors be working in to address the impacts of COVID-19 that are currently not being addressed?	POC	IP	GOB	CSO
8.	-In your opinion, what are the major economic impacts that the COVID-19 pandemic has had in Bangladesh (e.g., jobs, poverty, etc.)? -What are the measures that are currently being taken by your organization? -What additional measures can your organization take to address these economic impacts?	POC	IP	GOB	CSO

Sl. #	Questions	Respondents			
		POC	IP	GOB	CSO
9.	-In your opinion, what are the major social impacts that the COVID-19 pandemic has had in Bangladesh (e.g., violence, rule of law, food scarcity, etc.)? -What are the measures that are currently being taken by your organization? -What additional measures can your organization take to address these social impacts?	POC	IP	GOB	CSO
10	-What broader political implications has the COVID-19 pandemic and response to it had on democratic and civic participation, particularly among youth?	POC	IP (DRG)		
11	-How are groups being stigmatized as a result of COVID-19 in Bangladesh? [Prompt about the treatment of the Rohingya, migrants, women, youth, the economically disadvantaged]	POC	IP		CSO
12.	How well has the GOB addressed the needs of the Rohingya and host communities? Please provide examples.	POC	IP		CSO
13	-How has the availability and prices of agricultural goods, fish, and dairy been affected during the pandemic? -Which vulnerable groups have had their access to food restricted? [If limited availability, ask] Do you expect this issue to continue once COVID-19 is over?	POC	IP (EG)		
14	-How has the availability of medical care (facilities, doctors, nurses, medication, equipment) been during the COVID-19 pandemic? [If limited availability, ask] Do you expect this problem to continue after the COVID-19 pandemic?	POC	IP	GOB	CSO
15	Please briefly describe how your activity/organization coordinated its programming response/s to COVID-19 with its GOB counterpart(s)? [if no coordination, ask] What is the reason for the lack of coordination with the GOB?	POC	IP	GOB	CSO
16.	Please briefly describe how your activity/organization coordinated its programming response/s to COVID-19 with the private sector counterpart(s)? [if no coordination, ask] What is the reason for the lack of coordination with the private sector?	POC	IP	GOB	CSO

Sl. #	Questions	Respondents			
17	<p>How have issues of corruption been affected by the COVID-19 pandemic?</p> <p>How effective have anti-corruption bodies been in addressing the corruption related to COVID-19?</p> <p>How important are the international community's assistance and support for the government anti-corruption activities and why?</p>	POC	IP		CSO
18	<p>What has been the impact of COVID-19 on the RMG sector?</p> <p>In your opinion, what kind of support will this sector need in the future (e.g., employee rights)?</p>	POC	IP (EG)		CSO
19	<p>-What has been the involvement of the political parties in mitigating the impacts of COVID-19?</p> <p>-What more could they do in the future to address the needs of their constituents?</p>	POC	IP (DRG)		CSO
20	<p>-How will COVID-19 impact the incidence of child marriages?</p> <p>-Do you think child marriages will increase or decrease? Why?</p> <p>-What would be the best way to lessen the incidence of child marriages?</p>	POC	IP		CSO
21	<p>-How will the current COVID-19 situation impact the incidence of violent extremism?</p> <p>-Why?</p> <p>-What are the best methods to prevent the incidence of violent extremism in the future?</p>	POC	IP		CSO
22	<p>How has gender-based violence been affected by the COVID-19?</p>	POC	IP	GOB	CSO
23	<p>-What impacts has COVID-19 had on youth?</p> <p>-What is the role of youth in promoting the country's long-term economic recovery?</p>	POC	IP	GOB	CSO
24.	<p>-What lessons have you learned from your experience adapting programming to meet the needs of the COVID-19 pandemic that could be applied to future programming?</p>	POC	IP		CSO
25.	<p>-How have stakeholders coordinated their activities in response to the COVID-19 pandemic?</p> <p>-How well have they been coordinating their activities?</p> <p>-How could have they have coordinated better?</p>	POC	IP		

ANNEX 7: KII/SGD PROTOCOL FOR BILATERAL AND MULTILATERAL DONORS

Sl. #	Questions for Bilateral/Multilateral Donors
1.	In your opinion how has COVID-19 impacted the development sector in Bangladesh? (Prompt about the availability of food aid, etc.) How do you believe it will impact future development programming?
2.	How has (name of donor) mitigated the economic and social issues arising from COVID-19 pandemic? (Prompt about RMG, child marriage, GBV, etc.)
3.	What specific needs concerning the people of Bangladesh is (name of donor) currently working to address? Please provide examples. (Prompt about vulnerable communities, gender, youth)
4.	Does (name of donor) work with Rohingya and/or host communities? If yes, how has (name of donor) addressed the needs of the Rohingya and host communities? Please provide examples.
5.	How have issues of corruption been affected by the COVID-19 pandemic? How effective have anti-corruption bodies been in addressing the corruption related to COVID-19? How important are the international community's assistance and support for the government anti-corruption activities and why?
6.	What specific areas/issues, does the (name of donor) anticipate working on to address the impacts of COVID-19 that are <u>currently not being addressed</u> ? In other words, what are the gaps in programming that currently exist due to COVID-19 pandemic? Does (name of donor) have the mandate to address these gaps? If yes, in what ways is (name of donor) planning to address these gaps?
7.	Please briefly describe how does (name of donor) coordinate the programming response/s to COVID-19 with the GOB counterpart(s) and the private sector?
8.	What future changes to (name of donor) programming will be required to mitigate the impact of COVID-19 in the sector(s) (name of donor) is working in?
9.	What lessons has the (name of donor) learned from the experience of adapting programming to meet the needs of the COVID-19 pandemic that could be applied to future (name of donor) programming?
10.	In your opinion what are the development priorities (name of donor) will focus on addressing during and post COVID-19 pandemic? What programming/activities has (name of donor) pledged to fund as a result of COVID-19 pandemic in Bangladesh?

Thank you very much for participating in this interview/small group discussion!

ANNEX 8: ONLINE SURVEY

USAID COVID-19 Rapid Assessment Online Survey Questionnaire

Online Survey Instructions:

ME&A is an implementing partner of the United States Agency for International Development in Bangladesh (USAID/Bangladesh), implementing the USAID Bangladesh Monitoring, Evaluation, and Learning (BMEL) Activity. Recently, ME&A, through the BMEL activity, was assigned to conduct a rapid assessment of the Changing Development Needs and Priority Actions for USAID/Bangladesh as a result of the COVID-19 pandemic.

This online survey is a major part of the assessment's data collection activities. The data derived from it will be used to conduct analysis and inform the findings and recommendations about future programming that ME&A makes to USAID/Bangladesh.

You and/or your organization has been recommended to us as one of the key stakeholders able to provide expert insights on this topic. Although your participation in this online survey is voluntary, we believe it is crucial for the assessment team to gain a greater understanding the impacts of COVID-19 on USAID's programming in Bangladesh.

The survey will take approximately 20-30 minutes to complete. Any information that you provide will be confidential and your name will not be linked in any way to your responses.

The survey link that you received is unique to you and will not be shared with others. If you know of someone who is directly involved in your project and who you feel should also be included in the survey, please feel free to share their contact details with us.

We would appreciate it if you could complete the survey as soon as possible or by COB July 9, 2020 at the latest. Should you have any queries about the survey, require any technical support (e.g., unable to connect and complete the survey online) please contact Mr. Nazrul Islam, BMEL Deputy Chief of Party, at: Nislam@engl.com or via telephone at +880-1979-403-993.

Thank you and we look forward to your response.

1. Gender:	
Male	1
Female	2

2. What is your citizenship/residence status in Bangladesh?	
Native or Permanent Resident	1
International	2

3. Length of residence in Bangladesh prior to COVID-19? [Skip if Q2=1]	
Less than 6 months	1
6 months but less than a year	2
One to three years	3
More than three years	4

4. Which one of these organizations do you currently work for?	
USAID	1
Implementing Partner of USAID	2
Civil Society Organization	3

Government organization	4
Semi-government or autonomous government organization	5
Non-Governmental Organization (NGO)	6
Bilateral or Multilateral International Organization	7
Private Agency	8
Other (Specify):	

5. Which position do you hold as part of this organization?	
Chief of Party (IPs only)	1
Deputy Chief of Party (IPs only)	2
Director level	3
Manager level	4
Technical/Program/M&E Lead/Specialist/Officer	5
Coordinator	6
Other (Specify):	

6. What is your length of employment with your current organization?	
Less than 6 months	1
6 months to less than a year	2
One to three years	3
Three years or more	4

7. Does your organization receive funding from USAID or its implementing partners? [Skip if Q4 = 1 or 2]	
No	1
Yes	2
Don't Know	98

8. How familiar are you with the work of USAID? [Skip if Q7 =2]	
Not familiar at all	1
Somewhat unfamiliar	2
Somewhat familiar	3
Very familiar	4

9. How much has the COVID-19 pandemic affected your ability to achieve targets set in your work plan?	
Not affected at all	1
Somewhat affected	2
Fairly affected	3
Very much affected	4

9a. [If fairly affected or very much affected, ask] Could you please provide us with a few examples of the way the pandemic affected your ability to achieve targets?

10. How would you describe the impacts of COVID-19 on everyday activities in Bangladesh? Would you say that the activities were...?	
Not impacted at all	1
Somewhat impacted	2
Fairly impacted	3
Very much impacted	4

11. In general, what is your level of satisfaction with the way COVID-19 impacts have been mitigated in Bangladesh?	
Very dissatisfied	1
Somewhat dissatisfied	2
Somewhat satisfied	3
Very satisfied	4

12. In your view, what is the biggest problem facing the nation as a whole due to COVID-19? What is the biggest problem in the local communities you are working in? [Select one response for Nationwide and one for Local Communities]		
Items	Nationwide	Local Communities
Insecurity/Violence/Terrorism	1	1
Economic activities (e.g., production, transportation, supply chain, labor, market, etc.)	2	2
Imports/Exports	3	3
Poverty	4	4
Unemployment	5	5
Schooling/Education	6	6
Mismanagement of service delivery	7	7
Rule of law	8	8
Safe drinking water	9	9
Utilities (e.g., electricity, sanitation)	10	10
Access to services	11	11
Corruption	12	12
Infrastructure (road, bridges, ports, etc.)	13	13
Public transportation	14	14
Health care services	15	15
Criminal activity	16	16
Discrimination of ethnic and/or religious minorities	17	17
Gender-based violence	18	18
Lack of governance	19	19
Other (specify):		
Don't know	98	98

13. What factors causing corruption are most impacted by COVID-19? (Ask only if Q12=Corruption) [Multiple options. Select all that apply]	
Paper-based administration system	1
Nepotism	2

Lack of attention from higher authority	3
Weak rule of law	4
Poor adherence to ethical standards	5
Low pay for regular work	6
Other (please specify)	

14. Which channel is the most important for raising awareness and risk communication activities to provide accurate information about COVID-19? What is the second most important? [Select one response for Most Important and one for Second Most Important]

Items	Most Important	Second Most Important
TV	1	1
Radio	2	2
Public meeting	3	3
Leaflet, poster, billboard	4	4
Theater	5	5
Mobile video show	6	6
Miking	7	7
Other (Specify):		
Don't Know	98	98

14a. Apart from raising awareness from the media channels, what other things could be done to raise awareness about COVID-19 in Bangladesh?

15. In your opinion, please rank the 6 social and 10 economic population groups most affected by the COVID-19 pandemic in Bangladesh? [Rank in order so that 1 is the most affected and 6 or 10 the least affected]

Groups	Social Group	Economic Group
Women		
Youth		
Children		
Elderly		
LGBT		
People with disabilities (blind, deaf, psychically impaired)		
Economically disadvantaged		
Migrant workers		
Returned migrant workers		
Farmers/Fisherman		
Workers in private industries, agencies, or NGOs		
RMG		
Service workers		

Self-employed people (e.g., handicraft makers, potters, nursery, etc.)		
SME		
Other industrial workers		
Don't know	98	98
Others (please specify):		

16 Have any measures to mitigate the impacts of COVID-19 on these population groups been implemented as part of your organization's programming activities?
[IP/CSO only]

No	1
Yes	2

16a. [If 16 = 2] Please describe the measures you implemented as part of your activity/organization.

16b [if 16 = 1] What mitigation measures would you suggest should be implemented to lessen the impacts of COVID-19 on the most vulnerable population groups?

16c. [If 16 = 2] How successful have these measures [listed in 16a] been in mitigating COVID-19 impacts on the most vulnerable population groups?

17. In terms of effectiveness, which entities provided the most support and assistance to Rohingya during the COVID-19 pandemic? [Please select one answer for each entity]

Entity	Not Effective at all	Somewhat Effective	Fairly Effective	Very Effective	Don't Know
A. Government programs	1	2	3	4	98
B. Bilateral/Multilateral donor agencies	1	2	3	4	98
C. UN Agencies	1	2	3	4	98

17a. What are the three most important needs of Rohingya refugees and host communities? [Please list them in order of importance with the most important as the first]

Rohingya refugees	Host communities

18. What do you suggest should be done to adequately mitigate the overall COVID-19 impacts in Bangladesh?

19. How would you describe the impact of COVID-19 on the following sectors and subsectors? Would you say [insert the sector/subsector] has been... [Please select one answer for each entity]

Sector	Not Impacted at all	Somewhat Impacted	Fairly Impacted	Very much Impacted	Don't Know
A. Economy/Financial	1	2	3	4	98
B. Rule of law/Justice sector	1	2	3	4	98
C. Education	1	2	3	4	98
D. Transportation	1	2	3	4	98
E. Agriculture	1	2	3	4	98
F. Natural Resource Management/Conservation	1	2	3	4	98
G. Fisheries/Livestock	1	2	3	4	98
H. Health care services	1	2	3	4	98
I. Family planning (e.g., child marriage)	1	2	3	4	98
J. Infrastructure (construction of road, ports, bridges, public utility facilities, etc.)	1	2	3	4	98
K. Ready-Made Garment (RMG) Industry	1	2	3	4	98
L. Other Manufacturing Industries	1	2	3	4	98
M. Employment	1	2	3	4	98
N. Trafficking in Persons (TIP) prevention	1	2	3	4	98
O. Minority rights	1	2	3	4	98
P. Nutrition & Food Security	1	2	3	4	98

Q. Labor	1	2	3	4	98
R. Export/Import	1	2	3	4	98

19a. Please rate these sectors in terms of their importance for getting the country back on its feet. [1 is the most important and 5 the least important]

Sector	Rate
Economy/Financial	
Rule of law/Justice sector	
Education	
Transportation	
Agriculture	
Natural Resource Management/Conservation	
Fisheries/Livestock	
Health care services	
Family planning (e.g., child marriage)	
Infrastructure (construction of road, ports, bridges, public utility facilities, etc.)	
Ready-Made Garment (RMG) Industry	
Other Manufacturing Industries	
Employment	
Trafficking in Persons (TIP) prevention	
Minority rights	
Nutrition & Food Security	
Labor	
Export/Import	

20. How important is the engagement of local political party representatives in raising awareness about COVID-19 prevention and mitigation activities? [Select only one response]

Not important at all	1
Somewhat important	2
Fairly important	3
Extremely important	4

20a. [If answer is not important at all or somewhat important, ask] Could you please tell me why?

21. How impacted are youth by the COVID-19 pandemic? [Select only one response]

Not impacted at all	1
Somewhat impacted	2
Fairly impacted	3
Extremely impacted	4

21a. [If fairly impacted or extremely impacted ask] In what ways are youth impacted by COVID-19?

22. What will be the greatest issue as a result of COVID-19 on the Ready-Made Garment (RMG) industry?

22a. What things could be done to mitigate these issues?

23. How are the Trafficking in Persons survivors impacted by the COVID-19 pandemic?

24. How satisfied are you with the engagement of CSOs in promoting awareness about COVID-19? [Select only one response]

Very dissatisfied	1
Somewhat dissatisfied	2
Somewhat satisfied	3
Very satisfied	4

24a. [If answer is very dissatisfied and very dissatisfied ask] Why are you unsatisfied? What more should they do to raise awareness about COVID-19?

25. We would like to better understand the greatest challenges facing the sector you are primarily working. Please tell us in what sector are you primarily working?

Sectors	
A.	Economy/Financial
B.	Rule of law/Justice sector
C.	Education
D.	Transportation
E.	Agriculture
F.	Natural Resource Management/Conservation

G. Fisheries/Livestock
H. Health care services
I. Family planning (e.g., child marriage)
J. Infrastructure (construction of road, ports, bridges, public utility facilities, etc.)
K. Ready-Made Garment (RMG) Industry
L. Other Manufacturing Industries
M. Employment
N. Trafficking in Persons (TIP) prevention
O. Minority rights
P. Nutrition & Food Security
Q. Labor
R. Export/Import

25a. What are the three greatest challenges the COVID-19 pandemic has presented for programming in the sector you are primarily working in? [Please list the three challenges in order, starting with the greatest challenge]

1:

2:

3:

26. In your opinion what are the (3) three most important sectors where bilateral and multilateral donors should be focusing their programing in order to mitigate the impacts of COVID-19 on the people of Bangladesh? [Please list in order of priority, starting with the most important.]

1:

2:

3:

26a. Briefly tell us why focusing on these sectors is important for future programming?

1:

2:

3:

27. In your opinion, given the impacts COVID-19 has had in Bangladesh, what are the three (3) most obvious gaps in bilateral and multilateral donor programming? [Please list in order of priority, starting with the most important]

1:

2:

3:

28. Please tell us the thee (3) most important lessons you have learned while implementing activities to help mitigate COVID-19 impacts? [Please list in order of priority starting with the most important]

1:

2:
3:

29. Do you have any other comments you would like us to consider that we haven't already explored in this survey?

Thank you for taking the time and participating in this survey!

ANNEX 9: 14 TIP RECOMMENDATIONS

1. Significantly increase prosecutions and convictions for trafficking offenses, particularly of labor traffickers and complicit government officials, while strictly respecting due process.
2. Take steps to eliminate recruitment fees charged to workers by licensed labor recruiters and ensure employers pay recruitment fees.
3. Increase investigations and prosecutions of credible allegations of trafficking of Rohingya, including cases that do not involve movement.
4. Establish and disseminate guidelines for provision of adequate victim care and standard operating procedures (SOPs) for the referral of victims to such services.
5. Expand services for trafficking victims, especially adult male victims, foreign victims, and victims exploited abroad.
6. Allow NGOs to provide services to trafficking victims in government shelters without a court order.
7. Cease requiring adult trafficking victims to obtain a family member's consent before leaving government shelters.
8. Enhance collaboration with the Inter-Sector Coordination Group and implement measures that protect Rohingya from traffickers.
9. Enhance training for officials, including law enforcement, labor inspectors, and immigration officers, on identification of trafficking cases and victim referrals to services.
10. Fully implement and monitor for compliance the registration requirements for recruitment agents and dalals.
11. Improve quality of pre-departure trainings, including sessions on labor rights, labor laws, and access to justice and assistance.
12. Establish clear procedures for Rohingya to file complaints in the legal system, and train law enforcement and camp management on the procedures.
13. Improve collaboration with NGOs and civil society for more effective partnership on anti-trafficking efforts, specifically through allowing service providers increased access to assist victims.
14. Fully implement the 2018-2020 National Plan of Action, including enhancing victim care and operating the anti-trafficking tribunals.

ANNEX 10: ONLINE SURVEY RESULTS (CLOSED-ENDED QUESTIONS ONLY)

Gender

Response	Number	Percentage
Male	102	78.5%
Female	28	21.5%
Total	130	100%

What is your citizenship/residence status in Bangladesh?

Response	Number	Percentage
Native/Permanent	101	77.7%
International	29	22.3%
Total	130	100%

What is your Length of Residence in Bangladesh prior to COVID-19? – for Internationals

Response	Number	Percentage
Less than 6 months	2	6.9%
6 months – 1 year	3	10.3%
1 – 3 years	14	48.3%
3+ years	10	34.5%
Total	29	100%

Which one of these organizations do you currently work for⁷¹?

Response	Number	Percentage
USAID	11	8.5%
IP of USAID	64	49.6%
Government	20	15.5%
NGO	14	10.9%
Private Agency	2	1.6%
Bilateral/Multilateral International Organization	10	7.8%
CSO	1	0.8%
Other	7	5.4%
Total	129	100%

Others: Tannery Workers Union, trade union of Akota Garments Workers Federation (AGWF), and an International Research Organization based in Bangladesh

Which position do you hold as part of this organization?⁷²

Response	Number	Percentage
COP (IPs only)	3	13.6%
Director level	6	27.3%
Manager level	4	18.2%
Technical/Program/M&E Lead	5	22.7%
Coordinator	1	4.5%
Other	3	13.6%
Total	22	100%

⁷¹ One person refused to answer

⁷² In total, 108 respondents refused to identify their position.

What is your length of employment with your current organization?

Response	Number	Percentage
Less than 6 months	7	5.4%
6 months – 1 year	11	8.5%
1-3 years	46	35.4%
3+ years	66	50.8%
Total	130	100%

Does your organization receive funding from USAID or its implementing partners?⁷³

Response	Number	Percentage
Yes	22	46.8%
No	25	53.2%
Total	47	100%

How familiar are you with the work of USAID?⁷⁴

Response	Number	Percentage
Not familiar at all	3	12%
Somewhat unfamiliar	11	44%
Somewhat familiar	9	36%
Very familiar	2	8%
Total	25	100%

How much has the COVID-19 pandemic affected your ability to achieve targets set in your work plan?

Response	Number	Percentage
Not affected by all	16	12.3%
Somewhat affected	37	28.5%
Fairly affected	41	31.5%
Very much affected	36	27.7%
Total	130	100%

In general, what is your level of satisfaction with the way COVID-19 impacts have been mitigated in Bangladesh?

Response	Number	Percentage
Very dissatisfied	29	22.3%
Somewhat dissatisfied	52	40%
Somewhat satisfied	37	28.5%
Very satisfied	12	9.2%
Total	130	100%

In your view, what is the biggest problem facing Bangladesh as a whole due to COVID-19?

Response	Number	Percentage
Economic activities (e.g., production, transportation, supply chain, labor, market, etc.)	59	46.1%
Poverty	22	17.2%
Unemployment	10	7.8%

⁷³ Skip pattern applied for USAID, IPs.

⁷⁴ Skip pattern applied for USAID, IPs.

Response	Number	Percentage
Healthcare services	18	14.1%
Mismanagement of service delivery	6	4.7%
Lack of Governance	4	3.1%
Access to services	2	1.6%
Rule of Law	1	0.8%
Insecurity / Violence / Terrorism	1	0.8%
Other	5	3.9%
Total	128	100%
Others: Combination of many problems; combination of health care weakness, poverty, job cuts and insufficiency of relief efforts; combination of problems in unemployment, education, access to services, governance leading to poverty; Food security.		

In your view, what is the biggest problem in the local communities you are working in?

Response	Number	Percentage
Economic activities (e.g., production, transportation, supply chain, labor, market, etc.)	53	42.1%
Poverty	26	20.6%
Healthcare services	16	12.7%
Unemployment	8	6.3%
Access to services	5	4%
Mismanagement of service delivery	4	3.2%
Lack of Governance	2	1.6%
Corruption	2	1.6%
Public transportation	2	1.6%
Schooling/Education	1	0.8%
Rule of Law	1	0.8%
Discrimination of ethnic and/or religious minorities	1	0.8%
Gender based violence	1	0.8%
Other	4	3.2%
Total	126	100%
Others: Inability to work with communities directly; Travel restrictions; Lack of knowledge among rural people about Corona virus		

What factors causing corruption are most impacted by COVID-19?⁷⁵

Response	Number
Lack of attention from higher authority	2
Poor adherence to ethical standard	1
Other (Poor Governance)	1

Which channel is the most important for accurately raising awareness and providing risk communication about COVID-19?

Response	Number	Percentage
TV	78	60%
Radio	3	2.3%
Public meeting	1	0.8%
Leaflet, poster, billboard	3	2.3%

⁷⁵ Only asked of respondents that selected Corruption in Q12 and Q13.

Response	Number	Percentage
Mobile video show	10	7.7%
Miking	24	18.5%
Other	11	8.5%
Total	130	100%
Other: Social media (4 responses); Mix of multiple channels (2 responses); Messaging – SMS/Voice (2 responses); Engagement of local leaders and local government staff (1 response).		

Which channel is the second most important for accurately raising awareness and providing risk communication about COVID-19?

Response	Number	Percentage
TV	25	19.2%
Radio	13	10%
Public meeting	7	5.4%
Leaflet, poster, billboard	26	20%
Mobile video show	16	12.3%
Miking	31	23.8%
Theatre	1	0.8%
Other	11	8.5%
Total	130	100%
Other: Social media and Internet (3 responses); Print media (2 responses); Mix of multiple channels (3 responses); Newspapers (1 response); Mobile communication (1 response)		

In your opinion, please rank the 6 social population groups most affected by the COVID-19 pandemic in Bangladesh?

Response	Ranking Scores
Elderly	4.61
Women	4.46
Youth	3.92
Children	3.29
People with disabilities	2.96
LGBT	1.76

In your opinion, please rank the 10 economic population groups most affected by the COVID-19 pandemic in Bangladesh?

Response	Ranking Scores
Economically disadvantaged	8.2
Migrant workers	6.76
Returned Migrant workers	6.16
RMG	6.04
Self-employed people (e.g., handicraft makers, potters, nursery, etc.)	5.68
Workers in private industries, agencies or NGOs	5.42
Farmers/Fisherman	5.18
Service Workers	4.95
MSME	4.12
Other industrial workers	2.49

How successful have these measures been in mitigating COVID-19 impacts on the most vulnerable groups?

Response	Number	Percentage
Not successful at all	1	2.4%
Somewhat successful	22	52.4%
Fairly successful	17	40.5%
Very successful	2	4.8%
Total	42	100%

In terms of effectiveness, which entities provided the most support and assistance to Rohingya during the COVID-19 pandemic?

A. Government programs

Response	Number	Percentage
Not effective at all	7	5.7%
Somewhat effective	29	23.6%
Fairly effective	39	31.7%
Very effective	11	8.9%
Don't know	37	30.1%
Total	123	100%

B. Bilateral/Multilateral donor agencies

Response	Number	Percentage
Not effective at all	4	3.3%
Somewhat effective	17	13.8%
Fairly effective	42	34.1%
Very effective	26	21.1%
Don't know	34	27.6%
Total	123	100%

C. UN Agencies

Response	Number	Percentage
Not effective at all	3	2.4%
Somewhat effective	18	14.6%
Fairly effective	41	33.3%
Very effective	27	22%
Don't know	34	27.6%
Total	123	100%

How would you describe the impact of COVID-19 on the following sectors and subsectors? Would you say [insert the sector/subsector] has been...

A. Economy/Financial

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	1	0.8%
Fairly impacted	11	8.7%
Very much impacted	115	90.6%
Total	127	100%

B. Rule of Law/Justice sector

Response	Number	Percentage
Not impacted at all	16	12.8%
Somewhat impacted	41	32.8%
Fairly impacted	45	36%
Very much impacted	23	18.4%
Total	125	100%

C. Education

Response	Number	Percentage
Not impacted at all	1	0.8%
Somewhat impacted	6	4.7%
Fairly impacted	30	23.6%
Very much impacted	90	70.9%
Total	127	100%

D. Transportation

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	10	7.9%
Fairly impacted	64	50.8%
Very much impacted	52	41.3%
Total	126	100%

E. Agriculture

Response	Number	Percentage
Not impacted at all	2	1.6%
Somewhat impacted	45	35.4%
Fairly impacted	55	43.3%
Very much impacted	25	19.7%
Total	127	100%

F. Natural resource management/conservation

Response	Number	Percentage
Not impacted at all	23	18.5%
Somewhat impacted	62	50%
Fairly impacted	31	25%
Very much impacted	8	6.5%
Total	124	100%

G. Fisheries/Livestock

Response	Number	Percentage
Not impacted at all	5	3.9%
Somewhat impacted	46	36.2%
Fairly impacted	49	38.6%
Very much impacted	27	21.3%
Total	127	100%

H. Healthcare Services

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	3	2.4%
Fairly impacted	11	8.7%
Very much impacted	112	88.9%
Total	129	100%

I. Family Planning

Response	Number	Percentage
Not impacted at all	15	12%
Somewhat impacted	35	28%
Fairly impacted	39	31.2%
Very much impacted	36	28.8%
Total	125	100%

J. Infrastructure (construction of road, ports, bridges, public utility facilities, etc.)

Response	Number	Percentage
Not impacted at all	3	2.4%
Somewhat impacted	40	32.3%
Fairly impacted	52	41.9%
Very much impacted	29	23.4%
Total	124	100%

K. Ready-Made Garment industry

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	4	3.2%
Fairly impacted	44	35.2%
Very much impacted	77	61.6%
Total	125	100%

L. Other Manufacturing Industry

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	7	5.6%
Fairly impacted	63	50.4%
Very much impacted	55	44%
Total	125	100%

M. Employment

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	3	2.4%
Fairly impacted	28	22.2%
Very much impacted	95	75.4%
Total	126	100%

N. TIP Prevention

Response	Number	Percentage
Not impacted at all	16	13.6%
Somewhat impacted	37	31.4%
Fairly impacted	49	41.5%
Very much impacted	16	13.6%
Total	118	100%

O. Minority Rights

Response	Number	Percentage
Not impacted at all	25	20.7%
Somewhat impacted	46	38%
Fairly impacted	33	27.3%
Very much impacted	17	14%
Total	121	100%

P. Nutrition and Food Security

Response	Number	Percentage
Not impacted at all	1	0.8%
Somewhat impacted	12	9.5%
Fairly impacted	45	35.7%
Very much impacted	68	54%
Total	126	100%

Q. Labor

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	9	7.2%
Fairly impacted	42	33.6%
Very much impacted	74	59.2%
Total	125	100%

R. Export/Import

Response	Number	Percentage
Not impacted at all	1	0.8%
Somewhat impacted	8	6.6%
Fairly impacted	42	34.4%
Very much impacted	71	58.2%
Total	122	100%

How important is the engagement of local political party representatives in raising awareness about COVID-19 prevention and mitigation activities?

Response	Number	Percentage
Not important at all	11	8.5%
Somewhat important	15	11.6%
Fairly important	40	31%
Very much important	63	48.8%
Total	129	100%

How impacted are youth by the COVID-19 pandemic?

Response	Number	Percentage
Not impacted at all	0	0%
Somewhat impacted	21	16.4%
Fairly impacted	58	45.3%
Very much impacted	49	38.3%
Total	128	100%

How satisfied are you with the engagement of CSOs in promoting awareness about COVID-19?

Response	Number	Percentage
Very dissatisfied	12	9.5%
Somewhat dissatisfied	22	17.5%
Somewhat satisfied	81	64.3%
Very satisfied	11	8.7%
Total	126	100%

Please tell us in what sector are you primarily working?

Sectors	Number	Percentage
Healthcare services	24	18.9%
Nutrition and Food security	14	11%
Economy/Financial	9	7.1%
Rule of law/Justice sector	7	5.5%
Agriculture	7	5.5%
RMG	6	4.7%
NRM/Conversation	6	4.7%
Education	5	3.9%
Fisheries/Livestock	5	3.9%
Family planning	4	3.1%
Labor	3	2.4%
TIP	3	2.4%
Transportation	2	1.6%
Employment/Youth employment	2	1.6%
Minority rights	2	1.6%
Infrastructure	1	0.8%
Other manufacturing industries	1	0.8%
Other	26	20.5%
Total	127	100%

Please rank these sectors in terms of their importance for getting the country back on its feet.

Response	Ranking Scores
Economy/Financial	16.90
Health care services	14.70
Education	13.62
Agriculture	12.28
Transportation	12.03
Employment	11.48
Readymade Garment (RMG) Industry	11.12
Rule of law/Justice Sector	10.57
Fisheries/Livestock	9.98
Nutrition & Food Security	9.43
Infrastructure (construction of roads, ports, bridges, public utility facilities, etc.)	7.34
Family planning	7.32
Other Manufacturing Industries	7.30
Natural Resource Management/Conservation	7.15
Labor	6.67
Export/Import	6.19
Trafficking in Persons (TIP) prevention	3.65
Minority rights	3.08

ANNEX II: NEED ASSESSMENT



Emerging Needs in the Host Communities in Cox's Bazar following the Outbreak of COVID-19 Pandemic: An Assessment of USAID Development Programs in Addressing the Needs.

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District Development Unit/Program Office

Executive Summary

This assessment attempts to uncover the emerging and pressing needs of the host communities in Cox's Bazar following the outbreak of COVID-19 pandemic. Based on secondary literature review, this paper identified how COVID-19 impacted the communities and thus created a wide range of needs, which ought to be met for ensuring the fundamental well-being of host communities, maintaining the local ecological balance, and creating an enabling environment for the peaceful co-existence of both the host and refugee communities in Cox's Bazar.

This assessment also evaluates the current USAID development programs in Cox's Bazar and scrutinized to what extent the existing USAID Activities are addressing the critical needs of the host communities. After that, this paper finds potential opportunities for USAID Bangladesh to adapt the existing programming by creating synergies and design new development programs to support host communities in dealing with many of the rising challenges and needs identified.

The broad COVID-19 impacts, many of these have been prevalent in the district for long that were aggravated in the wake of the Pandemic, can be categorized as follows which invoke equal attention and prioritized actions from stakeholders:

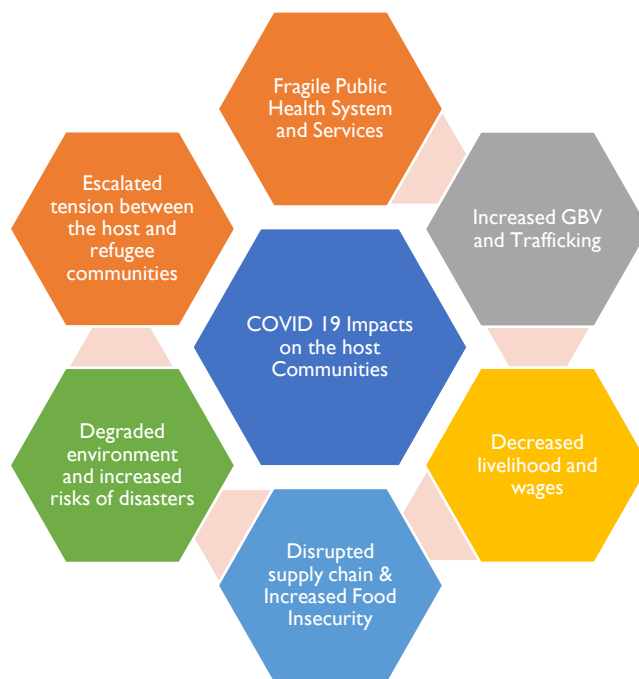
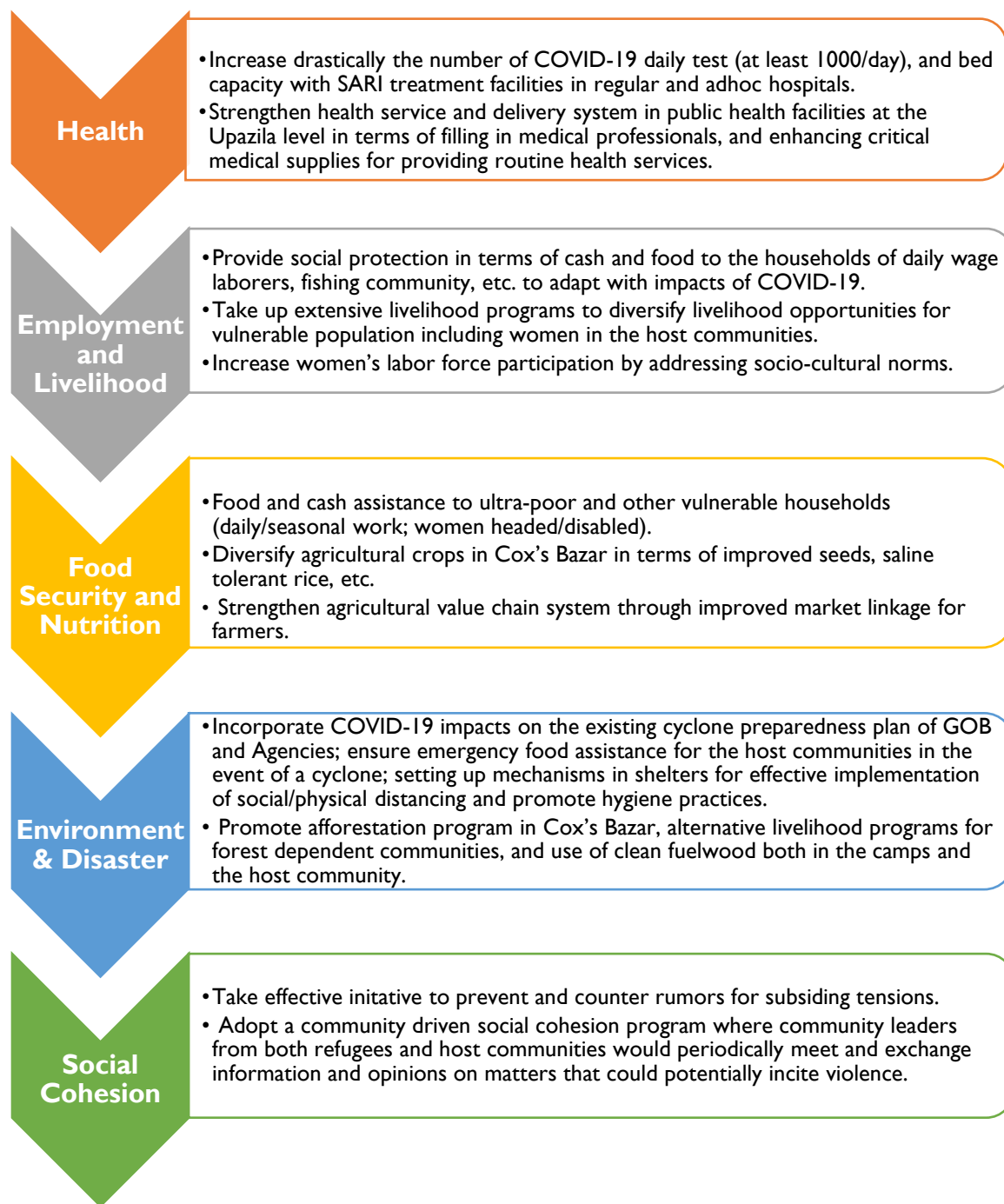
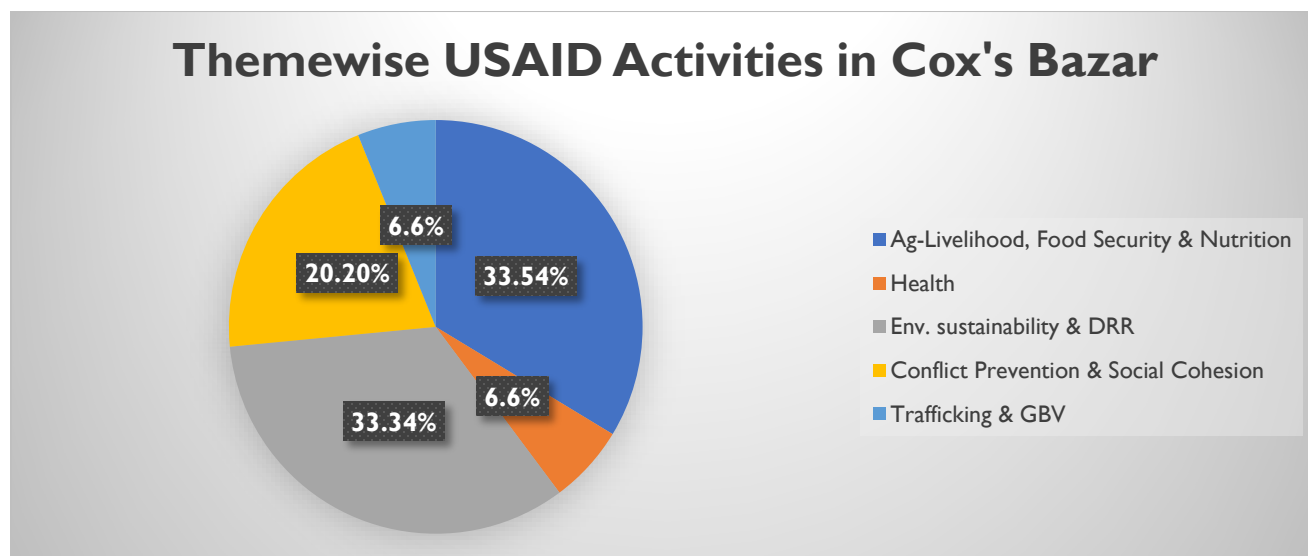


Diagram 1: Major COVID-19 Impacts on the host communities in Cox's Bazar

To address the challenges posed and exacerbated by COVID-19, this assessment identified the following needs, which have been grouped into these broader themes: health, environment, food security and nutrition, livelihood and employment and social cohesion.



USAID Bangladesh has currently 15 activities interspersed in different Upazilas of Cox’s Bazar. On the basis of programs, these activities can be categorized into the following five broad areas:



This assessment finds the following opportunities for USAID Bangladesh to contribute to meeting the emerging needs of host community induced by the outbreak of COVID-19 in Cox’s Bazar.

Agriculture	<ul style="list-style-type: none"> •Extend Crop diversification programs such as, saline tolerant rice in Cox’s Bazar to address the problem of low intensity production, and strengthen agriculture value chain system to ensure farmer’s access to the market. •Address the needs of marginalized farmers including women and ultra-poor through expanding FDHA supported food security programs in Cox’s Bazar.
Livelihood and Nutrition	<ul style="list-style-type: none"> •Engage with fishing business associations and local government to support the food security of poor fishing community during the time of unavailable work caused by COVID-19 and other disasters. •Scale up livestock production led food and nutrition security programs for ultra-poor and marginalized households in Cox’s Bazar.
Env. Sustainability and DRR	<ul style="list-style-type: none"> •Include COVID-19 consideration into the integrated storm/cyclone response plan of activities. •Set up mechanisms in the MPCs to effectively implement COVID-19 social/physical distancing during actual storm event and other public use of the facilities.
Health	<ul style="list-style-type: none"> •Engage with GOB to strengthen the health service and delivery system in Cox’s Bazar. •Enhance the ongoing USAID support to increase the number of COVID-19 daily testing and bed capacity with SARI treatment facilities in regular and adhoc hospitals •Provide technical assistance to GOB and other stakeholders to include the impacts of disasters such as, storm/cyclones in the Cox’s Bazar public health condition
Social Cohesion	<ul style="list-style-type: none"> •Design and implement conflict prevention activities in such ways that are flexible and adaptive to changing circumstances. •Increase dialogues between the community leaders of host and refugee communities.
GBV and Trafficking	<ul style="list-style-type: none"> •Design and implement GBV focused primary activity in Cox’s Bazar •Include and ensure GBV as a functional cross cutting issue for all new and existing activities in Cox’s Bazar •Utilize the existing USAID investment such as smiling sun clinics, safe houses etc. as potential chain of referral.

Introduction

Cox's Bazar, a coastal tourist destination in the south-east Bangladesh, is one of the densely populated and poverty-stricken districts in Bangladesh. It hosts about 2.8 million people along with about a million Rohingya Refugees interspersed in 34 camps particularly in Ukhiya and Teknaf Upazilas. About 17 percent local households live below the national poverty line, of which nearly 47 percent are extremely poor households with an income of less than 1.25 dollar a day. The district also holds poor record in other socio-economic indicators for example, health, education, etc. Additionally, the influx of refugees put enormous pressure on the local socio-economic and environmental conditions aggravating the existing situation in Cox's Bazar, which also created a sense of deprivation and acrimony in the host communities. Based on five composite indicators, a recent national assessment has identified Cox's Bazar as one of the top 20 vulnerable districts highly exposed to physical, social, economic and disaster vulnerabilities across the country (NAWG, 2020). The outbreak of pandemic COVID-19 in Cox's Bazar is aggravating the crumbling socio-economic and environmental conditions in the district and precipitating a wide range of emerging needs that ought to be addressed to ensure the continued welfare of local communities.

Against this backdrop, this assessment aims to uncover the growing and pressing needs particularly for the host communities in Cox's Bazar after COVID-19 pandemic hit the district. This paper also assessed the ongoing USAID development programs in Cox's Bazar and evaluated to what extent the current USAID activities are addressing the needs of the host communities. The assessment also suggested potential avenues for USAID development programs' strategic and further engagement to contribute to meeting the needs of the host communities in Cox's Bazar. This study is based on secondary literature review that included: sectoral assessments, government reports, evaluation reports of development and humanitarian assistance programs, periodic site reports and newspaper reports, etc.

SECTION I: Current and Emerging Needs in Cox's Bazar

Fragile Public health System and services

The local population of Cox's Bazar has extremely inadequate access to basic and essential health care services. For a population of 2.65 Million dispersed in total eight Upazilas, there is only one 250 bed public hospital located in Cox's Bazar Sadar. Following the Refugee crisis, around 200 facilities have been set up in the district by 100 national and international health partners organizations (ISCG, 2020). Nonetheless, there is an acute shortage of health care professionals particularly in the public health facilities, at the upazilla level and below, thereby making 24/7 service provision difficult. Currently, only about half of the medical professionals' positions are filled. Furthermore, the existing professionals are almost entirely focused on the refugee crisis, leading to insufficient attention for the routine health services for the host population (World Bank, 2020).

The health facilities have been also struggling to meet the increased demands of health services due to the poor conditions of health facilities, inadequate supplies of medicine and commodities, and weak health care waste management systems. It is very likely that the outbreak of COVID-19 will put an additional stress on the existing health care services and system in the District. As part of the priority isolation and treatment facilities, the Government of Bangladesh (GOB) in partnership with development and humanitarian actors have already established 100 beds with a plan to increase them to 1,900 beds across the district. But the treatment facilities would not be sufficient in case of a mass spread of COVID-19 that could infect approximately 425,000 to over 590,000 people within 12 months alone in the camps (Truelove et al., 2020). Though the GOB introduced COVID-19 testing facility in the Cox's Bazar Sadar Hospital, it could only handle around 100 cases daily. Further, the current facilities in the district have only a couple of intensive care units with a critical shortage of ventilators, oxygen supplies and personal protective equipment (WHO, 2020).

In seeking regular health care services and COVID-19 testing and treatment, there is an apprehension that women's number, already a declining trend have been observed in health facilities, could be far less than their male counterpart because of their preexisting mobility restriction, which is likely to worsen following the COVID-19 outbreak in the district.

Needs:

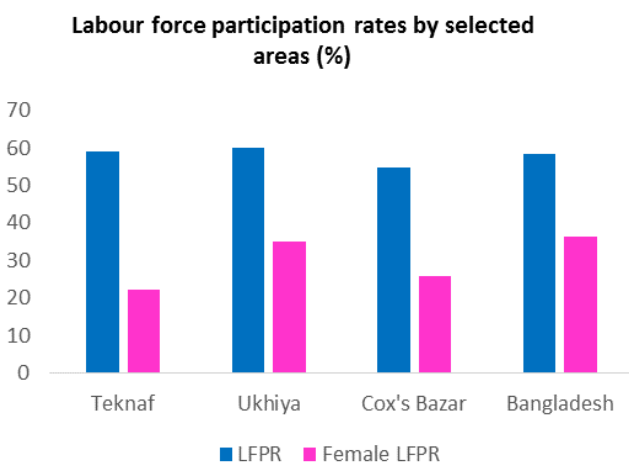
1. Immediate:

- i) Based on the projections available, increase drastically the number of COVID-19 daily testing (at least 1000/day), and bed capacity with Severe Acute Respiratory Infection Isolation treatment facilities in regular and ad hoc hospitals; increase the stock of life saving medical supplies particularly oxygen and ventilators.
- ii) Build collaboration between government and community clinics to provide door to door emergency health care services. Also, collect COVID-19 samples from patients' home which will particularly facilitate women's access as well as reduce exposure to the virus. A local hotline number could be set up for home-health services and sample collection.

- 2. **Medium and long term:** Strengthen health service and delivery system in public health facilities at the upazila level in terms of filling in medical professionals and enhancing critical medical supplies for providing routine health services.

Unequal Labor force participation

Labor force participation in Cox's Bazar is about 54.8 percent, whereas the national average is 58.2 percent. Most importantly, male-female participation in the labor market is highly unequal where women constitute only 26 percent compared to the national average of 36.3 percent. (UNDP, 2019). Along with limited livelihood opportunities, the existing conservative socio-cultural norms in Cox's Bazar put further hindrances on women's mobility and hence create constraints for women to seek employment or participate in the local labor market.



The arrival of the Rohingya Refugees in the camps created additional constraints for women to participate in the labor market as the male dominated society thinks that there are compelling insecurities for women to seek employment outside, particularly in the Camps (USAID, 2020). In addition, the COVID-19 outbreak and associated government responses in the form of lockdown decreased market activities that are presumed to significantly reduce both men and women's participation in the labor market.

Current Need:

- 1. **Medium/Long term:** Increase women's labor force participation by addressing socio-cultural norms

Decreased livelihood opportunities and declining wages

In Cox's Bazar, agriculture constitutes 45 percent of economic activity, which is significantly higher in Teknaf (81 percent) and Ukhiya (61 percent). These two Upazilas are also hardly hit by the inflows of

Rohingya Refugees. Among local population in Cox's Bazar, about 111,000 people are currently involved in agriculture while many people are also engaged as wage laborers in fishing and in salt production: about 55,000 farmers cultivate salt in 65,000 acres of land. On the other hand, around 68,000 people work as daily laborer in non-agricultural sectors (NAWG, 2020). Following the Rohingya crisis, the daily wage laborers in the host communities started facing stiff competition as the labor market was also swamped by the inflows of refugees precipitating the plummet of the wage of daily laborers in the market. One study found that the average wage declined more than 14 percent in the entire district with a sharp dip in Ukhiya (17 percent). It is anticipated that these daily laborers are being hard hit due to the COVID-19 lockdown situation. WFP already reported that the loss of livelihood— caused by COVID-19— slumped almost 70 percent daily earning of the host communities. Among others, the fishing community in Cox's Bazar suffered miserably as they could not go out to the sea due to the government imposed shutdown (Financial Express, April 2020).

Needs:

1. **Immediate:** Provide social protection in terms of cash and food to the households of daily wage laborers, fishing community, etc. to adapt with impacts of COVID-19
2. **Medium/Long term:** Take up extensive livelihood programs to diversify livelihood opportunities for vulnerable population including women in the host communities

Reduced production, disrupted supply chain system and rising food insecurity

Cox's Bazar district generally suffers from low intensity crop production caused by increased soil salinity and encroachment of agricultural land. Moreover, the refugee crisis aggravated the problem of low crop intensity. Since the onset of the refugee crisis in August 2017, around 100 hectares agricultural land in Cox's Bazar has been taken for refugee settlements; 93 hectares of lands around camps have been damaged by human waste contamination and pollution, and another 390 hectares lands could not be cultivated due to lack of irrigation affecting the gross crop yield in the district (UNDP, 2019). These caused the price hike of many food items such as rice, flour, potato, meat, vegetables in the market that to a greater extent created strains and food insecurity for impoverished and vulnerable people and households in the district.

In the recent times, COVID-19 has been affecting almost every stage of the food value chain: harvesting is being disrupted due to lack of seasonal wage labor, crop production has been diminished caused by inadequate supply of farming inputs, higher food prices due to growing transportation costs and decreased market activity owing to social distancing and lockdown measures. Additionally, COVID-19 is undermining people's access to basic commodities, which in turn causing demand significantly outstripping supply for items such as, vegetables, eggs, meat and poultry, and milk (FAO, 2020). A rapid assessment of WFP found that the retail prices of staple commodities, for example rice, cooking oil and lentils, increased almost 10-50 percent following the outbreak of COVID-19 in the district. Additionally, several newspapers reported that COVID-19 lockdown seriously affected the fishing industry particularly a drastic 60-70 percent reduction of dry fish production as the number of sea-bound fishing vessels has decreased. Overall, the dry fish production this year is reduced by 40 percent compared to the previous year (Financial Express, April 2020). Anecdotal reports found that the disruption of food supply chain system increased food prices and limited livelihood options undermined the food security particularly for vulnerable groups, who rely on daily/seasonal work in the host community. Unless their food security is ensured, this could consequently precipitate hunger, indebtedness and negative coping mechanism for vulnerable people.

Needs

1. **Immediate:** Provide food and cash assistance to ultra-poor and other vulnerable households (daily/seasonal work; women headed/disabled).
2. **Medium/long term:**

- i) Diversify agricultural crops in Cox's Bazar in terms of improved seeds, saline tolerant rice, etc.
- ii) Strengthen agricultural value chain system through improved market linkage for farmers.

Degraded environment and increased risk of disasters

Cox's Bazar district has been experiencing an unprecedented environmental degradation since the onset of the refugee crisis in August 2017 producing some irreversible impacts in the local ecological system. Broadly, the critical environmental issues and their associated impacts in Cox's Bazar can be grouped into two categories: ecological and physical.

The major ecological issues are deforestation and forest degradation; encroachment onto and resource extraction from protected areas; changes in land cover; rapid biomass reduction; loss of species; loss of wildlife habitat and shrinkage of wildlife corridor; and mortality risks for wildlife. Most of these impacts are strongly linked with the rampant forest destruction that has been happening since 2017. Several assessments show that approximately 4,300 acres of hills and forests have been razed down to make temporary shelters, and facilities mostly for refugees and their management. Another reason of mass destruction of forest is associated with the household demand for fuelwood, which has been increased manifold on the arrival of refugees. An estimate found that nearly 6,800 tons of fuel wood is collected each month, and each Rohingya family uses on an average 60 bamboo culms to construct their temporary shelters (UNDP Bangladesh and UN WOMEN Bangladesh, 2018). On the other hand, the physical environmental impacts include: ground water depletion caused by increased use of shallow and deep tube wells, surface water contamination, poor indoor air quality primarily caused by traditional fuelwood based cooking stoves, poor management of sewer sludge and removal of soils and terrain.

Furthermore, the biophysical location of Cox's Bazar makes the district highly susceptible to natural disasters. The recent country wide COVID-19 need assessment has identified Cox's Bazar as one of the top six districts 'very vulnerable' to tropical cyclone. Additionally, heavy rain during the monsoon period makes the district vulnerable to landslides, and loss of settlements, particularly in the camps. It is likely that the evolving COVID-19 situation in Cox's Bazar could substantially impact the cyclone response plan of government, development, and humanitarian agencies. The implementation of effective social/physical distancing and preventive COVID-19 hygiene practices, before and after a cyclone, in cyclone shelters and other treatment and isolation facilities will be paramount and preposterous. Besides, ensuring supplies in the health facilities, and emergency food assistance for vulnerable groups in the host communities will be a mammoth task.

Needs:

1. Immediate

- i) Incorporate COVID-19 impacts on the existing cyclone preparedness plan of GOB and Agencies.
- ii) Ensuring emergency food assistance for the host communities in the event of a cyclone
- iii) Setting up mechanisms in shelters for effective implementation of social distancing and hygiene practices

2. Medium/long term

- i) Afforestation program in Cox's Bazar
- ii) Alternative livelihood programs for forest dependent communities
- iii) Use of clean fuelwood both in the camps and the host community. Renewable energy could be an option

Escalated tension between the host and refugee communities

Since the beginning of the refugee crisis in Cox's Bazar, tension between the host and refugee communities have been an issue of grave concern. There has been a strong sense of animosity among the host communities against the refugees because of the perceived beliefs that refugees have been grabbing the local resources, for example, land, local employment particularly wage labor, forest resources, etc. for which the host communities think they have the exclusive entitlements. Moreover, incessant flow of humanitarian assistance to the camps has further created a sense of deprivation in the host communities (USAID Bangladesh, 2019). The local communities also perceive that Rohingyas are potential sources of criminal activities e.g. drug smuggling, trafficking, etc. in Cox's Bazar.

In many instances, escalated tensions between these two communities led to occasional conflicts and violence in the district. Following the outbreak of COVID-19 in Cox's Bazar, apparently, the tension between the communities further increased. There were allegations from the host communities that NGO/INGOs breached GOB COVID-19 lockdown through their continued operations in the camps. In a few cases, they thwarted relief actors' COVID-19 efforts in the camps. The hostility between these communities took a new dimension a few weeks ago when a rumor quickly spread that a group of refugees abducted four farmers and allegedly killed one of them. There were also occasional reports of Rohingyas destroying harvest of local farmers, robberies, etc. (Dhaka Tribune & Daily Star: May 2020).

Needs:

1. **Immediate:** Take effective initiatives to prevent and counter rumors that could reduce tension
2. **Medium/Long term:** Take a community driven social cohesion program where community leaders from both refugees and host communities will periodically meet and exchange information and opinions on matters that could invoke violence

Increased gender-based violence and trafficking

Gender-based violence, child marriage and trafficking have been major issues for Cox's Bazar for a long period of time. USAID CDCS gender analysis in 2019 found the spike of these cases following the refugee crisis. A section of the host communities blamed the refugees particularly for increased incidences of trafficking. Women, who took employment in the camps, were subjected to derogatory comments, assault on the streets, and verbal and physical abuses in their homes. COVID-19 is likely to aggravate the existing gender-based violence situation in Cox's Bazar by further constraining their mobility, freedom and decision-making power. A recent joint report of CARE and ISCG stipulated that women are being blamed for their 'disgraceful behavior' for the spread of COVID-19 in Cox's Bazar inducing the erosion of women's fundamental rights. So, they are being subjected to increased surveillance and policing, limited access to information, and victims of domestic violence. As the COVID-19 directives of GOB reduces humanitarian and protection services for women and affects the safe spaces for victims, it is likely that GBV cases would increase, and a smaller number of GBV cases would be reported.

Likewise, GBV, trafficking cases have also been on the rise in Cox's Bazar after COVID-19 hit the district. It has been reported that child labor, child marriage, and trafficking all increased in April as COVID-19 exposed socially and economically marginalized populations more to exploitation, and harassment. Moreover, inadequate psycho-social support and dispute resolution mechanisms from different agencies in the wake of COVID-19 put the victims in chronic trauma affecting their mental health and well-being.

Needs: Immediate:

1. Provide distant psycho-social support to women and victims of GBV, child marriage, trafficking during COVID-19 lockdown period.
2. Include GBV, child marriage and trafficking issues in the content of the COVID-19 messages.

SECTION II: USAID Bangladesh Development Program in Cox's Bazar

USAID Bangladesh has adopted a systemic approach through formulating a Project Appraisal Document (PAD) in order to address the major issues of development in Cox's Bazar and Bandarban district. There are three strategic objectives of the PAD that aim to address the most pressing needs and challenges prevalent in these two districts. These include increased social cohesion between the host and refugee communities, strengthened resilience to natural disasters, and increased opportunities and improved social services for the host communities in Cox's Bazar and Bandarban districts including livelihood, education and health services. Furthermore, the second-generation country development and cooperation strategy of USAID Bangladesh is likely to put a significant emphasis to deal with the development challenges along with its humanitarian assistance in the camps. Given the present cope of the PAD, it could be deduced that the current pressing needs in Cox's Bazar could be addressed adequately without bringing in any amendments to the PAD narratives. However, there are substantial programming opportunities for USAID Bangladesh which are described below:



Map: USAID Development Activities in Cox's Bazar

Enhance crop production and food security

Feed the Future program of Economic Growth Office currently has one activity-Agriculture Mechanization that works for irrigation, adaptive technology, promotes new crop varieties, etc. As the district has been plagued with low intensity crop production, this activity will party help to increase production particularly transforming fallow lands into productive through efficient machinery and surface water irrigation. Nevertheless, there are opportunities for USAID to intervene in diversify crop production particularly

through saline tolerant rice production, increase farmers' access to the market, and strengthen the value chain system in Cox's Bazar. In this regard, important lessons could be learned from USAID's Rice Diversified Crop (RDC), Agriculture Value Chain activity, etc. while designing new activities for the district.

FTF programs mainly targets smallholder farmers who have at least five acres of lands. But, the needs of thousands of marginal farmers, who do not own land and work as shared croppers and day laborers, remain mostly unmet. Moreover, like other parts of the country, women farmers have a potential to benefit from intentional homestead farming/gardening. In this connection, FDHA's ongoing and future programs have opportunities to expand their operations in Cox's Bazar and work with marginalized and ultra-poor farmers both men and women. Additionally, USAID could also think of supporting alternative or minimum supply chain of food production to continue the functioning of local market during disasters, such as COVID-19, cyclones etc. In this respect, the corona pandemic offers an opportunity to ponder on alternatives and test some of the workable solutions on a pilot basis.

Recommendation:

1. Extend crop diversification program such as saline tolerant rice in Cox's Bazar to address the problem of low intensity production.
2. Strengthen agriculture value chain system to ensure farmer's access to the market.
3. Address the needs of marginalized farmers including women and ultra-poor through expanding FDHA programs.
4. Undertake an assessment to evaluate the impacts of disasters including COVID-19 on the food supply chain system and find alternative ways to continue functioning the market.

Strengthen livelihood, Income and Nutrition

Economic Growth Office currently has four activities working for improved livelihood, and nutrition for the rural households in Cox's Bazar. The ECOFISH II activity works with the fishing community in Cox's Bazar to ensure equitable food, nutrition, and income benefits. This activity takes an ecosystem-based approach to fisheries management to increase fish abundance and biomass and build community resilience in areas dependent on fisheries. The local fishing community in Cox's Bazar—the lifeline for the export-oriented fishing business sector—suffered immensely due to the COVID-19 lockdown situation that undermined their income, food security and nutrition. In this regard, ECOFISH could adjust its programmatic approach and engage with fishing business associations and local government to ensure food security for fishing community during the COVID-19 lockdown period or any other disasters e.g. cyclones, to support the food security of fishers' households. The ECOFISH activity's successful effort in supporting fishers during the 22-day government imposed Hilsha Ban period in other coastal marine areas, would be useful learning in replicating the similar program in Cox's Bazar.

On the contrary, the livestock and aquaculture activities contribute to meet the needs of increased livelihood opportunities in the district, which consequently will also enhance households' nutritional security with a focus on maternal and child health. These activities target small holder farmers who are already involved in the livestock and aquaculture production. However, there are 55,000 ultra-poor households in the district requiring urgent multifaceted livelihood support that will enable them secure sustainable income opportunities and meet their fundamental nutritional needs. In other parts of the country, USAID livestock and aquaculture production programs pursued a viable strategy for lifting many vulnerable households from poverty and ensuring food and nutrition security. Therefore, USAID Bangladesh has an opportunity to scale up the integrated model of rural livelihood and food security of development food assistance program in Cox's Bazar and hence help ultra-poor households build up sustainable livelihood and strengthen food and nutrition security.

Recommendations

1. Engage with fishing business associations and local government to support the food security of poor fishing community during the time of unavailable work caused by COVID-19 and other disasters such as cyclones.
2. Scale up livestock production led food and nutrition security programs for ultra-poor and marginalized households in Cox's Bazar

Disaster risk reduction and environmental sustainability

USAID Bangladesh has a strong presence in Cox's Bazar to reduce the risks of climatic disasters and sustain the local ecological balance. FDHA office has currently two active awards working for building/repairing multipurpose cyclone shelters (MCPS). So far, between the period of 2013-2016, USAID activities built six MPSCs and repaired 27 existing shelters. Hopefully, by June 2021, a total number of 87 MPSCs will be repaired.

In the wake of COVID-19, MPSCs activities pivoted their focus on installing handwash, drinking water points in the facilities, and propagate awareness messages as an effort to prevent the spread of the corona virus during the public use of the shelters.

Nevertheless, USAID has an opportunity to further engage in disaster preparedness and risk reduction in the district, particularly in the areas of sensitizing and building capacity of local communities and institutions. In this regard, future USAID activities could focus on strengthening the disaster management committees located within the local government functionaries. In this regard, the New Partnership Initiative (NPI) of USAID could be a source of potential funding opportunities along with the regular development assistance.

The COVID-19 pandemic has redefined the practical use of the term disaster creating avenues to consider a wide range of shocks and stresses under a common spectrum. Currently, the term is socialized in a way that denotes only natural disasters such as flood, cyclones, etc. A broader use of the term disaster would eventually create an integrated programming of health, environment, governance etc. The second generation CDCS of USAID Bangladesh is likely to include a broader concept of disaster under the spectrum of resilience providing more cross cutting programming opportunities.

USAID has recently awarded three activities under its local works programs in Cox's Bazar. It is anticipated that these activities will work with local communities in the ecologically critical areas in Cox's Bazar for promoting sustainable use of forest resources and governance, alternative livelihood generation for forest resource dependent communities, and use of clean fuelwood. Overall, these activities will address the problem of deforestation and unsustainable livelihood in selected Upazilas in Cox's Bazar. As these activities are being implemented by Bangladeshi organizations, there are immense opportunities to collaborate with other stakeholders including development partners to benefit from local knowledge and experiences to steer local ownership and self-reliance of communities.

Recommendations:

1. Include COVID-19 consideration of integrated storm/cyclone response plan of activities.
2. Set up mechanisms in the MPSCs to effectively implement COVID-19 social/physical distancing during actual storm event, and other public use of the facilities.
3. For local work activities- map stakeholders locally to learn from their experiences and find opportunities of collaboration to maximize development impacts.
4. Redefine the practical use of the concept disaster to include diverse shocks and stresses associated with other social, economic, and political factors.

Conflict prevention and social cohesion

The Democracy, Human Right and Governance Office (DRG) currently has three activities that are working to prevent conflict, violent extremism, and build social cohesion in the host community in Cox's Bazar. These activities have a wide range of activities in terms of conducting assessment to understand the drivers of local conflict, extremism; youth involvement, capacity building and community dialogue to foster conflict prevention. However, lessons learned from other parts of the world revealed that any conflict prevention activity requires considerable flexibilities to be able to adapt with the dynamic conditions which are often fluid and complex. A major challenge for conflict focused activities tend to be a difficulty in monitoring and evaluation of targeted outcomes. Therefore, it is important to develop a system that will continuously assess local situation and hence inform the programs of activities. To this end, there are varieties of tools, such as developmental evaluation and complexity aware monitoring and evaluation etc., available that can be of help to deal with implementation challenges.

Recommendations:

1. Design and implement conflict activities in ways that are flexible and adaptive to changing circumstances.
2. Increase dialogues between the community leaders of host and refugee communities.

Improve maternal and child health and nutrition status

The population, health, nutrition and education (PHNE) Office currently has two active awards, AUHC and Ujjiban, which work for improving maternal and child health and nutrition status in Cox's Bazar. In this regard, the smiling sun clinics, coordinated by AUHC, provide direct health services to people, whereas Ujjiban activity leads social behavior and change communications through messaging and community engagements. After the COVID-19 hit the district, USAID through its Infectious Diseases Detection and Surveillance activity assigned one laboratory expert at the Cox's Bazar laboratory to increase the lab capacity and the number of tests. Further, USAID supports WHO to procure test kits for the Cox's Bazar laboratory to increase the number of tests. Nevertheless, there are further opportunities for USAID to engage particularly in health service system strengthening in the district. In this respect, along with catering technical assistance to government health system, USAID may consider the viability of broadening the range of services of the Smiling Sun clinics particularly for Cox's Bazar. Additionally, if the COVID-19 situation further deteriorates in the district, USAID may also contemplate of using cyclone shelters as isolation centers. Finally, given the susceptibility of the district to natural hazards, it is important that shocks and stresses are accounted into the public health services delivery plan. Hence, providing technical assistance to GOB in revising existing health plans could be a potential area of USAID involvement.

Recommendations:

1. Engage with the Government of Bangladesh to strengthen health service and delivery system in public health facilities in Cox's Bazar in terms of filling in medical professionals and enhance critical medical supplies for providing routine health services.
2. Enhance the ongoing USAID support to increase the number of COVID-19 daily testing and bed capacity in regular and ad hoc treatment facilities.
3. Provide technical assistance to government and other stakeholders to include the impacts of disasters such as storm/cyclones in the Cox's Bazar public health condition.

Reduce trafficking and gender-based violence

DRG Office has a focused activity -BCTIP that works for preventing trafficking and child marriages in Cox's Bazar by engaging community leaders, creating mass awareness, and providing psycho-social support to trafficking survivors at supported shelters. However, USAID has no exclusive activity addressing

gender-based violence issues in the district. As GBV is a pervasive issue for the district, USAID should address this nagging problem by designing GBV focused primary activity plus subsume the issue as a functional cross cutting theme across other activities in Cox's Bazar. In this respect, USAID should think how it can take advantage of its existing investment, for example, using smiling sun clinics as potential treatment and referral points, to address the needs of GBV victims.

Recommendations:

1. Design GBV focused activity for Cox's Bazar.
2. Include and ensure GBV as a functional cross cutting issue for all new and existing activities in Cox's Bazar.
3. Utilize the existing USAID investment such as smiling sun clinics, safe houses as potential chain of referral.

Bibliography

- FAO (2020), *COVID-19 Impacts on Supply Chain System in Cox's Bazar* referred in Humanitarian Assistance Cell Weekly Update: USAID Bangladesh.
- Financial Express (2020), *Dried Fish Unit Owners, Workers Need Help*: April 13.
- Inter Sector Coordination Group (2020), *COVID-19 Preparedness and Response for the Rohingya Refugee Camps and Host Communities in Cox's Bazar Districts*: Weekly Updates/April.
- Inter Sector Coordination Group (2019), *Joint Multi-Sector Needs Assessment (J-MSNA): Host Communities in Ukhiya and Teknaf Upazilas*.
- Need Assessment Working Group (2020), *COVID-19 Bangladesh: Multi-Sectoral Anticipatory Impacts and Needs Analysis*.
- The Daily Star (2020), 'Abducted 4 days ago, Cox's Bazar farmers yet to be rescued': May 4, Dhaka, Bangladesh.
- The Dhaka Tribune (2020) 'Rohingya' kidnappers kill hostage for ransom in Cox's Bazar': May 1, Dhaka, Bangladesh.
- Truelove S, Abraham O, Altare C, Lauer SA, Grantz KH, Azman AS, et al. (2020), 'The potential impact of COVID-19 in refugee camps in Bangladesh and beyond: A modeling study'. *PLoS Med* 17(6): e1003144.
- UNDP Bangladesh and UN WOMEN Bangladesh (2018), *Report on Environmental Impact of Rohingya Influx*: Dhaka, Bangladesh.
- UNDP (2019), *Socio-Economic Impact of the Rohingya Crisis on Host Communities*.
- USAID Bangladesh (2019), *Gender Analysis for the Mission's Country Development Cooperation Strategy*.
- WHO (2020), *COVID-19 Situation Reports*: April.
- World Bank (2020), *Health and Gender Support Project for Cox's Bazar District*.