Cox’s Bazar Urban Vulnerability Assessment – Preliminary Results

June 2020 - Cox’s Bazar

Data collected remotely through phone surveys
1. Objective and coverage
2. Demographics
3. Local economy and livelihoods
4. Vulnerability (Income Approach)
5. Food access and expenditure
6. Consumption and livelihoods based coping
7. Assistance and access to healthcare
8. Major concerns
OBJECTIVES & COVERAGE
Objective & Sampling strategy

Objective:

- To assess the impacts of the current crisis on livelihoods and access to food and other essential needs of Cox’s Bazar Municipal Community;

Sample distribution

- Representative sample of Cox’s Bazar Municipality
- Unstratified, probability proportional to size (pop) of wards
- Methodology: combination of random and snowball sampling

<table>
<thead>
<tr>
<th>Sample distribution by ward</th>
<th>Targeted (HHs)</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>74</td>
<td>63%</td>
</tr>
<tr>
<td>Ward 2</td>
<td>46</td>
<td>151%</td>
</tr>
<tr>
<td>Ward 3</td>
<td>28</td>
<td>122%</td>
</tr>
<tr>
<td>Ward 4</td>
<td>37</td>
<td>65%</td>
</tr>
<tr>
<td>Ward 5</td>
<td>37</td>
<td>73%</td>
</tr>
<tr>
<td>Ward 6</td>
<td>56</td>
<td>36%</td>
</tr>
<tr>
<td>Ward 7</td>
<td>65</td>
<td>89%</td>
</tr>
<tr>
<td>Ward 8</td>
<td>37</td>
<td>148%</td>
</tr>
<tr>
<td>Ward 9</td>
<td>28</td>
<td>68%</td>
</tr>
<tr>
<td>Ward 10</td>
<td>28</td>
<td>101%</td>
</tr>
<tr>
<td>Ward 11</td>
<td>19</td>
<td>140%</td>
</tr>
<tr>
<td>Ward 12</td>
<td>46</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>501</strong></td>
<td><strong>447</strong></td>
</tr>
</tbody>
</table>
DEMOGRAPHICS
<table>
<thead>
<tr>
<th>Household demographics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender of household head</td>
<td>Female</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>84%</td>
</tr>
<tr>
<td>Household size</td>
<td></td>
<td>5.6</td>
</tr>
<tr>
<td>Household size category</td>
<td>1-3 members</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>4-7 members</td>
<td>77%</td>
</tr>
<tr>
<td></td>
<td>8+ members</td>
<td>13%</td>
</tr>
<tr>
<td>Presence of disabled HH member</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Household with adolescents (5-15 years)</td>
<td></td>
<td>22%</td>
</tr>
<tr>
<td>At least 1 HH member is chronically ill</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Presence of children under-5 years of age</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>Elderly (60+ years)</td>
<td></td>
<td>4%</td>
</tr>
</tbody>
</table>
Demographic characteristics by gender of head

Female-led households are likelier to be less educated, concentrated mostly within primary levels or below (67%)

Household size composition by gender of head

- **1-3 Members**
  - Male: 8%
  - Female: 77%

- **4-7 Member**
  - Male: 15%
  - Female: 21%

- **8+ Member**
  - Male: 4%
  - Female: 75%
Demographic characteristics – households with migrants

About 3 out of 10 households have migrants members outside of Cox’s Bazar.

- No migrants: 72%
- Has migrants: 28%

Receipt of remittances

47% of these households do not receive remittances from migrant family members.

- No remittances received: 47%
- Last received 1 month ago (within lockdown): 23%
- Last received 2-3 months ago (pre-lockdown): 19%
- Last received 4-5 months ago (pre-crisis): 6%
- Last received 6-12 months ago: 6%
LOCAL ECONOMY & LIVELIHOODS
Composition of the economy

More than 2 out of 3 of income sources originate from service and trade-based activities.

Largely comprised of moderate-low skilled jobs, small businesses and petty trade.
Non-wage based work, mostly businesses and trading, generate higher income per activity, i.e. are more profitable. Wage-based sources of income are more vulnerable, with high population shares engaged, but very lowest income generated per person engaged.
Usual monthly income levels are highest for businessmen/traders and daily wage laborers, despite a fair degree of variation evident within the groups.

Salaries of monthly wage-based workers are low despite the formal nature of the jobs.
When did households last receive income?

- 58% of households have not received any income from their primary IGAs since April i.e. for more than 1.5 months.

✓ More than half of these households (37.5%) last received income in March, before the government lockdowns started i.e. close to 3 months ago.

Movement restrictions, contraction in job opportunities and customers unavailability main reasons for income loss.

- Movement restrictions, contraction in job opportunities and customers unavailability main reasons for income loss.
The drops in income began in March, when impacts of the crisis started to materialize in Bangladesh. With the country under complete lockdown from late March, income losses peaked in May, then started going down in June owing to the partial reopening of operations.
How much have incomes dropped across households demographics?

Income levels overall have dropped by 42% from usual monthly earnings since January.

Female-led households have potentially faced a much larger income drop compared to their male counterparts.
Were some income sources more vulnerable than others to these drops?

Daily wage workers have been hit the hardest with last income levels almost 1/4\textsuperscript{th} of what they would usually earn.

Monthly wage income sources have been the most protected throughout the lockdowns.

![Income Source Vulnerability Chart](chart.png)
VULNERABILITY
(Income-Approach)
Defining vulnerability by income

**Vulnerability defined by the ability to afford the Minimum Expenditure Basket for **Cox’s Bazar** with income from primary IGA in a given month**

Share of highly vulnerability population gone up from 7.1% under usual circumstances to almost a third of the population at last received income levels driven by losses since March.

✓ Overall vulnerability (high + moderate) increased to 52% from 27%.

This classification potentially underestimates vulnerability on one major count:

✓ It calculates relative vulnerability as a function of usual and last received earnings – but does not account for when this last income was received by households.
Based on last income levels received, self-employed non-business owners and daily wage workers have been affected most harshly by the drops in income (> 60% moderate-to-high vulnerability).
Share of highly vulnerable female-led household have more than doubled by last reported incomes (~70%).
FOOD ACCESS & EXPENDITURE
Food purchase patterns in the last 7 days (June)

2 out of 10 HHs did not purchase food in the last 7 days prior to the survey.

Top food items purchased by HHs:
- Green vegetables: 18%
- Potatoes: 15%
- Lentils: 10%
- Oil: 10%
- Fish: 10%
- Onions: 10%
- Rice: 10%
- Eggs: 8%
- Chicken/beef/other meat: 3%
- Dried fish: 2%
- Others: 5%
Food purchase in the last 7 days (June)

Lack of money to purchase food is the most reported problem by those who purchased/did not purchase food 7 days prior to the survey – indicating widespread financial stress due to livelihoods and income losses.
Food expenditure has dropped by 48%, which is in the range of the overall drop in income levels (42%) but higher.

Households that last received income from their primary IGAs most recently, have experienced lower drops in food expenditure.
Impact of Income Losses on Food Consumption

Drop in food expenditure follows the same trends as income losses from primary IGAs across types of work.

Food expenditure has evidently dropped at larger rates than incomes – a pointer to more dire coping strategies being undertaken.

These reduced expenditure translate to reduced meal consumptions across the same categories in the same pattern.
Meals frequency

91% of the households reported taking 3 meals/day under usual circumstances.

~ 4 out of 10 households reported taking only 2 meals/day currently.
COPING STRATEGIES
9 out of 10 households adopted consumption-based coping strategies – with a switch to less preferred and less expensive foods the most prevalent strategy.
Livelihoods-based coping strategies

- 9 out of 10 households reported adopting livelihoods-based coping strategies.
- Spending savings and buying food on credit are the most dominant strategies depicting depth of income losses.
- Food access and access to healthcare are the major reasons driving adoption of livelihood-based coping strategies.

Bar chart showing:
- Spent savings: 63%
- Buy food on credit: 44%
- Reduce non-food expenditures: 11%
- Sell Jewellery: 7%
- Sell households goods: 3%
- Sell productive assets: 1%

Pie chart showing:
- Access food: 70%
- Access healthcare: 27%
- Business sustenance: 2%
- Improve housing: 1%
- Others: 0.2%
Higher proportion of female headed households were found to be taking less preferred/less expensive food and reducing number of meals compared to their male counterparts.
ASSISTANCE & ACCESS TO HEALTHCARE
More than 85% of this assistance received was in the form of food.

92% of this assistance received came from two sources: Government programs (54%) and Individual donors/community leaders (38%).

Less footprint of humanitarian actors in the urban space despite widespread vulnerabilities.

83% of those who received assistance (55% of all households) had not been on any assistance programs pre-COVID: – indicating widespread initiation of new or scale up of existing programs for COVID-19 crisis support.
Access to Healthcare

- **45%**
  - Respondent or an HH member was sick in the past 30 days

- **32%**
  - Sought medical attention at a hospital/health care center
  - **68%**
    - Did not seek medical treatment at a hospital/health care center

- **89%**
  - Received medical treatment at said facility
  - **11%**
    - Did not receive medical attention required

Almost 90% of the households who sought medical attention at a health facility received it, irrespective of type of sickness.

However, 2 out of 3 households reporting a member being sick, did not seek medical attention from a health facility, potentially impeded by financial strain.
MAJOR CONCERNS
What are the major concerns for households currently?

- Disruption of livelihood sources: 68%
- Travel restrictions: 59%
- Shortage of food: 48%
- Lack of work: 42%
- Increase in food prices: 32%
- Disruption of medical services: 24%
- Disruption of education services: 23%
- Shortage of medicine: 18%
- Getting sick: 15%
- Others: 2%
Conclusions

1. Livelihoods adversely impacted by the lockdowns, on two major dimensions:
   - *Income sources rendered inactive:* ~ 4 out of 10 households last received income in March from their primary IGA, right before the lockdowns were initiated.
   - *Steep income losses for active sources:* average income drops for IGAs that managed to remain active within lockdown peaked in May at 61% and started subsiding in June with the partial reopening.

2. Daily wage laborers affected most harshly: ~ earnings driven down by two forces at the same time- lack of work available (fewer hours worked) and decreased wage rates.
   - Wage workers receiving monthly salaries least affected by the income drops

3. Vulnerability levels (high & moderate) almost doubled: ~27% (pre-crisis) to 52%.

4. Substantial reduction in food expenditure: by about 48% - depicting the strain in food access with implications of heightened food insecurity
   - Corroborated by reduced meals/day- 40% of households currently having 2 meals/day vs. 10% pre-crisis.
Conclusions

5. There’s a heightened application of both food and livelihood-based coping strategies:
   ❖ Potential push towards high risk (crisis and emergency copings) evident, with sustained lockdown measures.

6. Assistance coverage scaled-up following the lockdown: ~ 57% of the population had received food and basic needs assistance since March.
   ❖ Source of assistance were primarily government programs (54%) and Individual donors/community leaders (38%).
   ❖ Anecdotal evidence on reducing scale of assistance provision ~ amidst increasing vulnerabilities pose a further threat.

7. Morbidity rates remain ~ 4 out of 10 households reported having a sick member 30 days prior to the survey.
   ❖ 2/3rd of households with sick members did not seek medical attention at a health facility, plausibly due to financial constrains or restrictions on movement.
THANK YOU