

COX'S BAZAR PANEL SURVEY: RAPID FOLLOW-UP ROUND 1

IMPACTS OF COVID-19 ON FOOD SECURITY IN COX'S BAZAR: FOOD CONSUMPTION, COPING AND ASSISTANCE



This brief presents findings on consumption, coping and basic needs from the Cox's Bazar Panel Baseline Survey (CBPS) conducted between March – August, 2019 in combination with findings from the first rapid follow-up on a sub-sample of the baseline households conducted between April-May 2020. Baseline data was collected from 5,020 households across camp and host settlements (camp settlements are defined as areas within the camp boundaries set by the government, UNHCR and IOM jointly, host settlements are defined as all areas outside of the camp boundaries within the district). A 3-hour walking distance was used as a cut-off to segregate host areas as being high and low exposure to the influx. In addition to baseline pre-COVID findings, the analysis presents updated topline statistics on the current situation of access to basic needs drawn from a rapid phone follow-up of 3,150 households across camps, high and low exposure host communities.

KEY MESSAGES

LOW EXPOSURE (LE) HOSTS WHO FACED SHARPER INCOME AND WORK DECLINES DUE TO COVID LOCKDOWNS ALSO REPORTED MORE DIFFICULTY IN ACCESSING BASIC NEEDS.

More urbanized, LE hosts faced a sharper contraction in economic activity than their more rural, High exposure (HE) counterparts, in terms of work and income losses. In line with these findings on economic impacts, LE hosts also report more difficulties in meeting basic food needs during the lockdowns, and having to borrow money to purchase food at higher rates than HE hosts.

HOST COMMUNITY ACCESS TO ASSISTANCE IS LOW, COMING LARGELY FROM THE GOVERNMENT IN THE FORM OF BASIC FOOD ASSISTANCE AS PART OF THE COVID RESPONSE.

1 out of 7 host households report receiving some form of assistance since March 1, with three quarters being new recipients of assistance (compared with the beginning of 2020) and the vast majority in the form of basic food. High exposure households report receiving marginally more assistance from NGOs than low exposure households.

FOOD ASSISTANCE IN CAMPS HAD TO REVERT BACK TO FIXED COMMODITY VOUCHERS DUE TO COVID-19 REGULATIONS DRIVING THE PERCEPTION OF REDUCED ASSISTANCE AMONG CAMP HOUSEHOLDS.

96 percent of camp households reported receiving WFP food assistance in March but more than half of them reported receiving less food than usual from this assistance. While the entitlement and caloric value of assistance provided per capita have not changed, the shift in modality to fixed food baskets due to new COVID-19 regulations has brought initiatives to improve nutritional intake and dietary diversity by the humanitarian response to a temporary halt, and may be driving these adverse perceptions.

Bangladesh's local economy started experiencing impacts of the COVID-19 crisis in early to mid-March, with the first case being reported on 7 March. A full countrywide lockdown was in place from 26 March-28 May. This brief analyzes reported consumption patterns and food coping mechanisms adopted in the pre-COVID-19 period (March-August 2019) along with broad findings on access to basic needs and assistance during the COVID-19 lockdowns (April-May 2020).

HOST COMMUNITY

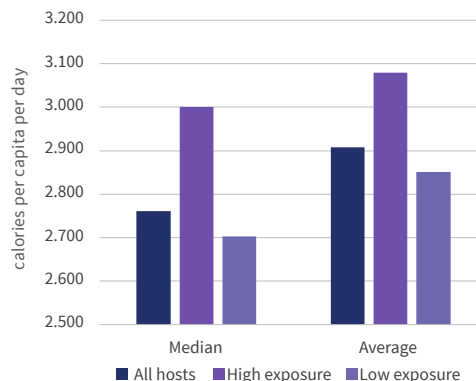
PRE-COVID, HOSTS REPORTED WIDESPREAD ACCESS TO ALL BASIC FOOD GROUPS, BUT REPORTED CONCERNS ON DIETARY DIVERSITY.

On average, both high and low exposure host households consumed 10 out of the 12 basic food groups in the week preceding the CBPS baseline survey¹, consuming 2,240 calories per capita per day on average. However, more than 2 out of 3 hosts reported not being able to consume their preferred foods or having to consume limited variety of foods due to a lack of resources across the reduced coping strategy scale.² Nevertheless, reports of having to resort to moderate to severe coping strategies were low, suggesting that these concerns related to the quality of food access rather than quantity.

LOW EXPOSURE HOUSEHOLDS REPORTED HIGHER DEPRIVATION ACROSS FOOD SECURITY INDICATORS PRE-COVID: LOWER CALORIC CONSUMPTION AND DIETARY DIVERSITY, HIGHER ADOPTION OF MODERATE TO SEVERE FOOD-COPING STRATEGIES.

About 60 percent of high exposure host households were consuming more than the WHO-recommended minimum of 2,100 calo-

Figure 1: Median and average calorie consumption per capita per day among hosts during the baseline survey (Mar-Aug '19)



ries per person³, whereas in low exposure areas this stands at 49 percent of households. While the average number of food groups consumed is the same across the two areas, 38 percent of host households living in low exposure areas consumed fewer than 10 food groups compared to 31 percent in the high exposure areas.⁴ These low exposure households also reported adopting more severe food-coping strategies at higher rates than high exposure households.

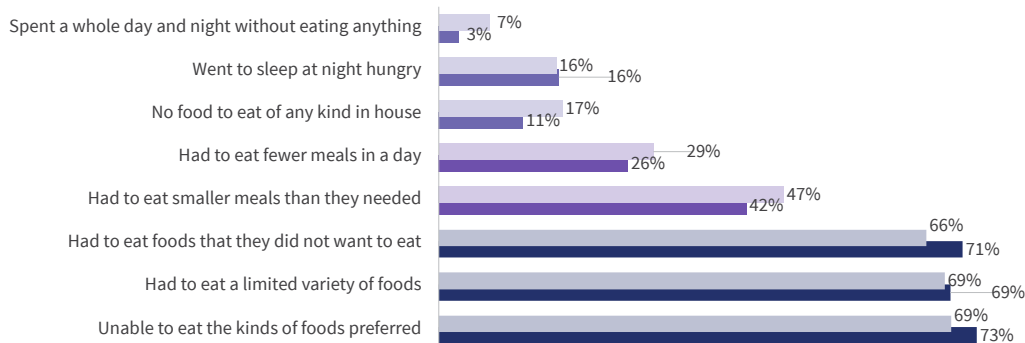
¹ The CBPS Baseline survey was conducted between March-August 2019.

² Coping Strategy Index (CSI) is a component used as a proxy indicator of household food insecurity according to the Food and Nutrition Security Conceptual Framework, in addition to Food consumption scores and Household Hunger Scales. CSI is based on a list of behaviors (coping strategies) and combines: (i) the frequency of each strategy (how many times each strategy was adopted?); and (ii) their (severity) (how serious is each strategy?) for households reporting food consumption problems. For the CBPS, the CSI was used to capture utilization of the coping strategies across a 4-week recall period only, and not frequency.

³ For planning purposes, the World Health Organization (WHO) and the U.S. Committee on International Nutrition recommend that an average of 2,100 kcal per person/per day be used as an initial planning figure. Since implementation of revised Memoranda of Understanding (MoUs) (UNHCR/WFP, July 2002; WFP/UNICEF, February 1998), the three agencies have adopted 2,100 kcal as their initial planning figure for calculating energy requirements and designing food rations.

⁴ This could reflect underestimation of consumption due to more food consumption away from home, which is higher in urban areas.

Figure 2: % of host households reporting adoption of food-coping strategies in the 4 weeks preceding the baseline interview (2019)



Note 1: Darker bars in the figure represent high exposure hosts while the lighter bars represent low exposure hosts. The bars are classified by severity of the indicators.

THESE PRE-COVID DIFFERENCES WERE POSSIBLY DRIVEN BY FOOD PURCHASE AND CONSUMPTION TRENDS INHERENT TO MORE URBANIZED REGIONS.

These patterns of lower caloric consumption in more urbanized low exposure areas⁵ are consistent with findings from the national Household Income and Expenditure Survey (2016) and may be driven by the fact that urban areas are likely to have a higher share of food consumed outside the home, which is not accounted for in consumption data⁶. Low exposure hosts are also more likely to depend on purchases for consumption while high exposure regions, by virtue of being more reliant on agriculture, reported marginally higher

shares of consumption from self-production. Under normal circumstances, greater dependence on food outside of home in urban communities contributes positively to dietary diversity. Yet, in context of the COVID-19 crisis and the subsequent mobility restrictions, these market-reliant LE hosts have been exposed to larger economic shocks, which have posed threats in turn to food security.

LOW EXPOSURE HOSTS FACED LARGER WORK AND INCOME SHOCKS, WHICH TRANSLATED INTO GREATER DIFFICULTY IN FOOD ACCESS DURING THE COVID-19 LOCKDOWNS.

50 percent of low exposure hosts said they were not able to purchase basic needs in the 7 days prior to the follow-up survey⁷ as opposed to 34 percent of high exposure hosts. Low exposure hosts were also more likely (63 percent) to have had to borrow money for buying food during this period than hosts in Ukhia and Teknaf (49 percent). This is in line with larger labor market shocks faced by the same, as elaborated in the previous brief in the series.

⁵ According to the 2011 census, high exposure areas (comprised of Ukhia and Teknaf upazilas) accounted for 62 percent of the rural population of Cox's Bazar, while low exposure areas (which include Cox's Bazar Sadar) accounted for 48 percent of this rural population. Within the CBPS sample, 92 percent of the households in high exposure areas are rural whereas in low exposure areas, 82 percent of the households are in rural areas.

⁶ Food away from home is not accurately measured by the standard consumption module used by the HIES and the CBPS and it is believed that this gap in measurement contributes to the rural-urban divide in consumption patterns observed assuming that there is higher consumption of food away from home in more urbanized areas.

⁷ The CBPS high-frequency follow-ups Round 1 was conducted between April-May, 2020.

Higher difficulties in basic food access in Cox’s Bazar among relatively more urbanized communities have therefore evidently been driven by (i) greater labor market disruptions and losses in purchasing power;⁸ and (ii) limited scope for reliance for self-production and con-

sumption of basic foods paired with high reliance on market purchase of food. The implications of this finding for food security cannot be directly measured through phone surveys at this time.

A SMALL SEGMENT OF THE HOST COMMUNITY REPORTED RECEIVING ASSISTANCE, LARGELY FROM THE GOVERNMENT AND IN THE FORM OF BASIC FOOD.

15 percent of the hosts reported receiving some form of assistance since March 1; three fourth of this assistance was newly received i.e. not part of previously running programs. In line with CBPS baseline findings, more than 90 percent of this assistance came from the government. High exposure hosts were marginally more likely to receive assistance from NGOs than low exposure hosts. 75 percent of the assistance received was through distribution of food and other basic needs, 22 percent through work or jobs programs where in-kind basic needs assistance was provided and 3 percent received cash transfers. A source of the NGO assistance is WFP, they started a district-wide support program for vulnerable hosts due to COVID-19. This support includes in-kind food transfers and cash transfers.

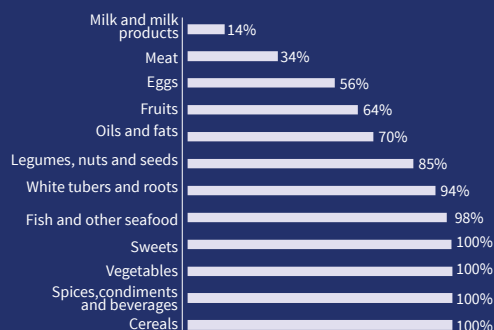
RECENTLY DISPLACED ROHINGYA NUTRITION AND DIETARY DIVERSITY WERE MAIN PRE-COVID CONCERNS FOR THE CAMP POPULATION LIVING UNDER UNIVERSAL FOOD AID COVERAGE.

Despite higher than adequate calorie intake per capita, at baseline (March-August 2019), more than 90 percent of Rohingya households in camps reported not being able to either consume their preferred foods or having to consume a limited variety of foods due to lack of resources, which is consistent with their high dependence on the limited variety of foods received through aid.

This could be explained by two factors: i) households in camps are overwhelmingly dependent on food aid⁹, which is able to only provide a more limited basket of food, particularly at the time of the

baseline survey¹⁰ ii) the produce available in Cox’s Bazar may be different from what the Rohingya consumed in Myanmar leading to dissatisfaction regarding access to preferred foods.

Figure 3: Access to different food groups in camps, share of households in camps, CBPS baseline



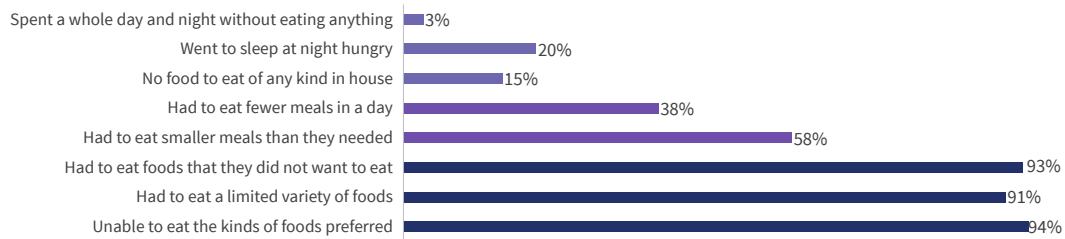
⁸ Cox’s Bazar Panel Survey: Rapid Follow-up Brief: Impacts of COVID-19 on Work and Wages in Cox’s Bazar, Poverty and Equity GP, World Bank.

⁹ CBPS Brief V: Food consumption and access for the Host and Rohingya populations in Cox’s Bazar

¹⁰ The CBPS was conducted between March-August 2019. According to the UNHCR-WFP Joint Assessment Mission (JAM) Report 2019, as of March 2019, about 65 percent of the refugee population was receiving their food entitlements through in-kind modality which consists of rice, lentils and oil only but providing the daily requirement of 2,100 kcal per person per day. 21 percent of the population received complementary food vouchers in addition to in-kind provided by a range of food security partners which added vegetables, eggs, fish and spices to the basket for targeted vulnerable households.

MAJOR INITIATIVES TAKEN BY THE HUMANITARIAN RESPONSE TO ADDRESS GAPS IN DIETARY DIVERSITY AND NUTRITION HAVE BEEN STALLED DUE TO COVID 19.

Figure 4: % of camp households reporting adopting of food-coping strategies in the 4 weeks preceding the interview, CBPS baseline



The transition to WFP’s SCOPE value-voucher modality, which allows for more dietary diversity (20 items: 12 fixed, 8 flexible) was underway during the CBPS baseline survey period. By March 2020, right before the government lockdowns were initiated, 72 percent of the population had transitioned to value-voucher modality. In addition, WFP, in collaboration with Relief International had also piloted a farmer’s market in select camps to provide greater access to a variety of foods while also allowing small host-community farmers to sell their produce in camps as an extension of the aid delivery system. From 26 March onwards however, accessory operations such as farmers’ markets were halted, and camps shifted to an essential operation only modality with all camp residents now reverting to receiving commodity voucher: a fixed food basket with consideration to broad food preferences and nutritional value.

THE SHIFT IN MODALITY HAS LED TO PERCEIVED REDUCTION OF FOOD ASSISTANCE IN RESPONSE TO THE COVID-19 PANDEMIC.

96 percent of camp households reported getting food assistance from WFP in March 2020 but more than half of them reported receiving “less food” than usual. This perception of less food than before is possibly driven by the shift of modality, where a fixed basket of food seems more restrictive despite containing the same total monetary and caloric value of food entitlement received in the value-voucher modality which provides more flexibility in basket composition.

Despite restrictions in the modality of food assistance delivery, there is evidence of strengthened delivery of WASH services to mitigate the potential spread of the Coronavirus. Hygiene and sanitation assistance mechanisms have

clearly been enhanced in camps in response to the crisis with 13 percent of households reporting receiving more services than usual.

Figure 5: Assistance received by camp households in March-April 2020, and perceived amounts received in comparison to pre-COVID 19 periods

