A photograph showing a healthcare worker in a white lab coat and blue cap administering a vaccine to a baby. The baby is being held by a woman wearing a patterned headscarf. The scene is set in a clinical or community health center environment.

**RAPID ASSESSMENT  
FINDINGS ON  
COVID 19 EFFECTS  
ON URBAN HEALTH**

## Summary

*“There is no scope to stop thinking and planning about Communicable Diseases Inspite of Epidemiological Transition”*

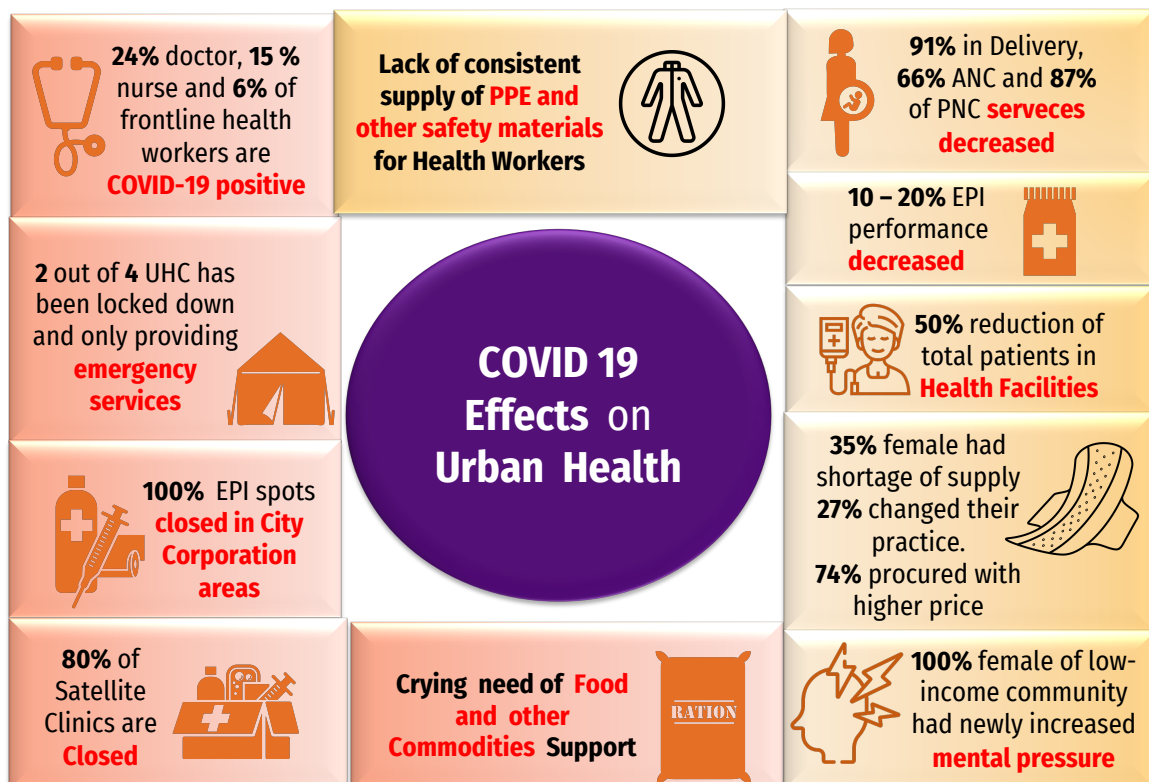
*..... WHO representative in Bangladesh*

*Since the initial outbreak of COVID-19 in Bangladesh earlier this March, Bangladesh is at an economic and social standstill due to the government imposed nation-wide lockdown. Although every sector of the country is facing problems, the health sector is currently among the most affected sectors. The Health Access and Linkage Opportunities for Workers Plus (HALOW+) is directly related to the health sector and is responsible for maintaining the overall health and safety of the people/areas under its intervention. To assess the current situation of the RMG workers of 17 factories and their respective communities under HALOW+ in this pandemic crisis, a small-scale survey study was conducted from 23rd-26th April, 2020. A total of 141 participants from both Community Support Groups (CSG), Urban Low-income people including RMG Workers, Ward Health Development Committee and GO – NGO Coordination Forum, District Managers of Public, Private and NGO health and Family Planning department, Public Health Specialist from UN bodies, INGO and Academic institutes and RMG Factory owner and senior management were interviewed with a standardized questionnaire. The study revealed that COVID-19 had a significant impact on the overall health system as a total of 322 health workers out of 516 in Gazipur are currently in home/institutional quarantine, telemedicine facilities have dropped to 80% and there's a 50% reduction in total patient reported in Upazila Health Complexes (UHC)-reasons being absence of doctors and proper medical facilities. Participants also mentioned to have difficulties in their family lives, personal nutrition and hygiene maintenance, such as- 55% reported to have familial issues due to joblessness of them/their spouses, 58% reported of*

*Being deprived of basic human needs as- food, education, income etc. 55% reported their food intake has decreased, they take less protein-rich foods and more leafy foods. 71% of pregnant participants mentioned they have missed their regular ANC check-ups due to unavailability of health services and local transportation facilities. 70% of female participants faced familial issues, 35% participants have reported to have been physically abused by their husbands due to economic instability and all of them reported to have psychological/mental pressures increase during lockdown. To prevent the spread of disease, 88% the low-income population maintain handwashing, 58% maintain social distancing and 48% maintain other healthy habits as cleanliness, vitamin-c intake, nutritious food, fresh juice, fruit intake etc. 77% have stored helpline numbers, 59% have stored essential medicines and 21% have set aside some money as preventative measures in case of an emergency. Of the target population 48% can identify three main COVID-19 symptoms (out of them 59% are female), 11% can name the two main ways of transmission (out of them 80% are females). 94% of them responded they would separate a person with COVID-19 symptoms, 47% would take the person to doctor/hospital and 28% of them would call the IEDCR. 65% of them know the name of the hospitals in their locality assigned for COVID-19 cases. Both collective and individual initiatives are being taken to increase humanitarian (i.e. aid) and social awareness activities at community levels to fight COVID-19. CSG members and members of GO-NGO platforms are announcing for staying home, establishing hand washing system, marking social distance maintaining spot at markets and shopping*

Places, prepare list of families who are in the most need for relief, distribution of food, soap, mask, and gloves, spraying disinfectant. Although 86% participants have not received any relief/support, they mentioned cash support and food delivery through close-proximity points to be more effective as relief/support items than safety-materials. The community people, health professionals, management staff and factory owners anticipate long-term impacts of COVID-19 on their communities/factories, such as: economic crisis, limited livelihood opportunities, food crisis, increase social crime, family disharmony. Increased number of communicable diseases among children, increased unwanted pregnancy, increased morbidity and mortality of maternal and child health, increased morbidity/burden of non-communicable diseases, increased out pocket health expenditure and crisis on capacity building and skilled health professional's crisis in overall

health systems. Some future measures of interventions have also been proposed based on the study. These include: Ensuring food and cash support for the urban low-income communities for a certain period, Interactive awareness raising activities on Risk Messaging for community people, Ensuring consistent supplies of safety materials for the low-income communities, consistent supplies of protective gears for all level of Health Service providers, support public health system for functioning of primary health care services, engaging community for refunctioning of EPI and satellite session through arranging space and maintaining social distance, strengthening capacity of frontline health workers and community on prevention and community-based management of Communicable diseases and mental health, strengthening coordination system among GO-NGO -private sectors for better primary health care and referral services.





*“The Community support Group started the Hand Wash Program at home. I did not understand the necessity of this initiative before. Following my children, I have also developed the habit of washing hands regularly. Thanks to the Community Support Group for helping and supporting everyone in the community to get their hands washed. This practice of washing hands is very effective to prevent Corona Virus outbreak.”*

*Lipi Khatun , Ward no. 12, Baimail,  
Gazipur.*

## **INTRODUCTION**

The COVID-19 pandemic was confirmed to have spread to Bangladesh on March 2020. Infections stayed low till the end of March but saw a steep rise in April. In the week ending 11 April, new cases in Bangladesh grew to a percentage highest in Asia. As of 9 May 2020, there are a total of 13,770 confirmed cases besides 2,414 recovered & 214 deaths in the country. Government increased its lockdown to 16th of May, likely to increase further. The impact of lock down has started to manifest multi-faceted problems from health care to job losses, increased gender-based violence and hunger; and this has started to hard hit the most marginalized and poorer families; women and girls bear the hardest burden in a highly gendered society like Bangladesh. With these factors, the situation, especially, is more hazardous in highly dense urban communities where 74.6% of population are using a single room with three or more adults and children for living. This living condition has potential to aggravate contagious disease spreading. Midst of COVID19 crisis, lack of awareness on safety aspects, social distancing, and lack of access to sanitizers among poorer families has been a tragic reality. In addition, closure of ready-made garments factories, job loss, and unavailability of wage have started to hard hit daily wage earners. Since the factories have reopened on 26th April, garments workers are exposed to the COVID19. As this huge number of people are living with high risk exposure and CARE Bangladesh has been working for the betterment of urban marginalised people, have conducted this Rapid Assessment Findings on COVID 19 Effects on Urban Health.

## **OBJECTIVE**

The objective is background assessment of urban low income community people during this emergency situation. The assessment was to get an impression on the coping mechanism of general people regarding the emerging pandemic and to have an idea on impact of COVID19 and its long-term consequences on urban health issues for COVID-19. This study will help us to identify the area of emergency response need & requirement, to explore future working scope or working area considering this public health crisis

## **METHODOLOGY**

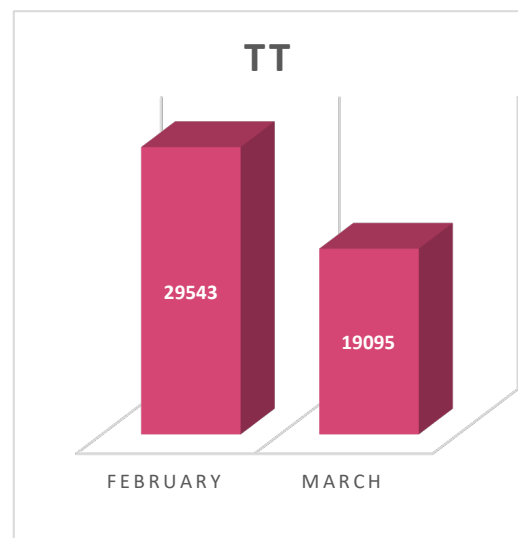
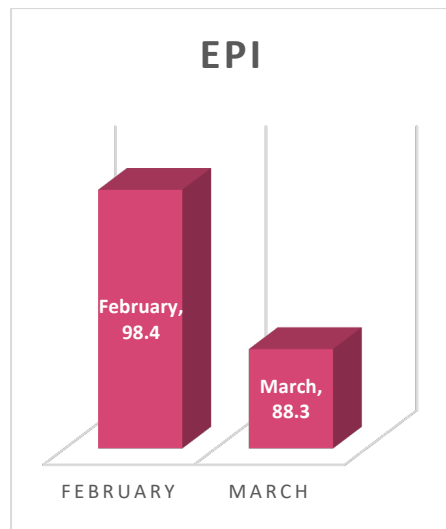
The study has employed both quantitative and qualitative methods to assess the COVID 19 impact on marginalized urban population under HALOW+. Data has been collected through the telephone interview and in-person interview with 141 respondents (female=80, male=61). The category of respondents include: Urban Low-income people including RMG Workers, Members from Community Support Group, Ward Health Development Committee and GO – NGO Coordination Forum, District Managers of Public, Private and NGO health and Family Planning department, Public Health Specialist from UN bodies, INGO and Academic institutes and RMG Factory owner and senior management. Respondents are biasly selected considering availability of mobile number and close location with CARE field staff. This assessment has done keeping in mind that the movements are restricted. Datas are collected between 23<sup>rd</sup> to 26<sup>th</sup> April. Location is Gazipur City Corporation, Savar and Valuka municipality. Household heads or persons were consulted to understand Health Human Resource and Structure, Health and Family Planning services, Supplies and Logistics in Health and Family System, Knowledge about COVID19, Practice for prevention, Struggles on Health, Hygiene and Nutrition, Difficulties in Livelihood, Myths about COVID19, Initiatives by Community group and Platform, Hardships at Community Level, Gender and Gender based violence, RMG Factory level, Relief or Support provided, Consequences of COVID19 pandemic situation.

# FINDINGS OF THE STUDY

## OVERALL HEALTH SYSTEM CONDITIONS

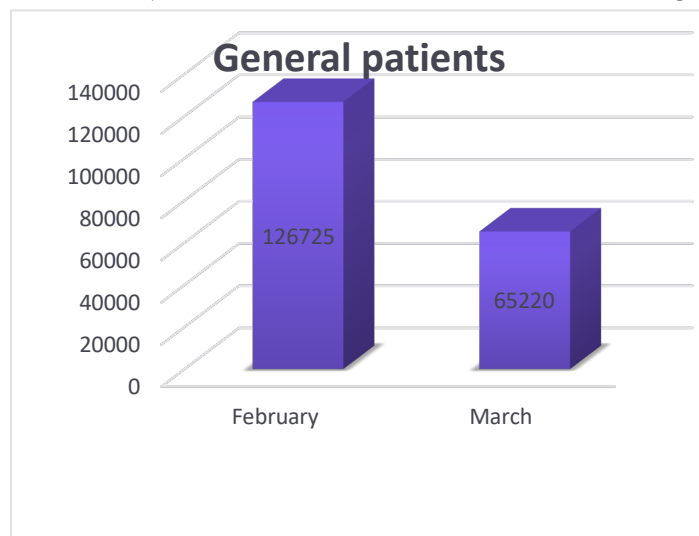
COVID-19 has had a massive impact on the overall health system in general, and on health and family planning services in particular, which is an integral part of CARE Bangladesh's Urban Health interventions.

Compared to February 2020, the study found a 10% reduction in EPI sessions, 35% reduction in TT vaccination services and in terms of family planning services, a whopping 91% drop in child delivery services, 66% and 87% reduction in Antenatal Care (ANC) and Postnatal Care (PNC) services respectively.

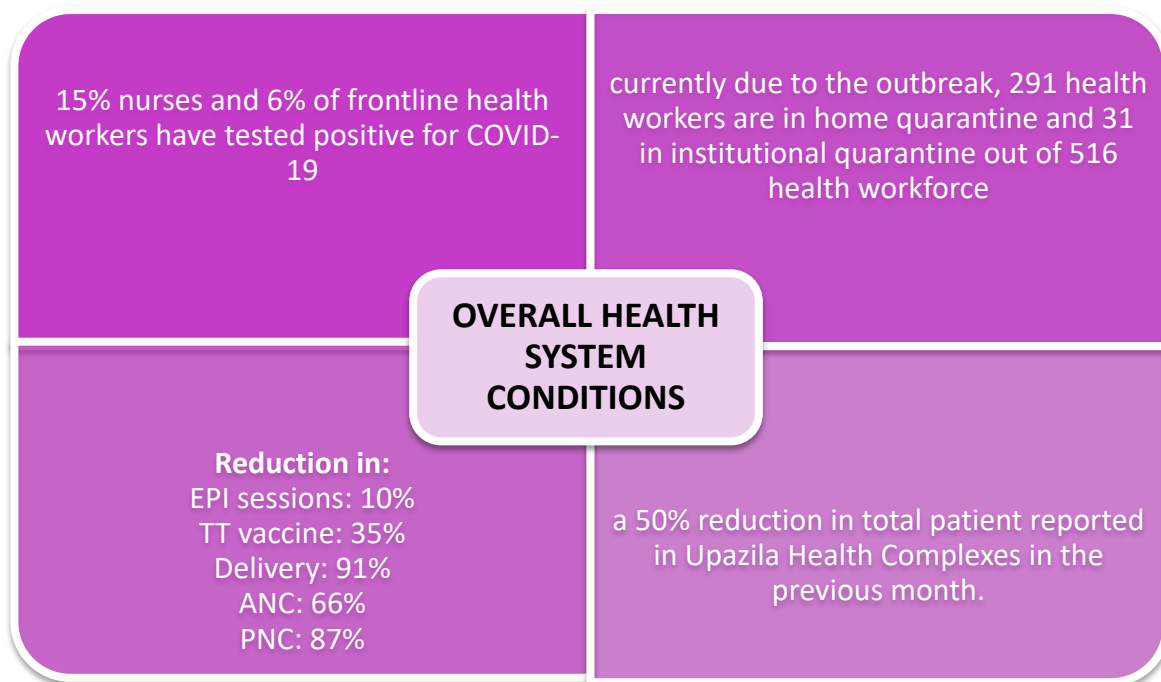


There are currently 4 Upazila Health Complexes (UHC) in Gazipur District out of which two UCHs have been locked-down due to COVID-19 pandemic crisis. The remaining two complexes are not providing routine services rather working as an emergency service. As a result, there was a 50% reduction in total patient reported in Upazila Health Complexes in the previous month.

Due to the unavailability of doctors/routine health services in the UHCs, patient flow has increased in Community Clinics, Family Welfare Centre, and Union Sub Centers, creating overload in health structures.



In Gazipur, 24% of the doctors, 15% nurses and 6% of frontline health workers have tested positive for COVID-19. The total number of health workers in Gazipur district is 516 but currently due to the outbreak, 291 health workers are in home quarantine and 31 in institutional quarantine. Which is causing a workforce shortage in the health system.



Family planning are also hampered as 80% Satellite Family Planning Clinics can no longer operate. The reason is that house/spot owners are not providing them any space/spot for sessions. Moreover, routine EPI sessions and household visits by FWAs in City Corporation areas have stopped as well.

33% of the interviewed population mentioned to have problems to get general health services from their previous health facility centers, such as: absent of doctors, hospitals asked to COVID test report, close of private clinics, lack of transportation.

Difficulties in health system due to COVID-19 is further aggravated by some technical and administrative issues such as- lack of systematic readiness, lack of consistent supplies of protective gears (PPE) for health service providers and human resource shortage for regular service continuation, reaching and delivering regular logistical support to field workers has become difficult due to lack of local transportation facilities.

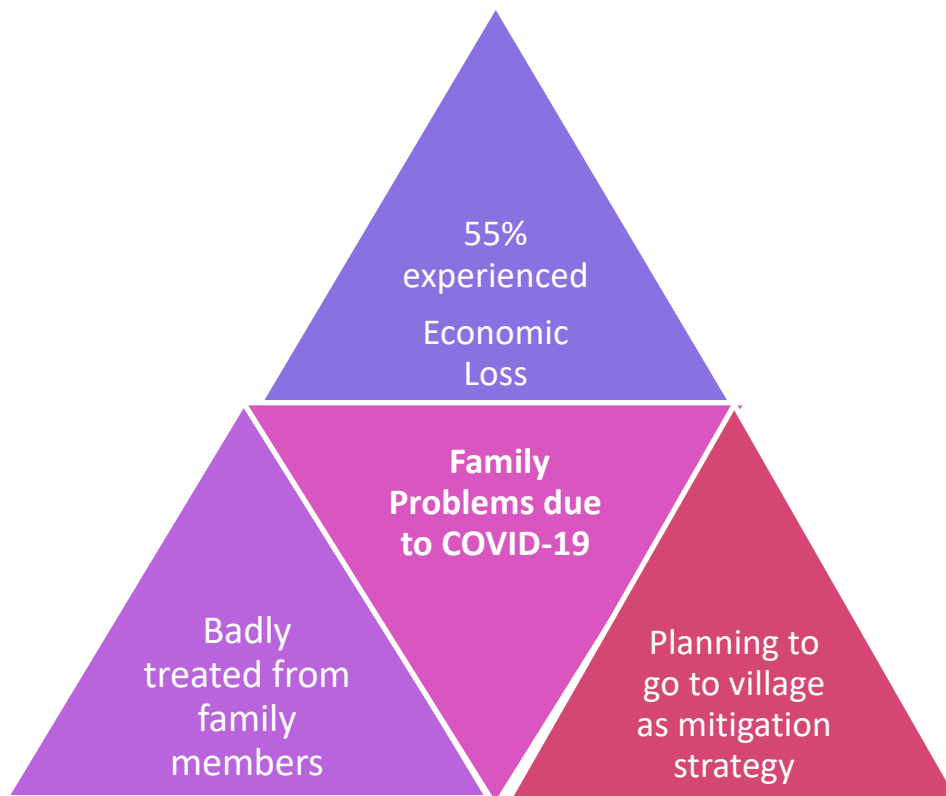
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## EFFECTS ON FAMILY LIFE

In the interview, the respondents were asked some standardized questions regarding COVID-19 effects on their lives, health and family. Among them, 86% respondents stated they faced more family problems than others. Other affected issues were food consumption, education, mental health and disturbances in family relations.

In answer to the question whether they faced any significant loss/damage, 55% respondents mentioned they faced economic loss as they had less income and no job due to the lockdown. Some mentioned to have lost their savings and facing ill treatment from their family members/problem in family relationships.

As a mitigation plan for current family loss, most of them are planning to go back to their native village and some are planning to reduce unnecessary expenses.



33% strongly believe that COVID-19 situation will be improved if we follow government-imposed health rules properly.

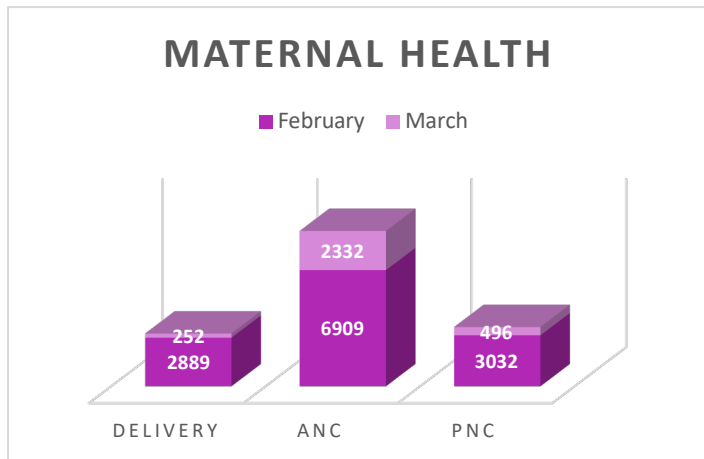
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## **STRUGGLES IN NUTRITIONAL NEEDS, PERSONAL HYGIENE AND HEALTH SERVICE ACCESSIBILITY**

In response to whether they had any changes in their dietary habits due to COVID-19 crisis, 55% mentioned they are now taking less amount of food, their leafy food intake has increased whereas protein-rich food as meat, fish, eggs, milk and other nutritious food intake has decrease.

58% of the respondents mentioned they feel deprived of the following basic needs due to the crisis: lack of food and other commodities due to increased price of goods and shortage in markets, lack of medicine due to increased price and shortage in pharmacies, children's education being hampered as schools remain closed, many have not received salary as the workplace is shutdown, many haven't received any support/relief from government and other sources yet.



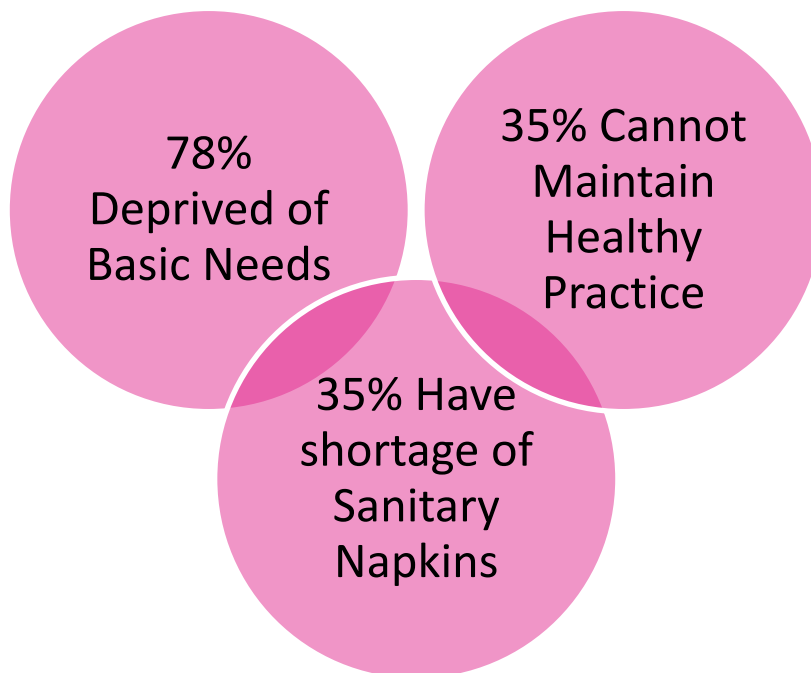


Women's health is serious concern in the pandemic. 71% respondents who were pregnant reported that they had missed their routine ANC check-ups as the health facilities were closed, there were no transportation facilities to help them arrive at those facilities and some responded that they didn't have enough money to continue ANC check-ups.

78% pregnant female respondents mentioned they had made changes in their

dietary habits, such as: less food intake than before, avoiding/can't afford nutritional foods, lack of medicine intake due to iron and folic acid tablet shortage.

Among all the respondents' having eligible child for vaccination, 20% missed last month vaccination because of closed EPI sessions.



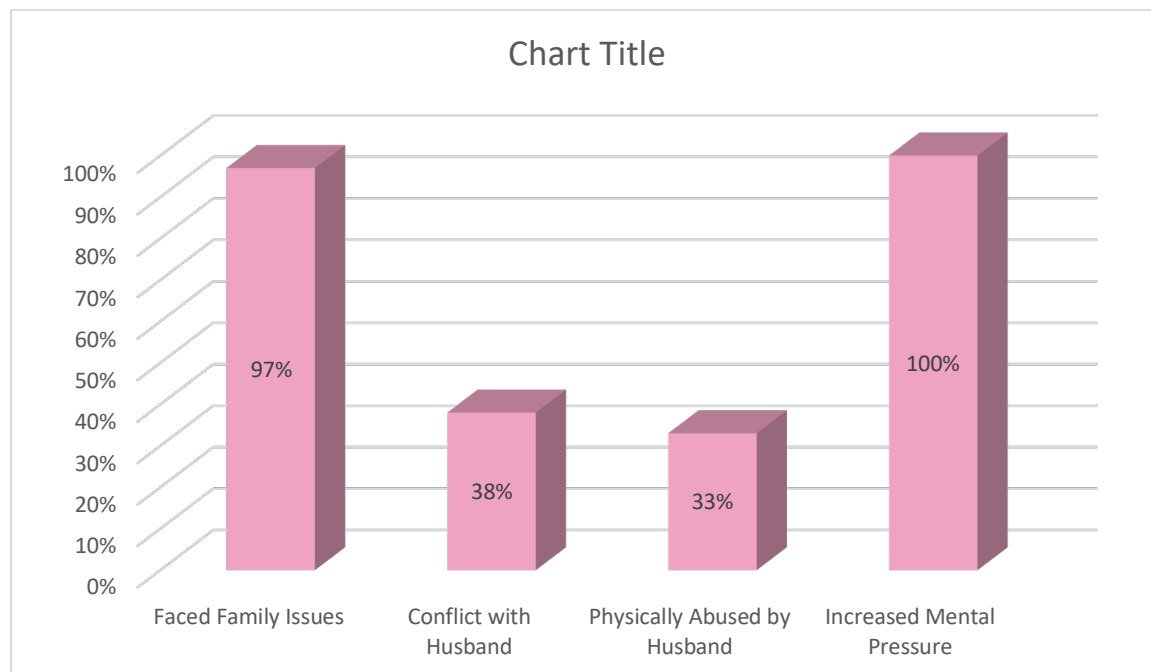
When asked whether they face problems in maintaining their menstrual/personal hygiene, 35% female respondents mentioned they faced sanitary napkin shortage, 27% females started using clothes instead of sanitary napkins, and 74% have to buy sanitary napkins from stores at a higher price (which was available at a lower price in the factories).

35% of all the respondents mentioned they faced problems in maintaining healthy practices against the viral infection due to: using a single/common toilet, sharing a single room with many people, shortage in supplies of hand sanitizers, masks and gloves.

41% fear of getting infected with COVID-19 as they are living in slums and congested areas.

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## GENDER AND GENDER BASED VIOLENCE



Women in households are facing gender-based problems due to the lockdown situation. Total 67 female participants were asked whether they faced any problems in their personal/family life due to COVID-19 crisis. Out of which, 97% respondents mentioned they faced personal/familial issues.

38% mentioned they had developed conflict with their husbands, 33% complained about being physically abused by their husbands.

All of them (100%) mentioned they are having increased mental pressure since their husbands became jobless, their families facing financial crisis and are simply panicked due to the pandemic. 23% mentioned increased concerns for robbery/crime and theft in neighborhood.

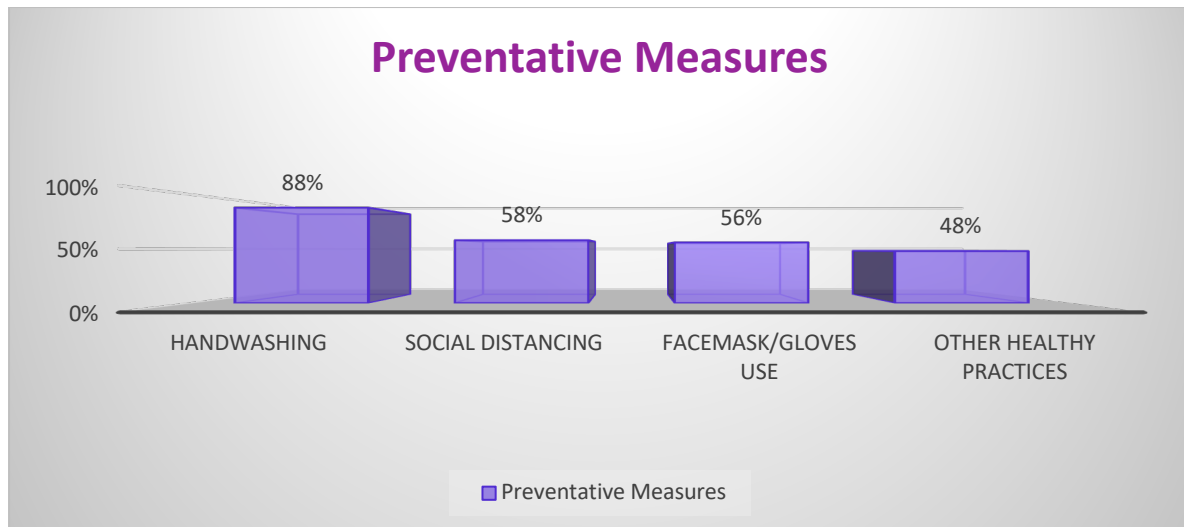
On the other hand, 64% mentioned they faced problems only for being a woman whereas 29% mentioned their husbands were more caring towards them.

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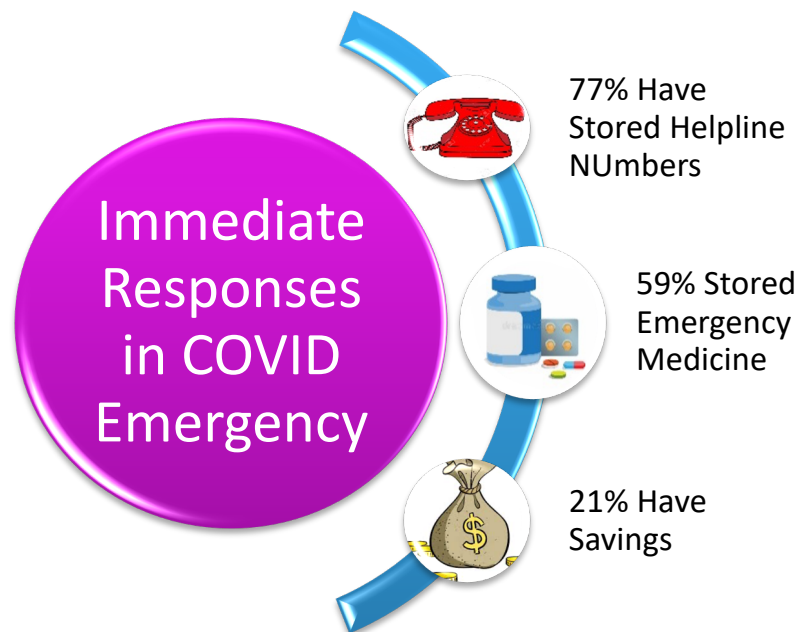
## PREVENTATIVE MEASURES BY COMMUNITY PEOPLE

The respondents of the study were asked what preventative/health-care measures they had taken to combat the COVID-19 infection.

Out of them, 88% mentioned that they are washing their hands frequently, 58% are maintaining social distance, 56% use face masks/gloves when they need to go outside and 48% mentioned to continue other healthy practices such as: home cleanliness, always staying at home, drinking hot water, avoiding crowd.



Some respondents mentioned increased positive dietary habits, such as: taking boiled food, increased water intake, increase in fruit juices, fresh fruits and other nutritious food consumptions and taking Vitamin-C enriched foods as prevention measures.



The participants were asked about their COVID-19 preventative measures in an emergency situation. 77% responded that they have stored the helpline number in case of an emergency, 59% have stored emergency essential medicine and 21% have set-aside some money in case of an emergency.

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## **KNOWLEDGE VS MYTH**

### **KNOWLEDGE ABOUT COVID-19**

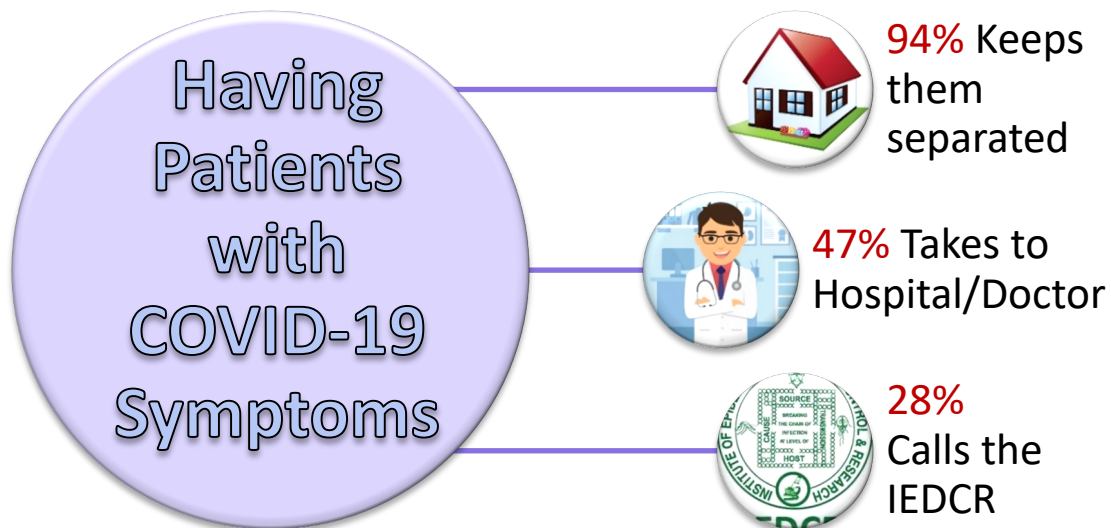
- **82% mentioned Television as their main source and 21% mentioned Community Volunteers as their information source on COVID-19.**
- **41% can identify key COVID-19 symptoms- fever, cough and breathlessness (among those having correct answers, 59% are females)**
- **65% of them know the name of the hospitals in their locality assigned for COVID-19 cases.**
- **11% know the two main ways of transmission- sneezing and nasal droplets (among those having correct answers, 80% are females).**

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The study aimed to gauge the current level of understanding among the impact population regarding COVID-19. For this purpose, participants were asked some standardized questions, i.e. do they know the symptoms and means of transmission of COVID-19, from where do they receive COVID-19 information etcetera. The participants were also asked if they had heard any misconceptions/rumors/myths regarding COVID-19.

41% can identify key COVID-19 symptoms- fever, cough and breathlessness (among those having correct answers, 59% are females). 11% know the two main ways of transmission- sneezing and nasal droplets (among those having correct answers, 80% are females). 65% of them know the name of the hospitals in their locality assigned for COVID-19 cases.

Upon knowing about any person having COVID-19 symptoms in the community, 94% of the respondents mentioned to keep the infected person separated, 47% to take the infected person to a doctor and 28% stated that they would call the IEDCR.



When asked where they get their information regarding COVID-19 disease and transmission, 82% mentioned Television as their main source and 21% mentioned Community Volunteers as their information source on COVID-19.

When asked if they heard any rumors/misconceptions/myths about COVID-19, participants responded to have heard the following myths:

Eating Broiler Chicken and Tilapia fish causes COVID 19, eating Black Cumin, Thankuni Pata, Sour food, Ginger with hot water, drinking Honey, Mustard oil can cure COVID 19, and Fever means you have COVID-19, weather conditions of Bangladesh make COVID-19 spread less risky, "It is a God's way of punishment! Those who are sinners will have this disease, it is better to separate them or expel them from the society".

## MYTHS ABOUT COVID-19

- Eating Broiler Chicken and Tilapia fish causes COVID 19
- Eating Black Cumin, Thankuni Pata, Sour food, Ginger with hot water, drinking Honey, Mustard oil can cure COVID 19
- Fever means you have COVID-19
- Weather conditions of Bangladesh make COVID-19 spread less risky
- "It is a God's way of punishment! Those who are sinners will have this disease, it is better to separate them or expel them from the society".

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## INITIATIVES BY COMMUNITY PEOPLE

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Community people and Community Support Group members have taken different initiatives like announcing, providing protective equipment and creating awareness.

To understand the current situation of District and community level interventions against COVID-19 crisis, members from Community Support Group (CSG), Ward Health Development Committee (WHDC) and GO – NGO Coordination Forum and District Managers of Public, Private and NGO Health and Family Planning departments were also interviewed.

They were asked a set of standardized questions about their respective activities in crisis mitigation, what challenges they're facing in implementing the initiatives and their

anticipated consequences of COVID-19 in their areas/communities.

In response, they mentioned that both collective and individual initiatives are being taken to increase humanitarian (i.e. aid) and social awareness activities at community levels.

Community Support Group members are continuously keeping communication with respective Ward Councilors for food and relief support for their community and are helping to maintain social distance during distribution.

Some other community-level common initiatives by the community people/groups/platforms include: announcing for staying home, establishing hand washing system, marking social distance maintaining spot at markets and shopping places, prepare list of families who are in the most need for relief, distribution of food, soap, mask, and gloves, spraying disinfectant.

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## HARDSHIPS AT COMMUNITY LEVEL



The members of the community groups and platforms mentioned some of the challenges in implementing the desired interventions. Some of challenges mentioned are:

- Most people don't want to stay home as they live in small spaces (usually a single room) and they fear to get infected by other members
- Most of them are day-laborers who fear they will get infected if they go outside to work,
- People don't have cash money and are expecting cash and food support rather than washing campaigns/safety material delivery,
- Shortage in baby food in the markets has become a concern for many and due to proper arrangements,
- It is difficult for them to maintain social distance at marketplaces.

Lastly, people have become restless and they don't try to understand the impact of COVID-19 and thus are reluctant to maintain healthy practices and social distance.

## RELIEF/SUPPORT ASSESSMENT

To gauge the impact of relief/support interventions at community levels, the study asked respondents whether they received their required relief/support, where did they receive it from and what items do they need as their relief/support.



Out of them, 86% mentioned to not have received any relief/support yet, 66% who received support mentioned HALOW+ as source of their support and some respondents mentioned local political leader as their source of support.

### Relief Support Assessment at a Glance

86% didn't receive  
any support yet

Food, cash, hand-  
sanitizers, masks and  
gloves have been  
more helpful

Many prefer Cash  
Relief over products  
relief

On asking what kind of relief/support they got, respondents replied to have food, puffed rice, cash, mask, hand gloves, soap, Horlicks as their relief/support items. They mentioned food, cash and other basic-needs commodities to be very essential as immediate support items for them in this crisis. They also mentioned home delivery of items or distribution from close proximity, Bkash for money-transfer as convenient mediums to receive relief/support items.



# ANTICIPATED FUTURE CONSEQUENCES of COVID-19 at COMMUNITY

LIMITED  
LIVELIHOOD  
OPPORTUNITIES

INCREASED  
FOOD CRISIS  
& SOCIAL  
CRIME

INCREASED  
NUMBER  
OF  
COMMUNICABLE  
DISEASES  
AMONG  
CHILDREN,  
UNWANTED  
PREGNANCY,  
HIGH  
MORBIDITY  
AND  
MORTALITY  
OF  
MATERNAL  
AND  
CHILD  
HEALTH

LONG TERM EFFECT  
ON HEALTH SYSTEM

To pre-assess the socio-economic impact of COVID-19 on the target population and areas, the study also collected views of the participants regarding the future consequences of the pandemic. Almost all the participants of community-levels have anticipated economic crisis as the main consequences of the pandemic. Other consequences mentioned by them include limited livelihood opportunities, food crisis, increase social crime, family disharmony. Health professionals are anticipating increased number of communicable diseases among children, increased unwanted pregnancy, increased morbidity and mortality of maternal and child health, increased morbidity/burden of non-communicable diseases, increased health expenditure as significant consequences of COVID 19.

They also maintained that Health system will face sustained crisis on capacity building and skilled health professional's crisis is an estimated long-term effect of this situation. Increased poverty and malnutrition are common anticipation by community and health professionals.



## ANTICIPATED FUTURE CHALLENGES FOR RMG SECTOR

Economic Loss,  
Difficulty in maintaining social distance inside the factory through infrastructure change, Arranging large-scale awareness raising activities for the workers, Ensuring regular health check-up, Regular COVID-19 testing, Ensuring transport support for large number of staff.

Since HALOW+ project's area of scope is comprised of RMG sector and communities of people working in RMG sectors, the study included factory owners and senior management staff to assess their views/anticipation regarding the current and future conditions of the RMG sector:

More than 90% RMG factory and 100% of HALOW+ intervention factories were closed during data collection period; therefore, the interviews were collected via phone calls.

Some future challenges addressed by the interviewees include: difficulty in maintaining social distance inside the factory through infrastructure change, arranging large-scale awareness raising activities for the workers, ensuring regular health check-up, regular COVID-19 testing, ensuring transport support for large number of staff.

They also mentioned anticipated economic loss due to cancellation of order, delay for getting new order, reduction in workers and management workforce.

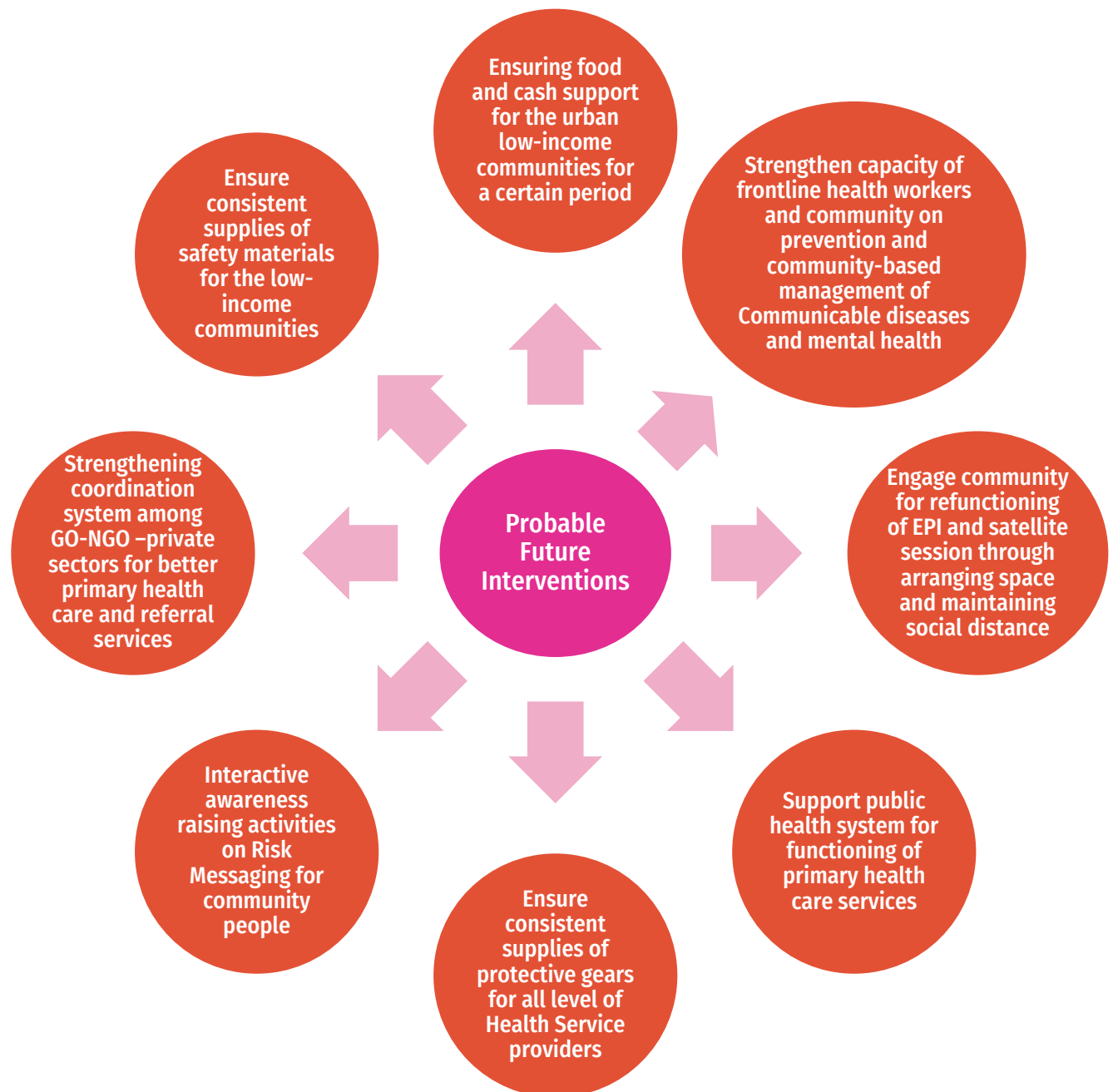
According to the senior management staff and owners of the factories interviewed, technical support from various health organizations and financial incentive will be more effective for smooth functioning of this sector.

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## SCOPE OF WORK: PROBABLE FUTURE INTERVENTIONS

As the data of this survey-study points out, there are some major areas of interventions still untouched or unidentified. As this is a novel viral-infectious disease and has no permanent solution yet, planning future interventions of control is a must.

In light of the current study, following are some suggested points for future intervention:



## COVID 19 effect survey questionnaire

### A. Impact Population

Knowledge:

1. Can you tell us the symptoms of COVID 19?
2. Can you tell us about the transmission of COVID 19?
3. What is the source of your knowledge about COVID-19/its transmission?
4. What should you do if someone gets symptoms/affected?
5. Can you tell the names of the hospitals/health facilities where treatment is being provided for COVID 19 in your locality?
6. What are the common misconceptions/ taboo/superstition related with COVID 19 in your locality?

Practice:

1. What measures have you taken during health emergency in this situation?
  - Store essential medicine
  - Collect helpline numbers
  - Collect information about local authority
  - Having health budget
  - Others\_\_\_\_\_
2. What are the measures you are taking to prevent corona?
3. What are the healthy practices you are maintaining to fight with this COVID 19?
4. Do you face any problem in maintaining healthy practices in this situation? If any, what is that?
5. Is there any change in your regular diet? If any what is that?
6. Did you face any problem to take services for general health from where you have taken before?
7. Is there any change in your personal hygiene? What is that and why is that?

For women:

1. Did you get your required supply of sanitary napkins during outbreak? Is there any change in your menstrual care due to COVID 19?
2. Did you face any problem in this situation only for being a woman?

For married women:

1. Are you currently using any family planning methods? Is there any problem or change due to COVID?

For married women and having children:

1. Did you miss any vaccine for your children during COVID-19 Outbreak? If yes, why?

For pregnant women

1. Did you get any ANC checkup during COVID out break? If no, why? Is there any change in ANC service taking?
2. Is there any change like food taking, service taking due to COVID 19?

Others:

1. Prioritize their basic needs that they are being deprived of due to lockdown.
2. How has the lock down/ COVID 19 situation affected your family?
3. Did your family face any damage or loss in this situation?
4. Do you have plan to cope up this situation?
5. What is your consensus about Covid-19/Is there anything you want to share with us?

## **B. Groups / Platforms**

1. What CSG/WHDC/GO- NGO Coordination forum is doing during this situation?
2. What are the common hardships for performing CSG/WHDC/GO- NGO Coordination activities?
3. What are the consequences are anticipating due to COVID 19 in your community/area?
4. Does the CSG/WHDC/GO- NGO Coordination has any plan or thoughts for addressing these consequences?
5. What kinds of support the CSG/WHDC/GO- NGO Coordination need for implement the plan or thoughts?

### **C. Health and Family Planning Department**

1. What are the changes in operation modality for ensuring maternal, child health and family services? If any, what is that?
2. What are the significant hardships for ensuring services routine primary health care services?
3. Mention some of the effects on the ongoing systems related with HR, logistics, supplies etc.
4. What are the long-term consequences you are anticipating in health system due to COVID 19?
5. What would be your recommendation or thoughts for addressing the consequences?

### **D. Public Health Professionals**

1. According to your knowledge & experience, what were the key factors for rapid spreading of COVID -19 Pandemic in Bangladesh?
2. What could be the important health crisis/issues during and post COVID period?
3. What are the long-term consequences you are anticipating in health system due to COVID 19?
4. What would be your recommendation or thoughts for addressing the consequences?

### **E. Factory Management or owner**

1. How many days your factory was closed due to COVID-19 Pandemic?
2. How many of your worker or staff suffered by COVID-19?
3. Did you face any difficulty in taking preventive measure for COVID-19? If yes, please mention.
4. Did you face any massive turnover due to it?
5. What do you think will be the challenges on workers' health issue after COVID -19 outbreak period?
6. Do you think, your factory is capable enough to overcome those issues?
  - a. If no, what support will you need further to address them?
  - b. Who will be supportive for you? – Govt./Donor/Local authority/private organization/other

### **F. COVID response/support/relief**

1. Did you get any support yet? Yes/No. If yes, mention the source and goods/cash received?
2. Was it useful for you? If yes, why? If no, why?
3. Is there anything that you need essentially but not received yet from any sources. Even you could not buy.

4. In your perception what are the most significant supports/goods/materials are essential for you and your community?

5. What is the most convenient way to get/ receive support considering this critical situation (when people are asking to stay at home and maintaining social distance)?

### **G. Gender Findings**

1. Due to COVID outbreak is there any problem in your personal/ family life? If any what is that?

2. Do you face any violence toward you?

3. Did you face any problem in this situation only for being a woman which you did not face previously?

4. If the answer is Yes then what you did take any measures to prevent it?

5. Are you facing any security crisis due this lockdown situation?

6. As being women to maintain the family, do you face any extra burden or problem? (Only for female headed household)