

Blue Gold Program
Report on the COVID-19 Survey in BGP Polders
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Introduction

The Blue Gold Program (BGP), implemented from 2013 to end 2021, aimed at improving the livelihoods in 22 coastal polders in Khulna, Satkhira and Patuakhali by rehabilitating water infrastructure as well as supporting Water Management Organisations (WMGs). This was complemented by enhancing agricultural development in order to benefit from the increased opportunities facilitated by improved water management. Inclusive development was strived for from the start of BGP, with a special focus on including poor households (through enhancing homestead production) and on women (through gender equality and women's empowerment). Towards the end of BGP there was increasing evidence that both poverty was reduced (due to increasing agricultural production of field crops and from homesteads) and women were more empowered. The latter was demonstrated in various ways, such as (i) economic empowerment through increased knowledge, increased access to inputs and markets, increased production and income; (ii) more confidence, joint decision-making and respect within the family and community, including increased social networks; and (iii) more women in leadership positions, in particular as WMG leaders. Though not explicitly targeted, also (some) reduction of domestic violence was reported.

The year 2020 brought two major disasters that impacted BGP beneficiaries, negating some achievements of the preceding period of BGP supported development: the COVID-19 pandemic, which continues to be a threat; and the Cyclone Amphan, which hit several polders on May 20 and 21. Most impact of COVID-19 is related to the drastic measures that were imposed by the government in March 2020 to minimize infections by the virus. These measures included a lockdown, urging people to stay home and maintain social distancing. It meant that almost all transport was stopped and businesses, markets and educational institutions were closed. This had an immense impact on the communities in the BGP area as well as on individual persons. In order to get some insight in the impact of the Covid-19 pandemic, with a special focus on women, a rapid survey was devised; the interviews were conducted in August and September 2020. Though the survey did not aim to assess the impact of the Amphan cyclone, it was found that the cyclone had aggravated some of Covid-19's negative effects. This report summarizes the findings from that survey.

Objective and methodology

The objective of the survey was to identify the impact of Covid-19 Blue Gold polders particularly on women, but also as compared to men. The survey also meant to explore to which extent WMG members were differently affected by Covid-19 than non-WMG members. The survey aimed to address various areas of Covid-19 impact, with emphasis on those areas relevant to BGP's interventions and BGP's objectives, such as food security, poverty reduction and gender equality.

Because face-to-face interviews were not possible due to lockdown measures, the survey was conducted by telephone calls by BGP's gender coordinator. In total 15 women were interviewed, who were purposely selected as resource persons with good insight in social development issues within their communities. 12 of them were members of Water Management Groups (WMGs), either general members or members of Executive Committees; 3 women respondents were female members of Union Parishads, the lowest level of local government in Bangladesh.

Before the start of the survey a checklist of topics had been developed as a tool for the interviews with questions on 11 topics, with various sub-questions per topic, see Annex 1 at the end of this report. The respondents were asked to base their answers both on their personal situation as well as on what they observed within their communities. In case of a few topics, such as the impact of Covid-19 on production and incomes and on the impact of the Amphan cyclone, this report also uses some complementary information provided by Blue Gold zonal staff.

Findings

Below the findings are presented per topic as identified in the checklist for this survey.

1. Access to information to be prepared for Covid-19

Almost all respondents (14) said that the main sources of information on Covid-19 were the Union Parishads (UP), sources at the market and/or BGP staff; one respondent mentioned television as main source of information on Covid-19. Covid-19 information was often spread by 'miking' and/or verbally by market visitors. Information spread by BGP was usually through BGP's field staff, i.e. Community Development Facilitators (CDFs), who informed the WMG leaders, who in turn informed the WMG general members and other community members, sometimes also by miking. Most respondents said that women's access to information was less than men's access due to women's restricted mobility and their household responsibilities that kept them at home. 11 interviewees said that they received information on Covid-19 through a male family member, usually their husbands; 4 interviewees said they got the information by themselves.

Women leaders were often crucial in taking initiatives for enhancing awareness on Covid-19, especially emphasizing the importance of social distancing, mask wearing, and hand washing, sometimes also physically demonstrating proper hand washing (i.e. 20 seconds and using soap). Though also male WMG leaders took responsibility in enhancing awareness on covid-19 (even paying the costs for miking from their own pockets), women leaders more easily reached out to women community members. Where no women leaders were available to spread information and raise awareness, it was more difficult to reach out to women.

2. Sticking to Covid-19 measures

The general awareness on Covid-19 symptoms seemed good, especially coughing and fever were mentioned, including the importance of staying at home for those suffering from a fever. If someone was with fever, the other household members were concerned and were especially careful to take proper hygiene measures. Most interviewees (12) adhered to the three main measures of frequent hand washing, social distancing and mask wearing. Women often took the responsibility for the safety of their family members by monitoring that all household members were actually applying the measures. Especially elderly people, however, failed to take mask wearing seriously.

Women were crucial to ensure that soap was available, that householders members washed their hands and were wearing masks. More water was used, so more water had to be fetched. When households did not have an own tube well, the women had to go more often to the well to fetch water. Though mobility was reduced, people still were seeing and visiting some other people, but mainly neighbours or relatives in the near neighbourhood.

3. Unpaid care and domestic work

All respondents indicated that domestic and care work at home increased during Covid-19. A main reason was that male household members, especially husbands, stayed much more time at home than usual, because visiting markets was restricted and tea stalls were closed. While staying home, husbands made extra demands for tea and food at home; some respondents also mentioned the more

frequent demand for sex by men now they stayed home. Also children stayed more at home, because schools were closed. Women also had to do more cleaning and washing of clothes, because of the emphasis on hygiene.

Two thirds of the respondents had the opinion that the increase in domestic and care work rested only on the shoulders of the women; one third observed that it was shared -though usually only a little- and only with daughters, who were now at home instead of in school. Even though husbands and sons were also more often at home, the respondents did not observe an increase in uptake of domestic tasks by male household members.

4. Production and income

All respondents agreed that farming, both of field crops and at homesteads, and including marketing, were highly affected by the Covid-19 measures. Because shops were closed, it was more difficult to get agricultural inputs, such as seeds. Marketing was affected for several reasons: people did not go easily to markets, transport was restricted, there were less traders around, and shops and market stalls were often closed. For women it was more difficult to sell produce, such as eggs and vegetables, from their homesteads, as less traders came to buy at 'farm gate', whereas also the prices were low; for women it was also more difficult to physically go to the market than for men. Also the sales of field crops, such as water melon and vegetables, was affected. The prices for fish (from fish *ghers*) dropped as export had discontinued. In addition to the Covid-19 measured, the Amphan cyclone of 20/21 May 2020 caused damage to crops in various Blue Gold polders by heavy rain, water logging and/or flooding, causing lower yields and an extra reduction in sales.

Initially it was also difficult for farmers with field crops to get wage labour, because people were worried to go outside to do labour; they rather preferred to stay at home. Over time, however, the need for income made that the willingness to work as wage labourers increased again. But the situation had changed because the supply of wage labour had increased as many male migrant workers, who used to work elsewhere in Bangladesh (e.g. in markets, restaurants or brick fields), had been forced to return home and became available for wage labour work. The increased supply of wage labour led to lower wages. Because more male labour was available, and at lower wages, more men were hired and there was no or less work left for women, and if so, at very reduced wages. Thus women from poor, landless households, who had seen an increase of wage labour work (and income) due to Blue Gold's interventions before the Covid-19 pandemic, now suddenly were in a reversed situation, even worse off as compared to before the start of Blue Gold.

Apart from farmers and households depending on wage labour and migrant labour, also households depending on local off-farm employment were affected, e.g. households with (male) members working as driver or in local businesses and markets. This all meant that the incomes of many households in the Blue Gold polders had dropped in the months preceding the time that the interviews were held. Women's incomes often had dropped even more -at least proportionally-, such as the incomes from women wage labourers and/or women farmers involved in homestead production.

5. Food intake and food security

In contrast to the lower selling prices for produce, combined with crop losses due to the cyclone and the transport problems (the latter more severely affecting perishable crops such as vegetables), the prices for food items that households had to buy often had increased, also due to supply and transport problems. This meant that many households not only had less income and thus not enough money to buy food, also the cost of many food items had increased. The respondents had observed that in general the intake of food by many polder inhabitants was reduced. When households buy less food items, there is also less food available for consumption, including less nutritious food. In practice, male

household members do not skip meals, whereas women sacrifice themselves and skip meals and/or take less food during a meal, e.g. leaving the nutritious food for the men. The interviewed women all knew women who had become very weak in terms of being malnourished and having poor health due to the deteriorating food situation caused by Covid-19. The Amphan cyclone, through causing damages to crops and fish *ghers*, further decreased household incomes, which in turn further affected the food intake, and thus food security, of the concerned households.

Households that had a reasonable level of homestead production, such as homestead vegetables, poultry, fish and/or fruit trees -as promoted by Blue Gold's homestead Farmer Field Schools (FFS)-, could somewhat compensate the loss of income by the extra consumption of their own produce. Respondents agreed that the improved homestead production by BGP had turned out to be very helpful during the Covid-19 situation, increasing the resilience of such households.

Female-headed households often suffered most, because these households tend to depend on the labour of only the woman household head. As mentioned, the labour opportunities for women as wage labourers were reduced during the Covid-19 pandemic and wages were lower. And if they had some homestead produce for sale, any income from this was reduced due to the difficulties to access markets. These women household heads therefore were very vulnerable and felt helpless about how to manage their households.

Several initiatives for the distribution of food or money to the poorest households were reported. The Union Parishads took the initiative to distribute food to such households, the Government of Bangladesh to provide 2500 taka per poor household. Some women WMG leaders played a role in the distribution of these benefits. However, many of these initiatives were at a very small scale, slow and insufficient, often rather symbolic than as an effective measure. And in particular the distribution of money lacked a transparent process and proper monitoring.

6. Hygiene situation

The respondents reported that only part of the households in their communities adequately followed the COVID-19 measures. Households that did not follow the measures often thought that Covid-19 came from God, and therefore hygiene measures cannot be the way to stay safe from Covid-19. As earlier mentioned, there were various initiatives to enhance the awareness on the hygiene measures. The responsibility for implementing the measures in practice lay with the women, which increased their load of domestic work.

7. Increased mental pressure and domestic violence

Both men and women were affected by the increased mental pressure due to Covid-19, but usually in a different way. Men because they had to stay home, which is something that they were not used to do, and because of having less or no work and income. Women because they felt responsible to manage the supply of food for their families with much less money available; in addition, women always felt responsible for the health and hygiene of all family members, which now was more under pressure.

All respondents, apart from one, observed that domestic violence had increased during the Covid-19 measures; the one respondent with a different opinion said that domestic violence was already very common before Covid-19.

Apart from the fact that many husbands more often verbally bothered or even harassed their wives, often demanding all kind of 'care' throughout the day, there was also unanimity about increased physical harassment and abuse. A common example was the use of violence by husbands against their wives to demand for (more) dowry. Even women who were already married for 10 – 15 years were put

under pressure, including by beating, to demand their family to pay more dowry. Mental pressure and increased violence led to an increased rate of separation and divorce of couples.

Most respondents had the opinion that women who had participated in BGP's gender awareness activities or who were otherwise empowered by BGP (e.g. as FFS participants) were less subject to violence than women who had not been empowered. Two main reasons were given for this: firstly, women who participated in gender awareness raising (such as the gender courtyard sessions and/or the gender and leadership development training) were more aware that domestic violence is not acceptable and therefore more often opposed the violence of their husbands. And secondly, husbands tended to use less violence against women who had become economically empowered and thus were contributing more to increased production and/or income of the household. The latter is in line with the earlier finding that such women earned increased respect from their husbands, who involved their wives more in joint decision-making on decisions that were important for the household.

8. Role of women leaders and joint decision-making

All respondents had the opinion that during the Covid-19 crisis it was useful to also have women leaders - next to male leaders. Apart from women leaders taking some specific initiatives on awareness raising on Covid-19 and hygiene measures, it was felt that women in the communities took information from women leaders more easily than from male leaders. Having (active) women leaders was also highly helpful in reaching out to women community members, who are more difficult to be reached by male leaders.

The Blue Gold Program had always emphasized the importance of joint decision-making, i.e. decision-making on an equal basis by husband and wife. Especially in households where the role of women in productive activities (usually farming) increased, often accompanied by increased technical knowledge and skills due to women's participation in FFS, husbands became more open to joint decision-making, increasingly acknowledging that it benefited the quality of the decisions – as well as the peace within the households. The respondents confirmed that during the Covid-19 crisis this practice of joint decision-making had also been useful, with women now being capable to provide own input in the decision-making processes to address the emerging problems, leading to better decision-making.

9. Access to health and other services

The respondents indicated that women were often disproportionately affected by the lockdown measures in terms of reduced access to medical care. A common example was the situation of pregnant women, apart from the fact that more women appeared to have become pregnant. Government clinics were often not open and doctors not available. Normal checks to find out whether deliveries could potentially be risky did not take place. There were more home deliveries, or deliveries in clinics without the presence of a medical doctor. So women were facing more complications.

Access to medical assistance in case of other diseases or medical urgencies, such as accidents, was very limited. Only advice from non-medical persons was available; village doctors were rare and often not willing to see patients because of their fear for Covid-19. There was no testing capacity for Covid-19 in the polders, not even at the district level.

It was also reported that it was more difficult for women to get hygiene items such as sanitary napkins, because shops were closed, supply had stopped and/or because women did not have enough money to buy such items. Instead, women had to manage on their own, for example, by using old clothes or rags instead of proper sanitary napkins.

10. Impact on women's social networks

Women continued to maintain some contacts, but only with a few close neighbours. Overall their network and social contacts were very diminished. This meant that they were more isolated from relatives and most of their neighbours. This was not only directly due to the Covid-19 measures, but also indirectly, because their husbands stayed home and did not allow their wives to go out, thus limiting women's freedom to see other people.

Due to the BGP interventions over the years, contacts between community members, especially WMG members, and government officials had been established, in particular with Union Parishads members and officials of DAE, DoF and/or DLS. Though most contacts were by male leaders, also some women had increasingly built up contacts with relevant officials. When the Covid-19 measures had been relaxed to some extent, these contacts, especially with DAE officials, turned out to be useful, for example, to get seeds and fertilizer.

11. Impact on children

The education of school-going children was gravely affected as education effectively stopped since March 2020 - and schools are still closed at the time of finalizing this report, i.e. June 2021. There was no online education in the Blue Gold polders.

The impact of school closure was often very different for girls than for boys. When parents could afford to pay for tutoring, they usually gave preference to boys. Parents had less interest to provide such support to their daughters, as girls are more often seen as a burden. For girls the closure of their schools meant that they had to stay home all the time; boys could more easily roam around in a village.

Many girls used mobile phones to stay in contact with their school mates. But parents considered any such contacts of their daughters with boys as risky. Having an (adolescent) girl child was increasingly felt as a burden. Combined with financial reasons and the traditional mentality that early marriage is acceptable, parents often considered it better to marry off their daughters, even if still in their (early) teens. Almost all respondents reported an increase of early marriages. This meant that the impact of Covid-19 on such girls was huge and permanent, and cannot be reversed once all Covid-19 measures will be lifted.

This increase in early marriages happened despite the inclusion of awareness messages about this topic in Blue Gold's gender awareness raising, which had led to WMG leaders or members trying to stop early marriages¹. The special Covid-19 situation, however, had made people "forget" such learnings. Still some WMG members tried to stop early marriage, but fewer than before.

Also the increased rate of divorce and separation affected children, both boys and girls of all ages. It often meant that the mother went back to her parents, taking the children with her. Divorce and separation often also meant a deteriorated financial situation for the mother and children, i.e. more poverty, sometimes including a reduced access to land.

12. Conclusion

The impact of Covid-19, aggravated by the impact of the Amphan cyclone in several polders, was enormous for most beneficiaries in the Blue Gold polders. Though all household members, especially of the relatively poorer households, were affected, women and girls were often affected more. Various achievements by the Blue Gold Program, such as production and income increases, were negated by the impact of the Covid-19 crisis, at least, temporarily. This also applies to the situation of women, who

¹ Apart from the Blue Gold Program, also many other organisations, including governmental, have been campaigning to stop early marriages.

had become more empowered in several ways due to the Blue Gold interventions, but the Covid-19 crisis caused a setback.

Women who were WMG member were in many respects similarly affected by the Covid-19 crisis than women who were not WMG member, though often to a lesser extent. A main reason was the fact that many women WMG members had been exposed to some gender awareness raising and were more able to raise their voice, for example, in case of domestic violence or in case of an increased domestic workload. And women, who had increased their knowledge and skills (e.g. through participation in FFS), had contributed to increased production and had become more involved in household decision-making, now were better able to take initiatives and decisions to withstand the negative impact of Covid-19. Thus there were signs that the Blue Gold program had increased the resilience of its beneficiaries. The Covid-19 crisis also demonstrated that it was useful to have women (WMG) leaders, both for taking initiatives (sometimes together with male leaders) and for reaching out to women community members; the latter the women leaders did better than male leaders.

Time will tell to what extent the Blue Gold achievements as they were in place just before the outbreak of the Covid-19 pandemic will be back once the situation has returned to normal. At the time of finalizing this report (June 2021) Covid-19 is still a threat, but people in the Blue Gold polders have less fear and are picking up their regular work as it was before Covid-19. During the second lockdown in April to mid-May 2021, private transport continued and markets largely remained open. This may mean that agricultural production and incomes may be back towards pre-Covid-19 levels, even though a potential new Covid-19 wave may again require tougher lockdown measures, again seriously impacting people's lives.

It is still unsure to which extent and how soon the detrimental impact of Covid-19 situation on women and children can be undone. Some negative impact, such as increased poverty and food shortage, increased domestic violence and extra domestic work, may be reversed once the situation is back to normal again. However, some other impacts, such as a degree of permanent school drop-out among children (especially girls), early marriage of adolescent girls as well as divorces and separations, seem irreversible.

Annex 1 Checklist for the interviews

#	Topic	Questions
1	Access to information to be prepared for covid-19	1.1 How did the women and men in BGP got information on covid-19? 1.2 Had women same access as men? If not, what was different? 1.3 Role of WMGs and/or of women leaders? Did they take any initiatives?
2	Implementing covid-19 measures	2.1 How was / is the awareness on the symptoms of covid-19? 2.2 What type of covid-19 measures were mostly implemented by households / community members? Which measures were not (or could not) be implemented? 2.3 Who were the main responsible for implementing such measures?
3	Unpaid care and domestic work changing due to covid-19	3.1 Did the amount of UCW increase due to covid-19? Why? 3.2 Did it increase for women? Or was there more sharing of UCW with men?
4	Impact on production, income and food security / livelihoods	4.1 How did covid-19 impact farming, including marketing? 4.2 Was food production affected? (field and/or homestead) 4.3 Was income affected? Also for homestead products as chicken, eggs, etc? 4.4 Was marketing affected? (transport, prices, CA) 4.5 Was the amount of wage labour work for poor men and women affected? 4.6 Were men and women differently affected?
5	Impact on food intake / nutrition	5.1 Did the covid-19 situation affect food intake? If so, how / why? 5.2 Were women differently impacted? (e.g. did women more often skip a meal if there was shortage?) 5.3 Could households better cope with the covid-19 situation because women had improved homestead production? 5.4 How did any food distribution benefit men and women? Enough to cover all needs?
6	Impact of covid-19 on hygiene situation	6.1 Were all households able to follow the hygiene instructions? If not, why not? 6.2 What did this mean for women? (fetching more water? More attention to hygiene of children, etc?)
7	Impact of covid-19 on gender based violence / domestic violence	7.1 Is there evidence that GBV / DV increased due to the covid-19 situation? 7.2 What type of domestic violence increased? For example: early marriage, dowry, physical and/or mental violence. 7.3 Is there insight in whether there are differences (ie less violence) in households where women were empowered by BGP and/or men had been exposed to gender awareness sessions (CYS, GLD)?
8	Role of women's leadership and joint decision making during the covid-19 situation	8.1 Was it useful to (also) have women (WMG) leaders during the covid-19 situation? Why? 8.2 Was it useful that in many households benefiting from BGP women's role in decision-making had been increased? How was this manifested?
9	Impact of covid-19 on women's access to health and other services	9.1 Were women disproportionately affected by lockdown measures, in terms of reduced access to medical care (eg for pregnant women), to medical supplies and/or hygiene products?
10	Impact of covid-19 on women's social networks	10.1 Did women's social contacts reduce? (to such an extent that women's emotional / mental health was affected) 10.2 How did female-headed households cope? 10.3 Was there more community support among WMG members?
11	Impact of covid-19 on children	11.1 Was children's education effected? (I suppose no online education?) Boys and girls the same or different? 11.2 More girls dropping out of school than boys? 11.3 More child marriages? 11.4 Did WMG membership make a difference? (eg more awareness of parents that boys and girls need to be treated equally)