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# End of Programme Report

## COVID-19 Emergency Response in Urban Slums



**National Urban Poverty Reduction Programme (NUPRP),  
UNDP Bangladesh**

**Local Government Division, Ministry of Local Government,  
Rural Development and Cooperatives,  
Government of Bangladesh**

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## End of Programme Narrative Report

### A. PROGRAMME BASIC INFORMATION

<b>Agreement Number</b>	203491		
<b>Programme Title</b>	Response Against COVID-19 in Urban Poor Settlements under National Urban Poverty Reduction Programme (NUPRP)		
<b>Partner Name</b>	Local Government Division (LGD)		
<b>Programme Value (£GBP and USD)</b>	USD 3,880,983 GBP 3,000,000	<b>Reporting Period</b>	01 March – 31 May, 2020
<b>Start / End Date</b>	01 March 20	<b>Report Date</b>	August 2020
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### B. PROGRESS ON OUTPUT INDICATORS

#### Background

Bangladesh has been affected by COVID-19 in multidimensional ways. The effects include, amongst others, the following:

- **274,525** confirmed cases and **3,625** deaths (as of 16<sup>th</sup> August 2020 – IEDCR Bangladesh) with an average number of daily tests being limited to **10,000 to 12,000** and daily average confirmed cases being limited to **2000-3000**.
- job losses in the large informal sector (which constitute around 85% of the labour market);
- slowing down of economic and social activities due to lockdown and transport restrictions (since 25 March);
- aggravating human distress and poverty;
- Bangladesh, with about 20 per cent extreme poor household and a higher number of households having unsustainable livelihood dependency, can anticipate severe impacts on them due to the current COVID-19 situation (CARE Bangladesh, 2020).
- It is programmed that the COVID-19 pandemic will make the poor in Bangladesh even poorer and about 50 million people who live slightly above the poverty line (i.e., those earning more than US\$2 a day) may fall below the line because of the pandemic (Cath News, New Zealand, 23 April 2020)

Unlike the rural settings in Bangladesh, the urban low-income communities are exposed to high risk of infection due to overcrowded conditions with inadequate sanitation and WASH (water, sanitation and hygiene) facilities. High prevalence of chronic malnutrition coupled with inadequate access to health services makes the urban poor in the slums more vulnerable to various health problems. In addition, they are often left out of disaster and epidemic preparedness planning during crises situations. If the corona virus spreads to the low-income community, the transmission will rapidly spread, resulting in a severe uncontrollable outbreak.

In line with the Strategic Plan, UNDP supported the Government of Bangladesh in the emergency response to COVID-19 outbreak, safeguarding progress on the SDGs and delivering on the pledge of *Leave No One Behind*. UNDP programme frameworks is anchored in a three prolonged approach in responding concomitantly across the pre-surge, surge and recovery phases, with a focus on vulnerable populations and these left farthest behind.

Aligned with National Preparedness and Response Plan for COVID-19 Bangladesh, NUPRP is closely working in partnership with 20 City Corporations/Paurashavas across Bangladesh with around 1.7 million urban poor organized into 2430 Community Development Committee (CDC). NUPRP's COVID Response builds on the existing extensive network of urban poor in 20 Cities including an outreach of around 1200 community staff working at the forefront of the urban poor settlements. NUPRP leveraged its grassroots level presence, resources and its network with the Urban Local Government to effectively respond to COVID-19 epidemic.

The **three-month** DFID supported **multipronged COVID emergency response** spanning from **End March – May 2020** covered the following interventions –

1. Communication and Outreach
2. Establishing Handwashing Facilities and Hygienic package
3. Strengthening Coordination Function
4. Food Assistance
5. Sensitization and Capacity Building of Health Officials
6. Data, research and third-party monitoring
7. Operation and Management

## Results

*The Key Results across the COVID Response Results Chain is outlined below. Please refer to the detailed Logframe in Annex 1.*

### Impact Level

NUPRP contributed significantly in containing and preventing the rapid transmission of COVID-19 pandemic in the Urban Settlements through Government led response managed by the City level Task force. As of August 2020, **274,525** confirmed cases and **3,625** deaths (as of 16<sup>th</sup> August 2020 – IEDCR Bangladesh) have been reported.

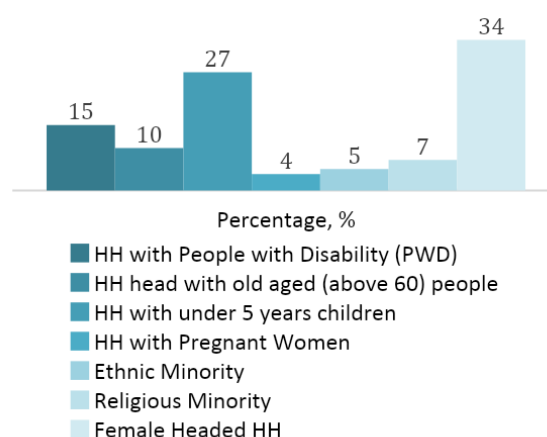
All the 19 Cities/Towns coordinated with Stakeholders and Departments undertook preventative measures in the urban poor settlements. NUPRP, through its COVID -19 response, was able to reach out to a total of 265,752 Registered Primary Group members who were most vulnerable households amongst the urban slums, including Households with people with Disability (39,084 - 15%); Households headed by aged people (25,298 - 10%); Households with under 5 year children (70,683 - 27%); Households with pregnant women (9,741 - 4%); Households of ethnic minorities (12,745 - 5%) and single woman headed households (89,955 - 34%).

### Outcome Level

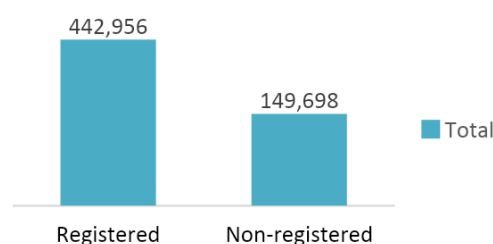
At the *Municipal level*, NUPRP was instrumental in supporting the Urban Local Government to plan and deliver vital basic services to the urban poor rapidly through an inclusive approach to mitigate sources of tension. The Impact Evaluation Report (August 2020) states that:

- **89%** of the affected population were **satisfied on access to services and information** provided by the local government and the programme.
- **70%** of the Urban Local Government used the **NUPRP database for relief activities** for urban poor.

**NUPRP Vulnerable Community Covered in COVID-19 Response, Percentage, %**



**Total Registered and Non-Registered Households covered by COVID-19**



At the Community level, NUPRP with its extensive network across the urban slums across 19 Cities/Towns made a significant contribution in enabling the urban poor and their representatives (that is, community leaders) to access basic human rights and maintain social cohesion during the COVID crisis. The Impact Evaluation Report (August 2020) states that:

- **100%** of urban poor have been practicing handwashing at the community and household level.
- **25%** of registered Primary Group Households, that is, a total of 77,560 Households received food/cash assistance out of the total 310,000 registered Households across 19 Cities/Towns. Out of these, 3,246 Households were from High Multidimensional Poverty Index (MPI), 14,314 Households from medium MPI and 60,000 Households from low MPI.

### Output Level

The Output wise results are outlined below –

Indicator	Baseline	Target	Achievement
<b>Output 1: Urban Local Government has stronger Coordination Mechanism in place to respond to COVID- 19 crises</b>			
1.1 Number of Cities/Towns with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response.	0	20	18
1.2 Level of engagement by the NUPRP Town teams at the City/Ward level Taskforce Meeting to coordinate COVID response.	0	City Task Force - 20; Ward Task Force - 534	High 50%; Medium 20%; Low 30%; City Task Force - 18; Ward Task Force - 439
<b>Output 2: Health officials have access to Protective Measures at the facility level</b>			
2.1 Number of health personnel and workers who received complete set of PPE.	0	430	605
2.2 Number of Cities health officials and workers who have undergone the online training of COVID19 of DGHS, GOB.	0	200	385
<b>Output 3: Independent monitoring Mechanisms in place to track the progress in hard to reach areas</b>			
3.1 Number of Cities/Towns who undertook 100% pre verification for relief assistance.	0	19	19
3.2 Number of Cities/Towns reporting on M&E Trackers for Weekly Reporting.	0	19	19
<b>Output 4: Fast tracked systems operationalized to respond to COVID-19 response</b>			
4.1 Number of Hygienic Package procured (Raincoat; Gumboot; Hand Sanitizer; Hand Gloves; Mask).	0	Raincoat - 1,300; Gumboot - 1,300; Hand Sanitizer - 5,200; Hand Gloves - 65,000 Mask - 35,000	Raincoat - 1,129; Gumboot - 1,129; Hand Sanitizer - 4,715; Hand Gloves - 56,450; Mask - 42,265
4.2 Number of communication materials procured (Poster, Festoon, Sticker and Booklet).	0	Festoons - 37,000; Booklets - 5,000; Posters - 130,000; Stickers - 160,000	Festoons - 14,580; Booklets - 3,400; Posters - 77,500; Stickers - 155,000
<b>Output 5: Urban poor and Stakeholders have increased awareness to cope with COVID- 19</b>			
5.1 Proportion of people reported increase in their level of awareness on COVID 19.	0	100	100
5.2 Number of Articles published by the print & digital media.		15	22

<b>Output 6: Communities are adopting safety measures to ensure protection from infection</b>			
6.1 Number of Town staff using Personal Protection Equipment (PPE) gear to undertake field operations.	0	1,034	1,034
6.2 Number of Handwashing Corners that are accessible to people at the Household/CDC area.	0	2,367	3,256
6.3 Number of people who have access to soaps for handwashing from NUPRP.	0	2.2 million	2.6 million
<b>Output 7: Urban poor have access to social safety nets to sustain food security and livelihoods</b>			
7.1 Number of households who are most vulnerable to COVID-19 have received livelihood support, e.g. cash transfers, food basket, etc.	0	77,586 (Food Basket - 7,900; Cash Transfer – 69,686)	77,560 (Food Basket - 7,900 Cash Transfer - 69,660)


Please refer to the **Annex 1** for detailed Logframe.

# COVID-19 RESPONSE AT A GLANCE UNDER NUPRP

03 MILLION

Proposal Approved by DFID

ABOUT 3 MILLION URBAN POOR ACROSS 19 CITIES REACHED THROUGH AWARENESS CAMPAIGN



**COMMUNICATION AND OUTREACH**

3256 Handwashing Facilities Installed

2341 TIPI TAPS INSTALLED BY THE HOUSEHOLDS

COMMON HANDWASHING CORNERS INSTALLED ACROSS THE COMMUNITIES

Distribution of Food Baskets In North/ South Dhaka starts



**HANDWASHING FACILITIES AND HYGIENIC PACKAGE**

439 COVID-19 RESPONSE TASK FORCE ESTABLISHED BY THE URBAN LOCAL GOVERNMENT ACROSS 19 CITIES/TOWNS

PPE Handed over to Health Officials/ Local Government

Urban Local Government Task Force Established





**STRENGTHENING COORDINATION FUNCTION**

77,560 TOTAL HOUSEHOLDS RECEIVED FOOD ASSISTANCE TO COPE WITH FOOD CRISIS

7900 HOUSEHOLDS IN DHAKA RECEIVED FOOD BASKETS

69,660 HOUSEHOLDS RECEIVED BDT 1500 THROUGH DIGITAL CASH TRANSFER ACROSS 17 CITIES / TOWNS





**FOOD ASSISTANCE FOR URBAN POOR**

42,265 MASKS AND 63,423 HYGIENE KITS DISTRIBUTED TO FRONTLINE STAFF, PROJECT PERSONNEL AND LOCAL GOVERNMENT OFFICIALS

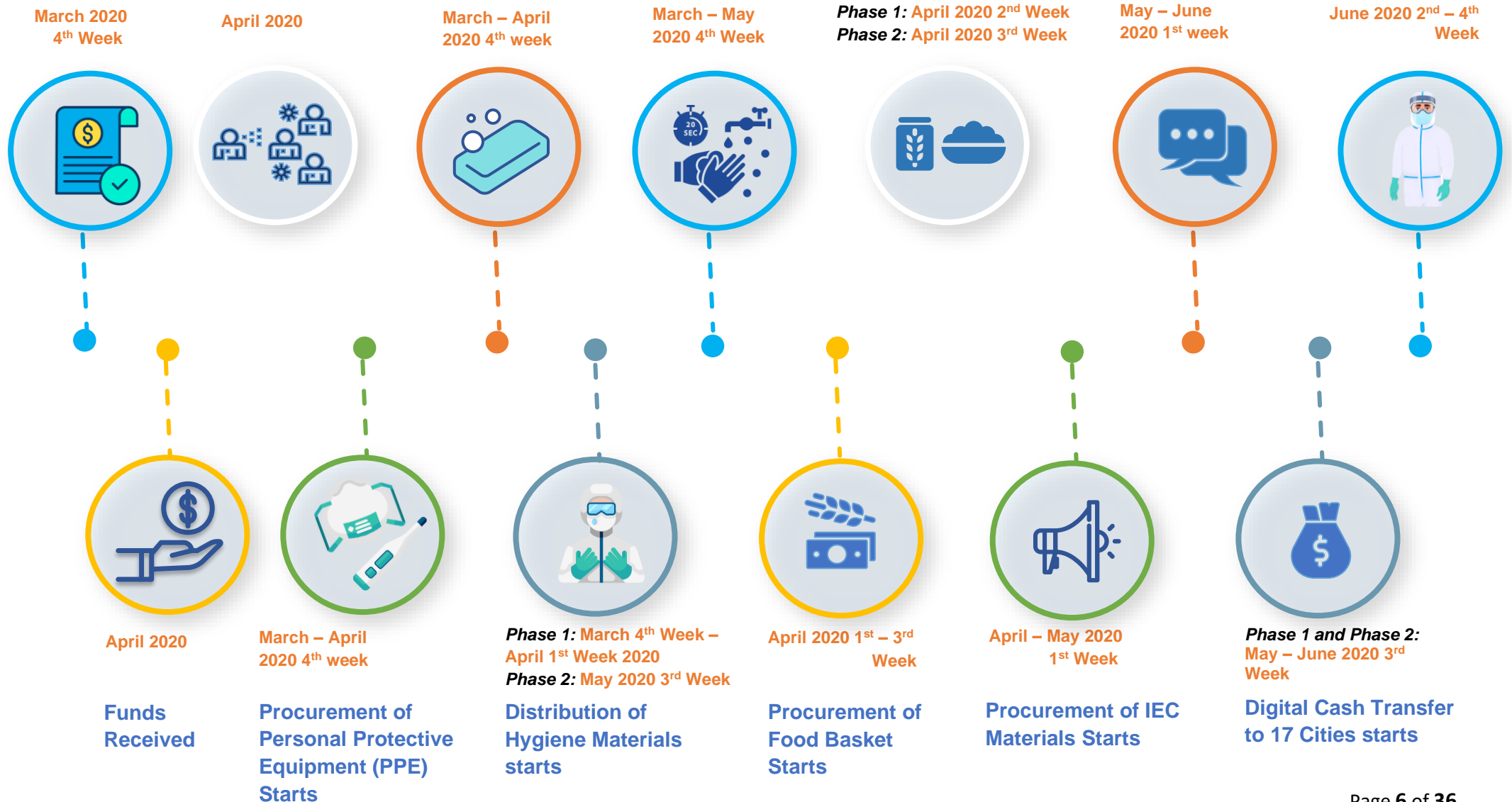
385 HEALTH PERSONNEL HAVE ACCESSED TRAINING ON COVID-19 MANAGEMENT

605 PPE DISTRIBUTED TO HEALTH OFFICIALS AND WORKERS.



**SENSITIZATION AND CAPACITY BUILDING OF HEALTH OFFICIALS**


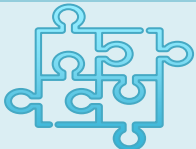
# TIMELINE FOR COVID-19 RESPONSE, NUPRP





## C. PROGRESS ON OUTPUT INDICATORS AND ACTIVITIES

### Output 1: Urban Local Government Has Stronger Coordination Mechanism in Place to Respond to nCOVID -19 Crisis.

	PRIORITY INTERVENTION	PLANNED	ACHIEVED
	Cities/Towns have functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response	20 Cities	18 Cities
	Level of engagement by the NUPRP Town teams at the City/Ward level Taskforce Meeting to coordinate COVID response	City Task Force - 20; Ward Task Force – 534	High 50%; Medium 20%; Low 30%; City Task Force - 18; Ward Task Force – 439

According to the Standing Orders on Disaster (SOD), NUPRP actively engaged and supported the COVID-19 Task Force set by the Urban Local Government as a coordination mechanism at the City-corporation/Municipality level under the leadership of Mayor. NUPRP facilitated to activate the relevant Standing Committees such as Standing Committees on Education, Health and Protection System as well as continued to maintain linkage with the Government of Bangladesh’s District Multi-sectoral Coordination Committee (DMCC) and District Rapid Response Committee (DRRC).

Through consistent engagement at the COVID -19 Task Force at the city level (across 18 City Corporations and Municipalities except Barisal and Dhaka South) and at the Ward level (439 Ward Task Force), NUPRP was able to contribute in effectively coordinating the COVID response in consultation with various stakeholders and communities. For example, the Mayor and City councillors extensively used the Beneficiary List from the NUPRP Management Information System (MIS) to target the most vulnerable urban poor who were worst affected by the COVID outbreak. This enabled to avoid duplication during relief support provided by different agencies and maximise the coverage with limited resources. The Impact Evaluation Report states that the level of engagement by the NUPRP Town Teams varied with 50% reported as High; 20% as Medium and 30% as Low.

In Rangpur, a coordination platform of 18 National NGO, INGO and UN agencies was established on nCOVID-19 response. NUPRP was effectively able to contribute by sharing the database on request from the Mayor with other Stakeholders including UNICEF, UNDP, WFP, WHO, NGO Forum, Light House, BRAC and World Vision Bangladesh. Strengthened coordination enabled the Task force to reduce duplication and create linkages between the Community based organization and the development parts for relief.

In Chattogram, city authority provided food support to NUPRP beneficiaries who were not covered in the cash support under NUPRP due to limited resources.

In Gazipur, food support was provided by the City councillors (ward level task force) to the NUPRP beneficiaries who were not covered under food assistance. The city team formed three post verification teams consisting LGI and programme staff to assess the accuracy of the relief delivery. The CDC leaders were able to negotiate food assistance for the families of garments workers from other agencies such as BRAC, Dhaka Ahsania Mission and FAO.

In Khulna, city authority provided food baskets from Prime Minister’s fund to 2,015 children of NUPRP families who were not covered by programme.

In Patuakhali, Municipal authority and district administration used NUPRP database for targeting the poor to distribute food baskets for supporting livelihoods. The Municipal authority has adopted the PG list to develop a data bank of town poor community.

In Rajshahi, City corporation distributed food baskets to 20,000 Primary Group Member Households based on project led vulnerability assessment through MPI.



In Kushtia, Municipal authority, district administration and a private company (named KNB – a feed company in Kushtia) used NUPRP database for targeting the urban poor for distributing assistance with their own resources. The Hon’ble Mayor facilitated the process of using NUPRP database to make grant management system more efficient.

In South Dhaka, Community Committee for COVID Action (CCCA) were formed for effective response at the community level.

NUPRP’s efforts in community mobilisation and enhancing the capacities of the community leaders at various levels including Community Development Committees, Cluster and at Federation level enabled them to actively participate at the Ward Relief Committees to distribute Government’s food assistance to poor people.

NUPRP’s technical assistance to operationalise the Local government structures on Disaster Management enabled the smooth and rapid coordination of the COVID response. The **Standing Committee on Disaster Management** of the local government were fully functional in 12 Cities/Towns for responding to the COVID-19 emergency. These Cities/Towns include Chandpur, Chattogram, Cox's Bazar, Cumilla, Dhaka North, Faridpur, Khulna, Kushtia, Narayanganj, Noakhali, Patuakhali and Rajshahi. In 3 Cities/Towns (Rangpur, Saidpur and Sylhet), the Committees are semi-functional. The City Corporation Disaster Management Committee (CCDMC)/ Paurashava Disaster Management Committee (PDMC) to respond to the COVID-19 have been fully activated in 10 Cities/Towns. These Cities/Towns are Chandpur, Chattogram, Cox's Bazar, Dhaka North, Dhaka South, Faridpur, Kushtia, Narayanganj, Noakhali and Rajshahi. The committees are partially functional in 5 Cities/Towns. These Cities/Towns are Khulna, Patuakhali, Rangpur, Saidpur and Sylhet. Due to the rapid transmission of COVID crises, the Ward Councilors could not physically meet to activate the Committees.

## Output 2: Health Officials Have Access to Protective Measures at The Facility Level

	PRIORITY INTERVENTION	PLANNED	ACHIEVED
	Distribution of PPE to Health personnel and workers	430	605
	Health officials and workers received online training from DGHS and GoB	200	385

NUPRP contributed in sensitizing the Health Officials and workers across 19 Cities. Personal Protective Equipment (PPE) was procured and provided to 605 health officials and workers in 19 city corporation and municipalities (against a planned target of 430). Informal institutional mapping was conducted by NUPRP in six City Corporations and Municipalities pertaining to COVID-19 management. Chief Health Officers of three City Corporations (Narayanganj, Sylhet, and Khulna) and Medical Officers of three Municipalities (Patuakhali, Cox’s Bazar, and Gopalganj) were consulted for assessing the gaps and need for capacity building support to inform the COVID 19 response. Socio-Economic and Nutrition Experts of respective



towns discussed with city authorities and explored the areas of capacity building on COVID19. NUPRP provided Personal Protective Equipment to Health Officials and workers. For mobilizing resources for capacity building and logistical support i.e. PPE, Town Team of NUPRP maintained close coordination with WHO, UNICEF, UNFPA and DGHS. Due to nationwide lockdown and high demand, the procurement of PPE for health officials was challenging. There was a lack of vendors to supply WHO standard PPE. In addition, the vendors took substantial time to follow the international procedures of shipment of PPE including quarantine of PPE items in the warehouse. Total 385 health officials and workers have accessed the following online training courses –

*Table: Online Training Courses*

Course	User	Agencies
Online Course on Corona Virus (COVID-19)	Doctors and Health Workers	DGHS, GOB
Special Course on COVID-19 Prevention for Non-Government Health Workers	Non-Government Health Workers	DGHS, GOB
Awareness and Prevention of COVID-19	All	DGHS, GOB
COVID-19: How to put on and remove personal protective equipment (PPE)	Doctors/Nurse/Paramedic/ Lab. Technician, etc.	WHO
Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)	Health Professional, Health Workers, General Practitioner	WHO
COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response	Public Health Specialists/Workers, etc.	WHO

In *Dhaka North and Narayanganj*, health officials received training organised by IEDCR and Armed Forces.

### Output 3: Independent Monitoring Mechanisms in Place to Track the Progress in Hard to Reach Areas

	PRIORITY INTERVENTION	PLANNED	ACHIEVED
	Cities/Towns undertook 100% pre verification for relief assistance	19 Cities	19 Cities
	Cities/Towns reporting on M&E Trackers for Weekly Reporting	19 Cities	19 Cities

To ensure adequate monitoring of the emergency response and ensure accountability at all levels, NUPRP promptly established M&E mechanisms in place to collate inputs from a cross 20 Cities/Towns. This includes:



- Rapid Assessment across 19 Cities/Towns
- City wise Weekly Tracker to monitor the delivery of the emergency initiatives
- COVID -19 Response Logframe
- Weekly Reporting to DFID. UNDP CO
- Weekly Dashboard to demonstrate the comparative analyses across Cities/Towns
- Weekly Newsletter to demonstrate the coverage of the Response
- Pre and Post Verification of the Cash Transfer for Food Assistance

- Impact Evaluation of the COVID Response using Remote Data collection

Disaggregated data from the NUPRP MIS was used to priorities in targeting the most vulnerable population who have been adversely affected by the COVID 19 outbreak. Please refer to **Annex 4** for disaggregated data. A **Socio-Economic Impact Assessment** is being conducted with the objective to (i) to understand the short term, medium term and long-term impact on the urban poor communities under NUPRP across 20 Cities/Towns; (ii) to explore who the “new poor” are as a result of the COVID outbreak and what support they need; (iii) to identify the priority needs and opportunities across all the key Output areas and related areas to inform the recovery phase under NUPRP reprogramming for 2020 and beyond; (iv) to review the Methodology of the Impact Evaluation and how it will be impacted by the emerging ‘new’ poor as a result of the COVID outbreak. Review the methodology of the Multi-Dimensional Poverty Index in view of the COVID 19 situation and its impact on the Impact Evaluation. Contracting a credible agency for Real Time Evaluation has been challenging. while Remote Data Collection was the primary methodology for Impact Evaluation, it has its own limitation while using with urban poor who usually have limited access to mobile.



In *Cumilla*, the town team in coordination with Task Force was able to reach out to the minority groups for COVID-19 support including soap distribution, hand washing device set up, awareness raising and cash support. For example, in Rishipatty CDC (Hindu community working as cobblers), Boiragipara CDC (Hindu community engaged in making handmade tools), Nurpur Uttar CDC (harijan community engaged in sewage cleaning).

#### Output 4: Fast Tracked Systems Operationalized to Respond To nCOVID-19 Response

	PRIORITY INTERVENTION	PLANNED	ACHIEVED
	Hygienic Package procured and Distributed	Raincoat - 1,300 Gumboot - 1,300 Hand Sanitizer - 5,200 Hand Gloves - 65,000 Mask - 35,000	Raincoat - 1,129 Gumboot - 1,129 Hand Sanitizer - 4,715 Hand Gloves - 56,450 Mask - 42,265
	Communication Materials procured and Distributed	Festoons - 37,000 Booklets - 5,000 Posters - 130,000 Stickers - 160,000	Festoons - 14,580 Booklets - 3,400 Posters - 77,500 Stickers - 155,000

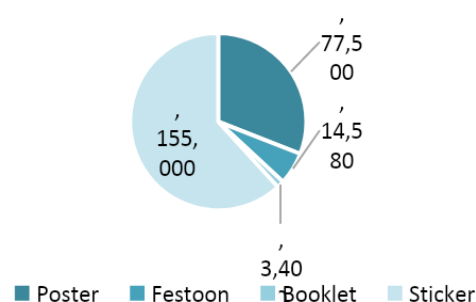
For emergency response, NUPRP adopted a fast track procurement process and along with the Country Office, formed a Shopping Team comprising of relevant staff to assess the local market and to procure all necessary precautionary materials while also ensuring the best value for money. In order to reach out swiftly to the communities and to ensure value for money, the Shopping Team centrally procured large scale Personal Protection Equipment (PPE) including 42,265 Masks, 56,450 Hand Gloves, 1,129 Gumboots, 4,715 Hand Sanitizers, 2.6 million Soaps. Fast tracked procurement also led to procuring large scale communication materials i.e. 77,500 posters, 14,580 festoons, 3,400 booklets and 155,000 stickers within short span of time. Please refer to **Annex 3** for city wise distribution of soaps. The procurement, transportation and distribution of the relief materials had to be done in phases as finding vendors to procure within a limited timeframe during the extended nationwide lockdown as a challenge.

## Output 5: Urban Poor and Stakeholders Have Increased Awareness to Cope With COVID- 19

PRIORITY INTERVENTION	PLANNED	ACHIEVED
 Proportion of people reported increase in their level of awareness on COVID 19	100%	100%
 Number of Articles published by the print & digital media	15	22

In order to promote awareness and influence the social behavioural change amongst the urban poor and the government officials, NUPRP undertook mass awareness campaign to disseminate key messages on COVID-19 prevention across 19 Cities/Towns through Information, Education And Communication (IEC) and Behaviour Change Communication (BCC) materials (posters, festoons, booklets, stickers). Based on the needs of the target audience, appropriate communication mediums were used including loudspeaker announcement in slum areas, local cable TV operators, local media, sharing periodic SMSes to Registered Primary Group Members, advocacy with media forum (press release in daily newspapers) and media broadcast (e.g.-ETV) and social media. A total of 14,580 Festoons; 3,400 Booklets; 77,500 posters; 155,000 Stickers on COVID-19 have been used to increase awareness level among the slum populations across 19 Cities. Promoting preventive measures against COVID-19 using these multimedia communications enabled NUPRP to reach out to approximately 3 million urban poor across 19 cities. On social media, 2,387 posts have drawn 3,863 comments and 96,291 reactions on the NUPRP Facebook page during March to May 2020. The Impact Evaluation Report states that 100% of the sample population who were interviewed reported an increase in their level of awareness on nCOVID-19 which resulted in enhanced level of socio behavioural change, for example, handwashing, installing tipi taps at the household level, wearing masks and so on.

IEC Materials Distributed in Cities



Private Ekushey Television and state-owned Bangladesh Television aired stories on DNCC food distribution initiatives and food assistance distribution programme of Chattagram City Corporation. Three official photo posts, three videos have so far been launched highlighting DFID assistance. Give examples



In Gazipur, the Honourable Member of parliament (Ms. Shamsun Nahar) participated in awareness campaigning through inauguration of hand washing point at community level.

In Khulna, Hon'ble Mayor had shared NUPRP supported COVID activities with the Prime Minister during the divisional level COVID-19 coordination meeting which was telecasted/published by different electronic, print and social media.

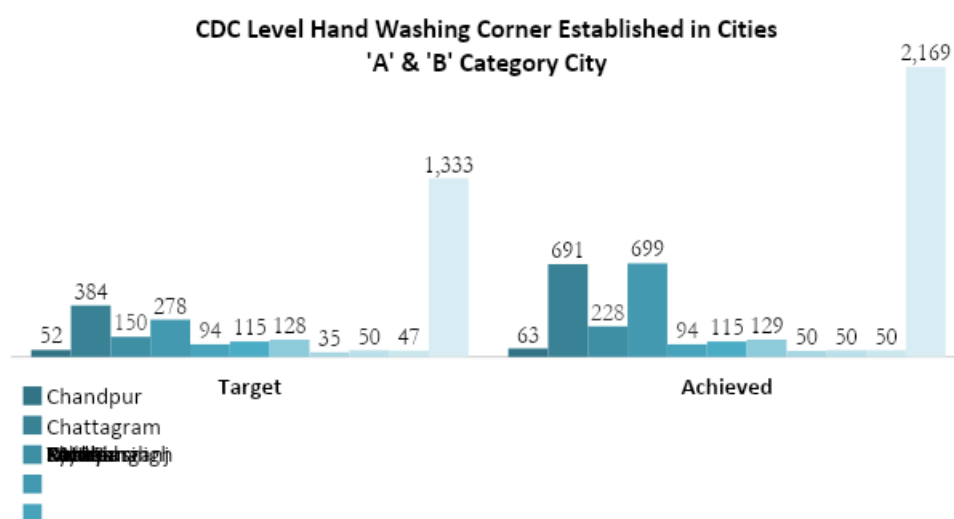
In Cox's Bazar, Municipality Authority installed large LED Screen to broadcast COVID-19 health safety measures including UNDP produced video masses.

Globally, the DFID supported COVID Response was widely acknowledged by the Senior UNDP officials including UN Secretary General António Guterres in an Op-Ed on UN News global webpage and UNDP Asia and the Pacific broadcast on YouTube.

## Output 6: Communities Are Adopting Safety Measures to Ensure Protection from Infection

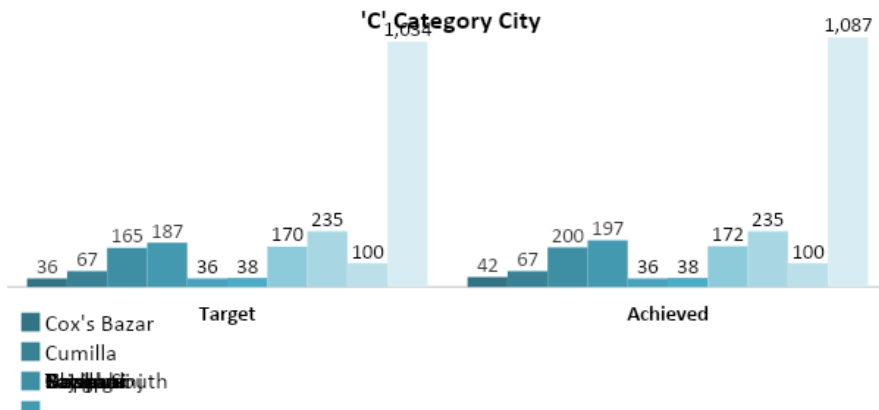
PRIORITY INTERVENTION		PLANNED	ACHIEVED
	Number of Town staff using Personal Protection Equipment (PPE) gear to undertake field operations	1,034	1,034
	Number of Handwashing Corners that are accessible to people at the Household/CDC area	2,367	3,256
	Installation of Tipi-Tap and HH level	-	2,341
	Number of people who have access to soaps for handwashing from NUPRP	2.2m	2.6m

In coordination with the Urban Local Government and Community Leaders, NUPRP was instrumental in preventing the rapid transmission of COVID-19 in the crowded urban slums by installing Handwashing Facilities across strategic locations for the poor which was one of the key preventive measures as many poor do not have access to water. A nominal fixed amount of BDT 10,000 was provided to the Community Development Committees who took the lead in identifying the strategic locations and established 3,256 Hand Washing at the community level for poor to access. Meanwhile, the consistent awareness campaign through the community leaders and frontline staff resulted in installing 2,341 Tipi-Taps at the household level with their own initiative and resources. Additionally, total 2,637,178 soap bars



were distributed to households across all 19 Cities/Towns. A total of 519,045 households planned for soap bar distribution including both register and mobilized PG members. However, based on the community demand in some towns soap bar were distributed to some marginal groups like orphans and sex workers. On an average 4 soaps bar distributed to each household and the average size of households is around 4 persons. In other word, one soap distributed per person. The composition of sex ration of these households is female-51% and male-49%. These decentralised measures through community-based approaches helped to sustain the initiatives with stronger ownership and leadership. The Impact Evaluation Report states that an increase in the handwashing practice amongst the poor during the 3-month COVID response. The distribution of soaps also reinforced the hygiene practices amongst the people. Post NUPRP supported COVID respond period, the Community leaders have been maintaining the handwashing corners with soaps through their own resources.

Providing adequate safety measures and PPE to the frontline, programme staff and local government officials enabled them to function effectively at the field level and ensured their protection during the COVID response. Total 4,715 Hand Sanitizers and 42,625 Masks have been distributed among the frontline



staff. Total 1,129 hygiene kits including mask, hand gloves, hand sanitizer, apron and gumboot have been distributed to 1034 programme personnel and 95 LG officials.

In Patuakhali, Soap bars were distributed to orphanages, old age homes and amongst the transgender, sex-workers, and municipality cleaners who are not the member of the Primary Group under NUPRP.

In Rajshahi, 3,200 soap bars were distributed to 1,600 cleaners. Taking this an example, the city corporation distributed soaps and PPE to the cleaners to reduce eth risk of transmission.

In Faridpur, Soap bars were distributed to marginalised communities such as sex workers in brothels and orphanages. Installed 3 Handwashing Corners in front of the municipality.

### Output 7: Urban Poor Have Access to Social Safety Nets to Sustain Food Security and Livelihoods

	PRIORITY INTERVENTION	PLANNED	ACHIEVED
	Number of households who are most vulnerable to COVID-19 have received livelihood support	19 Cities	19 Cities
	Food Assistance – One-time flexible Cash transfer or Food Basket based on the need to the affected Households	Cash Transfer - 69,686 Food Basket - 7,900	Cash Transfer - 69,660 Food Basket - 7,900

In order to ensure access to food during the extended lockdown and subsequent loss of livelihoods of many daily wage labourers, NUPRP in collaboration with the Local Government provided Food Assistance as an interim measure to around **77,560 poor households**. Using the Multidimensional Poverty Index (MPI) score, the extreme poor households were selected on a priority basis for the food assistance as the resources available were limited. Other criteria such as persons with disability, single woman households, pregnant and lactating women were also used to target for the food assistance on a priority basis in order to reach out to the most vulnerable populations.

Two rounds of pre verification was carried out to ensure food assistance was appropriately targeted to the identified households, avoid duplication, identify the families who had migrated and avoid misuse of the support. The rigorous verification was carried out to ensure due diligence was taken to reach out to targeted households through a mixed approach of using mobiles in high risk red zones and through physical house to house visit amidst COVID-19 pandemic.

Two-pronged approach was used to provide food assistance. **One**, using **Digital Cash Transfer**, a total of **69,660 Households** were able to access and use the cash support for food assistance across 17 Cities/Towns. It was a humungous task to verify the valid mobile number of the targeted beneficiaries as they usually change numbers or inactivate them in order to open the Bank Account with Rocket for cash

transfer. More than 69,660 mobile numbers were verified, and Rocket Account were opened for cash transfer across 17 cities. The One-time cash support of **BDT 1,500** to **around 69,660** urban poor households enabled them to flexibly use the money to buy food and medicines based on their immediate needs. Please refer to **Annex 2** for city wise distribution of food assistance

Second, an alternative approach to food assistance was provide through **Food Baskets in partnership with the Private Sector**. A total of **7,900** households in low-income settlements of Dhaka North and South City Corporation received food baskets. The Food Assistance resulted in securing the food for the urban poor for atleast 2 weeks.

In *Narayanganj*, the community organization coordinated with the local government officials including Ward Councilors to mobilize support for poor households. one of the Community Organizations named Noyapara CDC mobilized food assistance for 92 vulnerable Households. Total budget of the assistance was BDT 32,000 from CDC welfare fund worth BDT 20,000 and the CDC President contributed personal fund worth BDT 12,000. The City Corporation CC also provided food assistance to 3000 CDC members of NUPRP.

In *Patuakhali*, town team negotiated with the city authority and district administration to extend support to urban poor and other primary group households who were excluded from the NUPRP supported food assistance.

In *Kushtia*, municipal authority provided food assistance for urban poor from their own fund. District administration from GoB fund provided food and cash assistance to urban poor through Kushtia municipality. Again, locally mobilized fund and in some cases personal initiatives to provide food assistance to the urban poor community were facilitated by municipal authority. All those cases, priority was given to MPI poor families among the PG members.

## D. MONITORING AND REPORTING

### D1: Summary of M&E activities conducted and what the M&E data are being used to adapt programme.

To ensure continuous flow of information and to track the interventions across the 20 Cities/Towns, the following Monitoring and Evaluation processes were established -

- A **Rapid Assessment Report** on COVID -19 from the Cities/Towns developed and shared with management and other stakeholders to inform the interventions.
- A **Logframe** has been prepared with Targets and Baselines to track the 3-month COVID response initiatives
- A **Risk Matrix** was developed to capture the immediate impact of the COVID 19 outbreak and the resulting extended lockdown on the NUPRP planned and existing interventions in consultation with programme staff to inform the programming in context of emerging priorities.
- The **Management Information System** established in 2018 under NUPRP served as the data bank for targeting the beneficiaries of the COVID responses, especially in identifying and reaching out to the most vulnerable populations.
- **Verification Tools** were developed using the Mobile Applications to verify the targeting, receipt of the cash support and its usage for immediate food and medical needs during eth lockdown period.
- **Weekly Tracker** was developed for daily and weekly reporting by Town Teams. The Activity tracker was used to monitor the progress across 19 cities/towns and to develop the Weekly Report.
- **Weekly Dashboard** was developed to track and compare the performance of the Cities/Towns on the interventions.



- **Weekly Report** was developed to report against the Response Plan to DFID and UNDP. In total, 8 weekly reports on COVID-19 response was shared with activity progress, challenges and lesson learnt.
- An **Independent Evaluation of the COVID-19 Response** was commissioned through an Agency. The report is due by end of August 2020.
- A **Socio-Economic Impact Assessment** is being conducted to understand the immediate impact of COVID-19 pandemic on the urban poor and on the programme as a whole.
- The Country example of the M&E system established for the COVID Response under NUPRP was shared at the Webinar organised by the UNDP **Regional Bureau for Asia-Pacific to promote cross learning**.

**D2: How is the programme received feedback from the community and how is this feedback being utilised?**

Formal and informal mechanisms were put in place for receiving feedback from the community in the programme.

Formal mechanism included – (i) **NUPRP Hotline Number** and dedicated **e-mail account** for receiving feedback and complaints from the communities or stakeholders.

Informal mechanisms included – (i) collecting feedback from Community leaders, and local government officials; (ii) receiving feedback from frontline staff who undertook house to house visits and the Town Team who visited communities for grantee selection.

**D3: Please note any red flag issues (fraud, safeguarding etc) arising (if any) and actions taken to report/mitigate them?**

**Mechanisms in place to address Fraud and Corruption (Mutual Accountability Unit - MAU)**

- **Issuance of Official Memo on Anti-Corruption:** The programme has issued an official memo on anti-corruption to all staff, community leaders, local representatives and other key stakeholders to reiterate programme's stand on fraud and corruption issues.
- **Conducted Fraud Risk Assessment on Cash Transfer Modality:** MAU conducted a fraud assessment on different proposed cash transfer modalities to identify potential fraud risks and assisted senior management to find the suitable modality.
- **Developed SMSes and visibility materials:** MAU developed content of mobile SMS and a one pager visibility material to disseminate anti-corruption messages among the beneficiaries.
- **Conducted Spot Check:** On sample basis, MAU conducted spot check on COVID assistance in one town and communicated the report to respective town for response. The implementation of recommendations is in progress.
- **Addressed Fraud Cases on COVID Assistance:** MAU has received some fraud allegations on COVID assistance. MAU has gathered needful primary information for all the reported cases. MAU has prepared an initial assessment report and communicated the result to the Programme Manager with recommendations for next course of action.

**Mechanisms in place to address Safeguarding issues**

NUPRP believes that the COVID-19 crisis affects all, but women and girls are being differently impacted and could face disproportionate economic, health and social risks, exacerbating existing gender inequalities. As women and girls are the centre of all actions to reduce poverty and develop livelihoods initiatives, the programme has put in place mechanisms to address issues related to safeguarding within the COVID 19 context. Following are some actions taken to address and mitigate the safeguarding issues in the time of COVID 19:

- Developed safeguarding reporting strategy and established reporting channels.

- Developed and disseminated messages in communities on reporting channels and mitigation measures, highlighted especially on local referral mechanisms.
- Provided guidance to staff on how to identify and mitigate risk of safeguarding abuses while working during COVID-19.
- Encouraged town team to motivate community and staff to report safeguarding abuses during COVID-19.
- Management took immediate action upon receiving any issues of safeguarding. Staff were advised to take strategic intervention as mitigation measures, for instance, to take support from or engage local duty bearers and stakeholders in the time of food and cash transfer (ward councillor, police and media) in respective communities.

Safeguarding Cases from North Dhaka

Sl. No	Safeguarding incident	Mitigation measures	Strategic interventions
1	Three CDC leaders (Anwara, Rashida & Parul) have been locked at local club by political leaders (ward 19, DNCC) at Jamaibazar Moddopara CDC. <u>Cause:</u> To control food distribution by themselves and include beneficiaries as per their list.	NUPRP staff and cluster leaders together communicated with the political leaders and shared the total procedure during food distribution.	<ul style="list-style-type: none"> <li>• Support taken from Local security force to negotiate with political leaders and release the leaders.</li> <li>• Engaged local influential social leaders during food distribution.</li> </ul>
2	Cashier, Gabtoli Cluster (Pakhi) was harassed by CDC members. Later on, she was beaten by her husband too as the aftermath of the incidents. <u>Cause:</u> Only 14 beneficiaries received food basket among 250 of CDC members.	NUPRP staff immediately contacted the CDC members and the husband, sensitised them about the situation and asked them to cooperate.	<ul style="list-style-type: none"> <li>• Engaged Ward Councilors to convince the local people regarding food basket distribution process amongst the beneficiaries.</li> </ul>
3	A leader, Alor Michil cluster (Parveen) was harassed by a male family member of a CDC. NUPRP Staff and other leaders were harassed to. <u>Cause:</u> About 3000 CDC members were present at the distribution point while only 300 food baskets were allocated for this cluster.	Shifted the distribution process in a safe boundary place.	<ul style="list-style-type: none"> <li>• Ward Councilor engaged security forces at the distribution point.</li> </ul>
4	An incident of Communal conflict happened at Agni Prova cluster. Local Muslim community people attacked Hindu community leaders' house. <u>Cause:</u> Rumor spread that Hindu community people received more food o Muslim people.	Called emergency meeting with the respective community and shared the beneficiaries list. And the list shows that there are more Muslim beneficiaries compared to Hindu community people.	<ul style="list-style-type: none"> <li>• NUPRP staff and cluster leaders informed and engaged local security forces during food distribution process.</li> <li>• They also monitored and kept track to avoid any further conflicts.</li> </ul>

#### D4: Challenges

- **Non-Availability of Qualified Vendors for Procurement** – Due to extended lockdown since Mar- April 2020 resulting from the COVID -19 outbreak, it has been a challenge to find vendors for procurement including printing, within limited span of time. Most of the suppliers and manufacturers couldn't open their office/factory due to lockdown. There was limited stock of readily available supplies for distribution.
- **Restricted Movement of Staff Amidst Lockdown** – With the extended lockdown and rapid transmission of COVID -19, the movement had become restricted and therefore, arranging adequate logistics for distribution of response materials across the Cities/Towns had been a challenge. Furthermore, the time and cost of transportation has increased substantially than the usual time.
- **Inadequate Logistical Support** – While the process for procuring large scale materials had been initiated, its storage and distribution had been difficult with inadequate space at the City Corporation level.
- **Increasing Demand from the Local Government** – There had been request for additional support from the Local Government to support non-NUPRP intervention areas and city-wide requirements which had become a challenge to respond to in view of the limited resources available for the COVID response.
- **Suspension Of Committees Established Under NUPRP at The Urban Local Government Level** – Due to the lockdown, it was not possible to fully activate all the committees (like Ward Committees, Town Level Coordination Committees, Standing Committees, Ward-level Task Force on nCOVID-19, City Level Disaster Management Committee etc.).
- **Limited Availability of Personal Protective Equipment (PPE)** – Frontline workers are in high risk of COVID infection due to their engagement at the grassroots level – that is, in the crowded urban slums. Limited number of Personal Protection Equipment (PPE) in the initial stages restricted their movement from house to house for distribution of materials throughout the response period.
- **Limited Availability of Funds for Food Assistance** – Since only the registered Primary Group members were being supported for food assistance due to limited support, there were instances of resistance and backlash from the community, especially from the remaining unregistered Households.
- **Opening of the Rocket Account for Cash Transfer** – It was humongous task to initiate the process to open the Rocket Account for all the eligible Registered Primary Group Members who were identified for receiving the Food assistance through Digital Cash Transfer.
- **Delayed Contracting and limited Scope in Methodology of the Third-Party Monitoring** – Limited number of agencies had applied for the Third-Party Monitoring and the agency was contracted by end of May when the response was over. Due to the travel restriction of Agency imposed by their Global office, they were not able to travel to the field and had to limit the methodology of the Evaluation to remote data collection through mobile. Furthermore, seeking approval from the global office to travel to cities further delayed the qualitative data collection.
- **Restricted Field Monitoring** – Restricted movements and availability of transportation has affected the monitoring and documentation of the COVID – 19 response interventions. While the verification tools were developed, it was challenging to implement it in the field due to isolation, restricted movement and fear of contamination.
- **Emerging Priorities from The Communities** – While working on the COVID Response, NUPRP Teams had to continuously assess the emerging needs of the communities as the poor preferred for food support rather than the hygiene materials.
- **Crisis aggravated by Cyclone Amphan** – Tropical cyclone Amphan aggravated the situation by calling for additional emergency initiatives across the coastal cities. It was challenging to coordinate the emergency response activities maintaining social distance and safety and security measures. Furthermore, the attention of city authorities has been divided between COVID-19 response and the cyclone Amphan urgency.
- **Suspension of Routine NUPRP Interventions** – All planned programme delivery at town level have been delayed due to outbreak of COVID 19. In order to make up the time lag, contingency plan had been prepared. Amidst the lockdown, alternative work modalities had been implemented to carry on the operation and other preparatory activities like community mobilization and Primary Group

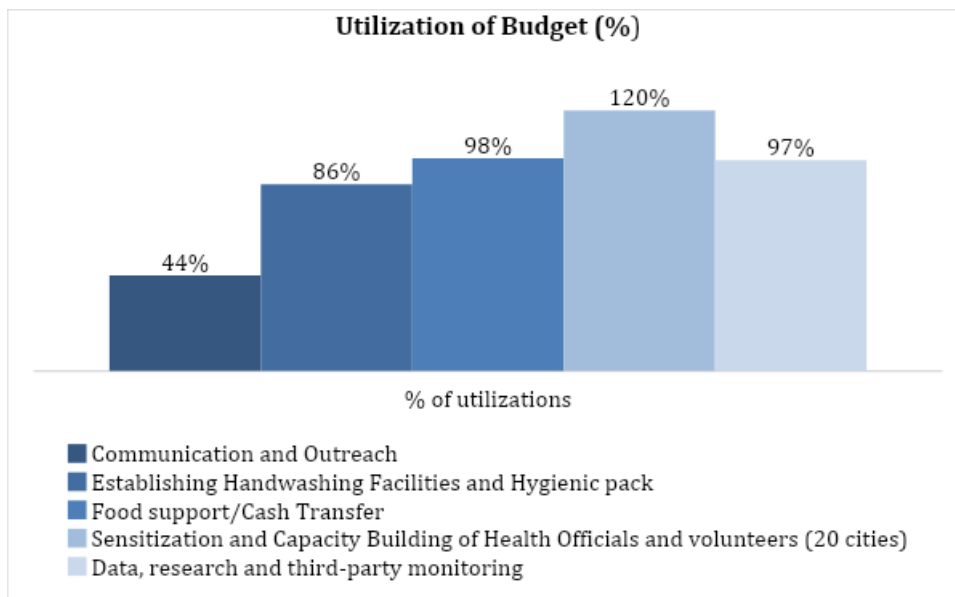
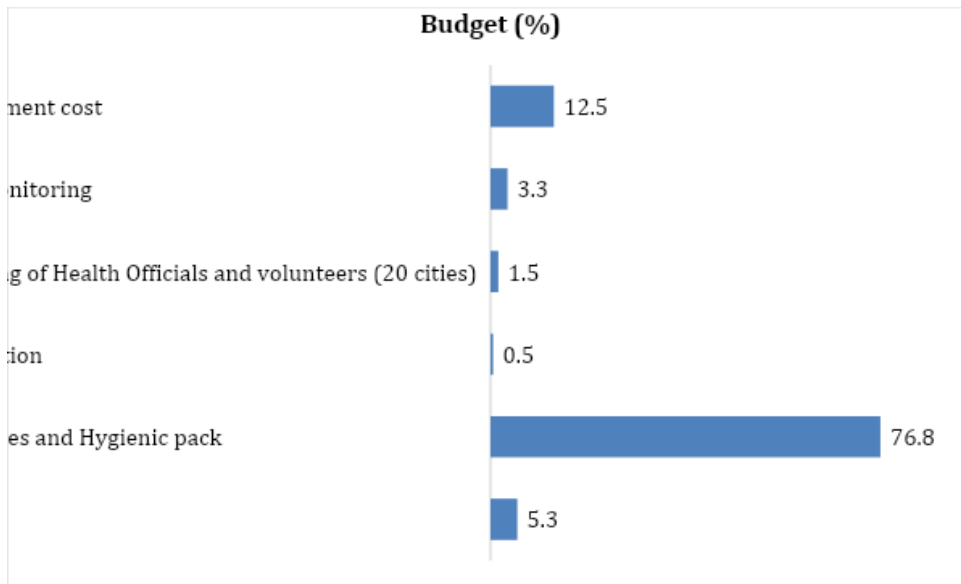
registration, shortlisting for socio-economic grants, nutrition education and nutrition input distribution.

#### D4. Lesson learnt

- **Critical Reflection of First Ever Emergency Response** – NUPRP has made a significant contribution in responding to its first ever large-scale emergency response. In order to be a more effective player, NUPRP needs to critically reflect on the various actions to ensure that the programme and its staff are well equipped to respond to future emergencies.
- **More Coherent Approach** – A more holistic approach needs to be adopted to respond to the multidimensional needs of the urban poor who are worst affected including assessing and responding to their immediate and recovery needs. A more unified response to pandemics should be developed rather than diverse disconnected strategies.
- **Coordinated, Harmonised Approach** – Being part of the COVID Taskforce of Local Government enabled the NUPRP to coordinate the interventions with range of stakeholders working in the city to maximise the available resources and avoid duplication. Task force at the community level can play a vital role in effectively planning and implementing a community led response and will ensure ownership and sustainability. In the City Corporations and Municipalities, community taskforce should be linked with the City Taskforce to improve the coordination of awareness raising and prevention activities against communicable diseases like COVID-19 and Dengue.
- **Transparency, decisive leadership, effective communication, solidarity, and accountability** are key in responding to the emerging needs in a dynamic emergency context. Time was the essence and taking swift actions enabled NUPRP to undertake a massive undertaking with elaborate logistical planning across multiple locations.
- **Community Engagement** – It was increasing important to engage the community leaders in finalising the list of beneficiaries for emergency relief as it reduced duplication of relief support and enhance efficient utilization of limited resources. Key stakeholders were kept aware of the transparent selection process to avoid duplication and misuse. Gaining the and sustaining the confidence and trust of the community was essential to an effective response.
- **Review of Approaches Based on Priorities and Context** – A universal or a blanket approach versus targeted approach needs to be reviewed for various interventions depending on the changing context and evolving priorities as there is a risk of leaving out other poor who are also affected. For example, the dual strategy of providing (a) food baskets and (b) direct cash transfer needed to be weighed based on the existing lockdown situation, logistical challenges, value for money considerations, fiduciary risk and transaction costs.
- **Internal Coordination for Effective Response** – While the various components within NUPRP and across UNDP programmes/Clusters were able to effectively coordinate the procurement, distribution and monitoring, there is still ample scope for improvement.
- **Contingency Plan for Emergency Response** – Considering the uncertainties around COVID -19 outbreak and other disasters, NUPRP will need to develop a Contingency Plan for procuring goods in small quantities alongside bulk procurement for addressing emergency needs.
- **Strategic Partnerships and Resource Mobilisation Plan** – In view of the evolving nature of priorities due to the extended nationwide lockdown, it will be important to develop key partnerships to expand the outreach and strategize Resource Mobilisation to prioritise and respond to increasing needs. NUPRP partnered with Dutch Bangla Bank to transfer the cash electronically to the Beneficiaries' Rocket Account to increase the transparency and accountability. NUPRP is leveraging support from the local administration and security forces for proper distribution of food basket while maintaining social distance.
- **Food Assistance Coverage** – Given the rapid transmission and extended nationwide lockdown, the livelihoods of slum dwellers have been adversely affected. Multiple agencies including the government provided immediate relief in terms of food assistance. The food assistance strategy covered the following considerations -
  - Ensured a broad coverage of the most vulnerable families including 100% of the Households receiving High and Medium MPI scores.

- Households with low MPI scores were equally affected by the epidemic and have lost their livelihoods. Therefore, there was a need to revisit the relevance of the Multi-Dimensional Poverty Index as a criterion for food distribution.
- Ensured a harmonized approach in the food distribution aligned with the government relief and other agencies like BRAC which is BDT 1,500 to avoid discontentment among the communities, reduced the cost and broadened the coverage of the vulnerable population.
- Digital cash transfer even though has been challenging reduced the fiduciary risk and transaction costs, for example for being used for political issues and getting resources diverted to non NUPRP communities.
- Content of the food Basket was given considerable attention as it not all households are homogeneous and had to be tailored to meet the needs of the poor.
- **Online Management Information System** – NUPRP was able to leverage and capitalise on the existing online database system to target the beneficiaries and monitor the progress. The MIS has been instrumental in using the disaggregated data for selecting the vulnerable groups including MPI score, people with disability, single women headed households, aged people, pregnant and lactating women and so on.
- **Pre and Post Verification of Digital Cash Transfer and Food Basket Distribution** – Considerable time was spent in ensuring due diligence to prepare cash transfer beneficiary list including frequent review and update of mobile numbers to disburse cash grants accurately to intended beneficiaries. Data errors needs to be addressed adequately to develop a credible data base for future responses. Post verification of grants is currently underway to ensure the appropriateness of the targeted beneficiaries and ensuring accountability of grants management.
- **Safety Measures for the Programme staff** – Ensuring safety and security of front-line staff and community leaders is critical to carry out response activities against COVID-19 in densely populated low-income urban settlements. To keep up the morale of frontline staff and CDC leader’s health, insurance measures and risk incentives are essential. Frontline workers are in high risk during COVID response. As they are engaged in coordination and distribution work for hygiene and food package at the community level, they have to take proper protective measures. Rapid change in risk situation also demands high moral of the front-line workers and community leaders. Motivation and incentives required to keep momentum of their work and boost their moral to fight against COVID.
- **Multimedia Communication Strategy** – Dissemination of messages for awareness campaign using multiple channel like Audio Visual Telecast, Loud Miking, Short Message Service (SMS) along with print media like Poster, Festoon etc. was found very effective in COVID response to build awareness of the urban poor communities, especially in the lockdown situation when printing of communication materials was very difficult and limited.

## E. FINANCIAL PERFORMANCE



E1. Performance on financial issues consistent with reporting period.

**Provisional Expenditure Report March - July 2020**

#	Description	Budget & Fund Received	Budget & Fund Received	Expenditure March - July 2020	Fund balance based on available resources	Progress (%)
		GBP (£)	US (\$)	US (\$)	US (\$)	
		A	B	C	D = (B-C)	E
<b>A</b>	<b>Programme Activity Cost</b>					
1	Communication and Outreach	176,554	220,693	96,589	124,104	44%
2	Establishing Handwashing Facilities and Hygienic pack	1,168,829	1,461,036	1,256,205	204,831	86%
3	Food support/Cash Transfer	1,200,783	1,500,979	1,476,238	24,741	98%
4	Strengthening Coordination Function	16,000	20,000	-	20,000	0%
5	Sensitization and Capacity Building of Health Officials and volunteers (20 cities)	48,000	60,000	72,260	(12,260)	120%
6	Data, research and third-party monitoring	104,000	130,000	126,622	3,378	97%
	<b>Total Programme Activity Cost (A)</b>	<b>2,714,166</b>	<b>3,392,708</b>	<b>3,027,914</b>	<b>364,794</b>	<b>89%</b>
<b>B</b>	<b>Programme Support Cost</b>					
1	Operations and Management cost	63,612	79,514	77,993	1,521	98%
2	General Management Support fee	222,222	277,778	248,429	29,349	89%
	<b>Total of Programme Support Cost (B)</b>	<b>285,834</b>	<b>357,292</b>	<b>326,422</b>	<b>30,870</b>	<b>91%</b>
	<b>GRAND TOTAL (A + B)</b>	<b>3,000,000</b>	<b>3,750,000</b>	<b>3,354,336</b>	<b>395,664</b>	<b>89%</b>

N:B: NUPRP expects another \$ 100K (approx.) expenses are going to be posted in addition to the expenses reported above as few NUPRP cities couldn't close financial activities due to the unavailability of Mayors/City Officials infected by COVID-19.

**Total Fund Status:**

<b>Total Fund received (GBP):</b>	<b>3000,000</b>
<b>Total Fund received (USD)</b>	<b>3750,000</b>
<b>Less: Total Expenditure (USD) as at .....</b>	<b>3354,336</b>
<b>Add: Interest accrued</b>	<b>-</b>
<b>Fund Balance (USD):</b>	<b>395,664</b>

\*Please attach detail budget in separate Annex, if require.

## F. SUPPORTING ANNEXES

Annex 1 – Logframe (attached)

Annex 2 – City wise Distribution of Food Assistance (as of 16<sup>th</sup> August 2020)

City	Total Grants-Food Basket		Total Grants-Cash	
	Target	Achieved	Target	Achieved
Chandpur	0	0	3551	3551
Chattogram	0	0	20148	20146
Cox's Bazar	0	0	476	476
Cumilla	0	0	726	713
DNCC	5000	5000	0	0
Dhaka South	2900	2900	0	0
Faridpur	0	0	812	911
Gazipur	0	0	1664	1664
Gopalganj	0	0	870	966
Khulna	0	0	18849	18837
Kushtia	0	0	1890	1728
Mymensingh	0	0	4755	4706
Narayanganj	0	0	2521	2521
Noakhali	0	0	460	460
Patuakhali	0	0	1962	1959
Rajshahi	0	0	2881	2855
Rangpur	0	0	3069	3069
Saidpur	0	0	582	684
Sylhet	0	0	4470	4414
<b>Total</b>	<b>7,900</b>	<b>7,900</b>	<b>69,686</b>	<b>69,660</b>



### Annex 3 - City wise Distribution of Soaps

Name of City	# of Total HHs	# of Total HHs targeted for soap distribution	Soaps allocation (QTY)	Achieved
Chandpur	14,354	12,919	64,595	64,595
Chattogram	94,034	84,631	423,206	423,206
Cox's Bazar	7,335	6,602	45,410	45,410
Cumilla	16,021	14,419	72,095	72,095
Dhaka North	92,314	83,083	415,425	415,425
Dhaka South	24,677	22,209	111,045	111,045
Faridpur	6,051	5,446	27,230	26,870
Gazipur	39,115	35,204	176,020	176,020
Gopalganj	8,954	8,059	40,295	40,295
Khulna	85,784	77,206	386,108	386,096
Kushtia	13,206	11,885	79,200	79,160
Mymensingh	20,940	18,846	94,194	94,194
Narayanganj	28,172	25,355	126,814	126,814
Noakhali	8,011	7,210	36,050	36,050
Patuakhali	10,567	9,510	47,550	47,550
Rajshahi	50,887	45,798	229,038	229,038
Rangpur	26,248	23,623	128,115	128,115
Saidpur	8,793	7,914	39,570	39,570
Sylhet	21,251	19,126	95,662	95,630
<b>19 Towns</b>	<b>576,714</b>	<b>519,045</b>	<b>2,637,622</b>	<b>2,637,178</b>

## Annex 4 – City wise Disaggregated Data on Vulnerable Groups

Name of City	HH with People with Disability (PWD)	HH head with old aged (above 60) people	HH with under 5 years children	HH with Pregnant Women	Ethnic Minority	Religious Minority	Female Headed HH	Total
Chandpur	1,314	1,155	2,349	349	79	691	2,714	8,651
Chattogram	5,681	3,668	13,210	1,729	1061	5,504	21,190	52,043
Cox's Bazar	416	358	2043	331	4	502	854	4,508
Cumilla	771	532	1633	224	17	265	1135	4,577
Dhaka North	4,416	2,643	9,721	1,278	4,597	376	15,403	38,434
Dhaka South	3,546	733	4,496	663	318	1038	5,279	16,073
Faridpur	528	327	944	151	63	446	634	3,093
Gazipur	1,481	938	2,506	273	7	365	2,660	8,230
Gopalganj	620	444	926	139	13	545	615	3,302
Khulna	6,039	4,441	8,538	1,273	979	2,061	14,298	37,629
Kushtia	2,018	849	1,816	266	16	429	1,709	7,103
Mymensingh	2,497	1,426	3,967	538	295	1,037	3,442	13,202
Narayanganj	1,452	1,090	1,909	388	178	1294	2,908	9,219
Noakhali	366	399	1297	185	18	94	1059	3,418
Patuakhali	858	407	1,666	264	15	492	874	4,576
Rajshahi	2,382	2,269	4,343	597	180	666	5,637	16,074
Rangpur	2,299	1,711	3659	422	1,283	842	3,419	13,635
Saidpur	927	946	2033	248	3,561	256	1275	9,246
Sylhet	1,473	962	3,627	423	61	1,343	4,850	12,739
<b>19 Towns</b>	<b>39,084</b>	<b>25,298</b>	<b>70,683</b>	<b>9,741</b>	<b>12,745</b>	<b>18,246</b>	<b>89,955</b>	<b>265,752</b>

## Annex 5 – Case Studies

## A. Using Primary Group Registration Data of NUPRP To Target Vulnerable Households by District Taskforce

Lockdown has been imposed in **Rangpur** since last week of March 2020 to prevent outbreak of COVID-19. Since the lockdown, the low-income people have been suffering to manage daily meals. The district administration together with COVID-19 Taskforce of Rangpur City Corporation came forward to support the hungry people. They started distributing food baskets through city corporation from early March. The second round of food distribution is underway as per government allocation. Deputy Commissioner's (DC) Office of Rangpur wanted a list of people living in low-income settlements of Rangpur city to reach out to the poor households suffering from food shortage. NUPRP Rangpur is working in close coordination with DC Office, other UN Agencies and City Corporation in COVID-19 response programme. DC Office sought support from NUPRP to select most vulnerable households of the low-income settlements for food assistance from the NUPRP database of the poor households in 15 wards of total 33 wards of Rangpur city corporation.

Primary Groups									
City corporation						1536 items in total			
Rangpur X									
Select one		Search Term							
<input type="checkbox"/>	Code	Name	Primary Group ID	Cdc	Total members	City corporation	Created on	Last updated	Actions
<input type="checkbox"/>	PG-222087	Maloti	1602806510	C-221667: Lichu Bagan	12	Rangpur	21/08/2019 - 12:03 PM	17/08/2020 - 06:16 PM	
<input type="checkbox"/>	PG-222086	Golap	1602806509	C-221667: Lichu Bagan	18	Rangpur	21/08/2019 - 12:03 PM	17/08/2020 - 06:10 PM	
<input type="checkbox"/>	PG-222085	Ragonigondha	1602806508	C-221667: Lichu Bagan	21	Rangpur	21/08/2019 - 12:03 PM	17/08/2020 - 05:35 PM	
<input type="checkbox"/>	PG-222050	Dolonchapa	1602806706	C-221664: Cantonment Slum	19	Rangpur	21/08/2019 - 12:03 PM	17/08/2020 - 05:25 PM	
<input type="checkbox"/>	PG-233213	Dalia	1602801608	C-233149: Helal Press	19	Rangpur	15/01/2020 - 03:15 PM	17/08/2020 - 04:55 PM	
<input type="checkbox"/>	PG-222084	Kachuripana	1602806507	C-221667: Lichu Bagan	22	Rangpur	21/08/2019 - 12:03 PM	17/08/2020 - 04:51 PM	

The Chief Executive Officer (CEO) and Secretary of Rangpur City Corporation are closely engaging with the NUPRP Team. The ADC, General of Rangpur requested NUPRP to provide the relevant data of Primary Group members to the DC Office. Accordingly, the Town Manager, NUPRP Rangpur provided the relevant information of PG registration data to DC office for selecting beneficiaries for second round of food distribution. The volunteers engaged by DC Office, verified beneficiaries retrieved from NUPRP database through household visit and finalize the beneficiary list. The Government highly appreciated the database as it contains detailed information including cell phone numbers of the households.

## B. 64,580 Poor Households Across 19 Cities Received Cash Support for Food Assistance

NUPRP staff made relentless efforts for more than a month to reach out to 69,686 extremely poor vulnerable families living in low-income settlements across 19 Cities/Towns with cash support for food assistance during the COVID-19 pandemic. These poor households who were daily wage earners received the setback due to the nationwide lockdown and were suffering from food crisis since the beginning of COVID-19 outbreak. Their income had almost totally stopped, and they had very little or no savings to manage food in absence of income for more than a month. They had to skip meals to cope with the situation. Reaching out to most deserving households in urban low-income settlements was a huge challenge during the pandemic. NUPRP selected the beneficiaries from the Primary Group member database using high and medium Multi-Dimensional Poverty Index (MPI) score along with other criteria including disability, households with under five children, pregnant women, ethnic minorities etc. To ensure that cash assistance reach to targeted



64,580 beneficiaries of NUPRP across 19 cities received BDT 1500 for food through mobile phone in Rocket Account before Eid.

beneficiary without any pilferage; digital cash transfer has been arranged. To this end valid and authentic mobile numbers were collected from the selected beneficiaries through physical and telephonic verification. Rocket Account was opened for individual beneficiaries who did not have an account and then digital payment was made to the beneficiary's Rocket Account.

Overcoming all the challenges in COVID-19 pandemic, finally, 64,580 poor households of 19 Cities/Towns have been provided with cash support for food before Eid. Each beneficiary household received BDT 15,00 to buy food. Remaining households will receive cash support after Eid. Total 69,686 beneficiary in 17 Cities/Towns will receive the cash support.

### C. NUPRP Ensures Food Security for Slum Dwellers Under Dhaka South City Corporation

Urban poor people are the most vulnerable to the COVID 19 outbreak as it spreads rapidly. The extended lockdown to prevent the COVID transmission has rendered them jobless. In **Dhaka South**, majority of the Primary Group members (PG) members are daily wage labourers such as rickshaw pullers, day labourers, domestic workers, small businesses etc. In this situation, UNDP NUPRP with the support of UK Department for International Development (DFID) and Bangladesh Government, planned the food basket distribution in Dhaka. Around 2900 extremely poor urban families with high and medium MPI score were covered.

A long list of beneficiaries was generated from the registered PG members (registered till March 2020) based on the Multi-Dimensional Score (MPI) score. The beneficiaries with more than MPI score of 20 were covered in the long list. The beneficiaries were disaggregated into three groups based on their MPI score into a) High Priority list b) Medium Priority list and c) Low priority list. 100% pre-verification of the long list was carried out before shortlisting the beneficiaries through phone due to the worsening situation in the field. The final list covers households mostly from the High & Medium priority category. Some were selected from the low MPI score who were prioritized based on - a) COVID-19 quarantined family; b) Family with Disabled members; d) Single Female-headed HH; e) Ethnic minorities etc. the final list was approved at two levels – by the Member Secretary of City Corporation at the Local Government level and by the Programme Headquarter. The Dhaka South City Corporation (DSCC) team developed a distribution plan in consultation with the community leaders and city authorities. The food distribution took place on 13-15 April 2020 with the support of local Councilors, administration, Thana Police, RAB and with active engagement of community leaders. A coupon was given to each 2900 beneficiaries of 15 wards by



Community Organizers. Each family received 13 items of BDT 2500 in their food basket including rice, wheat, potato, pulse, sugar, onion, salt, Soybean oil, chili powder, turmeric power, powder milk and eggs.

2900 Food Baskets received by the Honorable CEO Shah Md. Imdadul Haque, DSCC from, Dr. Sohel Iqbal, Town Manager, NUPRP.

#### **D. Local Government Authority using NUPRP Database For COVID-19 Response in Patuakhali**

The Patuakhali Municipality used Primary Group (PG) list of NUPRP for distributing food support to households suffering from food shortage in urban poor settlements due to COVID-19 pandemic. NUPRP Patuakhali Team handed over a list of 11,046 registered and non-registered PG members to the Municipal authority. The Patuakhali Town Team engaged with municipal authority to provide all the beneficiary with food support by coordinating food assistance received from different agencies. Municipal authority in consultation with NUPRP Town Team agreed to provide food support to 1,962 PG members who were not covered in cash support from UNDP. The Municipal authority decided to provide support to another 9,000 poor families from Open Market Sell (OMS) and Vulnerable Group Feeding (VGF) programme. The Municipal authority also shared the list of PG members with other government agencies i.e. LGED, and DC office for any kind assistance during lockdown period. The Local Government authority included the PG list in their beneficiary list of safety-net programme.



#### **E. Persevering in Monsoons to Verify Grantees for Cash Support in Chattogram**

After six days of relentless effort in adverse weather amidst lockdown for COVID-19 outbreak, NUPRP, Chattogram team have verified and collected mobile number of 20,184 grantees for cash transfer to poor community members for food assistance to help them survive over the crisis.

The operation of emergency response support of NUPRP for COVID-19 crisis is getting tougher day by day with the rapid spread of COVID-19 cases in the city and tightened lockdown by the administration. As the time was running out to address the extreme food crisis of poor community members, the Chattogram team had to work long hours to ensure that emergency food assistance will reach to most deserving households. In the midst of heavy rain in lockdown situation, 119 frontline workers (CFs and SENFs) led by 19 UN Community volunteers went door to door of listed grantees to verify and to collect their mobile phone for cash transfer. Heavy rainfall had disrupted their work and restricted their mobility in many locations. However, Chittagong team persevered to continue to visit the poor communities and team office till late night every day in the week along with the frontline workers. The frontline staff fought like COVID fighters to cover the 20,148 households and collected their mobile numbers within four days facing heavy rainfall in a lockdown situation. It took another two days to enter the mobile phone number in the data base.

#### F. Ward Councillors Support NUPRP's Fight against COVID-19

Ward Councilors of **Rajshahi City Corporation** have extended their support to NUPRP team in distributing hygiene products including soap distribution to fight against COVID-19.

Wearing the Personal Protection Equipment (PPE), the COVID fighters - Community Organizers (COs), Socio-Economic and Nutrition Facilitators (SENF) and Community Facilitators (CFs) – are relentlessly working to reach out to distribute to the Households of the planned beneficiaries. Councilor of Ward No. 20 gave the administrative support in maintaining the physical distance and discipline during distribution. Frontline staffs specially COs, CFs & SENFs are taking adequate precautionary measures to reach out to the Primary Group Household members with support from the community leaders (PG leaders, CDC leaders and CDC Cluster leaders). About 1500 soaps have been distributed under Ward No. 20.



Figure SEQ Figure \\* ARABIC 1: Ward Councilor of RCC Md. Rabiul Islam is Distributing Soaps to Beneficiaries in Presence of CO, CFs & SENF in his office

## G. Collaborating with The Taskforce to Prevent COVID 19

NUPRP **Chattogram** team initiated several COVID 19 response activities in coordination with the City Level Taskforce led by the Honorable City Mayor and supported by Councilors. This week, NUPRP CCC team finalized cash transfer grantees list of COVID 19 response in coordination and consultation with community organization, ward councilor and Mayor. The list of poor beneficiaries was shortlisted through a primary verification by the frontline staff and CDC leaders.

The Town team has been participating in the city level Taskforce meeting led by the Mayor on a daily basis. The Soap distribution supported by the NUPRP encouraged the Mayor to distribute 200,000 soap bars with the local government funds to the poor communities not covered by NUPRP. Moreover, in the all wards, the bleaching powder was provided by the city corporation and the cleaning work in the poor communities are being facilitated by the CDC and Cluster leaders.



## H. Raising Awareness Among the Communities to Prevent COVID Transmission

Since the outbreak of Coronavirus in Bangladesh, **Khulna City Corporation (KCC)** has taken multiple initiatives for raising awareness of the city people. Some of the initiatives are mass awareness through loudspeakers with recorded voice, distributing leaflets, and conveying message through local cable television network.

Along with the City Corporation, the NUPRP project has also initiated interventions to raise awareness amongst poor communities by circulating key Messages on dos and don'ts during this critical time. The campaign is being conducted using local cable TV network and Loudspeakers with recorded voice. Three Cable TV network channels are telecasting the message throughout the City since the second week of April.

Prior to these awareness raising activities, the front-line staff along with community leaders organized door to door campaigns to promote hygiene practices among the urban poor. The CDC leaders also motivated their community members to spray dis-infectant to the nearby areas.

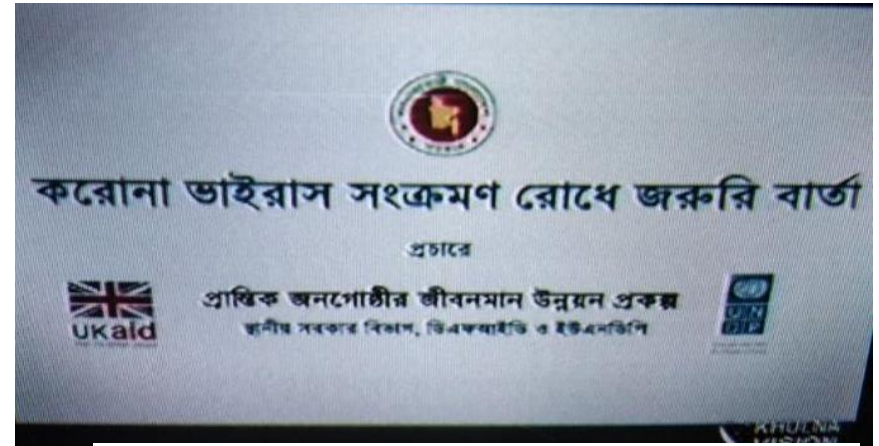




CDC Leader distributing leaflet among poor communities of Khulna city



Awareness message dissemination through Loudspeakers in Khulna.



Awareness message dissemination through local cable TV network in Khulna.

## I. Community Facilitators- COVID Fighters in of NUPRP (NUPRP) in Chandpur

Led by the Honorable Mayor of Chandpur, the NUPRP (NUPRP) team initiated its response to COVID-19 outbreak on 26<sup>th</sup> of March 2020. The process started with an orientation to the frontline staff who are in constant touch with eth community and play a crucial role in information sharing.

To contain and prevent the transmission of COVID-19, the Community Facilitators (CF)with the support of the respective Councilors and community leaders embarked on an awareness raining campaign to in the poor settlement areas.

Wearing the Persona Protection Gear, around 20 CFs & SENFs and 3 COs are visiting the communities daily to distribute soap bars, demonstrating hand washing at the Washing Corner established at strategic points within the communities.

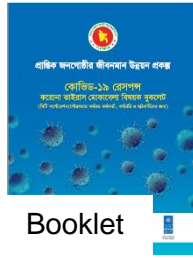
Simultaneously, the pre-verification of cash transfers for food assistance for the shortlisted 1900 Households of NUPRP project beneficiaries is being carried out to assess the level of migration in consultation with the respective Councilors and community leaders.

The Town Teams and the Frontline workers have also been able to persuade and convince their families about their controlled mobility in the communities to raise awareness and provide relief materials.



# Annex 6 - Communication Initiatives

## IEC/BCC Materials:



## Website:



## Facebook:



## Twitter:



# Annex 6 - Communication Initiatives

## Newsletter:



## International Publications:



## Regional Publications:



## Newspaper:



## COVID-19 = Health Crisis + Economic Crisis

## Television:

