



21 July marked 500 days of COVID-19 in Bangladesh. The spread of the delta variant continues to spiral. The annual celebration of Eid-UI-Azha, one of the largest religious festivals in the country, created new hotspots, as crowds filled cattle markets.

The health system remains under-equipped to handle the rising number of patients. Mask wearing habits remain low, at 12%, and *correct* mask-wearing habits remain even lower. People in rural areas, where COVID-19 has struck particularly hard, are especially reluctant to wear masks. Vaccine shortages and uncertainties continue to be a challenge.



COMMUNITY FORT FOR RESISTING COVID-19

Background

BRAC organised 41 NGOs under the CSO Alliance to join forces in reaching 81 million people with community-level behaviour change around prevention, mask wearing, response and vaccination. Work started on June 1 in 35 high-risk districts, with the support of the Directorate General of Health Services. Activities were chosen based on evidence generated by pilot interventions and research. Technical, monitoring and evaluation support is being provided by Yale University and Innovations for Poverty Action.

The project covers 35 high-risk districts: Dhaka, Narayanganj, Gazipur, Mymensingh, Sherpur, Keshoregonj, Jamalpur, Tangail, Brahmanbaria, Khulna, Bagerhat, Magura, Narail, Satkhira, Chuadanga, Jashore, Jhenaidah, Sylhet, Habiganj, Chattogram, Cumilla, Feni, Cox's Bazar, Noakhali, Chandpur, Barisal, Bhola, Rajshahi, Bogura, Joypurhat, Chapai Nawabganj, Natore, Rangpur, Dinajpur, and Lalmonirhat.

The intervention is being rolled out under the guidance of a national consortium of technical experts. The consortium is governed by a steering committee with members from six lead organisations; BRAC, WaterAid Bangladesh, Manusher Jonno Foundation, SKS, Dushtho Shastho Kendro, and Dhaka Ahsania Mission. Field implementation is being carried out in collaboration with local NGOs. Memorandums of Understanding have been signed to formalise the partnerships.



Disease progression based on field data

The spread of COVID-19 in Dhaka, Chittagong and Barisal has worsened. The heat map below shows the pattern of spread more clearly. The spread is shifting towards central Bangladesh, and then to the east as movement restrictions were relaxed during and before the Eid-UI-Azha vacation.

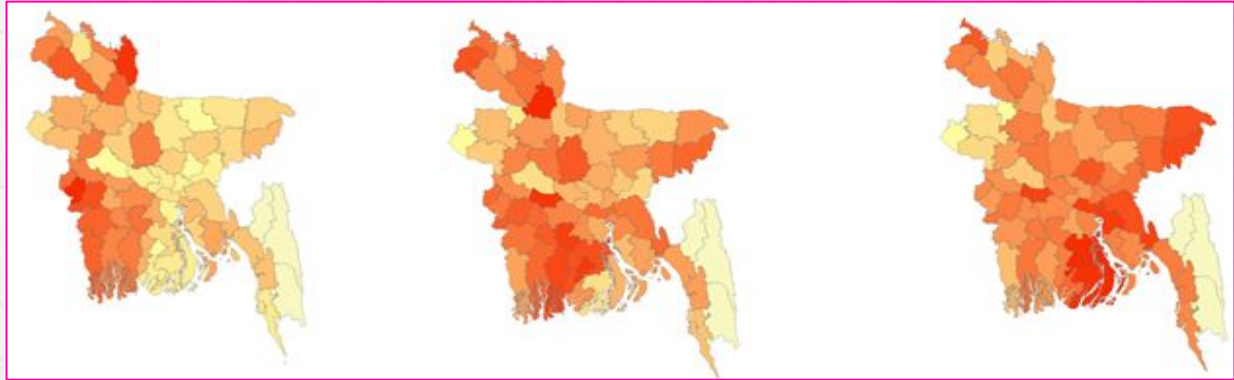


Fig. 1

12 - 25 June

26 June - 09 July

12 - 25 July

Based on the data collected from District Civil Surgeon's offices, the following figure illustrates week-wise positivity rates of the top 10 districts with high infection rates in the first week of June.

WEEKLY PROGRESSION OF TEN DISTRICTS WITH HIGH POSITIVITY RATES

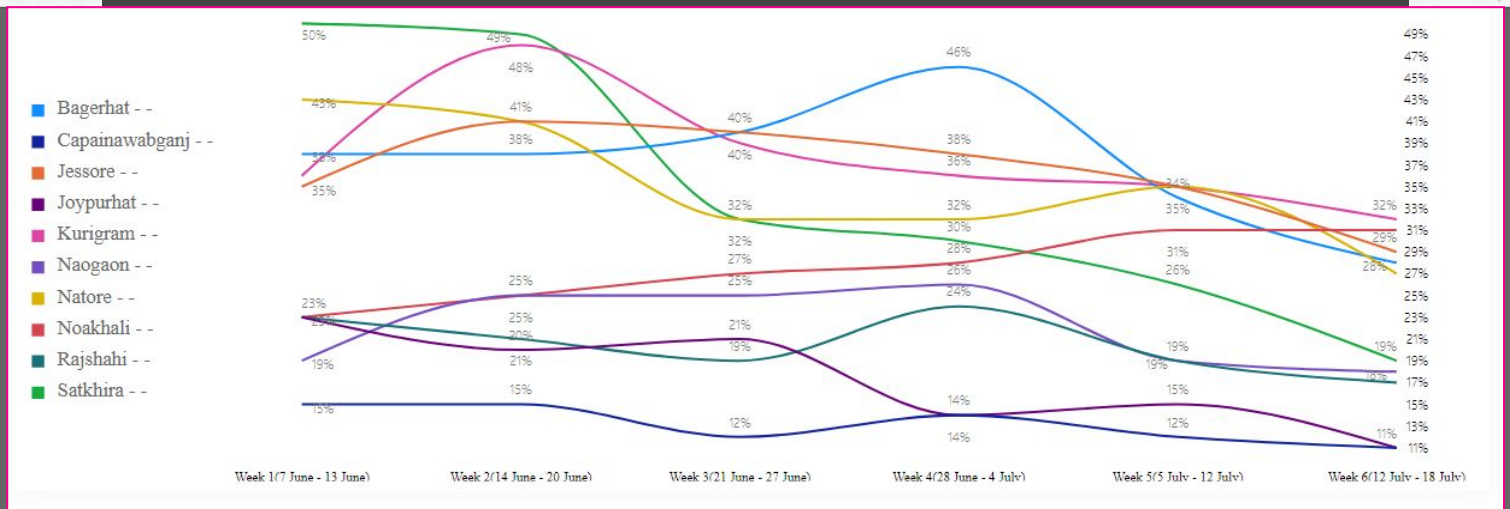


Fig. 2

Infection rates were comparatively higher in western Bangladesh at the beginning of June.

Since 14 June, a gradual decline in the case positivity rates was observed in eight of the 10 districts with high infection rates. The CFRC project has been working closely with the communities in these districts to change behaviours around mask use.

Strong decline in case positivity rates were seen in districts where mask distribution efforts were comprehensive, such as Satkhira, Natore and Joypurhat. The government's nationwide lockdown from 1-14 July, which imposed a strict movement restriction, also likely contributed to the decrease in positivity.

The COVID-19 positivity rate is still above 20% in many border districts, however the strict lockdown brought down the rate in Khulna, Rajshahi, and Rangpur divisions over the past few weeks. Among the top 10 districts with decreasing positivity trends, most districts were from those three divisions (see Figure 5).

BRAC has continued intensive interventions in 16 districts (out of 26 districts) of those divisions. Additionally, some districts went into early lockdowns as the COVID-19 surge was rising in early June. We can assume that both the Government of Bangladesh and the CFRC project's efforts have jointly contributed to bring down the positivity rates in the western and northern parts of Bangladesh.

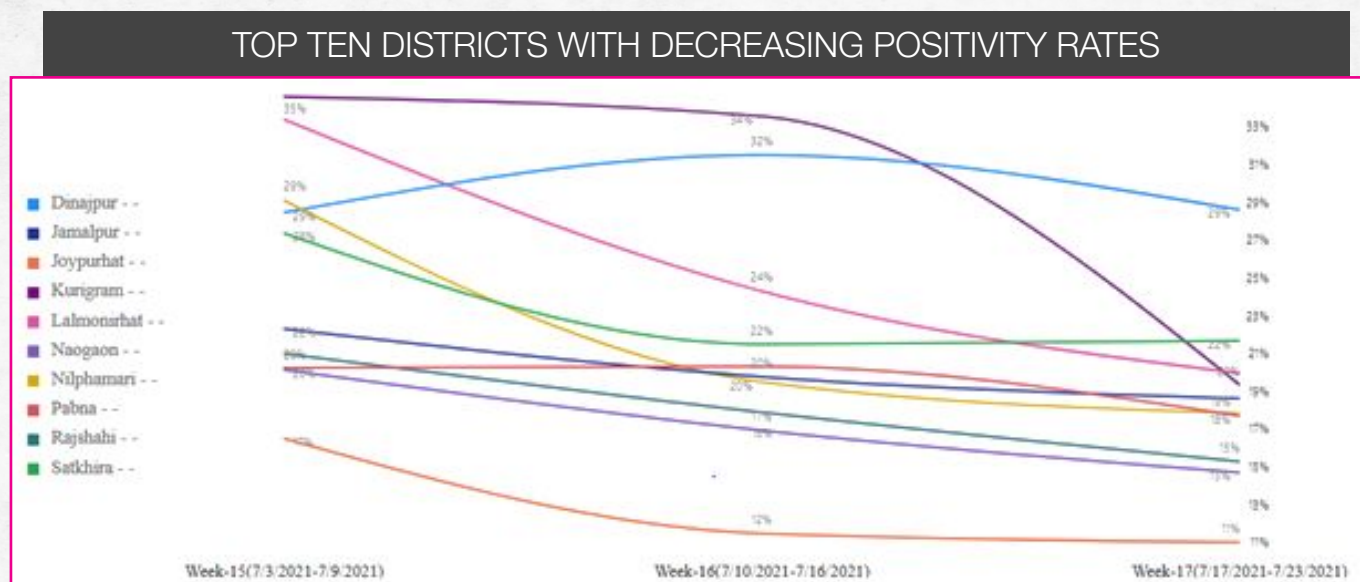


Fig. 3

Figure 4 indicates the top ten districts with increasing case positivity rates. It shows that the top 10 districts (in terms of positivity rates) gradually improved and infection rates went down within six weeks during the CFRC project's intervention. Coincidentally, mask distribution was carried out in only two of these districts (one sub-district in Feni and four in Brahmanbaria) during the first phase of the CFRC project.

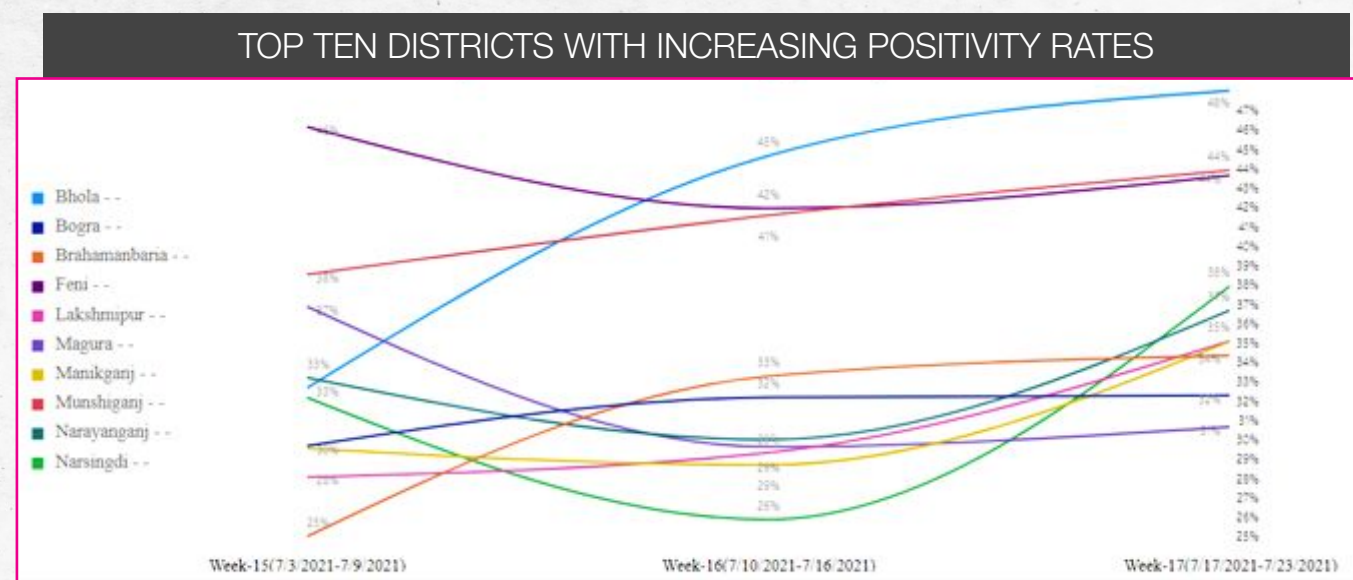


Fig. 4



Although districts in which the CFRC project has been implemented were more vulnerable to COVID-19 transmission, we are seeing a surprisingly decreasing trend through the CFRC++ initiative (comprehensive mask distribution initiatives using NORM model with regular CFRC activities). It is early to draw conclusions but we can anticipate that our efforts are bringing a positive result.



SEVEN DAYS MOVING AVERAGE BY DATE

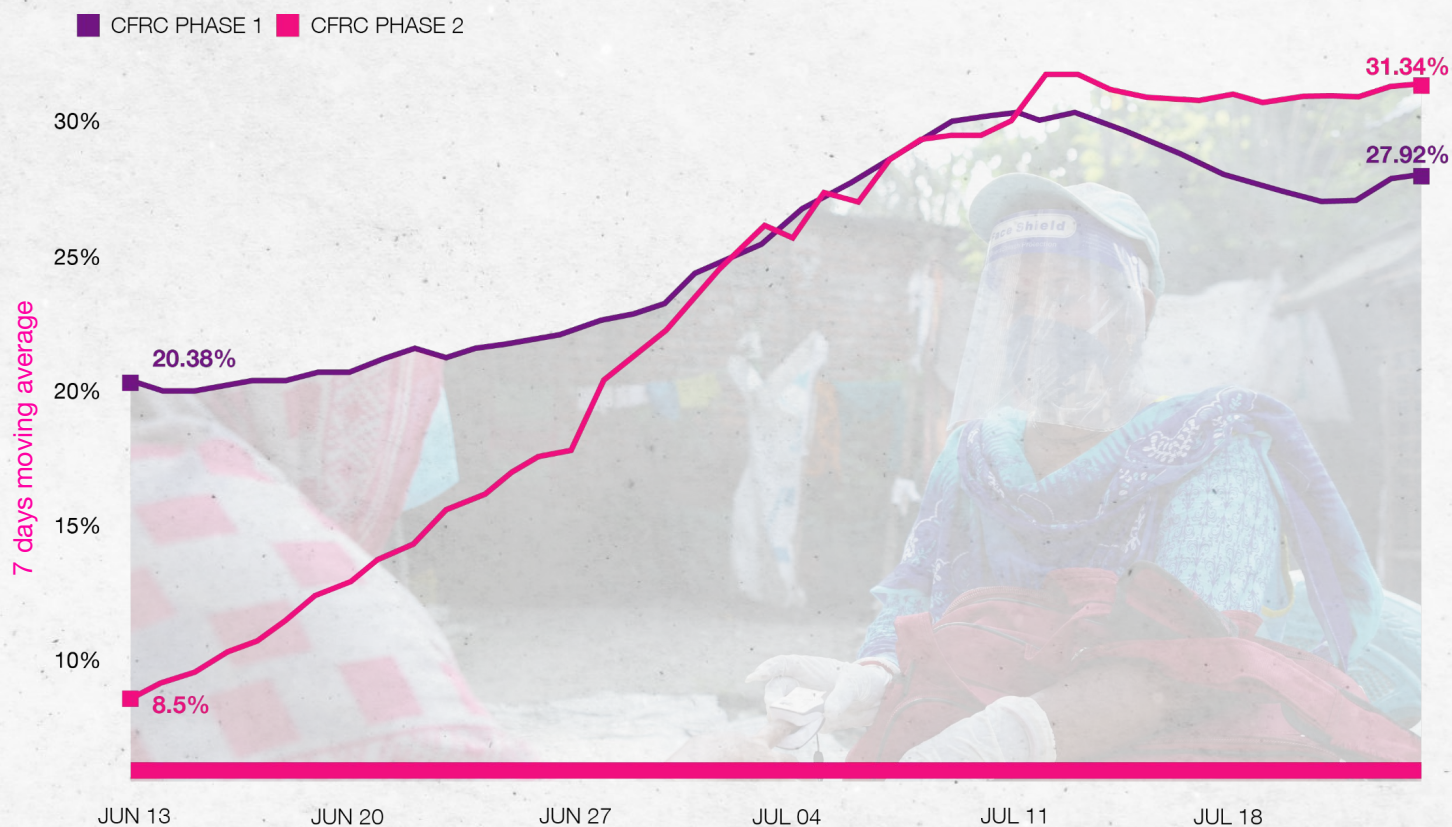


Fig. 5



Progress: 27 July 2021

Mask distribution and reinforcement

We have distributed 7.4 million masks out of a total target of 15 million, however, in accordance with the nationwide lockdown, we halted our mask distribution efforts at hotspots and among community groups. Masks are primarily being distributed through door-to-door visits by our community health workers, but we have also completed approximately much of the total allocated mask distribution through our hotspot and community mobilisers.

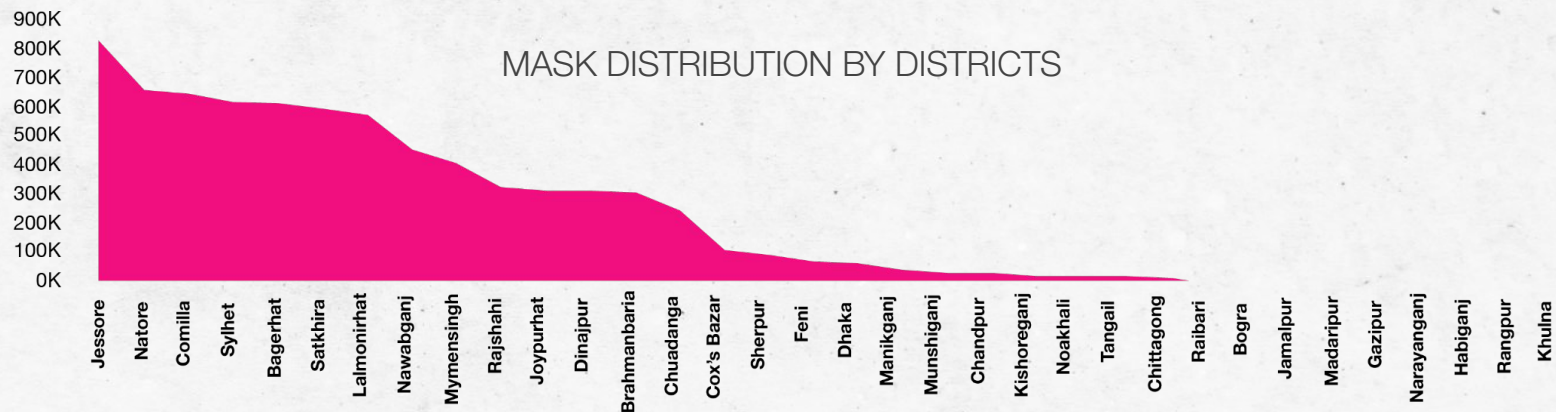


Fig. 6

Syndromic surveillance and telemedicine

"Villages and big cities are not the same. In rural areas, most people are afraid of letting anyone know if they have a fever. They often hide symptoms as they think if anyone knows of their illness they will be outcasted from the community. There are many misconceptions about COVID-19 in rural areas; it is considered a curse and there is also fear that the police might get them locked. We have to navigate through these misconceptions everyday and assure people with correct information and help.



Whenever I go to a household I try to assure them that it's safe to inform me if anyone in the household is sick. I ask if anyone in the family has had fever, I also look for other COVID-19 symptoms. I note down the symptoms in my 'CSM app' on my tablet to see if the symptoms match with "COVID-19 suspected case" definition. If the symptoms match, I connect the patient to a doctor through our telemedicine service. They can easily consult doctors while sitting in their front yard. The doctor then prescribes medicine to them and schedules a follow up call to check on their status at a later date. Cases with mild to moderate symptoms are prescribed to be treated and managed at home and cases with severe symptoms are referred to hospitals.

So far I have realised that my pre-existing relationship with these households has enabled me to build trust easily and so people can reach out to me for help. I face less resistance now than I faced initially. Mostly, because I am from this very neighborhood, but also because many people have heard the local miking about our services. So, the know I am here to help, not get them in any trouble.

- **Mahmuda Zannat**
Shasthya Kormi - BRAC, Bagha Upazilla, Rajshahi

Mahmuda is one of BRAC's **35,053 frontline responders** providing COVID-19 response services in their own communities. **Over the past two months, 661,703 households have been visited by our health workers. A total of 121,144 individuals were screened and 67,198 COVID-19 suspected cases identified at the community level.**



"I lost my job during the pandemic and stayed home for months watching news on television about people dying with COVID-19. This virus has not only cost me my job, but also thousands of people's lives.

The chaos felt distant until people in my neighborhood were dying from COVID-19. I felt helpless. Did we have no other option but to sit and wait for the virus? Then I heard from an acquaintance that BRAC was recruiting local volunteers for COVID-19 response. I did not know exactly what it meant, but I wanted to do something to help keep people in my community safe. So, I applied.

We were trained on how to engage people in public spaces to listen to the preventive messages and how to practically demonstrate to them the appropriate ways of wearing masks. We were also taught the importance of reinforcing mask-wearing behaviours and how reinforcing safety messages can actually make people finally start wearing the masks.

Every day I visit five crowded public places including bus stations, tea stalls, mosques and market places. At first, people were reluctant to listen, but I went every day in my pink BRAC vest. People eventually became curious.

Now, tea stall and small shop owners greet me during my visits and often join me in reinforcing the mask-wearing practices among their customers. Imams at the local mosques welcome me warmly when I go there to promote mask wearing.

If someone does not have a mask, I provide them with one. I feel proud to see many people wearing reusable and washable masks we have provided.

The pandemic had taken away most of my hope for the future. I am glad to be able to help reduce the spread, at least in my own neighborhood."

**- Sakhawat Hossain
Hotspot Mobiliser, BRAC, Lalmonirhat, Rangpur Division**

Sakhawat is one of the 1,462 hotspot and community mobilisers BRAC has recruited and trained. **So far, our mobilisers have distributed 2,821,972 masks in public spaces and through various community groups.**



NUMBER OF CALLS RECEIVED BY TELEMEDICINE DOCTORS

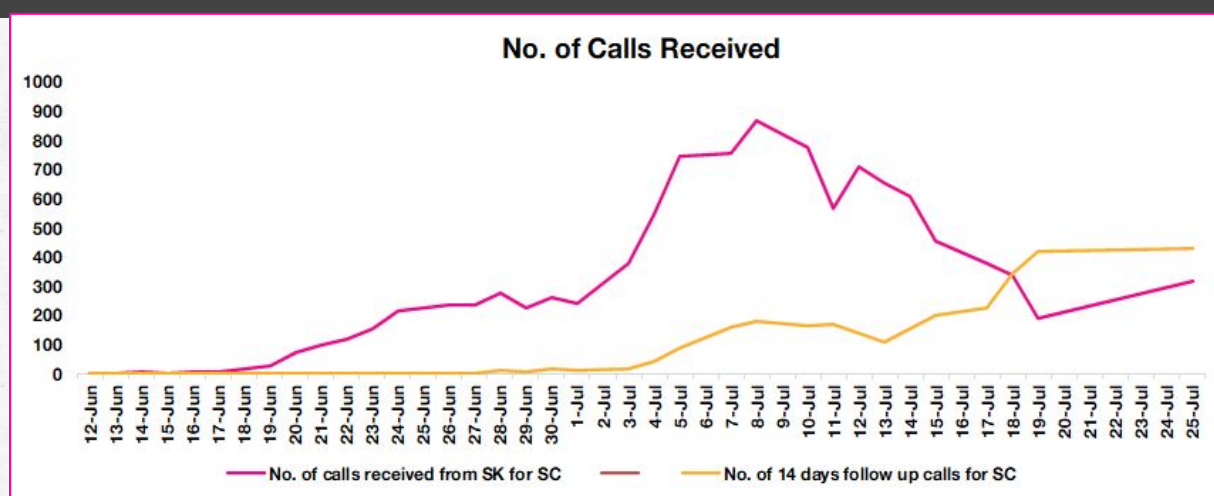


Fig. 7

CASE POSITIVITY TREND ACROSS 35 CFRC DISTRICTS

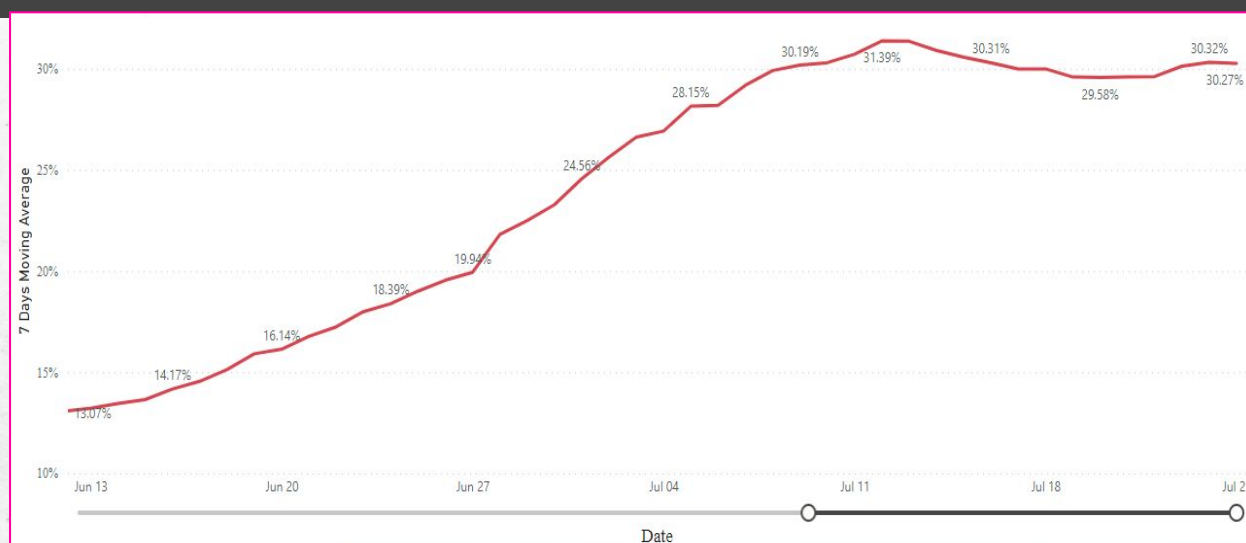


Fig. 8

45,191 suspected cases (67%) were connected with telemedicine services.

Mobile connectivity issues in some rural areas and expenses for health workers to make calls to connect people with doctors were a few of the additional challenges regarding the provision of telemedicine services. We are working on resolving these issues, including by increasing the number of telemedicine doctors. We have introduced hotline numbers for doctors to redistribute the workload and reduce waiting time for patients.

An exponential increase was observed in the number of calls received by the telemedicine doctors from 17 June to 10 July. Even though the number of calls dropped slightly during the Eid-ul-Azha holidays, they are picking back up.

There is a steep rise in the number of follow-up calls made for the suspected cases. Figure 7 shows the increase in daily calls received, indicating a spike in the number of reported symptomatic cases prior to Eid-ul-Azha holidays and an increase in follow-up calls indicating prolonged symptoms.

Community engagement and building ownership among community leaders

"I am a Union Parishad member (elected local government representative). I also serve as the Committee Secretary at a Government Community Clinic in Joypurhat, Rajshahi. When I first heard about BRAC's mask distribution initiative, I thought that this would be one of those one-off show events where people give out masks to take photos.

However, my perception completely changed when I was invited to attend a training session on COVID-19 behavioural change reinforcement from BRAC. Other local leaders also attended the training, and we learned about the importance of wearing masks, how to wear them properly and about how research shows that telling people again and again to wear a mask can increase mask-wearing behaviour significantly and hence reduce COVID-19 transmission. We all saw what happened right next to us in India, so we took this very seriously.

"Since then I have formed a team to reinforce the practice of wearing masks. The team approaches anyone who is roaming around without wearing a mask - a kind of 'mask policing'. Now when people see me or my team, they take out the mask from their pocket or bag and wear it. Otherwise, they know we will stop them and ask publicly."

-Shahjahan Ali

Elected Local Government Representative, Panchbibi Upazila, Joypurhaat



Shahjahan is one of the 13,670 community leaders (local elites, religious leaders, union parishad members/chairpersons) who have been trained to reinforce the practice of wearing masks in their respective communities. Community leaders across 35 districts are currently playing an active role in disseminating knowledge and creating an enabling environment for better practices regarding COVID-19 prevention. So far, 129,075 masks have been distributed through community leaders.

More than 8,033 existing community groups, which are attached to government community clinics, have been activated through community leaders.

163,054 community group members have been oriented and trained on distributing masks, promoting mask wearing behaviour and reinforcing mask wearing practices. So far 1,349,610 masks have been distributed to community group members in order to aid reinforcing activities on the ground.

Mask distribution at ferry terminals

From 1 July, a more strict lockdown came into effect restricting movements in and out of Dhaka. BRAC partnered up with Rover Scouts to ensure mask usage, with Rover Scouts distributing 4,700 masks in two days. The government lifted lockdown restrictions between 15 July to 23 July, and the capital's exit points, especially ferry terminals, were flooded with people yet again. BRAC, again, deployed staff and volunteers at these exit points to ensure people wear masks and stay safe while traveling home. A total of 81,540 masks have been distributed at ferry terminals so far.



Mask distribution and COVID-19 testing at seasonal cattle markets

Cattle markets are the most crowded places in Bangladesh during Eid-ul-Azha, and many people visited them without wearing masks or following health protocols.

BRAC's frontline workers and volunteers took positions in 1,549 of the busiest cattle markets across 35 districts, and distributed 694,809 masks to people visiting the markets without masks. Our volunteers and staff also ensured continuous reinforcement of mask-wearing messages through miking, posters and distributing leaflets.



Given the crowded nature of the cattle markets, it was essential to be able to identify potentially-infected people and isolate them as much as possible. In order to support market authorities to have safe business opportunities for cattle farmers, BRAC set up rapid antigen testing booths in nine cattle markets of Dhaka North City Corporation from 17-20 July. A total of 238 individuals got tested during those three days, of which 19 people tested positive.



Mass awareness-raising activities

BRAC has been raising awareness regarding the COVID-19 pandemic through miking in communities. The message broadcasted through miking focuses on the importance of mask-wearing and the role of BRAC's community health workers in responding to households with suspected cases. In addition, it is meant to raise awareness on the fact that the risk of being infected is still a looming threat regardless of age, religion, class or gender. As of July 2021, local miking has been conducted in 280 high-risk sub-districts.

In addition to miking, an awareness campaign through local cable TV has also been rolled out across 35 districts.



Latest coverage

- [Devex: Bangladesh battles third wave of COVID-19](#)
- [Dhaka Tribune: Brac provides Covid-19-related services in Satkhira](#)
- [Dhaka Tribune: Community engagement brings down Covid cases three-fold in Joypurhat](#)
- [Pacific Press Agency: Bangladesh: BRAC starts antigen testing in 9 cattle markets in the capital](#)
- [The Good Feed \(BRAC Blog\): How do we build forts of resistance against COVID-19?](#)
- [The Good Feed \(BRAC Blog\): COVID-19: Update from Asif Saleh \(9 July 2021\)](#)
- 9 talk shows hosted (Channel 24, Ekattor TV)



106 social media posts have been released so far, **reaching 9,857,043** social media accounts. Subscribe to our [Facebook](#), [Instagram](#) and [Twitter](#) channels to follow our social media updates.

Connecting voices from ground with policy makers and global experts

BRAC, CSO Alliance and Bangladesh Health Watch jointly organised a national consultation meeting on 50 years of health and sanitation in Bangladesh and what the future of healthcare looks like amid the pandemic, on July 17 2021. BRAC's community health worker Mahmuda Zannat spoke about her experience on the ground, alongside other distinguished speakers. The discussion was virtually attended by more than 400 invited guests from NGOs, academia and government agencies.



Webinar: 50 years of Bangladesh: Role of NGOs and CSOs in Improving Health and Sanitation				
Chief Guest	Guest of Honor	Keynote Speaker	Chair	Moderator
 Prof. Md. Habibe Millat MP Member of the Parliamentary Standing Committee on Science and Technology	 Aroma Dutta MP Member of the Parliamentary Standing Committee on Ministry of Social Welfare	 Dr. Ahmed Mushtaque Raza Chowdhury Former Vice-Chair, BRAC Professor, Columbia University, USA	 Rasheda K. Choudhury Convener, CSO Alliance Executive Director, CAMPE	 KAM Morshed Senior Director, BRAC
Panelists				
 Dr. Shahaduz Zaman Medical Anthropology and Global Health Brighton and Sussex Medical School UK	 Dr. Morseda Chowdhury Director Health, Nutrition & Population Programme, BRAC	 Hasin Jahan Country Director WaterAid Bangladesh	 S.M. Harun Or Rashid Lal Executive Director SOLIDARITY, Kurigram	
Date: 17 July, 2021 Bangladesh Time: 11am		facebook.com/Bangladesh-Health-Watch-BHW-109403770656047		



Partners

Canada



UK Government



Unilever

CSO Alliance

DAKCHE ABAR DESH (BANGLADESH CALLS AGAIN) CAMPAIGN

The campaign was initiated in 2020, in collaboration with Grameenphone, and has now been restarted to raise funds to provide emergency cash support to people in extreme poverty who have been hit the hardest by the pandemic and nationwide lockdowns.

So far,

- BDT 70 million (USD 827,000) from BRAC's own fund and staff contributions was provided in emergency cash support payments of BDT 1,500 (USD 18) to **50,000** households in 19 of the most vulnerable districts through mobile money transfer before Eid-UI-Azha.
- BDT 50 million (USD 590,000) has been received from Grameenphone, as well as approximately BDT 104 million (USD 1.2 million) from a number of commercial banks in Bangladesh, which will enable further support.
- The next tranche is expected to cover a further **100,000** households in vulnerable situations.

We particularly appreciate the support of Dutch Bangla Bank, Mutual Trust Bank, Eastern Bank, Mercantile Bank, BRAC Bank, Dhaka Bank, Bank Asia, United Commercial Bank, Standard Bank and Grameenphone.



SPOTLIGHT: COX'S BAZAR

COVID-19 response: July 2021

- **13,500** households in the camps and **42,000** households in the host community were reached with awareness messages.
- **21,000** masks were distributed to families in both the camps and host community, and **224** soaps were distributed to families in the host community.
- **1,311** people were referred to health facilities for suspected COVID-19 cases by BRAC's community health workers during home visits. Health facilities in the Rohingya camps have continued operations with COVID-19 safety measures in place and suspected cases are referred for testing.
- The preparation of a **COVID-19 sample collection booth** in one health centre is ongoing, with the support of the World Health Organization.
- Government health facilities in Cox's Bazar have been supported with **doctors, 1,200 hand sanitisers, 7,000 surgical masks, 500 N95 masks, 500 disinfectant sprays, 600 hospital gowns, and 200 liquid soap bottles.**
- BRAC is preparing to provide cash support to **30,000** vulnerable households affected by COVID-19 in Cox's Bazar Sadar and Ramu through special support for the host community by the World Food Programme.

SPOTLIGHT: FLOODING AND LANDSLIDES IN COX'S BAZAR



Continuous heavy rain in Cox's Bazar from 26 July has caused intense flooding, submerging much of the Rohingya and host communities in Cox's Bazar. Families have taken refuge in nearby communities, where they are currently receiving emergency relief items, protection and medical support.

Multiple deaths and injuries have been reported, as well as widespread damage to shelters and houses, water, sanitation and hygiene facilities, community facilities, learning centres, health facilities, waste management facilities and general infrastructure, in both camps and host communities.

Flash floods, water logging and landslides pose a significant continuing threat, with further rain expected. Families have been forced to abandon their houses and seek shelter in cyclone shelters, neighbours' and relatives' houses and open spaces in nearby communities.

BRAC has been on the ground, closely monitoring the situation and responding with emergency humanitarian support. Our activities so far have included:

- **6,248** cooked meals provided
- **928** families supported with repaired and improved drainage channels
- **779** families received shelter kits
- **5,202** packets of high energy biscuits distributed

Additionally, support is being provided such as shelter to families through child friendly spaces.

Urgent remaining needs include dry food, safe drinking water and medicine.

Recovery activities such as **reinforcing local road networks, repairing bridges/culvert, shelters and houses, improving surface drainage systems including the re-excavation of natural canals are among the immediate needs after rainwater recedes. In the longer term, technological and environmental solutions** are needed to reduce the risk of landslides and water-logging.

Coverage: BRAC's Area Director featured in: [New York Times: Deadly Floods Leave Thousands of Rohingya Refugees Homeless Again](https://www.nytimes.com/2021/07/27/world/asia/bangladesh-floods-rohingya-refugees.html)