



COVID-19: SITUATION REPORT

2 APRIL 2020



15M

programme
participants oriented
on COVID-19



100K

workers on the
ground covering 64
districts



390K

personal
protective wear
distributed



886K

hygiene products
distributed



450K

reusable and washable
cloth masks produced
by Aarong

Make empathy go viral: Urgent appeal

BRAC has allocated a budget of BDT 150 million for 100,000 low-income families in urban slums, semi-urban and hard-to-reach areas whose livelihoods have been impacted due to the social distancing measures of the COVID-19 pandemic. BDT 1,500 will be provided to each family as an emergency food assistance fund, starting from today, Thursday (2 April).

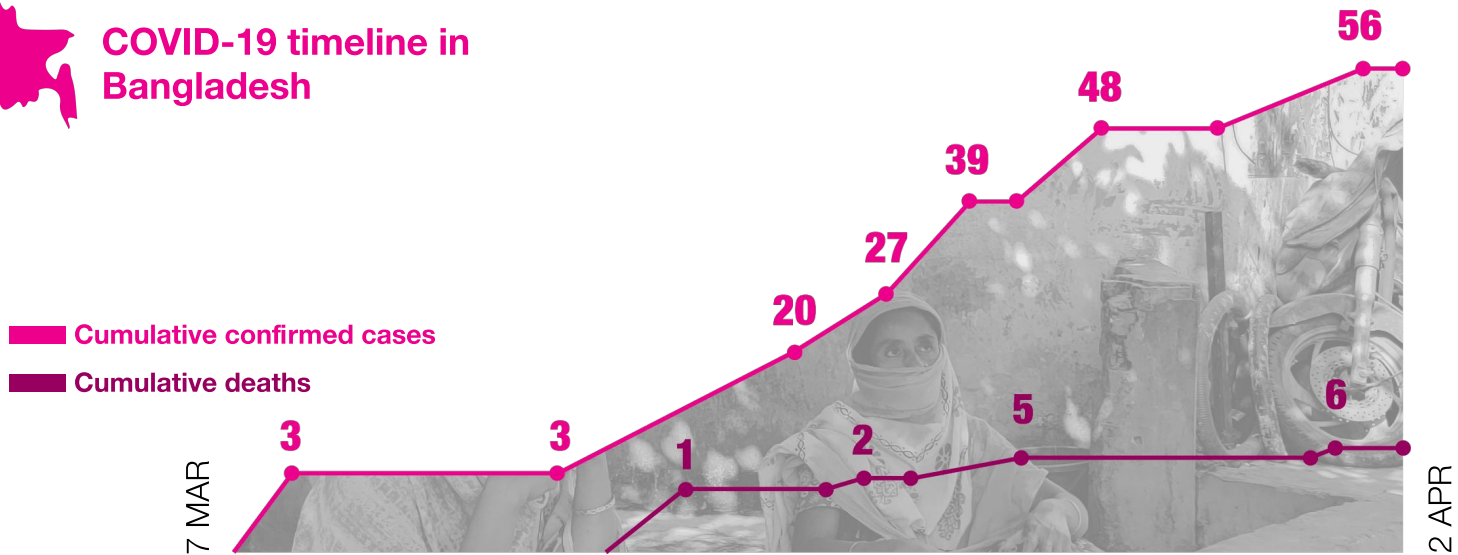
BRAC has also launched a fundraising appeal to scale up the effort and increase the coverage. Any individual or organisation can donate. Details are available at: <https://www.brac.net/covid19/donate/>.

Situation overview

- **WHO confirmed the number of people tested positive for COVID-19 is now 857,641 across 205 countries.** There have been 42,006 deaths reported (updated: 2 April 2020, 9.00 CET). The USA has the highest number of confirmed cases. Half of the world's population is in lockdown.
- **In Bangladesh, a total number of 1,896 tests were conducted to identify 56 confirmed cases.** IEDCR reported that two of these cases were confirmed in the last 24 hours. Six deaths have been reported to date. 141 suspected cases were tested in the last 24 hours. So far, no confirmed cases have been identified in the Rohingya camps in Cox's Bazar.
- **Thousands of Bangladeshis, including those who have travelled to Saudi Arabia to perform Umrah (an Islamic ceremony), are now stuck in the Middle East.** They are facing financial difficulties amid suspended air flights. More than 5,000 cases have been detected in the region.
- **The Government of Bangladesh has extended the general holiday until 9 April.** The Honourable Prime Minister has instructed against any public gathering, including during the upcoming Bengali New Year's celebration in mid-April.
- **Health facilities continue to be under-equipped in terms of intensive care unit facilities, and personal protective equipment.** Patients showing COVID-19 symptoms continue to be denied treatment.
- **The Government has rolled out an initiative to provide food support to families in poor and marginalised situations who, due to the shutdown, have lost their income.** The government has allocated BDT 11.24 crore and 39,667 tonnes of rice as humanitarian assistance for people living in poverty in 64 districts. The Prime Minister promised to support affected families for six months.



COVID-19 timeline in Bangladesh



BRAC's response to COVID-19

BRAC's immediate short-term focus is prevention, through community engagement, behaviour change and mass campaigning. This has included creating a world-standard course on COVID-19, using it to train staff and volunteers, equipping them with personal protective equipment and then sending them to 15 million households armed with information and sanitation products.

In parallel, we are strengthening systems, through providing information, volunteers and resources to government and civil society organisations. This has included supplying doctors to IECDR's dedicated public hotlines, supplying field support teams at the community level, creating public resources on how to correctly use PPE, providing insights to A2i (a key wing within the ICT ministry) on where communication gaps exist and sourcing ventilators and beds for under-resourced hospitals.

After the recent shutdown, BRAC is focusing on ensuring short-term relief to low-income earners and those living in poverty in cities and rural villages. Treating it as a humanitarian crisis, BRAC has made an initial commitment of BDT 150 million and started supporting people from today, and an appeal has been launched to mobilise additional funds. Public-private partnerships have also been created, as well as mobilising funding from institutional funders. BRAC will ensure the funds reach the ground, and are distributed to 100,000 people who live in extreme poverty.

As we realise that the economic impacts of the pandemic will be protracted, we are beginning to focus on livelihoods, developing a mid to long-term strategy for economic revitalisation of those living in extreme poverty. Amidst an extremely fluid situation, BRAC is focusing on remaining adaptive and agile, and keeping pace with changing needs, particularly the needs of the people in the most vulnerable situations. We are also undertaking rapid needs assessment and evidence generation for mid to long-term response.





Orientation, safety and safeguarding of staff and communities

- **15 million** programme participants have been oriented on COVID-19.
- **8 million leaflets and 4 million stickers** continue to be distributed through frontline staff at the community level.
- **886,117** hygiene products have been distributed to staff and members of the community. 390,695 pieces of protective wear have also been distributed.
- **500,000** sachets of liquid soap, provided by Unilever Lifebuoy, were distributed to people living in slums and in ultra-poverty by BRAC frontline staff.
- **450,000** reusable, washable cloth masks have been produced through BRAC's social enterprise Aarong to frontline staff, volunteer responders and programme participants. Mass production will continue.
- **310,000** people in the Rohingya camps and more than 46,000 people living in the surrounding host communities have been informed on how to prevent and fight the virus.
- **128,364** BRAC staff and volunteers have been oriented on COVID-19 through BRAC's online orientation sessions with healthcare experts and training modules.
- Bangladeshi celebrity Momtaz has featured in a music video to **increase awareness** on COVID-19. BRAC is raising awareness through print media, television scrolls, television advertisement, talk shows and online news portals that link to BRAC's dedicated [web portal on COVID-19](#).
- **1,638 sanitisers** have been distributed to protect day-labourers, rickshaw pullers and street vendors in Dhaka. The sanitisers were produced by faculty members of BRAC University's Department of Pharmacy and Pharma Society.



Strengthening of systems

- **41 hand washing stations** have been installed in partnership with city corporations. We have also disinfected busy public spaces in partnership with Dhaka North City Corporation, Saidpur Municipality and Jhenaidah Municipality.
- **20 doctors**, including nine women doctors, have been recruited by BRAC to support IEDCR's 24 hour tele consultation hotline. Together, they have answered over 8,000 calls in the last week.
- Moner Jotno Mobile-e (*Phone-based emotional support*), a nation-wide tele-counselling platform, was launched today through BRAC's partnership with Kaan Pete Roi (*Emotional support helpline*) and the Psychological Health & Wellness Clinic.
- The Directorate of Secondary and Higher Education and a2i are running **classes for secondary students on TV** while schools are closed. BRAC is designing content and lesson plans, and our teacher trainers are conducting lessons.



Partnerships

- The **Australian Department of Foreign Affairs and Trade (DFAT)** granted BRAC AUD 1 million for the second cycle of the response. The funding, utilised over the next six months, will provide food support and/or cash stipends for 51,750 people of 11,500 households, and ensure that education is continued for students of Grade 5 to secondary school through distance learning and telemonitoring. BRAC also received AUD \$0.6 million from DFAT for the first cycle of the response.
- The **UK Government's Department for International Development (DFID)** granted BRAC GBP 1.02 million to comprehensively support BRAC's immediate response plan, which included providing support to government health facilities and stakeholders.
- **A2i, under the Ministry of Science and Technology, formed a steering committee** with the Directorate General of Health Services (DGHS), UNICEF, BRAC and other government and development entities to streamline the needs and gaps in COVID-19 communications and awareness-building. The committee is identifying target groups, including patients, lactating mothers, young people and religious leaders, and developing need-based awareness messages and dissemination strategies through each agency.



Food security and social and economic recovery

- **4,000** food packages have been distributed by BRAC to households living in poverty in urban areas. A total of 7,500 households will receive these essential packages, funded by Standard Chartered Bank.
- **451** informal workers in brothels have been provided packages of essential supplies.



Emerging risks and challenges

- The Prime Minister's Office has taken more direct interest in managing the situation and the Prime Minister had a video conference meeting with the District Commissioners with clear instructions. However, there still is **lack of clarity** about the overarching response plan based on various worst case scenarios, and the resulting confusion at various levels is impacting the effectiveness of both public and private interventions. Even at the micro level, confusion about the intensity of threat that this virus may pose among communities seems to be one of the key factors behind the casual attitude towards following the government's instructions to maintain social distance and avoid gatherings.
- **Though it is expected that all testing labs outside of Dhaka will be operational by 5 April**, the actual tests will be dependent on the availability of trained human resources, test kits and the health-seeking behaviours of the individuals who may be infected by the virus. Uncertainty about impact on livelihood, social stigma and lack of information appears to be preventing self-identification of people with symptoms. Lack of institutional quarantine and isolation facilities outside the capital city may also be discouraging people to come forward for treatment.
- **Lack of awareness, unavailability of personal protective equipment (PPE) and unease among workers in the healthcare sector** has already impacted availability of treatment for other ailments in both public and private hospitals. By the end of the week however, the PPE situation improved, after clear instructions from the PM about not letting anyone but workers in the health care sector use PPE.
- **The lockdown has made it difficult for people suffering from non-COVID-19-related ailments to seek medical help.** As a result, hospital footfall has significantly reduced. The reduced ability of the public health system to deal with other diseases is a concern, particularly with dengue season starting soon. A lack of treatment for dengue patients could be catastrophic.
- **Data and evidence has always been a scarce commodity in Bangladesh's public health sector.** With the ongoing lockdown and stoppage of transport, this scarcity becomes acute. Framing public health policies and strategies to deal with COVID-19 in a void can be a challenge and risky. In absence of it, a local daily reported from the civil surgeon's report that there was a 14-fold increase in reporting respiratory illnesses in the month of February compared to the same time last year.

- **Lack of livelihood has already forced workers in the informal sector out in the open, especially outside Dhaka, to whom ‘social distancing’ is a culturally alien idea.** People living in the city, such as street vendors, are coming out in search of livelihood. In the rural areas, the *Boro* (special type of rice cultivated on residual or stored water in low-lying areas) cultivation will begin within a week, which requires the entire rural economy to participate. If the combined efforts of public and private organisations cannot arrange for immediate relief and cannot sufficiently convince people to maintain social distancing during the harvest, it will be difficult to keep people inside. Please see BRAC’s Executive Director’s article about the impact of this shutdown in an opinion piece published this week in Dhaka Tribune: [Pandemic of Hunger](#).
- **Certain demographics remain unreached with information and awareness**, for example, brick kiln workers are still working in close proximity to each other. Similarly, the floating population of the cities and the people in the remote Chittagong Hill Tract areas are less aware of the risks.
- **Rohingya communities living in the camps of Cox’s Bazar remain extremely vulnerable.** Civil society organisations are urging the government to temporarily allow mobile and 4G internet connectivity in Ukhiya and Teknaf refugee camps to allow access to life-saving information. Military forces on duty at Cox’s Bazar are partially restricting vehicle entrance into refugee camps.
- As the **recently-announced government subsidy for the RMG sector** will go in the form of workers’ salary through mobile financial services, it will be important to have policy relaxation for people to register for mobile wallets. This will also help emergency cash transfers for people living in urban poverty.
- **Prayers at religious institutions continue.** Efforts to limit physical distancing are compromised in these gatherings.



Partners

