

COVID-19: SITUATION REPORT

6 APRIL 2020



17 million

programme participants oriented on COVID-19



100,000

workers on the ground covering 64 districts



876,906

items of protective wear distributed



1 million

hygiene products distributed



54,495

families received cash support

Make empathy go viral: Urgent appeal

BRAC is halfway through providing 100,000 families living on low incomes with the means to buy essential food items for the next two weeks. We have launched a fundraising appeal to scale up the effort and increase the coverage.

Details are available at: <https://www.brac.net/covid19/donate/>



BRAC has reached **54,495** out of a targeted **100,000** families with cash support



FROM THE GROUND

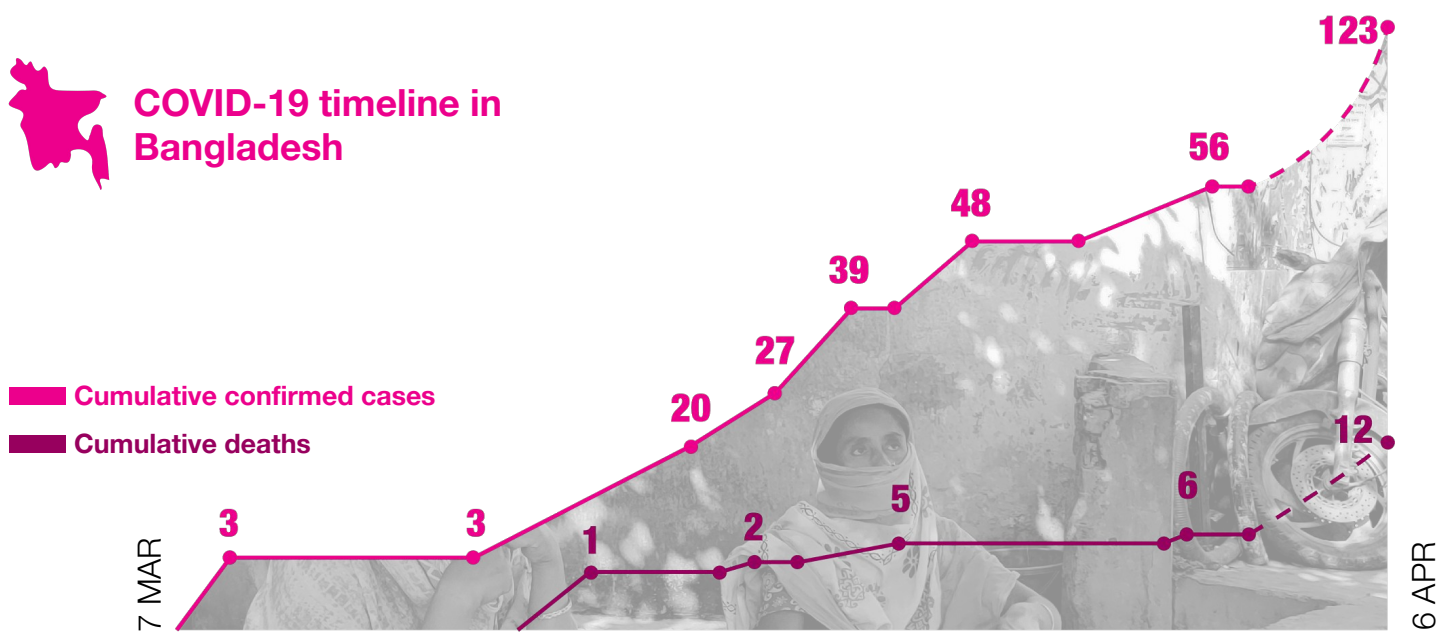
"The cold storage where I used to work closed 10 days ago. I still went there yesterday hoping that I could get some work. The manager took pity on me when I said I had been fasting with my five daughters for the last few days and gave me a few potatoes. My father-in-law received some rice last night from begging which I cooked for dinner. My daughters have been crying since morning for food so now I am boiling the potatoes. That is all the food we have got".

Nila, a participant of BRAC's ultra-poor graduation programme in Rangpur, speaking to a BRAC staff member when receiving BRAC's cash support.





COVID-19 timeline in Bangladesh



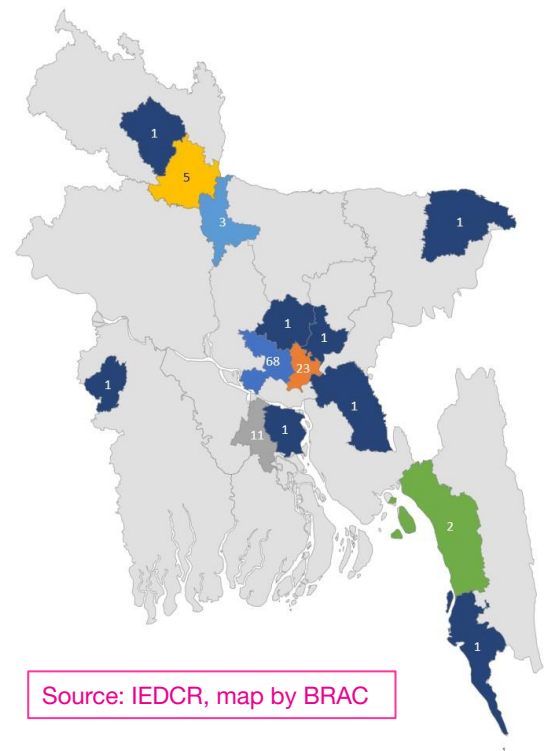
Situation overview

- Globally, there are **1,174,855** confirmed cases of COVID-19. The World Health Organisation reports that 64,471 lives have been claimed across 209 countries (updated: 6 April 2020, 14:45 GMT+6).
- In Bangladesh, there has been a spike in reported cases; there are currently **123 confirmed cases**. 35 of these cases were identified in the last 24 hours. The government's Directorate General of Health Services and Institute of Epidemiology, Disease Control and Research (IEDCR) have confirmed **12 deaths to date**, 3 of which were confirmed in the last 24 hours. The government decentralised COVID-19 testing to **28 hospitals in the country** this week.
- The World Bank has allocated **USD 160 billion** for its member countries to help combat COVID-19. USD 100 million will be lent to Bangladesh.
- The pandemic is expected to significantly impact **Bangladesh's remittances**. Many documented overseas workers are receiving minimum wages for their work although most businesses are in shutdown, but undocumented workers are struggling with no income. March remittance was down by 13.34 percent year on year - a 15 month low.
- The Prime Minister of Bangladesh declared a **special stimulus package of BDT 727.5 billion** in order to increase public spending through increased monetary supply. This is targeted to help industries, particularly small and medium-sized enterprises.
- A rapid **influx** of people was seen this week as they returned to the capital to resume work. Most of these people rode crammed ferries, pickups, trucks and lorries. More **than a million garment factory workers have lost their jobs** due to the ongoing economic losses faced by factories and buyers. Mass congregation in religious institutions has been discouraged.

Confirmed Cases by District

As of 6 April, 2020

68 23 11 5 3 2 1





BRAC's overall 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 17 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 IEDCR's dedicated public hotlines, supplying field support teams at the community level, providing insights to A2i (a key wing within the ICT ministry) on where communication gaps exist, and sourcing equipment for under-resourced hospitals.

While the economy is in 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 an appeal has been launched to mobilise additional funds. Public-private partnerships have also been created, as well as mobilising funding from institutional partners.

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.



Emerging risks and challenges

- **Transportation costs, particularly in urban areas, have increased.** Movement is also increasingly difficult due to unavailability of vehicles. BRAC staff directly involved with the COVID-19 response are facing difficulties due to vehicle scarcity.
- **There have been growing restrictions on accessing Rohingya camps in Cox's Bazar;** limited BRAC staff members have been allowed in to continue mass awareness activities on COVID-19. Community members continue to reach nearby families with messages.
- **Many misconceptions exist about using masks and other personal protective equipment (PPE).** WHO and the government are ensuring that people are aware about which patients and service providers require the equipment, so that there is sufficient equipment where and when it is needed to provide treatment to patients.
- **Buildings, organisations, communities and villages with new cases of COVID-19 infections are continuing to be locked down.** Authorities monitor residents, but fear, rumours and stigma are causing people to flee and avoid reporting symptoms. Households, communities, buildings and individuals that are in lockdown, self-quarantine or self-isolation are often discriminated against. Marking houses with red flags has been criticised, but similar incidents continue to occur.
- **Uncoordinated food relief distribution is taking place particularly in urban areas by voluntary organizations.** Coordination is needed to ensure that government standing orders for disasters (SOD) are followed. Dhaka City Mayors have started an initiative partnering with NGOs.
- **BRAC staff have been stopped because of movement restrictions,** have faced difficulty in finding targeted families due to the rapid mass exodus from the capital city, and additional time has been needed to go door-to-door rather than using central distribution points

- **There have also been challenges with ensuring the accuracy of targeting, because of sudden changes in the economic situation of individuals.** People who are struggling have not been lining up for government relief because they have never been classified as having no income, and government officials have been using records from before the economic shutdown and consequently filtering out people based on their previous financial situation. In addition, many people have recently migrated to rural areas.
- **Mobile money was considered as an alternative to cash payments, but the majority of people living in the most extreme poverty still access mobile money platforms through agents, and many agents are not currently operating.** They mostly also do not have national identification cards, and would not be able to easily open their own accounts.



Orientation, safety and safeguarding of staff and communities

- **5.6 million** households across the country are being reached by our 50,000 community health workers and volunteers. They have identified at least 240 suspected cases of COVID-19 and immediately notified concerned local authorities for verification and testing.
- **134,428** BRAC staff and volunteers have been oriented on COVID-19 through BRAC's online orientation sessions with healthcare experts and training modules.
- **2.8 million** voice messages with preventive information on COVID-19 were sent to microfinance clients. Our customer service call centre aims to reach 33,000 clients with phone calls by the end of April and 10,900 clients have been reached so far.
- BRAC's community radio, Radio Pollikontho, along with 15 other community radios, and in partnership with the Bangladesh Community Radio Association, is reaching **7 million** listeners with COVID-19 awareness in 118 upazilas (sub-districts) across Bangladesh.
- BRAC's messages on social distancing, respiratory hygiene and self-quarantine have been viewed **27 million times**. BRAC is raising awareness about COVID-19 through print media, television advertisements, talk shows, radio and live telecasts. Online news portals now link to BRAC's dedicated [web portal on COVID-19](#).
- BRAC's road safety programme is running an awareness campaign disseminating life-saving messages on COVID-19 through loudspeakers from vehicles, and distributing leaflets and stickers in **300 areas** of Dhaka city.



Strengthening of systems

- BRAC, in collaboration with IEDCR and DGHS, launched a COVID-19 self-symptom checker application called Coronarodh: <https://coronarodh.brac.net/>
- BRAC is launching a website this week containing key demographics of slums in Bangladesh to enable individuals and organisations coordinate relief activities so that they reach the people in the most need, reduce duplication, and maximise the reach of our collective efforts.
- BRAC's health programme is collaborating with government hospitals to provide medical and protective equipment to support and strengthen health facilities. So far, 10 ventilators, 60 coveralls, 1,500 pairs of gloves, 300 bottles of hexisol, 1,500 masks, 200 face shields and 200 protective shoes have been provided to Shaheed Suhrawardy Medical College & Hospital and the National Institute of Cardiovascular Diseases Hospital. The resource gap analysis for extending support to other facilities is in progress.
- BRAC is in conversation with officials to promote Moner Jotno Mobile-e (phone-based emotional support), a nation-wide tele-counselling platform, through government circulars in efforts to extend mental health support.
- The 20 doctors recruited by BRAC to support IEDCR's 24 hour tele consultation hotline have answered over 12,000 calls in the last week.



Food security and social and economic recovery

- **7,500** households living in poverty in urban areas have now received essential packages, supported by Standard Chartered Bank and DFID. These essential packages include 7kg rice, 1kg lentil, 1ltr edible oil, 1kg salt, 2kg flour, 2 pieces of hand soap, and 500 grams of detergent powder.



Small-scale situation analysis on people with disabilities: Key findings

People with disabilities are especially vulnerable in times of crises. Activities need to be adapted to ensure that people with disabilities are specifically supported.

To gain initial insights into how people with disabilities are coping through COVID-19, BRAC skills development programme called 100 current project participants with disabilities. A team of 10 enumerators were able to speak to 65 people. A male/female and urban/rural ratio was maintained. Key points from the discussions are captured below. While they are in no way representative of the entire population (because of the limited sample size), they provide important and current information about immediate assistance needed. The age of interviewees ranges from 15-32, with an average family size of 5.32, and all respondents have mild or moderate disabilities (physical, hearing, vision and/or speech impairment).

Key findings:

- People with disabilities are **not being targeted clearly for emergency support**.
- While more families in the urban areas are aware of Covid-19 and can access information on protection, **those living in rural areas are less aware of how to stay safe**.
- The medium of awareness is largely through social media, followed by automated phone messages, television, miking (mobile speakers mounted on cars), leaflets and word of mouth. However, respondents said that the **information they have is very limited and many do not have access to protective equipment** or clearly know how to prevent the virus from affecting them.
- **Awareness raising messages are not accessible for people with disabilities**, for example there were no materials available in Braille.
- **The majority of interviewees were outside the purview of any healthcare support services, and would find it hard to access healthcare if they get sick**. This was mainly due to two reasons; difficulties in getting to the hospitals, and lack of accessibility within the hospitals. People in rural areas noted that the Covid-19 test kits are scarce and mostly handled through government hospitals, where urban testing is prioritised.
- **Most people interviewed are now out of work** and have to depend on assistance and immediate family members (who are also struggling to keep earning amidst the shutdown).
- **Immediate food assistance and supplies are needed in urban areas** as markets have been closed. **Most people in rural areas requested immediate cash assistance and sanitation products**.
- All interviewees were worried about physical illness caused by Covid-19, but were more **anxious about the immediate food shortage and then their future, fearful about economic hardship, repaying loans and falling into further debt**.

Violence against women and children: Key findings

COVID-19 precautions have led to a global surge in violence against women.

In Bangladesh, BRAC's community empowerment programme tracks violence against women through its polli shomaj (women-led institutions) network across 54 districts. Here is a snapshot of its key findings in March:

- 762 incidents were recorded in total in March 2020. **Nearly 90% (680) of incidents were committed against women and girls**, and 10% (83) against men and boys.
- **Family conflict** was a rising cause of violence (231 cases) for both women and men.
- **Dowries were the leading cause of violence against women and girls**, with 232 cases.
- 289 incidents were recorded in six days (26 to 31 March), including 11 rapes, four gang rapes, five attempts to rape, 213 incidents of physical torture, 30 accounts of mental torture, and 26 suicides. A number of these incidents were directly linked to the social and economic consequences of the lockdown.
- Physical and mental torture is **happening inside homes**, with 71% of perpetrators (543) being family members, **mostly husbands**.
- Incidents of rape, gang rape and attempts to rape, sexual harassment, and kidnapping are happening outside homes, perpetrated by mostly neighbours, acquaintances and relatives.
- 66 cases of suicides were recorded, with 15 attempted suicides and 43 murders. These are increasing in the community due to family conflicts, growing anger, dowries, affairs and controlling behaviour of men, parents and in-laws.

BRAC facilitated a total of 823 services to 600 survivors. 270 services were provided directly from BRAC to 234 survivors, and 553 services provided to 366 survivors through referrals and linkage to other government organisations and NGOs.

BRAC is committed to ensuring that survivors of violence are not deprived of essential support during this crisis. Staff are frequently following up with survivors, both over the phone and through home visits in serious cases, and referring survivors to BRAC's human rights and legal aid services programme for legal support. 600 polli somaj leaders, trained in psychosocial first aid support, are providing first aid counselling in their communities. In severe cases, clinical psychologists are connected through tele counselling.

BRAC voice in global media

WORLD
ECONOMIC
FORUM

World Economic Forum: In Bangladesh, COVID-19 threatens to cause a humanitarian crisis - by Asif Saleh

Only 15% of Bangladeshi workers earn more than \$6 a day. The economic shutdown sparked by COVID-19 threatens millions of livelihoods in the country imminently. But there are reasons for optimism, too - not least the country's resilience.

Center
for Global
Development

Center for Global Development: Masks and Handwashing vs. Physical Distancing: Do We Really Have Evidence-based Answers for Policymakers in Resource-limited Settings? - by Asif Saleh and Richard A Cash

As more governments grapple with the immense difficulty of bringing their country to a halt, we see an important pattern emerging: leaders from low- and middle-income countries are increasingly skeptical of mimicking policies that may have worked in China, South Korea, Germany, and elsewhere because of radical differences in demography, health system capacity, and cultural context.



"I read about the WHO guidelines on social distancing and I realised that we can save lives if we can maintain social distance in public areas.

My colleagues and I brought colours and brushes and started drawing circles on the ground. We targeted grocery stores, pharmacies and kitchen markets because they were allowed to remain open during the lockdown announced by the government. We were mindful to take all necessary precautions such as disinfecting equipment and using protective wear. In two days, our circles covered 229 pharmacies and almost 1,000 grocery stores, in five districts in Cumilla. Now our model is being replicated in all 64 districts of the country, and besides receiving praise, people are actually standing in the circles we drew".

Md Mahfuzur Rahman, Regional Manager, Microfinance, Cumilla



BRAC handed over medical and protective equipment to the medical staff of Shaheed Suhrawardy Medical College & Hospital

Partners

