



COVID-19 Yearbook 2020

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BRAC COVID-19 Yearbook 2020

This Yearbook summarises the activities, initiatives, researches collectively undertaken and lessons learned by BRAC development programmes in response to the COVID-19 outbreak between March 2020 and March 2021.

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Foreword from Asif Saleh

The COVID–19 pandemic posed and will continue to pose significant challenges for Bangladesh. Alongside those challenges, though, it is giving us the opportunity to build different strengths, to work together in new ways, and – for BRAC – to continue to stay relevant to the needs of people in the most vulnerable situations. The crisis shed important light on existing inequalities, which we must continue to advocate for after the immediate effects of the pandemic have ceased. Developing new, more equal systems that protect everyone is a crucial key to sustainable recovery.

BRAC advocated for a whole of society approach in dealing with the pandemic to ensure effectiveness, efficiency, speed, scale and most importantly equity. This led to many partnerships with development actors, private sector and national NGOs. The partnership with the government was, however, quite unique and effective. I will share two lessons from that.

First, Slow starts lead to big collaboration.

BRAC's core strength is its reach and access to every single part of the country. We wanted our 40000 health care workers deeply embedded in the national response. However, we started small by supporting the government in filling the gaps in the public response. Like many countries, Bangladesh also faced challenges in rapidly decentralising its testing infrastructure. BRAC deployed sample collection kiosks in high–risk urban areas and operated



them through trained paraprofessionals while the Government provided the expensive testing kits, PPE and testing labs. Similarly, when there was a shortage of doctors in the government helpline, BRAC provided doctors to step in and surge, when there was a quarantine centre needed for returnee migrants, BRAC provided its largest residential facilities. When the lockdown crippled the economy, BRAC initiated the first unconditional cash transfer programme for the ultra poor. From communities in water locked hard to reach areas to indigenous communities in landlocked mountain areas, we identified the ultra poor and planned to provide cash using mobile financial services.

But many of those identified did not have mobile phones or a mobile wallet. But they all had a neighbour or relative nearby who had one. Within days this support went out and impacted close to 2 million people. But the most exciting part of this was that the government was intrigued by this speedy execution

and innovation and reached out for our lessons and announced its own unconditional cash transfer programme using mobile phones which supported 20 million people nationwide.

Second, NGOs build bridges between government and the community.

Our joint work started at the epicenter Dhaka with a model where technology met in house support. People who were calling the govt covid support hotline with symptoms, their location was identified with support from government's ICT ministry and telco companies. This was then followed up by a house visit and telemedicine support by BRAC health care workers. This ensured less critical patients stayed at home. Encouraged by this before the second wave hit us, we worked together with the government to take up a nationwide mask wearing campaign. Not only this took the onus of mask wearing at the heart of community by building ownership through local committees of

influencers and social, religious and political leaders, over a span of a few weeks we distributed 21 million free masks through a programme where Yale and Stanford researchers found a 3X increase in usage of masks.

Whether it is fighting misinformation about vaccination, registering digitally disconnected people for vaccination or even supporting the government to run vaccination centres in hard to reach areas or education through community radio – such community led efforts are proving vital and broad based and complemented government's large scale initiatives ensuring a more equitable end-to-end service delivery journey.

Trust building across different stakeholders and creating a shared vision of impact on the ground is the most critical foundation of all our work. I am sure the lessons from this response will lead to more such strategic partnerships in the future as we deal much tougher challenges in the coming days.

Asif Saleh

Executive Director
BRAC

Foreword from KAM Morshed

The COVID–19 pandemic caught us at the tail end of delivering our 2016–2020 strategic plan while preparing for the next phase. When the World Health Organization declared COVID–19 a pandemic, we wasted no time formulating a contingency plan with a single goal: to stay beside the people we serve. For the world’s largest development agency, drawing up and implementing such a plan was not easy. In dealing with such a hydra–headed crisis, BRAC’s nationwide network and presence at the grassroots was a critical advantage.

Unlike past disasters that Bangladesh and BRAC have tackled together, everything about the pandemic was new and constantly evolving. The impact of the crisis was also changing – from health to livelihood to education to empowerment. Hence, we devoted ourselves to learn and plan together, adjust our course and take decisions on the fly. It was like we were learning to fly an aircraft while building it. There was, of course, a method to the apparent flurry of activities.

We hope that the method that emerged from the learning through testing and re–testing ideas are valuable for BRAC and other development organisations to tackle any future pandemic, which may be just around the corner. This publication is to remind us how we responded and preserve the lessons for the future.

Let me add a disclaimer. Bangladesh is still reeling from the second wave of the pandemic. While the government has put its best foot forward to inoculate 166 million people with the vaccine on time, the possibility of a subsequent wave cannot be ruled out. What is more certain is that the pandemic will continue to affect people who have the least, for an extended period. As part



of the BRAC's strategic plan of 2021–2025, we have already started several programmatic interventions to lessen the impact on the people of Bangladesh.

All ongoing programmes have adopted a new focus on recovery. Interventions have begun to support the 'new poor' to restart their lives. BRAC Education Programme has started assisting students to salvage the learning losses from prolonged school closures. A new initiative to strengthen the public health infrastructure, including the community clinics, is about to be rolled out. Hence, this book does not capture the whole story of BRAC's fight against the pandemic, which we may present in a future edition.

Before finishing this forward, let me congratulate and express my heartfelt gratitude to the thousands of BRAC colleagues who implemented these initiatives to tackle this global pandemic head-on. Many have risked their lives and stayed away from their own families to support thousands of families across Bangladesh.

I would also like to fondly acknowledge the support received from development partners, business entities, and last but not least, the various government functionaries who have given us the resources, knowledge, access and guidance that we critically needed. Finally, I would like to thank my programme colleagues from BRAC's Health, Nutrition and Population Programme, Humanitarian Programme and colleagues from Advocacy for Social Change and Communication who made this publication possible.

I hope that the readers of this publication find it an exciting and valuable reference.

KAM Morshed
Senior Director
BRAC

Inclusionary leadership

We are grateful to all relevant ministries, divisions, and line departments of the Government of the People's Republic of Bangladesh and local government institutions for the opportunity to work hand-in-hand in battling the COVID-19 outbreak. We have received unparalleled support from the NGO Affairs Bureau, the Deputy Commissioners office, and local government institutions, without which we could not have provided assistance to the people living in vulnerable conditions. We would specially like to thank Ministry of Health for their overall guidance and leadership in fighting this pandemic. We appreciate the opportunity to assist the Directorate General of Health Services (DGHS) to install sample collection booths in COVID-19 hotspots. We also appreciate the opportunity to collaborate with Aspire to Innovate (a2i) Programme and Directorate General of Health Services (DGHS), in developing the national COVID-19 database.

Thank you!



Extraordinary partnership

BRAC is grateful to the development and private sector partners for mobilising resources to implement the COVID-19 emergency response strategy. It was only with the help of our development partners that we were able to repurpose existing funds for COVID-19 response. We appreciate the sincerity with which they answered our call for additional resources to reach people who were left in the most vulnerable conditions by the onslaught of the pandemic. We are grateful to the private sector stakeholders who joined hands with us in doing our part for minimising the loss of lives and livelihoods.

Thank you!



Yearbook: BRAC's response to COVID-19 in Bangladesh

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CHAPTER 1

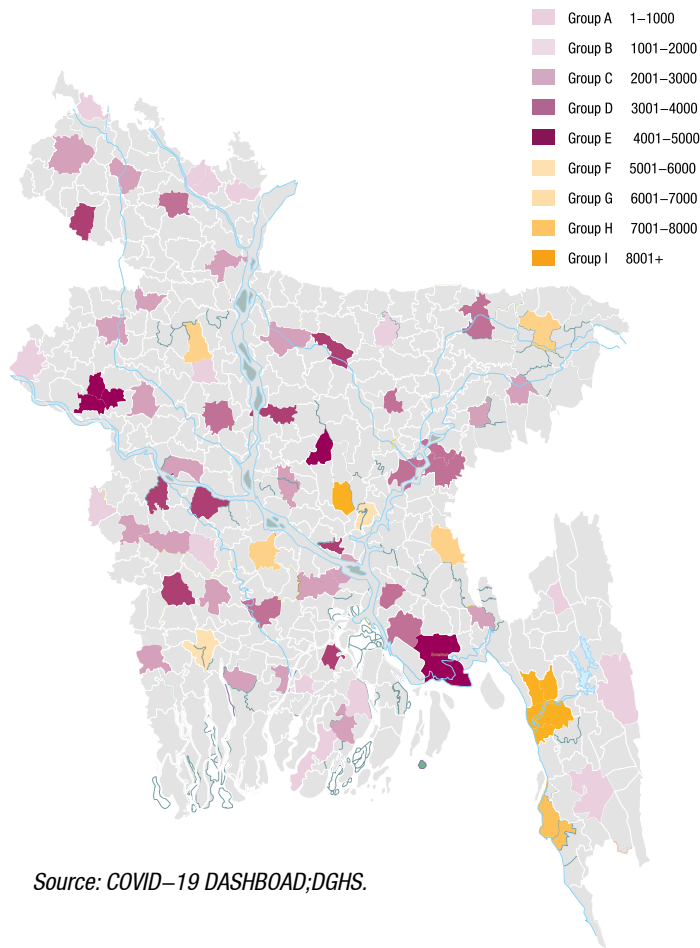
COVID-19 pandemic: Bangladesh context

When the COVID-19 pandemic hit Bangladesh, a country that is as large as the state of Florida, with a population of 166 million people, several questions arose.

Is it possible to maintain social distancing in such a densely populated country? How do we ensure safety for all 166 million people? What can be done to minimise the secondary effects of the pandemic: the poverty, violence against women and increased inequity?

Bangladesh's healthcare sector was unprepared for an emergency of this scale. Preventive measures to slow the transmission drastically affected the livelihoods of millions of people. Approaches which worked in countries in the West may not work in the context of Bangladesh.

There was a need for a collective and holistic approach to contain the virus and respond to the secondary effects of the pandemic. The Government of Bangladesh recognised this, and began to collaborate with private organisations and non-state organisations, including BRAC.



Source: COVID-19 DASHBOARD; DGHS.

CHAPTER 2

BRAC's response to the COVID-19 pandemic

BRAC is an international development organisation founded in Bangladesh in 1972, amidst a humanitarian crisis created by a war of independence. Its community-led, holistic approach is reflected in its southern approach to development, which brings together social development, social enterprises and humanitarian response for lasting, systemic change. As one of the first non-state responders to the pandemic, BRAC immediately mobilised its resources to contain the outbreak.

While the Government of Bangladesh drafted a national COVID-19 preparedness and containment strategy, BRAC developed a rapid strategy to complement the government's efforts.



Pillar one: Sensitising BRAC staff

Preparedness and safety was the number one priority. To get life-saving knowledge and tools to communities in Bangladesh, however, **BRAC first needed to ensure that its force of more than 100,000 staff members understood COVID-19 and the challenges it brought.**

Up-to-date information was sourced. Data and trends were collated from around the world and from



agencies of the government's Ministry of Health and Family Welfare. Higher management coordinated across global networks and attended workshops to better grasp the pandemic, and how to respond to it.

A tier-based training module was developed.

Internal staff began to learn new health and safety protocols. The module included the latest information on COVID-19, and defined the roles for staff members of each tier. Technical workshops were held with national health experts, to understand transmission trends and possible preventive measures.



Master–trainers were created with the aim of building awareness around prevention and protective measures by 10 March 2020, before COVID–19 was announced as a national health disaster in Bangladesh. The master–trainers oriented BRAC's frontline health workers to deliver customised messages to communities.

Information cascaded laterally and downstream.

Live tutorials were launched on BRAC's online learning portal for staff, which supported them to get oriented on COVID–compliant behaviours and protection at home. The courses were later included in the government's open learning platform for certification.

By 6 July 2020, a total of 134,588 BRAC staff and volunteers were trained on COVID–19 health safety protocols.



Hygiene maintenance amped up across BRAC's facilities. More than 100,000 handwashing stations were installed, equipped with soap, hand-washers, tissues and water, and included materials demonstrating hand washing techniques.

Frontline staff received health kits containing masks, hand sanitisers, personal protective equipment, hand gloves, infra-red thermometers, surgical caps, mops and floor cleaners. More than 183,000 kits were distributed to BRAC's frontline staff between March 2020 and March 2021, and this is expected to continue as part of delivering healthcare services.





FROM THE GROUND

"I am overseeing 61 polli shomaj (women-led democratic institutions) in Cumilla in eastern Bangladesh. I gathered three members from each polli shomaj, and went door-to-door in the community with critical information when the pandemic was declared. We distributed leaflets and masks, and helped construct hand-washing stations in different areas of the city. I also oriented 20 local theatre groups on COVID-19, who communicated with more than 10,000 people in the region. When the lockdown was announced, I maintained communication over the phone and connected almost 1,500 ultra-poor households with local government representatives, so they can receive essential supplies. I feel proud that my training on the protection and prevention of COVID-19 allowed me to support thousands of people".

Masud Rana

*a programme organiser for BRAC's
community empowerment programme*

COVID-19 cases began to rise. The Government of Bangladesh issued a ‘general holiday’ from 26 March 2020, which lasted until 30 June 2020. **BRAC’s head office operations shifted to a work-from-home protocol from 22 March 2020.** A total of 2,408 staff were equipped, ready to work from home.

With special permission from the Directorate General of Health Services, field and frontline staff continued to provide essential services across Bangladesh.

Death tolls were rising. Strengthening the motivation of the frontline staff became crucial. From April 2020, BRAC’s senior management remained virtually engaged with frontline staff.

‘Mon Khule Motamot’ (‘conversing freely’) sessions provided a platform for two-way interactions between BRAC’s frontline staff and the senior management, along with monthly/weekly **meetings, town-halls and interactive sessions** to discuss staff needs and concerns.

frontline staff were telling their stories. More than 25 human-centric stories and blog posts were published on BRAC’s global blog, The Good Feed, and its Facebook Workplace platform.



Bangladesh’s ‘general holiday’, BRAC’s work-from-home protocol and motivation for the frontline staff



How can a staff body of over 100,000 members be supported during a global pandemic?

As Bangladesh's health sector was strapped for resources, BRAC set up a dedicated telemedicine service for its staff and their family members, supporting them to access health services through the organisation's internal medical professionals.

Six hotline numbers were set up and eight more numbers were later added. An average of 1,100 people sought medical support from these hotline numbers daily.

Daktarbhai, a mobile application for COVID-19 support, was launched. BRAC staff with symptoms received advice and consultation from medical professionals through the platform.

The pandemic worsened mental health. BRAC established a psychosocial support unit consisting of psychologists and psychosocial therapists to support staff.

A mobile application called 'Moner Jotno Mobile E' ('caring for the mind over phone') was launched to connect expert psychologists with people facing extreme stress, anxiety and depression as a result of the pandemic.

Women struggled disproportionately. The burden of unpaid care rose, layoffs took place, and access to sexual and reproductive healthcare services were limited with restricted mobility. **The online forum called 'Moner Kotha' (speaking from the heart) was designed specifically for BRAC's women staff** to create a space for them to share their experiences.

The forum brought gender specialists, psychologists and consultants together to conduct the sessions. Within the first three weeks of launching, 7,685 women, consisting of frontline staff and managers, participated in the forum. The initiative had 300 batches of staff within three weeks of inauguration and 160 experts conducting the sessions.

"I am glad to be able to express myself at this forum. These sessions should be frequently held across all organisations for all staff," shared Sharifa in one of the Moner Kotha forums.

frontline staff were putting their lives at risk to carry out essential activities across Bangladesh.

Compensation packages were introduced for frontline and field staff members. A special monthly allowance was initiated for frontline health workers, in addition to meal allowances.

Health workers who opted out of the organisational life insurance scheme received an additional sum of allowance of BDT 15,000 (USD 180). Staff who needed medical facility care received an additional BDT 10,000 (USD 120). In the unfortunate case of a staff member's death, their family received financial support and life insurance benefits.

Staff also had access to the BRAC-operated isolation centre from April 2020 to June 2020 following quarantine protocols from the Government of Bangladesh. Approximately 300 learning centres, area offices and programme guest rooms were used as temporary quarantine centres and equipped with access to rapid healthcare support including oxygen supplies, pulse-oximeter, thermometer and required medicines.

The Government of Bangladesh declared offices to reopen in phases from July 2020. BRAC's head office introduced a roster for the staff body. Selected staff members had additional tasks of ensuring the adherence



of health protocols at office premises. Meanwhile, pop-ups of health safety were nudged in BRAC's web and intranet portals.

FROM THE GROUND

"A lot of people ask me why I take this risk. I do not do this for money. I feel a sense of purpose in serving the people in my community who need it. I have been working as a community health worker for nine years in my hometown of Nilphamari, northern Bangladesh – a region with high rates of poverty. Many families here do not have access to doctors or treatment. I do all I can to provide reliable information so they can protect themselves against the virus".

Shahnaz Parvin

*a community health worker, Nilphamari
northern Bangladesh*

**Pillar two:
Raising
awareness
across
communities**



BRAC's approach is community-based, with the majority of its frontline staff being from the community they work with.

This expansive network was leveraged to ensure communities across Bangladesh were aware about COVID-19, and knew what they had to do to keep themselves safe.

Information, education and communications materials supported community awareness.

Materials were produced in collaboration with partners of Risk Communication and Community Engagement (RCCE) pillar members – the wing of Bangladesh COVID-19 Preparedness and Response Plan, responsible for uniform communication across the country, published in soft and hard copies and directly distributed to participants of BRAC's programmes.



A special focus was to support the awareness of people living with disabilities, communities in hard-to-reach areas, indigenous communities, as well as support government health facilities, upazila health complexes, and urban slums across 20 cities.



To support the distribution, BRAC collaborated with government entities including ministries, departments, city corporations, and municipalities. Materials were reiterated when needed, with simplified messages and comprehensive content to make them easier to understand.





Frontline staff went door-to-door across 64 districts of Bangladesh, while maintaining safety protocols, to disseminate life-saving COVID-specific messages, such as how to isolate at home and maintain social distance, as well as demonstrate the proper handwashing techniques to communities.

FROM THE GROUND

"I have been working with BRAC as a shasthya kormi (health worker) in Shajahanpur, Bogra, northern Bangladesh, since 2011. In my community, families have been welcoming the awareness around COVID-19. They trust what I say. You cannot really take out the fear from people's minds, but I feel like I bring relief and hope for my community in these challenging times".

Mazeda Khatun (30)

*a community health worker, Bogra
northern Bangladesh*



Communities often rely on their local pharmacies for basic medical advice, which made it crucial to ensure pharmacists were oriented with the right information.

BRAC distributed more than 32,000 copies of special guidelines for pharmacists across 85 sub-districts. A total of 78 million people took part in-person training on COVID-19 prevention and protection, and 4.3 million people were reached through interactive voice responses.



FROM THE GROUND

"This pandemic has posed unprecedented challenges. Many are struggling financially. There is barely any work in their villages. We are trying our best to support them however we can. My colleagues and I distributed 12,000 leaflets on awareness and prevention of COVID-19. We did door-to-door visits to families, markets, shops and pharmacies, demonstrating how to wash hands properly and maintain hygiene. Recorded awareness messages were played via microphones".

Sharmin Sultana Juthi

*a programme coordinator, BRAC Climate Change Programme,
Khulna south-western Bangladesh*

Input from representatives of the Government of Bangladesh supported the behaviour change efforts around COVID-19. Dr ABM Abdullah, personal physician of the honourable Prime Minister of Bangladesh; Dr Meerjady Sabrina Flora, Director of Institute of Epidemiology Disease Control and Research (former), Ministry of Health and Family Welfare; and Dr Be-Nazir Ahmed, Former Director of the DGHS stressed on the seriousness of the pandemic, the necessity to adhere to health safety protocols, maintaining social distancing and on the use of masks.



The efforts of BRAC's field staff were supplemented by behaviour change campaigns. In a video, BRAC's executive director demonstrated effective handwashing techniques and talked about social distancing and the use of masks.

Celebrities joined the cause. Popular folk singer Kuddus Boyati collaborated to produce the song, 'Jaina cholen, maina cholen' (Stay aware, keep following the rules), which gained massive popularity. The song promoted health safety protocols specific to COVID-19 and was launched at the end of March 2020.

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Momtaz Begum, former member of the parliament and popular folk musician, customised some of her renowned folk songs, which were promoted through commercials, radio channels and BRAC's social media platforms. Actor Chanchal Chowdhury and the former captain of the Bangladesh national cricket team Mushfiqur Rahim joined in to advocate for COVID-compliant behaviours.



A video by media personality and agricultural development activist Shykh Seraj was developed, and BRAC telecasted a crop fortification video, reaching 6,000 households in hard-to-reach wetland areas and 2,000 households in indigenous communities.

Nurul and Motaleb were delighted to see this year's bumper harvest, but nationwide lockdowns meant that they would have no helping hands to cut the ripened paddy. Two boys in their early teens, Parvez and Yousuf, noticed this, so they

called 15 of their friends who showed up to Nurul and Motaleb's paddy fields, equipped with sickles. They cut all of the paddy within a day. The news of the young boys helping the two farmers spread across the union and the whole community praised their efforts.

Parvez and Yousuf are members of a youth committee on preventing violence against women and children (under BRAC's community empowerment programme) in Trishal of Mymensingh, northcentral Bangladesh. They both received training and orientation as part of the programme's 'engaging men and boys' initiative.



Awareness raising activities continued throughout the year. During Eid-ul-Azha, one of the largest religious festivals in Bangladesh, messages on health safety protocols were reinforced through microphone announcements and social distancing gaps in tea stalls and other common areas were marked.



FROM THE GROUND

"I read about the WHO guidelines on social distancing and I realised how easily we can save lives if we can maintain social distance in public areas. My colleagues and I got colours and paintbrushes and started drawing circles on the ground, indicating the six feet for social distancing. We targeted grocery stores, pharmacies and kitchen markets because they were allowed to remain open during the lockdown. We were mindful to take all necessary precautions such as using disinfecting equipment and 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, BRAC Microfinance, Cumilla



ঈদকে
সামনে রেখে আবারও
ঘরমুখী মানুষের
ঝুঁকিপূর্ণ স্রোত



Workers in the ready-made garments industry were reached with awareness messages to enhance their knowledge specific to COVID-19 pandemic. Banners at the garment facilities were hung to keep a constant nudge of life-saving information.

Indigenous communities were supported with food, medical assistance, and necessary commodities such as menstrual hygiene kits for women and girls. A campaign was launched on crop security and health safety of harvesters to support five upazilas under four districts (Kishorganj, Netrokona, Sunamganj, Habiganj) in the hard-to-reach haor (wetland) areas.



The Rohingya camps in Cox's Bazar, where nearly one million forcibly displaced Myanmar nationals reside, needed to be urgently equipped with the knowledge and tools to stay safe.

A COVID-19 task force was formed to coordinate with the Inter Sector Coordination Group (ISCG) health sector, the government, WHO, district-level civil surgeon's offices, and BRAC head office, to raise awareness. The Rohingya and host communities in Cox's Bazar were reached with

information on COVID-19 and health counselling and orientations were held with particular focus on handwashing.

More than 103,000 children from the Rohingya camps and more than 9,100 children from the host communities in Cox's Bazar, along with their families, received awareness messages on COVID-19 via an innovative tele-communications service named 'Pashe Achhi' (beside you) model.

The Pashe Achhi team provided training of trainers to 376 staff and 1,182 women volunteers on operating tele-counselling models. In addition, 60 child protection staff received psychological first-aid training through an online platform to provide psychological support to the Rohingya community. In June 2020, BRAC produced 450,000 reusable masks for its staff and the Rohingya community

through the Ayesha Abed Foundation. Artisans from the Rohingya community produced 14,517 reusable masks. Women and girls from 8,500 families received dignity kits in response to rising domestic violence cases.





In the media

BRAC's senior management participated in public dialogues specific to COVID-19. One such discussion was the 'Thomkechi, Thamini' ('Halted, but undaunted') series, which highlighted the millions of people in Bangladesh who were newly pushed into poverty due to the effects of the pandemic.

In partnership with GrameenPhone, two videos were produced on home quarantine and social distancing. A 10-episode online training series titled 'Koshto

Holeo Mukhe Mask Rakhi' ('Keeping the mask on despite discomfort') had been designed and telecasted specifically to promote COVID-compliant habits.

BRAC launched a web portal specifically for highlighting COVID-19 activities to support users to find relevant information in one place. Social channels and BRAC's official website were used to disseminate the awareness materials, including 54 videos shared on social media which have had more than 64 million viewership between March 2020 to March 2021.

The pandemic spread far beyond a public health crisis. Violence against women and children increased nearly four times during the pandemic.

In response, BRAC promoted gender-sensitive messages in partnership with television stations and reached 3.8 million people through 16 community radio stations.

Frontline lawyers provided legal support to survivors. BRAC also partnered with the government, civil society organisations and business platforms to circulate e-flyers through BRAC's own networks and those of its partners.

Shahina Khatun is one of BRAC's Human Rights and Legal Aid Services staff. Most recently, Shahina helped Asma* with her case of domestic disputes – all through a phone. Asma was married off young, and her husband had an addiction to drugs. Things got particularly bad during the pandemic, when Asma's husband tried to force Asma to get money from her mother, physically abusing her and forcing her out of the house when she refused. Shahina carried out an Alternative Dispute Resolution (ADR) process over the phone with Asma, her husband and both of their families. After resolving the matter, they moved back in together. Shahina has continued to follow up with both Asma and her husband since, and they are both doing well. Asma* is one of 4,913 people who benefited from ADR between 29 March and 13 August 2020.

**Name has been changed to protect identity*

The pandemic created an info–demic. A positive correlation was observed between the rise of misinformation, misconception and myths specific to COVID–19, and the rise in infection rates. BRAC’s internal analysis revealed that rumours specific to COVID–19 were increasing rapidly.

Between May and June 2021, BRAC partnered with BDEA to develop a ‘Rumour Map’ by collecting misinformation surrounding COVID–19 to tackle them. BRAC’s communications materials were customised to better relay when to seek support from medical facilities. The revamped mass awareness initiative was cascaded through 16 community radio networks across Bangladesh.

Pillar three: Standing with communities

The pandemic's impacts were protracted, and needed multi-pronged approaches to support communities to cope. BRAC's response in the pandemic was two-fold: an instant approach and a longer term approach.



Immediate interventions included distributing emergency cash and food assistance, health safety kits, and installing handwashing stations. The longer term approach was a sustainable model of the short-term interventions, including further support such as legal consultation.





FROM THE GROUND

"The haor areas (wetlands) remain inundated for half of the year and three out of 10 people here live in extreme poverty. Due to prevailing superstitions, it has been challenging for the communities here to understand the seriousness of the pandemic.

It has been extremely difficult for families in indigenous communities and those living in extreme poverty, many of whom have no source of income right now. BRAC's cash distribution was able to reach these families".

Ashik Rahman

programme organiser, BRAC's integrated development programme, Baniachong, Sylhet northeastern Bangladesh.

To immediately support communities, BRAC used its own funds initially. More funds were later pooled with the help of the private sector, donors, and other partners. A fundraiser was launched at the end of March 2020.

The Government of Bangladesh, the United States Agency for International Development (USAID), Department of Foreign Affairs and Trade (DFAT), Foreign, Commonwealth and Development Office (FCDO), Swiss Agency for Development and Cooperation (SDC), Global Affairs Canada (GAC), the United Nations International Children's Emergency Fund (UNICEF), the United Nations High Commission for Refugees (UNHCR), United Nations Population Fund (UNFPA), the International Labour Organization (ILO), World Food Programme (WFP), The Lego Foundation, Bill & Melinda Gates Foundation, The

Global Fund, GIZ, Microsoft Philanthropies, Reckitt Benckiser (Bangladesh) Limited, PepsiCo Foundation, VF Corporation, The Procter & Gamble Company (P&G), Global Giving, BRAC University, BRAC Institute of Governance and Development (BIGD), BRAC James P Grant School of Public Health (JPGSPH), Standard Chartered Bank (SCB), Grameenphone, Unilever, BRAC Bank, Standard Chartered Foundation (SCF), IPDC, Visa Foundation, Hilton Foundation, International Development Research Centre (IDRC), Medtronic Foundation, Enfants du Monde (EdM), British Asian Trust, Johnson & Johnson, Tom Ford LLC were among those who contributed to funding BRAC's COVID-19 response.

Emergency cash assistance to support families hit the hardest

In an emergency response to the nationwide lockdown, **BRAC disbursed a total of BDT 150 million (USD 180,000) to 100,000 families** living in extreme poverty starting from April 2020.

From 15 April 2020, there were five more rounds of cash disbursement which distributed a total of BDT 598 million (USD 7.2 million) to 394,471 families.

This included indigenous communities in the Chittagong Hill Tracts, migrant workers, ready-made garments workers, people living in extreme poverty, survivors of violence, people with disabilities, and households led by women.

Savings worth USD 12 million were refunded to microfinance clients. For 500,000 clients living in extreme economic hardship, BDT 2,000 (USD 25) was refunded to support them to cope with the immediate shock of the pandemic.

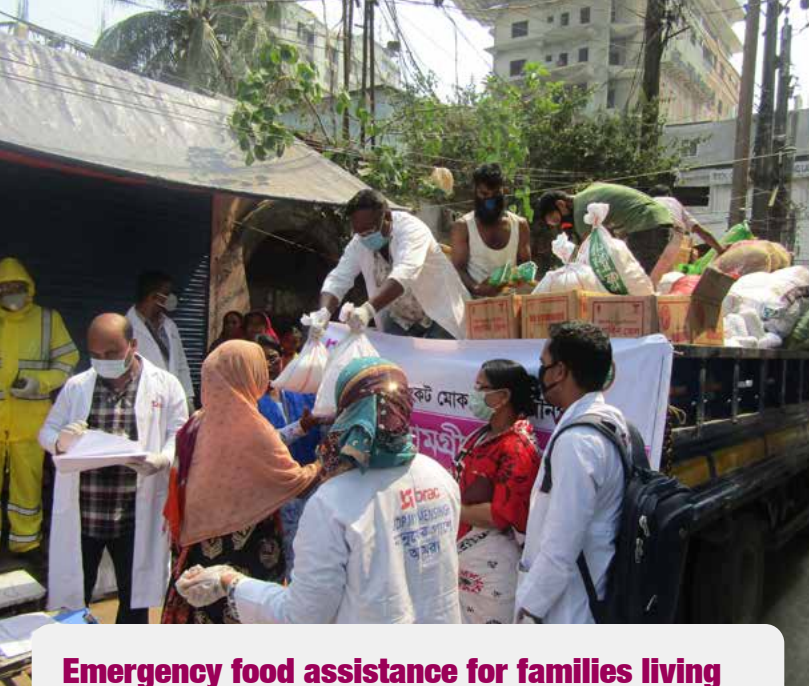


FROM THE GROUND

"I am 60-years-old and I live alone. I used to work as a road cleaner for the city corporation in Mymensingh. It was my only source of income. I have been unemployed for almost a month now – from the first lockdown. It has been very difficult to manage food since then and I was sure that I would die of hunger. With the money I received from BRAC, I have bought rice, lentils and oil. It will help me survive for some days".

Sonia Basfor

a recipient of BRAC's cash support initiative, is from Mymensingh of northern Bangladesh.



Emergency food assistance for families living in vulnerable conditions

Following the nationwide lockdown, 25,340 families living in poverty received emergency food support from March 2020. This included programme participants, families living in extreme poverty, families living in poverty with COVID-19-positive members, sex workers, persons with disabilities, indigenous communities, and elderly citizens.

Each family received a package containing essential household items – rice, lentil, salt, flour, edible oil, soap, and detergent powder.

The World Food Programme partnered with BRAC to provide emergency food support to families living in vulnerable communities in Cox's Bazar Sadar, Ramu and Kutubdia sub-districts of Cox's Bazar.

FROM THE GROUND

"After my area went under lockdown, I continued my work over the phone. I receive calls on domestic conflicts, which are on the rise due to the lockdown. I also receive calls about elderly citizens going days without food. I help them with food and give them the government's helpline number for emergency relief and medical assistance. People need support now more than ever. I am a survivor of acid violence and the sole earner of my family. I received treatment from the Acid Survivors Foundation through BRAC and am proud to be able to help others in need now".

Ratna Mondal

an officer of BRAC's human rights and legal aid services programme, is from Manikganj of central Bangladesh

Equipping communities with COVID-19 health kits

More than 3 million participants received health safety kits between March 2020 and December 2020. BRAC partnered with BRAC University's pharmaceutical department to produce and distribute hand sanitisers and health kits.

The kits included masks, hand sanitisers and soaps. More kits were distributed in Gazipur, following the rise in COVID-19 cases due to the temporary reopening of the RMG factories there.

FROM THE GROUND

"We encouraged people to improve their hygiene practices, and distributed 300 face masks and 500 leaflets through community forums. During mask shortages, I made over 100 face masks and distributed them. If anyone shows COVID-19 symptoms, we advise them to stay in a room alone and self-isolate. If the person feels ill, we advise them to seek medical assistance. We encourage people to call both the government and BRAC's emergency numbers".

Rabeya Khatun (34)

a programme organiser of BRAC's community empowerment programme, is from Mymensingh in north-central Bangladesh.



Between March and December 2020, 418 handwashing stations were installed in collaboration with the local government and youth committees. Tippy-taps were provided to 4,600 households affected by Cyclone Amphan in the Satkhira, Khulna and Bagerhat districts between June and July 2020.

More than **1.7 million hygiene products along with 876,000 protective wears** were distributed in June 2020 alone. An additional 40,000 products were distributed to communities in the Gazipur district in November 2020.

Psychosocial care throughout the pandemic

Mental health care moved online. A telecounseling application, 'Moner jotno mobile e', was developed in partnerships with Kaan Pete Roi, Psychological Health and Wellness Clinic (PHWC) and BRAC Institute of Educational Development, BRAC University.

Aslam (38) had called the hotline of 'Moner Jotno Mobile E' after suffering from repeated panic attacks and insomnia. He had started experiencing them during the pandemic. His constant fear of being infected, and the helplessness of not always being able to protect his family resulted in him avoiding his daily activities. The counsellors at 'Moner Jotno Mobile E' helped him through his symptoms and suggested activities to help him cope with his panic attacks."*

Aslam* (38) is a recipient of psychosocial telecounseling at BRAC's 'Moner Jotno Mobile E'

BRAC remained committed to ensuring that survivors of violence have access to essential support. Frequent follow-ups with survivors were made, and cases were referred to BRAC's human rights and legal aid services programme.

Counselling moved to communities. More than 600 polli shomaj (women-led local institutions) leaders were trained in psychosocial first-aid, and they supported people in their communities to cope through the mental health struggles. In severe cases, the affected persons were connected to clinical psychologists through telecounseling.

Continuing essential services during the pandemic

All 41 of BRAC's maternity centres remained open throughout lockdowns since April 2020. More than 203,000 pregnant women were supported at the centres, and more than 12,000 child deliveries took place. Over 4.7 million contraceptives were distributed and 100,000 adolescent girls were supported with menstrual hygiene products.

More than 1.5 million mothers received counselling on breastfeeding and complementary feeding practices. Early childhood development messages were cascaded, counselling on dietary habits was carried out for pregnant women, and tests for non-communicable diseases were conducted to support individuals through regular check-up.

Dispute resolutions moved online. Livestock assets and vegetable seeds were distributed to help communities living in vulnerabilities to cope with the shocks of the pandemic.



"My husband lost his job during the lockdown. We only had BDT 2,000 (USD 24) saved, and the food we had only lasted for four days. At the beginning, we borrowed money from other people. When we could not borrow anymore, I was convinced we were going to starve. Then I came to know that a BRAC staff member was preparing a list of people who needed emergency cash support in this crisis. With her help, I received BDT 1,500 (USD 18) from BRAC. The first thing I bought was food, and it sustained our family for a while."

Sufia Begum (50) is from the banks of Master Lane lake in Chattogram.

Pillar four: Strengthening systems and institutional capacities

Combatting COVID-19 takes more than a village. BRAC collaborated with the Government of Bangladesh (Ministry of Health and Family Welfare, city corporations, municipalities) and civil society organisations to provide COVID-19-specific services. BRAC also collaborated with its SPA partners, Foreign, Commonwealth and Development Office and DFAT to combat COVID-19 in Bangladesh.





Supplementing the government workforce to collectively contain COVID-19

BRAC deployed doctors, paramedics and frontline health workers at the government facilities to support the government in containing and managing the inflow of COVID-19 patients at health facilities,

In March 2020, BRAC deployed 20 doctors to assist with the Institute of Epidemiology Disease Control and Research's (IEDCR) to assist in providing remote health care services to a huge number of people who had no alternatives otherwise. Pandemic made people frightened to go outside to seek care even when it was urgent.

Telemedicine was the only choice where they can get the firsthand reliable care without any threat of catching infection from outside exposure. In April 2020 alone, the doctors responded to 25,365 calls through IEDCR's hotline.

BRAC continued to raise awareness in communities and shared findings with policymakers. Capacity building sessions were organised to train elected union parishad chairpersons on prevention and COVID-19 containment measures. These sessions took place in five Upazila Disaster Management Committees and 70 Union Disaster Management Committees.



Establishing additional physical infrastructure

During the initial stages of the global pandemic, the health sector of Bangladesh faced the challenges of diagnosing and providing treatment to the large number of COVID-19 patients.

To help tackle these challenges, BRAC recruited, oriented and deployed lab technicians and paramedics to supplement the government's service delivery. BRAC developed 'KIOSK' – a model of covid sample collection booth following South Korea, which was found safe and efficient. Altogether 116 KIOSKs were made and distributed across six districts, 41 alone in Dhaka city which are run by BRAC. More than 80 lab technicians are collecting samples through those KIOSKs located close to community (in city corporation community centres). BRAC is also actively engaged in COVID-19 vaccine front since the beginning starting from debunking myths and misbeliefs, help registering people and bringing people to vaccination centres. During the mass vaccination campaign BRAC, in collaboration with Directorate





BRAC officials are handing over medical and protective equipment to the medical staff of Shaheed Suhrawardy Medical College & Hospital.

General of Health Services (DGHS), vaccinated in nine centres provided by Dhaka North and South City Corporation. Moreover, over 4,000 Community Health Workers (CHWs) and volunteers assisted in managing more than 3,000 centres across the country with mobilisation.

Shaheed Suhrawardy Medical College and Hospital and the National Institute of Cardiovascular Diseases hospitals were supported with 10 non–

invasive ventilators, 10 patient monitors, 10 Intensive Care Unit (ICU) beds, coveralls, masks, gloves, and hand sanitisers. A learning facility with 430 rooms, located at Ashkona, Dhaka, was donated to the government in April 2020 for use as a quarantine facility for returnee migrants.

In a joint collaboration with Dhaka North City Corporation, during the first week of April 2021, BRAC sprayed disinfectant in 34 locations of Dhaka, including hospital compounds, public transport, bus terminals, and local markets. Similar initiatives were also taken in Rajshahi, Cumilla, Jhenaidah, Khulna, and Saidpur.



Providing technological support to develop a national database

BRAC supported the government to use advanced technology to develop a national database of COVID-19 suspected, negative and positive patients.

A data-driven approach to identify infection suspect cases and automate information delivery, through the launch of the application 'Coronarodh' ('impeding the coronavirus'), in partnership with the DGHS, a2i, and BRAC's development programmes.

To track communities most impacted by the pandemic, BRAC coordinated with volunteers and NGOs in the urban areas to launch a map with household data of 453 communities with low income in 12 city corporations and eight municipalities.





In July 2020, a stakeholders' database was developed consisting of information on households in vulnerable states who had been selected for cash and emergency food support. BRAC also launched a map containing household data of 453 communities which are low-income from 12 city corporations and 8 municipalities.

To help implement targeted home isolation and quarantine for symptomatic individuals, BRAC, in partnership with a2i, Directorate General of Health Services of Bangladesh government, International Center for Diarrhoeal Diseases Research, Bangladesh, World Food Programme, United Nations Development Programmes, and Food and Agriculture Organisation, launched an application called Community Supervision Tool (CST), from July 2020.

In collaboration with DGHS and IDInsight, BRAC worked to identify the COVID-19 hotspots and analyse the trends in infection rates. The datasets included information from external organisations such as government agencies, CSOs, private sector entities, and other COVID-19 response organisations.



Cultivating economic opportunity through fabrication technology

BRAC collaborated with public and private universities to use Fablab to promote upskilling related to digital fabrication technologies. The aim was to create an online learning management system to upskill makerspace operators, enhance the application of digital fabrication technologies in humanitarian marking, and engage BRAC's programmes to mitigate development challenges. This project involved international partners such as FlexFab Foundation (FFF).

Collectively tackling education amidst the pandemic

Quickly revamping education service delivery was necessary to ensure learning continued through the pandemic. Education continuity plans were

developed for primary and secondary schools, in collaboration with the government, a2i and education stakeholders.

As a result, BRAC's education programme partnered with Sangsad TV and 'Ghore Boshe Shiki' ('learning at home') to make classes available on television and online.

Since December 2020, 214,866 students of 7,162 government pre-primary schools have been reached through 11 community radio schools. Online classes were taken by experts and the recordings were later published in YouTube to increase accessibility.

BRAC also joined the Global Education Coalition in May 2020, launched by UNESCO to mitigate the immediate impact of school closure and in October 2020, BRAC showcased three schools in the world's biggest education conference.



"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".

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

**Pillar five:
Generating
evidence to
identify policy
formulation**

Snapshot: Research initiatives (thematic)

For much of Bangladesh, the new normal consisted of increased health hazards, new health protocols and economic shocks. Evidence generated helped assess how the pandemic affected people and communities in understanding and coping with the changes.

The objective was to inform policy by highlighting areas where communities needed to be supported. Information



was converted to intelligence. The rapid data collection from the field supported BRAC to tailor its programmes to effectively support participants.

BRAC's 'just-in-time data' approach included rapid data collection, mobile-based data collection, developing data trees, conducting rapid assessments, perception studies, and research initiatives. The outputs of these research activities were disseminated through webinars and other mediums and reached out to relevant stakeholders with study findings and policy recommendations.



1. Rumour mapping: A technology-based rumour map was developed to track district-wise rumours on COVID-19. Awareness messages were developed and disseminated to the most rumour-prone communities based on the map's data. Misconceptions about COVID-19, such as symptoms and vaccines were gathered using this, and then used to develop messages to tackle misinformation.

2. Skills and employment: Research was conducted on the youth who received skills training to ensure decent employment. The research revealed the extent of the pandemic's impacts on the youth.

3. Marginalised communities and hard-to-reach areas: Research focused on understanding the plight of marginalised and hard-to-reach communities, with special focus on persons with disabilities, indigenous groups, transgender

communities, Rohingya community, as well as people living in haors (submerged marshlands). A scorecard was developed based on the data and participants who received government services scored the initiatives, generating district-wise comparative figures.

4. Micro, small and medium enterprises and informal sector: A study on workers from micro, small and medium enterprises, as well as those earning their livelihoods through the informal sector, showed that most experienced either job loss or decrease in income during the pandemic-induced lockdowns. This caused a depletion in savings and mounting debts. Many were compelled to return to their ancestral villages.

5. Gender: Gender-specific research initiatives dug deep to generate evidence on reasons behind child marriage, children dropping-out from the formal education system, rise in domestic violence

and gender discrimination during the pandemic. In addition, several research initiatives assessed the impact of COVID-19 on the income of women and its impact on their families.

6. Ready-made garments (RMG) sector: As the COVID-19 situation escalated, general holidays were announced forcing **RMG factories to shut down**. Inbound international RMG orders also reduced, resulting in an economic shock for the industry and its workers alike. Amidst this crisis, BRAC's research focused on the employer-employee relationship, as well as the timely payment of salaries. Additionally, BRAC studied the health and safety measures in factories undertaken to protect employees from COVID-19.

7. Urban poor: Research found that the urban population living in informal settlements were the worst affected by the COVID-19 pandemic. BRAC conducted research on how its participants living in slums were coping with the crisis. Another

rapid assessment looked into how effective the grants and food support from BRAC had been for people living in urban informal settlements.

8. Reverse migration: International migrant workers forced to return home due to the pandemic affected the flow of inbound remittance in Bangladesh. BRAC conducted research to understand the impact of COVID-19 on the lives and livelihoods of migrant workers who had returned. It also conducted comprehensive research to understand the demographic, social and economic changes induced by the pandemic, the intensity of reverse migration and the impacts it had.

9. Healthcare: BRAC surveyed stakeholder responses to the COVID-19 pandemic, and studies found that people living in underserved areas were being deprived of essential healthcare services. The rapid assessments identified the key challenges for availing essential healthcare services, individual experiences of the service seekers, along with gender and urban-rural divides.

10. Education: A research was conducted on the impact of COVID-19 on students and their learning processes. In addition, a rapid appraisal extracted the key potential barriers to re-joining school. A research initiative was commissioned to understand the impact of the pandemic on the education sector of Bangladesh.

11. Psychological and socioeconomic crisis: Research on the impact of COVID-19 on the socioeconomic condition of Bangladesh found that the pandemic had taken a toll on the mass psyche, resulting in collective trauma among people who had lost their jobs and income opportunities during the lockdown.

12. Agriculture: Research on the agriculture and food supply chain found that the agriculture sector was hit hard by the COVID-19 pandemic, resulting in food deprivation among marginalised and hard-to-reach communities.

**A list of all the internal as well as the external researches of BRAC is included in the annex.*

What did we learn from the first year of the pandemic in Bangladesh?

(1) Keeping the most marginalised at the centre of response

Any response must have the most marginalised at the centre of interventions. Crises affect everyone, but those effects are not equal. Response to crises need better, quicker methods to measure effects and systems to enable targeted support.

Communities who were already living in vulnerability were impacted much harder, much quicker by the effects of the pandemic. People who were already living in urban poverty mostly rely on daily wages – they were left with no income source overnight. People living with disabilities received less information, were often unaware of emergency aid and could not easily avail aid packages given in person. Huge increases in violence against women were noted.

These are not new challenges, but have been exacerbated by economic stress, the pre-occupation of law enforcement agencies with lockdowns, the closure of courts and safe homes.

BRAC was able to reach people at scale by leveraging on the existing partnerships, mechanisms and detailed information on participants. While BRAC's response has reached millions of people, the focus has remained on people in situations of pre-existing vulnerability – people living in extreme poverty, with disabilities, women, people living in urban slums, refugee settings, and hard-to-reach areas such as hilly regions and wetlands.

(2) Looking for new opportunities to continue to support people in different ways

There has always been resistance, particularly among older people in Bangladesh, about using digital health platforms. COVID-19 provided the environment for this to rapidly change. BRAC used this as an opportunity to provide telemedicine and psychosocial services.

Amidst school shutdowns, content in the educational curriculum was customised to deliver learning to 750,000 children through radio, television, internet and feature phones.

Access to justice has long been hampered by a backlog of over 4 million pending cases, and yet there has always been resistance to online justice platforms. USD 5.1 million was recovered through online ADR (alternative dispute resolution), primarily for women after divorce.

Through collaborative efforts from the government and other organisations, digital financial transaction habits reached a new height. BRAC digitally transferred USD 17 million in emergency support to 700,000 households (which enabled assistance to be delivered rapidly, without people needing to travel or gather in lines).

(3) Leveraging -- and sharing -- data

A lot of data existed collectively in Bangladesh – but it was not shared. There is no flexible system in place which includes the ability for individuals to self-report, and there is generally not an easy flow of information between research organisations, non-government organisations and the government.

BRAC already has well-established processes for targeting, particularly in rural areas where village-level participatory rural appraisal processes are used, but there is not a national system which this data can be plugged into. An example of this can be

found early in BRAC's response to the pandemic, when an urban slum map was designed, to share the data on slum populations, so that duplication in distribution of aid can be avoided and targeting improved. It, however, did not gain traction because sharing of this type of information among these stakeholders was not an established process.

(4) Need for direct financing and partnerships

Organisations need flexibility to design and launch new interventions to address unanticipated situations, as was clearly seen during the COVID-19 pandemic. While there is a need for organisations to reach out to all available funding sources to create pool funds, a key takeaway was that funding organisations need to give more of the driving seat away during an unprecedented crisis.

Multilateral organisations have a part to play to ensure that all the relevant parties who are responding to a crisis in a region have a say in the design and implementation of response and programming. Bottlenecks in funding can be avoided with money directly going to the responding organisations, as they are the closest to the ground. They need to be heard at the decision-making table and directly financed.

Existing and potential partnerships across all arenas must also be explored; BRAC began its initial aid distribution support in Bangladesh with its own funds. Eventually, a pool fund was created by collaborating with private sector corporations, traditional donors, international donors, foundation donors, private sector entities and national partners, allowing BRAC the fluidity to design and implement need-based interventions to combat the pandemic.



Our partnerships made us stronger
and helped us to reach people
with the most effective support possible

Annex

Internal researches include the followings:

1. Rumour mapping: About the coronavirus and COVID-19 vaccine
2. User Experience Research for Shongjog Platform
3. CHACRI Rapid Survey
4. Snapshot: How is COVID-19 impacting Bangladesh's transgender community?
5. Snapshot: How is COVID-19 impacting Bangladesh's micro, small and medium enterprises?
6. Small-scale Situation Analysis on the People with Disabilities
7. Snapshot: How is COVID-19 affecting the women in Bangladesh?
8. Rapid Assessment of BGMEA SEIP
9. Rapid Assessment on Low-income Community Level COVID-19 Response and Isolation Mechanism of Dhaka City
10. Rapid Assessment of Cash and Food support to the Urban Poor in Coping with the Lockdown
11. Scenarios of Wages Paid by RMG Factories during COVID-19 Lockdown: A Quick Survey
12. Understanding Community Behaviour and Practices among Slum Populations of Dhaka North City Corporation amid COVID-19 Lockdowns
13. Rapid Assessment on Community Level COVID-19 Response in Two Cities: Narayanganj and Gazipur
14. Emergency Savings Refund Survey
15. Rapid Study on COVID-19 Messages in IDP Haor and IP Areas
16. Assessment of the BEP Home School Programme: Strengths, weaknesses and challenges
17. Perception of General People of Bangladesh about the COVID-19 Vaccine

External research initiatives include the followings:

1. Rapid Assessment of the Gender Dimension of COVID –19 Situation in Bangladesh
2. Healthcare and Socio–economic Condition of Communities in Bangladesh during COVID–19 Pandemic
3. Effect of COVID–19 on Livelihoods, Gender Dynamics and Programme Support in Haors and among Indigenous people living in Plainlands
4. A Survey on the Impact of COVID–19 Pandemic on the Life and Livelihoods of Returnee Migrants
5. A Rapid Assessment Impact of COVID–19 on Education in Bangladesh
6. Psychosocial and Socio–Economic Crisis in Bangladesh Due to COVID–19 Pandemic: A Perception–Based Assessment
7. Spatial Relationships between COVID–19 Infection Rates and Air Pollution, Geo–Meteorological and Social Parameters in Dhaka, Bangladesh
8. Exploring COVID–19 Stress and Its Factors in Bangladesh: A perception–based study
9. VAWC in Emergency: A Snapshot of HRVI on Women and GIRLs in the time of Covid–19 Pandemic in Bangladesh
10. Rapid Perception Survey on COVID–19 Awareness and Economic Impact
11. COVID–19 Pandemic: Agricultural market failures and implications for food security
12. Vulnerabilities of Agricultural Producers during Pandemic: A rapid assessment
13. Perception Survey in Rohingya Camps on COVID–19 Awareness and Impact
14. Situation of Women CMSME Entrepreneurs and Informal Sector Workers
15. A Rapid Assessment of COVID–19 Perception Among Workers and Workplaces in the RMG Sector
16. Situation of Informal Sector Workers: A rapid assessment
17. Citizen’s Scorecard on Government Responses on Food and Health Crises

18. Potential Barriers to Going Back to Classroom in the Post-COVID Era: A rapid appraisal
19. Impact of COVID-19 on Essential Healthcare Services
20. Changes In Demographics and Socio-economic Stratification the Influenced by COVID-19 Pandemic

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