

A woman with dark hair and a nose ring, wearing a purple short-sleeved button-down shirt with the BRAC logo and Bengali text on the chest. She is standing in a slum area with a corrugated metal wall behind her. The background is in black and white, while the woman is in color.

# **Prevent, Protect, Prevail**

## **Pandemic of Virus and Hunger**

COVID-19 Response Strategy

BRAC Bangladesh

# FOREWORD

COVID-19 is a crisis like no other. The impact on the people we serve has been devastating. It is affecting the lives of our own staff and loved ones. Yet, as often before in our history, it is at times of such crisis where we see BRAC at its best. BRAC's Bangladesh presence is in every sphere of life. We are rapidly adapting to the unprecedented nature of this crisis, turning to innovation and technology, and linking it to our community presence to save lives when traditional ways of working have been turned on their head. Responding to large-scale crises and challenges, and seamlessly engaging in the recovery effort is in BRAC's DNA. As a first phase, we put together this strategy to focus our response on reaching the most vulnerable who could be the worst affected. All the programmes and enterprises in Bangladesh have pivoted their work to be primarily focused on COVID-19. We stand shoulder-to-shoulder with our peers, partners, and the government, with whom we have longstanding and trusted relationships in the public health sector, among many others. I deeply believe that together we can get through this. Our common humanity is stronger than this virus and I pay tribute to our staff and all the first responders saving lives on the frontlines of this unprecedented crisis. We cannot succumb to fear and anxiety. Now more than ever, we must invest in hope, empathy, and compassion. All of us have the ability to light a candle for those facing darker times. We will get through this. We rise to this challenge together with hope and complete determination, as we have so many times before in our organisation's long history.



**Asif Saleh**  
Executive Director  
BRAC Bangladesh

# THE AGILE BRAC APPROACH

## 1. Using our massive scale and network in Bangladesh

Any nationwide response requires scale, network, and reach. BRAC's Bangladesh presence reaches every single sub-district. With over 100,000 staff and volunteers, BRAC has an unparalleled reach of over 110 million people in Bangladesh, second only to the government. In addition, it has the necessary infrastructure in place to support the operation at scale, with about over 3,000 offices and 27 training facilities.

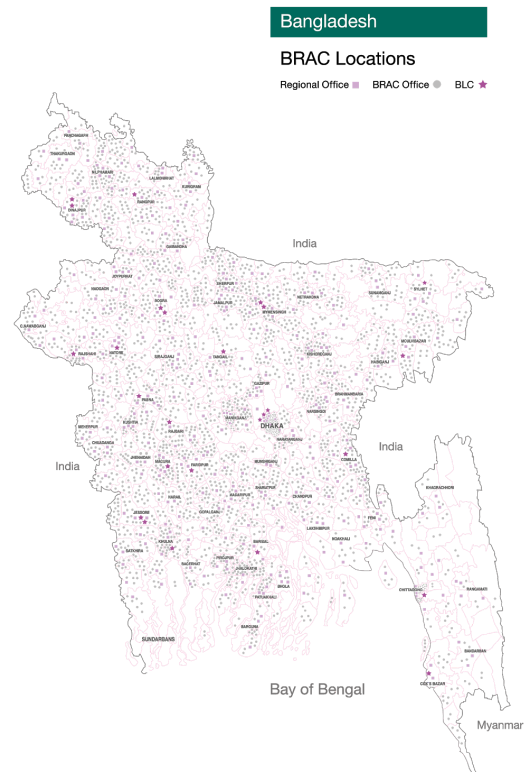
## 2. Building on a history of strong government partnership in public health

BRAC has a long history of working in collaboration with the government of Bangladesh, particularly in the public health sector. Its joint efforts have significantly

contributed to attaining many of the millennium development goals (MDGs). Currently, we are continuing our close collaboration with the government, across all development sectors, to support the government's plan to achieve sustainable development goals (SDGs). BRAC will build on its current relationship with the respective government bodies, including the Ministry of Health and Family Affairs, to actively support the effective implementation of the national preparedness and response plan (NPRP) for COVID-19.

## 3. Leveraging nationwide community healthcare network and community-level presence

BRAC has the largest nation-wide community healthcare network of 50,000 frontline health workers and volunteers, reaching almost 20 million households on a regular basis. This network and trust of the community will be leveraged to provide support to the government in: i) case detection and contact tracing, ii) surveillance, iii) risk communication and public awareness, and iv) infection prevention and control.





#### 4. Being a platform for innovation and coordination of support

Because of the gigantic size of the challenge, the COVID-19 response will require innovation and partnership to be successful. As this crisis affects everyone and everyone wants to support, coordination is crucial. BRAC's strong roots and experience in Bangladesh offer valuable credibility in being a platform to coordinate among partners from government, private, and social sectors. In addition, it will also leverage its voice to advocate for key issues to address the COVID-19 crisis successfully.

#### 5. Reaching the most vulnerable at the last mile

BRAC has its reach in some of the remotest areas of Bangladesh. Existing humanitarian needs will grow exponentially across many of these places. Densely populated urban areas and refugee camps are expected to be the most vulnerable to the COVID-19 pandemic, but also to the reduction in regular humanitarian assistance due to restrictions on the movement of people, and goods and services. BRAC will focus its emergency response on situations of pre-existing vulnerability where the ultra-poor and women are most at risk — urban slums, refugee settings, and hard-to-reach areas.



## **6. Putting women at the centre of our work in humanitarian-development nexus**

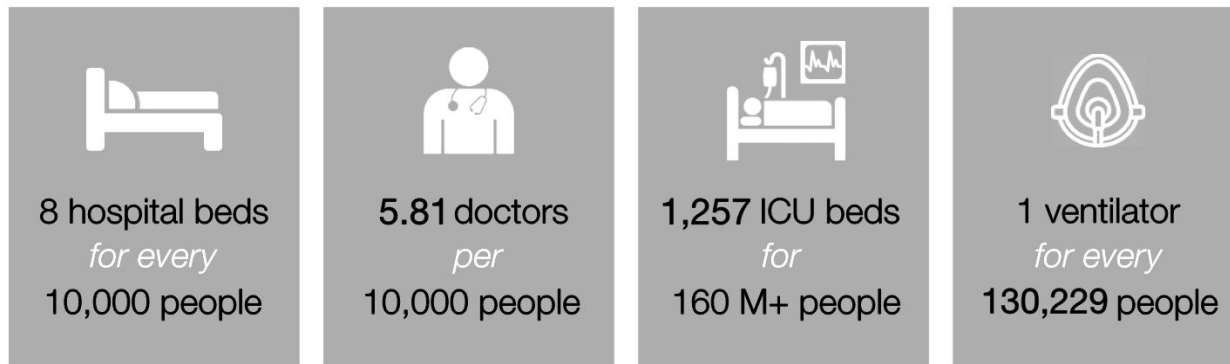
BRAC has always put women at the centre of its work— be it in delivery or as participants—promoting women’s equal participation and empowerment at different levels of society. In addition, BRAC focuses on the most vulnerable of groups, such as people living in ultra-poverty, women-headed households, persons with disabilities and the elderly. This approach minimises women’s and other minority groups’ exposure to vulnerabilities by increasing their agency to interact, influence and contribute to the societies that they live in. Along with the all-women healthcare workers network, BRAC’s inclusive workforce is well equipped to provide a response which is gender-responsive and effective. BRAC’s proven experience in delivering financial inclusion, education, health and nutrition, livelihood opportunities, mental health, and early childhood education programming in a development context in Bangladesh— all critical to effective socio-economic recovery— gives it the unique edge to make the seamless transition from relief to recovery support programming, while ensuring inclusiveness.

## **7. Providing thought leadership and contextual analysis as the pandemic evolves**

BRAC University plays a complementary role in bringing much-needed rigour in the response in itself. As the crisis and response evolve, its School of Public Health and Institute of Governance and Development would play a lead role in giving policy response to a complex public health and socio-economic crisis.

# SITUATION OVERVIEW

## Key immediate needs and risks



The 2019-20 Coronavirus Pandemic is unlike any in the recent history of the human civilisation, having an unprecedented impact on all countries, both in terms of prompting the scaling of public health preparedness and response and protection of vulnerable populations, and in terms of requiring mitigation of broader social and economic impacts.

The first three known cases were reported by the country's Institute of Epidemiology, Disease Control and Research (IEDCR) on 7 March, 2020. Bangladesh is at a high risk of COVID-19 spread, given the high population density and connectivity with the other COVID-19 affected countries.

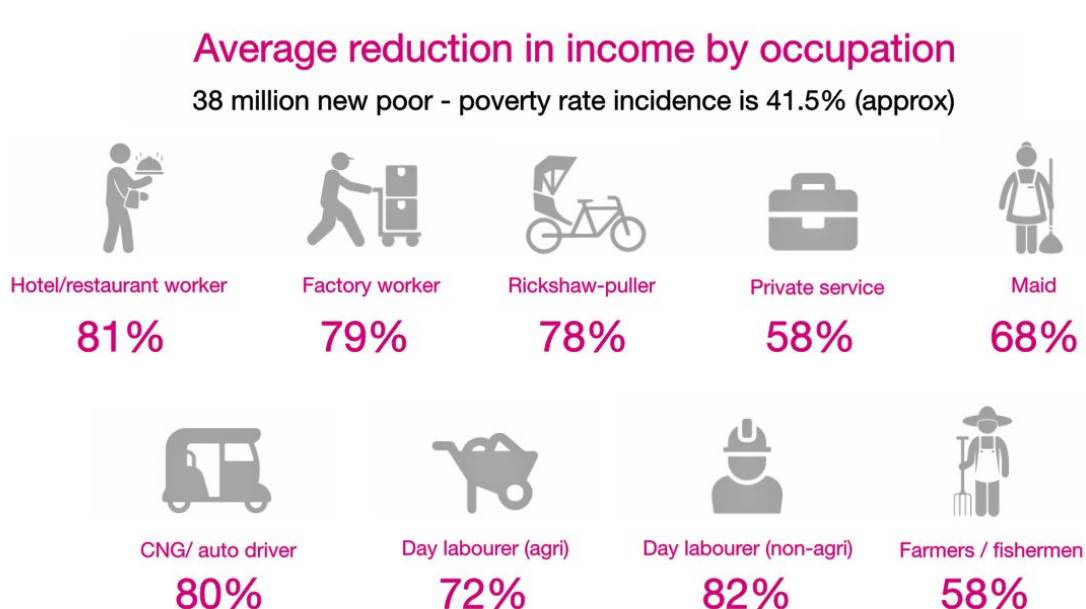
This crisis puts immense pressure on the public healthcare system of the country, which is already inequitable and overburdened. According to the World Bank data, there are about eight hospital beds for every 10,000 people. The country's entire public health system has 520 ICU beds, only 110 of which are outside the capital Dhaka. The private healthcare sector adds another 737 - and this is for a population of 160 million+. According to the WHO estimates, the country has about 5.81 doctors on average per 10,000 people. Under the state healthcare system, there is one ventilator for every 130,229 people (approx.) in the country, considering the current population of 160+ million people. Though the testing facilities for COVID-19 remain very limited, the efforts are in place to scale-up the testing facilities. However, it will take time for testing to be readily available at scale across the country, particularly in the urban areas and remotest parts of the country. In addition, many labs are not ensuring quality testing, false reports in COVID-19 testing increase risks.

The lack of medical-grade personal protective equipment (PPE) is leaving doctors and support staff infected with COVID-19, making the situation more complex. A recent rapid assessment by the BRAC University's School of Public Health found that nearly 25% of doctors and nurses, and 60% of medical support staff engaged in treating COVID-19

patients are yet to receive PPE. Though the government has distributed PPEs in large numbers, several medical doctors shared their concerns about the quality of the PPEs. Thus, in the coming days, it will be critical to take immediate preparation and take corrective measures for testing, isolation, and quarantining people to limit the spread of COVID-19 as much as possible.

In addition, social stigma around COVID-19 is increasingly becoming a challenge for the community. The first COVID-19 patients and their family members were inundated with hate messages and social-shaming. A recent rapid assessment by the BRAC University's School of Public Health also showed, among the poor families, there's a high level of panic and fear of being infected and being socially outcast and shunned by the community, if infected. The fear of social shaming is leading people to hide their symptoms from the health professionals as well as neighbours. The fear of isolation and stigma have also resulted in reluctance among people to go for testing.

To practice the social distancing norms that most western countries have relied upon to reduce transmission, is proving to be culturally and practically impossible to implement. Another recent rapid assessment by the BRAC University's School of Public Health found, most of the urban poor families are unable to maintain the recommended precautionary guidelines due to their living conditions (i.e. shared space with several family members in one room) and poverty (i.e. unable to purchase soap or masks for the entire family). Some women reported using their own clothes to cover their face when they go out of the home. In closely-knit communities like Bangladesh, resistance to stay home is high in a typically migrant-dense area, where there is an increased risk of transmission. To ensure that social distancing is maintained, the government of Bangladesh has decided to deploy the Bangladesh military to assist the local administration.



*On an average there is 75% drop in income among extreme poor, moderate poor, and vulnerable poor, across rural and urban areas*

For Bangladesh, this crisis is turning to be a humanitarian crisis with a public health dimension. The economic shutdown sparked by the government declared lockdown is threatening the livelihood of millions in the country, worsening inequality, hitting hard the poor and informal workers. A recent research forecasts that a total of 29 million people are currently unemployed in Bangladesh with a little over 86% of the total unemployed population belonging to the light engineering and informal sector. A recent rapid assessment by BRAC Institute of Governance and Development and PPRC showed, on an average, there is 75% drop in income among extreme poor, moderately poor, and vulnerable poor, across rural and urban areas. Also, 71% of the respondents in urban areas and 55% of the respondents in rural areas are now economically inactive. In addition, according to a recent BRAC rapid survey, 69% and 80% of respondents reported net income loss in urban and rural areas, respectively. Factory workers saw income drop by 79%, drivers by 80%, city day labourers by 82%, maids by 68%, and rickshaw pullers by 78%. Further, 41% of the poor and 35% of the vulnerable non-poor reported reduced consumption to cope, leading to low nutrition intake. 14% of respondents for the lower-income families reported having no food in their home, and four in 10 respondents had three days' worth of food at home or less. This will result in a rise in the poverty rate, as projected by the World Bank. Another recent report by the Centre for Research and Information (CRI) quoted that the estimated number of new poor is 38 million -- 27 million in rural areas and 11 million in urban areas. Along with the inclusion of this new poor, the poverty rate incidence jumps to around 41.5%.

In addition, according to the BRAC University's School of Public Health's recent rapid assessment, in the urban slums, there has been increased domestic violence in the households and disruption of social relationships and networks in the communities, with women being more affected.

As an immediate measure, a ramped-up response plan is required to curb the health emergency, protect people, especially the poorest and most vulnerable, and set the stage for fast economic recovery.





# STRATEGY OBJECTIVES AT A GLANCE

Goal and reach for the period of April 2020 to March 2021

**Goal** Limit the spread of COVID-19 and reduce its impact on vulnerable families across the country.

**Reach** 80 million of the most vulnerable, refugees, and ultra-poor people, in rural and urban areas, where the risk is the highest, due to limited access to safe water or hygiene materials (soap, sanitisers, etc.), health and education services, lack of access to the right information, and formal employment.



As the situation with COVID-19 is evolving in Bangladesh, BRAC is pursuing an adaptive, phase-wise strategy that sequences its aid services and programmatic interventions to maximise its responsiveness and impact, with the aim of providing key, integrated emergency health and early socio-economic recovery services to the most affected people. BRAC's response strategy has been developed to support the Bangladesh Preparedness and Response Plan for COVID-19 (BPRP). Duration of this strategy is from April 2020 - March 2021.

There are four strategic priority areas under which programming is being designed and implemented. Below section outlines the details about these priority areas.



## Strategic priorities for the COVID-19 response



### Strategic priority 1

Orientation, safety, and safeguarding of all staff and community and create ambassadors for reliable information across the country



### Strategic priority 2

Prevention of the spread of the disease by intense community engagement and mass campaign



### Strategic priority 3

Strengthen the national health response system and build a platform for coordination of public, private, and social entities



### Strategic priority 4

Ensure immediate emergency food security, and support gender-sensitive social and economic recovery

## Strategic priority 1: Orientation, safety, and safeguarding of all staff and community, and create ambassadors for reliable information across the country

As a timely and well-informed response to COVID-19 can protect the health of people and prevent the spread of the virus, BRAC has outlined a few key areas of activities to train and aware its staff, including volunteers, and community members. A recent rapid assessment of the BRAC University's School of Public Health found that frontline health workers are experiencing panic, anxiety, irritability, frustration, and other psychological symptoms as the COVID-19 crisis started, mostly because they felt insecure and unsafe. They expressed the need to ensure that they take proper protection while interacting with community members. In addition, another rapid assessment shows, low-income families can't follow the preventive measures of COVID-19 due to practical reasons—most are unable to maintain the recommended precautionary guidelines due to their living conditions (i.e. shared space with several family members in one room) and poverty (i.e. unable to purchase soap or masks for the entire family). Thus, appropriate preventive measures are not only needed to ensure the safety of staff but also to continue BRAC's role in supporting the response initiatives for the community during the pandemic. Some of the highlighted activities:

- Developed a world-standard COVID-19 training module for BRAC staff, following national and the WHO guidelines
- Around 73 million programme participants have been oriented on COVID-19 to ensure prevention and outbreak of the disease in communities.
- More than 2 million units of hygiene products have been distributed to staff and communities.
- Took appropriate safety measures for BRAC staff and volunteers, both in the head office and field offices, including the supply of protective gears, and a clear guideline on how to use them while providing critical life-saving services in the community.
- Launched a dedicated call centre for staff and their immediate family members for receiving tele-medicine service.
- Launched a tele-counselling platform 'Mon er Jotno Mobile-e'. Counsellors also reach out to BRAC staff to follow-up on their mental well-being.





## Strategic priority 2: Prevention of the spread of the disease through intense community engagement and mass campaign

A recent rapid response survey by BRAC found, although all respondents (99.6%) are aware of COVID-19, among the lower-income families across urban and rural areas, the level of understanding varies. More than half (56%) of the respondents in urban areas said they had no idea about how to prevent the spread of the disease. Two-thirds (65%) of the respondents in rural areas, and some of the respondents in urban areas, had doubts about treatment options. BRAC will disseminate behavioural change and awareness-raising messages on health and hygiene to limit the spread of COVID-19, both at the community and national-level, through comprehensive and multi-sectoral communication channels, e.g. social media, electronic media, community radio, etc. Some of the highlighted activities:

- Around 102 million people have been reached through social media channels as part of BRAC's COVID-19 awareness campaign. Messaging on social distancing, respiratory hygiene and self-quarantine have been viewed over 33 million times. Online news portals are now linking to BRAC's dedicated web portal on COVID-19, which has had more than 294,000 hits.
- More than 14.8 million households received orientation through our community health workers and volunteers.
- More than 1,600 suspected cases of COVID-19 patients have been identified by BRAC's community health workers, which they have referred to local authorities for testing.
- 1,996 pharmacies across 85 sub-districts have been reached by frontline staff. Pharmacists have been oriented on the importance of physical distancing and disseminating awareness messages to customers about consulting professional doctors with symptoms and concerns. Doctors in villages and informal medical practitioners have also been oriented to identify symptoms and refer presumptive cases to designated testing facilities.
- More than 446,500 women have received maternal, neonatal and child healthcare services from 41 of BRAC's maternity centres, all which have remained open throughout the COVID-19 lockdown period.
- Addressing issues of stigma and trauma related to fear and loss through media engagement.





### **Strategic priority 3: Strengthen the national health response system and build a platform for coordination of public, private, and social entities**

BRAC will work on strengthening systems, through providing information, volunteers and resources to government and civil society organisations. BRAC will coordinate with relevant public, private, and social entities to formulate an integrated health response plan will primarily be focused on four components: i) minimise community transmission to lower new cases, ii) provide home-based care to lower load on health facilities, iii) minimise critical cases in primary COVID-19 clinics, and, iv) contain hotspots by instituting zonal lockdowns.

BRAC will develop and maintain productive cooperation and partnership with the central and local government institutions, health departments and hospitals, community clinics, UN agencies, bi-and multilateral donors, private sector, other NGOs and civil society organisations. BRAC will leverage its existing working relationship with the relevant government authorities, including the Directorate General of Health Services (DGHS) office, IEDCR, Ministry of Education, Ministry of Health and Family Affairs, a2i (a key wing within the ICT department), etc. to ensure proper coordination. Some of the highlighted activities:

- A community-led support team, comprising community health care workers, is currently working across Dhaka, for syndromic surveillance and ensuring support for COVID-19 affected families.
- 54 sample collection booths have been set up, and 63,000+ samples have been collected.
- 40 lab technicians and 45 paramedics have been deployed by BRAC, with the support from the Directorate General of Health Services, to operate the sample collection booths.
- 20 dedicated doctors from BRAC supported the Institute of Epidemiology Disease Control and Research (IEDCR) hotline for COVID-19. They have received 53,600+ calls, accounting for 31% of the total number of calls received on this support line.
- Supporting various government hospitals to meet demands for equipment, protective wears and hygiene products.

### **Strategic priority 4: Ensure immediate emergency food security, and support gender-sensitive social and economic recovery**

BRAC has prioritised focusing on ensuring short-term relief to low-income earners and those living in poverty in urban and rural areas because of the enormous hardship and food insecurity caused by the economic shutdown. BRAC's rapid response survey shows that extreme poverty has risen by 60%, and household-level earnings have declined by 75%. Thus, for families to sustain, emergency cash transfer will be provided. Mobilise public, private, and social development organisations for a coordinated relief mechanism

Some of the highlighted activities:

- Over 350,000 families receive immediate cash support in urban/suburban areas, including brothels and some selected pockets in rural areas.
- Over 17,800 families living in poverty in urban slums receive essential food packages.

In addition, BRAC will explore opportunities to provide special nutrition-focused interventions, and alternative employment/income-generating opportunities. BRAC will continue to prioritise the most vulnerable – the elderly, pregnant or lactating mothers, people with disabilities, women-headed households, people living in ultra-poverty and those who are not receiving support from any other sources.

As the economic impacts of the pandemic get protracted, BRAC's focus will move from relief to livelihoods 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.

Some probable areas of focus will include:

- Supporting micro and small businesses
- Multipurpose cash distribution
- Ultra-poor graduation with a particular focus on women-led households
- Supporting the government through providing listings
- Recovery support to microfinance participants
- Technical and vocational skills development and decent employment opportunities
- Income-generating activities and ultra-poor graduation programme
- Supporting farmers with during harvesting season

# HISTORY OF SUPPORTING HUMANITARIAN-DEVELOPMENT NEXUS



Today, BRAC is a global leader in developing cost-effective, evidence-based programmes in conflict-prone and post-disaster settings. BRAC now operates in 11 countries, with a total global annual expenditure of more than USD 1.1 billion. The organisation acts as a catalyst, piloting, perfecting, and scaling innovations to impact the lives of millions. The approach is comprehensive and ranges from operating the largest secular private education system in the world to providing the largest NGO-led legal aid programme in the world. The organisation is almost completely self-sustainable in Bangladesh through its network of development programmes, social enterprises and investments. BRAC was ranked the number one NGO in the world fifth time in a row this year, from 2016 by NGO Advisor, and consistently ranked in the top three NGOs globally from 2013-2015.

BRAC has over 47 years of experience in providing humanitarian support and implementing large-scale community-based development programmes. BRAC is renowned for its expertise in developing and expanding rapid response mechanisms for critical emergency crises. BRAC has the ability to swiftly and effectively mobilise resources as it possesses a robust network of partners that includes governments, major donors,

universities, think tanks, and other NGOs, and a strong history of providing aid and services when needed:

- **Humanitarian response in Cox's Bazar (2017-to date):** BRAC is the largest civil society responder in Cox's Bazar with a comprehensive programming on the ground, covering 855,000 displaced Rohingyas in the camps and 400,000 affected members in the host community.
- **Ebola response, Sierra Leone and Liberia (2014-16):** Provided comprehensive support to vulnerable people with healthcare, hygiene services, and education, reaching over 95,500 families
- **Response to the tsunami, Sri Lanka (2004):** Provided emergency rehabilitation support to affected families with WASH support, agricultural supplies, healthcare, and psychosocial support. 17,386 people received agricultural supplies and 25,432 were reached through healthcare and WASH support
- **Emergency support following the earthquake, Haiti (2010):** Reached 56,514 vulnerable people through providing comprehensive support on healthcare, shelter, agricultural aid, and sanitation
- **Emergency response to Cyclone Roanu, Bangladesh (2016):** 6,769 families were reached with shelter, child protection services, livelihood support, and water and sanitation services
- **Emergency response for flood-affected people, Bangladesh (2017):** 109,946 people reached with dry food distribution

BRAC has a strong focus on fostering and enabling an environment to achieve women's empowerment. It does this through programmes in rural areas designed to combat food and nutrition insecurity, financial constraints, inadequate healthcare, and limited education. BRAC also provides vocational training to a large pool of youth. Much of this programming is focused primarily on women. Over the last five years in Bangladesh, BRAC has provided over 1.5 million women with modern methods of family planning and supported over 1.6 million children (55% of whom were girls) in completing high-quality primary school.

From 2006 to 2019, BRAC has helped to bring about social transformations in local hygiene practices, with significant progress on rural sanitation for the poorest families. Our community-based healthcare programme employs a wide network of local health workers to ensure that people living in poverty can access high-quality and affordable services. The approach was first pioneered in Bangladesh and has been replicated in five countries across Asia and Sub-Saharan Africa. BRAC's ultra-poor graduation approach, an integrated model to address extreme poverty, has been adapted in more than 40 countries by NGOs, governments, and multilateral institutions.

In the recent humanitarian crisis on the Bangladesh-Myanmar border, BRAC's activities have been crucial in improving the healthcare, hygiene, and safety of the forcibly-displaced Rohingyas arriving in Bangladesh. As the largest civil society responder to date, BRAC built on its initial activities to ensure continuity of access to critical services, such as WASH, health, and child protection, as well as meeting the emerging needs such as



livelihood development, protection, environmental restoration, and education. With a long presence in the local communities, it has also expanded its activities to address emerging vulnerabilities and promote positive coexistence with displaced people.

Over the course of its work, BRAC has built and made use of a robust network of experienced professionals and local workers. Working in close partnership with many international organisations and stakeholders in several sectors, including in the context of humanitarian disasters, BRAC has a proven ability to coordinate effectively with diverse partners in rapidly-changing circumstances.



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*BRAC, an international development organisation based in Bangladesh, is the number one non-governmental development organisation in the world ranked by NGO Advisor, an independent Geneva-based media organisation. Established by Sir Fazle Hasan Abed in 1972 after the independence of Bangladesh, BRAC is present in all 64 districts of Bangladesh as well as 10 other countries in Asia and Africa, and has affiliate offices in the US and the UK. BRAC's ultra-poor graduation approach, an integrated model to address extreme poverty, has been adapted in more than 40 countries by NGOs, governments and multilateral institutions.*

*BRAC employs over 100,000 people, approximately 70% of whom are women, and it reaches more than 125 million people with its services. The organisation is partly self-funded through a number of social enterprises that include a dairy and food project, a chain of retail handicraft stores called Aarong, and seed and Agro. BRAC's vision is a world free from all forms of exploitation and discrimination, where everyone has the opportunity to realise their potential.*

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**For updated information on the situation in Bangladesh and BRAC's response, please visit:**

**<https://www.brac.net/covid19/index-en.html>**

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