

Community Fort in Resisting COVID-19 in Bangladesh: External Update

WHERE WE ARE:

The delta variant is spreading far and wide. Daily reported deaths have crossed 200. The under-equipped health system is stretched to its limit. BRAC's community level resilience building work through the Community Fort in Resisting Covid-19 (CFRC) project in 35 districts, predominantly in the border areas, is progressing at full swing and starting to show results. We are also seeing a big uptick in people seeking telemedicine support through our healthcare networks, which indicates the demand for services from home. However, these are still early days and we are racing against time.

Disease progression based on data

Based on the data collected from District Civil Surgeon's offices, we see infection spreading from the west towards the east. This internally-created heat map shows the pattern of spread more clearly:

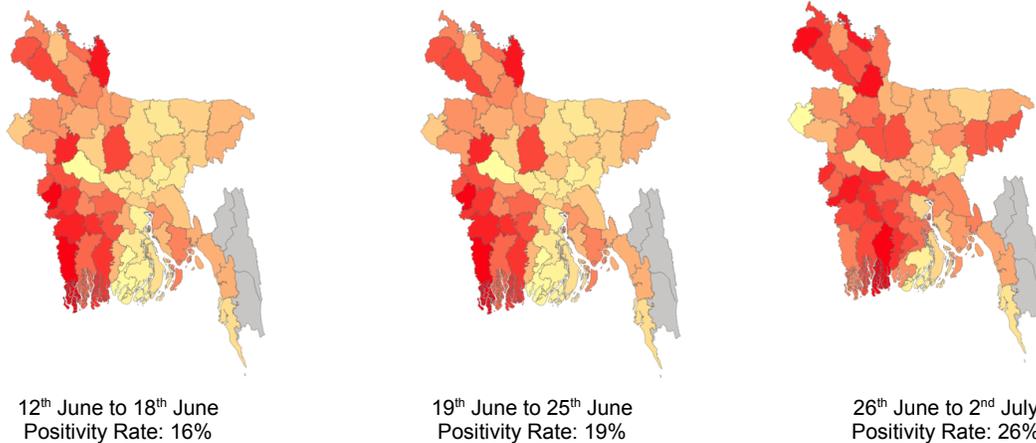
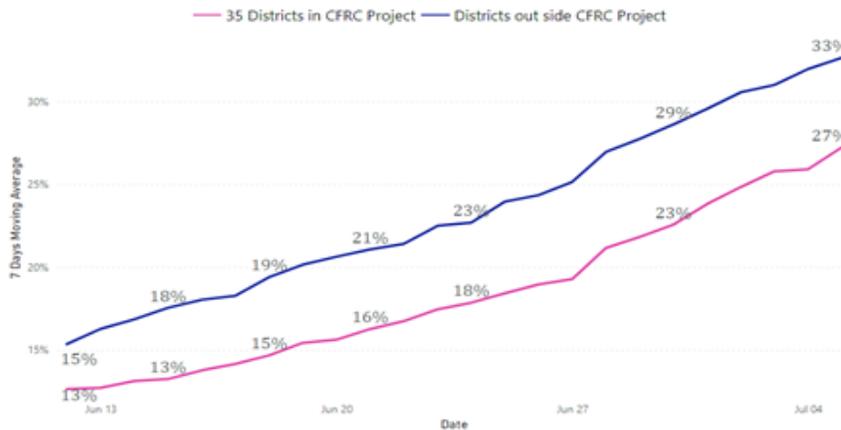


Figure 3: Pattern of COVID-19 spread

The figure below compares the trend of positivity rate in terms of a seven day moving average between districts with and without CFRC intervention.



The average positivity rate was higher in non-CFRC districts.

The infection rate was 3% lower in CFRC districts in late June, and the difference in infection spread increased over time.

Infection spread was approximately 6% less in the first week of July compared to in areas where we did not operate.

1 Figure 4: Comparison of positivity rate trend between CFRC and non-CFRC districts

The CFRC areas, mostly being in the border districts, were more vulnerable to Covid-19 infection and expected to have higher infection spread. We can assume that the prevention mechanism is helping to reduce the spread.

BACKGROUND:

BRAC organised 41 NGOs under the CSO Alliance to join forces to build community level behaviour change around mask wearing, response and vaccination registration. Work started on June 1 in 35 high-risk districts, with the support of the Directorate General of Health Services (DGHS). Also technical, monitoring and evaluation support is being given by Yale University and IPA, The following activities were chosen, based on evidence generated by various pilot interventions and research.

Prevention



- Mask use, hand washing & social distancing
- Strengthening existing committees in the community to engage in awareness activities and monitoring
- Empowering local leaders as a change maker in the community

Masking



- No cost mask distribution
- Offering information on proper mask wearing
- Reinforcing mask wearing behaviour in public spaces
- Modelling mask wearing through locally influential figures

Response



- Syndromic surveillance of suspected infected people
- Ensuring quarantine compliance through follow ups
- Providing telemedicine support
- Providing testing support

Vaccination



- Mass vaccination support with active registration & mobilization
- Debunking myths and rumours giving rise to vaccine hesitancy
- Vaccine promotion through mass media

PROGRESS: July 7, 2021

Face mask distribution and reinforcement

6 million masks were distributed free of cost from June 12 to July 1, both in hotspots (public places) and communities (through community health workers and community leaders).

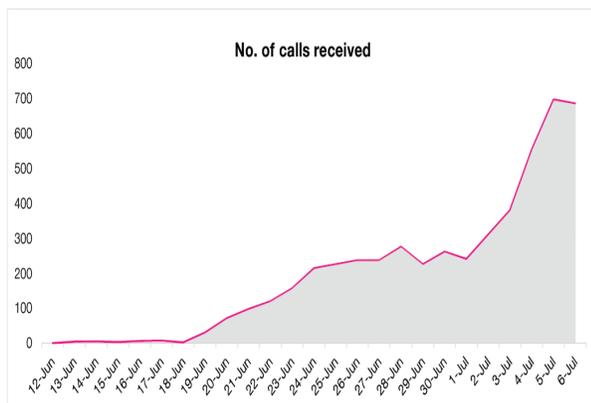
At the household level, our community health workers are going door-to-door to distribute masks to vulnerable households. They are also educating community members on proper mask usage and cleaning methods to promote safe reuse of masks. Our initial plan to complete household-level distribution was the end of the second week of July. With current lockdown restrictions we now expecting this to be slightly delayed.



Mobilisers are working on raising awareness and reinforcing mask usage at points of congregation/ hotspots. Similarly, community mobilisers are working closely with community groups, community clinics and community leaders, empowering them with information and providing them with masks.

Syndromic surveillance and telemedicine

We have seen an exponential increase in the number of calls received by our panel of telemedicine doctors over the past few days. Our community health workers are conducting door-to-door surveillance to screen potentially infected individuals and connect them to telemedicine service for home quarantine and case management support. 35,000 frontline workers and volunteers have been trained and mobilised for this task. Almost 300,000 households have been visited by our community health workers. A total of 38,000 people have been screened and 22,000 Covid-19 suspected cases identified at the community level. We have noticed a high conversion rate from potentially infected individuals to suspected cases (58%), considerably higher than our previous pilot projects funded by FCDO (49%, Nov 20 - Mar 21) and Bill and Melinda Gates Foundation (27%, May 20 - Dec 21).



14,920 suspected cases (67%) have been connected with telemedicine services. There are challenges regarding provision of telemedicine services, including mobile connectivity, excessive call loads for telemedicine doctors, and additional call charges for community health workers. We are working on resolving these issues by increasing telemedicine doctors and introducing hotline numbers for doctors to redistribute the workload. The chart shows the increase in daily calls received, indicating a spike in the number of symptomatic cases.



"Community Health Worker Selina apa helped me to get a consultation with a doctor through the phone when I informed her about my fever. I was frightened that I might be infected by COVID-19, and, as I was in close contact with all my family members, I was worried I had also infected them. I was in a panic - I did not know where to go or who to ask about getting tested. I heard the miking announcement about contacting BRAC apa and reached out to her. After speaking to a doctor, I was relieved to know that most of my symptoms did not match that of Covid-19 and I was prescribed over the counter medicines, proper rest and was explained how to maintain quarantine at home if I had any COVID-19 specific symptoms. Thankfully I am fully recovered now."

- Ayesha Akhter (27), syndromic surveillance and telemedicine service recipient, Joyontopur, Sylhet

Community engagement and ownership building among community leaders

Community leaders, such as local elites, religious leaders and union parishad members/chairpersons, have been sensitised to play an active role in disseminating knowledge and creating an enabling environment for prevention practices. 2011 union level meetings have been conducted where 10,013 leaders participated, were oriented on project objectives and received masks for reinforcement mask use in their communities since June 15. 128,575 masks have been distributed to community leaders.

6,915 existing community groups have been activated in community clinics. We have also conducted orientation meetings with 111,113 community group members. They are currently raising awareness on preventive measures, signs and symptoms of COVID-19, and reinforcing mask wearing by distributing masks and public shaming. 13,49,610 masks have been distributed to community group members.



"I feel like people in our country are not completely aware of the consequences of not maintaining proper health and hygiene to be safe from COVID-19. But in my experience, BRAC has left no stone unturned and has been consistently trying to create awareness among the people regarding COVID-19. I am happy to support BRAC's activities as I have seen fruitful results from the intervention where people were keen to wear the free masks provided by BRAC."

- Rezaul Karim (59), Retired Government official (Assistant Krishi Officer), Community elite/leader, Manikganj.



Mask distribution in ferry terminals

Thousands of people migrated out of Dhaka through ferry terminals when the government announced a lockdown from June 28. This meant large crowds in the already-packed ferry terminals of Aricha, Mawa, Sadarghat and Paturia. BRAC deployed trained frontline workers in all these entry/exit points prior to the lockdown and supported 57,800 people with free masks.

A stricter lockdown came into effect from July 1. We are partnering with Rover Scouts to ensure mask usage among people moving in and out through the terminals.

Mass awareness-raising activities

Local miking commenced as of June 14. The content of the miking focuses on the importance of mask wearing and the role of BRAC community health workers in responding to households with suspected cases. As of June 2021, local miking has been conducted in 219 high risk upazilas.

Alongside the local miking, a local cable TV awareness campaign was also rolled out across 35 districts. Click [here](#) to watch the video used for the campaign.

Promotion

A mass media and social media promotion plan is currently being rolled out. Several special reports have been published on English and Bangla national daily newspapers, in addition to two editorials published on the Daily Star and the Daily Prothom Alo. A talk show has been hosted on Channel 24, in addition to a virtual press conference held on June 1. Click on the following links to [watch/read](#) some of the [news coverage](#).



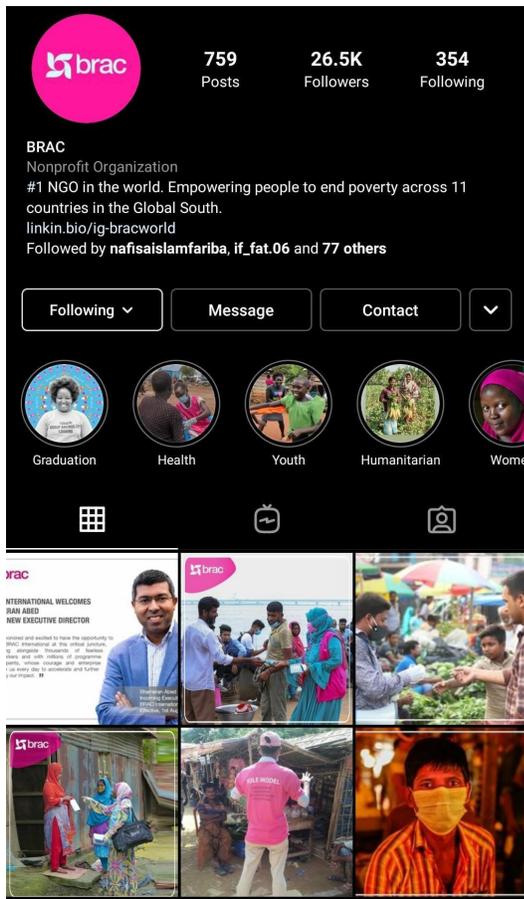
The Daily Star
Thursday, July 8, 2021
YOUR RIGHT TO KNOW

Home » Views » Opinion
12:00 AM, May 21, 2021 / LAST MODIFIED: 12:53 AM, May 21, 2021

Changing mask-wearing norms is no easy task, but it is possible

Combination that works to NORMALize mask-wearing

Additionally, 24 social media posts have been published, reaching 207,759 social media users. Subscribe to our [Facebook](#), [Instagram](#) and [Twitter](#) channels to follow our social media updates.



PARTNERS:

