



COVID-19: SITUATION REPORT

21 MAY 2020



47M

programme participants oriented on COVID-19



100,000+

workers on the ground covering 64 districts



10,203

families received food packages



1.5M

hygiene products distributed



340,794

families received cash support

Make empathy go viral

BRAC has provided 340,794 families with cash support, including households living in ultra-poverty, those living in remote *haor* areas (wetlands) and *char* (riverine islands) areas, host communities in Cox's Bazar district, and indigenous communities in the Chittagong Hill Tracts and northern districts in Bangladesh. The fourth round of relief will bring the total to 350,000 families.

Much more is needed, though. Stand beside a family today: <https://www.brac.net/covid19/donate/>

Picture: CNN

The **super cyclone Amphan** made landfall in Bangladesh's coastal areas at approximately **5pm on 20 May**

Feature on next page

Update: Cyclone Amphan

The super cyclone Amphan made landfall in Bangladesh's coastal areas at approximately 5pm on 20 May and continued moving inwards with gusts of up to 160 km per hour.

- Before the cyclone hit, **more than 2.4 million people and more than half a million cattle were evacuated** to 14,636 cyclone shelters in 19 coastal districts.
- **The cyclone caused heavy rains and tidal surges of up to nine feet.** Hundreds of villages were inundated, and tidal surges have battered the *char* (riverine island) areas in six coastal districts. The fastest wind speed was recorded in Satkhira (151 kmph) at approximately 9pm on 20 May 2020.
- **As many as 34 people have lost their lives** and many have been injured. **Many families have lost homes**, livestock, agricultural produce and other assets. Almost all the coastal districts experienced rain and strong winds from early Wednesday, which disrupted electricity for over five million people.
- **The Bangladesh Water Development Board said the cyclone damaged embankments in many areas and caused flooding.** A 1.3 km embankment was damaged in 12 spots in the district of Satkhira, and a 6.4 km embankment was damaged in Bagerhat. According to the Ministry of Disaster Management and Relief (MoDMR), 150 km embankment and 200 bridges and culverts were damaged in the coastal districts.
- **Many hundreds of trees have been uprooted and many hectares of croplands damaged** throughout the coastal belt. Cyclone Amphan has also [damaged crops of above 176,007 hectares of land](#) in 17 coastal districts according to the Agriculture Minister.
- **Cyclone Amphan caused damage worth around BDT 110 million** as per primary estimation made MoDMR.

BRAC's disaster management teams in 14 coastal districts were prepared to respond to the cyclone. Early warning messages were broadcasted every two hours in local dialects through community radio in seven coastal districts. Masks, gloves and sanitisers were sent to the Khulna, Bagerhat and Satkhira to equip people during evacuation and response. 5,850 people took shelter in 19 of BRAC's cyclone shelters in Kutubdia and Bagerhat.

Reports from the field

- **Major devastation has been recorded in Satkhira, Khulna, Bagerhat and Patuakhali.** 82,000 houses in Khulna division and 60,000 houses in Barisal division were damaged and livestock were lost.
- **High tidal surge and collapsed embankments have flooded 25% of the areas** of Satkhira districts especially Koikhali, Munshigonj, Gabura and Padmapukur unions in the Shyamnagar sub-district, and in Kalapara and Rangabali sub-districts of Bhola.
- **Many embankments have collapsed** in Asashuni and Shyamnagar sub-districts of Satkhira, and Koira and Dacope sub-districts of Khulna. Low-lying areas were submerged completely as a two kilometre embankment collapsed in Shoronkhola sub-district of Bagerhat.
- **A significant amount of seasonal agricultural crops and shrimp farms were damaged** in Satkhira, Khulna and Bagerhat.
- Field reports from Khulna, Satkhira and Patuakhali suggests that as many as **301 water points are partially and 26 water points are fully damaged. Similarly, 3834 latrines are partially and 979 latrines are fully damaged** by the cyclone.
- **11 BRAC offices in Satkhira have been damaged.**

BRAC field teams in the affected areas have reported a number of needs to be met immediately, including dry food, house repairs, WASH facility repairs and multipurpose cash support. BRAC has commenced its assessment on the overall damage caused by Cyclone Amphan. A recovery programme will be undertaken based on the needs of the affected population. BRAC is making an immediate allocation for emergency support from its own fund and will plan relief, recovery and rehabilitation efforts with the highest priority.





COVID-19 timeline in Bangladesh

28,511

Cumulative confirmed cases

Cumulative deaths

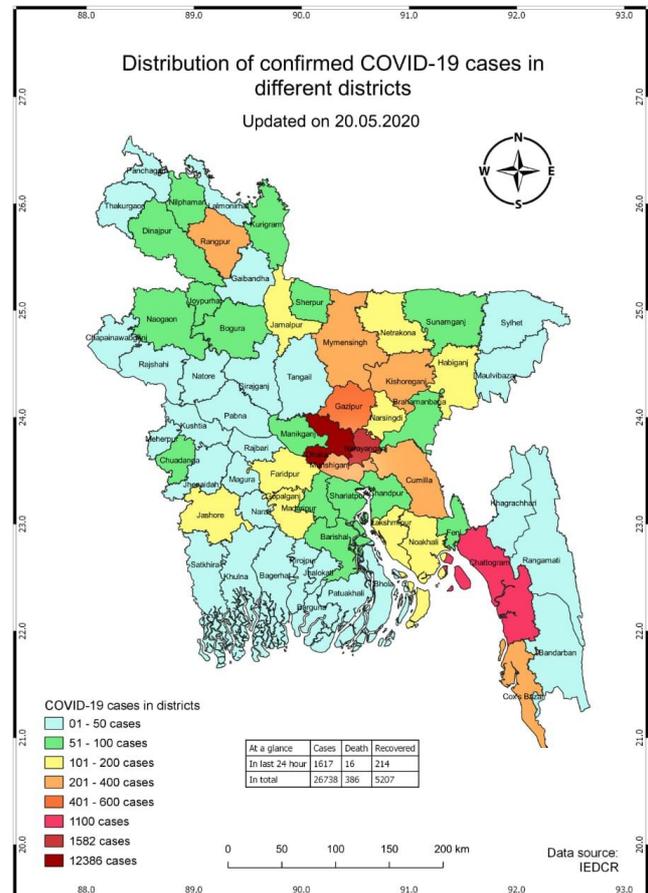


09 MAY

21 MAY

Situation overview

- Globally, there are 4,864,881 confirmed cases of COVID-19. 321,818 lives have been claimed across 216 countries, areas or territories (updated: 21 May 2020, 11:00 GMT+6, [World Health Organization](#)).
- Bangladesh has 28,511 confirmed cases of COVID-19 as of 21 May 2020. 1,773 cases were identified in the last 24 hours. During the same time, 22 more people died of the disease.
- The number of COVID-19 cases in Bangladesh is **doubling every five days**, after the government has been scaling up testing facilities. Bangladesh's case-growth rate is faster than those of Indonesia, Malaysia, Thailand and Sri Lanka.
- Thirteen Rohingya refugees have been tested positive for COVID-19, while the total number of confirmed cases in the entire district now stands at 262. Two Isolation and treatment centres [were opened within the camps](#), each with a capacity to serve 200 people, to contain the spread of the virus from the affected patients. One of the centres is put up by BRAC in partnership with UNHCR. The Inter Sector Coordination Group (ISCG) is finalising a USD 177 million programme to implement COVID-19 related emergency support activities in the refugee camps. This will be an additional requirement on top of the USD 877 budget for 2020.
- Over 70% of the COVID-19 related deaths in Bangladesh are of people [aged over 50 years](#). 20% of patients infected are in this age group. The Directorate General of Health Services advises that senior citizens take extra health precautions and restrict movement.
- Ready-made garment workers are to [receive 50% of their Eid \(an Islamic holiday\) festival bonuses](#). The remaining will be adjusted with their future monthly salaries. This decision was taken after a tri-party meeting between factory owners, trade union representatives and the Government of Bangladesh.
- The ready-made garments industry has seen an 85% fall in exports in April. 1,150 ready-made garments factories [reported](#) the cancellation of orders worth USD 3.08 billion, along with unutilised raw materials worth USD 2 billion. Apparel sector leaders have proposed developing a [virtual market platform](#) as a solution to selling the remaining merchandise. They have sought policy support from the government in developing a sustainability plan for the markets suffering due to the pandemic.



- **There have been various attempts to come up with a treatment of COVID-19 within the country.** The [trials](#) for plasma therapy, a potential treatment deemed by the Food & Drug Administration, has already started in Bangladesh. Dhaka Medical College Hospital and a couple of private hospitals have reportedly started the treatment with promising results. A medical team from Bangladesh Medical College Hospital has reported good [success](#) by using a combination of two drugs; Ivermectin in a single dose with Doxycycline. DGHS is currently evaluating their findings.
- **Active internet connections in the country crossed a milestone of 100 million users with a 31% rise in broadband users,** according to a [report](#) by Bangladesh Telecommunication Regulatory Commission. Digitalisation efforts, amplified by the current lockdown, have people turning to online mediums for education, work, purchase of commodities and entertainment.
- **Many families have lost access to affordable, nutritious food.** The United Nations World Food Programme and the Ministry of Primary and Mass Education are set to [provide](#) three million primary school students with food rations aiming to ease the impact of the crisis on children.
- **The Consumers Association of Bangladesh (CAB) Chattogram, the Bangladesh Institute of Theatre Art and the humanitarian organisation ELMA have [demanded](#) a temporary ban on tobacco products** to protect young people from the risk of death from COVID-19. According to the estimate by the World Bank, there are more than 40 million users of tobacco products in Bangladesh.
- **Economists see a [disparity](#) in the government's allocation of resources.** Kishoreganj, with a poverty rate of 53.5%, is only receiving 1.42 kg rice per person. Munshiganj, where the poverty rate is 3.1%, is receiving 34.21 kgs of rice per person.
- **Households dependent on daily wages are suffering as people lose jobs.** Despite being listed for relief, they are [yet to be reached](#). Many are starving and fear that they will be helpless in the face of a medical emergency.



Emerging risks and challenges

- **Cyclone Amphan and its impact on livelihoods will further aggravate the country's current economic challenges.** The cyclone has submerged over [500 fish enclosures](#) in the district of Bagerhat alone. In Rajshahi, mango farmers have suffered losses due to strong winds ravaging their orchards.
- **Patients and families are facing difficulties in accessing treatment at hospitals.** The national technical advisory committee has recommended a coordination system among assigned hospitals for treating COVID-19 patients. Referrals and token systems for patients are being developed under a [hospital network system](#).
- **There are [duplications](#) among the cash support recipients who were enlisted as being economically affected.** The government will be revisiting these lists, including mobile money wallet phone numbers, to ensure transparency. There is a need to [digitalise the country's social safety net programmes](#) to overcome these obstacles.
- **A World Economic Forum survey shows grim [expectations](#) of a prolonged global recession.** Oil based economies of the Middle East are likely to be hit hard which prompt those countries to [send back undocumented workers](#). Such a bleak picture of global economy presents multi-pronged challenge for Bangladesh. Reduced remittance from the Middle-East, increased unemployment due to the large number of returnees, and reduced employment opportunity due to shrinking export market are the most obvious negatives challenges that Bangladesh economy face.
- **The COVID-19 pandemic is causing global mental distress** according to the [United Nations](#). The [UN Policy Brief: COVID-19 and the Need for Action on Mental Health](#) calls for urgent action to address the psychological suffering brought on by the pandemic. In the context of near absence of mental health infrastructure in country, it will be doubly challenging for Bangladesh.
- **COVID-19 will wipe [USD 297 billion](#) from the global apparel market in 2020,** a 15.2% decline as compared to 2019, [forecasts](#) Global Data. The United Nations Department of Economic and Social Affairs has warned in a [policy brief](#) that, given the magnitude of the crisis, clothing exports from Bangladesh, Cambodia, Lesotho and Haiti could fall by at least 20% as retailers, particularly in the USA, file for [bankruptcy](#). While some of the larger buyer for Bangladeshi products have re-confirmed their ongoing orders, declining global demand can affect future export significantly.

- **The price of coarse rice has [fallen](#) by 10.87% in a month following a bumper production of *boro*** (a special type of rice grown on residual waters) and the subsequent ample supply of rice in the market, according to a market analysis by the state-run Trading Corporation of Bangladesh. The agriculture ministry declared BDT 9 crore (USD 1.06 million) of incentives last month to provide seed and fertiliser to small and marginal farmers to [encourage cultivation during the season](#) of *aus* paddy (rice harvested between July to August). The minister has also announced [10-point recommendations and initiatives](#) to improve the transportation and marketing of seasonal fruits in an attempt to reduce food waste.
- **14,000 tonnes of hazardous single-use plastics has been produced in just one month** according to [recent data](#) published by the Environment and Social Development Organisation. This includes surgical masks, polythene hand gloves, surgical hand gloves, polythene bags and hand sanitiser bottles. Bangladesh's preparation for waste management is not adequate.
- **Generating accurate data regarding the spread of COVID-19 is a challenge for many countries, including Bangladesh. R-naught, commonly known as the number of new infections spread from a single case, has not yet been identified for Bangladesh.** This number is crucial in understanding the true impact of the pandemic so countries can fight back with a coordinated response. Independent studies, in addition to the daily update from DGHS, help shed some light on the possible spread of the virus. The Centre for Genocide Studies of Dhaka University reported 929 persons have died with COVID-19 symptoms from 8 March to 9 May, which is [three times](#) the number reported by DGHS. Bangladesh has [fared low](#) both on the rate of tests (almost half of India) and the rate of recovery in South East Asia. Until 16 May, the COVID-19 recovery rate in neighbouring India was 35%, while Pakistan's was 28%, Nepal's 13% and Bhutan's 24%. In Bangladesh, the number stands only at 16%.
- **Children's nutrition and healthcare is severely compromised.** [Research](#) by John Hopkins University states Bangladesh as one of the ten countries at maximum risk of additional children's deaths. If the situation worsens, many will suffer from malnourishment. Mothers and newborns will not receive proper medical care, which will lead to infections and the disruptions in the supply chains of medicines. This could lead to [28,000 children losing their lives](#) from preventable causes in the next six months.
- **Experts fear a surge in the number of COVID-19 infections as businesses, restaurants and factories [open haphazardly](#) in the capital and in other parts of the country.** The health minister, in a letter, asked the commerce minister to ensure stricter measures so precautions are maintained, especially inside factories. Social distance and other health [guidelines for shopping are not being maintained by shoppers](#) in Eid markets. Shopkeepers and mall authorities are struggling to ensure guidelines despite making loudspeaker announcements and providing hygiene products at entry points. The crowding of hundreds of people is adding to the risks of further infections.
- **Thousands of people have left Dhaka to travel back to their rural villages to spend *Eid* with their families.** This is the third wave of internal mass migrations since the 'general holiday' was announced. With minimal transportation available, the situation has once again put thousands of lives at [risk](#), with many people travelling together without adhering to physical distancing.
- **29,000 Bangladeshi workers are set to return from the Middle East.** A government-appointed expert committee has [warned](#) the DGHS to ensure strict institutional quarantine to avoid a second wave.

BRAC's overall response to COVID-19

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

In parallel, we are strengthening systems, through providing information, volunteers and resources to government and civil society organisations. This includes supporting community support teams which include a BRAC healthcare worker at the ward level to support case detection and verification, setting up sample collection booths, running a pharmacy surveillance pilot to get additional community data to identify hotspots, and developing testing kiosks for additional sample collection.

After the recent shutdown, BRAC is focusing on ensuring short-term relief to low-income earners and those living in poverty in cities and rural villages. Treating it as a humanitarian crisis, BRAC has done emergency cash transfers to 300,000 households. Public-private partnerships have also been created, as well as mobilising funding from institutional and individual funders.

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



Orientation, safety and safeguarding

- **BRAC's district and sub-district level disaster management committees at 14 coastal districts were activated** to respond to Cyclone Amphan, with special focus on taking preventive measures for COVID-19. These teams have disseminated warning signals, supported evacuation efforts and liaised with the government on the ground. They are now assessing losses and damages, coordinating immediate relief distribution through mobilising contingency funds. More than 58,500 people have taken shelter in BRAC's offices and cyclone shelters in Kutubdia and Bagerhat during the cyclone.
- **47 million programme participants** have been oriented on COVID-19 to ensure prevention and outbreak of the disease in communities.
- **134,188 BRAC staff and volunteers** have been oriented on COVID-19 through BRAC's online orientation sessions with healthcare experts and training modules.
- **481,316 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.
- **835 people received counselling through BRAC's tele-counselling platform 'Mon er Jotno Mobile-e'** (phone-based emotional support) since its launch in April. The platform has seen a 27% increase in callers seeking mental health support over the last month. Majority of callers were from Dhaka and 72% of them were men. Their age ranged 15 to 84. Out of all callers counselled, 43% have shown signs of psychological disorder. Anxiety and stress related to COVID-19 was the most common concern. Substance abuse, suicidal tendencies, family conflicts and domestic violence were reported. The platform's counsellors also reach out to BRAC's 4,000 frontline community health workers and volunteers, and followed up on their mental health.



Prevention

- **905 suspected cases of COVID-19 patients have been identified** by BRAC's community health workers, which they have referred to local authorities for testing.
- **2,518 pharmacies across 85 sub-districts have been reached by frontline staff.** Pharmacists have been oriented on the importance of maintaining social distancing while interacting with customers. They are instructed to disseminate awareness messages to customers about consulting professional doctors with symptoms and concerns. Village doctors and informal medical practitioners have also been oriented to identify symptoms and refer presumptive cases to designated testing facilities.
- **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 33 million times. BRAC is also raising awareness through print media, television advertisements, talk shows, radio and live telecasts. Online news portals are now linking to BRAC's dedicated web portal on COVID-19, which has had more than 294,000 hits.



Strengthening of systems

- **31 kiosks for sample collection from suspected COVID-19 patients have been set up in Dhaka and Narayanganj districts.** All kiosks are fully functional with the capacity to collect 50 samples per day. 6,296 samples have been collected between 11 May and 19 May. BRAC will set up a total of 100 walk-in kiosks across 19 at-risk districts to support the government's initiative to accelerate testing.
- **48 lab technicians and 45 paramedics have been trained and deployed** by BRAC, with support from the Directorate General of Health Services, to operate the walk-in sample collecting kiosks.
- **BRAC has supported the Institute of Epidemiology Disease Control and Research hotline for COVID-19 with 20 dedicated doctors.** Until 12 May, 53,307 people have called with symptoms and concerns. The hotline receives an average of 919 calls on a daily basis.
- **BRAC is supporting health institutions to meet the demand of equipment, protective wear and hygiene products.** So far, 10 non-invasive ventilators, 10 patient monitors, 60 coveralls, 2,500 masks, 1,500 gloves and 400 sanitisers have been provided to Shaheed Suhrawardy Medical College and Hospital and National Institute of Cardiovascular Diseases.



Food security, and social and economic recovery

- **40,794 families have been reached through BRAC's fourth round of cash support of BDT 1,500. This round aims to reach 50,000 low-income households from diverse backgrounds.** The support will prioritise those with no income in Cox's Bazar's host community (especially women-headed households); those who are underskilled with no earning opportunities; people at high risk, needing health support, including lactating mothers, pregnant women, elderly and chronically ill family members; persons with disabilities; low-income families who are struggling to send children to school; vulnerable households in urban areas; indigenous communities in northern districts; areas prone to floods and riverbank erosion; survivors of domestic and gender-based violence; and families living in ultra poverty who have not been reached in the first three rounds of BRAC's cash support or other organisations. BRAC aims to maximise on utilising mobile money wallets to reach these families. Since the beginning of COVID-19 response in March, BRAC has supported 340,794 families who have no income during the economic shutdown.
- **A total of 10,203 households living in urban poverty have been provided with essential supplies.** These packages include 7kg rice, 1kg lentil, 1litre of edible oil, 1kg salt, 2kg flour, two pieces of hand soap and 500 grams of detergent powder. BRAC aims to provide food support to **7,637 more households** that currently have no earnings.

BRAC voice in global media



Densely populated Bangladesh faces immense infection control challenges

Asif Saleh talks to PBS NewsHour about BRAC's response to COVID-19 in Bangladesh.



Resilience and the three phases of response
Shameran Abed and Laurie J Spengler write at the Center for Financial Inclusion Blog on the importance of providing the right financial tools to help clients strengthen their inherent resilience at the individual, household and community levels.

The Good Feed (BRAC Blog)

- [Lockdown in Bangladesh sees violence against women rise](#) Lina Dilruba Sharmin, Communications Specialist, Sarah-Jane Saltmarsh, Head, Programme and Enterprise Communications, Shahariar Sadat, Programme Head, Human Rights & Legal Aid Services, BRAC
- [The Khichuri Index: Measuring the economic stress level in Bangladesh](#) KAM Morshed, Senior Director, Advocacy, Technology, Partnership, Migration Programme, and Social Innovation Lab, Sarah-Jane Saltmarsh, Head, Programme and Enterprise Communications, BRAC
- [BRAC's lessons from Ebola for COVID-19: Focus on the community, support government and invest in people](#) Luba Khalili, Deputy Manager, Sarah-Jane Saltmarsh, Head, Programme and Enterprise Communications, BRAC
- [Building capacity of community health workers remotely](#) Monzur Morshed Patwary, Senior Manager, Luba Khalili, Deputy Manager, BRAC
- [Pregnancy in a pandemic: An interview](#) Luba Khalili, Deputy Manager, BRAC
- [Facing COVID-19 with a disability](#) Sameeha Suraiya, Lead Content Strategist, Sarah-Jane Saltmarsh, Head, Programme and Enterprise Communications, BRAC. Situation analysis by Mahzuz Ali and Shifur Rahman Shakil, BRAC Skills Development Programme
- [Manoshi: Ensuring maternal care in a pandemic](#) Luba Khalili, Deputy Manager, BRAC
- [Clients narrate a powerful account of the impact of microfinance](#) Upoma Antara Husain, Senior Manager, Client Impact and Product, Microfinance, BRAC International Holdings. B.V.

[Read more pieces by staff and stakeholders in the BRAC family by visiting the blog here](#)

Spotlight: Continuing the fight to end TB during the COVID-19 pandemic

While the global spotlight is on COVID-19, it is important to remember that the world, especially rapidly industrialising countries like Bangladesh, was already fighting a range of infectious diseases before this pandemic, including tuberculosis (TB). COVID-19 has posed huge new challenges for health systems globally, and it is crucial to ensure that, in parallel with tackling the pandemic, we do not risk losing more lives through neglecting communicable disease control programmes.

Bangladesh is one of the 30 top priority countries with a high burden of TB, with an estimated 27% missing cases. As a partner of the National TB Control Programme, BRAC manages a significant portion of the caseload in Bangladesh, detecting over 60% of total cases. In 2019, BRAC tested 1.59 million presumptive TB cases, diagnosed 211,164 people and successfully treated 95% of cases.

In order to ensure the continuation of this crucial work during COVID-19, the National TB Control Programme and BRAC have undertaken major work to build a sustainable service delivery system.

There are two major needs during COVID-19; ensuring continuity of care for BRAC's 97,000 current TB patients and ensuring access to TB diagnosis services.

A patient-centred approach was put in place to ensure continuity of care for current patients. Drug supplies were ensured for the first month through directly-observed treatment (DOT) providers and then three months of supplies were provided to the *upazilas* (sub-districts). A robust communication system, through mobile phones and virtual meetings, was established for patient follow-up.

Awareness on COVID-19 was raised by distributing leaflets among those living in vulnerable conditions and in TB diagnostic centres. As the symptoms of TB are similar to that of COVID-19, patients with COVID-19 infection had come to the TB diagnostic centres. BRAC took extra protection measures for the staff in the diagnostic centres, organised special training for the staff, and took measures to build awareness of the visitors coming to the centres. BRAC ensured symptom screening of COVID-19 among TB presumptive cases at the diagnostic centres and strengthened the processes of field monitoring, supervision and contact tracing.

All TB diagnostic centres and peripheral laboratories remained open to provide TB services across the country. **Unfortunately, due to the lockdown, only a limited number of people with TB symptoms were able to reach laboratories. Lockdowns also affected the ability to carry out active case finding activities. As a result, the number of TB presumptive patients visiting diagnostic centres reduced by nearly 85% (from 178,801 in March 2020 to 27,782 in April 2020). The number of confirmed cases (new patients) also reduced by 77% (from 21,257 in March 2020 to only 5,015 in April 2020).**

Next steps:

- Increase the outreach activities to ensure a sustained number of TB presumptive patients being submitted while ensuring hygiene, safety and physical distancing measures. Outreach activities will include the expansion of sputum transportation.
- The majority of presumptive TB patients find it easier to and feel more comfortable about dropping their samples off at outreach centres organised near their homes rather than at labs. Increasingly, we will refer people to diagnostic centres or for smear microscopy in nearby labs. BRAC will also be exploring ensuring online x-ray reading services at the x-ray centres.
- Supporting the government to renovate TB diagnostic facilities (Gene Xpert and x-rays) at government facilities, once COVID-19 infection rates reduce.

Effective planning, flexibility in service delivery and investment in new technology can ensure continuity of care for existing patients and access to diagnostic services even during a pandemic. In parallel, while tackling COVID-19, it is essential that we do not needlessly lose more lives through the collapse of communicable disease control programmes. We must always be there for the people in the most vulnerable situations, who have the least access to quality healthcare and need our services the most.

Snapshot: How is COVID-19 affecting women in Bangladesh?

Reports of violence against women have been on the rise across the world since the COVID-19 outbreak began. In Bangladesh, nationwide lockdowns have raised the rates of domestic violence and lowered access to support for survivors.

A rapid assessment was conducted to identify and understand the gender-based discrimination and abuse taking place within families, knowledge levels and practices surrounding reporting in emergencies and the mental health condition of respondents. Creating awareness about COVID-19 protection measures was also part of the survey's activities.

The assessment was conducted by BRAC's skills development programme, in collaboration with the gender, justice and diversity programme, human rights and legal aid services, community empowerment programme, and the safeguarding team. A short orientation on ethics about data collection and analysis of sensitive cases was provided to interviewers by the gender and community empowerment teams.

Who was interviewed?

250 respondents (participants/learners of the skills development programme) living in both rural and urban areas across seven divisions in Bangladesh were surveyed between 26 April and 1 May 2020.

- 22.4% of respondents are under the age of 18. 53.2% were aged between 18 to 24 years. 24.4% were above the age of 24.
- The average size of families was 5.1. 17.2% of respondents lived in a household headed by a woman.
- 30% of respondents had completed their primary education. Almost 60% had completed their junior secondary education and 10% had completed their secondary education.
- 40% of respondents were married. 54.8% were unmarried, 3% were divorced and 1.2% had left their husbands.
- 2% of respondents live with a disability. One had a physical disability, one had a hearing impairment and three had visual impairments.

Key findings:

Employment, income and finances

- **4% of respondents were still working during the lockdown**, earning an average monthly income of BDT 1,080 (USD 12.7). 44.8% worked before the lockdown. 29.6% had never worked, and 21.6% were ongoing learners.
- **The average monthly income of a respondent was BDT 2,812 (USD 33.1)** before the lockdown.
- Most respondents involved in income generating activities were working as tailors and beauticians.
- **44.8% of respondents had not earned at all since the crisis began**, unable to work due to the lockdown. They are at high risk of economic exclusion during and after the crisis, due to the informal nature of their employment.
- **22% of respondents have some savings.**
- **28.8% of respondents have loans.**
- **38% of respondents have a mobile banking account** of their own. Among them, 71.6% know how to operate the account.

Gender-based discrimination and violence

- **24.4% of respondents shared that their household workload has increased** during lockdown. 75.6% mentioned no changes, some reporting a decrease, since they are staying home all day.
- **38.8% of respondents reported unequal distribution of food within the family** with female members having less food. 61.2% reported that food is equally distributed within their families, even in the crisis.
- **56.4% of respondents said they have a voice in their families and household decision-making.** 43.60% said they are often unheard.
- **19.6% of respondents experienced emotional abuse in their family.**
- **4.4% of respondents experienced physical abuse.**
- There were no reports of child marriage within their families.

Reporting and support

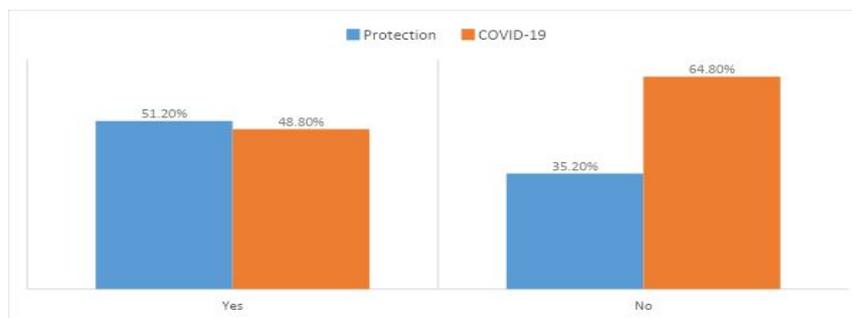
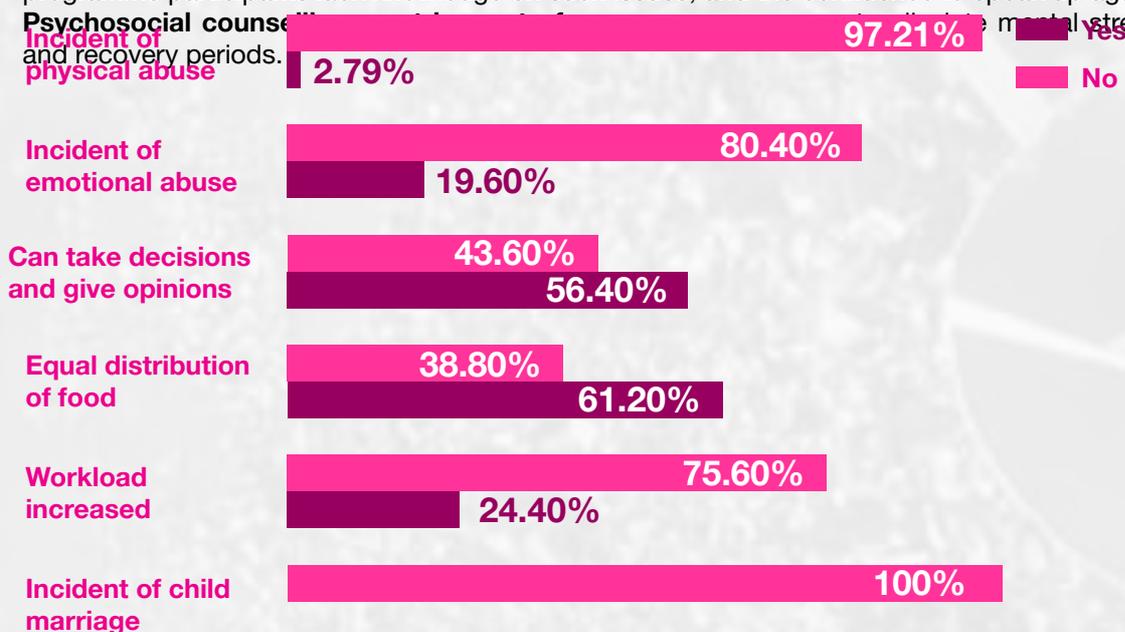
- **97.2% of respondents did not report incidents.** Among them, 71.3% did not have incidents to report, 23.4% did not find the issue worth reporting, 2% feared being abused again and 2% wanted to avoid the hassle. 1.2% did not know how to report.
- **2.8% of respondents took action against perpetrators by seeking support from family members** to settle the conflict. A small number of others sought support from police, NGOs and/or local government.
- **Only two respondents wanted to report an incident during the survey.** Both cases were against an intimate partner. Respondents stated, when asked about the solution they expected, that they expect support from law enforcement and NGOs. *Interviewers who received the complaints acted accordingly.*
- **48.8% respondents did not know where to report violence.**
- **64.8% of respondents did not know where to call for COVID-19-related support.**

Mental health

81.6% of respondents reported experiencing stress, anxiety and depression from the fear of being infected by the disease and 59.8% about economic instability amidst the crisis. Other causes include insecurity, uncertain futures and family issues.

Recommendations

- **Sustainable economic inclusion of women in the informal economy requires systematic advocacy.**
- More focus should be given on **access to mobile financial services, importance of savings and disaster preparedness**, while working with women.
- **Safeguarding and protection issues should be given more priority** across all activities, since female programme participants lack knowledge on such issues, and the confidence to speak up against violence.
- **Psychosocial counselling and recovery periods.** **97.21%** of respondents reported mental stress during crisis and recovery periods.



Limitations of the assessment: The natural flow of interaction and connection with respondents while asking sensitive questions was limited since the interviews were conducted over phones. Respondents were more likely to talk about emergency support than protection issues, making it challenging for interviewers to keep the discussion on track. Not all interviewers were competent enough to ask sensitive questions about protection and handle psychosocial issues properly, making it difficult to reflect the lived realities of the respondents.

FROM THE GROUND

“People have spent the night sleeplessly in the shelter, listening to the cyclone wrecking havoc outside. They worried about their homes. They worried about their cows and goats - often their only assets.

We walked beside them as they walked back to what remained of their homes this morning.

Patuakhali, a district of south-central Bangladesh, is surrounded by rivers on three sides and adjacent to the Bay of Bengal. The two major rivers, Laukathi and Lohalia, are directly connected with the Bay of Bengal. Communities here constantly battle to survive against natural disasters.

So many families are devastated right now. Many of their homes are completely flooded. We are helping them as much we can.

My colleagues have not left their sides - picking up the debris of tin roofs blown away by the winds, fixing the latrines and removing broken branches from the fruit trees that have fallen on their vegetable gardens.

People have seen the same BRAC *apas* (sisters) and *bhais* (brothers) bring news of the cyclone yesterday, and assist them to the shelters.

Many of us spent the night with them in the shelters. In areas where the government's relief has not reached yet, we prepared food with the support from the local community and the village social solidarity committees of the ultra-poor graduation programme.

I express my sincere gratitude to my team, for their quick thinking, rapid response and sacrifice. They make me proud to be part of BRAC.”

Md Solaiman is the zonal manager of BRAC's ultra-poor graduation programme of Patuakhali district, south central Bangladesh



Snapshot: Cox's Bazar



- **A very eventful week in Cox's Bazar with the total confirmed case numbers at 13.**
- **A total of 89 people are in institutional quarantine in the Rohingya camps as of 20 May.**
- BRAC built the 150 bed isolation centre [see pic] in partnership with UNHCR which opened its door.
- **In preparation for cyclone Amphan**, BRAC coordinated with the District Disaster Management Committee, ISCG Emergency Preparedness & Response Working Group and RRRC Office. Necessary relief items were stockpiled in warehouses nearby Rohingya camps for emergency response for approximately 20,000 households.
- **400 masks like the above were made every day at Ayesha Abed Foundation in Cox's bazar by host women and refugee women.**
- **Community health workers, volunteers and nutrition workers visited 26,398 households** with awareness messages on prevention of COVID-19 and reached 101,599 people from 14 May-20 May. Among them, 69,677 were from the host community and 31,922 were from the Rohingya camps.
- **500 bottles of hand sanitiser, 100 bottles of liquid soap, 200 soap bars, 500 boxes of hand gloves, 2,000 pieces of masks** have been provided to the police in Cox's Bazar.

Raised: BDT45M



Goal: BDT200M



BRAC's appeal is providing those in the most vulnerable situations in Bangladesh with emergency relief.

Support a family today: <https://www.brac.net/covid19/donate/>



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