



# COVID-19: SITUATION REPORT

9 APRIL 2020



**18M**

programme participants oriented on COVID-19



**100,000**

workers on the ground covering 64 districts



**876,000**

items of protective wear distributed



**1.2M**

hygiene products distributed



**87,863**

families received cash support

## Make empathy go viral: Urgent appeal

**BRAC has almost completed supporting 100,000 families living on low incomes with the means to buy essential items for the next two weeks.**

Now, we need you.

Please stand beside those in most need: <https://www.brac.net/covid19/donate/>

BRAC will ensure your support reaches those who need it the most.



BRAC has reached **87,863** out of a targeted **100,000** families with cash support



### FROM THE GROUND

“I have struggled with poverty all my life. Life was starting to turn around, but COVID-19 has devastated us.

I invested in two goats and paid for family expenses with BDT 15,000 - my first loan from BRAC. I took on larger loans later to buy more and my husband and I continued to rear livestock. I bought land worth BDT 90,000 from our income. This is the first home I have owned.

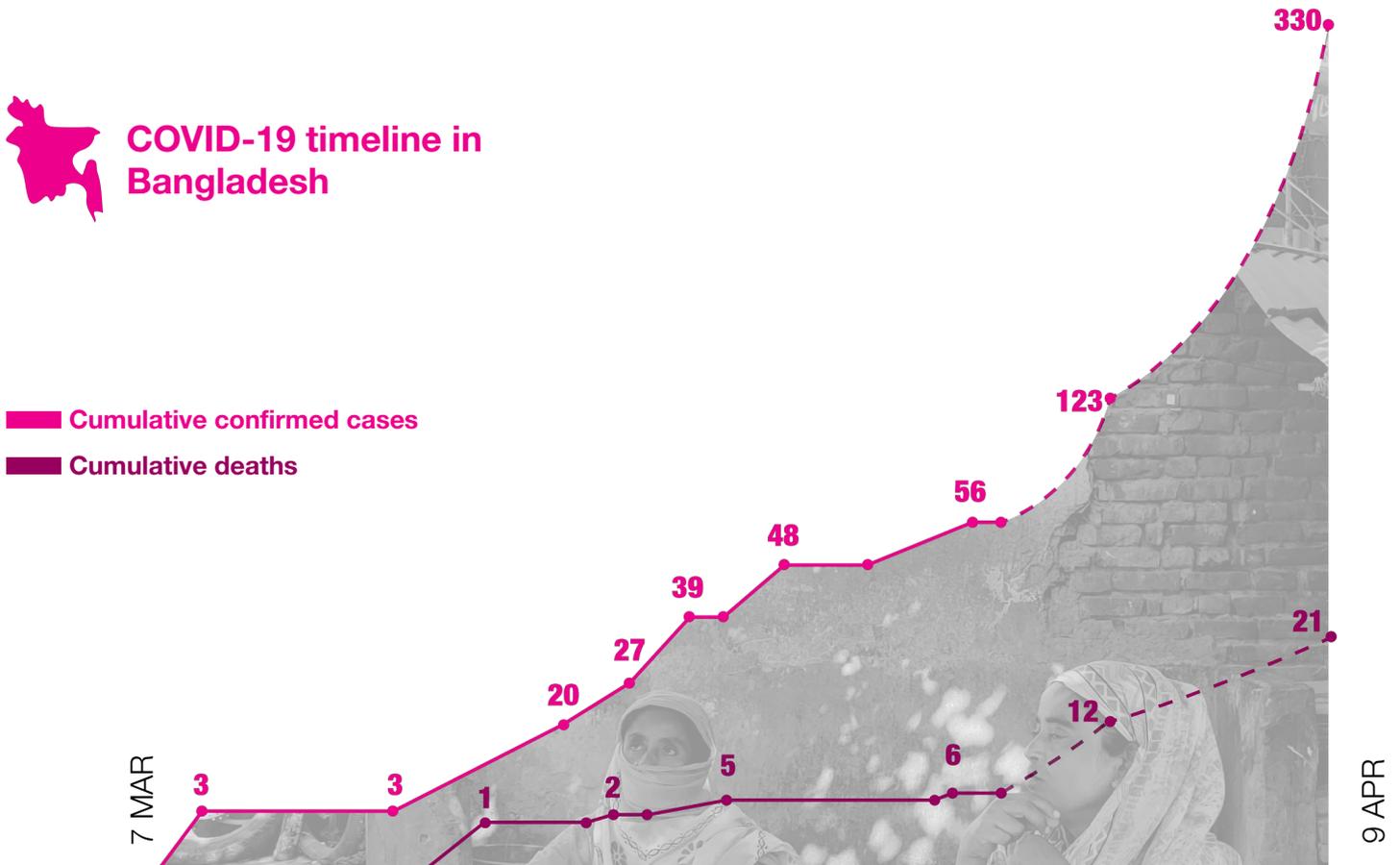
Everything has come to a stop now though. My husband cannot find a day’s work in our village. I am worried about my children’s health. I am relieved that I do not have to pay my loan instalments for some time. The money from BRAC will help us to buy food and survive a few weeks. After that we will see.”

Client of BRAC’s microfinance programme in Naogaon, speaking to a BRAC staff member when receiving BRAC’s cash support. Story collected by Aminul Islam, area manager, microfinance programme.





## COVID-19 timeline in Bangladesh



### Situation overview

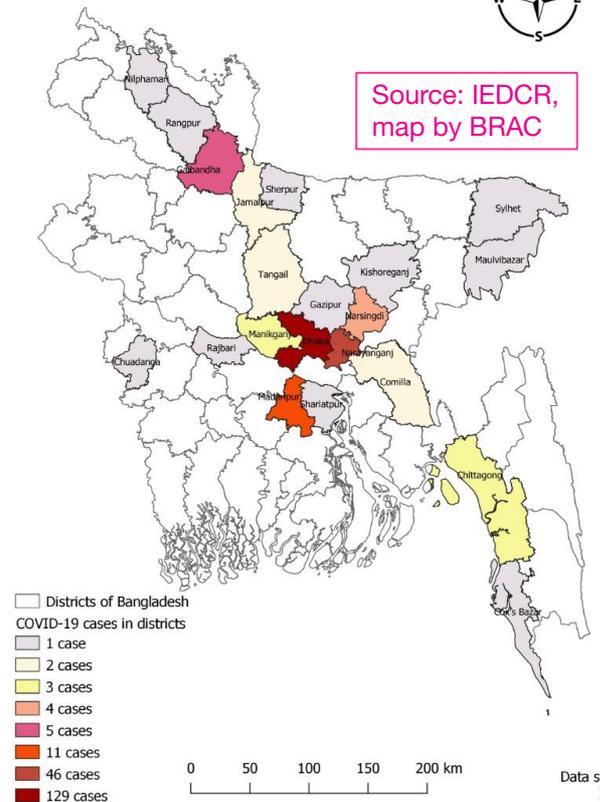
- There are 1,356,780 confirmed cases of COVID-19 globally. 79,385 lives have been claimed across 212 countries, areas or territories (updated: 9 April 2020, 06:00 GMT+6, [World Health Organisation](#)).
- According to the World Health Organisation, **one-third of women around the globe experience physical and sexual abuse**. Self-quarantine, social distancing measures and the current crunch on global health care systems increase the risk of abuse and reduce accessibility to treatment. More shelter homes and hotlines are needed to document and take proper action on cases during crises.
- Kuwait and the Maldives have formally asked Bangladesh to **repatriate approximately 75,000 undocumented Bangladeshi workers**. Discussions with four other countries continue.
- Bangladesh is now in **Stage 4 of the outbreak**. There has been a spike in reported cases; there are currently 330 confirmed cases as of 9 April 2020. 166 of these cases were identified in the last 48 hours. The government's Directorate General of Health Services (DGHS) and Institute of Epidemiology, Disease Control and Research (IEDCR) have confirmed 21 deaths to date. Four of the deaths were confirmed in the last 48 hours.
- The Prime Minister of Bangladesh declared **incentives for health workers, nurses, and physicians** who are directly fighting against COVID-19 attending patients. There will be reward schemes for frontline health workers in the form of insurance coverage.
- The Government of Bangladesh has **imposed a lockdown on Cox's Bazar**. **34 camps** in Ukhiya and Teknaf are already under lockdown.
- Bangladesh has urged China to send an expert medical team comprising physicians, nurses and technicians to handle and treat COVID-19 patients.
- There has been a special focus on reaching indigenous communities in the Chittagong Hill Tracts with information about COVID-19. A total of 273,784 programme participants (131,073 in Rangamati, 68,120 in Khagrachari and 74,591 in Bandarban) have been reached out to with awareness messages. The area is currently suffering a measles outbreak.

Distribution of confirmed COVID-19 cases in different districts

Updated on 08.04.2020



Source: IEDCR, map by BRAC





## BRAC's overall response to COVID-19

**BRAC's immediate short-term focus is prevention, through community engagement, behaviour change and mass campaigning.** This has included creating a world-standard course on COVID-19, using it to train staff and volunteers, equipping them with personal protective equipment and then sending them to 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 has included supplying doctors to IEDCR's dedicated public hotlines, supplying field support teams at the community level, providing insights to A2i (a key wing within the ICT ministry) on where communication gaps exist, and sourcing equipment for under-resourced hospitals.

**While the economy is in shutdown, BRAC is focusing on ensuring short-term relief to low-income earners and those living in poverty in cities and rural villages.** Treating it as a humanitarian crisis, BRAC has made an initial commitment of BDT 150 million and is running an appeal to mobilise additional funds. Public-private partnerships have also been created, as well as mobilising funding from institutional partners.

**As we realise that the economic impacts of the pandemic will be protracted, we are beginning to focus on livelihoods, developing a mid to long-term strategy for economic revitalisation of those living in extreme poverty.**

Amidst an extremely fluid situation, BRAC is focusing on remaining adaptive and agile, and keeping pace with changing needs, particularly the needs of the people in the most vulnerable situations. We are also undertaking rapid needs assessment and evidence generation for mid to long-term response.



## Emerging risks and challenges

- **A more rigorous lockdown has been imposed in Narayanganj, a confirmed virus hotspot.** Hundreds of people took to the streets to protest and demand relief after the lockdown was imposed. The district had a total of 59 confirmed cases and six deaths as of 9 April 2020. Multiple other areas, including areas of Dhaka, have also been locked down.
- **Many people in Bangladesh turn to pharmacies over consulting physicians or travelling to hospitals for treatment.** This behaviour has amplified during COVID-19. People have been hoarding unprescribed erythromycin (an antibiotic), antihistamines and oral saline. BRAC is sensitising pharmacists on self-protection, distancing customers within premises and ensuring hygiene maintenance. However, they require orientation on refraining from selling drugs over the counter and referring patients in case COVID-19 symptoms are identified.
- There are only [67 ICU \(intensive care unit\) beds](#) in Dhaka's hospitals, and a total of 105 beds in hospitals in Bangladesh for treating COVID-19 patients. There are [reportedly](#) less than 2,000 ventilators available, or in the pipeline, leaving only one ventilator for every 930,273 people.
- **The Refugee Relief and Repatriation Commissioner (RRRC) has imposed further restrictions on aid workers in Cox's Bazar.** BRAC has halted home visits, and continued reaching people through phone calls. Facilitators within the Rohingya camps have been identifying households with smartphones and collecting phone numbers to share communication materials through mobile phones.
- **Relief activities such as cash distribution can draw crowds and compromise social distancing.** BRAC is delivering cash support to the doorsteps of those in immediate need. Communities, families and administrative authorities have shown concerns regarding the chance of the virus spreading through relief distribution. BRAC is respectful of all directives and is respectfully addressing community decisions.

- There is fear among many frontline healthcare workers. This is being alleviated by new supplies of personal protective equipment and the creation of psychosocial counselling initiatives, but much more remains to be done.
- There were clashes among ready made garment workers and law enforcers, as some factories have not paid salaries.
- An estimated 5-9 million transport workers including CNG drivers, rickshaw pullers and bus drivers are facing economic consequences due to the shutdown and transport ban. Meanwhile, emergency responders such as doctors and relief distributors are facing difficulties in accessing transport and having to pay excess fares.



## Orientation, safety and safeguarding of staff and communities

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- **81 million** people have been reached through social media with COVID-19 awareness messages.
- **18 million** programme participants across the country have been oriented on COVID-19.
- **4.3 million** voice messages with preventive information on COVID-19 have been sent to microfinance clients.
- **1.2 million** hygiene products have been distributed to staff and communities.
- **139,203** BRAC staff have been oriented on COVID-19 through BRAC's online orientation sessions with healthcare experts and training modules.
- **2,000** coverall gowns have been produced through BRAC's social enterprise Aarong following standard guidelines for BRAC's staff working at the frontline. BRAC has the capacity to produce more protective wear to meet the needs of the country's healthcare system.
- **14 hotline numbers** have been created to provide medical assistance for staff and family members displaying COVID-19 related symptoms. 6000 responses have been received through the dedicated symptom-checker '**Coronarodh**' app within the last three days.



## Strengthening of systems

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- A website has been launched with a map of urban slums across Bangladesh, with locations, numbers of households, average poverty levels and occupations. The map, which is open for all, will help individuals and organisations understand who is in the most need, coordinate relief efforts and avoid duplication in distribution: <http://urbanslummap.brac.net/>
- Conversations have begun with the Bangladesh Army for the use of Uttara BRAC Learning Centre in Ashkona, Dhaka (adjacent to Hajj camp and the airport) as a quarantine location for those who return from abroad and need to remain in institutional quarantine.
- Households with elderly people, persons with disabilities, women-headed households, pregnant or lactating mothers and those who did not receive support from any other sources have been specifically targeted for support. Pre-selected households of people living in ultra-poverty have also been prioritised.
- Support for government hospitals, through doctors, supplies and protective equipment, is continuing,.



## Partnerships

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- **Australian Government's Department for Foreign Affairs (DFAT)** and **BRAC** have entered their third phase of partnership in combating COVID-19 in Bangladesh. This new phase aims to reduce the risks of COVID-19 through food assistance and enable better assessment of the situation in Bangladesh. The two partners have already been delivering food support, and have set up a **distance learning platform** for students through live television broadcasts. BRAC will collectively support more than **33,000** households during these three phases.



## Food security, and social and economic recovery

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- **8,111** households living in poverty in urban areas received essential food packages, supported by Standard Chartered Bank and DFID. These packages include 7kg rice, 1kg lentil, 1ltr edible oil, 1kg salt, 2kg flour, 2 pieces of hand soap, and 500 grams of detergent powder.

## Economic distress: A snapshot of Bangladesh

A rapid perception survey was conducted among 2,675 participants and clients of households with low incomes, to understand the general level of awareness about COVID-19 and its economic impact on their livelihood. No strict sampling frame was used for the survey. Questionnaires were collected by BRAC staff from across all 64 districts of Bangladesh between 31 March to 5 April 2020.

### Key findings included:

**Almost all respondents (99.6%) said that they are aware of the disease, and two-thirds (66%) first learned about the virus through television.** The level of understanding varied - 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 respondents in rural areas, and some of the respondents in urban areas, had doubts about treatment options.

Decentralisation of testing and treatment may reduce such concerns in rural areas, while awareness campaigns for urban inhabitants should be strengthened. Awareness campaigns should focus more on treatment and management, rather than the disease itself, dispelling misconceptions and misgivings about treatment options.

**The economic impact seems to have affected almost all respondents (92%).** Wage labourers in the non-agricultural sector reported the most significant loss (77%) compared to those in the agricultural sector (65%). 14% of total respondents reported having no food in their homes. In urban areas, the rate was 18%. Overall, 29% of the respondents reported having 1-3 days worth of food in their homes.

It is critical to start food assistance as quickly as possible to avoid a humanitarian disaster that could potentially force people to ignore health advice and exacerbate the outbreak. People who have returned to their villages are not enrolled in any social safety net programmes, and may be missed through traditional distribution mechanisms.

**The net income loss of those who are living in urban areas (69%) is less than those now in rural areas (80%).** The mass migration of people from urban to rural areas due to sudden unemployment partially explains the higher impact in rural areas. The excess supply of returnee labourers has significantly lowered the wage rates. Prices of agricultural products, mostly milk and dairy products, vegetables and fruits, have plummeted. Additionally, closure of rural businesses, weekly *haats* (open marketplaces) and big bazaars have also had a negative impact on rural communities.

Special attention is required to keep the agricultural value chain from stalling. The harvest of *Boro* rice (a special type of rice cultivation on residual or stored water in low-lying areas) will start in two weeks in some parts of Bangladesh and continue till the end of May. An injection of liquidity may be required to stabilise demand. Rural businesses, which are mostly unbanked, need to have access to finance to restart their businesses. The Honourable Prime Minister has assured subsidised bank credit for these businesses, but we may have to think of out-of-the-box solutions to bridge the gap between the banks and micro-enterprises.

**There is general awareness that the pandemic may be prolonged by as many as 22 days. More than a third (36%) of the respondents do not have a specific plan on how to cope.** There is a general expectation among one-fourth of the respondents (23%) that public relief will be available. Approximately one-fifth of respondents plan to rely on credit facilities.

## BRAC voice in global media

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BBC  
NEWS

### Is social distancing an appropriate response for everyone in Bangladesh to COVID-19?

Asif Saleh, Executive Director of BRAC, talks to the BBC about the need for culturally appropriate solutions to this global pandemic.

## BRAC Blog

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### Containing Covid-19: What lessons to be taken from ORT and Ebola campaigns?

by Dr Mushtaque Chowdhury, professor of population and family health, Columbia University, and former Vice Chair of BRAC.

### How BRAC Microfinance is responding to the coronavirus outbreak in Bangladesh

by Shams Azad, Chief Operating Officer, BRAC's microfinance programme in Bangladesh

### How COVID-19 is affecting people around the world – Our rapid assessment

by Kazi Eliza Islam, Associate Director, monitoring and programme quality, BRAC International.



“My name is Shipra Rani Mridha. I am a community health worker.

Many families are in fear. They do not want to give out information about their health. I collected the names of a few people in the area who had a fever. I came back home to see that many of them showed up at my doorstep. They were afraid that I would share their details and that they would be taken into quarantine. Some said that they heard people are killed during quarantine.

I have been a community health worker for four years now. I have never faced so much resistance from the community as I do now because of the coronavirus. My own family is scared. My husband asks me why I have to go to the field when everyone is staying home.

I told him if I did not go to these houses, who would tell them what to do if they see anyone with the symptoms? Because of me, many families living in the slum now understand how serious the coronavirus pandemic is. They are taking necessary precautions. Aren't you proud?, I asked. I think he is too scared to answer, but I think deep down he is.”



## Partners

