



## COVID-19: SITUATION REPORT

24 JUNE 2020



**68M**

people oriented on COVID-19



**100,000+**

workers on the ground covering 64 districts



**17,840**

families received food packages



**1.7M**

hygiene products distributed



**350,000**

families received cash support

### Make empathy go viral

**BRAC has provided 350,000 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.

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



BRAC has reached **all of the targeted 350,000 families**

### FROM THE FRONTLINE

**A lot of people ask me why I take this risk. I do not do this for money. I feel a sense of purpose in serving the people in my community who are not as privileged as others.**

I have been working as a community health worker for nine years in my hometown of Nilphamari, northern Bangladesh - a region with high rates of poverty. Many families here do not have access to doctors or treatment right now. I do all I can to provide reliable information so they can protect themselves against the virus. I distributed the leaflets and stickers, and demonstrated the correct hand washing procedure.

My visits were always welcome in their homes. This pandemic has completely changed that. I faced resistance for the first time. Many refused to talk to me or let me enter their premises.

"Why are you outside?" someone once asked me, "You might be carrying the virus. We heard that people should not be going out of their homes now."

I explained that I take all necessary precautions - wearing protective masks and gloves, and maintaining safe, physical distancing. The families usually calm down after I explain. They have also known me for years, so they trust me. I stood by them during their health crises in the past.

*Shahnaz Parvin is one of BRAC's 50,000 community health workers across Bangladesh raising awareness on COVID-19. They have also identified 1,532 suspected cases, which they have referred to local authorities for testing.*



# COVID-19 timeline in Bangladesh

12,2660

Cumulative confirmed cases

Cumulative deaths



12 JUN

24 JUN

## Situation overview

### TESTING

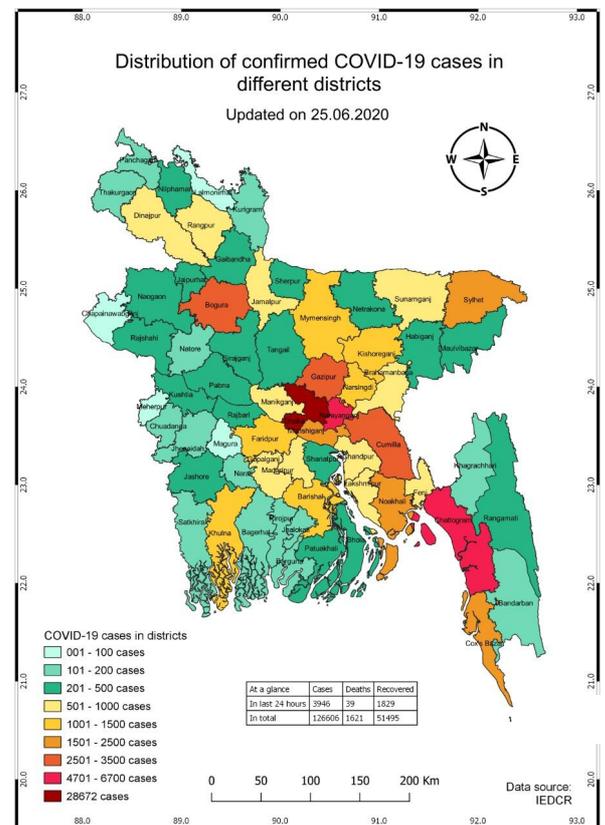
- Bangladesh has **122,560 confirmed cases of COVID-19 as of 24 June 2020**. 3,462 cases were confirmed in the last 24 hours. The pandemic has claimed 1,582 lives, 37 of which were reported in the last 24 hours (updated: 24 June 2020).
- The government is **planning to introduce multiple COVID-19 test methods from July**, including antigen, nucleic acid, and antibody 'dry and wet' tests - which provides results in less time. The Directorate General of Health Services plans to import 100,000 to 200,000 kits at a time. Efforts to expand testing facilities at the sub-district level are underway. 3,000 medical technologists and technicians are being recruited.

### PREVENTION

- A **coordination cell to prevent COVID-19 transmission has been formed**. The cell will monitor and coordinate the virus preventive activities of all the agencies and departments under the Local Government Division, ensure coordination between the activities of the agencies of the division and other departments of the government and monitor all the civic services being provided by city corporations in red zones, involving volunteers, public representatives, imams, NGO representatives and eminent personalities.
- A **100-day plan to contain the COVID-19 outbreak was proposed** by the Foundation for Doctors' Safety and Rights. An 11-point demand was placed, including the formation of an expert committee, under the direct leadership of Prime Minister Sheikh Hasina.
- **Lack of awareness about social distancing and hygiene practices** are the leading cause of the outbreak in Bangladesh, [according](#) to a team of Chinese medical experts.
- The **World Health Organisation has called for adopting six steps to combat the novel coronavirus infection**; controlling infections, keeping service facilities ready with manpower, reducing public gatherings, taking preventive measures in the workplace, health check-ups for people coming and going abroad, and involving the people. None have been followed properly in Bangladesh, records say.

### HEALTH

- The **recovery rate now stands at 40%**. Almost 50,000 patients out of a total of 122,660 reported have recovered. Bangladesh's overwhelmingly young population is one of these reasons; one-third of Bangladeshis are 15-35 years old, as a result of the change in the fertility rate in the last three decades.
- **Bangladesh will get priority if China develops a COVID-19 vaccine**. China has said Bangladesh will get priority in terms of cooperation and support if they can successfully develop a vaccine. Xi Jinping, president of the People's Republic of China, had a phone conversation with Prime Minister Sheikh Hasina on May 20.



- **Gaps in data continue to cause issues.** Inaccurate data released by the Directorate General of Health Services (DGHS) continues to create confusion. Many initiatives to contain the virus are being delayed due to such data constraints. IEDCR temporarily has not published [infection data for Dhaka city](#) since June 16. As they are the only source of data in Bangladesh, Dhaka is now in a blackout in terms of COVID-19 data.
- **The government is yet to ensure safe management of [COVID-19 waste](#),** resulting in infection risks and environmental hazards.
- **People are abandoning family members due to fears of them being infected by the virus.** [Authorities are supporting people affected](#) and taking legal action against the perpetrators.

## ECONOMY

- **The International Monetary Fund warned Wednesday that the global economy faces an even [deeper downturn](#)** than it previously projected as the pandemic continues to sow uncertainty and businesses around the world struggle to operate amid the virus.
- **The World Bank has approved three [projects](#) worth USD \$1.05 billion** to accelerate economic recovery. These three projects specifically focus on digital entrepreneurship, creating a resilient economy, protecting communities that are vulnerable, and improving digital competencies of government offices.
- **A [new study](#) by Bangladesh Institute of Development Studies (BIDS)** conducted with 30,000 people across all divisions and districts shows 13% of people have become unemployed due to the pandemic.
- **Bangladesh foreign exchange reserves have hit an [all-time high](#)** of \$35 billion, following the lower import payment amid the pandemic, satisfactory inflow of remittance and foreign loans and assistance from development partners to combat the crisis.
- **Experts [suggest](#) that Bangladesh should delay its graduation from a least developed country (LDC) to a developing country.** Bangladesh will lose preferential trade benefits that are likely to have a negative impact on employment and local investments during this time of economic disruption, experts warned at a virtual discussion organised by the UN. 12 million people have been pushed into the category of the "new poor". The official graduation is scheduled for 2024, with a three-year grace period for preparation.
- **The ready-made garments sector continues to face an uncertain reality.** A [number of brands](#) are continuing to refuse to pay workers.
- **The zone-based containment strategy is yet to be finalised by authorities,** [22 days](#) since the official meeting. Implementation of the zone-based lockdown in Dhaka, which hosts more than half of the country's confirmed cases, remains unclear. Lack of coordination among authorities, discrepancies in databases of COVID-19 cases and death records, and insufficient testing facilities present challenges in assigning containment zones. '[General holidays](#)' were announced in high-risk districts of Faridpur, Manikganj, Brahmanbaria, Narsingdi and Kushtia.
- **50,000 people have [left Dhaka](#),** or have shifted their families to their village homes, because of unemployment and pay cuts. Many are leaving without the certainty of income back in their villages.
- **[Joint ventures](#) may benefit Bangladesh and India amid COVID-19,** say the Federation of Bangladesh Chambers of Commerce and Industries (FBCCI). Out of the box initiatives for light engineering will be explored amongst a list of complementary initiatives.
- **[Scheduled flights](#) on some domestic and international routes have been resumed** on a limited scale, after staying suspended for almost three months.
- **The BDT 727.5 billion stimulus package, from which BDT 200 billion was reserved for lending working capital to the cottage, micro, small and medium enterprises, is not being disbursed at the [expected rate](#) to those enterprises.** The central bank has directed the banks and other financial institutions to distribute the loans more effectively.

## RIGHTS AND ACCESS TO SERVICES

- **Bangladesh must ensure that its COVID-19 response is inclusive of women and girls.** The [call for action](#) comes as an urgent appeal to the government and policymakers, endorsed by the organisations representing the Gender Monitoring Network, such as Ain O Shalish Kendra, Bandhu, Bangladesh Mahila Parishad, etc. Organisations fear the virus has worsened conditions for women who were already challenged by prevalent gender inequalities.
- **13,494 women and children were survivors of violence in May 2020,** according to a [survey](#) by Manusher Jonno Foundation. 4,160 people admitted to have faced abuse for the first time in their life. Findings show a sharp rise in incidents of violence, with access to support services limited by the lockdown. Family courts, which deal with such cases, are still not under the virtual court.
- **Rohingya children are facing increased risks of violence, trafficking, child marriage and child marriage,** due to the socio-economic conditions caused by COVID-19, [according](#) to Educo, an global NGO dedicated to child rights.



## Emerging risks and challenges

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### RISKS

- **There are concerns that Bangladesh may face an acceleration in cases if the government fails to ensure the maintenance of health guidelines in cattle markets across the country ahead of [Eid-ul-Azha](#)** (the country's annual mass religious sacrifice). Slaughtering animals in open spaces during the festival may also increase the risk of infection. The two city corporations will set up 24 makeshift cattle markets in Dhaka city and take measures to strictly enforce health guidelines, and an inter-ministerial meeting will be held soon to discuss how slaughtering will take place amidst the pandemic.
- **Monsoon rains are likely to [compound](#) health hazards for Rohingya refugees in Cox's Bazar.** The spread of water-borne diseases and lack of infrastructure pose severe risks to communities living in the overcrowded camps. Construction to mitigate these hazards was delayed due to shutdowns.

### CHALLENGES

- **Many private and public hospitals remain [reluctant](#) to admit non-COVID-19 patients**, despite directives not to turn away patients. Hospitals have demanded COVID-19 test results from patients before they are admitted, which can take days to receive, delaying access to treatment further.
- **Deaths of physicians make up [4%](#) of COVID-19 deaths in Bangladesh, the highest in the world.** As of 18 June, 43 doctors with COVID-19 have died. More than [4,000](#) healthcare workers, including doctors and nurses, have tested positive, mainly due to shortage of protective wear, guidelines on proper usage, and training on how to handle patients. Patients are also unwilling to share information on their symptoms, which further endangers the safety of healthcare professionals.
- **The government is unable to track [half](#) of the COVID-19 positive patients.** Health experts warn that enforcing lockdowns in certain areas will be ineffective unless authorities know the exact locations of patients. Multiple gaps databases, including lack of gender disaggregation and the number of people who have tested positive for the [second](#) time, are resulting in ineffective decision-making.
- **Major hospitals are [struggling](#) to provide the intensive care essential for critical COVID-19 patients.** Dhaka Medical College Hospital, the country's largest public hospital, has only 14 intensive care beds dedicated for COVID-19 patients, and continues to face challenges with oxygen supply. [Chattogram's district hospitals](#) also need to expand intensive care beds and trained manpower.
- **28,000 children in Bangladesh are at risk of dying** from lack of nutrition, access to immunisation, and the disruption of the healthcare system due to COVID-19, according to a [prediction by UNICEF](#).
- **Testing facilities remain [insufficient](#).** [43](#) out of the 64 districts lack adequate testing capacity. Treatment facilities remain inadequate outside the capital.
- **Necessary support is yet to reach sex workers**, making them one of the [most overlooked](#) communities. Most have lost their livelihoods, and many continue to face harassment by law enforcement, local goons and members of the society, when seeking help and relief.

## BRAC's overall response plan

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**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.

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**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.

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**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 350,000 households. Public-private partnerships have also been created, as well as mobilising funding from institutional and individual funders.

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**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.



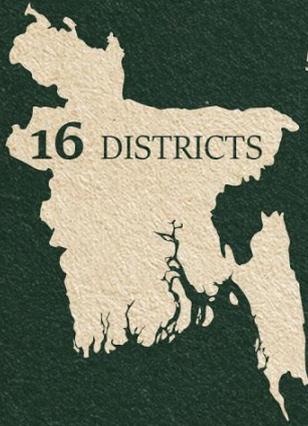
### Orientation, safety and safeguarding

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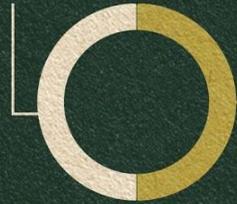
- **68 million programme participants across the country** have been oriented on COVID-19 through awareness activities by BRAC's frontline staff.
- **134,588 BRAC staff and volunteers have been oriented on COVID-19** through BRAC's online orientation sessions with healthcare experts and training modules.
- **A total of 1,761,199 units of hygiene products** have been distributed to staff and communities.
- **876,000 protective wear items** such as face masks, hand gloves, surgical caps, coverall and safety glasses have been distributed.
- **1,243 people have received counselling through BRAC's tele-counselling platform 'Mon er Jotno Mobile-e'** (phone-based emotional support) since its launch in April.

# What is the impact of COVID-19 on students and their teaching-learning processes?

BRAC conducted a rapid assessment to assess the impact of COVID-19 on **1,938** students.

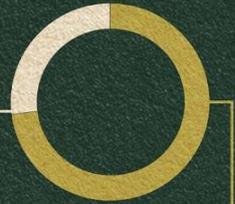


50% PRIMARY STUDENTS



50% SECONDARY STUDENTS

27% STUDENTS FROM RURAL AREAS



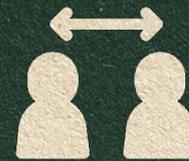
73% STUDENTS FROM URBAN AREAS

51% GIRLS

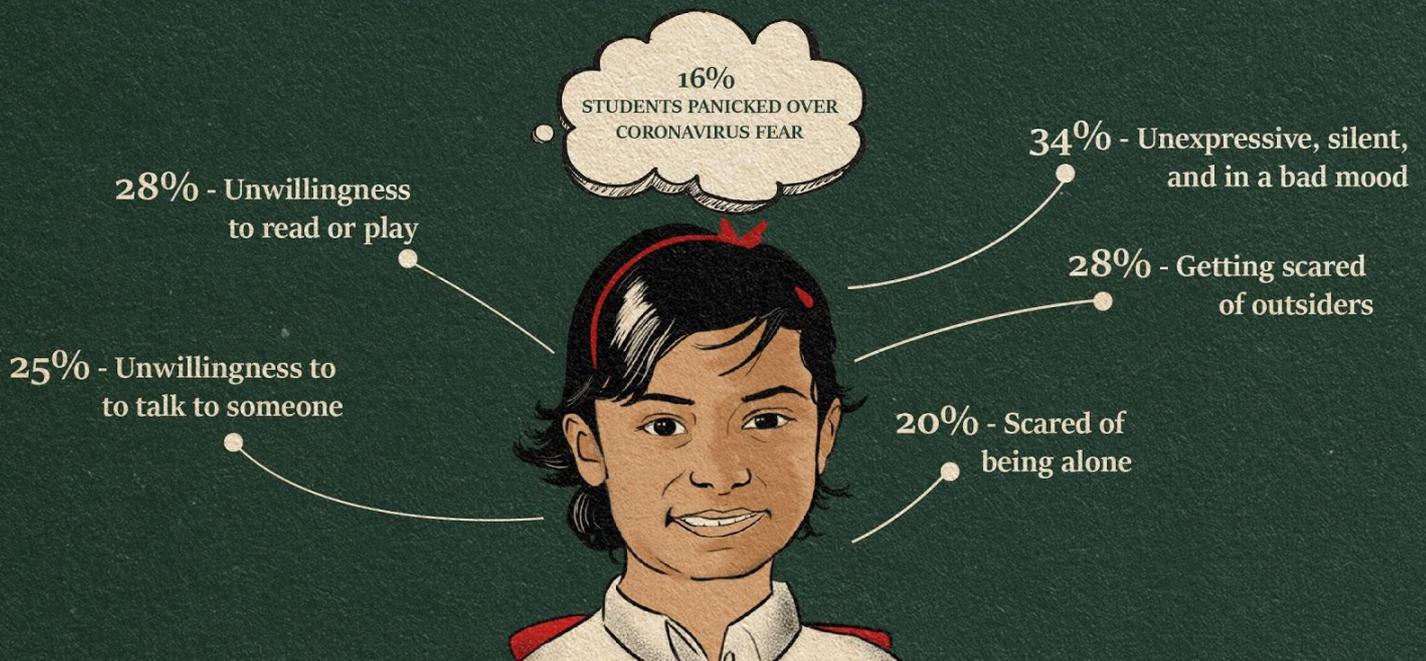


49% BOYS

## AWARENESS OF COVID19



## MENTAL HEALTH AMONGST STUDENTS



## ABUSE DURING LOCKDOWN

**3%** of students suffered abuse, with children with disabilities being the most affected.

### NUMBERS OF STUDENTS AFFECTED

URBAN	5%	PRIMARY SCHOOL	4%
RURAL	2%	DISABILITIES	16%
MADRASA	5%	FEMALE	2%
ETHNIC MINORITIES	1%	MALE	3%
SECONDARY SCHOOL	2%	OVERALL	3%

## HOW STUDENTS SPEND THEIR TIME



**55%**  
Household activities



**27%**  
Chatting/gossiping

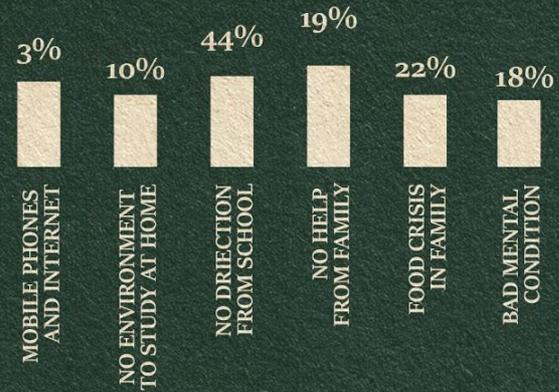


**19%**  
Internet and mobile gaming

## ATTITUDE TOWARDS EDUCATION

The crisis has created a negative attitude toward studying among **13%** of the students.

**14%** of students are passing their days without studying at home.



## HOW TO GET BACK ON TRACK



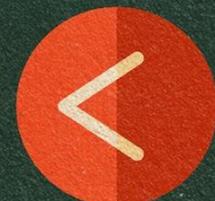
**54%**  
want extra classes when schools reopen



**49%**  
want schools to reopen as soon as possible



**35%**  
want to shorten the syllabus



**26%**  
want fewer examinations



## COVID19 and Bangladesh's LDC graduation: To defer or not to defer is the question

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**Among the 47 countries in the current list of least developed countries (LDCs), many are poised to graduate from LDC status within the next few years. Bangladesh was found to be pre-eligible for graduation for the first time in the triennial review in 2018, fulfilling all three criteria with flying colours. But should we delay?**

**Bangladesh was set to fulfil the requirements for graduation for a second decisive time in the 2021 review, projected to have high economic growth and continued development.** With COVID-19 translating into an economic crisis and offsetting many of our hard-earned development milestones in the past two decades however, the question is whether we should defer it, at least until the 2024 review.

**Many experts and economists have raised concerns about whether Bangladesh should ask to delay its graduation, in light of recent circumstances.** Bangladesh would not be the first to ask for such reconsideration based on a crisis or shock. After the devastating earthquake of 2015 in Nepal, the UN Committee for Development Policy (CDP) deferred recommending its graduation until 2021. Maldives' graduation, originally set to occur in 2008, was postponed till 2011 after the tsunami in 2004. Vanuatu's graduation was postponed until 2020 to allow it to recover from the adverse impacts of cyclone Pam. The deferrals took place based on the assessment that these countries were made more vulnerable by the mentioned disasters and needed time to recover and prepare for graduation.

**Similarly, Bangladesh, faced with this healthcare and economic crisis, is looking at not-so-promising macro-economic indicators.** The World Bank has projected FY20 and FY21 GDP growth rates to be under 2%. Private investment, after stagnating at around 21-22% of GDP for more than a decade, is estimated to come down to 12.7% this year. The two drivers of the economy - remittance and exports - which we rode on to emerge virtually unscathed from the global economic crisis of 2008, have been hit hard. A significant number of migrant workers have returned since the pandemic unfolded worldwide.

**COVID-19 exposed the pre-existing vulnerabilities of Bangladesh, deeply-rooted in its economic, political and governance systems.** Disproportionate adverse impacts are being felt by the population at the bottom of the pyramid. Income and wealth inequalities were already exhibiting a tendency to rise for more than a decade, and, if the pandemic persists, this will worsen. At the same time, many jobs will be lost in the industrial and services sectors, reversing the structural transformation. This context resembles a textbook scenario for the proverbial middle-income trap—the country may graduate, but a large portion of people at the bottom of the pyramid will not. Experiences in Brazil, Malaysia, Thailand and Indonesia support this hypothesis.

**More than one study conducted by BRAC and BRAC University highlight the plight of the population at the bottom of the pyramid, who are already dealing with new and more intense economic, social and digital divides due to the pandemic.** They are also struggling to deal with the changing dynamics and projected structural changes the economy is likely to encounter. A rapid assessment conducted by BRAC has revealed that 62% of low-income wage earners have lost jobs and earning opportunities. While some people may regain their livelihood immediately, others will suffer for a more extended period due to structural changes such as selling of income-generating assets, high-interest borrowing and so on. Consequently, it may take them years to recover. There is a chance that the pandemic will take the country decades back in terms of poverty alleviation and will erode many of our hard-earned development results overall. In this context, erosion of preferences resulting from LDC graduation will increase the pressure on a large portion of the population already in need of support for the next 2-3 years, if not more.

**The decision of whether to go through with graduation needs to be taken quickly so that we can form a sustainable transition plan.** We need to focus both inward and outward and identify a SMART plan of action. The immediate task is to prioritise internal reform-- frankly, that list is long. Some of the most critical ones needed to sustain our graduation include tax reform, VAT reform, banking sector reform, education reform, public health system reform, as well as reforms to address institutional weaknesses.

**Before the next review in February, we need to redouble our diplomatic efforts to convince the world to allow graduation-related provisions in the GSP schemes which are only present in the EU.** Some other bilateral precedents are there but do not have a structured mechanism. Bangladesh has been able to utilise the advantages of being in the LDC category better than most countries; its share of exports using LDC-specific preferences is 70%, compared to 26% for Myanmar (the only other country meeting all three graduation criteria).

**We should strongly advocate for extended multilateral support for all LDC-specific measures including the Enhanced Integrated Framework (provides aid for trade support).** The ISMs (International Support Measures) need to continue to support graduating countries like Bangladesh for a more extended period in the areas where the pandemic has hit the hardest. Finally, we will need to convince the CDP to extend the transition period to at least six years based on our country-specific context, so that we can make necessary internal reforms.

**Finally, in the 2018 triennial review, CDP recommended the creation of a category of countries facing extreme vulnerability to climate change and other environmental shocks.** As one of the countries most at risk from climate extremities, Bangladesh should be tactful in pursuing the creation of such a category and for inclusion in it.

**In the end, the decision of deferring or not deferring the graduation will be a political one, and to some extent, an emotional one for Bangladeshi nationals; a matter of national pride.** Therefore we have to look beyond graduation and prepare ourselves for a sustainable growth path. The CDP does consider country-specific vulnerability profile and impact assessment, and also consults written statements given by the countries under consideration. Therefore, strong diplomacy and political willingness to take one difficult reform are needed to optimise our smooth transition towards a developing country. We need to invest all of our brains to achieve what our hearts desire.





## Snapshot: How is COVID-19 affecting the world's largest refugee camp?

Tackling a pandemic under any circumstances is challenging. For displaced communities living in situations such as refugee camps, the challenge is disproportionately tougher. 503 face-to-face interviews were conducted in 10 camps in Cox's Bazar to capture a general picture of awareness of COVID-19, and the fear, problems and vulnerabilities induced by it.

### Key findings:

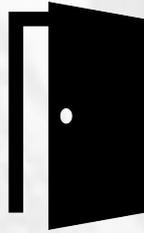
#### *Awareness and beliefs:*

- **Almost all respondents had heard about COVID-19, but only 16% knew all three ways of transmission.** 79% had heard about the virus through microphone announcements, NGO workers and volunteers.
- **80% of the respondents were able to mention at least three symptoms**, with fever perceived as the primary symptom by 90% of the respondents. 72% believed that everyone is susceptible to COVID-19. 18% believed that only the elderly get the virus.
- **15% of respondents (12% of men and 16% of women) expressed no knowledge about treatment options for COVID-19 patients.** 28% mentioned isolation/quarantine as a possible treatment option. 20% showed frustration and said there is no treatment.
- **18% of respondents stated that treatment is not available in or near the camps.**
- **41% of the respondents are uncertain of the nearest designated healthcare facility** for treatment.
- **54% of respondents disagree with keeping mobile and internet speed low** in the camp during the COVID-19 crisis.
- **35% of respondents believe in physical contact with others to be harmless.** 32.5% do not perceive public gatherings, eg praying, to be concerning, even though the majority (86%) agreed that going out in public was dangerous.
- **64% of respondents think the information on COVID-19 is adequately available in the camps**, but some gaps still exist. 77% (82% men and 73% of women) agree that NGO workers deliver messages to them while maintaining social distance.
- **38% of respondents were uncertain of how to contact healthcare facilities** if anyone in the family exhibited symptoms. The majority (62%) believe that health facilities are available in the camp to treat COVID-19.

## Behaviour:



**44% of respondents (41% men and 45% women) do not regularly wash their hands with soap for 20 seconds.** 48.5% do not cover their mouth and nose while coughing or sneezing.



**More men (46%) go outside regularly than women (36%)** despite lockdown orders.



**44% of respondents do not regularly wear masks** while going out in public. 47% still join public gatherings.



**61% of respondents said they would recommend their neighbours to first go to a hospital or healthcare centre in the camp** if they exhibit symptoms.

## Causes for concern:

- **Only 69% of respondents reported handwashing materials were sufficiently available.** 16% felt that adequate materials were unavailable.
- **73% of respondents are the most concerned about their children's future,** identifying disruptions to learning as a significant cause of worry.
- **52% of respondents are concerned about reduced work opportunities.**
- **45% of respondents are concerned about hikes in the prices** of essentials.
- **39% of respondents said that they do not get relief goods in time.**
- **17% of respondents stated not receiving proper treatment at healthcare centres** during the pandemic. 24% believe there is no possibility of treatment. 37% believe that pregnant family members may have a chance at treatment in hospitals/health centres.
- **15% of respondents reported an increase in violence against women during the pandemic.** However, 44% were unaware of any incidents.
- **65% of respondents (61% men, 68% women) expressed the possibility of testing positive for COVID-19.** 35% were not concerned.
- **61% of respondents see the possibility of transmission from members of surrounding host communities.**
- **46% of the respondents fear that humanitarian response will shrink significantly** if the pandemic continues.

Respondents emphasised the need for improved healthcare centres, WASH facilities, increased relief items, sufficient information related to COVID-19 and/or other infectious diseases, improved shelters, the scope of livelihood, cash transfer, and proper monitoring of all response programmes.

## Key recommendations

- **Establish COVID-19 related information centres** in each camp and continue to disseminate awareness messages widely.
- **Engage religious leaders with a nuanced strategy** that reflects their particular beliefs and supporting logic. Engage community leaders in observing the practice of preventive measures, identifying possible cases, enforcing quarantine, monitoring the mobility of outsiders within camps and as a community feedback mechanism.
- **Establish sufficient handwashing points in public places,** public offices and community centres. Install banners beside handwashing points. Equip health centres and hospitals with treatment facilities, giving special attention to pregnant mothers.
- **Make a concerted effort to remove misperceptions about the continuation of essential services and relief items.** Ensure timely and effective delivery of essential services.
- **Reinstall the regular speed of mobile and the internet** to facilitate communication.
- **Increase transparency in humanitarian activities** and communicate clearly and proactively to build trust and address rumours. Allocate a special budget section for the Rohingya community, considering the possibility of shrinking international funds.



## Prevention

- **1,532 suspected cases of COVID-19 patients have been identified** by BRAC's community health workers, which they have referred to local authorities for testing.



## Strengthening of systems

- **54 kiosks for sample collection have been set up in Dhaka, Gazipur, Savar, Narayanganj and Chattogram districts.** All kiosks are fully functional with capacity to collect 50 samples per day. A total of 48,412 samples have been collected until now. BRAC will set up 100 walk-in kiosks in total across the country's risky zones to support the government's initiative of scaling up access to testing.
- **40 lab technicians and 45 paramedics have been deployed by BRAC, with support from the Directorate General of Health Services, to operate the kiosks.**
- **20 dedicated doctors from BRAC supported the Institute of Epidemiology Disease Control And Research (IEDCR) hotline for COVID-19.** They have received 53,602 calls, accounting for 31% of the total number of calls received on this support line. The hotlines receive an average of 893 calls on a daily basis.
- **BRAC is supporting government hospitals to meet demands for 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

- **A total of 350,000 low-income families have received cash support of BDT 1,500.** The support has prioritised 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.
- **17,840 households** living in urban and rural poverty have been provided with essential food support. Out of 17,840 households, 7,000 were supported by DFAT, 5,000 households by Standard Chartered Bank, 3,700 households by PEPSICO and 2,140 households by the Urban Development Programme fund of BRAC.
- **BRAC is providing cash support to 10,600 families affected by Cyclone Amphan.** Out of 10,600 families, 6,000 are being supported from BRAC's own funds and 4,600 by the Bill and Melinda Gates Foundation. Each family will be receiving BDT 5,000 to repair damaged houses to ensure that they are able to return to their own homes, and installation of tippy water taps (a simple device for handwashing with running water) to ensure safe methods for hand washing and maintaining basic hygiene practices to prevent the contraction of COVID-19.



## Partnerships

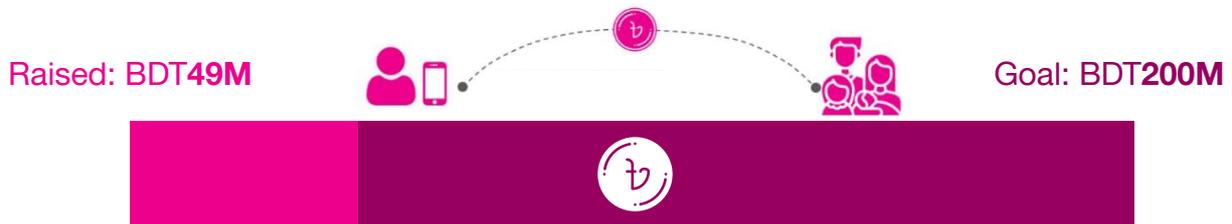
- **GIZ has partnered with BRAC** to enhance the COVID-19 response measures and ensure access to justice for vulnerable populations.
- **Bata Shoe Company** is collaborating with BRAC to provide 75,000 pairs of footwear to women who are in need of assistance or are working in the frontline of the ongoing COVID-19 emergency response.
- **The LEGO Foundation**, through a grant made through BRAC USA, is working with BRAC University's Institute of Educational Development to deliver remote playful learning experiences to children ages 3-8 and their families.
- **Coca-Cola (Internal Beverages Private Limited) has donated to BRAC** to support our work in expanding sample collection and testing in Bangladesh.
- **USAID Bangladesh has partnered with BRAC to enhance the COVID-19 response** by rapidly strengthening the digital space to provide reliable information for the general public.
- **Procter & Gamble (P&G) has donated 17,150 packets of sanitary napkins to BRAC.** The partnership aims to reach out to daily wage earning women living below the poverty line and support meeting basic needs during this difficult shutdown.
- **Medtronic Foundation has donated to BRAC through BRAC USA** for a non-communicable disease prevention and control project. The objective of the partnership is to improve health outcomes for people with chronic illness and to respond to COVID-19 crisis.
- **BRAC has joined UNESCO's COVID-19 Global Education Coalition.** The coalition aims to help countries mobilise resources and implement innovative and context-appropriate solutions to provide education remotely, seek equitable solutions and universal access, ensure coordinated responses and avoid overlapping efforts.
- **Unilever has partnered with BRAC to raise awareness among 10 million people** in low-income households with low levels of literacy, to tackle information gaps and stigma surrounding COVID-19.
- **Swiss Agency for Development and Cooperation has partnered with BRAC** to implement a cash stipend intervention for 11,000 families, primarily in the host communities of Cox's Bazar.
- **The VF Fund through GlobalGiving has partnered with BRAC** to donate to a cash support initiative to support people affected by COVID-19.
- **A portion of Global Affairs Canada's ongoing project with BRAC will go into supporting BRAC's COVID-19 response.** The funding will be used for providing cash stipends to 15,000 families, raising awareness in communities and procuring supplies for community health workers and volunteers.
- **Reckitt Benckiser (Bangladesh) Limited has contributed to BRAC's emergency cash support initiative.** BRAC will also distribute 200,000 units of Reckitt Benckiser hygiene products through this partnership.
- **Australian Government's Department for Foreign Affairs and Trade partnered with BRAC to reduce the risks of COVID-19.** Under this partnership, BRAC has been providing food and cash assistance to families in vulnerable conditions, raising awareness on protection measures, conducted an assessment of the COVID-19 situation in Bangladesh and established a distance learning platform for students through live television broadcasts.
- **The UK Government's Department for International Development (DFID)** is comprehensively supporting BRAC's immediate response plan, including providing support to government health facilities and stakeholders.
- **Global Affairs Canada and United Nations High Commissioner for Refugees** are providing support for the COVID-19 response in Cox's Bazar, for both Rohingya and host communities, through BRAC's humanitarian crisis management programme.
- **UNICEF is supporting BRAC, with a particular focus on sustaining children's learning and wellbeing.**
- **PEPSICO in Bangladesh, along with the global food and beverage company's philanthropic arm, the PepsiCo Foundation, has partnered with BRAC** to provide over 1.4 million meals to support families with low incomes and who are living in ultra-poverty.
- **BRAC has completed multiple stages of food and cash distribution** with support from local government partners, including Dhaka's North and South City Corporations, Sylhet City Corporation, Rajshahi City Corporation, Faridpur Municipality, Savar Municipality and Satkhira Municipality.
- **Standard Chartered Bank has partnered with BRAC for its emergency response** to provide food support for a week to 5,000 households (22,500 people) to address the concern of food insecurity.





## Snapshot: Cox's Bazar

- **Infection rates are increasing exponentially.** The total number of COVID-19 positive cases in Cox's Bazar district stands at 2,204 as of 23 June 2020. 596 of the confirmed cases were detected in the last seven days. 35 deaths have been recorded from the virus so far.
- **The lockdown in Cox's Bazar municipality has been extended** until 30 June. A general holiday has also been called in three red zones of the district until 11 July. The lockdown in the red zone of Ukhiya has been extended until 28 June.
- **88,219 members of the Rohingya community were reached with awareness on the prevention of COVID-19** between 18 June and 24 June. Among them, 56,530 were from the host community and 31,689 were from the Rohingya camps.
- **46 positive cases have been identified in the Rohingya camps as of 24 June.** A total of 39 Rohingya refugees are in facility-based quarantine in the camps as of 22 June. Four people have recovered to date. (WHO, Bangladesh; 24 June)
- **196 men and 208 boys of the Rohingya community were engaged through 208 interpersonal communication sessions** on preventing violence against intimate partners, between 18-24 June.
- **2,056 people (1,115 men, 941 women) were provided with psychosocial support** through community-based services between 18-24 June.



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/>

## Partners



This is the Edition 20 of BRAC's external COVID-19 situation report. Find previous reports at <https://www.brac.net/covid19/sitrep.html>

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