

Dear colleagues, partners and friends,

Happy Friday. Mass confusion and curiosity about zoning, lack of adequate oxygen support for patients and approval of the locally invented rapid testing kit dominated the headlines.

The crisis in Bangladesh stepped into its fourth month. If there is one thing that fundamentally can articulate the response is confusion. Not only the steps taken were always one step behind and failed to appreciate the urgency but inept crisis communication or the lack thereof made it infinitely worse. That got highlighted again this week.

Zoning

» Zoning systems to be introduced from today on pilot basis	» "RED ZONE" WILL BE WHERE POSITIVE CASES ARE MORE THAN 40
» Rajabazar, Wari in Dhaka to be locked down	» "YELLOW ZONE" WILL BE WHERE POSITIVE CASES ARE LESS THAN 40
» "Several areas" in N'ganj, Gazipur, Narsingdi to come under the system	» "GREEN ZONE" WILL BE AREAS WITH NO RECORDED COVID-19 CASE

It was disclosed to the media about 10 days ago that work was going on around zoning. But there was absolutely no communication to the public in terms of the how and what with so many things remaining uncertain. Steady leaks around the draft plan started to emerge which made things even more confusing. **Delays in implementing red zones are causing confusion and panic among residents.** So far this is what we know

- **The government has shortlisted a total of [45 areas](#) in Dhaka under the red zone.** according to recommendations by the national technical committee formed to tackle the spread of COVID-19. A zone will be declared red if 40 or more people per 100,000 in a unit, tests positive in the last 14 days. The work on identifying the units in the urban space is ongoing. Outside of Dhaka, the [three-colored zones](#) are now applicable down to union-level administrative locations.

The two new Mayors of Dhaka stepped in to take part in the implementation facility more forcefully. I had a [Facebook live event with the Mayor of Dhaka North](#) to understand and fill in the information gap on zoning. He mentioned his learning from the Rajabajar pilot, a small area in Dhaka, which came under red zoning. He mentioned that he will need support from all the stakeholders because he wants to ensure strict compliance once the zones get identified. He also mentioned the poor in the neighborhood would get free food support in red zones.

Community engagement:

The role of the community engagement got a lot more traction within the policy making circle and development partners this week. The notion of a trained community support team consisting of a community health care worker, a volunteer, a doctor to enforce local compliance of basic prevention, support home care with referral services for testing and emergency hospital care has been discussed before here. BRAC will be implementing this effort in partnership with UNFPA and FAO with initial support from the World Bank. Below is a picture of the first lot of community health care workers who are being trained. We will have more on this in our next update.



So what is happening with the rapid testing kit evaluation:

There was a big confusion related to BSMMU evaluation of the rapid testing kit of Gonoshasthaya Kendro. In absence of any decent testing availability, the country was fixated on the result of the trial. Antigen tests were already withdrawn by GS. So the verdict is in for their antibody test kit. The experts at BSMMU hospital have recommended that this antibody [testing kit is used](#) where PCR testing is not available and can be used to monitor the extent or seroprevalence of Covid-19 disease. However, this testing kit will still require a lab technician to collect the blood sample and do the testing. So the quick scalability across the country will still be a question mark in absence of qualified lab technicians. The efficacy of antibody detection in these tests are 11 percent if testing is within 1-7 days of infection, 40 percent from day 8-14 and 70 percent if done after 28 days. Now this goes over to the Directorate General of Drug Administration (DGDA) for final authorization. In absence of a local alternative, importing antigen rapid testing kits is also very necessary at this point to diversify testing methods as the economy has reopened and factories and offices are in dire need to test people and get results quickly.

A stitch IN TIME saves nine:

Policy formulation needs to swiftly follow implementation during a crisis. We are losing precious time. With all the focus on zoning, masks did not get any attention this week. Public campaign and communication is missing, and neither there is any plan on mass production and distribution. **Current demand for masks rose up to 50 to 60 million per month**, whereas the domestic production capacity of this vital commodity is currently at 6 million per month. Internal modeling is showing that everyone wearing a relatively good quality mask can have the almost the same effect as that of a hard lockdown provided that it happens NOW - at this stage of the spread. From our side, we are mobilizing our artisans to produce such masks. The scale of free mass production will require resource support. This would not only help the artisans but also this is our best hope in reducing the spread. I talked about [doing more](#)

[rigorous modeling on masks in a March 31st opinion piece with Dr. Richard Cash](#). It seems now finally there is enough evidence on masks. I provide two links below.

[How Exactly do you Catch Covid 19 - there is growing consensus](#) - Wall Street Journal
[We need better masks](#) - Harvard Business Review

Let us ensure that we stitch these masks in time to save thousands!

Khichuri Index May Data is here:

In the fourth week of May, the average costs of the khichuri plates in the selected districts stood at BDT 67.81 for basic khichuri, BDT 73.35 for khichuri with vegetables and BDT 88.74 for khichuri with vegetables and egg. The cost for all decreased during May (from the first week to the fourth week), by 7%, 5% and 4% respectively. Affordability is also slowly improving with the economy opening up and wages starting to increase. As wages start to improve in most of the districts and the prices of khichuri plates decline, affordability is slowly improving. The average affordability of khichuri with vegetables and egg now stands at 6.35 per plate for agricultural labourers, compared to 5.89 in April. More details are in the detailed report.

In other news:

- **Migration experts fear a [surge](#) of return of migrant workers in upcoming months.** Many will lose their jobs as economies of destination countries, mostly in the Middle East and Southeast Asia, are taking a hit. Returnees should be equipped with technical skills on business, management and marketing, on top of the loan schemes developed by the government. BRAC created a small emergency fund with partnerships from a number of other donors and [announced a plan to support 7250 returnees](#) with cash from a 3 crore taka fund. The partners are: Royal Danish Embassy, Swiss Agency for Development and Cooperation, EU supported IOM and BRAC managed Prottasha project, Children for Investment Fund Foundation and Brac UK.

New partnerships since the last report:

- **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 in communities where BRAC operates Play Labs, as a part of BRAC's COVID-19 response.

If you would like to see any particular issue covered, please let us know at: covid19response@brac.net.

Please see more details on the current situation and our work in the [situation report](#).

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