



# Health Unit's combat against COVID-19

**Background:** The first COVID-19 case was identified in early March 2020 in Bangladesh. Till the end of December 2020, more than 7,000 deaths and over 447,000 positive cases have been identified<sup>1</sup> in Bangladesh, while 1.7 million deaths have been recorded worldwide as of December 2020<sup>2</sup>. Data trend shows that densely populated Dhaka and Chittagong cities are at higher risk of spread and transmission compared to the rural parts; thus the risk management of spread and transmission is one of the major challenges. Though the best approach to contain the pandemic remains to be following the public-health guidance such as wearing a face mask, maintaining hand hygiene by washing hands with soap and water or using alcohol-based sanitizers and maintaining a physical distance of at least 2 meters (6 feet); however, in a densely populated country such as Bangladesh, it is almost impossible to follow all these measures. The other evolving issues include 50% reduction in use and provision of essential health services due to overwhelmed health facilities in everywhere especially in the urban slums, workers inside garments factories, remotest geographic locations pushing women and men vulnerable to unexpected mortality, morbidity while adolescent girls and children to severe malnutrition, gender and sexual based violence, poor mental health along with income loss, migrant returnees following the global devastating features by the pandemic<sup>3</sup>. Throughout the response phase of COVID-19, overall public health concern has been around saving lives, minimizing livelihood damage and achieving the target of SDG and universal health coverage with aggravating the health rights and equity issue for the lower and middle income countries like Bangladesh.

Under the above context, Health Unit of CARE Bangladesh extended its support to the Government of Bangladesh's Developed National Preparedness and Implementation Plan with the support from World Health Organization (WHO). The plan is to prevent and control the spread of COVID-19 so that the impact on the health, wellbeing and economy of the country can be managed. One of the greatest opportunities for CARE Bangladesh's Health Unit is the existing platforms of the ongoing projects and interventions; and the close collaboration with Ministry of Health & Family Welfare (MoHFW).

1. <https://www.iedcr.org/>

2. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid=EAlaIqobChMI44bdm-Pw7QIVwQ5yCh2rkwbeEAAYASAAEgICCFD\\_BwE](https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid=EAlaIqobChMI44bdm-Pw7QIVwQ5yCh2rkwbeEAAYASAAEgICCFD_BwE)

3. <https://www.who.int/workforcealliance/countries/bgd/en/>

## Projects under Health Unit contributing to COVID-19 response:

01

**Health Access and Linkage Opportunities for Workers Plus (HALOW+):** The project is aimed at strengthening the learning of the pilot project that was carried out in 2015 and widen its impact. The pilot project focused on four key areas of interventions, aimed at improving healthcare access for RMG workers and improve their health and nutrition-seeking behavior; increasing preventative and curative service uptake by RMG workers; mobilizing communities and creating referral networks and service linkage for RMG workers and their families and creating shared platforms to address underlying health and nutritional issues faced by workers.

02

**Preventing COVID-19 Garment Health Worker and Supply Chain Crisis (VSCF) Project:** The project aims to strengthen the urban primary health care and GBV services for garment workers mostly female workers and further the low-income communities in which they live (potentially including workers who have become unemployed as a result of COVID-19).

03

**Comprehensive prevention program for people who inject drug (PWID) & their Partners (GFPWID):** Prioritized HIV prevention services for key populations in Bangladesh project aims to minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society through the comprehensive prevention programs for people who inject drugs (PWID) and their partners. The project work to implement HIV prevention services to limit new HIV infections among key populations (PWID, FSWs, MSM, MSWs and hijra); to complement treatment, care and support services provided by the GoB to PLHIV so as to enhance uptake of testing to 90% and treatment to 90%; and ensure an effective national HIV/AIDS response by establishing a functional health information system with 100% reporting from all implementing entities and with enhanced capacity of personnel in selected public health facilities providing HIV services by the end of 2020.

04

**CARE-GSK Community Health Worker Initiative (CARE-GSK CHWI):** Since 2012, CARE Bangladesh has been implementing an innovative public private partnership to address the shortage of health human resource issues in a remote areas with funding from GSK's 20% profit reinvestment policy. To address these issue, the project has developed 300 Skilled Health Entrepreneurs (SHE) in Sunamganj and 110 SHE in Netrokona district supported by communities, public health system, and Local Government bodies. The private providers are accredited by Bangladesh Nursing Council with six months' community skilled birth attendant training complemented by community based integrated management of childhood illness (C-IMCI), FP, nutrition and social entrepreneurship training. Each provider has a market size of about 7500 population and is supported by 10 community health workers (CHWs).

05

**Improving sexual reproductive health and rights including maternal and neonatal health (ImSRHR&MNH):** The project has been working in two districts who are far behind in terms of different maternal and child health since 2018 through engaging community, local government towards a gender sensitive and responsive health system.

06

**Collective impact for nutrition (CI4N):** The project is an initiative of nutrition advocacy throughout the country. The project will facilitate establishing and functionalizing the District Nutrition Coordination Committee (DNCC) and Upazila Nutrition Coordination Committee (UNCC) and promote the model of Multi-sectoral approach to improve nutrition throughout the country. The key strategic partners of CI4N are development partners contributing in nutrition, CSA for SUN, CARE's internal projects working under FNS, Bangladesh National Nutrition Council (BNNC), Institute of Public Health Nutrition (IPHN) under Ministry of Health and Family Welfare (MoHFW), and other key nutrition sensitive ministries. The CI4N project will facilitate the capacity building of stakeholders on operationalizing multi-sectoral approach from district level to below and advocacy for influencing to pull together more resources for nutrition.

## Strengths, Reach and Impact by health projects for COVID-19:



**400** Skilled health entrepreneurs (SHE) reaching almost **4 million** people of **02** Districts in **Sunamganj and Netrokona**, providing essential SRMH services in the hard to reach locations under CARE-GSK CHW Initiative supported by GSK



**1,423** Community Health Volunteers reaching **3.6 million** people of **2 remotest districts (Sirajganj & Patuakhali)** with adaptive preventive steps on COVID-19 under ImSRHR & MNH supported by UNICEF Bangladesh



CI4N mobilizing **nutrition sensitive supports** for **2.8 million** people of Sunamganj district with **Bangladesh National Nutrition Council (BNNC)** and **the Civil Society Alliance for Scaling up Nutrition (CSA for SUN)** to continue



**18 Drop in center (DIC)** and **07 Comprehensive DIC** continues addressing the HIV hot spot reaching **8,691 IDU (Injectable Drug User)** and **1,279 HIV positive cases** supported by Global fund



**2,353** Health champions in **25** factories and **255** CSG members actively engaged with risk management of spread and transmission of COVID-19 facilitated by HALOW+ & VSCF supported by GSK and DFID

## STORIES ELICIT THE ESSENCE OF COVID-19 RESPONSE:

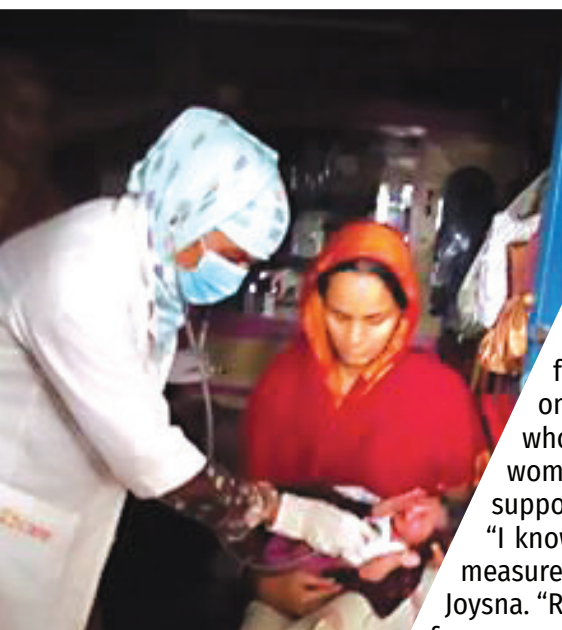
### Joysna risks her life providing essential health services to women and children in rural communities

Joysna is one of skilled health entrepreneurs (SHE) working in Sunamganj. She continues to do her job,

even though she is scared of contracting COVID-19. "In my outreach visits to pregnant women and other clients, a sense of fear and anxiety comes to my mind as I aware of the consequences of COVID-19. However, my hard-working nature and the importance of my role in the community encourages me to move and continue my work."

The first COVID-19 patient died in an adjacent village in the second week of April 2020 which led to panic in the area she serves. A lockdown was instituted after that death which was applicable to the entire sub-district. After that, Joysna started to receive some resistance from those in her family and in the community, who felt that Joysna's work and movements will put them in risk. One night on the last week of April, Joysna received a call from a pregnant woman, who lives 6 KM away from her house, was going into labor. The pregnant woman's family relentlessly called her because they were unable to get support from anyone else.

"I know there is a risk [of contracting COVID-19] but I take personal safety measures like wearing a mask, gloves, an apron, and using sanitizer," said Joysna. "Risk of infection, difficulty getting transportation, and non-cooperation from my community didn't stop me from serving that woman that day. I felt very happy to see the gratefulness of pregnant woman and her family." In her role, Joysna helps with risk communication and community engagement, informing people in the community about COVID-19



Joysna, providing post-natal care to a mother



and how to protect themselves and their families. Local government officials and people in the community have expressed their gratitude, telling her that she is doing a good job. They also appreciate her resilience when many public doctors are reluctant to provide services because of the pandemic; they can rely on her for safe and quality services.”

## Mohsin Molla helps overcome digital divide

Mohsin Molla, President of Mollapara Community Support Group (CSG) in Kaliakor, Gazipur, noticed that the overall healthcare system of his community is deteriorating, due to COVID-19 pandemic. First of all there were no transport facilities due to lockdown, scarcity of doctors in hospitals, doctors refusing entry in hospitals if someone has a light fever and what not. To end the suffering of his fellow community people, with the help of Health Access and Linkage Opportunities for Workers Plus (HALOW+) & Preventing COVID-19 Garment Health Worker and Supply Chain Crisis (VSCF) project and in linkage with Dhaka University Telemedicine, Mohsin Molla received a three-day training. And after the training he established Mollapara Telemedicine and Healthcare Information Center.



Mohsin Molla handing over essential food and hygiene items

Now the community people can easily access healthcare services in their respective communities. In the troubling times of COVID-19, this telemedicine service proved to be a beacon of hope for the people of Mollapara, 7 no. ward. When two members of the Mollapara CGS of Ward 07 were infected with COVID-19, he also delivered essential food items to their home and advised them to follow the health rules so that they do not go out and spread the infection. He motivated his community people to maintain health guidelines and not to panic but take precautionary measures.

## Subarna Akhter shares her account of being a COVID-19 protection group volunteer

Subarna Akhter is a COVID Volunteer and Community Support Group (CSG) member of Mollapara in Kaliakor, Gazipur. In collaboration with the CSG, she has learned many things about prevention of COVID-19. Together with other members, Subarna is working to raise awareness in the community.

“Due to COVID-19, the price of hand wash shot up and was not even available. Shopkeepers give various excuses from time to time. In collaboration with the HALOW+ project, the members of the COVID-19 Prevention Team have been given an orientation to make 1.5 liters of soapy water\* with 4 teaspoons of soap powder for only BDT 5 (About 0.059 USD). This helped the community a lot as many people did not have the means to buy handwash.” said Subarna. After learning the method herself, she shared the knowledge with her peers and neighbors. “We are blessed for being involved in all these activities because of HALOW+ project and Mollapara Community Support Group have stood by the people of the area in this pandemic. Most of the people are benefitting from these interventions.” added Subarna.



Subarna distributing soaps door to door

\*Soapy water is a mixture of detergent powder in water, previously introduced as a handwashing agent in Kenya and Peru in 2008. To make soapy water, 30 g powdered detergent is mixed in any 1.5 liter container, such as a reused water/soda/juice bottle.

## Tamanna Akter prevents herself from child marriage

Tamanna (16) is a young, sharp and ambitious teenager studying in grade 8. She lives with her family in Palanpara, ward no. 7, Kaliakoir, Gazipur. She wanted to do something big with her life so that she can help people around her. But her father had different plans.

When her school was shut down due to COVID-19 lockdown, she was staying home all day. During this time, her father decided that he wants to marry her off. Tamanna remembered the sessions she received from her Community Support Group (CSG) on issues related to early marriage and gender-based violence. She turned to Farida Akter, a member of the CSG. On her wedding day, Farida, along with other CSG members visited Tamanna's house. President of the support group and councilor asked to check their age and confirmed that it was in fact, a child marriage. Councilor informed mobile court and arrested Tamanna's father; breaking off the wedding.

Now Tamanna is very happy and continuing with her studies. "I sincerely thank the Community Support Group and especially Farida apa. I believe every area should have such Community Support Groups so that no girl's future is ruined", shared Tamanna.



*Tamanna is a bright teenager who prevented herself from child marriage*

## Serving the Stigmatized

Sahanaj Begum (40), is a Community Organizers from Nayabazar Comprehensive Drop in Center (CDIC), Dhaka, under GFPWID project. She herself used to be a sex worker and drug user, but now she is an exemplary activist and enormously popular among similar community; reaching 62 injecting-drug users on a daily basis. Among these 62 individuals, 35 are female sex workers with requirement for essential health commodities like needle-syringe, condom, sanitary napkins and BCC sessions. During COVID-19 outbreak, being a female community organizer, working with a stigmatized community became more challenging but she withstood every barrier and continued her service delivery since she believes her clients need her every day. The local community people and members of law enforcing agencies disturbed her a number of times when she was working. However, in some cases she came up with innovative ideas which includes finding secondary channel for distributing health product, tele-counseling and tele-follow up. She always says with staunch voice, "They are my sisters and I used to be like them. I am not a sex worker anymore but we share the same soul. Everybody can give up on them but I can't because I understand their sorrow".



*Shanaz continues her essential services with the female IDU amidst COVID-19*



## Chameli Khatun is preventing COVID-19, one mask at a time

Since the outbreak of COVID-19 in March 2020, people were reluctant to give access to Community Health Volunteers (CHVs) intended to conduct awareness sessions for pregnant and lactating women (PLW) and the community at large. As mobility was restricted during this period along with flood disaster, field level activities were monitored remotely.

Chameli Khatun, a CHV under ImSRHR&MNH initiative of CARE Bangladesh, continued with her regular courtyard meetings despite the COVID-19 pandemic situation. In the meetings, she informed the community people about ways to prevent COVID-19 infection. During these meetings, she noticed that some of the women attended the meetings without any facemask for protection. On asking, she learned that right now, buying daily meal is a challenge itself, let alone buying a mask.

This was a poignant message and, for Chameli, a call to action. She kept thinking for ways to help these women access masks easily. Since she herself was seamstress, she decided to make masks using unused clothes she had in her house and distributed those among the people in the community who could not afford a face mask. Till now, she distributed around 100 of her own hand-made masks to the women who were affected by double disaster of COVID-19 outbreak and monsoon flood. Because of her contribution, many women are now able to ensure proper prevention to fight COVID-19.

*A committed  
community health  
volunteer with her  
innovations*

## CI4N ensures food and hygiene commodities for poor and extreme poor pregnant and lactating women

On the onset of the COVID-19 outbreak, Prime Minister appealed to the sub-district level administration, civil society, private sector to provide nutrition sensitive package and hygiene commodities to the poor and extreme poor lactating women from lowest quintile including day laborers and families with very low income. As a result of this, the project staff of Collective impact for nutrition (CI4N) worked closely with the President, and Member secretary of Upazilla Nutrition Coordination Committee (UNCC) led by the Government of Bangladesh. The project, advocated with government officials for humanitarian support containing nutrition friendly items considering pregnant and lactating women along with children under five in. As an outcome of this advocacy, a letter was issued by the president of UNCC to ensure the nutrition sensitive food package for the poor family with pregnant and lactating women. Under this initiative 1,140 program participants received nutrition sensitive food package (containing rice, flour, pulse, fortified vitamin - A soya bean oil, iodized salt, vegetable, fruits, sugar, milk powder as per BMS act) in Sunamganj and 1,137 program participants received hygiene kits/PPE (including antiseptic liquid, soap, hand wash, mask, hand sanitizer, hand gloves). up on them but I can't because I understand their sorrow".



*Nutrition sensitive  
food distribution to  
poor and extreme  
poor women*

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