

**BRAC's Strategic Framework for
Responding to the COVID-19 Outbreak
in its International Countries**

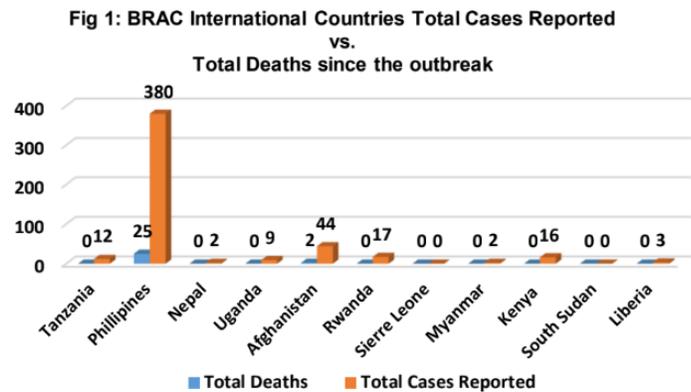


Introduction:

The rapidly expanding COVID-19 pandemic poses an unprecedented challenge. In addition to causing fatalities on a massive scale, the virus has the potential to severely overwhelm health care systems, significantly disrupt daily life, negatively affect livelihoods, and cause enormous damage to economies. All these factors will have a disproportionately negative impact on the lives and livelihoods of those living in situations of poverty, inequality, and exploitation, as we have witnessed in countries where BRAC works. As an organization built on the principle of standing with the most vulnerable, particularly in times of crisis, BRAC is committed to supporting local communities and helping them respond to the outbreak initially with humanitarian interventions, but transitioning quickly to socio-economic rehabilitation and development programs in the coming weeks, months, and beyond.

BRAC International (BI), which runs all programming outside of Bangladesh, currently operates in 11 countries in Asia and Africa: Afghanistan, Myanmar, Nepal, Philippines, Liberia, Rwanda, Sierra Leone, South Sudan, Tanzania, and Uganda, with a regional office in Kenya. Among BI countries, Tanzania, the Philippines, Nepal, Uganda, Afghanistan, Rwanda, Myanmar, Kenya, and Liberia have confirmed cases of COVID19, with a total of 477 confirmed cases.

Notably, the Philippines and Afghanistan have seen the largest number of new cases, while the rest of the countries are in the very early stages of the epidemic. In most, if not all of the countries we work in, health care facilities are weak. As a result, a number of countries may not acknowledge or be able to identify the outbreak until it is quite advanced. That would mean, asymptomatic and even symptomatic cases are likely to remain undiagnosed will pose a serious threat of sudden outbreak of a large number of cases at an advanced stage of the epidemic.



Updated as of March 25th, 2020

The immediate effect of the outbreak is an overwhelming number of new cases, which increases exponentially, if left unchecked in a population, until a peak of new incidence is reached. This causes massive psychological distress and uncertainty in families and communities where such incidences occur. In such situations, health systems often get overwhelmed and are unable to keep pace with the virus, as has already been seen in China and Italy.

A parallel effect occurs on household income insecurity. Social distancing is the primary measure to prevent the spread of this epidemic. However, this causes an immediate loss of income among a large number of families, affecting those most who have very insignificant financial reserves and associated coping capability.

Those dual challenges need to be addressed simultaneously, especially for those who live in poverty, and suffer from social marginalisation, including elderly women, men, and other socio-economic and gender-based vulnerable groups.

Given that the epidemic grows at different times in different countries, coordinating an overarching response in all countries will prove challenging. Different contexts will require different actions, almost

at the same time. This document serves to act as a framework for BRAC's overarching strategic approach in responding to the outbreak in all international countries it operates in and provides a guideline for how the organization will structure its responses. All the strategic pathways of BRAC's response will be contextualized at the local level by Country Directors, with guidance and coordination from their respective Regional Director. However, a global coordination and management team, led by the Director – Humanitarian Program of BRAC / BRAC International, and overseen by the Executive Director of BRAC International will provide the overall leadership in BRAC's response to this crisis.

BRAC's History and Capacity to Respond to Humanitarian Crises:

In all 11 countries in which it works, BRAC is well positioned to coordinate effective responses to the outbreak. With support from the Bill and Melinda Gates Foundation, BRAC International has been working in three countries over the last two years to build community-level disaster preparedness, resilience building, and related institutional capacity building. That program also helped in building BRAC staff capacity to respond to a range of humanitarian crises.

In Uganda, Afghanistan, Sierra Leone, and Liberia BRAC operates community healthcare networks with existing outreach to large swaths of hard-to-reach communities. We also have immediate avenues for outreach through our microfinance loan groups, youth empowerment clubs, schools, and other community programming. Though these programs will be limited during the outbreak, we will leverage our existing relationships with beneficiaries, local leaders, partner organizations, and governments to ensure a coordinated response to the outbreak.

BRAC has extensive experience in rapid onset crisis response across many different contexts. BRAC was on the front lines of the Ebola outbreak in West Africa in 2014 and has built effective programming for refugee programs and internally displaced people in Bangladesh and South Sudan. Though Ebola is quite a different disease, there are many practices to stop its spread which are similar to COVID-19, like frequent handwashing and practicing social distancing. We are learning from case studies published by the Global Delivery Initiative on BRAC Microfinance's response to the Ebola outbreak, and findings from the World Bank on how our ELA clubs helped adolescent girls in the wake of Ebola.

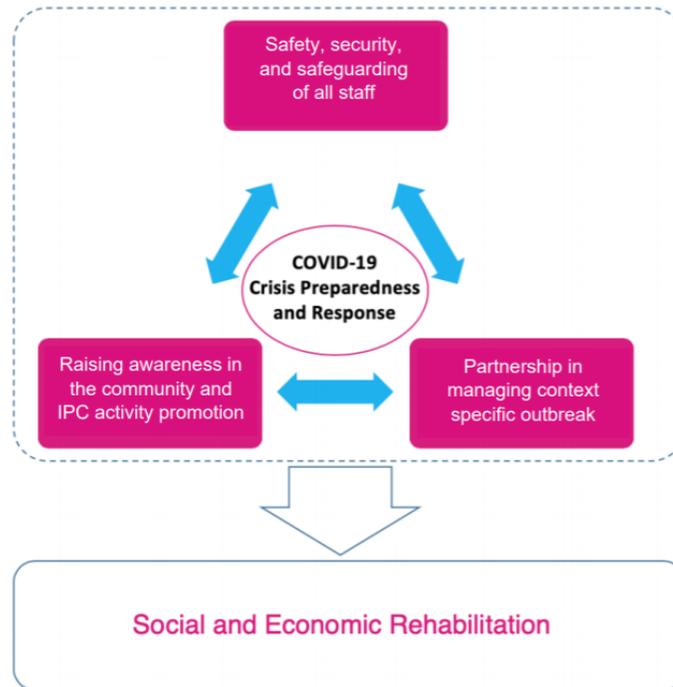
also know that crises like this expose vulnerable people to other forms of abuse, and we are committed to remaining engaged in the communities we work in long after the outbreak has passed, as we did with Ebola. There is a high risk for gender-based violence, and as we saw during the Ebola crisis, there can be a significant spike in teen pregnancies. We can anticipate the same will happen here and we will be prepared to mitigate and help. Our learnings from the Ebola outbreak and our ability to mobilize staff and resources quickly will be crucial during this response effort.

Our Response:

Building on our existing in-country programs we will work alongside local and national government bodies and response mechanisms, as well as the private sector, while leveraging our deep organizational knowledge of crisis-response with our established networks in each country. Building off our established capacity, operational knowledge, and existing relationships and networks, we will use a four-pronged strategy to respond to the COVID-19 outbreak.

We will undertake these efforts by repurposing some money from existing projects and funds, but we will also start to mobilize additional funds to help us fully operationalize our strategy. We will be looking for USD \$10 Million to support our efforts in awareness raising, prevention, and economic recovery.

Four-Pronged Strategy:



Prong One – Ensure the Safety and Security of our Staff

At the field, branch, and national level, we must continuously ensure that our staff are safe and healthy at all times. We need them healthy so that they can deliver services to the people for whom we exist. To do that we are adhering to the following principles:

- Practicing social distancing
- Preventing object-to-person infection

To follow these principles, we took the following measures:

- a) For office-based staff, those who can work from home are doing so. This is in alignment with the guidelines of host governments and the in-country UN body or WHO. Those whose work requires them to come to the office have been asked to schedule their office work in a way in which would require them: i) not to congregate in groups at the office, ii) maintain safe distance between them, as per recommendation of public health professionals (minimum distance of six feet / two meters between two persons), and iii) come to the office on selected days of the week, and for a shorter period of time, during which office-centric tasks can be completed so that they can return back home quickly and continue their work from there.
- b) To prevent object to person infection, we are ensuring the cleanliness of all commonly touched objects, like door handles, taps, toilet flushers, and ensuring that staff are trained on all safety

measures. This requires increased stores of cleaning supplies, antibacterial soap, and hand sanitizer.

Specific field operations measurements have also come into effect for all our operations. These will be adapted according to local and national government directives as needed.

BRAC field staff will be following the same principles of social distancing during their work, including the minimum 6-foot distancing, avoiding hand touching, and, if anyone shows any symptoms we will be following all protective measures and making sure they go home. Our field operations will be adjusted as such:

1. As per the basic principle of social distancing; we will suspend all field-work, including training, classes, and participatory development processes which require working in groups. We will consider groups to be any interaction BRAC staff and beneficiaries from more than one household.
2. Those front-line workers, whose work will be suspended, will be assigned to activities related to the outbreak. All staff that have been working in other programs will now be working on raising awareness, including hand washing technique, and, in many cases, supplying materials like soap and sanitizers to communities in need. Over 60% of our staff have already been trained on COVID 19 related awareness raising. This will be explained further in Prong Two.

Throughout this process, some staff will require Personal Protective Equipment (PPE), including masks, gloves, and other protective gear, and hand washing supplies. We recognize that there is a shortage of these items and procuring them may be unrealistic in a short time frame. Ultimately, it will be the decision of field-level supervisors, in consultation with Country Directors and field staff, to determine adequate safety precautions for staff. Without adequate protective supplies we will not send our staff into potentially unsafe situations.

We are also training field staff and health workers to make sure they are physically and emotionally prepared to conduct this awareness-raising work. We will work to ensure all staff feel safe and secure in the field, and will accommodate and provide support to all staff who are struggling in the face of this crisis.

Prong Two – Community Based Awareness Raising and Infection Prevention and Control Using WHO Guidelines

All our actions in the communities we work in will be in alignment with the Infection Prevention Control Guideline from the WHO. As mentioned in Prong One, our staff are reaching out to the communities they work in daily on a one-to-one basis. If the risks of exposure grow, we will be using technology, including texts and videos, amongst other forms of communications, to share crucial information. The content of our messaging is coming from BRAC International's Home Office and Regional Offices, and is then contextualized by Country Offices.

We are promoting hand-washing training, social distancing, and teaching people how to promote social separation and isolation, if need be. Our field staff will work with communities to find out how their health and nutrition needs can be met during this time.

We will work directly with community leaders, including informal leaders, religious leaders, community social leaders, and help them promote practices to limit the spread of the virus.

We recognize that events such as this can have large psycho-social impacts. The stress of income loss, isolation, and loss of contact with social support systems can especially affect women and children. By building on our long history and learnings from post-conflict and post-crisis response settings, we will work with our team to help support those in need of psychosocial support by providing counseling and other needed services, or directing them to partners who can provide support if we are unable to. If it is unsafe to provide direct services, we will use modules for distant counseling through apps and other technologies. We will also be working with communities to provide resources and advice on how to manage isolation, working from home, engaging out of school children, and other challenges that can arise through the course of this crisis.

In order to ensure we are responding appropriately, our country-level leadership is becoming part of in-country COVID-19 task forces so we can coordinate our activities with the government and other actors. We do not want to work in isolation, therefore participating in these task forces will allow us to know what other organizations are doing so we can focus our efforts where it is needed most and where we can best utilize our existing presence.

It is highly possible that we will have to conduct new trainings to prepare our staff to utilize digital technologies for advocacy purposes. We may also need to find a partner to help us coordinate our digital outreach, like SMS messaging for awareness raising. Using other organization's technology may allow us to reach communities more effectively and we will actively pursue these partnerships, in addition to those outlined in the following section.

Through our awareness raising work we are expecting to reach 2 million people with targeted COVID-19 prevention information.

Prong Three – Partnering for Response in an Outbreak When it Happens

In most of the countries we operate the outbreak is in its very early stages, with the exception of the Philippines and Afghanistan. However, accurate case detection in all these countries is a big challenge, meaning that there could be many asymptomatic and even symptomatic cases which we are not aware of. As the outbreak picks up, we are planning on complementing the work of governments and the private sector on the clinical side with engagement and assistance on the community side to track and manage the outbreak. Our staff will reach out to communities to conduct contact tracing, refer cases, provide information for how to treat confirmed cases at the home level, recommend case isolation, and ensure instruction from the clinical side is promoted.

Through this effort we will be exploring partnerships with the World Food Programme and others for food distribution to ensure affected households' basic needs are taken care of to enable them to follow necessary precautions. Most poor households do not stockpile food as they often live hand to mouth. Ensuring adequate food supplies and other basic needs for vulnerable households will be especially important during this outbreak. At the village level, we will be well positioned to help deliver needed services and supplies to alleviate economic hardships incurred by this outbreak.

In some cases, we will support clinical workers with our extensive networks of nurses and medical staff, especially in Uganda, Afghanistan, Sierra Leone, and Liberia, as per the needs in various countries and as

appropriate. We will be training our staff remotely and are prepared to transfer staff from less affected areas should the need arise.

We will also be working to understand how we can adjust our usual health care activities and provide remote services for non-COVID-19-related cases which will still take place during the outbreak. We understand that many people will be unwilling to visit healthcare facilities during this time unless absolutely necessary.

Should it be necessary, we might work with communities to create community field hospitals using experience from our work in Haiti during the cholera outbreak of 2010. We would only do this as appropriate and in partnership with other organizations.

Prong Four - When People are Emerging from the Outbreak and Rejoining the Economy

When the outbreak has passed, we are committed to working with affected communities to rebuild and come back stronger than before. Bringing affected households back into economic productivity will begin by building on our microfinance program. We will work with households to rebuild their income and their businesses. Through our Skills Development Program and Youth Empowerment programs we will work with young people to help their economic development and participation. This will be an ongoing process and a long-term project. Specifics of our operations will vary from country to country and community to community depending on the differing effects of the outbreak.

While we will be working on economic rehabilitation, we will focus our economic empowerment work on people who are already living in poverty, especially those living in ultra-poverty. We will work through our microfinance program as well as our ultra-poor graduation program to target these especially vulnerable populations. Countries with fragile ecosystem that also affected by the pandemic will receive special focused attention throughout our response.

Depending on how long the outbreak goes on, we may begin activities in Prong Four during the outbreak. We are already seeing that incomes are being affected, and action may need to be taken to help households economically before the outbreak has finished.

Following the guidance of local governments and the WHO, we will restart schools, early childhood Play Labs, and ELA Clubs as soon as possible.

Each Country Office will be commissioning and undertaking an ongoing assessment of economic hardships including income loss and other challenges to livelihoods that communities and beneficiaries may face immediately and in the longer term. These assessments will be developed jointly with in-country research organizations, such as universities, governments, and other agencies, and will be supported by BRAC University, as appropriate. We will design our context specific economic rehabilitation and social reconstruction programmes based on these assessments. Microfinance operations and development of new microfinance products will be a big part of economic rehabilitation plans. Economic hardships and income lost due to social distancing practices will be taken into consideration in these assessments. We will be looking for outside funding for these projects.

Perhaps most importantly, we are keenly aware that crises such as this can lead to other forms of abuse for vulnerable populations. During all four phases we will make sure we are vigilant and compliant of our

Safeguarding policies. We have developed a new Safeguarding guideline over the past one to two years which staff have been trained on. We will make sure any type of reported abuses are swiftly acted upon.

Building on our deep experience in post-crisis rehabilitation we will be in active communication with the communities we work in to ensure we are meeting their needs providing services that empower the most vulnerable, engender economic inclusion, and protect the most vulnerable among us.

Through our economic rehabilitation efforts, we are planning on reaching 500,000 people.

Based on these four-prongs as described, each Country Office has developed concept papers with specific programme interventions as appropriate for their context. These are complemented by regional concept papers and BRAC International-wide concept papers. These papers will be evolved as the outbreak changes in different contexts. These concept notes will be available to be shared with outside stakeholders and donors upon request.

Partnerships:

Partnerships will be a key tool in our response capability. We have strong existing relationships with governments, community leaders, other local and international NGOs, and will rely on these relationships to coordinate our response. We will ensure that collective action is taken to best mitigate the spread of the disease and respond to its aftermath by working in conjunction with established authorities and other actors and strategizing where our resources will make the most impact.

Monitoring Information Management and Media Management:

Data driven decision making will be at the center of our response efforts. We will continuously collect and manage data on the outbreak and what is happening in the lives of families we work with. We will collaborate with Harvard FXB Center for Health and Human Rights to develop an MIS system to track and direct our actions. We will also be collecting field stories, which will be shared through situation reports to understand all dimensions of the crisis.

Advocacy:

As this outbreak unfolds we will learn of new issues on the ground which may need to be shared on a higher level. These issues may have large policy implications, and we see our position as a voice for communities to drive needed change. We can already see that as borders close and the movement of goods and people shrinks, local structures are more important than ever to respond to this crisis. Locally led interventions will be increasingly crucial. BRAC's unique position as a southern based NGO with global reach positions us to provide valuable insight and perspective to both local and global policy discussions.

Using data and learned knowledge we will be developing an advocacy approach to shape international and local policy decisions. This includes making sure that resource allocation to people in need happens. Our office in the Netherlands and our affiliate offices in the United States and United Kingdom will be helping to push our collective work for policy change.

We will be taking special care to ensure that policies follow the tenets of gender equality and diversity. We will be paying special attention to women and girls in data collection, while also recognizing the diverse needs of men and boys. We want to make sure that all people have equal rights and that all diverse needs are met.

Conclusion

BRAC is committed to working to respond to this crisis. We stand beside the communities for whom we exist. We will start with supporting the six million people who we already serve in 11 countries in Asia and Africa. However, our four-pronged approach is particularly designed to reach far beyond this number since we are ready to support all those affected as much as we can. Our communities are the starting point but we will not stop there.

We must acknowledge that this strategic framework was created under the assumption that this crisis is temporary. Should it become clear that we are operating in a “new normal”, we will have to revisit this document and significantly adjust our programs and practices. We greatly hope that is not the case, but we will be prepared should it be.

Through partnerships with donors, local organizations, governments, and communities, we will take collective action to slow the spread of the virus through awareness raising and safe practices, supporting health systems through our field networks, and supporting economic revitalization in the wake of the pandemic. No organisation alone can deal with this and we are committed to complimenting the efforts of our peer organisations.

By working together to address this crisis we all can emerge even stronger than before. We invite you to work with us to make this happen.

We must note that this strategy is not cast in stone. We will be adjusting our strategy, as needed. The basic framework outlined in this document will be adopted and contextualized for each country. Our offices in the Netherlands, United Kingdom, and United States are working closely with our Country Offices, and together as a BRAC family we will work to pursue our vision of a world where everyone has the opportunity to realise their potential.