



Policy Brief

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TRUST, INSTITUTIONS, AND COLLECTIVE ACTION

RAPID STUDY OF COMMUNITY RESPONSES TO COVID-19 IN BANGLADESH

SUMMARY

Effective responses to COVID-19 depend on citizens cooperating with government in the lockdown, testing and treatment regimes. This report summarizes findings from rapid qualitative research in 20 communities across Bangladesh about local responses to COVID-19 undertaken between 6-15 April 2020, designed to inform government and its partners about how their policies and communications are being received and acted upon by communities.

The research found that *the lockdown was widely accepted as necessary*: many people were already adhering to social distancing and staying at home as much as possible, but after the announcement of multiple deaths from the coronavirus in the second week of April 2020, panic took hold across the communities so that most people were now accepting the lockdown as a matter of survival. *Some groups are not adhering to the lockdown*: young men, people who are unaware of how serious the disease is or who believe God will protect them, and

people who need to go out to look for work or relief are said to be breaking lockdown regulations. *Patrolling by the police and army is mostly welcomed by local people, despite or perhaps because of the fear they induce.* Local authorities and officials are working hard, often with community leaders, to enforce the lockdown: in most locations, people reported that local government representatives - Union Parishad members and chairmen or Pourashava commissioners and councillors - were making active efforts to ensure people stay at home, shops are closed, as well as sourcing relief for the most needy. However, there was a consensus that *the lockdown will not hold if people cannot eat*: people who have no savings or food reserves will need to work or get relief immediately if they are going to stay home.

In terms of what communities need it is clear that *healthcare is being adversely affected* as people find it harder to get healthcare, or are more reluctant to go to hospitals for fear of contracting the virus, being quarantined if tested positive, or because medical staff are unavailable. Frontline health service staff report fearing contracting the virus because of a lack of provision of personal protective equipment (PPE). *As most people cannot work, those reliant on daily earnings have seen dramatic income declines, and people dependent on daily wages have already cut spending and food consumption.* There were reports of people going hungry and being forced out to seek assistance.

However, *very little assistance has been received to date*: in most places, a small number of households have received any help. This appears to be mainly from private individuals and small welfare funds or groups. Government relief and NGO assistance have not been important sources of help to date. Yet it is widely understood that *people on low incomes will need to depend on Government assistance during the lockdown, and across the communities where there was a belief that people had no alternative but to rely on the government for food or other support during the lockdown and an expectation that the government would be there to help its citizens.*

Local governments are making serious efforts to protect citizens; local community leaders and members are mostly cooperating. However, there are some exceptions, particularly in remote rural areas. Many respondents pointed out the useful roles NGOs could play at this time, yet *NGOs have visibly done little to date.* *Private individual initiatives to assist the needy have been noticeable and local community based-organisations (CBOs) have also been active.* Meanwhile, most respondents felt that *religious leaders had played a mixed role, only recently encouraging praying from home instead of in crowded mosques, for instance.* While people's hopes for surviving COVID-19 rest on the promise of assistance from the central government, many *people also reported losing trust in the government because of delayed assistance and confusion about what will be provided, to whom, when, and how.* In general, people appear to be reasonably well-informed about the Coronavirus and the lockdown. *They do not, however, fully trust official information, although the Institute of Epidemiology, Disease Control and Research (IEDCR) is given some credit for regular, timely and reliable information.* *Most people rely on independent television news and to a lesser extent on Facebook, which, according to many people, has proven unreliable because of the false rumours it circulated.*

1. BACKGROUND AND AIMS

As COVID-19 continues to spread rapidly and claim more and more lives, it is crucial to ensure that the policies made in response to this unprecedented crisis are effective and evidence-based. The effectiveness of these policies, however, depends on citizens' cooperation with the government in maintaining the lockdown, testing, and treatment regimes.

This report summarises findings from 20 community case studies on local responses to COVID-19 in Bangladesh, designed to inform the government and its partners about how their policies and communications are being received and acted upon by communities. The research comprised 123 semi-structured telephone interviews (5-7 in each community) with key informants from a range of social groups and positions of influence, undertaken between 6

and 15 April 2020. Communities were selected to provide an illustration of different types of setting (urban, rural, etc.), nature of the impact of COVID-19 (case numbers, degree and timing of lockdown), and local economic conditions and livelihoods (industry, agriculture, poverty levels, etc.). The research team was already familiar with the characteristics and features of each community from previous research.

The telephone surveys covered three topics as summarised below: *experiences of the lockdown; community needs; and institutions, key actors, and trust*. The research was designed and undertaken by the [Brac Institute of Governance and Development \(BIGD\)](#) and [Development Research Initiative \(dRi\)](#) in Bangladesh, in collaboration with researchers from the [Accountability Research Center at American University](#) and Georgetown University in the United States.

2 KEY FINDINGS

2.1 Experiences of the lockdown

The lockdown is accepted as necessary: All respondents—irrespective of location, gender, and occupation—were aware of what a lockdown and social distancing entail, and why these measures are necessary to prevent the spread of the virus. People across the sample displayed a strong grasp of the seriousness of the pandemic, knowledge of how it spreads, and noted that there was a widely shared fear or panic about the virus. Respondents identified staying at home, not leaving the house without a reason, and avoiding crowds or close physical contact as the primary components of the lockdown. Some people used “curfew” and “lockdown” interchangeably but with more or less the same meanings, noting in addition that shops were closed and all people were expected to be indoors by a certain time. People had a broadly correct understanding of what social distancing involved (actual measures of distances varied, often using local metrics) and were practicing it, even though the idea of social distancing conflicts with local culture and lifestyles. Many also mentioned the use of masks, gloves, and sanitisers, as well as frequent hand-washing as elements of the effort to slow down

the spread of the virus. Urban slum-dwellers were particularly concerned about population density in their areas and communal toilet and washing facilities; several of them pointed out that the virus was likely to spread fast and that “if one person gets it, everyone will get it.” The need for the lockdown was felt acutely in such settings.

Not everyone is adhering to the lockdown: Respondents everywhere noted that some groups of people were not following lockdown instructions. These groups included:

1. People who were not aware why the lockdown was necessary;
2. People who believed that Allah would protect them—these views were common in Satkhira and Netrokona, where several people noted that as infection and survival were up to God, the lockdown was unnecessary;
3. Young men who found staying at home boring;
4. People who needed to go out to look for work; and
5. People who needed to go out to look for assistance.

However, in several instances, interviewees reported that behaviour had sharply changed after official reports in the second week of April 2020 of 35 deaths from Coronavirus in Bangladesh, which created a new sense of panic and fear. In most communities, breaking lockdown rules was now a deviant behaviour and the norm was to adhere. People were only going out if strictly necessary, and there were more reports of praying at home under guidance from local religious leaders.

Patrolling by the police and army is mostly welcomed

It was widely reported that people breaking lockdown or curfew rules tend to return home when the police and the army are present, but may return once they have left. In this regard, a respondent from Jhalokhati noted, “As long

as the army is there, nothing but dogs can be seen on the streets. But soon as the army leaves, crowds of people occupy the streets again.” The police and army find it difficult to monitor rule-breakers beyond the main roads into the smaller lanes, where people tend to mingle. Though the police were viewed broadly positively, people fear and respect the army in particular. However, while people fear being beaten or punished, first-hand reports of punishment, such as had been seen on television, were few (one report of a van-driver being beaten in Patuakhali), and many people thought the police and the army were behaving well or leniently with citizens. In rural areas, people reported a few incidents of police “mardhor” of people gathering in crowds, but respondents felt that this was necessary. In one incident, a man witnessed a police officer who had caught a pair who were out looking for work; the police officer let them go when they said that they were desperate for work and had nothing to eat. The lockdown is being strictly enforced in Shibchar, Madaripur—the first site in Bangladesh to experience lockdown—where the army, police, and local government are beating, fining, and even imprisoning people who are outside “without reason” or shopkeepers who stay open outside designated hours.

Local authorities and officials are working hard, often with community leaders, to enforce the lockdown

Most people could identify the measures that were being taken in their areas to minimise the spread of the virus, such as providing hand-washing facilities, closing community borders to outsiders, persuading people of the necessity of staying home, maintaining social distance, and arranging assistance where needed most. Some noted it was difficult to persuade religious leaders to support the lockdown, but in most places, mosque committees were identified as key actors to engage in supporting the lockdown. People fear being quarantined by local officials or through direct action by community members; in Satkhira, there had been cases of red flags placed in front of the houses of migrants returning from India. The possibility of enforced quarantines on affected households is a source of fear.

The lockdown will not hold if people cannot eat

There was a strong consensus across the communities that the lockdown would be impossible to maintain if, even when persuaded that the virus was a major threat, people still needed to leave their houses to look for work. In the urban sites, people also noted that many people were leaving the house to look for assistance, as they had no alternative. People of all backgrounds and locations were certain that there were a substantial proportion of their communities who would be unable to stay inside for more than a few weeks before being forced out by hunger. One respondent claimed that “Lockdown is for the rich and those who can afford it, not for the poor”. Another commented that: “Hunger knows no lockdown. It demands food.”

2.2 COMMUNITY NEEDS

Healthcare is being adversely affected

People widely reported that those with serious non-Coronavirus illnesses are either struggling to find doctors, or avoiding hospitals out of fear of contracting the virus, or being diagnosed with it and quarantined in their own homes or sent to Dhaka. Some clinics and diagnostic centres were closed in bigger cities like Narayanganj, with its hard lockdown. This was not true in all locations: some people were still able to access hospitals and doctors that they already knew, and some respondents had recently visited hospitals for non-Coronavirus-related illnesses and had received treatment. Others reported trying and failing to get treatment, or being advised to postpone doctors’ visits. Some government health facilities were reportedly treating patients through windows and at a distance, in an effort to protect frontline health workers. Community health clinics appeared to be providing an important service, although some workers reported fears of contracting the virus due to inadequate protections. Other frontline health workers, including those tasked with immunisation programmes, noted they were required to work among the population, but were also not provided with personal protective equipment (PPE), which they had to

fund themselves. The vast majority of health issues are dealt with by getting advice or prescriptions from local pharmacists; this marks a continuation of the usual practice rather than a change.

Most people cannot work and those reliant on daily earnings have seen dramatic income declines

People who earn daily wages have been hit particularly hard by this pandemic. There were many people in every area who were almost immediately rendered destitute, having lost livelihoods as rickshaw-pullers and workers in transport, factory, domestic, or other service sectors. Agricultural wage labour was continuing in some rural sites, but in others, people worried about bringing in harvests without the migrant labour usually relied on. Some respondents raised questions about how social distancing could be maintained during agricultural work. Because fishing involves groups in close quarters on boats, fishing had also been stopped in areas around Cox's Bazaar. In urban areas, people were said to be eating up their savings. In rural areas, people had less cash, but landowning families reported having sufficient stocks of rice for one month or longer, although all respondents said that landless labourers do not possess sufficient food stocks.

People dependent on daily wages have already cut spending and food consumption

People are said to be spending less, cutting down, and/or looking for ways to borrow or get help. Some middle-class people who are dependent on regular incomes are also struggling, but were said by some respondents to be prevented by embarrassment from seeking assistance. A respondent from Rajshahi spoke of community members there eating chapati (wheat flatbreads) for every meal—a sign of food poverty he had not seen in a decade.

Very little assistance has been received to date

Some people have got help from their employers; private initiatives by local or other

wealthy people were also noted. Everywhere local elites and community leaders reported being approached for assistance. Apart from one BRAC initiative to help 850 ultra-poor families in Mirpur, Dhaka, non-government organisations (NGOs) were not known to be active in assisting people in any of these sites. However, there was a strong consensus that any and all forms of assistance received to date had been very limited both in amounts and in proportion of the needy population covered. Coordination is often poor, so that some people got aid from multiple sources while others, who also needed it, got nothing.

People of low-income will need to depend on government assistance

While wealthy individuals, businesspeople, NGOs, and others were expected to do more, there was a strong consensus that the majority of people below or near the poverty line would need to rely on government assistance during the lockdown. Some people felt that food should be distributed house to house, regardless of need. Others thought that a list of the needy should be prepared and official assistance should be distributed on that basis.

2.3 INSTITUTIONS, KEY ACTORS, AND TRUST

Local governments are making serious efforts to protect citizens

Many people seemed to believe their elected local authorities, such as (Pourashava or Union Parishad) chairmen, members, and commissioners, were making serious and sustained efforts to establish or maintain the lockdown and arrange relief for the poor and the destitute. People who need assistance were said to seek help from all the usual actors—Union Parishad members, chairmen, and local elites, people who always play an important information and brokerage role, as well a role in sourcing material help for poor constituents—who seem to be continuing their roles. Members of Parliament (MPs) were believed to be active in only three of the community sites.

Local community leaders and members are mostly cooperating

With a few exceptions, local elites, including politically-connected people, have been supporting the effort to maintain lockdown, even if in some cases, only recently. However, in some rural areas, including a remote char area, the local government has been absent and, in a rural community in Kurigram, the Union Parishad has been inactive as the elected chairman have been ousted in a court case. Actions include preventing outsiders from entering, persuading people to stay at home, and identifying sources of assistance for the neediest.

NGOs have visibly done little to date

NGOs were not known to be active, apart from some leafleting, miking, and sometimes, in collaboration with the private sector, providing some soap or hand-wash. BRAC was known to have distributed BDT 1,500 to ultra-poor households in several areas, and nationally to 100,000 households, as well as in one community, providing food to several hundred households. Jaago DS, a local youth group in Dhaka, had been raising awareness about the virus and producing hand sanitisers to distribute locally. People commented on the lack of an NGO role, and many thought big NGOs should do more not only in providing assistance but in identifying community needs, assuring correct distribution, and raising awareness. In addition, microcredit NGOs should stop taking interest at this time and use the funds to provide assistance.

Private individual initiatives to assist the needy have been most noticeable

Particularly in urban areas, groups or individuals with banners had been seen taking selfies of their food or cash distribution. However, there were also reports of entirely private initiatives that reached many local households without publicity. In all sites, private individuals were said to have provided assistance to needy people.

Local community based-organisations (CBOs) were more active

There were several accounts of a range of local groups—such as a landless women’s welfare association in Narayanganj and youth clubs—making lists of the needy, requesting assistance, and sanitising areas of the community.

Religious actors have played a mixed role

In some instances, religious actors, such as mosque committees and imams, had taken proactive roles. However, in most of these instances, they had taken belated action to instruct men to pray from home rather than attending crowded mosques. There were some concerns that such instructions might be viewed as anti-Islamic, suggesting that messages reinforcing social distancing and other COVID-19 response measures of the government were not reaching mosques across the country.



Figure 1 | Hand Sanitisers Produced by a Youth Group for Local Distribution

People’s hopes for surviving COVID-19 rest on the promise of assistance from the central government

People everywhere were informed—in many cases, extremely accurately informed to a high degree of detail—of government and Prime Ministerial statements about the forthcoming assistance during the lockdown. Citizens are closely focused on this assistance and raised questions about what forms this would take, when it would come, who would receive it, and how it would be distributed. Across the sites, it was clear that citizens felt they had to depend on government at this time, and also that the

government was capable of protecting them against the crisis.

Many people report losing trust in the government because of delayed assistance and confusion

While interviewees reported relying on government assistance they had heard would be forthcoming, many also stated that because there was little sign of this assistance to date, they were beginning to lose trust in the government. In some cases, limited assistance was known to have arrived, but a small proportion of those in need had received any. There were also widespread concerns that any assistance in the form of food or cash that came to their areas may “leak” or be distributed to people with good connections. Many people suggested that the army should be brought in to help ensure that the people who needed it received it. The non-appearance of assistance is also challenging relations of trust between citizens and their local leaders.



Figure 2 | A Youth Group Distributing Relief in Mirpur, Dhaka

Information about government assistance is limited

People know, often in detail, the amounts the government has promised as a total relief package; many people mentioned the BDT 72,750 crore announced by the government. But they have no clarity about what people can actually expect from the government. Some mentioned Open Market Sales (OMS) and Gratuitous Relief (GR) schemes, but it was not clear if these were considered part of the government’s assistance programme. Channels of communication across central, district, upazila, union/ward levels with respect to assistance are remarkably weak, given the availability of communications technology and their use for other purposes.

Many people do not trust all official information

Some respondents cited past efforts to conceal deaths (e.g. deaths from launch accidents) as a reason to discredit current government information, particularly with respect to mortality figures. However, many people were still relying on government information. More educated people said they were following the [Institute of Epidemiology, Disease Control and Research \(IEDCR\)](#) reports closely and regularly as a trusted information source. Official information is also often conveyed in a form of Bangla that many people with less formal education may not understand, and some interviewees thought more could be done to communicate in colloquial Bangla.

People rely on private television news and (to a lesser extent) Facebook for information

People watch government and private television news bulletins constantly for information on COVID-19, since “there is nothing else right now,” as one interviewee said. People seem to triangulate information sources with what they hear from the government and other sources. Many people trust private television news. Facebook is widely used, mostly in cities and towns, but also in rural areas. But due to the large number of false rumours that circulated on Facebook recently, including one that eating

a particular herb (*Centella asiatica*, commonly known as Thankuni) would protect against COVID-19, people trust Facebook less than they did in the past. People seem to recognise, as one interviewee put it, that “anyone can post stuff there” and that there is no quality control or journalistic standards.

3. IMPLICATIONS

1. People are responding positively to the lockdown. Messages about the lockdown are getting through and being accepted. *People’s trust in official messages is boosted by independent verification. The government, therefore, should invite independent scrutiny* from national experts on public health and social protection to comment on their plans. Trust is also enhanced when information is provided in ways that people understand and that reflect their experiences.
2. People are relying on government assistance. To boost or restore confidence in the government and the success of the lockdown, *unambiguous announcements about what, how, for whom, and when relief will be distributed should be made and widely shared across television news outlets, radio, and social media.* Efforts to improve information flows should be followed by *immediate efforts to initiate distribution in a way that coordinates with and draws on trusted institutions and actors across the society.* Concerns about accountability for relief and other assistance can be allayed with stronger independent oversight, including local community and religious leaders, CBOs, NGOs, welfare associations, and youth clubs in collaboration with local political representatives and government officials. Many people mentioned that the army should be called in to help with the relief distribution to reduce the possibility of leakage and corruption.
3. Frontline health service provision is evidently under significant pressure. People are struggling to get non-Coronavirus health services, and are fearful of going to clinics

or hospitals. Frontline health workers are poorly equipped to serve patients safely. An adequate testing and containment regime depends on people trusting that they can receive health services safely, so *efforts are needed to boost trust in public health services* at this crucial time. Pharmacists continue to play a major role in dispensing advice and medication, and should be fully involved in official communication strategies regarding COVID-19.

4. Punitive measures by the army, police, local authorities, or local virus-vigilantes need to be discouraged and rights violations and abuses investigated and stopped. People want the lockdown measures to be strictly enforced; however, they also want those measures to be fair. People greatly fear repression, but equally fear hunger and loss of livelihood. *Punitive measures will greatly demoralise people who face the greatest hardship at this time, and are likely to prompt resistance, violating social distancing and lockdown rules.*

4. METHODOLOGY, SITE SELECTION, INSTRUMENTS, AND LIMITATIONS

The research was designed to produce snapshot case studies of community dynamics in response to the COVID-19 pandemic and lockdown. A short (roughly 60 minute) semi-structured interview checklist was administered to 123 individuals selected from 20 communities in Bangladesh (see Figure 3: Community research locations). Community research sites were selected to represent:

- A range of severity/duration of lockdown and reported COVID-19 caseloads;
- Urban, peri-urban/small town, and rural sites;
- Ecologically fragile areas; and
- Different livelihoods and poverty levels.

Sites covered 18 districts (three were in Dhaka district, one in Dhaka city), and included numerous unions and wards that the research

team had previously studied and in which they had existing contacts. Snowball methods were used to identify key informants for interviews. Key informants were selected from specified occupation and social groups (see Table 1), sampled to enable a broad but reasonably well-informed rapid sketch of each community to emerge. Multiple informants from different backgrounds, occupations and socioeconomic categories from within a single site also enabled a degree of triangulation of findings.

Being rapid qualitative research, this study has a few limitations. One is that it did not specifically cover ethnic or religious minority groups or locations; these are predominantly Muslim populations. Another is that there were few women in the sample, a total of 26 out of 123, so male perspectives are greatly over-represented. And finally, there was a deliberate over-sampling of influential or authoritative members of the community, rather than the poorest or most marginalised. This was in order to collect views of people with access to public authorities at higher levels, and/or greater capacities to gather information about events.



Figure 3 | Community research locations

Full (Bangla) anonymised transcripts will soon be available (contact details below).

Table 1. Key informant categories

Community leader/ representative	Teacher/ NGO / formal sector worker	Small farmer/ local businessperson	Healthcare worker	Mother with young children	Daily wage earner	Student	Imam	Law enforcement
15	25	17	12	13	11	17	8	5

Tools/questionnaire

Participants will be telephoned on a regular (twice monthly) basis, and asked the following questions:

Introduction

- Who we are – BRAC University etc
- Why we want to speak to them, about what
- What we will do with this information
- Metadata – basic profile facts

Experience of the lockdown

- Is your community under lockdown? What does that mean in practice? What is happening in your community to keep people safe?
- What do you/people in your community think of the lockdown? Is it necessary/effective? Are they cooperating?
- Who is ensuring people in your community maintain physical distancing and stay at home? How? Why do people obey their instructions [or NOT as the case may be]?
- What happens to people who do not adhere to lockdown and physical distancing guidelines? Have actions (eg persuasion, punishment) to encourage people to comply with the rules been effective? If not, why not?
- In your community, what is the present practice/ situation of getting treatment for patients? (Suspected corona, and others' access of getting general treatment (treatment of other disease) because of present corona situation? Within last 2 months do you/ your family member face any problem?
- Do you think in future there will be any change in your source of income/ amount of income/living expenses/ living standard because of COVID-19 pandemic?
- In your opinion is there any positive impacts of lock down? ((probe:

increasing family bonding, getting more time to self-recharge etc.)

Community needs

- How are people in your community coping with the lockdown? Can people continue to work and earn money?
- How are poor people and people on daily wages coping? What are their sources of food and income at this time?
- Where/to whom are people going if they need help? How can they do that if they are under lockdown?
- What kinds of government help are people getting? How do they access that?
- What kinds of other support are people getting, from whom? (mosque, temple, NGO, employer, community organization etc)
- How have the community treated corona virus patients? How do you think they would treat them if there were any suspected cases?

Institutions and trust

- Who do people trust for advice and information at this time? (Individuals, radio, TV, whatsapp etc)
- If people cannot work, who do they expect to help cover their household costs?
- How can people get their views on the crisis heard by government? How is government listening to their concerns?
- What do people think in your area think about how the government is handling the crisis? What else do they think government should be doing?
- What other actors should be doing more? (eg military, NGOs, religious leader, business owners) What should they be doing?

Research sites / communities

Sl	Division	District	Area type	Upazila/ Community	Why selected
01.	Dhaka	Narayan-ganj	Urban	Sadar	<ul style="list-style-type: none"> - Epidemiology of the disease (identifiable hotspots etc¹) - hard lockdown - peri-urban areas with big industries - on whether or not they have 'hard' or softer lockdown regimes - Have prior relationships with these communities and access to key informants
02.	Dhaka	Madaripur	Rural	Shibchar	<ul style="list-style-type: none"> - hard lockdown - Epidemiology of the disease (identifiable hotspots etc) - ecologically fragile (char areas) - areas with high % of international migrants
03.	Dhaka	Dhaka	Urban	Kallyanpur Notun Bazaar Slum	<ul style="list-style-type: none"> - urban slums - Epidemiology of the disease (identifiable hotspots etc) - Have prior relationships with these communities and access to key informants - concentration of extreme poor populations
04.	Dhaka	Dhamrai	Peri-urban	Pathantola	<ul style="list-style-type: none"> - peri-urban areas with big industries - Have prior relationships with these communities and access to key informants
05.	Dhaka	Dhaka	Peri-urban	Savar, Ashulia	<ul style="list-style-type: none"> - peri-urban areas with big industries - Soft lockdown. - Have prior relationships with these communities and access to key informants
06.	Rajshahi	Rajshahi	Peri-urban	Bagha, Uttar milik	<ul style="list-style-type: none"> - small town localities - Have prior relationships with these communities and access to key informants
07.	Rajshahi	Bogura	Rural	Shariakandi, Dighapara	<ul style="list-style-type: none"> - remote rural areas - ecologically fragile (char area) - concentration of extreme poor populations
08.	Chittagong	Comilla	Peri-urban	Daudkandi	<ul style="list-style-type: none"> - Epidemiology of the disease (identifiable hotspots etc) - small town localities - areas with high % of international migrants
09.	Chittagong	Chittagong	Urban	Bakalia, Bou bazar Slum	<ul style="list-style-type: none"> - urban slums - concentration of extreme poor populations

10.	Chittagong	Cox'sbazar	Urban	Borobazar	<ul style="list-style-type: none"> - Epidemiology of the disease (identifiable hotspots etc) - soft lockdown. - ecologically fragile (costal area) - small town localities
11.	Khulna	Chuadanga	Urban	Sadar	<ul style="list-style-type: none"> - Epidemiology of the disease (identifiable hotspots etc) - Have prior relationships with these communities and access to key informants
12.	Khulna	Jhenaidah	Rural	Maheshpur (Pantapara Union)	<ul style="list-style-type: none"> - This community is located nearby Indian border - remote rural areas - number of national & international migrants have returned after CORONA incident.
13.	Khulna	Satkhira	Rural	Shymnagar, Pakhimara	<ul style="list-style-type: none"> - remote rural area of situated near Sundarban. - Water clogging and salinity are common problems of this area - concentration of extreme poor populations
14.	Mymensingh	Netrokona	Rural	Kaliajuri, Panchata	<ul style="list-style-type: none"> - ecologically fragile (haor area) - concentration of extreme poor populations - remote rural areas
15.	Barisal	Patuakhali	Rural	Poshim modhukhali, Kolapara	<ul style="list-style-type: none"> - remote rural areas - ecologically fragile (costal) - concentration of extreme poor populations
16.	Barisal	Jhalokhati	Peri-urban	Nalchity	<ul style="list-style-type: none"> - hard lockdown. - ecologically fragile (river erosion area) - small town localities - areas with high % of international migrants
17.	Rangpur	Rangpur	Rural	Pirganj, Ramnathpur	<ul style="list-style-type: none"> - Epidemiology of the disease (identifiable hotspots etc) - concentration of extreme poor populations - remote rural areas
18.	Rangpur	Gaibandha	Rural	Sadullapur	<ul style="list-style-type: none"> - Epidemiology of the disease - concentration of extreme poor populations - remote rural areas
19.	Rangpur	Kurigram	Rural	Nageshori, Satkhaoo	<ul style="list-style-type: none"> - concentration of extreme poor populations - remote rural areas - ecologically fragile (char area)
20.	Sylhet	Sylhet	Peri-urban	Shaporan, Khadimnagar Union	<ul style="list-style-type: none"> - identifiable hotspots etc) - hard lockdown. - peri-urban areas with big industries

¹https://www.iedcr.gov.bd/images/stories/iedcr/BGD_COVID_map_03.04.2020.jpeg

Further Information

For more information about BIGD's rapid research on COVID-19 in Bangladesh, visit:

<https://bigd.bracu.ac.bd/all-projects/rapid-research-response-to-covid19/about/>

For more information about this project, please contact: mahan@bracu.ac.bd or hossain@american.edu

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