

Report on Multifaceted Interventions by SAJIDA Foundation in Relation to COVID-19 during the Period (March-July), 2020

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September 15, 2020

Results on Multi-faceted Interventions by SAJIDA Foundation in relation to COVID-19 during the period March-July, 2020.

Introduction:

The first case of COVID-19 was reported in Bangladesh on March 08, 2020. Since then SAJIDA Foundation has taken active measures to prevent the infection and provide health care support during the pandemic.

As soon as the COVID-19 pandemic broke out in Bangladesh, SAJIDA Foundation took quick and immediate steps to investigate the situation of its employees as well as the beneficiaries of its Microfinance Program. SAJIDA also initiated a hotline service for its employees in May and eventually opened up the service for the general population to consult physicians over telephone.

In order to get an overview of the initiatives taken by SAJIDA Foundation, data were gathered from the sources listed below for the period March-July 2020. The regions mentioned in this report are defined by SAJIDA Foundation.

- I. Field Mobilization Team (Total beneficiary household reached 2402: March-May 2020)
- II. Staff Sickness Report (Total number of staff reporting sick 415, April-July 2020)
- III. Human Resource department (Total number of staff report 1788, 6-20 April 2020)
- IV. SAJIDA Health Information Hotline (Number of patients included in the data analysis 1739, May-June 2020)

I. Field Mobilization

Introduction: Microfinance beneficiaries of SAJIDA Foundation were reached out through the SAJIDA call center facility and field based officers. The main concern of this team was to explore the history of exposure of the beneficiaries and their household members.

Sample size: Data was collected on **2,402** beneficiaries.

Data collection: Beneficiaries of SAJIDA Foundation's Microfinance Program were contacted over telephone by the Microfinance Field Officers and call center facility to ask for their well-being during the COVID-19 pandemic. The following information was collected from them: location of the beneficiaries, whether any of their household members were 60 years or older, history of exposure of any household member to COVID-19 patients or a person from abroad in the previous 14 days, sudden and prevalent respiratory distress of any of the household members. The General awareness message was delivered after receiving the information

Data collection period: The data was collected during March-May, 2020.

Results: Among the beneficiaries who were contacted, majority (56.83%) were located in Dhaka region (Diagram 1) and almost one-quarter (24%) in Comilla region. Regions categorized as "Other" (12%) included Bogura, Chattogram, Jamalpur, Narshingdi and Pabna.

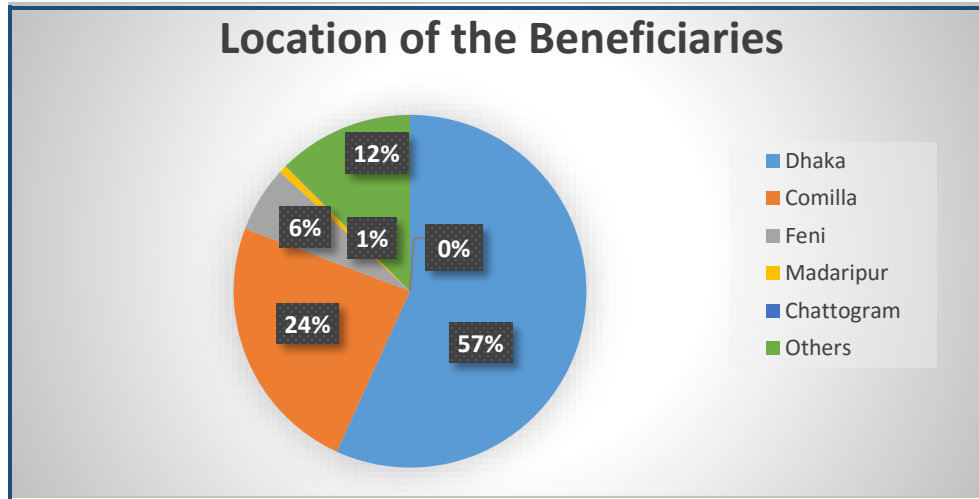


Diagram –1: Location distribution of micro-finance beneficiaries (N=2402)

Amongst all the beneficiaries who were reached, more than one-fifth (22.22%) reported at least one member in the household aged 60 years or older.

The data regarding the history of exposure was recorded by asking if any of their household members was in contact with COVID-19 patient or a person from abroad within 14 days prior to the interview. Six percent of the beneficiaries reported exposure to the infection by at least one member of the household. Almost half (47.4%) of the beneficiaries reported that someone in the household had a history of respiratory distress in the previous 14 days, 29.8% of them reported to have household members having respiratory distress at the point of data collection.

Description	Number of household (N=2402)	Percentage
Household with elderly member (aged 60 years or older)	534	22.2%
History of exposure to COVID-19 of any household member in last 14 days	145	6.0%
Household reporting member of household having sudden respiratory distress	1138	47.4%
Household reporting member of household with respiratory distress on the date of data collection	716	29.8%

Table-1: Description of households of microfinance beneficiaries in relation to exposures & symptoms of COVID-19

II. Staff Sickness Report

Introduction: SAJIDA Foundation has never failed to show its concern towards its employees. When the COVID-19 pandemic started, an emergency response team was formed. As a part of this emergency response team, the SAJIDA Foundation Staff COVID-19 Management was initiated to monitor the sickness status of the employees of the organization.

Sample Size: The total number of sick employees reported to have symptoms related to COVID-19 was 101 until 14 June 2020 and 415 till July 2020.

Data Collection: Initially, the main concern of this initiative was to record the history of exposure of employees to patients infected or suspected to be infected with SARS-COV2 virus. The data was collected by different focal persons in the microfinance branch offices and other programs of SAJIDA Foundation. Employees were instructed to report to the focal persons if they felt sick or had any classical symptoms related to COVID-19. Classical symptoms related to COVID-19 include fever, body ache, shortness of breath, cough, dysentery and fatigue. A team of 3 doctors and 10 focal persons from different programs recorded information of the sick employees that was related to COVID-19. Sick employees who contacted the SAJIDA hotline number were also included in the report. This information included their symptoms, history of exposure, test results of COVID-19, measures taken for their condition, etc.

Data Collection Period: The data was collected from April-July, 2020. Most of the reported data span from April to June 14, 2020.

Result: At the end of April 2020, the total number of employees suspected to have COVID-19 was 60 among 3,549 (1.7%) SAJIDA staff. By the end of July 2020, it increased to 415 (11.7%). In the beginning, the data collection method was preliminary. The method has been updated later in the month of July. The data below reports results up to June 14, 2020 only.

Location-wise distribution of the employees infected with COVID-19 until June 2020 can be seen in Diagram 2.

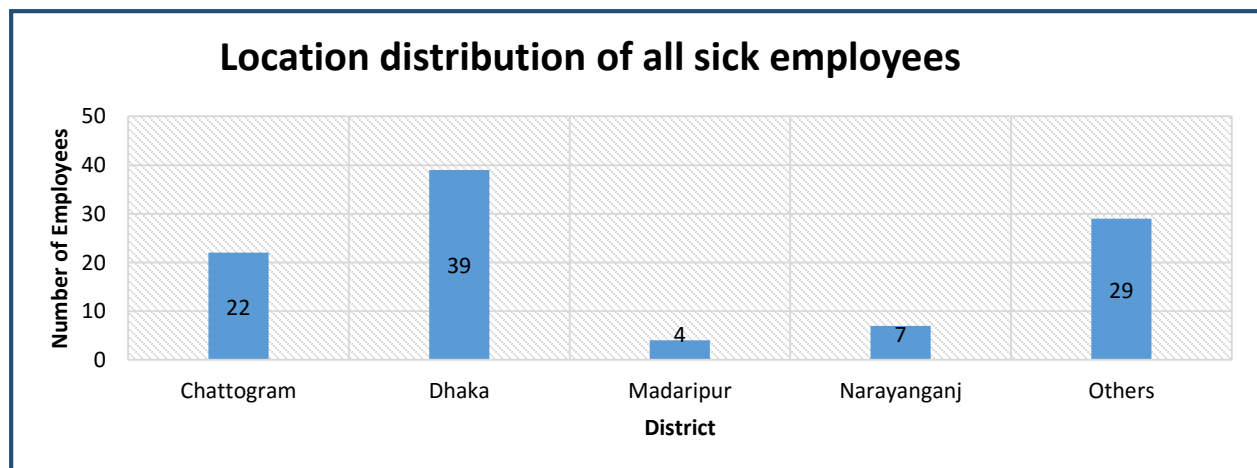


Diagram-2: Location distribution of all sick employees in Microfinance Regions (April till June 14, 2020) (N=101)

Most of the employees suspected to be infected with COVID-19 were from Dhaka (39%) and Chattogram (22%) regions, accounting for 61% of the total data. Eleven percent of the employees suspected to have the disease was located in Narayanganj (7%) and Madaripur (4%) regions. Almost thirty percent were located in “Other areas” including Chandpur, Comilla, Feni and Narshingdi.

Districts	Suspected COVID-19 (n=74) n (%)	Tested +ve for COVID-19 (n=27) n (%)
	Percent	Percent
Chattogram	20 (27.0%)	2 (7.4%)
Dhaka	22 (29.7%)	17 (63%)
Narayanganj	4 (5.4%)	3 (11.1%)
Madaripur	4 (5.4)%	0 (0%)
Others	28 (37.8%)	5 (18.5%)

Table-2: Location of employees with COVID-19 symptoms as per microfinance regions till 14 June 2020

The distribution of the location of those employees suspected and confirmed to be infected with SARS-CoV2 shows that the rate of infection was higher in Dhaka and Chattogram regions (Table 2), i.e. zones with high infection rate as identified by Institute of Epidemiology, Disease Control and Research (IEDCR).

Description	Percentage (N=101)
Employees having 2 or more symptoms	75 (74.2%)
Sick employees having 1 symptom	23 (22.8%)
Employees having 0 symptoms/Asymptomatic/ History of Exposure	3 (3.0%)

Table -3: Number of COVID-19 related symptoms reported by employees in staff sickness report

Almost three quarters of the sick employees reported to have more than one symptom related to COVID-19 and 3% did not experience any symptom (Table 3). Only one of these employees were asymptomatic and all the employees having history of direct exposure to COVID-19 patients were instructed to be in isolation for 14 days.

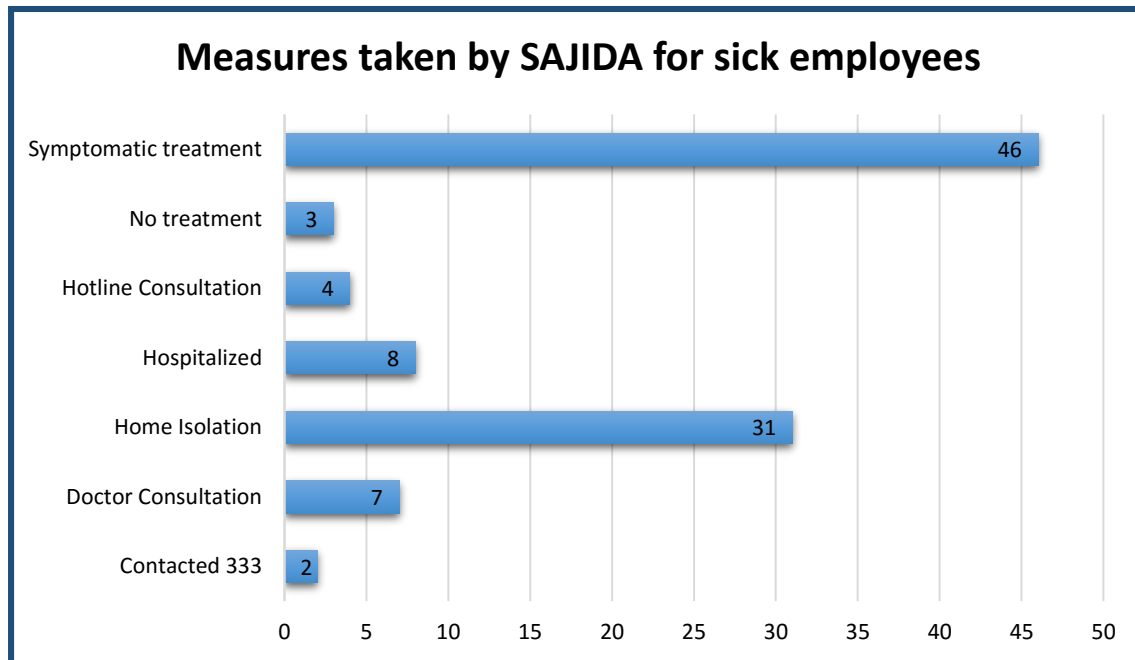


Diagram-3: Measures taken for the employees (N=101)

Every employee of SAJIDA Foundation showing symptoms of COVID-19 was under internal follow up process. Each patient had to undergo a follow up check with designated doctors via telephone. Advice from doctors was mostly related to symptom management. In case of severe conditions, employees were instructed to get admitted to a SF Hospital or any nearby COVID-19 dedicated hospital. Some of the employees contacted the government hotline number as well.

Any employee showing symptoms related to COVID-19 was instructed to stay at home quarantine for 14 days. Employees who were tested positive for COVID-19 had to do follow up test before they were allowed to return to work.

III. Data from Human Resource register

Introduction: The Human Resource (HR) department started to contact employees over telephone to enquire about their mental health during the lockdown in Bangladesh. Since the microfinance field officers resumed their regular duty from 10 May 2020, the department stopped calling rest of the employees (n=1,620).

Sample Size: One hundred and forty one employees at the Head Office in Dhaka and 1,788 employees at other branches, totaling 1,929 employees at the organization.

Data Collection: Employees at the Head Office (n=141) were called on April 06, 2020. The HR officials talked to the employees about their mental health and how they were utilizing their time during the lockdown. Employees (n=1,788) at other branches were called during the period 7 - 22 April, 2020. The employees were asked about their mental health and condition of their family members as well. They

were also asked if they had any confirmed or suspected case of COVID-19 in their household or neighborhood.

Data Collection Period: 06-22 April, 2020.

Result: Among 1,788 employees outside the head office, 212 reported having household members or neighbors suspected with symptoms of COVID-19.

Information related to neighbors or household member with COVID-19	Frequency (N=212)	Percentage
Hospitalized	81	38.2%
Quarantined	30	14.2%
Death	27	12.7%
No Information	74	34.9%

Table-4: Status of the sick household members or neighbors of the SF Employees

As shown in table 4, most of the household members or neighbors (of employees) reporting sick with COVID-19 were hospitalized.

IV. Report from COVID-19 hotline

Introduction: SAJIDA Foundation arranged a hotline number for doctor consultation which was accessible by the general population of the country, free of cost. A dedicated pool of 9 doctors provide free consultations, 24 hours and every day of the week, to support and offer advice on management of COVID-19 and general health related issues. Doctors are assigned roster duty in 8-hour shifts. Starting at 12:01am, three doctors cover a 24-hour shift.

Sample Size: Information of 1,739 patients are presented in this report.

Data Collection: The doctors of the hotline service recorded the following information about the patients: location, age, gender, symptoms, treatment, test reports on COVID-19, follow up records, comments from the patients or callers and comments from the doctors.

Initially there was no structured format for the doctors to document information on the patients in a systematic way. Over time the format has been updated and refined.

Data Collection Period: May-June 2020.

Result:

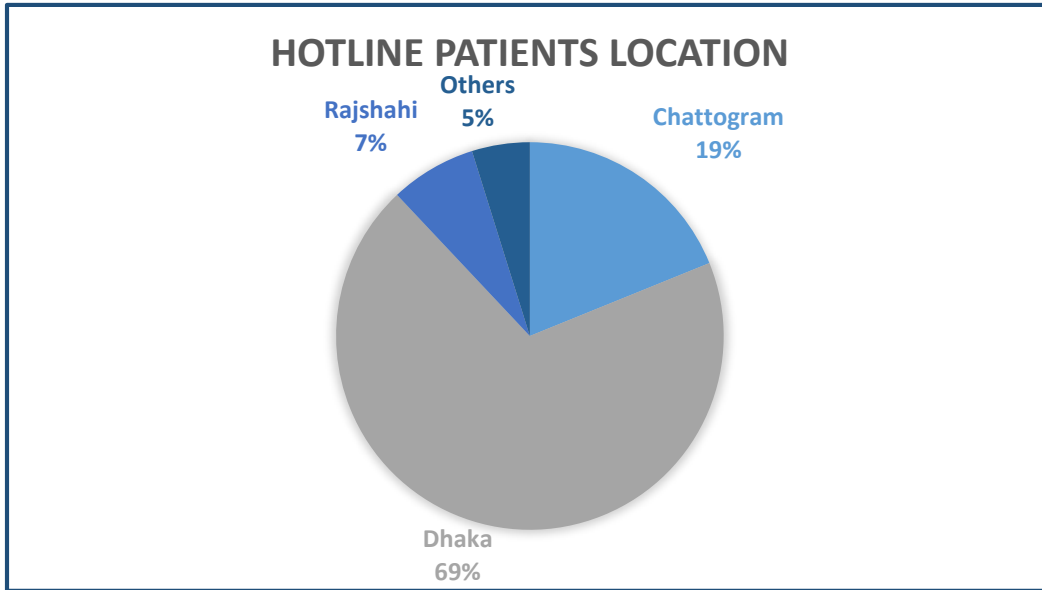


Diagram-4: Location of patients calling SAJIDA Health Information Hotline

Majority of the patients (69%, Diagram 4) called from Dhaka division. The other two divisions to avail the service to a greater degree than others were Chattogram (19%) and Rajshahi (7%).

Number of Symptoms	Percentage (n=1,739)
No Symptoms/Asymptomatic	21.0%
Single Symptom	38.0%
More than one symptom	41.0%

Table-5: Number of symptoms related to COVID-19 reported by hotline patients

More than 40% of the patients reported having multiple symptoms related to COVID-19. Although initially the hotline service was designed to provide support and advice related to COVID-19 only, based on patients' demands, the hotline doctors provided treatment on other health problems also.

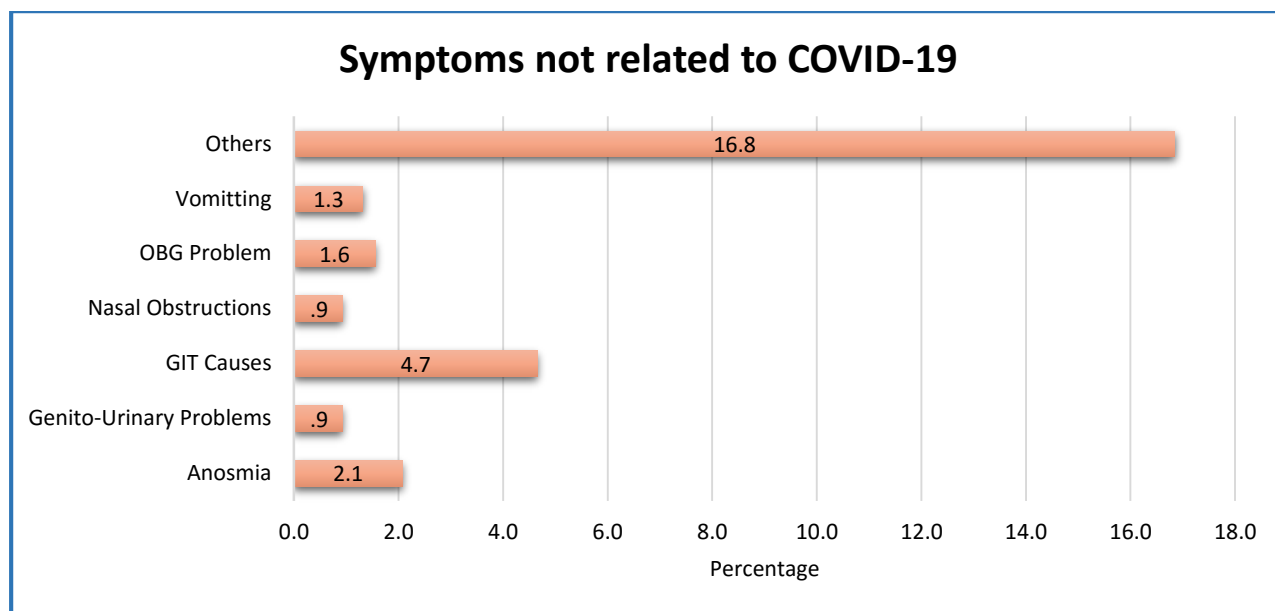


Diagram-5: Distribution of symptoms, unrelated to Covid-19, reported by hotline patients

As shown in diagram 5, patients called the hotline service even for health problems other than COVID-19. These included Gastro Intestinal Tract (GIT) causes, Obstetrics & Gynecological (OBG) problem, anosmia, vomiting etc.

The treatment advice by the doctors were mostly related to management of symptoms. In severe cases, the doctors referred them to different hospitals. The list of the referred hospitals includes SAJIDA Hospitals, Narayanganj 300 bed Hospital, Dhaka Medical College Hospital, Mugda Medical College Hospital, Faridpur Medical College Hospital, and nearest government hospitals depending on the patient's location.

Treatment Method	Percentage (N=1,739)
Referral to different hospitals	13.5%
Symptom management by hotline doctors	86.5%

Table-6: Treatment of hotline patients

Most of the patients (Table-6, 86.54%) received treatment to manage symptoms. Doctors of the hotline prescribed medicines to the patients based on their symptoms and its severity. Sometimes they suggested healthy diet and exercise to the patients.

The doctors recorded if the patients had taken the test to detect COVID-19. As shown in Table 7, more than 80% of the patients had not done the test to detect COVID-19.

COVID-19 Test Status	Frequency (N=1,739)	Percentage
Positive	245	14.1%
Negative	46	2.7%
Not Done	1448	83.2%

Table-7: Status of COVID-19 test result of hotline patients

Fourteen percent of the patients have reported that they tested positive for COVID-19 (Table 7). Doctors prescribed necessary treatment based on the patients' situation and instructed them to take steps to keep others in their households safe.

Hotline patients	Frequency	Percentage
Gender*		
Women	536	30.8%
Men	1201	69.2%
Age group		
Less than 60 years	1641	94.4%
60 years or older	98	5.6%

Table-8: Demographic profile of the hotline patients

*Information missing for two persons.

Majority of the patients (69.2%, Table 8) calling the SAJIDA Health Information Hotline were men. Almost 95% of patients were younger than 60 years of age.

		Age group		p-value
		Less than 60 years (n=1,641)	60 years or older (n=98)	
Number of symptoms (n=1,739)	No Symptoms/Asymptomatic (n=366)	21.1%	19.4%	0.602
	Single Symptom (n=659)	38.1%	34.7%	
	More than one symptom (n=714)	40.8%	45.9%	
Treatment methods (n=1,739)	Referral to different hospitals (n=234)	12.4%	31.3%	.000
	Symptom Management (n=1,505)	87.6%	68.7%	

Table-9: Distribution of number of symptoms and treatment method by age group of hotline patients

Almost one-fifth of the patients calling the hotline service reported no symptoms related to COVID-19. Majority of both age groups, i.e. less than 60 years of age and those 60 or older, were given symptomatic management of COVID-19 symptoms (Table 9). More than 30% of those aged 60 years or older were referred to hospitals, significantly more than the younger age group. The difference in treatment method is statistically significant between the two age groups.

		Gender		p-Value
		Women (n=536)	Men (n=1,201)	
Number of Symptoms (n=1,737)	No Symptoms/Asymptomatic (n=365)	27.2%	18.2%	.000
	Single Symptom (n=659)	39.0%	37.5%	
	More than one symptom (n=713)	33.8%	44.3%	
Treatment Methods (n=1,737)	Referral to different hospitals (n=233)	14.7%	12.8%	0.279
	Symptom Management (n=1,504)	85.3%	87.2%	

Table-10: Distribution of number of symptoms and treatment method by gender of hotline patients.

Significantly more male patients (44.3%) reported multiple symptoms compared to female patients (33.8%) (Table 10). However, there was no statistically significant difference in treatment methods between male and female patients.

Concluding remarks

The commendable measures taken by SAJIDA Foundation during the public health crisis of COVID-19 have led to valuable learnings that can be useful for the organization in tackling emergency situations in the future. During the current crisis, some difficulties were faced in collecting reliable data due to unstructured data collection methods, communication gap in collecting data and lack of systematic documentation of data as well as respondents non-compliance in some cases

SAJIDA Foundation can prepare itself for future emergencies by adopting a number of measures. This includes creating a **core group/emergency response group** which will:

- develop a strategy for rapid response in case of an emergency
- put in place a rapid response mechanism in case of emergencies
- prepare a standard format for information/data collection in a structured and systematic manner to be used by all programs of the organization in any kind of intervention
- activate the rapid response mechanism as required
- conduct systematic and regular analyses of data for situation analysis as well as for refinement of strategy to respond to future crises.