

INTRODUCTION

The first case of novel coronavirus was reported in Wuhan, China in December 2019. Those early cases have been linked to a live animal market in Wuhan and have been since spreading person to person. The virus has since spread around the globe. First showing up in the United States on January 2, 2020, in Snohomish County, Washington, the coronavirus COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge we have faced since World War Two. Since its emergence in Asia late last year, the virus has spread to every continent except Antarctica. (UNDP, 2020)

But the pandemic is much more than a health crisis; it's also an unprecedented socio-economic crisis. Stressing every one of the countries it touches, it has the potential to create devastating social, economic, and political effects that will leave deep and longstanding scars. UNDP is the technical lead in the UN's socio-economic recovery, alongside the health response, led by WHO, and the Global Humanitarian Response Plan, and working under the leadership of the UN Resident Coordinators (UNDP, 2020).

Every day, people are losing jobs and income, with no way of knowing when normality will return. Small island nations, heavily dependent on tourism, have empty hotels and deserted beaches. The International Labour Organization estimates that 195 million jobs could be lost (Perera, 2020).

The World Bank projects a US\$110 billion declines in remittances this year, which could mean 800 million people will not be able to meet their basic needs(World Bank Predicts Sharpest Decline of Remittances in Recent History, 2020).

Bangladesh is not new to disasters or major humanitarian crises. Sitting astride a river delta at the bottom of the Himalayan range, the country is fighting a longstanding battle against the impact of climate change and currently hosts the world's largest refugee camp along its southern border. In its 49-year existence, Bangladesh and its people have shown tremendous resilience in fending off not only natural disasters such as floods and cyclones but also manmade ones, like the 1997 Asian financial crisis and 2008 global financial crisis(Mahmood, 2020).

The COVID-19 pandemic, however, is a crisis of a completely different magnitude and one that will require a response of unprecedented scale. Bangladesh's leaders in the public and private sectors must come together to respond to the immediate threats to health systems and the long-term effects on the country's economy.

METHODOLOGY

The study is based on quantitative data. The results are based on quantitative analysis. In this analysis, the infected rate, death rate, and recovery rate has been calculated by MS excel. Later the collected data has been sorted and presented graphically to provide a cross-sectional view towards the situation of COVID-19 in Bangladesh in June.

The data has been collected from secondary sources. The secondary sources that have been used to develop the analysis are

1. Corona BD website
2. IEDCR website
3. Press release by IEDCR
4. Local newspaper
5. Articles

RESULTS

June was assumed as a peak period for coronavirus infection in Bangladesh. All data related to covid19 are attached below

Date(June)	Tests	Cases	Death	Recover
01-06-20	11439	2381(20.81%)	T-22 M-19 F-3	816
02-06-20	12704	2911(22.91%)	T-37 M-33 F-04	523
03-06-20	12510	2695(21.54%)	T-37 M-28 F-09	470
04-06-20	12694	2423(19.09%)	T-35 M-29 F-06	571
05-06-20	14088	2828(20.07%)	T-30 M-23 F-07	643
06-06-20	12486	2635(21.10%)	T-35 M-28 F-07	521
07-06-20	13136	2743(20.88%)	T-42 M-35 F-07	578
08-06-20	12944	2735(21.12%)	T-42 M-33 F-09	657
09-06-20	14664	3171(21.62%)	T-45 M-33 F-12	777
10-06-20	15963	3190(19.98%)	T-37	563

			M-33 F-04	
11-06-20	15772	3187(20.2%)	T-37 M-30 F-07	848
12-06-20	15990	3471(21.7%)	T-46 M-37 F-09	502
13-06-20	16638	2856(17.1%)	T-44 M-33 F-11	578
14-06-20	14505	3141(21.65%)	T-32 M-27 F-05	903
15-06-20	15038	3099(20.61%)	T-38 M-32 F-06	1529
16-06-20	17214	3862(22.44%)	T-53 M-47 F-06	2237
17-06-20	17527	4008(22.8%)	T-43 M-28 F-15	1925
18-06-20	16259	3803(23.39%)	T-38 M-31 F-06	1975
19-06-20	15045	3243(21.56%)	T-45 M-32 F-13	2781
20-06-20	14031	3240(23.09%)	T-37 M-30 F-07	1048
21-06-20	15585	3531(22.66%)	T-39	1084

			M-35 F-04	
22-06-20	13555	3480(22.37%)	T-38 M-33 F-05	1678
23-06-20	16292	3412(20.94%)	T-43 M-38 F-05	880
24-06-20	16433	3462(21.07%)	T-37 M-28 F-09	2031
25-06-20	17999	3946(21.92%)	T-39 M-32 F-07	1829
26-06-20	18498	3868(20.9%)	T-40 M-31 F-09	1638
27-06-20	15157	3504(23.1%)	T-34 M-32 F-02	1185
28-06-20	18099	3809(21%)	T-43 M-31 F-12	1409
29-06-20	17837	4014(22.5%)	T-45 M-36 F-09	2053
30-06-20	18426	36829(19.98%)	T-64 M-52 F-12	1844

Tab 1: All data related to covid19 in June month

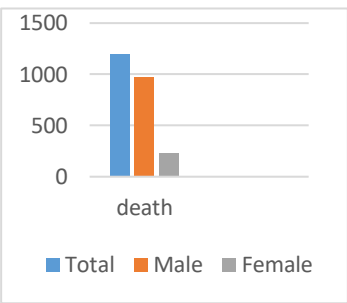
Month	Tests	Case	Death	Age-wise death	Recover
June	460528	98330(21.35%) M=68831 F=29499	1197(1.22%) M=969 F=228 	0-10=14 11-20=13 21-30=45 31-40=90 41- 50=168 51- 60=334 61- 70=338 71- 80=166 81-90=33 91-100=6	49844

FIG 1: Line chart on death distribution concerning age (Directorate General of Health Services. Novel Corona virus (COVID-19) Press Release. (2020).)

IN this month total of 460528 people are tested for COVID-19 from which 98330(21.35%) are found positive. 1197 (M=969,F=228)patients are found dead in this month. 49844 patients have been recovered from COVID-19.

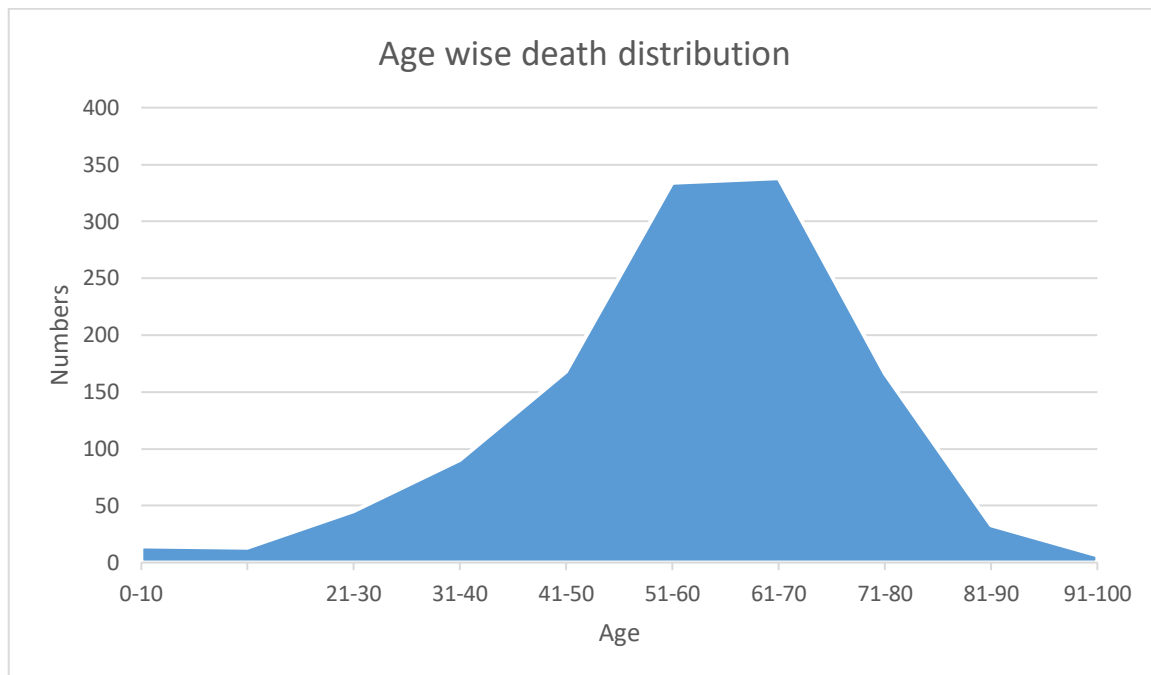


FIG 2: Line chart on death distribution with age

Death%

Male=80.95%

Female=19.05%

Age-wise death percentage

<u>Age</u>	<u>Death</u>	<u>Percentage</u>
<u>0-10</u>	<u>14</u>	<u>.33</u>
<u>11-20</u>	<u>13</u>	<u>1</u>
<u>21-30</u>	<u>45</u>	<u>3.75</u>
<u>31-40</u>	<u>90</u>	<u>7.51</u>
<u>41-50</u>	<u>168</u>	<u>14</u>
<u>51-60</u>	<u>334</u>	<u>27.9</u>
<u>61-70</u>	<u>338</u>	<u>28.2</u>
<u>71-80</u>	<u>166</u>	<u>13.8</u>
<u>81-90</u>	<u>33</u>	<u>2.75</u>
<u>91-100</u>	<u>6</u>	<u>0.5</u>

Tab 2: Age wise death percentage

In this figure, I found that the highest death rate is found in the age level within 61-70 which is 28.2%. The lowest death rate is found in the age level between 0-10. (Source: Worldometer.tta Covid-19 Corona virus Pandemic. (2020).)

Infected%

Male =70% Female =30%

Age-wise infected percentage

Age	Infected	Percentage
21-30	23599	24%
31-40	26647	27.1%
41-50	17601	17.9%
51-60	12782	13%

Tab 3: Age-wise infected percentage

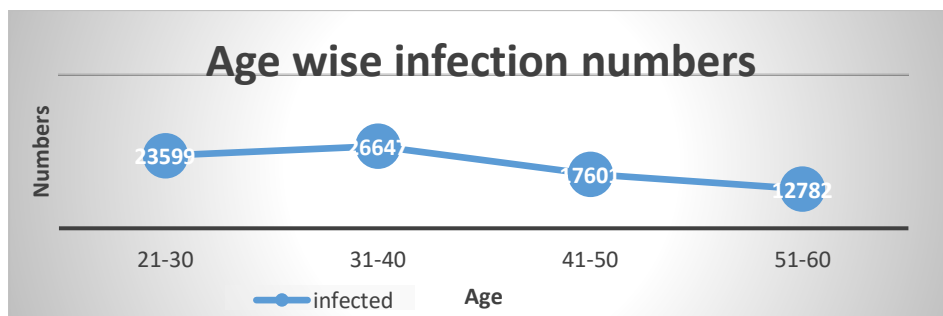


FIG 3: Line chart on infection numbers concerning age (Source: coronainfo.gov.bd)

Gender wise death numbers & percentage

Gender	Death	Percentage
Male	969	80.95
Female	228	19.05

Death

■ Male ■ Female

Tab 4: Gender wise death percentage

The highest death rate is found in males (80.95%). (Institute of Epidemiology DC and R. COVID-19. (2020).)

Division wise infected numbers & percentage

Division	Infected
Dhaka	68044
Chattogram	15290
Rajshahi	2827
Sylhet	2724
Mymensing	2626
Khulna	2458
Rangpur	2262
Barisal	1500

Tab 5:Division wise infected numbers & percentage

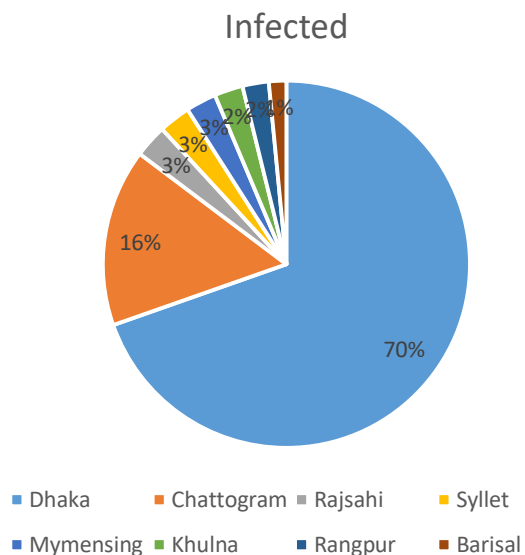


FIG 4: A pie chart on infection numbers concerning divisions

Most cases are found in the Dhaka division (68044). And minimum cases are found in the Barisal division. (Source: coronainfo.gov.bd)

Division wise death

Division	Death
Dhaka	556
Chattogram	333
Rajshahi	72
Sylhet	57
Mymensing	30
Khulna	59
Rangpur	32
Barisal	51

Tab 6: Division wise death

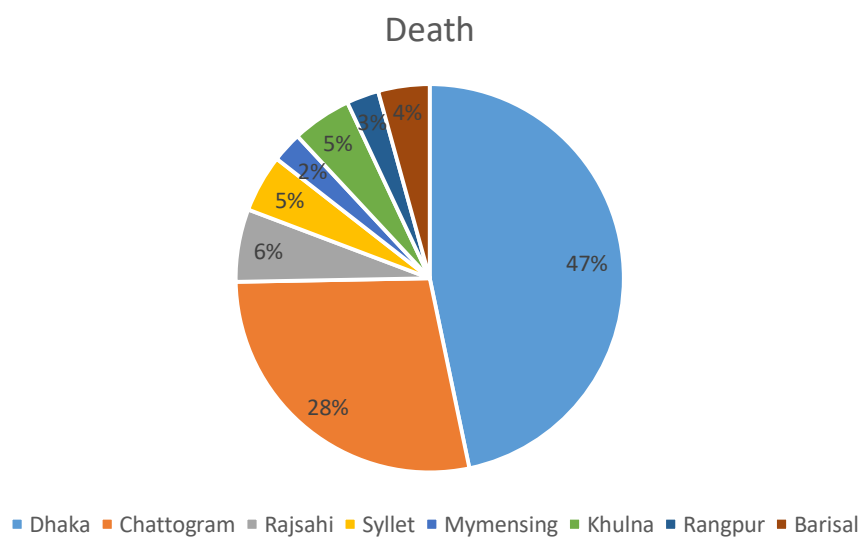


FIG 5: A pie chart on death distribution with divisions

The highest death is found in the Dhaka division (556). And the lowest death is found in the Rangpur division (32).

Recovery rate

Division	Recovery rate
Dhaka	38%
Chattogram	19%
Rajsahi	40%
Mymensing	42.5%
Khulna	20%
Rangpur	54%
Barisal	53%

Tab 7: Recovery rate

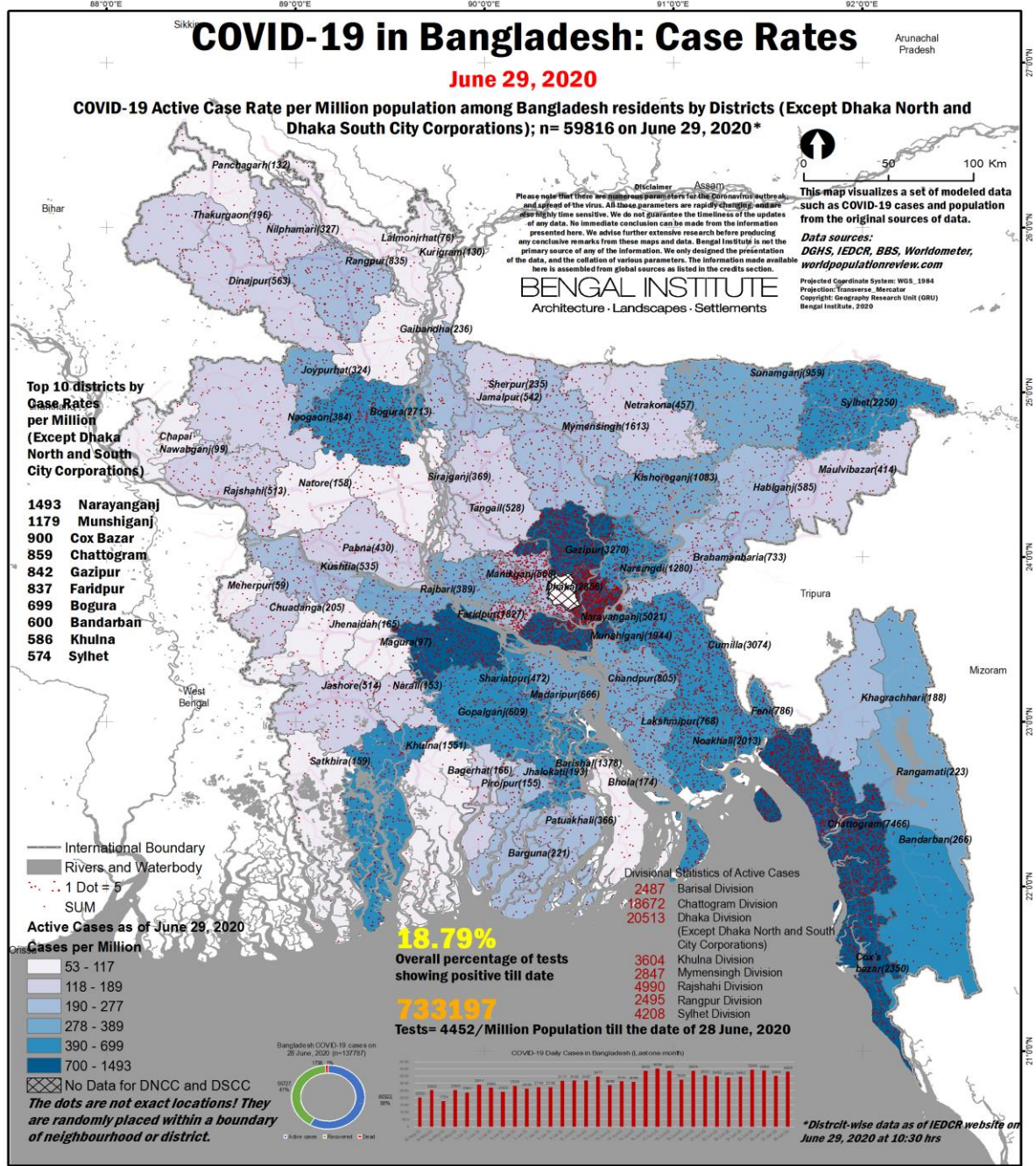


FIG 6: Covid19 in Bangladesh case rate (Institute of Epidemiology DC and R. COVID-19. (2020).)

DISCUSSION

Coordination and accountability are vital elements in forming an effective response to events such as COVID-19. Therefore, such mechanisms need to channel the implementation of evidence-based decision-making at central level for its contextualization to the needs at local level. Coordination also requires the incorporation of feedback from communities addressing their concerns that may be causing emotional distress and the development of effective relationships at local level.

As part of its COVID-19 response, Bangladesh has established a number of committees at all levels comprising of decision-makers, administration, law and order, information, local and international organizations, and various components of the health system. A technical committee was formed at central level comprising healthcare stakeholders for the purpose of evaluating activities in the plan through a review process and for recommending resource mobilization.

The role of committees at local level is limited to the implementation of the plan devised at central level. Such a scenario can contribute to a lower rate of information flow as well as prompt limited impact due to a lower level of diversity and differentials in risk perceptiveness between the various levels.

The current situation with COVID-19 will make it difficult to resume normal service in the country straight away. The increased transmission risk of COVID-19 in any congested working space minimizes opportunities for social distancing. Capacity building and legislature mechanism need to be the building blocks for preparing the health system for resumption of normal services in a progressive way.

Bangladesh, however, is not showing signs of deviating from its traditional infrastructure development process despite the pandemic. A scanty increment of 0.63% of the total budget is to be allocated to the health sector that is aimed at building a 1000-bed super specialized ward, a one-point check-up centre and a cancer building at Bangabandhu Sheikh Mujib Medical University. (New Age Bangladesh, 2020)

Economic growth is expected to be a trade-off for the lockdown to contain the ongoing spread. In order to address the impact on the economy, the government has rolled out an incentive package of around BDT 950 billion. The Ministry of Health along with partners has planned a project of more than 30 million USD for a 9-month duration in order to address the bottlenecks

of the health system. Despite such packages, multiple attempts have been made to open the industries again; particularly RMGs which threaten the disease containment objective of this short-term bail out.

Finally, the government should repeatedly urge for cooperation from all sects of people in fighting COVID-19. It is not the sole job of the government to fight this war. Social awareness campaign should be continued through the print, electronic and social media. A key tool to combat Covid-19 i.e. social distancing should be made more popular among people.

CONCLUSION

Covid19 is one of the most concerning matter in this century. Its impact not only on human health but also onthe socio-economic aspect. Covid19 situation underscores society's reliance on women. Besides, there are shreds of evidence and indications that financial and banking industries around the globe might have to face remarkable instability in the forthcoming months. Up to date the affected rate & the death rate are not descending. Our government tries its' best to recover this situation.

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The Author, August, 2020

BIOGRAPHY

This is Tanvir Islam, son of Abu Sayed Chowdhury and Jusna Begum. I am from Brahmanbaria District. I completed S.S.C in 2011 from Nabinagar Pilot High School and H.S.C in 2013 from Cumilla Shikhaboard Model College. I got admitted into the Doctor of Veterinary Medicine (DVM) degree under Chattogram Veterinary and Animal Sciences University in the 2014-2015 sessions. As an upcoming Veterinarian, I would like to dedicate the rest of my life for the welfare of animals. I am keen to be a field veterinarian as well as a skilled practitioner.