

COVID-19 SITUATION REPORT #2

1. GLOBAL OVERVIEW

On 3 April 2020, the United Nations General Assembly by its Resolution A/Res/74270 reaffirmed its strong support for the central role of the United Nations system in the global response to the COVID19 pandemic.¹ On 9 April 2020, in a briefing to the United Nations Security Council, the Secretary General stated that the COVID19 crisis is the gravest test for the world since the founding of the United Nations. In addition to the widespread social and economic impacts of this health crisis, he said that “... the pandemic also poses a significant threat to the maintenance of international peace and security -- potentially leading to an increase in social unrest and violence that would greatly undermine our ability to fight the disease.”

Violence against women and girls (VAWG) is a human rights violation and a universal issue. The ongoing crisis of VAWG is likely to worsen in the context of the COVID-19 pandemic. Emerging data shows that reports of VAWG, particularly domestic violence, have increased in many countries since the outbreak of COVID-19, as concerns around money, security and health increase tensions and strains. These strains are worsened by the cramped and confined living conditions of lockdown. In furtherance of the Women, Peace and Security agenda, the Secretary General issued a call to end the escalation of violence against women and girls as the pandemic spreads.

On 11 April, 2020, the United Nations Secretary General appealed to religious leaders of all faiths to join forces to work for peace and to focus on humanity’s common battle against COVID19. The statement came in the context of Easter celebrations by Christians, marking of Passover by Jews and the forthcoming holy month of Ramadan for Muslims.²

The Secretary General also called for mobilizing strong and flexible funding for the COVID-19 Response Plan and existing humanitarian appeals, emphasizing that “Resources for one should not replace or divert from the other.” According to UNOCHA’s Financial Tracking System, the Global Humanitarian Response Plan launched on 25 March 2020, was 19.7 per cent funded as of 14 April 2020 with USD396.2 million. The largest contributions came from Japan (USD95.9 million), Kuwait (USD60 million), the European Commission (USD35.3 million) and Germany (USD28.3 million).³ An additional USD147.2 million received outside the plan brings humanitarian funding for COVID19 response to USD543.4 million. WHO’s global COVID-19 appeal has received USD356.3 million with the largest contributions coming from Kuwait, Japan, the European Commission, the World Bank and Germany.⁴

At the local level, donors have committed over USD137 million for direct and indirect support to COVID19 response in Bangladesh. This includes USD100 million committed by the World Bank for the health response, USD26.1 million committed by DFID for the health response and humanitarian services for Rohingya refugees and the host communities, USD2.9 million by Australia for social protection and

¹ <https://undocs.org/en/A/RES/74/270>

² <https://www.un.org/sg/en/content/sg/statement/2020-04-11/secretary-generals-message-mark-easter-passover-and-ramadan-renewing-faith-our-common-humanity-the-face-of-the-covid-19-pandemic>

³ <https://fts.unocha.org/appeals/952/summary>

⁴ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners/funding>

socioeconomic recovery, USD2.9 million by Switzerland and USD2.5 million by USAID. In addition, EU is expediting USD174 million in their regular support for social protection.

The economic impact of the pandemic is projected to be devastating at the global, regional and national levels. According to the United Nations Department of Economic and Social Affairs, the **global economy** could shrink by close to one percent in 2020 due to the COVID-19 pandemic, and world output could contract further if imposed restrictions on economic activities extend to the third quarter of the year and if fiscal responses fail to support income and consumer spending.⁵ The International Monetary Fund, however, projects that **global GDP** could contract by (-)3 per cent in 2020.⁶ **Regional economic growth in developing Asia** is also projected to decline sharply in 2020 due to the effects of the COVID-19 pandemic, before recovering in 2021. Regional growth is forecasted at 2.2 per cent in 2020, a downward revision of 3.3 percentage points relative to the 5.5 percent ADB had forecasted in September 2019.⁷ The first forecasts for **Bangladesh** by the World Bank put the GDP growth rate for 2020 in the 2.0 per cent to 3.0 per cent range driven by COVID-19 disruptions and the already weak performance of exports and private investment in the first half of the year.⁸ Sizeable fiscal measures, together with targeted monetary easing, are required to ensure economic and financial stability.⁹

The Country Preparedness and Response Plan (CPRP) is in support of Government's response to the COVID19 crisis. It looks at six key areas for enhancing the Government's capacity: surveillance and laboratory support, contact tracing and screening, case management and infection prevention and control, risk communication and community engagement, logistics and procurement, preserving stability and enhancing social cohesion. The CPRP has been shared with Government of Bangladesh for information and approval.

2. HEALTH EMERGENCY RESPONSE

This sitrep complements the WHO sitreps which provide detailed information on the COVID-19 Health Emergency Response including on case management and infection control, surveillance and laboratory support, contact tracing and points of entry. WHO sitreps are accessible [here](#).

Separate sitreps are issued by the Inter-Sector Coordination Group (ISCG) on the COVID-19 response in the Rohingya settlement and host communities in Cox's Bazar district. ISCG sitreps are available [here](#).

2.1 Risk Communication/Awareness and Community Engagement Pillar

The Risk Communication and Community Engagement (RCCE) pillar conducted two rapid assessment surveys to gather information on media reach, knowledge and attitudes of women and men of all ages, including urban, rural, educated, uneducated, employed, self-employed, daily wage earners etc. The surveys highlighted overall accurate knowledge, but also shed light on areas of concern for people, significant differences in knowledge level for the people with no education and challenges for people in maintaining social/physical distancing norms. Representing all eight divisions of the country, 21,892 respondents participated in the rapid assessment online survey.

⁵ World Economic Situation Prospect (WESP) of the United Nations Department of Economic and Social Affairs (DESA), April 2020 https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/Monthly_Briefing_136.pdf

⁶ <https://www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020>

⁷ Asian Development Outlook (ADO) 2020, Asian Development Bank (ADB). <https://www.adb.org/publications/asian-development-outlook-2020-innovation-asia>

⁸ World Bank: <https://openknowledge.worldbank.org/handle/10986/33478>

⁹ https://www.unescap.org/sites/default/files/COVID_Report_ESCAP.pdf

Social media (90 per cent) and TV (81 per cent) were seen by the majority of respondents as the most effective/preferred medium of communication on coronavirus, followed by newspaper (60 per cent) and radio (37.5 per cent). The level of awareness on the novel coronavirus as a virus that causes a disease was high at 98.1 per cent, however the awareness levels among respondents with no education were significantly lower at 76.7 per cent. Significant differences in knowledge were also noted for those with no education with respect to how to prevent the disease (57 per cent), what are the symptoms (50 per cent), how it is transmitted (42 per cent), what to do if you have symptoms (34 per cent), compared with respondents with higher education (92 per cent, 92 per cent, 91 per cent and 80 per cent respectively). Significant differences in knowledge levels were also noted for those who were daily wage earners, and the unemployed compared to respondents with monthly salaries.

Female respondents reported relying much more on family members (42.1 per cent) and neighbors/friends/ relatives (34.6 per cent) compared to male respondents (28.5 per cent and 31.4 per cent, respectively). Some 63 per cent of respondents thought it likely they would become sick with the new Coronavirus, and identified a need more information about treatment (60.1 per cent), at-risk groups (50.6 per cent), actions to be taken when they observe symptoms (49.0 per cent) and how to protect themselves (45.0 per cent). Some 79 per cent of the respondents said they would stay at home if they had minor symptoms, with 85 per cent calling the hotline and 63 per cent indicating they would go to the hospital if the symptoms were severe. 52 per cent of respondents indicated they were happy and satisfied with the overall preparedness undertaken by the Government on the new Coronavirus outbreak compared to 29 per cent who indicated they were unhappy.

The Rapid Assessment survey on home quarantine was administered through Facebook Messenger, WhatsApp and SMS, and facilitated by the U-Report mobile-based messaging platform making it accessible for people without computers or smart phones. Over 19,000 respondents participated in the poll representing all eight divisions of the country and included 55 per cent Rural, 44 per cent Urban (7 per cent urban slums). While the majority of respondents (83 per cent) stayed at home during the special government holidays, 13 per cent did not stay at home. The main reasons for not staying at home are that they need to go out for work (63 per cent) and they feel bored at home (26 per cent). Regarding the physical distance, 23 per cent of respondents answered they do not keep physical distance from others and the reasons include: it is not always possible to keep three feet distance (46 per cent) and type and nature of work does not allow physical distancing (24 per cent). Among those respondents who have family members who traveled to a COVID19 infected country or came in contact with suspected or confirmed COVID19 patients, 48 per cent responded it is not feasible to quarantine the person in a separate room.

The RCCE team is working to refine the messages to address the areas of concerns identified through the surveys; increase communication coverage in urban slums, young people and communities with local transmission; develop messages providing solutions on how to support physical distancing in constrained environments; and advocating to increase access to safety nets for vulnerable communities.

The rumor and misinformation link has also been updated. A total of 121 links to misinformation content online have been added. Twenty-four social media links containing misinformation attributed to UNICEF have been removed by contacting the pages directly. As personal profiles are more difficult to contact regarding removal, we have countered the overall spread by posting anti-misinformation content that have reached people 13,859,574 times till date. WHO's myth buster has been adapted to counter misinformation and UNICEF is running a challenge on social media, asking followers and volunteers to

share the slideshow virtually with as many people as possible. The 33-second slideshow has been viewed almost a million times.

As mentioned earlier, the RCCE team has established a [data repository](#) for uploading materials, messages, and tools developed by all RCCE partners. The repository includes materials from all partners. A preliminary analysis of the communication materials from five RCCE partners (UN Women, Robi, USAID-JHU, BDRCS, and UNICEF) shows the following results:

- 50 per cent of communication materials have largely focused on general awareness (e.g. the virus, symptoms), followed by social distancing (20 per cent), stay at home (20 per cent), and washing hands (17 per cent).
- The majority of the materials are targeted at general people (80 per cent), with some materials also focusing on child sensitive messages (15 per cent) and parents/care givers (13 per cent)
- 96 per cent of the materials analyzed are disseminated in all divisions, whereas 4 per cent materials are disseminated in selected divisions including Dhaka, Chattogram, Sylhet and Khulna
- The most used channel is Facebook (87 per cent), followed by Twitter (17 per cent) and others – miking and leaflets (17 per cent) Most of the materials are form of social media (Facebook, Instagram, Twitter) post (28 per cent) and photo post (28 per cent)
- 48 per cent of the materials encourage people to stay at home, while other materials are promoting others including women empowerment and reduction of domestic violence (39 per cent) and social distancing (28 per cent)
- The majority of the communication materials use standard Bangla (85 per cent) and English (35 per cent), followed by local dialect (17 per cent)

New Messages and Materials developed this week included the following:

- The Bangla version of a simple guideline on “[Community Engagement from a Distance](#)” was developed by the Shongjog network and supports field-level agencies on communicating maintaining the social distancing protocol.
- Materials on how to use personal protective equipment (PPE) and practice social distancing were developed by BRAC.
- The IVR was updated by a2i, UNICEF, BRAC based on analysis of the follow up calls placed by telecom partners.
- Bangla version of a 3-minute Meena video spot on handwashing titled ‘Health in your Hands’ and a Meena video spot on staying at home and social distancing were launched by UNICEF
- Jeeon network certified 2,500 non-graduate medical practitioners of pharmacies/drug stores through its online course all over the country. In addition, 15,000 non-graduate medical practitioners were reached through Facebook, Youtube, and sms.
- Ringtone - pre-call notification messages for telecom were updated. These messages focus on staying home and are targeted to both rural and urban population including adolescents and youth. These were rolled out through: Robi which has a mobile phone subscriber base of 49.611 million and Grameenphone (GP) which has a subscriber base of nearly 76 million.
- A testimonial 3-minute video featuring the celebrity couple Tisha and Farooki on staying at home has been launched with the main message of the video as staying at home, productive use of time, sharing household chores, taking care of elderly and children, and mental health.
- A set of target-specific communication strategies along with messages has also been developed by partners and uploaded on the RCCE Google drive. The messages are targeted to the urban and rural adults, adolescents and youth, and religious leaders focusing on staying at home, positive reinforcement, encouraging the sense of community, empowering community to practice safe

behaviors, promoting the helplines and websites, encouraging community to report symptoms without fear, building trust and dispelling myths and misconceptions.

Stigmatization and discrimination: UN Women disseminated messages through social media to reduce stigma and discrimination against communities on women migrant returnees.

The Shongjog platform for community engagement and accountability continues to support the national RCCE Pillar and is working to link local organisations and community networks with national efforts on risk communication. A growing collection of audio, video and graphical awareness materials suitable for use nationally has been produced by BBC Media Action and is available for free download and use via the [Shongjog website](#). Public health and humanitarian agencies with requests for additional communication materials can also [log these through the Shongjog website](#). Efforts are also ongoing to better understand community perceptions and concerns related to Covid-19; and Shongjog is working to collect and collate community feedback information from a range of organisations, for central analysis. Agencies with insights or data to contribute related to community feedback or concerns can contact shafaat.ahmed@bd.bbcmmediaaction.org in the first instance.

2.2 Logistics and Procurement Pillar

Given the rapid increase in numbers of confirmed COVID-19 cases in the country, the Directorate General of Health Services (DGHS) expressed an immediate and urgent need for N95 masks, goggles, and face shields. In response, WHO, UNICEF, and WFP have prepared a consolidated procurement list with estimated dates of delivery in April and May 2020.

	N95 Masks	Face Shields	Goggles
WHO	100,232	45,000	3,700
UNICEF	6,720	20,720	1,055
WFP	150,000	65,000	150,000

Including other types of PPE and some medical items, the total estimated cost of this consolidated list of items is USD 1,779,584. UNHCR, IOM and UNFPA have plans to procure additional PPE and medical items for the Civil Surgeon’s Office/ Sadar Hospital in Cox’s Bazar. Based on daily updates shared by DGHS, approximately 1.4 million items of PPE have been procured/received as donation from various sources as of 14 April 2020, of which 0.88 million PPE items have already been dispatched to health facilities at district and upazila levels.

PPE is a generic term and therefore, more specific information about the exact type and level of PPE is important. Efforts are being made to understand the categories of PPE being received and dispatched, and distribution mechanism, to different health facilities. On the inventory management side, the online supply chain management portal of DGHS’s Central Medical Stores Depot (CMSD) has been made accessible to selected member agencies. This online database can capture as many as 61 unique medical items/PPE related to COVID 19. However, some challenges remain, such as timeliness of data entry by the health facilities and data consistency. Due to overwhelming global demand, and the current supply shortage of PPE in the global market, there is an urgent need to promote production in country.

- ILO, IOM, WFP, WHO, and UNICEF are in conversation with BGMEA and Marks & Spencer, Inditex, H&M, and other Brands to identify companies that regularly produce PPE or have re-tooled their factories for PPE production in this current situation. There are between 10 and 12 such factories. One company is a long-time producer and exporter of higher-level PPE (certified by

SGS) for use in hospitals in Europe and Africa. The others are now producing Level 1 PPE to meet immediate in-country needs using either materials that are available locally, or materials remaining in stock from previous orders.

- The search for inspection agencies and local experts to test and certify PPE continues. Communication with three such agencies in Bangladesh - Bureau Veritas, SGS, and KGS - has been established. They have limited capacity in Bangladesh but are able to test some items for compliance with WHO specifications. This is critical for ascertaining what level of PPE is produced, and its potential uses.

2.3 Preserving Stability and Addressing Social Tensions Pillar

2.3.1 Surveys and assessments

Ministry of Food started selling subsidized rice at BDT 10 per kg in Dhaka to help the urban poor and vulnerable during the lockdown. The special open market sale has begun in Mirpur's Rupnagar Jheelpar slum and Mohakhali's Shattola slum but will be expanded to other upazilas. The Ministry of Commerce through the Trading Corporation of Bangladesh (TCB) is selling essential commodities (sugar, vegetable oil, lentils) at a subsidized price in different parts of the country using 350 trucks (50 in Dhaka, 16 in Chattogram, 10 in each other divisional cities and 4 in each district towns).

FAO, CIMMYT, IFRPI, IRRI, World Fish and WFP have joined forces to get up-to-date information on where, when, and how problems in food systems are emerging to inform food and nutrition security response strategies. Government is planning mass distribution of food rations tailored to the needs of adults and children. UNICEF along with other United Nations agencies, development partners and MoHFW is reviewing the content of the package to make it more nutrient dense.

2.3.2. Essential services and livelihoods

Several UNDP programmes throughout the country supported the local government in distributing relief, the local production of hand sanitizers to government officials and employees, law enforcement officers, hijra community, and relief volunteers. UNFPA has started procurement of sanitary kits. UNICEF is providing technical and financial support to plan and coordinate remote learning for school children with multiple agencies and partners to maximize the reach. Some 50.6 per cent families in Bangladesh have access to television (MICS-2019). Of a total of 30,223,446 children (primary and secondary), those that have access to television are expected to continue their education with this initiative. The Ministry of Primary and Mass Education (MOPME) together with other Ministries, Directorates and other participating agencies recorded classes for primary grades. These lessons have been airing on national television since 07 April. Airing for secondary grades was started from 29 March. UN Women disseminated messages (through social media and video featuring influencers/celebrities) targeting women particularly on VAW hotlines and psychosocial counseling support.

2.3.3. Human rights and Rule of Law

UNICEF is working with the Supreme Court Committee of Child Rights and the Ministry of Law to decongest children's detention facilities. The assistance includes the development of a guidance note and case examination to expedite those of petty nature so that concerned children can be released and reunited with their families. It also consists of strengthening the Child Helpline – more than 17,000 calls have been received which is now a four-fold increase in the past 2 weeks. A virtual training was organized with call agents on referral pathways and on responding to COVID-19 calls. For the week of 3-9th April,

more than 5,000 vulnerable families and children were supported with psychosocial support (PSS) and referral. UNDP is supporting the National Legal Aid Services Organization to run its help line, 1640, and currently working to launch a virtual platform to provide legal aid services. UNDP is supporting the National Human Rights Commission (NHRC) with an online platform to monitor human rights violations which looks into eight categories of human rights violations including by Law Enforcement Authorities (LEA), immigration and border authorities, health authorities and local administration. During the week of 28th March to 2nd April. 31 cases were reported including 7.1 per cent violations committed by LEA, 25 per cent by local administration and 46 per cent by health service providers. In addition, UNDP is working closely with NHRC to develop human rights guidelines for LEA and other government entities.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

During the reporting period, the Needs Assessment Working Group (NAWG) co-led by the Department of Disaster Management (DDM) and CARE produced the draft report on COVID-19 socio-economic anticipatory Impacts and Needs Analysis. The final [draft report](#) was shared with the humanitarian community and with the Ministry of Disaster Management and Relief (MoDMR). Its findings and recommendations will serve as a basis for the development of a plan by the Humanitarian Coordination Task Team (HCTT). for complementing the assistance provided by the national authorities.

The Humanitarian Coordination Task Team (HCTT) was established in 2012 following a consultative process to review disaster preparedness and response arrangements. The review was jointly led by the MoDMR Secretary and by the then UN Resident Coordinator under the auspices of the Local Consultative Group Disaster and Emergency Response. In 2019, the GoB approved the revised Standing Orders on Disasters (SOD). The 2019 SOD recognizes the cluster coordination mechanism as a tool for effective coordination of humanitarian assistance with the international community, concerned national authorities and national NGOs. Clusters and working groups have a designated Government technical counterpart and approved terms of reference. Detailed information about these coordination mechanisms is available [here](#).

WASH cluster: The WASH cluster developed a Standard Hygiene Package for COVID-19 Response to be utilized by all partners. Through the cluster members, a total of 715 context-specific portable and innovative handwashing devices were installed, especially, in health care facilities and slum areas to promote handwashing. Some 1,335 households received minimum hygiene packages. Furthermore, through the cluster members, more than 18 million people (including 1.9 million people with disability) across the country have received orientation on COVID-19 through voice messaging (through cell phone), miking, poster, leaflet, sticker etc.. It includes 6.2 million women, 6.8 million men, 2.6 million girls and 2.4 million boys. Also, more than 65 million people have been reached through social media with COVID-19 hygiene awareness messages.

Gender-based violence (GBV) cluster: The NAWG report notes that almost 49 per cent of women and girls feel unsafe in the current lockdown situation; 51 per cent of women and girls do not have sufficient personal hygiene items, 49 per cent of women and children are unable able to access health and nutrition services at the health facilities. More than 80 per cent of the respondents are suffering mental stress due to the situation. In the current context, partners on the ground are duly responding with prevention and support services. Action Against Hunger (ACF) has so far provided psychosocial support to 1199 survivors through seven helplines. IFRC trained 400 staff and volunteers in 56 maternal and child health (MCH) centers on psychosocial support to survivors in 29 districts. Manusher Jonne Foundation (MJF) is able to continue its GBV awareness raising and information sharing activities, maintaining social distancing, in selected communities, with a target of 20,654 people in 17 districts. BRAC's 305 panel lawyers on 408

legal clinics of 61 districts are active to provide legal support to GBV survivors. Action Aid Bangladesh (AAB) through its Prevention and Response to GBV in Emergencies (GBVIE) network in Noakhali, Gaibandha, Satkhira, Sunamganj supported women with hygiene materials and continuing its midwifery support through telecommunications in Noakhali, Jamalpur and Kurigram. UNFPA supported Women Help Desks in 51 Police stations across the country that are open for GBV survivors to seek protection and legal support. All these activities are being undertaken with local partners, national or local government service providers.

Child Protection cluster: Violence against women and children including adolescents is endemic with an estimated 45 million children locked down in homes that use violent discipline (MICS 2019). Child Helpline 1098 has seen a 50 per cent increase in calls received in the last two weeks due to COVID-19. Social Work and Case Work are critical and life-saving during this time of COVID-19. The Child Protection (CP) cluster supported risk messaging on Violence Against Children/women including GBV messaging. Three risk messages were approved by the Ministry of Women and Children Affairs (MoWCA). More than 200,000 people have been reached with messaging. Five hundred PPEs were procured for Social workforce personnel who have continued psycho-social support (PSS) work in the communities. The CP cluster is directly supporting the strengthening of virtual case work with an increase in call agents as well as a virtual training of call agents on how to respond to COVID-19 and referral pathways. More than 5,000 families, and children, girls and boys including adolescents were supported with PSS, and referral. Tens of thousands of children are currently in various types of institutions in Bangladesh. Guidance to support these facilities in ensuring hygiene standards was provided and 20,000 bars of soap were provided.

Health cluster's working group on Sexual and Reproductive Health: Members are working towards meeting the sexual and reproductive health (SRH) needs of girls and women of reproductive age, pregnant women and lactating mothers, as well as making sure that midwives and health care workers are protected. UNFPA provided 500 PPEs to the DGHS for further distribution. Also, UNFPA has shared about 280 PPEs to the Dhaka Medical College and to the Sir Salimullah Medical College, to midwives working in the tea gardens in Moulvibazar, and to eight DGHS facility mentors and clinical mentors from Save the Children working in District Hospitals and Upazila health complexes across eight districts (Sirajganj, Banderban, Patuakhali, Jamalpur, Noakhali, Moulvibazar, Rangamati, Sunamganj). PPEs have also been distributed to the eight districts in the Rangpur division. The SRH working group members are engaged in educating midwives and other health care workers on COVID-19 guidelines from WHO, including appropriate use of PPE. Additionally, the midwifery education is developing a remote model for DGNM approval. Skilled birth attendants at Lamb Hospital and doctors at BRAC are providing tele-counseling services to pregnant mothers on COVID-19 related information, support and advice. Regarding hospital adaptation for infection prevention and control (IPC) and case management, UNFPA has been strongly advocating for universal screening/triage at all healthcare facilities. Currently, DGHS is prioritizing District Hospital and Medical College Hospitals. In order to mitigate spreading the virus, Lamb Hospital are keeping a separate isolation room for suspected cases and are including pregnant women in pre-triaging to reduce the risk of cross-contamination with other patients. Save the Children is providing 1000 PPEs to their health workers and hospitals.

Food Security cluster (FSC): In coordination with the Nutrition cluster, the FSC is developing Information, Education and Communication (IEC) materials for Food Safety and Nutrition. World Vision International targeted 31,300 people for a one-month Standard Food Package distribution and BRAC supported more than 100,000 households with food assistance.

Nutrition cluster is assisting government to develop food packages including those for children and COVID-19 affected households, considering nutrition requirement. UNICEF conducted a country-wide

rapid assessment of the preparedness, functionality, and status of service provision of all 366 nutrition units offering treatment for children with Severe Acute Malnutrition (SAM). The assessment indicates that 73 per cent of facilities are considered non-functional. Of the functional facilities, only 2 per cent meet full criteria. Over 95 per cent of these units have insufficient supply of therapeutic milk powder (F-75). UNICEF is working on nutrition supplies for the SAM centers.

Logistics cluster is collecting information from partners on nationwide available storage facilities and warehouse in preparation for possible future humanitarian crisis.

3. CROSS-CUTTING ISSUES

3.1. Gender

To address the gender-specific data gaps, Gender in Humanitarian Action (GiHA) will conduct a Rapid Gender Needs Analysis to complement the findings in the NAWG with gender-specific data; and UN Women has formed a Gender Monitoring Network consisting of 20+ CSOs and INGOs and United Nations agencies. The purpose of the network is to exchange information to monitor the needs of women, girls and gender-diverse persons, and to ensure women's participation in the COVID-19 response. Meanwhile, despite the lack of up-to-date survey data, we know from global evidence that rates of gender-based violence are increasing in other countries. It is possible that gender-based violence rates are increasing due to the lockdown in Bangladesh as well, and all development actors need to programme accordingly. Women's rights organizations are struggling for their survival. Without funding, critical actors will cease to exist and there will be even fewer channels to represent women's voices and advocate for gender equality and gender-specific needs - both during the immediate COVID-19 response and in the recovery.

It is imperative that we continue to support and fund women's rights organizations to enable continued provision of essential services to women and girls; provide expertise and data on women's and girls' specific needs; and advocate for gender equality and women's and girls' human rights and participation in the COVID-19 response. The Local Consultative Group on Women's Advancement and Gender Equality (LCG WAGE) development partners' group, chaired by UNICEF, has been activated for monthly virtual discussions to share and support the gender related work within all COVID-19 pillars especially the RCCE at this stage. The group aims to activate the LCG WAGE to ensure that the Ministry of Women and Children's Affairs is well supported to ensure gender integration in the Government's response. Transwomen, *Hijras* and sex workers are increasingly vulnerable; most of them depended on day to day earnings (alms, sex work) which are now out of reach due to the lockdown and closure of brothels. Moreover, they face discrimination in accessing healthcare in the mainstream health care system; data from the NAWG report indicates that these barriers are increasing as hospitals and clinics are overburdened with high patient loads. These vulnerable groups need to be systematically consulted and factored into responses.

3.2. Leaving No One Behind through respect for human rights

Global: In an update to all member States of the Human Rights Council, the UN High Commissioner for Human Rights on 9 April stressed that respect across the spectrum, including civil, cultural, economic, political and social rights and the right to development, are fundamental to the success of public health responses.¹⁰ Guidance, statements, feature articles and other materials on the human rights dimensions of Covid-19 are available on: <https://www.ohchr.org/EN/NewsEvents/Pages/COVID-19.aspx>. Amid efforts

¹⁰ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25785&LangID=E>

undertaken by the Government, civil society, the United Nations, development partners and the private sector to ensure public awareness and risk communication and provide enhanced health facilities and protection for frontline health workers, there continue to be some reports about lack of access to health care and discrimination, and stigma against persons with Covid-19 symptoms and others with other diseases. The PM addressed this and other reported issues through a support package for health care workers and warnings of action should there be denial of services.

Since the PM's announcement on 31 March of special measures for those suffering from social and economic hardships, some reports have surfaced of initial food distribution excluding certain groups, including residents of some informal settlements (slums), many of whom work in the informal economy. Local authorities have been reported to have taken measures to address such gaps. After reports on incidents of corruption and misappropriation of relief distribution by local leaders, the Prime Minister issued a strong warning, echoed by the Minister of Local Government, Rural Development and Cooperatives (LGRD) Md. Tajul Islam who said on 11 April that legal action will be taken for irregularities and corruption in relief distribution¹¹. Concerning the civil and political rights impact, there continue to be some reports of excessive use of powers by law enforcement, amid some reports of local leaders enforcing physical distancing or lockdowns allegedly in an unlawful manner. As of 11 April, around 50 people were reported to have been arrested in Bangladesh under the Digital Security Act, for allegedly spreading COVID19 rumours¹². Civil society has been pointing out risks of overreach and called for enhanced information management and a national panel to steer crisis response that would include civil society with Government and other stakeholders.

Other useful updates and sources of information

Bangladesh Peace Observatory: <http://peaceobservatory-cgs.org/#/highlights>

BRAC: <http://www.brac.net/covid19/index-en.html>

¹¹ <http://unb.com.bd/category/Bangladesh/strict-action-against-corruption-in-relief-distribution-minister/49312>

¹² <https://www.hrw.org/news/2020/03/31/bangladesh-end-wave-covid-19-rumor-arrests>
<https://www.bbc.com/bengali/news-52247671?fbclid=IwAR3nHWLNBcR4CGgDcA3PzNivNOqbjju-ctsBxPtoHroowMI5Eoage6qBus>