COVID-19 SITREP #4
29 April 2020

UNITED NATIONS
BANGLADESH

1. GLOBAL OVERVIEW

On 23 April, the Secretary-General issued a human rights policy brief titled "We are all in this together". The paper sets out the critical role that human rights must play in the design of inclusive and effective responses to the COVID-19 pandemic, as well as in the future recovery.[1] At the launch of the report the Secretary General noted that human rights cannot be an afterthought in times of crisis, they must be front and centre.[2]

On 24 April 2020, the United Nations Secretary General launched the 'Statement of Commitment and Call for Support for the Global Collaboration to Accelerate the Development, Production and Equitable Access to New COVID-19 Tools' Speaking at the event the Secretary General emphasized the necessity for development, production and equitable delivery of safe and effective COVID-19 vaccine, therapeutics and diagnostics.[3] He reiterated that a world free of COVID-19 requires the most massive public health effort in history. Health leaders called on the global community and political leaders to support this landmark collaboration and for donors to provide the necessary resources to accelerate achievement of its objectives including equitable global access to innovative tools for COVID-19 for all., capitalizing on the opportunity provided by a forthcoming pledging initiative that starts on 4 May 2020.[4]

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[1] https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf and https://www.un.org/en/coronavirus.

[2] https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and

[3] https://www.un.org/sg/en/content/sg/statement/2020-04-24/secretary-generals-remarks-the-launch-of-the-statement-of-commitment-and-call-for-support-for-the-global-collaboration-accelerate-the-development-production-and

[4] https://www.who.int/news-room/detail/24-04-2020-global-leaders-unite-to-ensure-everyone-everywhere-can-access-new-vaccines-tests-and-treatments-for-covid-19

The Global Network on Food Crises released 'The Global Report on Food Crises' on 21 April that revealed an already dire picture of global acute food insecurity and malnutrition – even before the disease's spread began to impact food systems. The report confirms that over 183 million people were in stressed food insecurity conditions, at high risk of sliding into acute food insecurity if confronted by additional shocks – which is particularly worrisome considering the *anticipated evolution of the COVID-19 pandemic*.[5]

The World Bank Group predicts that global remittances will decline sharply by about 20% in 2020 due to the economic crisis induced by the COVID-19 pandemic and shutdown. This is the sharpest decline in recent history and is largely due to a fall in the wages and employment of migrant workers *who tend to be more vulnerable to loss of employment and wages during an economic crisis in a host country.* Remittances to low and middle-income countries are projected to fall by 19.7% to USD 445 billion, representing a loss of a crucial financing lifeline for many vulnerable households.[6] The group's April 2020 Commodity Markets Outlook[7] reports that oil demand is expected to fall by an unprecedented 9.3 million barrels per day this year from the 2019 level of 100 million barrels per day. Oil prices are expected to average USD 35 per barrel in 2020, a 43% drop from the 2019 average of USD 61 per barrel.

In this grim context, the United Nations Secretary General issued a global three-point call to action during his remarks to the informal ECOSOC Forum on Financing for Development[8] in the context of COVID-19 – (a) we must take decisive action to suppress the virus and alleviate suffering, (b) we must adopt a large-scale and comprehensive response to tackle the devastating socioeconomic consequences, with a focus on the most vulnerable countries and people, and (c) we must recover better - all our efforts must go towards building sustainable and resilient pathways that enable us not only to beat COVID-19, but to tackle the climate crisis and address the root causes of poverty, inequality and hunger.

As of 25 April 2020, the Global Humanitarian Response Plan (GHRP) had received USD 697.6 million. Another USD 371.5 million received outside the plan brought humanitarian funding for the COVID-19 response to USD 1.07 billion. The largest contributors were the United Kingdom (USD 101.1 million), Japan (USD 89.4 million), the United States of America (USD 78.2 million), Denmark (42.2 million), Kuwait (USD 40.0 million), and European Commission (USD 35.3 million).[9] As of 25 April 2020, WHO's Solidarity Response Fund had mobilized USD 208.1 million from more than 270,000 donations.[10] WHO reported USD 5.5 billion in total support committed or disbursed for the COVID-19 response.[11]

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

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[5] http://www.fightfoodcrises.net/fileadmin/user_upload/fightfoodcrises/doc/GN_KeyMessages_FoodCrises_Covid19.pdf
[6] https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history
[7] https://openknowledge.worldbank.org/bitstream/handle/10986/33624/CMO-April-2020.pdf
[8] https://www.un.org/sg/en/content/sg/statement/2020-04-23/secretary-generals-remarks-the-ecosoc-forum-financing-sustainable-development-the-context-of-covid-19-delivered
[9] https://fts.unocha.org/appeals/952/summary
[10] https://covid19responsefund.org/
[11] https://covid-19-response.org/donor-overview

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

<u>**Evidence Update:**</u> BRAC Institute of Governance and Development (BIGD), University of Sussex (US) and University of Liberal Arts Bangladesh (ULAB) conducted a rapid research project to understand human perception and behavior under COVID-19 situations with specific focus on meaning and interpretation of key messages and sources of fear. Data was collected through telephone interviews (n = 82 respondents), netnography (anthropological observation on online activities) and shadow observations on four clusters: rural area, district towns, urban slums in Dhaka, urban middle-class area in Dhaka. The study found that concepts promoted in COVID-19 key messages are often misleading and confusing for the target audience. As a result, people take these messages as administrative orders rather than life-saving mechanisms. Information overload leads to confusions, and rumors result in reluctance to adhere to government directives. The research highlighted examples of confusion and concerns as below:

- In the case of the message to stay at home, the understanding of "home" varies by village, district town, slum and Dhaka urban areas, which creates ambiguity and confusion on the suggested action. For instance, in a town, "home" is understood as the residence (apartment/for the family) whereas in the village, the entire village is seen as the 'home' and residence of the family.
- The message on social distancing faces practical challenges for implementation: It is not possible to keep distance from others due to population density, courtesy and economic activities.
- People are confused about the procedure of handwashing whether 20 minutes, 20 times or 20 seconds.
- Masks are considered a ritual to obey government directives, or a social act rather than an effective tool for protection from the virus.
- Confusion exists around where to go and what to do if people get infected with COVID-19.

In conclusion, the research recommends contextualizing messages for specific target groups (e.g., clusters, socio-demographic segments) and their health-seeking behaviour, defining government directives clearly with uniformity, and maintaining procedural transparency.

<u>**Communication Materials: Development and Dissemination Update**</u>: In preparation for the holy month of Ramadan, the RCCE team developed communication materials, provided technical support to and advocacy with the Islamic Foundation and Ministry of Religious Affairs (MoRA). Key decisions include:

- The 12 senior-most staff members of each mosque will participate in the Tarabih Prayer. Only two Hafeez-e-Quran will join the Tarabih Jamaat. Others will offer their prayers at home.
- The last issued directive (6 April 2020) will remain in force. According to the directive a) only the Imam, the Muezzin and the caretaker will say their regular prayers at the mosques and b) the senior-most 10 staff members can participate in Friday prayers.

The Director General of the Islamic Foundation also shared the decision with national level Islamic leaders (Alem-Olama) seeking their support to execute the government order strictly with strong coordination between District Administrations and law enforcement agencies nationwide. The Islamic Foundation and MoRA also agreed to continue miking stay at home messages from mosques and engagement of mosque management committees to implement the government order on Tarabih Prayer in order to contain the spread of COVID-19. Communication materiasl developed include: (1) The [Khutba Guide](#) prepared by

Johns Hopkins University Center for Communication Programs (JHU-CCP) to be used by religious leaders/Imams during the holy month of Ramadan; (2) social media posts on Safe Ramadan practices by UNICEF and the development of further diversified Ramadan-related content, including celebrity videos and live entertainment; (3) social messages for faith leaders developed and disseminated by WHO and; (4) update of communication materials for imams on the dedicated portal by a2i.

New communication material was developed. A2i created positive role model videos, and BRAC created a patient journey video to address fear of individuals with symptoms. BBC Media Action as part of Shongjog Multi-stakeholder Platform (MSP) developed and disseminated: (1) a video explainer emphasizing on importance of social distancing even for people who are not sick; (2) an animation highlighting why social distancing, and staying at home wherever possible is important; and (3) Pictorial poster displaying key steps of handwashing for less literate communities. UNICEF developed and disseminated: (1) a Facebook publication of national school schedules for distance learning lessons resulting in a significant increase in student participation, which has been an important motivator for teachers; (2) an in-depth information video on How to recognize and respond to symptoms, including use of the GoB self-test and ways of self-isolating in the family context;[12] (3) a Statement and human interest story on children confined in crowded detention centres, advocating for the release of children in conflict with the law; (4) an animation video supporting Adolescent nutrition; (5) Gender messaging on Keeping it equal during lockdown; (6) An infographic on adolescent physical and mental health during the COVID-19 crisis; (7) a poster on breast feeding for a mother infected with the novel coronavirus and; (8) a Meena animation on staying at home and social distancing.

Partner Mapping is being conducted to identify national level partners and local NGOs that RCCE Member Organizations work or partner with as well as the beneficiary groups or local networks of community people. The aim is to expand reach through the networks of RCCE Member organizations and increase engagement of/feedback from rural community members and vulnerable groups. This work is being led by the Shongjog Multi-stakeholder Platform on behalf of the RCCE group.

Rumour tracking: The National Telecommunication Monitoring Center (NTMC)-RCCE group has a misinformation tracker and NTMC has also developed a summary document with the major misinformation content that NTMC-RCCE are working together to remove from the internet or tackle via spreading the right information. Some 90% of misinformation is related to COVID-19 cures and treatment. A key challenge is that Facebook has not been as responsive as earlier in removing the misinformation links if the post does not violate Facebook's community standards. Significant proportion of the misinformation, although harmful, does not violate online community standards. Where there is a major news source circulating the misinformation, RCCE group has been contacting the channels or portals directly.

RCCE 4Ws Monitoring Update: The RCCE group conducted a rapid analysis of 279 communication products of 11 RCCE partners.[13] The analysis combined with the rapid assessment surveys is being used to strengthen the content development, targeting and the dissemination.

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[12] The video has received 4.7 million views to date.

[13] BRAC, Robi, USAID-JHU, BDRCS, a2i, BBC Media Action - Shongjog, UN Women, UNDP, WHO, UNFPA and UNICEF

The table below shows the messages categorized by the different Phases:

Phase I	Phase II	Phase III
General awareness (e.g. coronavirus, symptoms) Washing hands Coughing & sneezing etiquette Social distancing	Quarantine Stay at home Recognizing symptoms Reporting symptoms Seeking treatment/self-testing Stigma and discrimination Rumors and misinformation Domestic violence Child protection Social Protection PPE Mental Health	Burial Positive stories Ramadan preparedness Way forward Lifestyle change Cyclone preparedness

When analyzing further with respect to topics, dissemination channels and target audiences:
- Most of the RCCE partners developed communication materials on phase I messages more than phase II and III messages, except UNICEF and UN Women with more Phase II messages (e.g. child protection, domestic violence)
- Overall, 65% of the total 279 products are on phase I messages, followed by phase II messages (32%) and Phase III messages (3%) (Figure 1)

Figure 1: Phase-wise distribution of communication material developed by organization
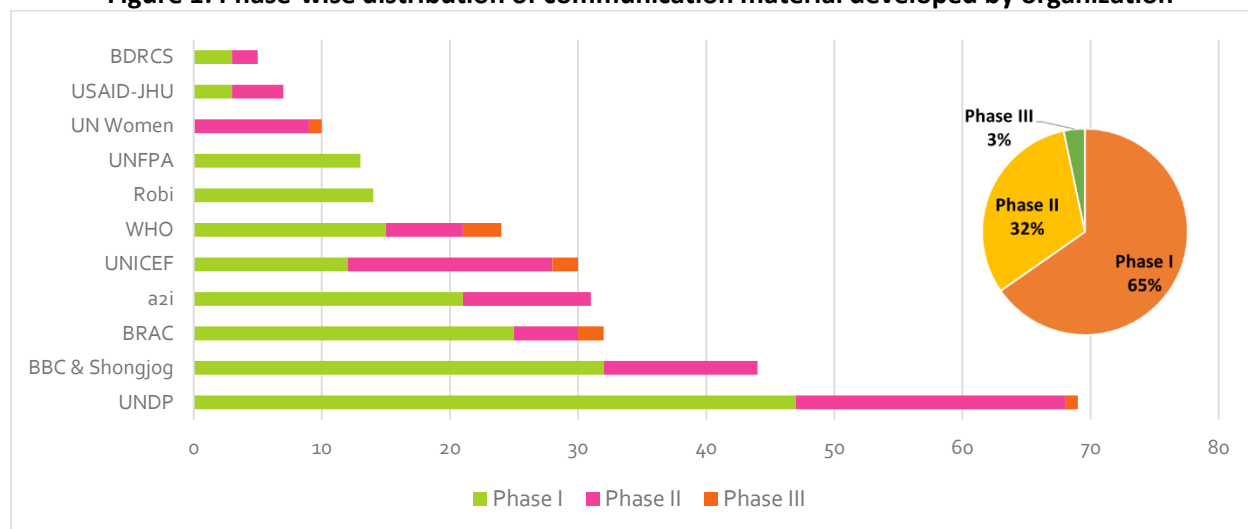
- For all phases, social media was used most often, followed by websites/portals (e.g. a2i website) and TV/TV PSA/TV Scroll.
- The primacy of social media the primary channel of receiving information is also corroborated by the results of the rapid assessment surveys. However, this has the danger of bypassing a significant portion of population who do not have access to internet or smartphones.
- None of the RCCE partners used newspaper/magazine for their material on Phase II and III messages, while radio and community radio were used sporadically for Phase II messages (Figure 2.

Figure 2: Phase-wise communication material by dissemination channel
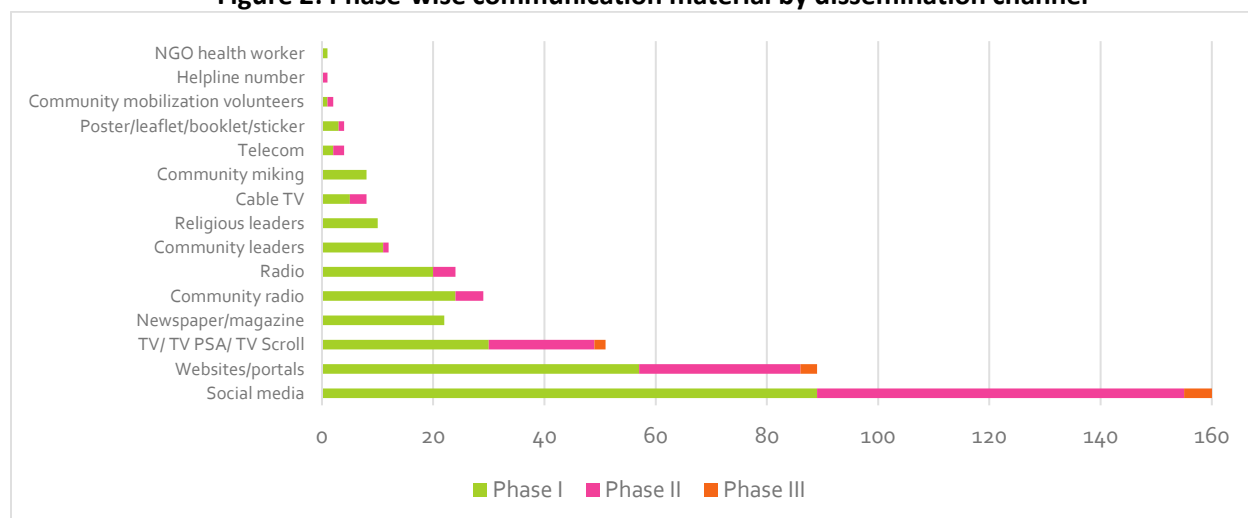
- The general population was targeted most for all Phase I, II, III messages (54%, 59%, and 57% respectively).
- The proportion of frontline healthcare professionals increased from 5% for Phase I messages to 21% for Phase III messages, mainly because some RCCE partners developed material with positive stories and thank you messages for frontline healthcare workers.
- The emphasis on the role of parents and caregivers has been placed in the Phase II messages, as many messages touched upon "staying at home" and "child protection".

2.2 Logistics and Procurement Pillar

The Directorate General for Health Services (DGHS) constituted a task force for proper sourcing and utilization of personal protective equipment (PPE) for doctors, nurses and healthcare workers. A technical working group is expected to facilitate the verification and certification of samples of locally produced PPE. WHO is engaging with a technical expert from Bangladesh University of Engineering and Technology (BUET) to establish testing facilities for locally manufactured PPE. USAID is supporting the Central Medical Stores Depot (CMSD) and DGHS for inventory management. To complement, the inventory management system, USAID's Medicine, Technology, and Pharmaceuticals Services (MTaPS) program developed a quantification tool for the supply chain. This tool can be used to determine projected demand and consumption, current stock levels, funding requirements, gaps and surplus, procurement requirements and logistics costs.

WFP visited BEXIMCO to see their new PPE products and to discuss their plans for production, testing, and selling in Bangladesh. It is clear that verification and certification of PPE made in Bangladesh is key to developing consumer confidence both locally and globally.

2.3 Preserving Stability and Addressing Social Tensions Pillar

2.3.1. Leaving No One Behind, Essential services, livelihoods and social safety nets

- UNDP and United Enterprises & C. Ltd (UECL) have jointly taken an initiative to provide food support to 5,000 underprivileged women in Jamalpur, Kurigram and Gaibandha districts. UNDP

also distributed food among 540 women in 15 unions of Jamalpur district under the Strengthening Women's Ability for Productive New Opportunities (SWAPNO) project.

- With UNAIDS' support, the Network of People Who Use Drugs (NPUD) arranged a 'one-time meal program', that included lunch for people living in the streets who inject drugs (PWID) and those living with HIV. It included the provision of masks, medicines and soaps.

- UNDP, with support from the Department of Foreign Affairs and Trade (Australia)-DFAT, has started to roll out its AU$ 1 million fund to provide solidarity cash and/or in kind support to the poor and marginalized people and supporting national and sub-national capacities in managing current health emergency caused by COVID-19. To date, UNDP supported 5,861 households with solidarity cash grant of BDT 8,791,500 in three districts through digital cash transfer. UNDP is planning to support 8,000 beneficiaries in the three most vulnerable Hill districts.

- A total of 5,500 PPE sets have already been procured and ready to dispatch to the cleaning workers of four City corporations and 16 municipalities as well as to UNDP and Local government Staffs. Around 5,000 PPEs will be given to the aforesaid cleaning workers while 500 PPE sets will be distributed to support UNDP and local government staff.

- The progress of establishing an online platform-based payroll system for RMG workers is on and registration of RMG workers is ongoing.

2.3.2. Gender-based violence / Violence against women

Given the importance of understanding the impact of the pandemic on women and girls for meeting their needs effectively, UN Women initiated a Gender Monitoring Network consisting of national NGOs that work on women's rights and gender equality. The network is expected to channel the voices of the rightsholders that these organizations represent. In the first meeting of the network it was agreed to develop a call for action to ensure a more gender responsive response to COVID-19.

As part of ongoing work, partners disseminated information on social media on available national helplines, gender-based violence services, health services and psychosocial support.

2.3.3. Human rights and Rule of Law

The High Commissioner for Human Rights commended the GoB's intention to release people held for minor offenses to alleviate the burden on overcrowded prisons and encouraged swift action in carrying out the planned action. The High Commissioner for Human Rights also encouraged further reviews of pre-trial prisoners, the use of bail, and non-custodial measures and suggested that all measures should seek to reduce the impact on vulnerable groups in detention. In partnership with the National Legal Aid Services Organisation under the Ministry of Law, Justice and Parliamentary Affairs, UNDP supported the launching of a hotline, 16430, to provide emergency free legal aid services.

Media monitoring of incidents of human rights violation during the COVID-19 crisis by the National Human Rights Commission supported by UNDP indicates that during the period 17 April – 23 April 2020, 49 cases were reported including at least 23 cases are directly related to human rights violation (Figure 3).

Figure 3: Violation of Human Rights during the COVID-19 Crisis

Week-4 Category of Human Rights Violation
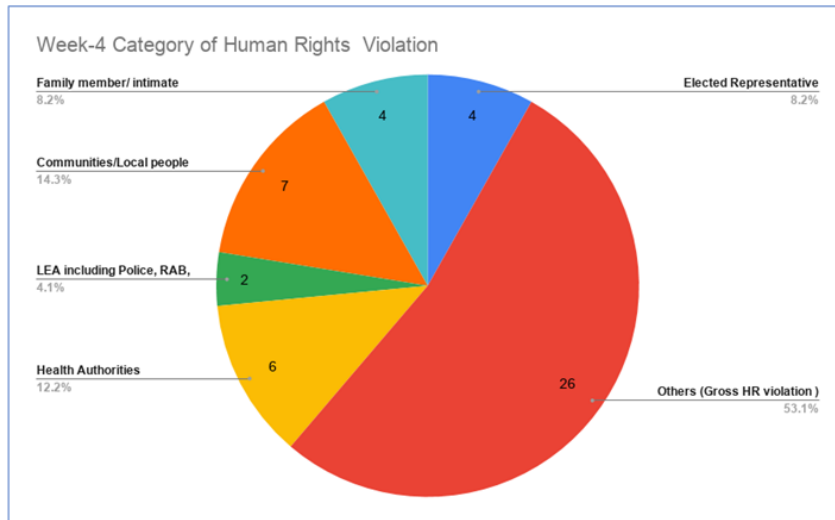
- **7** cases reported against communities (**14.3%**)
- **6** cases reported against health authorities (**12.2%**)
- **4** cases against elected representatives (**8.2%**)
- **2** cases reported against LEAs (**4.1%**)
- **4** cases reported against family members/intimate partners (**8.2%**) and
- **26** cases reported which relate to others violation (**53.1%**) involving misappropriation, corruption, etc.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

3.1. Education cluster

The Education cluster co-led by UNICEF and Save the Children provides technical and financial support to plan and to coordinate remote learning with multiple agencies and partners. It supports Government's efforts to ensure continuity of education and to overcome the learning crisis due to COVID-19. These efforts are also undertaken in collaboration with development partners through the Education Local Consultative Group (LCG). Government distance education learning programmes are on-going in partnership with Sangsad TV. The televised programme "Ghorey Boshey Shikhi" (learning at home) is designed for primary classes while "Amar Ghore Amar School" (my school at my home) is designed for secondary classes including technical/vocational and Madrasah stream covering Islamic/religious schools. Moreover, a web-based platform named "Learning from Home" is now available with all educational resources for learners, teachers, parents and family members collected from all partners. The platform developed by Access to Information Programme (a2i) with support from all concerned partners targets 30 million children.

3.2. Gender-based Violence cluster

Building on their current GBV awareness raising intervention together with 139 partner NGOs working closely with local authorities, Manusher Jonne Foundation (MJF) is ready to disseminate COVID-19 awareness messages aimed at 201,586 women, 40,000 adolescent girls, 11,171 Adibashi (ethnic) women, 5286 Adibashi (ethnic) men and, 27,257 persons with disabilities. In addition to mobile phone and social media messaging, youth volunteers are being deployed for door to door services. Naripokkho is developing a model of gender-based violence support focusing on remote psychosocial support and legal aid. The intervention will support female garment workers in five ready-made garment factories in Dhaka Division.

3.3. Sexual and Reproductive Health (SRH) working group

UNFPA mentors from DGHS and Save the Children are deployed to the field to support hospitals and facilities, and as a result more health care facilities and hospitals are implementing triage systems and preparing separate rooms for COVID-19 maternity patients. Midwives are sharing their awareness of providing the needed care. The midwifery faculty is working on adapting and rolling out online learning platforms. Moreover, members are continuing to provide SRH services. Gonoshasthaya Kendra supported 1,453 antenatal care (ANC) and 34 postnatal care (PNC) visits, 34 deliveries, 11 Cesarean sections and it provided 97 pregnancy tests during the course of last week.

3.4. Water Sanitation and Hygiene (WASH) cluster

Over the past week, 8 million people country wide were reached with key COVID-19 prevention and hygiene messages. WASH cluster Members used internet-based medium and engaged directly with communities. It includes notably the use of a Do it Yourself (DIY) video on how to make a Tippy Tap for handwashing[14]. The video was produced in different ethnic languages such as Marma, Bowm, Moro and Tripura and uploaded in social media. A total of 250 hand-washing points with water and soap were installed at bus stands, at the entry points of slums area, at community clinics and health care facilities across the country. 5,300 brothel-based sex workers received hygiene items such as disinfectants, hand sanitizers, and liquid and bathing soaps. Support to the Department of Public Health and Engineering continues with the repair of 1,786 handpumps and the chlorination of 123 pipe water systems. In addition, the WASH cluster is supporting market-based programming through working with local entrepreneurs for the development of household hand-washing devices.

4.   CROSS-CUTTING ISSUES

4.1. Gender

COVID-19 continues to disproportionately affect women, girls and lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) persons globally and in Bangladesh. The United Nations and its partners are working through multiple workstreams to generate data on the gendered impact on COVID-19 in Bangladesh. A Gender in Humanitarian Action (GiHA) task team is currently finalizing a Rapid Gender Analysis; and UN Women's Asia-Pacific Regional Office partnered with Jazz Telecom to administer a rapid assessment survey.

At the global level, on April 20, the Working Group on discrimination against women and girls, established by the Human Rights Council and consisting of independent experts, published a statement to underline and provide recommendations for the state's role in ensuring an intersectional and gender sensitive COVID-19 response. *"States must ensure that policy decisions are taken with equal and meaningful participation of women from diverse groups and take into account the gendered risks and realities which are exacerbated by other circumstances such as, poverty, location in a rural area or "food desert", and identities such as ethnic origin, disability, and age as well as pre-existing structural deficits"*.

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[14] https://www.facebook.com/saplingbd/videos/tippy-tap-chakma/218628082811652/?
https://www.facebook.com/saplingbd/videos/2019177268226291/
https://www.facebook.com/watch/saplingbd/

4.2. Leaving No One Behind through respect for human rights

In Bangladesh, the right to health continues to be significantly affected as efforts continue to enhance public awareness, risk communication and health facilities. An increasing number of cases among front line workers have been detected, including around 300 among health professionals, and more than 250 cases among police officers. The Ministry of Health and Family Welfare set up a five-member COVID-19 related media cell on 23 April for monitoring and taking steps to release information, carry out mass awareness campaigns and correct misinformation related to coronavirus issues. According to media reports[15], nurses in Government hospitals were instructed not to speak to the media, while health professionals and the general public continue to express concern about lack of availability, accessibility and quality of health care and personal protective equipment.

Continuing reports about stigma against persons with COVID-19 symptoms are being complemented by reports of challenges to bury persons who are said to have died from the disease. In response to food relief being misappropriated, the authorities have continued to issue warnings and arrested some 30 local officials or party leaders according to media reports.[16]

The livelihood of reportedly up to ten million migrant workers stranded abroad is at risk as many are said to be living in even more precarious situations than before the COVID-19 crisis. The right to work of ready-made garment workers, mostly women, is threatened by dismissals and late wages; according to reports, around 370 factories have not paid on time. About 69% of RMG workers who used to send money to their villages have stopped doing so[17]. RMG factories are due to reopen in a phased manner.

Other useful updates and sources

- Human rights in the context of the COVID-19 pandemic:
  https://www.ohchr.org/EN/NewsEvents/Pages/COVID-19.aspx

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

- Bangladesh Peace Observatory: BPO Covid19graphics

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[15] https://bdnews24.com/bangladesh/2020/04/18/bangladesh-asks-nurses-not-to-speak-to-media-amid-covid-19-crisis

[16] https://www.ucanews.com/news/corruption-mars-bangladeshs-covid-19-relief-efforts/87700 and https://www.thedailystar.net/backpage/news/relief-rice-theft-amid-raging-covid-19-crisis-1892002

[17] Study by Innovation Consulting, Dhaka