

## COVID-19 SITUATION REPORT #1



### 1. GLOBAL OVERVIEW

The COVID-19 crisis has elicited an unprecedented response from the United Nations. On 31 March 2020, the UN Secretary General warned that the coronavirus pandemic is “the most challenging crisis we have faced since the Second World War and the one that needs a stronger and more effective response that is only possible in solidarity if everybody come together and if we forget political games and understand that it is humankind that is at stake”. He called for “the magnitude of the response (to) match the scale of the crisis - large-scale, coordinated and comprehensive, with country and international responses being guided by the World Health Organization”. On 30 March 2020, WHO’s Director-General emphasized the importance of respect, dignity and welfare of all people in the implementation of COVID-19 outbreak mitigation measures, and the need to ensure the welfare of people who have lost their income and are in desperate need of food, sanitation and other essential services.

On 12 March Michelle Bachelet, the United Nations High Commissioner for Human Rights and Filippo Grandi, the United Nations High Commissioner for Refugees in a joint statement noted that the “...health of every person is linked to the health of the most marginalised members of the community...This means overcoming existing barriers to affordable, accessible health care, and tackling long-ingrained differential treatment based on income, gender, geography, race and ethnicity, religion or social status.”<sup>1</sup>

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<sup>1</sup> <https://www.unhcr.org/news/latest/2020/3/5e69eea54/coronavirus-outbreak-test-systems-values-humanity.html>

Echoing the same need for solidarity, on 31 March Qu Dongyu, Tedros Ghebreyesus and Roberto Azevedo, Directors-General of FAO, WHO and WTO in a joint statement urged countries to take care to ensure that any trade-related measures do not disrupt the food supply chain. "Millions of people around the world depend on international trade for their food security and livelihoods. As countries move to enact measures aiming to halt the accelerating COVID-19 pandemic, care must be taken to minimise potential impacts on the food supply or unintended consequences on global trade and food security... Consumers, in particular the most vulnerable, must continue to be able to access food within their communities under strict safety"<sup>2</sup>.

In Bangladesh, the same spirit of solidarity and concern for food security was echoed in the speech of the Prime Minister, Honorable Sheikh Hasina, who announced measures to protect the most vulnerable groups in the country and to ensure food security for them.

The global response to the crisis comes with significant financing requirements. In less than two months the United Nations system has prepared and launched several global initiatives to fund different aspects of the response. On 3 February 2020, WHO launched the global Strategic Preparedness and Response Plan with a resource requirement of USD675 million for February-April 2020. Of this amount USD61.5 million were for WHO's urgent preparedness and response activities for February-April 2020.<sup>3</sup> As of 3 April, USD274.1 million had been received.

On March 25, 2020 the United Nations launched a USD2.0 billion Global Humanitarian Response Plan (GHRP) for April-December 2020. The plan aggregates the relevant COVID-19 appeals of WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF, and NGOs. It complements the plans developed by the International Red Cross and Red Crescent Movement. The GHRP is articulated around three strategic priorities: (i) to contain the spread of the COVID-19 pandemic and decrease morbidity and mortality; (ii) to decrease the deterioration of human assets and rights, social cohesion, and livelihoods; and (iii) to protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.<sup>4</sup> The appeal includes USD255 million for the refugees and internally displaced persons response.<sup>5</sup> To start off the GHRP, Mark Lowcock, the Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, released USD60 million from the United Nations Central Emergency Response Fund.<sup>6</sup>

On 31 March 2020, the United Nations launched a plan to lessen the socio-economic impact of the COVID-19 crisis on countries and people around the world. The United Nations Secretary General noted that "This human crisis demands coordinated, decisive, inclusive and innovative policy action from the world's leading economies – and maximum financial and technical support for the poorest and most vulnerable people and countries."<sup>7</sup> Alongside this plan, the United Nations Secretary General established a United Nations inter-agency funding mechanism, the United Nations COVID-19 Response and Recovery Fund, to help support low and middle-income programme countries overcome the health and development challenges caused by the pandemic and to support those most vulnerable to economic hardship and social disruption. With a target of USD1 billion for April-December 2020, the multi-purpose

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<sup>2</sup> <http://www.fao.org/news/story/en/item/1268719/icode/>

<sup>3</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donors-and-partners/funding>

<sup>4</sup> <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

<sup>5</sup> Ibid page 38

<sup>6</sup> <https://www.unocha.org/story/un-issues-2-billion-appeal-combat-covid-19>

<sup>7</sup> <https://news.un.org/en/story/2020/03/1060702>

trust fund will focus on three objectives of (i) tackling the health emergency; (ii) focusing on the social impact and economic response and recovery and (iii) helping countries recover better.

While a financing strategy is being developed to ensure complementarity between the above financing mechanisms and to ensure efficient channeling of funds from the global level to the country level, resource mobilization efforts are also on-going at the country level.

## 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](#).

### **Risk Communication/Awareness and Community Engagement**

More than 25 organizations and 58 members from the Government, private sector, United Nations, bilateral and civil society organizations, have come together to design, implement and monitor a collective plan of action in which partner contributions and actions complement and strengthen each other in the form of a consolidated response. The group established a data repository for uploading materials, messages, and tools developed by all partners. An easily accessible data repository has enabled all partners to use and amplify the messages through different channels, including telecom, pharmacists, national and cable television, adolescent clubs, community radio, and community engagement.

Messages and materials of Phase I, focusing on general awareness of COVID-19, how to prevent the spread of the virus and hotline numbers for general population have been developed, considering gender, age, disability, education, and migration status. Key influencers and appropriate platforms have been identified for the above-mentioned messages, including health workers (health assistants, family welfare assistants, community health care providers, nurses, doctors), religious leaders, community leaders, Union Parishad leaders, schoolteachers, local business collaboratives, peer educators, mobile short code messages, ringtone messages, social media influencers, community radio shows etc. A key influencer group is religious leaders, who have been trained in partnership with the Ministry of Religious Affairs, to disseminate messages during daily prayer times, encouraging their congregation to stay at home and pray, avoid mass gatherings and practice key behaviors of handwashing and social distancing. Key messages (Dos and Don'ts) targeting Government of Bangladesh Divisional/District/Upazila level officials have been developed and have been shared by the Cabinet Division with field level government functionaries to ensure consistent and accurate information at the field level.

Rapid emergency polls, message assessment and media monitoring has been initiated to understand the accessibility of the channels, the knowledge, concerns and risk behaviors and practices of communities. These assessments and analyses are offering insights on cultural and contextual factors. They are being used to improve the interactive voice response (hotline number), and to refine the messages for key target segments for Phase II messages, which focus on social distancing, staying indoors, recognizing symptoms, self-isolation, coping strategies, making stay at home safe for children, addressing abuse, discrimination and stigma. A rumor tracking link system, with the purpose of removal of materials that

spread misinformation, has been established in partnership with the National Telecommunication Monitoring Centre (NTMC) and all partners.

### **Logistics and Procurement**

Based on estimates, approximately USD 273 million is needed for logistics and procurement. This includes purchases of medical supplies, test kits and Personal Protective Equipment (PPE) sets. DGHS has informed WFP that there is an urgent need for 1.2 million PPE sets per month (including 0.5 million face masks for patients) with an estimated cost per month of USD 25 million (and possibly higher, if the items are single use and disposable). Current needs are:

- For in-patient services – 1 million PPE per month
- For out-patient services- 167,000 PPE per month
- For lab facilities – 24,000 PPE per month

DGHS secured 364,000 PPE sets, most of which were distributed to government hospitals. At present, the government only has 42,870 PPE sets left in stock. 10,000 of these sets offer Level 3 (highest) protection. There is an urgent need for N95 masks for medical professionals in government hospitals. 45,000 N95 masks were recently received from the Chinese Government and the Jack Ma foundation. It is estimated to be ten days' supply for medical personnel in government hospitals dealing with suspected and confirmed COVID-19 cases. USAID is helping DGHS to develop a logistics management system to track the receipt and disbursement of emergency commodities for COVID-19 response. Currently, only Level 1 PPE is being produced in-country. The private sector led by the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) is exploring the possibility of producing N95 masks and all levels of PPE kits locally.

### **Preserving Stability and Addressing Social Tensions**

The socio-economic stress caused by the pandemic together with the attendant tensions, necessitate a response to manage the worst social and economic impacts of the crisis. Initial discussions have started on possible interventions to preserve stability and to address social tensions by helping poor and vulnerable communities to cope with the crisis; by providing proactive support to women victims of violence and generating awareness on Violence Against Women (VAW); monitoring risks and addressing immediate livelihood needs of vulnerable population segments.

## **3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE**

Coordinators of the humanitarian clusters and working groups of the Humanitarian Coordination Task Team (HCTT) are working with their respective Government technical counterparts and their NGO partners to prepare for possible humanitarian situations related to the Health Emergency. The Needs Assessment Working Group (NAWG) co-led by the Department of Disaster Management (DDM) and CARE Bangladesh is coordinating a multi-sectoral anticipatory impact analysis. In addition to all clusters, it involves notably the Gender in Humanitarian Action Working Group (GiHA) and human rights professionals which are providing inputs to the analysis. The findings will be discussed with the Ministry of Disaster Management and Relief (MoDMR) which co-chairs the HCTT together with the United Nations. Possible areas of support from the humanitarian community to complement the Government of Bangladesh's response to the Health Emergency will be identified jointly with the Government.

Clusters and working groups are reviewing their assistance package (e.g. Hygiene Packages for COVID-19 Responses) to consider the on-going Health Emergency and possible future humanitarian response operations. They are also updating their Standard Operating Procedures (SOPs). The Shongjog platform led by DDM and BBC Media Action published a guidance on 'remote' community engagement to help field-level agencies to continue to communicate despite limitation to face-to-face activities. Partners are providing support for the translation in Bangla of global guidance on awareness messages. NGOs and NGO networks are using their contingency funds for awareness raising and hygiene promotion activities. Several clusters such as Food Security, Education and WASH clusters are working with their GoB technical counterparts on business continuity planning. Start Fund Bangladesh (SFB) was activated to support risk communications and hygiene promotion and strengthening preparedness levels of local health facilities. The Cash Working Group co-led by DDM and OXFAM is working on a guidance on cash assistance packages to be used by the Humanitarian Community in times of COVID-19. Detailed information by clusters and working groups will be provided in the next sitrep.

### 3. CROSS-CUTTING ISSUES

#### Gender

Situation in brief: COVID-19 affects women and men differently; pre-existing gender inequalities are exacerbated and disproportionately impact women and girls. Women have limited access to accurate information due to limited mobility and access to public and safe spaces. This increases the risk of infection. Rates of violence against women and girls (VAW/G) increase due to heightened tensions where people are confined to households and lose livelihoods. Other forms of GBV are also exacerbated in crisis contexts. Bangladeshi women front-line health workers (38% doctors and 94% nurses under MOHFW) are dealing with the compounded stresses of risk of virus exposure and pressure to balance paid and unpaid work roles. The pressure on health services, lockdown etc. prevent women and girl from accessing sexual and reproductive health services including family planning and GBV survivor care etc.

What is needed: It is crucial to identify and address gendered access barriers to services and information. All planning and interventions should be based on data disaggregated by sex and age. Where this is not available, this should be obtained as soon as possible. Moreover, women's participation in decision-making must be ensured, and all work should be informed by safe, voluntary and confidential consultations with women, men, girls and boys, where relevant. (e.g.: using single sex groups, women interview women/girls and men interview men/boys).

What is being done: Gender experts from relevant agencies are working through existing mechanisms to ensure gender mainstreaming of all interventions.

#### Leaving No One Behind through respect for human rights

As flagged to all States by the UN High Commissioner for Human Rights and numerous independent experts of the Human Rights Council, COVID-19 is a test of societies, governments, communities and individuals. Cooperation is required to mitigate the effects, often unintended, of legitimate measures pursuing the objectives of safeguarding public health and respecting individuals' rights: <https://www.ohchr.org/EN/NewsEvents/Pages/COVID-19.aspx>.

The Prime Minister announced on 31 March that food security of vulnerable groups will be prioritized. Millions in the formal and informal sectors have limited social protection and face risks to their livelihoods, so such measures would contribute to safeguarding their right to food. Re. the rights to health and non-discrimination, there have been reports of cases of exclusion leading to persons with Covid-19 symptoms or other ailments being refused treatment, which in at least one case was fatal. Stigmatization of suspected carriers of the virus may undermine health seeking behavior and lead to spread of the disease. Temporary measures, incl. physical distancing and quarantines, are to be enforced in a proportionate, non-discriminatory manner in accordance with Bangladesh law and international treaties. Following some reports about use of force, the Inspector General of Police issued guidelines on 28 March to treat people professionally. A reported initiative to release around 3,000 prisoners would constitute a commendable public and individual health protection measure if undertaken swiftly. Transparent public information and communications and access to accurate information are key to managing public health risks and avoid social tension.

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