



## 1. GLOBAL OVERVIEW

With the onset of a global recession and pressures within many countries to ease lockdowns, on 16 April 2020, the WHO Regional Director for Europe Dr. Hans Henri Kluge noted that transition out of lockdowns must be guided by public health principles,<sup>1</sup> and listed six criteria to consider before easing of restrictions and transition. The criteria are that (i) evidence shows COVID-19 transmission is controlled; (ii) public health and health system capacities including hospitals are in place to identify, isolate, test, trace contacts and quarantine them; (iii) outbreak risks are minimized in high-vulnerability settings; (iv) workplace preventive measures are established; (v) importation risks can be managed; and (vi) communities have a voice and are engaged in the transition. On 14 April 2020, WHO published an update of the Strategic Preparedness and Response Plan incorporating lessons learned, draft operational planning guidance for United Nations country teams and updated country preparedness and response status for COVID-19.<sup>2</sup>

With a rapid increase in COVID-19 cases in Africa in the last week<sup>3</sup>, the United Nations Secretary General expressed his full solidarity with the people of Africa in a meeting with the Member States' African Group on 15 April. Expressing his gratitude for the positive responses from a large number of African heads of states to his appeal for a global ceasefire, he called for all efforts to be directed at fighting the common enemy that is the COVID-19 epidemic.<sup>4</sup>

<sup>1</sup><http://www.euro.who.int/en/media-centre/sections/statements/2020/statement-transition-to-a-new-normal-during-the-covid-19-pandemic-must-be-guided-by-public-health-principles>

<sup>2</sup><https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

<sup>3</sup><https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---17-april-2020>

<sup>4</sup><https://www.un.org/sg/en/content/sg/statement/2020-04-15/secretary-generals-remarks-virtual-meeting-the-african-group>

In an address to the virtual IMF and World Bank High Level meeting to “Mobilize with Africa” on 17 April 2020, the Secretary General reiterated his earlier call for a comprehensive global response package exceeding 10 per cent of global GDP. For Africa this would exceed USD200 billion. Commending the swift actions by IMF and the World Bank Group, he called for greater resources for IMF, and enhanced support for the World Bank Group and other International Financial Institutions from member states. He also called for alleviating the burden of international debt for developing countries.<sup>5</sup>

In the virtual IMF/World Bank Spring Meeting for 2020, the Development Committee in its communique of 17 April 2020, encouraged the World Bank Group and IMF to continue assisting all clients in partnership with WHO and UN agencies, international financial institutions, and bilateral partners. The Development Committee commended the IMF and the World Bank Group for their rapid response to the crisis and welcomed the World Bank Group’s estimated financial support of up to US\$150-160 billion over the next 15 months, with a focus on the poorest and vulnerable in all client countries. It also welcomed the IMF’s escalated financial support for developing countries through both its regular facilities and emergency funding.<sup>6</sup>

While global outlook is depressed for the current year, the World Economic Outlook published last week projects strong recovery in several countries in 2021. After its forty first meeting on 16 April the International Monetary and Finance Committee in its communiqué of 16 April 2020, noted that “While the global outlook is subject to exceptionally high uncertainty, we expect a recovery next year as we continue to employ all available policy tools to defeat the pandemic, protect jobs, and restore growth.”<sup>7</sup> However, speaking to the BBC, Ms. Kristalina Georgieva said that even the dire predictions of the World Economic Outlook might be too optimistic compared to reality.<sup>8</sup>

As of 19 April 2020, the Global Humanitarian Response Plan (GHRP) had received USD548.2 million. Another USD347.3 million received outside the plan brought humanitarian funding for the COVID-19 response to USD895.5 million. The largest bilateral donors were Japan (USD95.9 million), the United Kingdom (USD90.6 million), Kuwait (USD40.0 million), European Commission (USD35.3 million) and Denmark (USD35.1 million).<sup>9</sup> As of 18 April 2020, WHO’s Solidarity Response Fund had mobilized USD152.4 million from 270,000 donations.<sup>10</sup> WHO reported USD2.4 billion in total support committed or disbursed for the COVID-19 response.<sup>11</sup>

At the local level, the United Nation Country Team’s (UNCT) collective support through the Country Preparedness and Response Plan (CPRP) to the Government’s COVID-19 response mobilized USD20.6 million mobilized against a total ask of USD197.1 million. Of this, USD12.8 million was new funding received, while USD7.8 million was funding reprogrammed, in consultation with relevant donors, of ongoing activities. New funding came from timely contributions from UK, ECHO, Australia, USAID, BGMF and Japan.

---

<sup>5</sup><https://www.un.org/sg/en/content/sg/speeches/2020-04-17/remarks-virtual-imfworld-bank-high-level-meeting-mobilizing-africa>

<sup>6</sup>[https://www.worldbank.org/en/news/press-release/2020/04/17/world-bankimf-spring-meetings-2020-development-committee-communique?intcid=WBW\\_XPL\\_LangSched\\_EN\\_EXT\\_sm2020](https://www.worldbank.org/en/news/press-release/2020/04/17/world-bankimf-spring-meetings-2020-development-committee-communique?intcid=WBW_XPL_LangSched_EN_EXT_sm2020)

<sup>7</sup><https://www.imf.org/en/News/Articles/2020/04/16/communique-of-the-forty-first-meeting-of-the-imfc>

<sup>8</sup><https://www.bbc.com/news/business-52326853>

<sup>9</sup><https://fts.unocha.org/appeals/952/summary>

<sup>10</sup><https://covid19responsefund.org/>

<sup>11</sup><https://covid-19-response.org/donations>

## 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

#### 2.1.1. Media Monitoring

Media monitoring for coverage of key messages related to COVID-19 response in radio and TV across the country included a total of 17 radio (4 National and 13 community radios) and 22 TV (13 National/Regional TV and 9 local cable TV) channels. COVID-19 messages were categorized into three phases: Phase 1 messages on handwashing, coughing etiquette and social distancing; Phase 2A messages on staying at home, recognizing symptoms, how to protect those around you if you have symptoms, how to seek medical information/ assistance including hotline numbers; Phase 2B messages on child protection, domestic violence, social protection including hotline numbers on child protection and violence reporting. Key findings are summarized as below:

- National/regional TV channels disseminate the most COVID-19 information and have more comprehensive coverage followed by local cable TV. Radio channels broadcast significantly less COVID-19 related messages than TV channels. This is consistent with the online assessment which identified TV as a preferred medium to receive information<sup>12</sup>;
- Phase 1 messages are the most prevalent in both radio and TV channels followed by Phase 2A and 2B messages;
- Public Service Announcement and product advertisements are the most common modalities for disseminating COVID-19 related messages, followed by talk shows, and news;
- Most of the COVID-19 related messages were accurate and as per WHO/government guidance, while very few national/regional TV channels aired a few messages with misinformation;
- There was little variation in the data compared by date or time (i.e., prime and non-prime time).

#### 2.1.2. RCCE Monitoring Matrix

A preliminary analysis of geographic coverage of communication materials on Phase II messages developed with 47 communication products of eight RCCE partners<sup>13</sup> indicates wide coverage across the nation through a range of communication channels. Further analysis on two topics and two dissemination channels shows that three RCCE partners engaged community leaders and religious leaders to disseminate Phase II messages across all districts.

#### 2.1.3. Communication Materials: Development and Dissemination Update

---

<sup>12</sup> See One UN Sitrep #2

<sup>13</sup> UN Women, UNDP, Robi, USAID-JHU, Bangladesh Red Crescent Society (BDRCS), a2i, BBC-Shongjog, and UNICEF

RCCE agencies a2i, BRAC, JHU-USAID, BBC-Shongjog, Jeeon (Pharmacies network), Telecom companies (Robi and Grameen), UNICEF, UNFPA and UN Women used the assessment data to refine the messages and addressed areas of concern for vulnerable population groups identified through the surveys. The specific audiences under these vulnerable groups include: population where local community transmission is increasing, female migrant workers living in-country and abroad, family members and caregivers of people with disability, elderly people aged more than 60 years, shopkeepers of groceries and pharmacies, urban slum-dwellers, transgender, garments workers, sex workers, tea-garden workers, prisoners, pregnant women, and women susceptible to domestic violence. The key issues of the communication plan for symptomatic individuals include: (1) symptoms going unchecked/not reported; (2) fear of reporting/going to the doctor; (3) panic regarding consequences; (4) not staying at home; (5) not calling helplines; (6) not seeking medical help; (7) not realizing the gravity of the overall situation; (8) getting stigmatized etc. The communication plan for reaching symptomatic individuals also identified key influencers such as government agencies, religious leaders, community leaders, health workers and most importantly people who recovered from COVID-19 including frontline health care providers - doctors, nurses, and paramedics. RCCE partners will promote positive role modeling with 'virus survivors', not 'virus spreaders' to dispel myths, misconceptions, and stigma from the community. These revised messages will be disseminated through different media channels including:

- Community radio stations all over the country through BRAC programmes;
- USAID-supported Johns Hopkins Center for Communication Programs' interactive radio programme 'Corona Aalap' every Friday after Jumma prayer on 16 community radio stations;
- a2i & Jeeon will cascade through their partnerships with the Association of Pharmacies;
- UNICEF – through miking in urban slums and rural populations; TV roll out of key messages; community radio – talk shows and interviews; religious leaders;
- UNFPA and UN Women – through their networks of organizations and partners.

#### **New Communication Materials:**

- BRAC has started mapping the journeys of COVID-19 positive individuals who recovered from COVID-19. Both patients and frontline health workers will be featured. The purpose is to generate positive stories and reduce fear and stigma.
- WHO has produced an infographic on use of Personal Protective Equipment (PPE) for the healthcare workers that depicts what to wear and when. They produced a video on how to collect nasopharyngeal samples for specimen collectors, and a PPE document for health workers describing what to do during a shortage (extended use, reprocess, alternatives).
- a2i is working on developing an application for symptomatic individuals, a poster targeting pharmacies and drug stores, and an interactive map with the updated number of cases on the corona.gov.bd website that could be seen from a mobile device.
- UNICEF website reached over 8.4 million views as of April 16, 2020, key content promoted this week included: (1) Videos on how to tell if you have coronavirus, its stages, self-testing, when to seek medical assistance; Video with actor Nusrat Imrose Tisha and director Mostofa Sarwar Farooki on stay at home and coping; Messages from national cricket players Tamim Iqbal and Mominul Haque on staying at home; Video on adolescent nutrition; (2) the promotion of the Konnect portal for school children; (3) Parenting tips, gender messaging, child protection messages; (4) Meena spots on social distancing and hand washing both on TV and Radio; (5) Myth busters slideshow that has been viewed over 2.3 million times. UNICEF also launched a

challenge/appeal to audience and volunteers to share the video with as many people as possible. It has been shared over 35,313 times and; (6) Nurses and midwives appreciation slideshow: a video co-created by UNICEF, UNFPA and JICA that celebrates nurses and midwives.

- Religious leaders' involvement: Religious leaders are promoting messages through 234,186 mosques (nation-wide) on (i) stay home; (ii) handwashing; and (iii) locations of soap distribution for those who cannot afford to buy soap. 46.5 million reached with COVID-19 prevention messages.
- Journalists: COVID-19 guidelines for journalists developed and published on the UNICEF website COVID-19 information hub, as well as circulated to 30 journalists specializing in health reporting.

#### **2.1.4. Community Support Team (CST) initiative**

A small group led by FAO, a2i, UNFPA and BRAC is working to set up Union-specific Community Support Teams (CSTs) nationwide with the following objectives: (1) Support syndromic surveillance; (2) Provide home-based treatment and management support to probable/suspected COVID-19 patients and; (3) Assist in adherence to home quarantine to reduce spread of infection. The intervention was piloted in Madartek and Shabujbagh of Dhaka City, and will be implemented next in selected Upazillas of Khulna District. The RCCE pillar (UNICEF, a2i, BBC-Shongjog, BRAC) will support the CST initiative with targeted messaging and community engagement, which includes local level miking, religious leaders' engagement, social media boosting and printed materials to be shared with households visited/posted at the community level.

#### **2.1.5. Rumor tracking:**

A total of 140 links to misinformation content online have been added (+20 since last update). Major removals include ex-MP Joyanal Hazari's disconcerting video on treating coronavirus by dissecting the lungs and cleaning them with alcohol. Copies of this video still surface and National Telecommunication Monitoring Center (NTMC) will work on removing these. NTMC has also communicated with major national TV channels which were disseminating misinformation on inhaling alcohol fumes to treat the coronavirus. The Ministry of Information, Information and Communications Technology (ICT) Division, and law enforcement have been alerted. UNICEF's key social media post on anti-misinformation has reached over 14 million people.

## **2.2 Logistics and Procurement Pillar**

The Logistics and Procurement Pillar continues to explore ways to support the Government of Bangladesh in the procurement of PPEs and testing kits for front-line health workers and responders. The Pillar is also exploring the development of a quality control system for PPE items with an emphasis on local solutions. Furthermore, the Logistics and Procurement pillar will assist the Directorate General of Health Services (DGHS) in developing Standard Operating Procedures for testing PPE and it will create a checklist for visual inspection. According to DGHS, urgent requirements include the following:

- RT-PCR Kit - 400,000 Pcs
- N95 or KN95 or equivalent (minimum FFP2) - 200,000 Pcs
- Sterile Swab Stick - 400,000 Pcs
- Oxygen Cylinder (with Bull Nose Valve 0.7 M3 with Trolley, Gas Capacity- 0.7 M3; water capacity- 5L Origin: BTIC (China) - 1,000 Pcs



- Oxytherapy Set (Rotarex) with humidifier - 1,000 Pc

A list of pre-approved suppliers was shared by DGHS with the pillar. However, some of the local suppliers for PPE provided fake quality assurance certificates, which further reinforces the need for the quick establishment of local testing facilities.

The Pillar agreed on the need for the creation of a Technical Working Group (TWG) to test and certify locally produced PPE. On 18 April, WHO, the Bangladesh University of Engineering and Technology (BUET), the International Centre for Diarrhoeal Disease Research (ICDDR) and WFP met to further expand on the idea of establishing the TWG which will include representation from DGHS, the Institute of Epidemiology, Disease Control and Research (IEDCR), the Directorate General of Drug Administration (DGDA) and WHO.

Efforts are still ongoing to put in place an accurate inventory management system. At present there is more than one dashboard for inventory management, which delays data entry. More than 20 percent of health facilities including the Central Medical Stores Depot (CMSD) are yet to make regular contributions to the online database.

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

### **2.3.1 Surveys and assessments**

UNDP together with ILO, UNIDO and UN Women will undertake a socio-economic impact assessment of COVID-19. The assessment aims to (i) analyze and quantify the economic, social and governance impacts of COVID-19; (ii) analyze and estimate the impacts on Bangladesh's sustainable graduation from the Least Developed Countries(LDC) category; (iii) analyze and estimate the impacts on attaining select SDGs; and (iv) recommend optimal short-term policies towards sustainable recovery and medium/long term strategies for building back better enabling attaining sustainable LDC graduation and Sustainable Development Goals (SDGs), particularly through the 8th Five Year Plan. UNDP is also monitoring rumour and intolerance in the media (including social media) and is sharing weekly briefs with the partners. This information serves as a metric for social cohesion.

### **2.3.2. Essential services and livelihoods**

IOM, in support of migrant workers, prepared a preliminary guidance tool for private sector employers having Bangladeshi migrant workers to enhance protection of migrant workers affected by the current health crisis. This tool provides guidance on enhancing health related services, adaptive working and living arrangements, and safeguarding migrants' rights during crisis.

Following the assessment of the facilities country wide, UNICEF and partners drafted an implementation strategy and plan to enhance preparedness and functionality of Severe Acute Malnutrition (SAM) units. An online dashboard for the assessment has been developed, which allows viewing each SAM facility's status. Distribution plan to supply essential commodities to 64 districts has been developed. Prepositioned stock of F-75 (430 cartons) and F-100 (500 cartons) covering 3 months' supply of estimated children requiring treatment for SAM will be dispatched sub-nationally shortly.

To reach more than 25 million students from pre-primary to Grade XII in GoB schools, madrasah and technical streams, the ICT division of GoB is supporting remote learning using multiple platforms (i.e. Television, mobile phone, radio and the internet). General education classes are telecasted on weekdays, primary school children receive two hours per day whilst secondary children receive three and half hours per day. The programme focus on primary core subjects development and delivery along with capacity building of some radio operators/facilitators and teachers. Some awareness raising contents will be included in the programmes to be developed and delivered on the prevention of COVID-19 and eliminating the stigma and discrimination associated with COVID-19. UNICEF and its partners continued their efforts to coordinate with multiple actors including public, the non-government network and private organizations, to establish a synchronized approach to multiple learning platforms in order to reach the maximum number of learners including hard to reach non formal education learners.

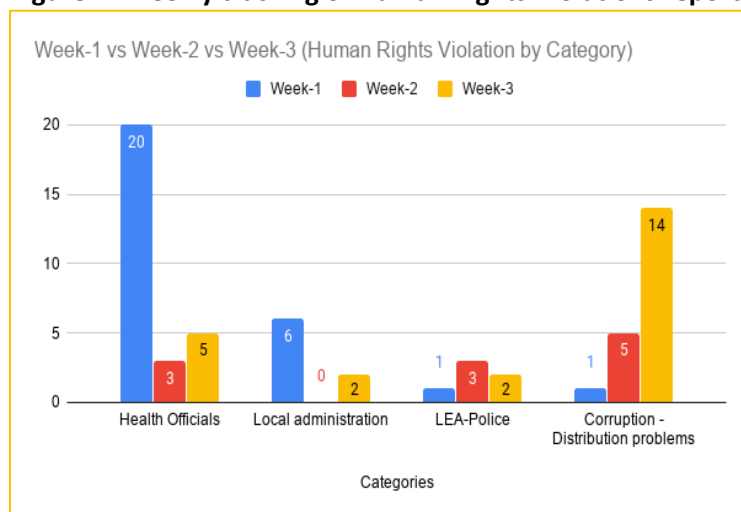
### **2.3.3. Gender-based violence**

Child helpline calls facilitated attending 10,884 cases so far. Children and women affected by violence including GBV were provided with case management and psycho-social support (PSS). The need for these services is increasing every week, with stronger support being requested by domestic violence services which are over stretched. Grave concerns exist for the tens of thousands of children in various forms of institutions and detention facilities. Advocacy with GoB for release and reunification of children where it is safe to do so continues.

### **2.3.4. Human rights and Rule of Law**

Almost all human rights are affected in one way or another although with different intensity in the various phases of the crisis. At the beginning of trend monitoring by the Pillar restrictions in accessing the right to health emerged as a key concern, whereas at present issues related to the rights to food and livelihoods are in the spotlight. UNDP is supporting the National Human Rights Commission (NHRC) to monitor the human rights violations, since the beginning of the general holidays which started on 26th March 2020. Reports collected from the print, social and electronic media, reveal that from 28 March to 16 April 2020, a total of 108 cases have been reported in the media of which at least 81 cases are directly related to human rights violations. These violations were mostly committed by the law enforcing agencies (LEAs), health authorities, local administration, local government representatives and community people (Figure 1).

**Figure 1: Weekly tracking of Human Rights Violations reported in the media for April 2020**



Trend shows that HRs violations by health authorities and local administration were comparatively high during 1<sup>st</sup> week whereas corruption/misappropriation of relief was higher during 2<sup>nd</sup> and 3<sup>rd</sup> week.

A clear need has emerged for targeted messaging, in particular on stigma and discrimination, and on how to guarantee access to services and justice. Three subgroups for pillar 6 were proposed: Rule of Law/Governance, Leave no one behind (LNOB)/socio-economic impact and basic services, and social tensions.

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

Beside complementing the Health Emergency Response, clusters and working groups are revising [HCTT Contingency Plans](#) for climate-related disasters. A contingency plan which considers cyclones, floods and landslides-related disasters within the context of COVID-19 is in preparation. The combination of humanitarian needs linked to COVID-19, compounded by the cyclone and monsoon seasons on top of the health emergency is expected to have severe socio-economic impact on existing most vulnerable and most-at-risk populations as indicated in the [Needs Assessment Working Group report](#).<sup>14</sup>

#### 3.1. Child Protection cluster

The Child Protection cluster continued its messaging and outreach on Child Protection Risks. Tip Sheets for parents, messaging on violence against children including GBV, have continued for PSS and preventing violence. All risk messaging material was circulated and shared through the Child Protection cluster’s partners and over social media. More than 500,000 individuals were directly reached with messaging. A new mobile application is under development to deliver messaging and support to adolescents. The Child Helpline1098 received more than 37,000 calls representing a fourfold increase compared to the previous report. More than 46 per cent of the calls were for PSS and mental health concerns, with another 43 per cent seeking information on COVID-19. The Child Protection cluster continues supporting the strengthening of this line with an increase in call agents as well as a virtual training with call agents on how to respond to COVID-19 and referral pathways. Some 63 children were rescued on an emergency basis from violence, abuse and sexual exploitation. More than 10,000 families and children were

<sup>14</sup><https://www.humanitarianresponse.info/en/operations/bangladesh/assessment/20200325-covid19nawg-sitrep-and-anticipatory-impact-updates01>



supported with PSS, and GBV case management and referral. Families also received information on mitigating protection risks.

The Child Protection cluster continues to advocate for child protection and social work / case work to be considered critical and life-saving. The GoB gave special permission for government case workers to continue their vital work. Child Protection cluster has supported the provision of PPEs for these workers.

### **3.2. Gender-based Violence cluster**

Between 15<sup>th</sup> March and 16<sup>th</sup> April, 39 cases of gender-based violence (GBV) were reported in the media. The GBV cluster mapped about 7 national level active helplines on GBV support and which are providing multisectoral referral and, about 10 mental health support helplines providing mental health and PSS. Many of these helplines are being promoted by partners through awareness messages and information, education and communication (IEC).

The International Federation of Red Cross and Red Crescent Societies (IFRC) disseminated GBV awareness messages for community people through the social media and radio show and reached 786,000 people already through dissemination of IEC materials on hygiene, COVID-19 risks, prevention and social stigma, GBV and Child Protection risk and prevention. Twenty staff and volunteers of BDRCS, IFRC and partners' national society (PNS) have been remotely oriented on "Addressing Protection Gender and Inclusion in the response to COVID-19" and "Prevention of Sexual Exploitation and Abuse (PSEA)".

ACF has approved IECs on mental health and psychosocial support around coping with stress, home quarantine, COVID-19 Myth Busters, that are approved by the Directorate General of Health, Government of Bangladesh. A draft Case Management and Psychosocial Support – Standard Operating Protocol for Helpline Counsellors and field staff responsible for provision of mental health and psychosocial support (MHPSS) and protection services is also under development by ACF. Plan International Bangladesh, as the secretariat of Girls Not Bride network (GNB), recognizing the high risk of increase in child marriage during the current lockdown developed community targeted awareness messages on ending child marriage. UNFPA developed community targeted GBV awareness messages and information on services including one on PSEA. Dignity kits, a key GBV risk mitigation measure, has been customized considering the COVID-19 situation, potential dengue fever outbreak particularly in urban context and to address needs the third gender population.

### **3.3. Food Security cluster**

The Food Security cluster (FSC) is developing food distribution guidelines considering the COVID-19 situation. The FSC is supporting the members to map capacities to support food distribution and the availability of stocks. A flash flood early warning was issued by the Flood Forecasting & Warning Centre (FFWC) while the harvesting season is approaching. It appears that agriculture labor is not sufficiently available. The lack of operational agriculture machinery is creating a situation of anxiety for the farmers. The FSC is working on IEC material with the Nutrition Cluster for Food Safety and Nutrition related to COVID-19. The IEC materials focus on key messages that promote safe food preparation, healthy eating, and keeping fit. BRAC has provided two weeks of cash for food assistance for 100,000 households with BDT 1,500 per household. WFP has started the distribution of high energy biscuits targeting 24,263 vulnerable households in Ukhiya and Teknaf Upazilas. In addition, the targeted households will receive 50

kg rice and BDT 4,600. The programme will be extended to the extremely vulnerable individuals across all Upazilas of Cox's Bazar district.

### **3.4. Logistics cluster**

The National Logistics Cluster (NLC), in close consultation with humanitarian partners, is developing nationwide relief goods transporter and supplier inventory to be used during a possible extended lockdown situation. Where commercial relief carrying trucks are difficult to find because of current road movement restriction, NLC is liaising with MoDMR to check if the Government relief trucks can be used by the humanitarian agencies for relief movement. The NLC is communicating with MoDMR for an arrangement with the Ministry of Home Affairs (MoHA) and Law Enforcement Authorities to facilitate movement of relief vehicles and humanitarian workers. NLC is mapping the nationwide available private storage facilities and warehouses that belong to humanitarian agencies for shared use in case of high demand. The possibility of using Government's storage facilities at district and Upazila levels, in case of urgent need and if space is available, is also being discussed with MoDMR. In addition, WFP is planning to bring five mobile storage units and five prefabricated office accommodations from its Malaysia hub as contingency stock for nationwide use during emergency.

### **3.5. Nutrition cluster**

Based on a research conducted by the Bangladesh Breast Feeding Foundation and FAO, three improved complementary food recipes are being promoted using nutritious and local ingredients following safe and healthy cooking and processing methods. The Nutrition Cluster is assisting the Government in developing food packages congruent with nutrition requirements including packages for children and adapted to the COVID-19 context.

### **3.6. Sexual and Reproductive Health sub-cluster**

UNFPA mentors from DGHS and Save the Children are supporting the implementation of COVID-19 guidelines across 23 districts each for 6 Upazila health complexes and District Hospitals, to mentor midwives and health care staff on basic COVID-19 guidelines on implementation of triage, how to create separate areas for maternity care and how to be ready to provide care for COVID-19 positive women in labor and with emergencies. During the lockdown, BRAC has had 41 of their maternity centers open to provide healthcare and normal delivery services to pregnant women. So far, 203,133 pregnant women have received individual counselling during the COVID-19 crisis period.

CARE have, through their ongoing program in Sunamganj and Netrokona, reached 28,865 households between the 25<sup>th</sup> March and 15<sup>th</sup> April with messages related to sexual and reproductive health (SRH) and COVID-19, and about personal hygiene including handwashing, the importance of social distancing and the mode of transmission. Additionally, CARE is supporting around 410 private community skilled birth attendants as well as the local health care system in Sunamganj and Netrokona to continue providing SRH services for disadvantaged people living in rural areas.

Gonoshasthaya Kendra (GK) continued to have their health centers open, and as of 18<sup>th</sup> April, a total of 9,264 antenatal care visits were provided, 773 vaginal deliveries supported, and 138 cesarean deliveries conducted. When entering the health centers, patients are screened for coronavirus symptoms, and only one visitor is allowed in at a time. Patients with coronavirus symptoms are provided with a mask. An

additional 74 handwashing stations were placed inside and around the health centers. In Sava Hospital, an observation corner and a corner for patients with symptoms has been created. Call centers have been established for patients seeking treatment or health advice from home.

### **3.7. Water Sanitation and Hygiene (WASH) cluster**

WASH Cluster members have reached more than 107 million people so far with hygiene awareness messages via direct community engagement, online tools and various other mass communication tools. Since the issuance of the last SITREP and with UNICEF's support, 712 tube-wells were repaired and disinfected in 10 districts under Rangpur, Rajshahi, Barisal divisions by the Department of Public Health Engineering (DPHE). It benefits directly 71,200 people. In addition, 21,530 pieces of soap and 6,955 kg bleaching powder for water source disinfection were distributed. A total of 915 context-specific portable and innovative handwashing devices were installed in health care facilities and slum areas were installed. 1,535 households received minimum hygiene package. Sex workers based in 5,000 brothels in 9 districts received hygiene materials such as masks, hand gloves, hand sanitizers etc. WASH cluster members will continue to support hygiene awareness raising, the installation of handwashing stations at community level and in health care facilities and support the maintenance of water points to ensure the continuity of water supply.

## **4. CROSS-CUTTING ISSUES**

### **4.1. Gender**

A rapid gender analysis (RGA) is being carried out by Gender in Humanitarian Action working group (GiHA) during the week starting 19 April. There is still little generalizable data on the specific and gendered impact of COVID-19 and the national response in Bangladesh on women, girls and lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) persons. The aim of the RGA is to analyze new survey data and to obtain new data through partner networks, to produce concrete recommendations for immediate and longer-term programming.

As pointed out by the Secretary General in last week's policy brief on the impact of COVID-19 on children: where domestic violence takes place, children both bear witness and suffer violence. The same policy brief also highlighted the sudden loss of households' earnings in Bangladesh noting that such losses disproportionately affects girls.

To raise awareness on gender equality and against GBV in households under lockdown across the country, UNICEF, Plan International, Save the Children, UN Women and UNFPA produced an infographic on "COVID-19 Gender Equality - Keep it equal within family during lockdown & beyond". Messages from this brief are being used on social media and other online platforms.

The United Nations has a zero-tolerance policy on Sexual Exploitation and Abuse (SEA). In the global and local COVID-19 response, there is a surge in new responders, and many are non-traditional humanitarian responders including United Nations development operations partners. At the same time, high demand and an unequal supply of food and health supplies increases risks of SEA countrywide.

### **4.2. Leaving No One Behind through respect for human rights**

An updated note on '[Putting human rights at the heart of the response](#)' was issued on 16 April by OHCHR. Articles and statements by the United Nations High Commissioner and special rapporteurs of the Human Rights Council have highlighted human rights impacts that may be relevant to the situation in Bangladesh as well. Good response practices in a range of countries were flagged. These include [collaboration and interdependence](#). Some encouraged [Targeting government economic spending at inequality](#) or raised concern about [Security measures and the use of force](#) and urged [Honouring commitments under Agenda 2030](#) (participation in consultations on new policies) or Curbing restrictions on freedoms of association, assembly, expression.

As concerns the health response in Bangladesh, efforts continue to be undertaken by Government, civil society, the UN, development partners and the private sector to ensure public awareness and risk communication and provide enhanced health facilities as well as protection for frontline workers. Amid the first reported deaths of doctors and a reported rise in infections among health workers, doctors, nurses and the general public continue to express concern about lack of availability, accessibility and quality of health care and protection for health workers.

According to a report prepared by seven eminent citizens, at least 44 people became victims of alleged extrajudicial executions during the ongoing coronavirus outbreak. The report urged the authorities to investigate. It also commended the National Human Rights Commission for writing to several authorities to urge action in response to COVID-19 but suggested that it had not addressed extrajudicial executions and disappearances and that its initial food distribution efforts were not sufficiently inclusive.

### **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](#)

\*\*\*