



1. GLOBAL OVERVIEW

On 30 April 2020 the United Nations Deputy Secretary General and the UNDP Administrator jointly launched the United Nations Framework for Immediate Socio-economic Response to COVID-19. It sets out the United Nations' urgent socio-economic support to countries and societies in the face of COVID-19, implementing the United Nations Secretary-General's [Shared Responsibility, Global Solidarity](#) report on the same subject.¹ It is one of three critical components of the United Nations' efforts to save lives, protect people, and rebuild better, alongside the health response, led by the World Health Organization (WHO), and the humanitarian response, as detailed in the [COVID-19 Global Humanitarian Response Plan](#). The heart of the response lies at the national and sub-national levels, using existing structures; and the collective know-how of the United Nations' 131 Country Teams – serving 162 countries and territories – which is being mobilized to implement this framework over the next 12 to 18 months.

In a virtual press conference on 30 April, the Secretary General expressed concern over the lack of sufficient support for the world's developing countries, to enable them to respond to the worst economic and social crisis in generations.² He highlighted three key dimensions of efforts by the United Nations: (a) achieving a global ceasefire, which has resonated widely, with endorsements from 114 Governments, diverse regional organizations, religious leaders and more than 200 civil society groups spanning all regions; (b) addressing the immediate needs of people facing the most dire economic plight; and (c) planning for a better recovery which must start now to steer the world onto a safer, healthier, more sustainable and inclusive path.³

On May 1, the Secretary General launched the UN's Policy Brief on Older Persons. He pointed out that the fatality rate for older people is higher and for those over 80, it is five times the global average. He went on to state that the majority of older people are women, and that they are more likely to be poor, and without access to healthcare. In Bangladesh, gender, age and poverty intersect to negatively impact access to humanitarian information and services due to limited mobility, low literacy rate and lack of access to mobile phones.

¹ https://www.un.org/sites/un2.un.org/files/un_framework_report_on_covid-19.pdf

² <https://news.un.org/en/story/2020/04/1062972>

³ <https://www.un.org/sg/en/content/sg/press-encounter/2020-04-30/un-secretary-generals-press-briefing>

The policy identifies four key priorities for action in devising immediate and longer-term policy and programmatic responses: (a) ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health; (b) strengthen social inclusion and solidarity during physical distancing; (c) fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19; and (d) expand participation by older persons, share good practices and harness knowledge and data (see section on Gender for greater details).⁴

The latest May briefing on the World Economic Situation and Prospects of the United Nations Department of Economic and Social Affairs noted that the pandemic will worsen global inequality. The pandemic puts some 160 million jobs in tourism, manufacturing and commodity sectors in developing countries at risk, potentially threatening economic growth and decent jobs as envisaged in SDG-8. Massive job losses will likely worsen inequality, both within and between countries, while governments in developing countries lack necessary fiscal resources to fight the pandemic and minimize the fallout of the worst recession in decades. Robust and coordinated development cooperation will remain critical to ensure that developing countries can weather the storm and accelerate sustainable development of their economies.⁵

With work in several productive sectors having ceased temporarily in many countries, millions of migrant workers globally have emerged as a uniquely vulnerable group. On 30 April ILO released a set of gender-differentiated recommendations to policymakers and constituents for the protection of migrant workers, and refugees during the pandemic. The guidance focuses on three key areas of action: “migrant workers’ inclusion in national COVID-19 responses; bilateral cooperation between countries of origin and destination; and social dialogue and full involvement of employers’ and workers’ organizations in the development of COVID-19 responses.”⁶

As of 4 May 2020, the Global Humanitarian Response Plan (GHRP) had received USD 859.5 million. Another USD 608 million received outside the plan brought humanitarian funding for the COVID-19 response to USD 1.47 billion. The largest contributors were Germany (USD 157.8 million), the United Kingdom (USD 109.9 million), the United States of America (USD 91.1 million), Japan (USD 82.4 million), and European Commission (USD 45.6 million).⁷ As of 4 May 2020, WHO’s Solidarity Response Fund had mobilized USD 207.3 million from more than 282,000 donations.⁸ WHO reported USD 4.7 billion in total support committed or disbursed for the COVID-19 response.⁹

At the local level, the Asian Development Bank (ADB) approved a \$100 million loan to support the Government of Bangladesh in its efforts to address the immediate public health requirements of combatting the novel coronavirus disease (COVID-19) pandemic, which will support the immediate procurement of equipment and supplies for testing; upgrade of medical infrastructure; and the development of system and community capacities for surveillance, prevention, and response to the pandemic in Bangladesh.¹⁰

⁴ https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

⁵ https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/Monthly_Briefing_137.pdf

⁶ https://www.ilo.org/global/topics/labour-migration/publications/WCMS_743268/lang--en/index.htm

⁷ <https://fts.unocha.org/appeals/952/summary>

⁸ <https://covid19responsefund.org/>

⁹ <https://covid-19-response.org/donor-overview>

¹⁰ <https://www.adb.org/news/adb-approves-100-million-support-covid-19-response-bangladesh>

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 (RCCE) Pillar

2.1.1. Evidence Update: On 27 April the RCCE pillar started a third rapid assessment survey focusing on the socio-economic consequences of COVID-19 and in particular on its impact on risk communication among adolescents, youth and community members. This survey is being administered through Facebook Messenger, WhatsApp and SMS and was facilitated by the U-Report mobile-based messaging platform making it accessible for people without computers or smart phones. The survey is ongoing. Alongside the survey, key helpline numbers for government food assistance, COVID-19 and violence are being provided to survey respondents.

Real-time information and disaggregated data by gender, age and location are available at the U-Report [dashboard](#). The preliminary results as of 29 April are indicated below.

- Number of respondents 73,570 - 58% rural and 35% urban respondents (11% urban slums) – representing all eight divisions of the country.
- The biggest concerns under the lockdown situation are: Food (41%), Health (18%), Study (16%), Job/Finance (15%) and Violence (1%).
- 85% of the respondents reported their income has reduced since February (66% of respondents' income reduced significantly while 19% reported somewhat reduced).
- 80% of the respondents are worried about not having enough food in the coming weeks.
- 14% of the respondents know a friend or family member who is infected by COVID-19. Among them, 37% did not know how to help the person infected by the virus. 25% gave food and masks, 17% took the infected person to a hospital, and 4% told them the COVID-19 helpline number.
- 76% of the respondents did not know where to call for help in case of someone experiencing violence.
- 12% of the respondents know a child, friend, sibling or themselves who is hit or abused by their family member.

Shongjog (the national platform for community engagement and accountability) has published the first edition of a new community feedback bulletin - [Corona Kotha](#). The bulletin summarises community feedback and perceptions about COVID-19 collected by a range of agencies around the country and is designed to help health and humanitarian practitioners to engage with communities more effectively and better plan and implement response activities, adapting their programmes to communities' needs and preferences. Analysis is based on spontaneous community concerns and feedback (not surveys) that have been collected by organisations across Bangladesh – including NGOs and community radio stations. Organisations who would like to collaborate by sharing feedback they are receiving, for inclusion in future editions, can contact mahmuda.hoque@bd.bbcmmediaaction.org.

Some key findings are indicated below.

- While people remain concerned about the prevention of infection by the virus, concerns about non-health impacts of the pandemic are also emerging.
- Communities are worried about earning their livelihoods since they have not been able to work for some time due to the general holidays. This concern was particularly apparent among people who work as daily laborers.
- People said that they wanted to know how long the situation would continue and what action the government was taking to support them. They highlighted their immediate financial and food needs and wanted to know whether the government was planning to provide any relief, where they should go to collect relief, and why they were not getting relief when some people had already received some.
- Concerns regarding gender-based violence were also raised by some women, who said that sometimes simple arguments about household chores were turning into physical abuse.
- People do not know how they can get help if they have symptoms such as fever or cough. They are not aware of places close to them that provide testing for COVID-19 and, since transport is restricted, they do not know where or how they can access tests, if they have any symptoms. This worry was particularly mentioned by people in Hatia, and Noakhali.
- People want to know more about how they can maintain hygiene to prevent COVID-19, including information about how to wash their hands properly and how to use a mask properly.
- People are identifying information gaps about their understanding of home quarantine and self-isolation, how to wash vegetables, how to keep their children safe from the virus, what measures they should take after coming home from outside and where they can get reliable health and hygiene information related to coronavirus.
- People also want to know more about the national and global situation of the pandemic.

The RCCE team is refining its messages to address the areas of concerns identified through the surveys, notably to support people infected with the virus, to address issues of discrimination and stigma, to share information on how to report violence, to seek information on COVID-19, to increase communication coverage in urban slums, to target young people and communities with local transmission, to prepare messages to specific target groups (e.g., religious leaders, health workers), to make the linkage with service delivery related information and to advocate for increased access to safety nets for vulnerable communities.

2.1.2. Communication Materials:

The Directorate General of Health Services (DGHS) developed a 3-minute public service announcement on burial which was made by four religious leaders. UNICEF continued engagement of 18 community radio stations all over the country. In addition, UNICEF (1) rolled out an e-learning/distant learning course for the frontline health workers; (2) disseminated a FAQ Leaflet for the general population; (3) supported new messages for the second round of mobile pre-call notifications on mobile phones with telecom provider Robi; (4) in collaboration with Islamic Foundation Bangladesh (IFB) organized a meeting with all Districts and Divisional level officials on dead body management; (5) developed the Imam guidelines in line with DGHS and WHO; (6) expanded the social campaign on Ramadan to include issue experts on various topics such as child protection, nutrition, health, social distancing; (7) engaged youth advocates and goodwill ambassadors in disseminating the messages; compiled and disseminated the videos on staying at home, mental stress, social distancing; (8) disseminated through the DGHS information hub site on topics such as pregnancy during COVID-19 and, online safety for children.

Access to Information (A2i) supported involvement of celebrities on “Phase 3 messaging” which includes burial, positive stories, Ramadan preparedness and lifestyle change as well as maintenance of social distancing with the gradual ease of lockdown. A2i conducted an e-workshop with the journalists of TV, FM radios, and online newspapers where directives from DGHS will be shared. It developed an animation video for the leather factory workers on hygiene and safety measures. It also developed and disseminated a 3-minute video interview of Dr. Sheikh Mohammad Fazle Akbar, Researcher, Ehime University, Japan and Dr Mamun Al Mahtab Swapnil, Chairman, Department of Hepatology, Bangabandhu Sheikh Mujib Medical University (BSMMU) on new testing methods. Finally, A2i disseminated the interview of 10 religious leaders on what should be done during Ramadan; developed and disseminated a story with graphics illustrations of patient’s journey on when to do what to promote positive role modelling

Johns Hopkins University- Center for Communication Programs (JHU-CCP) supported religious leaders to disseminate COVID-19 related messages for general awareness and general prevention on radio; miking in local dialect in 100 mosques in Cumilla, Brahmanbaria and Rangpur Districts and adapting and disseminating messages in indigenous Chakma, Marma, and Khasi languages.

ILO has developed guidelines on preparing workplaces for COVID-19 to ensure safety measures are in place before factory openings. ILO has also developed guidelines on Occupational Safety and Health (OSH), and COVID-19 management. The focus is mainly on workplace safety although issues around health broadly, mental well-being and access to food have come up as primary concerns which still need 'pushing'. The BGMEA have also developed their own set of guidelines for member factories.

UNFPA and UN Women have prepared materials on gender based violence (GBV), that are available on the [RCCE google drive](#). UNFPA and UN Women have also worked in a small group for developing messages and materials targeting the female migrant workers (inside and outside Bangladesh).

2.1.3. Misinformation and Rumour Tracking:

UNICEF is mobilizing some 40,000 UNICEF volunteers to expand tracking and reporting of misinformation and disseminate positive information. The RCCE team is compiling a list of most recent and urgent misinformation links to remove from Facebook, through:

- Facebook’s third-party fact-checking program with [BOOM Bangladesh](#). Facebook has partnered with BOOM, which has been certified by the Poynter Institute's non-partisan International Fact Checking Network. According to Facebook’s press release, BOOM will review and rate the accuracy of stories on Facebook, including photos and videos in Bangladesh. When third-party fact-checkers rate a story as false, it will appear lower in the News Feed, significantly reducing its distribution. Facebook is also working with BOOM in other countries such as India and Myanmar. This process takes anywhere between a few hours to days, depending on content. Video content takes significantly longer to review.
- Direct reporting of fake news posts to a dedicated Facebook focal person: Facebook also extended full support to the RCCE pillar to help remove misinformation posts from their platform. The RCCE misinformation tracking subgroup will periodically compile a list of posts for removal in a matrix format like the misinformation tracker used before. It will be a list of the most recent and problematic information.

2.2 Logistics and Procurement Pillar

DGDA approved five ISO-17025 accredited laboratories in Bangladesh to test locally manufactured personal protective equipment (PPE) for quality and performance. In a circular dated 29 April 2020, the Directorate General of Drug Administration advised local manufacturers to develop memoranda of understanding with these laboratories. All locally manufactured PPE must be tested and certified for use.

2.3 Preserving Stability and Addressing Social Tensions Pillar

UNDP, with support from the Department of Foreign Affairs and Trade (Australia)-DFAT, distributed protective equipment to cleaning workers of four city corporations and 16 municipalities as well as to UNDP and local government staff. Moreover, UNDP is planning to assist 20,000 poor people with cash or relief items which will be delivered through UNDP's existing projects in the Chittagong Hill Tracts, in the North Bengal and the Coastal regions.

On April 27, Institute of Public Health Nutrition (IPHN) released the National Nutrition Services (NNS) scorecard and ranking for 481 upazilas in 64 districts with support of UNICEF. The score/composite Index is derived from five priority nutrition results/ indicators (PNRI) that are reported monthly from the health management information system (DHIS2). The indicators are related to a COVID-19 nutrition plan and will assist in tracking the delivery of nutrition services on a monthly basis.

IOM is tracing returning migrants from the European Union through ten reintegration service centres to determine their level of vulnerability, and to provide them with COVID-19-related information and counselling assistance on how to cope with the adverse effects of the pandemic, including mobility restrictions and unemployment. Since 23 March 2020, IOM has traced 806 migrant workers. Once the lockdown is lifted, detailed profiling of vulnerable returnees will be concluded and medium- to long-term reintegration assistance provided. Since March 2020, IOM and partners provided tele-counselling support to a total of 102 returnees from Europe through the EU-funded Prottasha project. IOM continues to provide support and counselling to callers on the IOM-funded hotline for migrants, promoted and accessed through www.probashihelpline.com. IOM, with support from the Government of Canada, will provide financial assistance to meet the immediate needs of vulnerable Bangladeshi migrant workers in Iraq. The Embassy of Bangladesh identified 400 workers and support will be provided to the most vulnerable individuals to purchase food, to assist those at risk of eviction.

UN Women, UNFPA and UNICEF jointly approached Ministry of Women and Children's Affairs (MoWCA) which is the government lead of the GBV cluster, the Child Protection cluster and the Gender in Humanitarian Action working group to immediately support and complement the Ministry's role in addressing gender based violence, including child protection and sustain its efforts towards ending child marriage. The agencies are in discussion with the Ministry on how best to address the gaps in services and reach the most vulnerable, during the lockdown - particularly in terms of risk communication, awareness messaging, and promoting national helplines.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

During the past week, the Ministry of Disaster Management and Relief (MoDMR) which co-leads the Humanitarian Coordination Task Team (HCTT) together with the Office of the UN Resident Coordinator agreed with the outcomes of the [Multi-Sectoral Anticipatory Impact and Needs Analysis](#) prepared by the Needs Assessment Working Group (NAWG) led by CARE and the Department of Disaster Management (DDM). More than 50 organizations contributed to the report which provides useful insights on the current situation, especially the one of the most vulnerable communities in rural and urban settings. The report reveals a strong geographical correlation between the negative impact of the COVID-19 pandemic and of its mitigation measures and the exposure to risks of climate-related disasters. Therefore, given the fact that the resilience level of the most exposed and vulnerable communities is already affected prior the recurrent natural hazards, the humanitarian community is, in addition to complementing the Health Emergency Response to COVID-19, planning for assisting national authorities in responding to future cyclones, landslides and floods in the context of the pandemic. Preparatory steps include notably the adaptation of cash assistance packages by the Cash Working Group led by OXFAM and DDM and sectoral assistance packages factoring in the COVID-19 context by clusters/working groups in collaboration with their respective government counterparts.

3.1. Child Protection cluster

World Vision Bangladesh reached 30 children through mobile phones to provide mental health and psycho-social support for violence, abuse, sexual exploitation and child marriage. UNICEF supported government social workers to follow up on over 4,000 cases of vulnerable children of which over 50% were female. Children and families benefited from various forms of support including psychosocial support, psychosocial first aid, guidance on preventing harmful practices, and referrals to other assistance services. The Department of Social Services and the MoHFW are planning to provide social workers with the required PPE and guidance for them to work back from their offices and to facilitate face to face interaction with concerned families.

UNICEF in partnership with Grameen Phone and Telenor Group developed an animated public service announcement with tips for online safety for children including adolescents and parents. The online safety tips are meant to assist parents to interact constructively with their children and guide them with online safety issues during the lockdown. The tips are focused on staying positive, creating a daily routine for children including adolescents, minimizing online risks, and encouraging family time. World Vision Bangladesh helped 400 children through online social media to become change makers/role models for their peers, friends and family on COVID-19 prevention. It has also developed and disseminated guidance on stress management for children and caregivers in 30 districts.

Plan International Bangladesh started to conduct capacity building for response staff, health workers and community workers on Child Protection in Emergency Response and referrals system of cases requiring alternative care support, health support and specialist support on mental health issues. World Vision Bangladesh has provided 500 staff with orientation on mental health and psychological needs.

The Child Helpline of the Department of Social Services (DSS) supported by UNICEF is running at full speed with sixteen call agents/social workers who responded to over 5,000 calls last week. Nearly 60% of the calls are related to abuse, exploitation, and the need for psychosocial support. While it could be due to

gender dynamics and accessibility to phones, it is worth noting that 60% of these calls are from boys, including adolescents.

3.2. Education cluster

The national authorities are establishing a national toll-free number “3336” dedicated for education with a voice call option for the students and parents to call a teacher to discuss academic learning and support. This new service that covers primary, secondary, Madrasa and technical education is planned to continue operating even after the COVID-19 crisis. The national education portal for adolescents named <http://konnnect.edu.bd/> is enhancing the participation of adolescents in remote learning activities. Televised pre-primary sessions are also uploaded in Konnect to help children engaged in learning. A2i with the support of the Education cluster members is exploring means and ways to make remote learning more attractive. Despite the fact that 60% of students have access to televised and other remote learning mechanisms, out of 23,500,000 targeted for COVID-19 response (pre-primary, primary and secondary students in Bangladesh), televised classes do not attract students sufficiently. The organization of live interactive sessions has been identified as a way to make remote learning more attractive. Engaging with teachers, students and parents through phone calls, SMS and different social media notably on reviewing remote learning approaches is being planned to increase the effectiveness of remote learning.

3.3. Food Security cluster

The Food Security Cluster (FSC) revised its food assistance package and is updating food distribution guidelines considering the COVID-19 pandemic context. In addition, the FSC is assessing FSC members’ capacity to support food security interventions, and it is finalizing the production of new information, education and communication (IEC) material on food safety and nutrition in collaboration with the Nutrition Cluster.

Until 3 May 2020, the Ministry of Disaster Management and Relief (MoDMR) allocated a total of 123,800 MT of rice, and BDT 535 million of cash assistance including BDT 127 million for child food. The plan is to provide five million households 20 kg of rice each. The control room of the Department of Livestock Services (DLS) is monitoring the status of fisheries, livestock, milk and poultry production and marketing. The Ministry of Agriculture (MoA) through its Department of Agriculture Extension (DAE) is boosting the production of rice through the distribution of combined harvester, rippers, rice planters and other agricultural tools with a subsidy worth BDT 2,000 million. In addition, DAE is planning to distribute Aush seeds to vulnerable farmers. FAO is analyzing the disruptive impacts of COVID-19 on wet markets and food prices of Dhaka which ultimately impacts the cost of the consumer basket. The latter being estimated at BDT 824, compared to pre-lockdown cost of BDT 795.

In addition to its large-scale food assistance in Cox’s Bazar, WFP is supporting the delivery of fortified biscuits to school children in the Chittagong Hill Tracts and it is planning to support the distribution of fortified rice through Open Market Sales (OMS) for the poor and vulnerable people in urban slums. WFP’s technical and financial assistance to the Ministry of Food targets 40,000 households in Dhaka North and South. Moreover, food assistance to 10,000 households in selected at-risk low-income urban areas of Dhaka is also planned. BRAC, World Vision International and Oxfam are among the FSC members providing food assistance in urban and rural areas of more than 20 districts. It includes food assistance in smaller slums and settlements, remote Haor areas and in the Chittagong Hill Tracts.

3.4. Gender-based Violence (GBV) cluster

Members of the GBV cluster revised their dignity kits which now include COVID-19 Infection Prevention and Control (IPC) items. In addition, a specific kit was designed for transgender groups in consultation with their networks. UNFPA is procuring 6,253 dignity kits of which 2,000 will be directly used for the response to COVID-19 outbreak and the remaining will be pre-positioned for the monsoon season. Dignity kits are a life-saving GBV risk mitigation measure and a potential entry point for comprehensive GBV and sexual and reproductive health and rights (SRHR) programming for women and girls. With the support of local authorities and female sex workers (FSW) support networks, 2,000 FSW (2% of the estimated FSW population) received protective equipment, food and financial assistance along with COVID-19 preventive measures. UNAIDS and partners advocate for the inclusion of these marginalized communities in government and non-government relief distribution initiatives and other social protection measures to mitigate the high risk of adoption of extremely negative coping mechanisms to cope with the situation.

3.5. Sexual and Reproductive Health (SRH) working group

UNFPA, together with the International Centre for Diarrhoeal Disease Research (ICDDR) finalized the Facility Readiness Tool, which started to assess health facilities' preparedness levels and readiness to provide essential services, including SRH services in the context of COVID-19. Trainings on triage and maternity care is planned for 16 district hospitals and upazila health complexes, including those for the members of the Obstetrical and Gynaecological Society of Bangladesh, UNFPA field officers and mentors of DGHS. Beside the distribution of required PPE to health workers, Plan International Bangladesh is supporting health care facilities at upazila and union level, to provide minimum services to young women and girls, including counselling services for adolescent girls and pregnant women, as well as information on family planning.

Save the Children developed a contingency plan to continue providing family planning services to FSWs adapted to the COVID-19 context. Save the Children is strengthening its National Midwifery Program, and advocates for midwives to access and to use required PPE, for the strengthening of the triage system and the safety for of women seeking services related to SRHR. Save the Children is also mentoring maternal and newborn health service providers on preliminary screening, preventive measures for pregnant women, appropriate use of PPE and waste management. CARE continues its operations in Sunamganj and Netrokona where 375 skilled health entrepreneurs (SHE) are working to provide SRHR services as well as respond to COVID-19 health needs. Last week, the SHE conducted 1,881 antenatal care visits, 696 postnatal care visits, assisted in 224 vaginal deliveries and provided 626 women with post-partum family planning counselling.

3.6. Water Sanitation and Hygiene (WASH) cluster

Last week, WASH Cluster members set up 225 hand-washing devices and provided 175,000 soap bars in high risk areas such as open markets, common places and health care facilities. Hygiene materials were distributed among 5,500 households in Rajshahi, Rangpur, Khulna, Barisal, Barguna, Sirajgong, Madaripur and Kurigram districts. Demonstrations on the preparation of hand-washing liquid using detergent powder were organized for 500 persons living in slums. Partners distributed 1,400 hygiene items among sex workers and Hijra community members as well as men who have sex with men in Tangail, Faridpur, Sirajganj, Pabna, Rajshahi, Chapainawabganj, Naogaon, Bogura, Dinajpur, Rangpur, Jashore, Satkhira, Magura, Khulna, Bagherhat, Barishal and Patuakhali districts. One hundred and fifty temporary billboards with hygiene sensitization messages were placed throughout the country.

A total of six million persons benefited from hygiene sensitization campaigns over the course of last week. In five villages of Tala Upazila in Satkhira district and, in one village of Keshobpur Upazila in Jashore district WASH Cluster members are providing access to WASH facilities for those in isolation, self-quarantine. In addition, hand-washing points at the entry of each of these villages were installed. Committees were set-up for facilitating the implementation of these activities and to ensure community engagement, participation and accountability as well as physical distancing around the hand-washing points. The Department of Public Health Engineering Department (DPHE), the Government lead of the WASH cluster and UNICEF developed a guideline on “Safe Use and Functional Community Water Points within the COVID-19 Pandemic”, through a sector consultative process. This guideline is meant for tube-well mechanics and it includes “Do and Don’t” regarding care of water points in the COVID-19 situation. The guideline was approved by Government (DPHE) and is being circulated to all stakeholders across the country.

4. CROSS-CUTTING ISSUES

4.1. Gender

The scale-up in the COVID-19 response increases the risks of sexual exploitation and abuse for women and children. A global briefing on “Protection from Sexual Exploitation and Abuse, including challenges during COVID-19 response” will be hosted by the Inter-Agency Standing Committee (IASC) on 7 May. The current IASC Champion on PSEA and sexual harassment, UNHCR, will update on initiatives and priorities and IASC field implementation will be presented.

4.2. Leaving No One Behind through respect for human rights

On 27 April the High Commissioner for Human Rights noted that exceptional measures to combat the COVID-19 pandemic should not be a cover for human rights violations.¹¹ OHCHR issued new policy guidance to ensure that States who have issued emergency measures comply with their human rights obligations.¹² The High Commissioner also wrote to all National Human Rights Institutions to recall their important role in monitoring the response to the crisis¹³ and issued guidance for doing so¹⁴. Other materials relating to Covid-19 and human rights can be found [here](#).

In Bangladesh, the right to health continues to be significantly affected as efforts continue to enhance public awareness, risk communication and health facilities. As cases are increasing exponentially, it is reported that over 500 health workers are now infected, and deaths among police have also been reported. Health professionals and the general public continue to express concern about lack of availability, accessibility and quality of health care and personal protective equipment, as well as discrimination against people who are affected by the virus and denial of healthcare to some who have been seeking medical treatment for other illnesses.

On the occasion of Labour Day, 1 May, the rights to life, health and work of workers have been under the spotlight as factories, notably in the garment manufacturing sector, are being reopened in a phased

¹¹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25828&LangID=E>

¹² https://www.ohchr.org/Documents/Events/EmergencyMeasures_COVID19.pdf

¹³ <https://www.ohchr.org/Documents/Press/HCCOVID19lettertoNHRIs.pdf>

¹⁴ <https://www.ohchr.org/Documents/Press/HCCOVID19lettertoNHRIs.pdf>

manner and other sectors are also resuming or have never fully stopped work, such as the tea plantations. ILO and other UN agencies worked with Government on Occupational Safety and Health measures and called upon the authorities and private sector to ensure that workers are protected from the virus when returning to work. Their livelihoods continue to be threatened by dismissals and late wages, and once again there was a large internal movement of workers to Dhaka that may have put some at risk of contracting or spreading the virus.

It was reported that a prisoner release of 2,884 criminals serving minor sentences up to one year has started on 2 May. Pre-trial prisoners who constitute the majority of prisoners (about 80%) in prisons around the country, which are currently at more than 200% capacity, are however reportedly not being considered for the release. They may continue to be deprived from bail hearings until the courts reopen. The Supreme Court decided to open the judiciary in a limited way for online proceedings as of 5 May.

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](#)
