

COVID-19 SITREP #10

2 July 2020



UNITED NATIONS
BANGLADESH



1. GLOBAL OVERVIEW

The Secretary General released the [UN Comprehensive Response to COVID-19](#) on 25 June describing the UN strategy as based on three pillars – (a) delivery of a large-scale, coordinated and comprehensive health response, (b) adoption of policies that address the devastating socioeconomic, humanitarian and human rights aspects of the crisis, and (c) a recovery process that builds back better.¹ The response sets out what we can and must do to deliver a global response that leaves no-one behind, reduces our vulnerability to future pandemics, builds resilience to future shocks, and to overcome the severe and systemic inequalities exposed by the pandemic. The Secretary General called for effective and inclusive multilateralism, and urged countries to reimagine the ways in which they cooperate as well as to draw on the indispensable contributions of civil society, business, youth, and others.²

On 24 June, the UN Deputy Secretary General announced the launch of six discussion groups on the core issues arising from the high-level event on Financing for Development in the Era of COVID-19 and Beyond. The discussion groups will be an open space to creatively tackle issues of external finance for inclusive growth and jobs; global liquidity and financial stability; debt vulnerability including the role of the private sector creditors in finding solutions; illicit financial flows; recovering better for sustainability, and to look towards a set of policy recommendations.³ She also opened the virtual “Recover Better Together Action Forum” on 26 June, noting in her remarks that the crisis is a stark reminder that any recovery that fails to address the causes of our vulnerabilities condemns us to more acute crises in the future.⁴ The forum will help catalyze the partnerships and finance the Recover Better Fund to make lasting change. The fund has helped expand the reach of social safety nets and close the digital divide and it has built infrastructure, including for water and sanitation, to support both immediate response and longer-term resiliency in countries around the world.⁵

United Nations Member States, Observers and others sent a strong political message in the week of 24 June by announcing 170 signatories have now endorsed the Secretary General’s [call](#) for immediate global

¹ <https://www.un.org/en/coronavirus/UN-response>

² <https://news.un.org/en/story/2020/06/1067132>

³ <https://www.un.org/sg/en/content/dsg/statement/2020-06-24/deputy-secretary-generals-remarks-the-financing-for-development-the-era-of-covid-19-and-beyond-initiative-prepared-for-delivery>

⁴ <https://www.un.org/sg/en/content/dsg/statement/2020-06-26/deputy-secretary-generals-remarks-the-recover-better-together-action-forum-delivered>

⁵ <https://www.un.org/en/coronavirus/recoverbetter>

ceasefire in support of the battle against COVID-19. Against the backdrop of the pandemic's profound impact on peace and security, development and human rights, the States underscored the importance of multilateralism, rule of law, diplomacy and negotiation as fundamental in promoting and supporting peaceful dispute settlements. The signatories highlighted the importance of global solidarity in tackling COVID-19 and called for diplomatic action and collective efforts.⁶

WHO released [access to the COVID-19 Tools-Accelerator](#) investment case on 26 June, reporting that more than US\$31 billion is needed over the next 12 months to develop medicines that will be effective against COVID-19, and to make them available to all. Meanwhile, WHO has defined four transmission scenarios for COVID-19 in its updated [interim guidance](#) on critical preparedness, readiness and response for COVID-19 – (a) no cases; (b) sporadic cases; (c) clusters of cases; and (d) community transmission. Furthermore, WHO in collaboration with UNICEF has launched the [Hand Hygiene for All](#) initiative, which highlighted the fact that the majority of people in the least developed countries are at immediate risk of COVID-19 infection due to a lack of hand hygiene facilities. In a joint statement they mentioned that one billion people in the 60 highest-risk countries lack basic handwashing facilities with soap and water at home. Around half of them are children.⁷

UNICEF warns that the pandemic is unravelling decades of health, education and other advances for 600 million children in South Asia.⁸ The [Lives Upended report](#) calls for governments to take urgent action to prevent millions of families from slipping back into poverty and to commit to strategies that transition from the response towards sustainable, climate-resilient development interventions. In two recent policy briefs, ILO highlights the fact that [migrant workers](#) and [refugees](#) face specific challenges in accessing social protection, including health care and income security, making them more vulnerable to the health and socio-economic impacts caused by COVID-19. ILO calls for integrated approaches that include migrant workers and refugees in national social protection responses – based on the principles of equality of treatment and non-discrimination – to mitigate the effects of COVID-19 and support a swifter recovery.⁹

On 19 June, the Secretary General released a policy brief on the [World of Work and COVID-19](#), which highlights the dramatic effect of the pandemic on the jobs, livelihoods and well-being of workers and their families, and on enterprises across the globe, particularly the small and medium-sized. Massive unemployment and loss of income from COVID-19 are further eroding social cohesion and destabilizing countries and regions – socially, politically and economically. The policy brief highlights the need for (a) immediate support for at-risk workers, enterprises, jobs and incomes to avoid enterprise closures, job losses and income decline, and mitigate the shift in work and labour into the domestic sphere; (b) attention to both health and economic activity upon the return to work, with safe workplaces and provisions for the rights and needs of women and populations at risk; and (c) pursuing a recovery with better jobs through a human-centred, green and sustainable, inclusive approach that harnesses the potential of new technologies to create decent jobs for all.¹⁰

In a statement on the World Refugee Day, the Secretary-General noted that the COVID-19 pandemic poses an additional threat to refugees and displaced people, who are among the most vulnerable to its effects.¹¹ Echoing this, UNHCR stated that it is equally critical for refugees and displaced persons to be included in national health and socio-economic responses to COVID-19.¹² Further, WHO highlighted the danger of

⁶ <https://news.un.org/en/story/2020/06/1066982>

⁷ <https://www.unicef.org/press-releases/control-covid-19-we-have-make-hand-hygiene-accessible-all-unicef>

⁸ <https://www.unicef.org/rosa/reports/lives-upended>

⁹ https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_748992/lang-en/index.htm

¹⁰ <https://www.un.org/en/coronavirus/world-work-cannot-and-should-not-look-same-after-crisis>

¹¹ <https://www.un.org/sg/en/content/sg/statement/2019-06-20/secretary-generals-message-for-world-refugee-day-scroll-down-for-french-version>

¹² <https://www.unhcr.org/afr/news/press/2020/6/5eeb289c4/2020-world-refugee-day-statement-un-high-commissioner-refugees-filippo.html>

widespread transmission of COVID-19 in refugee camps due to congestion.¹³ In a joint statement, UNHCR and IOM announced the resumption of resettlement departures for refugees. The temporary hold on resettlement travel, which was necessitated by disruptions and restrictions to international air travel, delayed the departures of some 10,000 refugees to resettlement countries.¹⁴

The IMF released its [June 2020 World Economic Outlook Update](#) on 25 June, projecting global growth to contract by 4.9 per cent in 2020, 1.9 percentage points below the April 2020 World Economic Outlook forecast, followed by a partial recovery with growth at 5.4 per cent in 2021. The pandemic has had a more negative impact on activities in the first half of 2020 than anticipated, and the recovery is projected to be more gradual than previously forecast. These projections imply a cumulative loss for the global economy of over \$12 trillion over two years (2020 to 2021). The Fund finds the adverse impact on low-income households to be particularly acute, imperiling the significant progress made in reducing extreme poverty in the world since the 1990s.¹⁵

The volume of merchandise trade shrank by 3 per cent year-on-year in the first quarter according to WTO statistics.¹⁶ However, rapid government responses helped temper the contraction, and WTO economists now believe that while trade volumes will register a steep decline in 2020, they are unlikely to reach the worst-case scenario projected in April.¹⁷ Noting that agricultural and food production systems have been resilient despite the considerable challenges over the past few months, WTO members stressed the importance of providing a coordinated response to global crises such as the COVID-19 pandemic and ensuring that trade in agricultural and food products is not unduly restricted.¹⁸

The International Trade Centre (ITC) released the [SME Competitiveness Outlook 2020](#) on 19 June, which analyses the impact of COVID-19 on small and medium-sized enterprises (SME) and international trade based on a global survey and case studies.¹⁹ It highlighted four key characteristics of the “new normal” in terms of the context in which SMEs will likely operate – increased resilience to unexpected shocks, a move towards digital technologies, the rebuilding of an inclusive international order and sustainability.²⁰

As of 28 June 2020, the Global Humanitarian Response Plan (GHRP) has received USD 1.52 billion against the total requirement of USD 7.32 billion, which is 20.8 per cent of the appeal. Another USD 1.35 billion received outside the plan brought humanitarian funding for the COVID-19 response to USD 2.87 billion.²¹ The largest contributors were the United States of America (USD 338.2 million), Japan (USD 200.7 million), the United Kingdom (USD 154.8 million), and Germany (USD 138.3 million). As of the same day, WHO’s Solidarity Response Fund has mobilized USD 229.97 million from more than 529,000 donations.²² WHO reported USD 4.86 billion in total support committed or disbursed for the COVID-19 response.²³ On 19 June, The World Bank approved \$1.05 billion for three projects to help Bangladesh create quality jobs and accelerate economic recovery from the COVID-19 pandemic as well as build resilience to future crises.²⁴

¹³ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---19-june-2020>

¹⁴ <https://www.unhcr.org/news/press/2020/6/5eeb85be4/joint-statement-un-high-commissioner-refugees-filippo-grandi-iom-director.html>

¹⁵ <https://blogs.imf.org/2020/06/24/reopening-from-the-great-lockdown-uneven-and-uncertain-recovery/>

¹⁶ https://www.wto.org/english/res_e/statistics_e/statistics_e.htm

¹⁷ https://www.wto.org/english/news_e/press20_e/pr858_e.htm

¹⁸ https://www.wto.org/english/news_e/news20_e/sps_24jun20_e.htm

¹⁹ <http://www.intracen.org/publication/smeo2020/>

²⁰ <http://www.intracen.org/smeooutlook/>

²¹ <https://fts.unocha.org/appeals/952/summary>

²² <https://covid19responsefund.org/en/>

²³ <https://covid-19-response.org/donor-overview>

²⁴ <https://www.worldbank.org/en/news/press-release/2020/06/19/world-bank-provides-bangladesh-over-1-billion-to-create-quality-jobs-and-respond-to-covid-19-pandemic>

The Human Rights Council's Special Rapporteur on the right to physical and mental health, Dainius Pūras, stated on 23 June that the COVID-19 pandemic has exposed decades of neglect and underinvestment in mental health care.²⁵ "The spread of the virus, distancing and isolation, economic and social downturns, unemployment, and increase in [...] violence have fuelled mental distress, anxiety and fear," he said. The combination of school closures and lockdown conditions have a particular impact on children, and the impact has been more severe for people in institutions as closed settings have become hotspots. Persons with disabilities in psychiatric institutions, older persons in care homes and people in detention are more vulnerable and have experienced the highest rates of infection and mortality. Mental health care tends to follow the status quo and reinforce historical gaps, relying on a biomedical model, excessive pathologization and overuse of psychotropic medications. For persons with intellectual, cognitive and psychosocial disabilities, it has further relied on coercion, leading to discrimination, social exclusion and isolation. He called for reducing the use of institutionalisation and replacing it with quality care in the community, and urged States to implement the [Resolution of the 43th session of the Human Rights Council on Mental Health and Human Rights](#) that recommends integrating a human rights perspective in mental health and community services, a paradigm shift in mental health, and abandoning practices and treatments that fail to respect rights, autonomy, will and preferences of persons on an equal basis.²⁶

On the occasion of the International Day in Support of Victims of Torture on 26 June, four UN human rights mechanisms (the Committee against Torture, its Sub-Committee, the Special Rapporteur and the Voluntary Fund) warned that the pandemic is leading to an escalation of torture and ill-treatment worldwide, and torture survivors are especially in danger of getting infected.²⁷ People deprived of liberty, already subject to the risk of cruel, inhuman and degrading treatment, are now facing a new threat. As of mid-June, more than 78,000 prisoners had contracted Covid-19 in 79 countries, and at least 1,100 died in prison across 35 countries. In many regions of the world, excessive force has reportedly been used to enforce curfews and social distancing rules. The experts warned that such action might well amount to torture or inhuman or degrading treatment. They called for independent documenting of the conditions of persons deprived of their liberty, as well as for monitoring of the use of force as an indispensable tool for prevention and part of the overall COVID-19 response. In a separate release, the UN and European torture prevention bodies welcomed the action taken by a number of States to reduce overcrowding and find new means of contact between detained persons and the outside world.²⁸ They noted that this approach draws inspiration from the recommendations made by the Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment in its "[Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease \(COVID-19\) pandemic](#)," issued on 20 March 2020, and those by the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in its "[Advice to States parties and national preventive mechanisms relating to the coronavirus disease \(COVID-19\) pandemic](#)," issued on 7 April 2020. The experts urged States that have not yet taken such measures to implement them.

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

²⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25988&LangID=E>

²⁶ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25995&LangID=e>

²⁷ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25995&LangID=e>

²⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26003&LangID=E>

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 -----

Risk communication and community engagement	Number of people reached on COVID-19 through messaging on prevention and access to services	76,000,000
	Number of people engaged on COVID-19 through RCCE actions	50,312,083
	Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	2,955,173

2.1.1. RCCE 4Ws monitoring matrix

The 4Ws Monitoring Matrix has been developed to provide key information on which organizations (who) are carrying out which RCCE activities (what) in which locations (where) and during which period (when). The 4Ws matrix has enabled RCCE partners to update their 4Ws data and check a real time visual dashboard on Google Drive at any time. As of 28 June, the visual dashboard shows RCCE activities by topic, dissemination channel, audience, and language (see [link](#)).

A total of 15 organizations, including WFP and recently-joined FAO, contribute to the RCCE 4Ws monitoring matrix. In addition to general awareness messages, the RCCE partners have heavily focused on messages regarding the secondary effects of COVID-19. Several SMS messages on child welfare and mental health were sent out and reached approximately 13 million people. UN Women used its social media platform to disseminate messages on the “shadow pandemic” - domestic violence as a consequence of COVID-19. Positive stories have been widely shared through social media to appreciate the work of people who are actively involved in the fight against COVID-19. UNICEF emphasized the role of religious leaders in message dissemination while WHO highlighted the work of midwives in the midst of the pandemic.

During the reporting period, the Information Management focal persons held a bi-weekly meeting to discuss RCCE indicators and received a training on how to input information into the 4Ws matrix. Improving and strengthening the current 4Ws monitoring matrix considering the intensified campaign was also discussed.

2.1.2. Evidence

Between 7 and 10 June, UNICEF and BRAC conducted a qualitative behaviour rapid assessment following suggestions from JHUCCP guidelines. The objectives of the activity were to assess people’s perception on community protective behaviour and their own behaviour against COVID-19. Responses from people of all socio-economic groups, both in rural and urban areas, were assessed. The key findings were: a) **masking behavior**: respondents were not clear about the instructions on wearing masks and had not internalized the importance of it. The reasons indicated for not wearing masks included that other people would not wear a mask, that they feel uncomfortable, and that they could not afford them; b) **physical distancing**: respondents demonstrated an understanding of the instructions but found them difficult to follow; c) **staying at home**: followed mostly by housewives and students, most workers leave the house every day; no urban-rural difference in habits and places visited outside of the home was observed (mainly mosque,

bank, market/bazar/shop, medicine store/pharmacy and workplace); d) individual risk perception: respondents understood the role of individual risk but identified the fight against the spread of the disease to be above all a collective effort.

The third series of the online survey on how COVID-19 affected the lives of women and children in rural and urban locations was conducted and reached approximately 926 participants. The average age of the respondents was 38 years old and 31 per cent were female. Approximately 56 per cent of the parents worried about their children's education. Nearly two-thirds of the children surveyed were engaged in some sort of digital learning activity. Women expressed experiencing increased stress at home.

The Corona Kotha is a bulletin published on a regular basis that highlights community feedback and perceptions of COVID-19. It is developed by BBC Media Action and Bangladesh Red Crescent Society on behalf of Shongjog/CWC– the national platform for community engagement and accountability. The [fourth edition of Corona Kotha](#) describes perceptions and concerns about COVID-19 among the people living in rural and urban areas. It describes that the demand for food and cash support has increased during the lockdown period, that post-lockdown worries such as livelihoods especially worries lower- and middle-income people and that people are concerned about the affordability and quality of the masks.

The RCCE pillar also conducted a rapid assessment survey focusing on the service uptake of the COVID-19 helpline and social stigma among adolescents, youth and community members. This survey was administered through Facebook Messenger, WhatsApp and SMS, and facilitated by the U-Report mobile-based messaging platform. Between 2 – 15 June 2020, 86,127 respondents participated in the survey representing all eight divisions of the country; 59 percent of respondents came from rural areas while 41 percent were from urban areas (12 per cent urban slums). Key findings from the assessment include:

- 14 per cent of the respondents do not know what to do if they observe the symptoms of COVID-19. Another 14 per cent reported that they would go to hospital if they had any symptoms.
- 9 percent of the respondents have called the COVID-19 helpline number. Respondents from urban slums were most likely to call the helpline (15 per cent) followed by urban (10) and rural (8).
- Among those who said they have called the COVID-19 helpline number, 48 per cent reported that they did not receive any response or help from the helpline.
- 46 per cent of the respondents said they think people are scared to call the helpline number, out of which 27 per cent reported that people are scared because their neighbours would mistreat them if they find out that they are positive. 17 per cent think the number might not be confidential and another 17 percent think that police or ambulance might come and take them.
- 22 per cent of the respondents reported that people in their community mistreat others because of their health and profession. The rate is higher among respondents from urban slums (34 per cent) comparing with those from urban (23) or rural areas (21).

RCCE pillar reviews these research findings to inform RCCE strategies, message campaigns and community engagement.

2.1.3. Communication initiatives

On behalf of the RCCE pillar, UNICEF supported the development of a [communication strategy and campaign for promoting compulsory mask use](#) in Bangladesh. The Social and Behaviour Change Communication (SBCC) campaign was presented and discussed among all RCCE partners and is now being rolled out at national and subnational level. A broad estimation of vulnerable populations in urban and rural areas including people in slums, tea gardens, haors, hard-to-reach areas, Chittagong Hill Tracts (CHT), and media-dark areas was developed. This helped in getting an idea of the projected need of masks and

resources required for free mask distribution for those vulnerable communities. The set of communication materials focusing on mask campaign have been finalized by DGHS and shared with RCCE and NGO network partners for wider dissemination. The [SOP](#) and the contents of the communication materials have been shared on the RCCE secured drive, together with the [final version of the materials](#).

The RCCE pillar is providing communication support to the Community Support Team (CST) initiative, led by DGHS in collaboration with FAO, UNFPA, BRAC, UNICEF and other partners. A set of communication materials that included posters, leaflets, sticklers, local and mosque miking scripts has been developed and shared with the partners. The initiative consists of a local community health worker from the government, a local BRAC Shasthya Kormi, and a member from the Union Digital Centre entrepreneur/platform volunteer from the community. Each CST is given a list of individuals to visit based on calls to the government helplines/USSD. The primary purpose of the CST visit is to assess the individual for COVID-19 symptoms. Based on the presence of symptoms (100 Fahrenheit fever and at least one sign of respiratory disease) the CST will decide whether the individual is a Verified Virus Fighter. If identified as such, CST will: connect the person to a doctor through phone for medical advice; explain the importance of home quarantine for the individual and their family; provide medicine as required (and as per national guidelines); provide some food; follow-up regularly to monitor progression of symptoms.

2.1.4. Misinformation and rumour tracking

Posts on accurate information sources and countering misinformation are currently being shared on RCCE platforms including: a [post](#) on the UNICEF Bangladesh page, which reached 7 million people and informed followers that no cure/vaccine for COVID-19 has been invented, to check information with official sources or factcheckers like BOOM Bangladesh before sharing, and not taking medicine without consulting a doctor; a [video message](#) from child influencer Subha Shizda on checking information sources and tackling misinformation.

The main misinformation narratives observed by RCCE monitor and SecDev during the reporting period were:

OBJECTIVE	MAJOR NARRATIVES	% OF TOTAL POSTS
Fake remedies and dangerous treatments/cures	Arsenical Alb-30 and other homeopathic drugs being sold online as preventive and curative medicines	50% (↓ from last week)
Downplaying the risk	Only way to cure COVID-19 is by washing your hands five times a day, as advised by WHO and other health organizations, as well as stated in Islamic texts.	16.7% (unchanged)
Spreading fear/panic/fake news	Fake article about UK vaccine trial volunteer Elisa Granato's death that has been circulating on social media	33.3% (↑ from last week)
	Fake news about Muslim scientist Yusuf Hamied, the chairman of pharmaceutical company Cipla, having invented a drug to cure COVID-19	

Anger against authorities	Disinformation actors urged people to physically assault journalists and anyone else who supports the lockdown. The crisis is part of an American-led geopolitical conspiracy to seize control of natural resources such as uranium and zircon in Cox's Bazar.	54% (↑ from last week)
Downplaying the risks	COVID-19 no more than a common cold, people should disregard public health guidelines. The crisis was manufactured by "imperialist" nations to achieve their own objectives.	30% (↓ from last week)
Stoking political tensions	BNP chairperson infected with COVID-19. A police investigation had found every senior BNP-Jamaat leader guilty of "rumour-terrorism". Imminent release of a convicted war criminal and Jamaat Islami leader from prison continue to proliferate.	17% (↑ from last week)

UNDP's support for raising awareness continued through the development of 38 awareness contents, the distribution of 58 awareness raising materials and the sharing of 109 posts through social media in the last two weeks. 90.93 million more citizens reached out for public services through www.corona.gov.bd during the reporting period, 0.78 million additional calls were received through the 333 Call Center and around 2,230 learners enrolled in the Online Courses on COVID-19 through the support of a2i and LOGIC project.

A two-day training on Digital Literacy was held on 14-15 June with a total of 25 female students from 2 regional universities. Participants were trained on different aspects of digital content making that promote gender equality and counters hate speech with a focus on identifying, protecting against and reporting fake news and hate speech in the COVID-19 context. At the end of the training, participants were able to create their own online videos that promoted gender equality and social cohesion while combating misogyny and hate speech in social media.

2.2 Logistics and procurement pillar -----

Fourteen requests from five partners were validated in the supply system for Bangladesh, to a total approximate value of US\$27 million. A request was sent to the Directorate General of Drug Administration to make the updated list available on their website for the local manufacturers who have received No Objection Certificate for producing fabric masks and other PPE in-country.

2.3 Preserving stability and addressing social tensions pillar -----

The Minister of Finance announced an increased budget for social protection in FY2020-2021, which is now at 16.18 per cent of the total budget and 3.01 per cent of GDP. The government also announced it will expand coverage and size of benefits for the following three schemes: a) **universal benefit to all elderly population** in the hundred most poverty stricken Upazillas; b) **universal benefit to all widow and destitute women** in the same Upazillas; c) inclusion of 255,000 new beneficiaries in the **disability allowance programme**, increasing the total number of beneficiaries to 1,800,000. The Government's policy shifts towards universalization although categorically in specific geographic locations creates an opportunity to push for a greater coverage of schemes.

IOM continues to provide support and counselling to callers to the hotline for migrants, accessed through www.probashihelpline.com. Most of the requests for telemedicine support are received from migrants in Gulf Cooperation Council countries while previously most requests came from Malaysia and Singapore. A

total of 4,011 migrants contacted the helpline directly or through Facebook Messenger. The helpline staff noted an increase of 35 per cent on post engagement after posts were shared related to resumptions of flights and notices from the Government of Bangladesh. Posts related to flights reached 44,898 users.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

During the past two weeks, the Humanitarian Coordination Task Team (HCTT) continued to provide complementary support to the Health Emergency Response. In parallel, the humanitarian community is implementing the [Humanitarian Response Plan for Cyclone Amphan](#). Updated [4Ws report](#) and a [Monitoring Dashboard report](#) were issued. The UN's Central Emergency Response Fund (CERF) allocated US\$ 5 million to complement the Government's response to the people in need.

In line with the [Humanitarian Response and Preparedness Plan \(HPRP\)](#), the humanitarian community is preparing for a possible response to the monsoon floods. It includes forecast-based actions in selected areas. Following several months of preparation and, in coordination with the members of the BDRCS-led forecast-based action working group under the HCTT, the Emergency Relief Coordinator Mark Lowcock endorsed the anticipatory action pilot for monsoon floods and pre-approved an allocation of \$5.4 million for anticipatory actions.

As part of enhancing its support to national authorities on preparedness and response to climate-related disasters, the Displacement Management Cluster co-led by MoDMR and IOM was launched last week. The revised humanitarian cluster architecture is available [here](#).

3.1. Child protection cluster -----

Violence against women and children has increased by 31 per cent in Bangladesh due to COVID-19, a study by the Manusher Jonno Foundation suggests. To this end, UNICEF's case management and follow-up reached 212,627 children from March to June. UNICEF provided psychosocial support (PSS) for 53,367 children (boys 33,207 and girls 20,160), 260 children with disabilities, and 14,916 parents (male 8,584 and 6,332 female). Other forms of PSS reached 84,532 children, while the Child Helpline reached 59,819 children during the reporting period. With the continued lockdown and children not in school there is need for robust case management services to reach the most vulnerable families.

Because of this growing violence against women and children, there is a strong demand for strengthening the social workforce that delivers protection services during COVID-19. Deaths of social workers due to COVID-19 have been reported and there continues to be an imminent need to ensure their protection as they provide child protection interventions. UNICEF provided personal protection to approximately 500 social workers.

UNICEF continues working with the Supreme Court Committee on Child Rights and the Ministry of Law and as a result of this, more children in detention have been released and reunified with their families as judges continue virtual court proceedings. A cumulative total number of 489 children were released out of which 460 were re-unified. However, there are concerns that these children may engage in criminal activities due to economic hardships as a result COVID-19. UNICEF will continue to work with the police in promoting diversion for kids released from jail.

On the occasion of World No Child labour day on 12 June, several events including community radio messaging on anti-child labour in the context of COVID-19 were broadcasted and more than 3 million people were reached. There is a growing concern of the increase in cases of child labour in Bangladesh in the wake of COVID-19.

3.2. Nutrition cluster -----

UNICEF through Zonal Nutrition Officers and District Nutrition Coordinators has followed with integrated management of childhood illness and nutrition corners and severe acute malnutrition (SAM) inpatient facilities to prevent further declining of screening and SAM admissions. As a result of the engagement, the facilities carrying out screenings have increased from 31 per cent to 39 per cent in the past month. Despite the worsening of the COVID-19 situation, the SAM admission doubled in the month of May.

During May to June 2020, about 70 per cent of the population in Jamalpur, Sherpur and Tangail districts was reached with breastfeeding, complementary feeding including Breast Milk Substitute, maternal nutrition and adult nutrition messages in the context of COVID-19. The same content reached about 3 million people in Barishal, more than 400,000 in Rangpur and 200,000 in Khulna divisions. The messages disseminated through various channels such as Regional Radio & Community Radios, Local cable networks/Dish lines, Billboards etc. Regional radio (betar) has been playing an important role in broadcasting daily spot, daily jingles, audio visual messages, talk shows and phone in program, public service announcements, message dissemination through religious leaders (union parishad), messages with adolescent club etc.

3.3. Sexual and reproductive health (SRH) working group -----

UNFPA is continuing to conduct its 4-day virtual Minimum Initial Service Package (MISP) training, and on 28 June the third batch was rolled out. The MISP is a set of lifesaving activities that need to be implemented at the onset of every crisis to respond to the sexual and reproductive health needs of affected women and girls. Due to COVID-19, the training is held virtually. Furthermore, COVID-19 components have been integrated into the training sessions. So far, a total of 27 health care workers including midwives have completed the virtual MISP & COVID-19 training.

UNFPA has also engaged in the Community Support Team Initiative, with a focus on identifying pregnant and lactating mothers and to connect them with local obstetricians and gynecologists. Furthermore, UNFPA has received funding from the World Bank's Pandemic Emergency Financing Facility (PEF) where a part of the COVID-19 response will be based on the recruitment of medical professionals to work throughout health facilities across the country.

Plan International distribute IEC material on safe delivery, menstrual health management, pregnancy care and psychosocial support to women and girls living in union or village level at Hatibandha in the Rangpur division. In the same area, they are distributing PPE to health service providers, to ensure continuity of care, including SRH services.

Save the Children continues to support frontline health service providers through phone calls, to provide care and support facility deliveries. So far, 886 phone calls have been made to health care staff working in rural Upazilla Health Complexes nationwide. They are also supporting mothers in Dhaka City Corporation by sending COVID-19 health awareness text messages to their mobile phones. A total of 828 mothers have so far been receiving messages.

CARE Bangladesh continues to provide SRHR services. To date, 8,216 women and girls have received health care during the COVID-19 crisis.

3.4. Water sanitation and hygiene (WASH) cluster -----

The Department of Public Health Engineering (DPHE) and WASH Cluster members continually work to ensure hygiene practices are followed at personal and community levels across the country. During the

reporting period, WASH Cluster members installed 767 hand washing stations with provision of soap and water to promote handwashing practices at community level. More than 4 million people were reached with hygiene messaging communication activities on COVID-19 prevention, through information dissemination, for example through social media, radio, text messages, banners, posters, flyers, or other mass media. Cluster members also distributed hygiene materials like soap, hand sanitizer and hand washing devices at the vulnerable communities in Gazipur, Khulna, Narial, Comilla, Cox'sbazar, Gaibandha, Rangpur, Sirajganj, Kurigram, Jamalpur, Sunamganj, Kishorganj, Pirojpur, Barguna, Satkhira, Nilphamari, Netrokona, Lalmonirhat and Rajshahi districts. Cluster members disinfected communal WASH facilities and public places to respond to suspected cases.

The DPHE and UNICEF are aiming to secure an uninterrupted water supply across the country, to ensure safe water is available for handwashing as well as to protect against other waterborne diseases. From 5 to 18 June, 1,255,500 people (728,817 women) were supported through the repair of 12,268 handpumps, chlorination of 103 piped water systems, distribution of 187,507 bars of soap and new construction of 750 handwashing devices in public places by DPHE with technical and financial support from UNICEF. Cumulatively, DPHE and UNICEF have ensured uninterrupted water supply across the country for 5.7 million people during the COVID-19 period so far (out of a target of 10 million to be met by September 2020). With the changing movement restrictions, construction and repairs often take longer than they did before the pandemic. DPHE and UNICEF continue to monitor and collect situation updates from all 64 District Executive Engineers.

3.5 Education cluster -----

As of June 18, 2020, 41.89 million students in Bangladesh lost 19 percent of their school days (44 out of 229 in a year). To minimize and recover the learning loss, UNICEF is working with the Ministry of Mass and Primary Education (MoPME) and Ministry of Education (MoE) to support the learning engagement through TV, Radio, Mobile and Internet. 22 remote classes are conducted daily and over 100 classes a week of different streams are broadcasted for pre-primary to secondary grades, including students of Madrasah and Technical and Vocational Education and Training. These 20 minutes long classes on various subjects are prepared based on the national curriculum and grades. According to UNICEF estimates, 60 percent out of 41.89 million students have access to remote learning. In addition, the champion teachers are conducting live classes through Facebook pages of teacher's portal.

BRAC, an education cluster member, conducted a rapid assessment on the impact of COVID-19 on education continuity during 4-7 May 2020, covering a sample of 1,938 students (female 51% & male 49%). The sampled students were from primary and secondary schools of 16 districts²⁹ ensuring the representativeness of all eight administrative divisions. Key findings of this study were that 14 percent of students are not studying at home and 44 percent of them (mostly from Madrasa and from rural areas) are not getting any direction/support from schools. When asked whether they are taking part in the classes aired through Sangsad TV or online, 56 percent of students reported that they are not taking part in these distant learning classes. The lower participation in distant learning was mainly from ethnic minorities, Madrasa students, children with disabilities, and those living in rural areas. The survey also discussed about the catching up of learning loss. Most of the respondents (54 percent) opined that they will take extra classes to catch up the learning loss after schools reopen. In order to help the students recover from the psychological trauma associated with the COVID-19 epidemic, the respondents provided some specific recommendations, which include participating in recreational activities after schools are

²⁹ <https://www.thedailystar.net/frontpage/news/victims-denial-1904617>

reopened, distributing gifts or increasing stipends for students, strengthening online or distant learning processes, easing examinations and reducing syllabus and learning competencies to reduce burdens etc.

To support students to catch up the learning loss, Plan International Bangladesh, UNICEF, A2I and DSHE started [Facebook live classes](#) to continue the education of secondary students. Plan and Sesame jointly developed audio-visual contents and public service announcements to educate learners on how to take care of themselves during COVID-19 and make parents conscious about positive parenting.

4. CROSS-CUTTING ISSUES

4.1. Gender

A set of Gender Equality and Women's Empowerment recommendations for the COVID response, co-created by the Gender Equality Theme Group and led by UN Women, was shared across the UNCT. The aim is that these are integrated in the UN's recommendation to the Ministry of Planning for the Government's 8th 5-year plan annex on COVID-19 recovery, and to the UN's Socio-Economic Response Framework currently under formulation.

The Gender Monitoring Network, hosted by UN Women and consisting of 40+ civil society organizations (CSOs), conducted a consultation to map the emerging needs and challenges of CSO-run shelters for gender-based violence (GBV) survivors. This will help assess the feasibility of supporting CSOs for a one stop shelter for vulnerable women, to provide GBV services and livelihood opportunities under the new Japan Fund.

UN Women hosted an interactive webinar on "Women owned MSMEs and COVID-19 challenges: Way forward for Bangladesh" on 15 June to produce practical recommendations for measures needed to support the recovery of women-led MSMEs impacted by COVID-19. Key speakers and panelists included sectoral experts and academics. It was recommended that Bangladesh Bank reintroduce a robust credit guarantee scheme alongside the stimulus package, utilizing funds obtained from the World Bank, and to ensure linkage programmes between banks and the micro finance institutions to provide loans to women-led MSMEs. Furthermore, female entrepreneurs who are digitally literate and have the potential to go further with the right support and training should be supported to manage digital supply chains and to access online platforms.

On 17 June the Gender Monitoring Network launched a co-created [Call for Action](#) that represents the voices of women, gender diverse people and other vulnerable groups who are disproportionately affected by the pandemic. The call for action comes with 12 key measures addressed to the Government and policy makers. In sum, these cover the need to recognize women's human rights and to integrate an intersectional gender equality approach in the COVID-19 Response to ensure that everyone has access to essential information, support and resources. The call for action was widely covered by the national print and online media.

A webinar on "Gender Responsive Social protection in light of COVID-19 and Budget-2020-21" was organized on 24 June by the Gender Monitoring Network and UN Women, and was joined by more than 160 participants. The webinar revealed the lack of clarity of the government's strategy to expand social protection coverage to women in marginalized groups and in the informal economy who are the most vulnerable, and other issues. These observations will reinforce UN Women's advocacy messages to focus on marginalized women in the socio-economic framework.

4.1.1 Gender-based violence (GBV) working group

On 25 June, the pillar sub-group on GBV, co-led by UN Women and UNFPA, held a consultation on GBV with 40 representatives from NGOs to reach consensus on areas of intervention within the socio-economic recovery framework. Critical focus areas agreed upon include strengthening advocacy to influence policy decisions on GBV including access to justice and budgeting, and to ensure a specific focus on the most vulnerable group including sex workers.

UNFPA, together with its partner Bangladesh Police, organized a training on how to strengthen women help desk (WHD) services in COVID-19 context for 24 policewomen in 12 police stations in Bogura and 35 police officers serving in 9 stations in Patuakhali. Over the second and third week of June, with the Department of Inspection of Factories and Establishment (DIFE), six advocacy meetings were held with ready-made garment workers and mid-level management, to discuss prevention of gender based violence, particularly how to address intimate partner violence and ensure sexual and reproductive health rights and COVID-19 prevention. With the help of partner organizations, UNFPA conducted a one-day virtual GBV training on remote case management to caseworkers and managers, social mobilization officers, project coordinators and district officers – a total of 90 participants - in the COVID-19 affected districts of Jamalpur, Patuakhali and Bogura. UNFPA also contextualized three key critical GBV intervention in emergency tools in line with IASC and WHO set standards: a guideline on GBV case management in COVID-19 context, a guideline on GBV remote referrals during COVID-19 outbreak, and a guideline for dignity kits distribution during COVID-19 situation for GBV actors in Bangladesh.

CARE's GBV response intervention reached 24,824 women, girls, men and boys with GBV case reporting/referral information and GBV awareness messages, in Dhaka (North City Corporation, Dhamrai, Savar), Gazipur, Mymensing, Cox's Bazar, Kurigram, Patukhali and Sirajgonj. In the Khulna division (Chitalmari and Mehendiganj upazilas), WFP with IFPRI through its Mother-and-Child Benefit Programme contributes to GBV risk mitigation by ensuring food and nutritional security to poor pregnant and lactating mothers. In the Alikadom and Naikhongchori upazilas of the Rangamati division, behavioral communication change sessions discussed health, food and nutrition needs of children and adolescents particularly in crisis/emergency situation, aiming for the mitigation of GBV risk among the group. Additionally, separate GBV awareness session were held for a total of 3,433 community people and project beneficiaries.

4.2. Leaving No One Behind through respect for human rights -----

Despite the order from the Government for all hospital authorities to ensure treatment for all patients, denial of healthcare, substandard quality and accessibility of services combined with stigmatization and discrimination continue to be reported as patients, including those with non-COVID-19 symptoms, claim to be refused treatment, some with deadly consequences.³⁰ Hospitals are reporting lack of resources and manpower to treat increasing numbers. People have been seen waiting in queues, and one person died on the pavement despite resuscitation attempts by a doctor, while awaiting admission. Another patient reportedly committed suicide after fleeing from a hospital where he was undergoing treatment.³¹ It was reported that a clinic owner [was beaten to death on 17 June](#) after the public accused him of wrong

³⁰ <https://banqla.bdnews24.com/banqladesh/article1766906.bdnews?fbclid=IwAR3co4k09c7qvi8SIX4oqUvsO31ilMaArV8c7MVS6BP2TITM N5WPplok>

³¹ <https://www.ntvbd.com/banqladesh/%e0%a6%86%e0%a6%ae%e0%a6%bf-%e0%a6%ae%e0%a6%bo%e0%a7%87-%e0%a6%af%e0%a6%be%e0%a6%qa%e0%a7%8d%e0%a6%qb%e0%a6%bf%e0%a6%b2%e0%a6%be%e0%a6%ae-%e0%a6%ac%e0%a6%b2%e0%a7%87-%e0%a6%bq%e0%a6%be%e0%a6%b8%e0%a6%aa%e0%a6%be%e0%a6%a4%e0%a6%be%e0%a6%b2-%e0%a6%a5%e0%a7%87%e0%a6%q5%e0%a7%87-%e0%a6%aa%e0%a6%be%e0%a6%b2%e0%a6%bf%e0%a6%b2%e0%a6%bf%e0%a7%87-%e0%a6%q5%e0%a6%bo%e0%a7%8b%e0%a6%a8%e0%a6%be-%e0%a6%bo%e0%a7%8b%e0%a6%q7%e0%a7%80%e0%a6%bo-%e0%a6%86%e0%a6%a4%e0%a7%8d%e0%a6%ae%e0%a6%b9%e0%a6%a4%e0%a7%8d%e0%a6%af%e0%a6%be-760q81>

treatment. Police have been arresting people providing fake negative certificates.³² Professional associations have sought to secure for themselves the use of specific private hospitals, which may leave overburdened and under-equipped public hospitals to look after the masses and has led to suggestions that this might be discriminatory.

Expressing concern about the state of freedom of speech in the country, the organization Article 19 said a total of 89 cases were lodged against 173 people under the Digital Security Act from March until 22 June. People irrespective of age and profession have been sued and arrested under the DSA³³, with many plaintiffs apparently being supporters of the ruling party. The renowned CIVICUS Monitor, which has classified civic space in the country as “repressed”, warned that journalists face criminalization while critics are suppressed.³⁴ A photojournalist of UNB stated that he was obstructed while taking photos of patients' sufferings.³⁵ A university teachers association and student organizations on 22 June demanded repealing the Digital Security Act.³⁶ A 15 year-old ninth grader was arrested on 20 June for allegedly defaming the Prime Minister in a Facebook post³⁷, which may put him at heightened risk of contracting COVID-19. When UNICEF welcomed the release of children from detention, it noted that juvenile detention centers are crowded beyond capacity³⁸ and prone to unhygienic conditions.

The bleak situation of urban dwellers of informal settlements has been highlighted in news reports, indicating that the socio-economic impact has been severe, with many of them caught in a cycle of poverty due to COVID-19, and calling for social safety net programmes and loan repayments to be deferred.³⁹ Other newspaper reports state that the health impact of the disease on this low income situation has been mild.⁴⁰ BRAC noted low numbers of slum dwellers going to hospitals or reporting. BRAC’s informal survey through its community organizers found 290 patients with COVID-19 like symptoms in around 300 slums but cautioned formal studies were required to confirm the situation.⁴¹

Other useful updates and sources

- Human rights: <https://www.ohchr.org/EN/NewsEvents/Pages/COVID-19.aspx>
- BRAC: <http://www.brac.net/covid19/index-en.html>
- Bangladesh Peace Observatory: [BPO Covid19graphics](https://www.bpo.org/bd/covid19graphics)
- Bangladesh Red Crescent Society (BDRCS): <http://www.bdracs.org/news/coronavirus-covid-19-situation-update>



³² <https://m.bdnews24.com/bn/detail/bangladesh/1773028?fbclid=IwAR3f06tu20kaZYwMwKqt7SKF3A3q5n12uC8OxYD3usxRrqBBcv2h9DqKqHA>

³³ <https://www.dhakatribune.com/bangladesh/2020/06/28/upsurge-in-digital-security-act-cases-during-the-covid-19-pandemic>

³⁴ <https://monitor.civicus.org/updates/2020/06/19/journalists-bangladesh-face-criminalisation-amid-pandemic-while-critics-are-silenced/>

³⁵ <https://unb.com.bd/category/Bangladesh/covid-19-no-end-to-patients-plight/53554>

³⁶ <https://www.thedailystar.net/backpage/news/univ-teachers-demand-dsa-abolished-1918829>

³⁷ <https://www.hrw.org/news/2020/06/26/bangladesh-arrests-teenage-child-criticizing-prime-minister>

³⁸ <https://www.unicef.org/bangladesh/en/press-releases/unicef-welcomes-release-children-detention>

³⁹ <https://www.thedailystar.net/editorial/news/slum-dwellers-stuck-vicious-cycle-debt-1921001>

⁴⁰ <https://www.kalerkantho.com/online/national/2020/06/24/926727>

⁴¹ <https://www.thedailystar.net/editorial/news/slum-dwellers-stuck-vicious-cycle-debt-1921001>