



1. GLOBAL OVERVIEW

On World Population Day 2020, the Secretary General reiterated the deepening inequalities and vulnerabilities affecting **women and girls** during the COVID-19 pandemic and called for safeguarding sexual and reproductive health care, protecting women and girls, and ending gender-based violence.¹ UNFPA projects major disruption in women health services if the lockdown continues for another six months. According to their data, 47 million women in low- and middle-income countries may not be able to access modern contraceptives while some 31 million additional cases of gender-based violence can also be expected.² The UNFPA Executive Director called on governments, civil society, communities and people to take necessary steps together and achieve the promises made in 1994 at the International Conference on Population and Development in Cairo.³

An Inter-agency statement on Violence against Women and Girls and COVID-19, endorsed by the Heads of nine UN agencies (IOM, UNDP, UNFPA, UNICEF, UNODC, UN Women, WHO, OCHA and OHCHR) was launched on 24 June. This statement builds on the April [Secretary General's Appeal for GBV and COVID-19](#) in which he urged all governments to make the prevention and redress of violence against women and girls a key part of their national response plans for COVID-19 and the joint [statement by 146 Member States and Observers](#) including Bangladesh that expressed strong support. It highlights the following six critical areas for actions to **ensure victims/survivors are safe and receive the support and services that they need**: 1) make urgent and flexible funding available for women's rights organizations and recognize their role as first responders; 2) support health and social services to continue their duty of care to violence against women and girl survivors (VAWG) and to remain accessible, especially to those most likely to be left behind; 3) ensure that services for VAWG survivors are regarded as essential, remain open and are resourced and made accessible especially to those most likely to be left behind; 4) place a high priority

¹ <https://www.un.org/en/observances/world-population-day/messages>

² <https://news.un.org/en/story/2020/07/1068191>

³ <https://www.unfpa.org/press/want-improve-womens-lives-and-countries'-prospects-prosperity-expand-contraceptive-choice-her>

on police and justice responses; 5) put preventative measures in place; 6) collect data only if it is needed, if it will be used to improve services/programmes and if ethical and safety standards can be met.⁴

On 10 July at the end of the 2020 virtual [Counter Terrorism Week](#), Vladimir Voronkov, head of the UN Office of Counter Terrorism (UNOCT), echoed the Secretary General's statement to counter the [global threat of terrorism](#), highlighted the importance of strengthening multilateralism and international cooperation and restated the need to invest in strategic preparedness to build societies able to cope with global challenges, including terrorism, when national resilience and international solidarity is under stress due to COVID-19.⁵ During his opening remarks at the event, the Secretary General highlighted five areas to guide counter-terrorism in a global pandemic environment: keeping up the momentum; continuing to invest in national, regional and global counter-terrorism capabilities; full compliance with international humanitarian, human rights and refugee law; tackle the spread of terrorist narratives through pandemic-sensitive, holistic approaches; and strengthening information sharing to learn from the experiences and good practices of others in the COVID-19 security landscape.⁶

In his welcome remarks at the [Roundtable on Sustainable Development](#) on 1 July, the Secretary General cautioned stakeholders that the pandemic could reverse the progress that the world has made in the last few years and could threaten to put the 2030 Agenda for Sustainable Development on hold.⁷ He reiterated the need to mobilize at least 10% of global GDP to rescue economies and lauded the initial initiatives taken by developed countries. He also emphasized the importance of implementable solutions, which would bring all stakeholders together and make sure that developing countries have the fiscal space for increased public spending. In an opinion piece, the Secretary General regarded the COVID-19 pandemic as a global wake-up call and requested political leaders around the world to change the approaches to development.⁸

On 8 July, the Secretary General stressed the need for decent jobs to fuel COVID-19 recovery with a brighter, more equal and greener future for all in his video message to the leaders participating at [The Global Summit](#) – a five-day virtual event organized by the ILO to examine issues that include [countering the economic and social impact of the crisis](#).⁹ More than 50 Heads of State and government, as well as prominent global employers' and trade union leaders took part in global discussions on COVID-19 and the World of Work. The summit examined five key issues: (a) how to promote full and productive employment in this new environment, (b) what needs to be done to address the massive vulnerabilities in the world of work made evident by the pandemic, (c) which workers require particular support and attention, (d) how to position the reduction and elimination of poverty as central objectives of the recovery process, and (e) how the international community can come together with real common purpose and rededicate itself to the delivery of the SDGs.¹⁰ The Prime Minister of Bangladesh, Sheikh Hasina, joined the summit virtually and urged global leaders, international financial institutions, the UN and civil society to converge around the ILO's Centenary Declaration and collectively build a better world.¹¹ Begum Monnujan Sufian, State Minister of Labor and Employment of the Government of Bangladesh spoke at the [ILO Constituents'](#)

⁴ For more resources, please see the UN Inter-agency Network on Women and Gender Equality (IANWGE) [Compendium on Integrating Gender Considerations in the Response to COVID-19: Key Messages and Actions from UN entities](#). The compendium comprises coordinated key gender equality messages from 31 UN entities aligned with the UN framework for the immediate socio-economic response to COVID-19. It comprises the collective gender expertise of the UN system and constitutes an 'all of system' response to the pandemic that the Secretary-General has strongly called for from the outset.

⁵ <https://news.un.org/en/story/2020/07/1068171>

⁶ <https://www.un.org/sg/en/content/sg/statement/2020-07-06/secretary-generals-remarks-the-opening-of-the-virtual-counter-terrorism-week-united-nations-delivered>

⁷ <https://www.un.org/sg/en/content/sg/statement/2020-07-01/secretary-generals-remarks-roundtable-sustainable-development-delivered>

⁸ <https://www.un.org/en/coronavirus/global-wake-call>

⁹ <https://news.un.org/en/story/2020/07/1067951>

¹⁰ https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_750331/lang-en/index.htm

¹¹ https://www.ilo.org/dhaka/informationresources/Publicinformation/Pressreleases/WCMS_750887/lang-en/index.htm

[Day](#) and called on ILO to put pressure on global buyers to desist from cancelling work orders during the COVID-19 pandemic and to abide by the existing business contracts.¹² She also pressed ILO to take necessary measures to ensure jobs for migrant workers amid the coronavirus outbreak.

On 8 July, the United Nations Office on Drugs and Crime (UNODC) released new research on [COVID-19-related Trafficking of Medical Products as a Threat to Public Health](#), which showed that the sudden increase in demand for medical products to address the COVID-19 pandemic has led to an expansion in the [trafficking of substandard and falsified products](#).¹³ The report called for a harmonized global approach to criminalize manufacturing and trafficking of falsified medical products, strengthening regulatory frameworks and penalties, and preventing, detecting, and responding to medical product-related crime through acquiring new and additional skills.¹⁴

On the same day, during her opening remarks at this year's High Level Political Forum on sustainable development, the United Nations Economic and Social Council (ECOSOC) President Ms. Mona Juul labelled COVID-19 as the [worst human and economic crisis in decades](#) and called for world-changing ideas, greater solidarity and collaboration, and a new dynamic to overcome the shocks.¹⁵ The UN Chief for Economic and Social Affairs, Mr. Liu Zhenmin, introduced the Secretary-General's progress report on the SDGs during the forum and pointed out that the development goals are all the more urgent as the world confronts this crisis of historic proportion. He reiterated the Secretary General's call for coordinated, comprehensive multilateral response to achieve SDGs through leadership, foresight, innovation and financing.¹⁶

On 6 July, the UN Environment Programme (UNEP) and the International Livestock Research Institute (ILRI) launched the report [Preventing the Next Pandemic: Zoonotic diseases and how to break the chain of transmission](#). The report identifies seven trends driving the increasing emergence of zoonotic diseases, including increased demand for animal protein, a rise in intense and unsustainable farming, the increased use and exploitation of wildlife, and the climate crisis.¹⁷ It also identifies ten practical steps that governments can take to prevent future zoonotic outbreaks, such as investing in interdisciplinary approaches, including One Health, strengthening monitoring and regulation practices associated with zoonotic diseases, including food systems, and supporting the sustainable management of landscapes and seascapes that enhance sustainable co-existence of agriculture and wildlife.¹⁸

On 2 July, the Secretary General told the Security Council that [the pandemic is affecting peace and security around the globe](#) and pressed the 15-member body to protect the millions of people either trapped in or fleeing conflict and already facing acute vulnerabilities.¹⁹ He welcomed the adoption by the Security Council of its resolution on COVID-19 and the Council's recognition of his efforts to respond to the crisis and his appeal for a global ceasefire.

The International Monetary Fund (IMF) has called for [tax systems reforms and reductions in tax avoidance and evasion](#) to tackle the unprecedented COVID-19 crisis. Victoria Perry, Deputy Director of the IMF's Fiscal Affairs Department and an expert on taxation, told that in planning the post-pandemic recovery, countries should look at dealing with inequality by implementing more progressive tax systems that are

¹² <https://thefinancialexpress.com.bd/trade/pressurise-buyers-not-to-cancel-work-orders-1594352814>

¹³ <https://news.un.org/en/story/2020/07/1067831>

¹⁴ https://www.unodc.org/unodc/frontpage/2020/July/increased-trafficking-in-falsified-medical-products-due-to-covid-19_-_says-unodc-research.html

¹⁵ <https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/publication/statement-ecosoc-president-7-july-2020.pdf>

¹⁶ <https://news.un.org/en/story/2020/07/1067801>

¹⁷ <https://www.unenvironment.org/resources/report/preventing-future-zoonotic-disease-outbreaks-protecting-environment-animals-and>

¹⁸ <https://www.unenvironment.org/news-and-stories/press-release/unite-human-animal-and-environmental-health-prevent-next-pandemic-un>

¹⁹ <https://news.un.org/en/story/2020/07/1067632>

more equitable.²⁰ She also reiterated the importance of taxing properties in developing countries which face trouble in raising personal income tax.

As of 12 July 2020, the [Global Humanitarian Response Plan \(GHRP\)](#) has received USD 1.65 billion against the total requirement of USD 7.48 billion, which is 22.0% of the appeal. Another USD 1.44 billion received outside the plan brought humanitarian funding for the COVID-19 response to USD 3.08 billion.²¹ The largest contributors were the United States of America (USD 392.7 million), Japan (USD 202.6 million), the United Kingdom (USD 148.2 million), and Germany (USD 142.2 million). As of the same day, WHO's Solidarity Response Fund has mobilized USD 224.29 million from more than 541,000 donations.²² WHO reported USD 5.77 billion in total support committed or disbursed for the COVID-19 response.²³

The Human Rights Council Working Group on Business and Human Rights warned on 9 July of the devastating human cost of corruption, including human rights abuses if governments fail to [guard against fraud and bribery in health-care supply chains](#) as they secure essential medicines and personal-protective equipment in the fight against COVID-19.²⁴ If medicines are diverted because a bribe is paid, innocent people deprived of treatment could die, they said in a [report](#) presented to the Human Rights Council. The Working Group urges States to act rigorously and in a more integrated way to ensure that companies are preventing corruption in business activities and ensuring respect for human rights, as called for in the [UN Guiding Principles on Business and Human Rights](#).

Governments around the world must take action to protect and promote freedom of expression during the COVID-19 pandemic, which many States have exploited to crack down on journalism and silence criticism, the UN Human Rights Council's Special Rapporteur on Freedom of Expression, David Kaye, suggested on 10 July as he raised serious concern over new measures restricting and punishing the free flow of information.²⁵ He noted that the pandemic has underscored [how freedom of expression reinforces public health initiatives](#). "People have died because governments have lied, hidden information, detained reporters, failed to level with people about the nature of the threat, and criminalized individuals under the guise of 'spreading false information'" the Special Rapporteur said. The Special Rapporteur urged governments to address four challenges in particular: a) reinforce access to information and share as much as possible about the course of the disease and the tools people should use to protect themselves and their communities; b) end the practice of internet shutdowns and other limitations on access to the internet; c) refrain from all attacks on the media and release all journalists detained, whether during or before the pandemic, especially given the health risks they face; d) not treat the so-called *infodemic* as a problem that criminalization will solve.

On 10 July, the UN's Human Rights Council's expert on freedom of assembly, Clément Nyaletsossi Voule, called on governments to help the world prepare for new emergencies like COVID-19 by [protecting the right to peaceful assembly and association](#).²⁶ During the pandemic, he said, some governments exploited the health crisis to crack down on fundamental freedoms, passing sweeping emergency laws and measures to rule by decree that were not aimed at ensuring public health, but at cementing control and cracking down on opposition figures. "I call on the international community to create the environment for fundamental freedoms to flourish, to expand civic space, and – especially – to respond effectively to the

²⁰ <https://news.un.org/en/story/2020/07/1068111>

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

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

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

²⁴ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26064&LangID=E>

²⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26075&LangID=E>

²⁶ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26074&LangID=E>

growing number of restrictions and violations.” “Governments must also respond to their own citizens’ calls for reform” he said.

The UN Development Coordination Office has released two new check-lists for human rights and Leaving No One Behind integration in Socio-Economic Responses: [the checklist](#) for a Human Rights-Based Approach to Socio-Economic Country Responses to COVID-19, which has been developed by OHCHR, UNDP and DCO, and the [Checklist for Planning a Disability Inclusive COVID-19 Socio-Economic Response and Recovery](#), developed by the Inter-Agency Working Group on Disability Inclusive COVID-19 Response and Recovery.²⁷

2. HEALTH EMERGENCY RESPONSE

This sitrep complements the WHO sitrep, 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. RCCE 4Ws monitoring matrix

The 4Ws Monitoring Matrix has been used to provide key information in terms of which organizations (who) are carrying out which RCCE activities (what) in which locations (where) and in 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 12 July, the visual dashboard shows RCCE activities by Topic, Dissemination Channel, Audience, and Language (see [link](#)).

2.1.2. Evidence

The RCCE pillar conducted a rapid assessment survey focused on [mask wearing practices 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 28 June and 5 July 2020, 90,660 respondents participated in the survey representing all eight divisions of the country and include 61 per cent rural and 39 per cent urban respondents (20 per cent urban slums). The key findings are as follows:

- 72 per cent reported that they always wear a mask when they go out of their house. The rate is significantly higher among women (80%) as compared to men (69%), and urban (79%) as compared to rural (66%).
- Among those who always or sometimes wear a mask, 45 per cent wear surgical masks while 28 per cent wear a one-layer cloth mask and 14 per cent wear a three-layer cloth mask.
- Among those who never wear masks, 36 per cent do not have a mask, 31 per cent think masks are not needed, 24 per cent say masks are uncomfortable and hot. More women (36%) think that mask is not needed compared to men (29%).
- More respondents from urban slums (41%) do not have masks compared to urban (37%) and rural respondents (35%).

²⁷ Both are available in the hyperlinks on DCO’s Knowledge Portal; for further resources, check: <https://unsdg.un.org/about/coordinated-response-coronavirus>

- 54 per cent of respondents never share masks with their family members, friends and others while 33 per cent always share their masks with others. Women (37%) and urban respondents (36%) are more likely to share their masks compared to men (31%) and rural respondents (29%), respectively.
- The majority of respondents (63%) reported observing that all, most or some community people wear masks in public.
- 57 per cent of respondents are knowledgeable about the different types of masks the general public should wear (i.e., three-layer cloths mask). Female respondents (61%) tend to be more knowledgeable than male respondents (55%).
- 64 per cent of respondents have a correct understanding of prevention practices, including the combination of wearing a mask, washing hands and keeping physical distance. Awareness of prevention measures was lowest among urban slum respondents (56%) compared to urban (64%) and rural respondents (62%).

Under the leadership of UNAIDS and UNICEF, the RCCE pillar conducted a rapid survey on the [socio-economic situation of people living with HIV \(PLHIV\)](#). The survey was conducted over the phone. There were 800 respondents (41% female, 59% male) representing all divisions except for Mymensingh. Most of the respondents were aged 15 to 49 (84%). The majority of them were from rural areas (82% female, 76% male). Key findings are as follows:

- 57 per cent of respondents have only one person in their family who takes antiretroviral (ARV) treatment. Out of PLHIV family members taking ARV treatment, 11 per cent are children.
- 91 per cent reported that they refilled their ARV medicine from the antiretroviral therapy center (94% female, 89% male). Only 2 per cent of them were not able to refill their ARV medicine.
- 81 per cent of PLHIV reported that they are taking their first line of ARV medicine. The percentage of female (86%) is higher than male (78%). Only 10 per cent of them did not know the name of the ARV medications they are taking.
- 74 per cent reported that fear of exposure to COVID-19 is the main challenge in getting ARV treatment, followed by travel distance (52%) and transportation problems (54%). The rates are higher among females than males i.e. females are facing more problems in getting ARV. Approximately 45 per cent reported that they are not experiencing any challenges in getting ARV treatment.
- The majority of the respondents are able to practice COVID-19 preventive measures and have access to them including using soap or hand sensitizer (89% female, 85% male), clean water (77% female, 76% male), wearing masks (89% female, 91% male).
- The majority of respondents reported that they face problems when self-isolating to access medical care or medications (88% female, 77% male) or to go to work (22% female, 53% male).
- The majority of respondents (92%) did not receive any government relief. Of those who reported receiving aid, 7 per cent were male and 9 percent female.
- 61 per cent of PLHIV reported that they know which organization they can reach out to for information and support during this crisis.
- 70 per cent of PLHIV reported that they have no income as most of them lost their jobs due to COVID-19 restrictions (61% female, 84% male).

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

2.1.3. Communication materials

As part of the RCCE overarching communication campaign, final versions of the [communication materials](#) that include a poster and a public service announcement (PSA) video were disseminated using the social

media platforms and networks of RCCE partners. The materials of the overarching campaign complement the materials of the intensified mask campaign that were launched in the third week of June.

The RCCE Evidence Generation Group shared a [draft observation tool for monitoring mask wearing and other behaviours](#) promoted as part of the overarching campaigns. The tool focuses on the proper use of masks in line with Directorate General of Health Services (DGHS) guidelines and other key behaviours such as handwashing and physical distancing. Due to the prevailing circumstances where close observation/interviews of target groups are deemed risky, a quick dipstick method will be employed for this rapid assessment. As non-participant observers, a pool of volunteers from RCCE and NGO network partners will be stationed in a designated hotspot where target groups congregate such as bus stations, rail stations, shopping malls, markets, community clinics, tea stalls, Upazila Nirbahi Officer office complexes and other busy places in both urban and rural areas to observe people's behaviours.

2.1.4. Misinformation and rumour tracking

The number of misinformation posts are [continuing to drop](#) since the beginning of the pandemic. During the reporting period (the two weeks prior to the publication of the sitrep), the number of posts reported for removal to Facebook from the RCCE monitoring exercise dropped from 18 to 6 major posts. UNICEF's Countering Misinformation social media campaign has garnered over 46.32 million impressions to date.

The misinformation narratives detected by the RCCE monitoring exercise during the reporting period belong to the category of "downplaying risks". Medical misinformation that promote fake treatments or fake news about cures, and posts that spread fear or panic were not detected over this period. The major narratives uncovered by the monitoring exercise included: encouraging people to disregard physical distancing measures, calling the measures anti-Islamic or unfounded; denying that COVID-19 is a contagious disease, calling it propaganda/a hoax and arguing that the risks have been grossly exaggerated and that because of its low fatality rate compared with other deadly diseases, the crisis does not qualify as a pandemic; criticizing Eid Ul Adha measures at the haats, declaring them as conspiracy against Islam and urging people to go against government public health orders.

2.2 Community Support Team (CST) initiative -----

A new initiative called the Community Support Team intervention has been designed under the leadership of DGHS in partnership with UN Organizations (FAO, UNFPA, UNICEF, WFP), NGOs (BRAC), volunteer organizations (Platform, Himu, Youth Bangla) and IT partners (a2i, CMED). The goal of the initiative is to preserve hospital capacity by slowing down disease spread at community level through targeted home isolation and family quarantine for symptomatic individuals combined with promotion of public mask-wearing.

Teams of community-based volunteers known as CSTs are trained to clinically assess individuals reporting COVID-19 symptoms. Individuals who may be symptomatic are mainly identified through either the national 333 hotline or local word of mouth. The CSTs travel to the individual's home and a strict case definition of presence of both COVID-related symptoms and fever is used by the CSTs to evaluate if these individuals have a higher probability of being COVID-positive. If they meet the case definition, individuals are referred to as "Verified Virus Fighters" (VVF) and then counseled on maintaining home isolation and quarantine of their entire household for 14 days. To support VVFs and their families throughout the quarantine period, CSTs provide essential medicine as well as facilitate delivery of food support to vulnerable households. VVFs are also connected to medical experts via dedicated telemedicine support and can be referred to hospitals in the case of severe or critical disease.

The CST initiative was originally piloted for two weeks in Dhaka and Khulna in April 2020 as a proof of concept. Funding for CST was then secured through World Bank's Pandemic Emergency Financing Facility

grant to UNFPA and USAID's support to FAO. The first phase of implementation began in Dhaka North City Corporation (DNCC) at the end of June due to the high burden of COVID-19 cases. Following in-service training led by FAO, 283 individuals (167 female, 116 male) have been trained and are covering all DNCC wards.

On behalf of the RCCE pillar, UNICEF is supporting the community engagement component of this initiative. A set of communication materials that includes posters, leaflets, stickers, local and mosque miking scripts has been developed and shared with the partners. An area-specific social media campaign will also be launched to support CST rollout, emphasizing the importance of staying home and requesting assistance if developing symptoms of COVID.

Four meetings have been held with DNCC to coordinate field implementation in an integrated manner with community leadership. Expansion is next planned to Dhaka South City Corporation, and then to Narayanganj and Gazipur districts following establishment of the programme in DNCC.

2.3 Logistics and procurement pillar -----

The logistics and procurement pillar continues its close collaboration with the Government through the technical working group in streamlining the technical national standards for the manufacture of personal protective equipment (PPE) in the country, including common fabric masks. The Directorate General of Drug Administration together with WHO and the Directorate General of Health Services are working on setting the [minimum specifications and testing parameters for two levels of fabric masks](#): standard mask which can filter up to 3 microns and high-performance fabric masks which can filter up to 0.3 microns similar to medical masks.

There are currently five requestors for Bangladesh in the [COVID-19 Supply Chain System](#): WHO, WFP, UNICEF requesting approximately \$24.5m under the country plan and IOM and Save the Children requesting approximately \$400k under the Cox's Bazar response plan. The global level coordination body (the control tower) has contacted the requestors to finalize the required legal agreement. Following this step, the three buying consortia will contact the requestors to confirm funds and process the supply of materials.

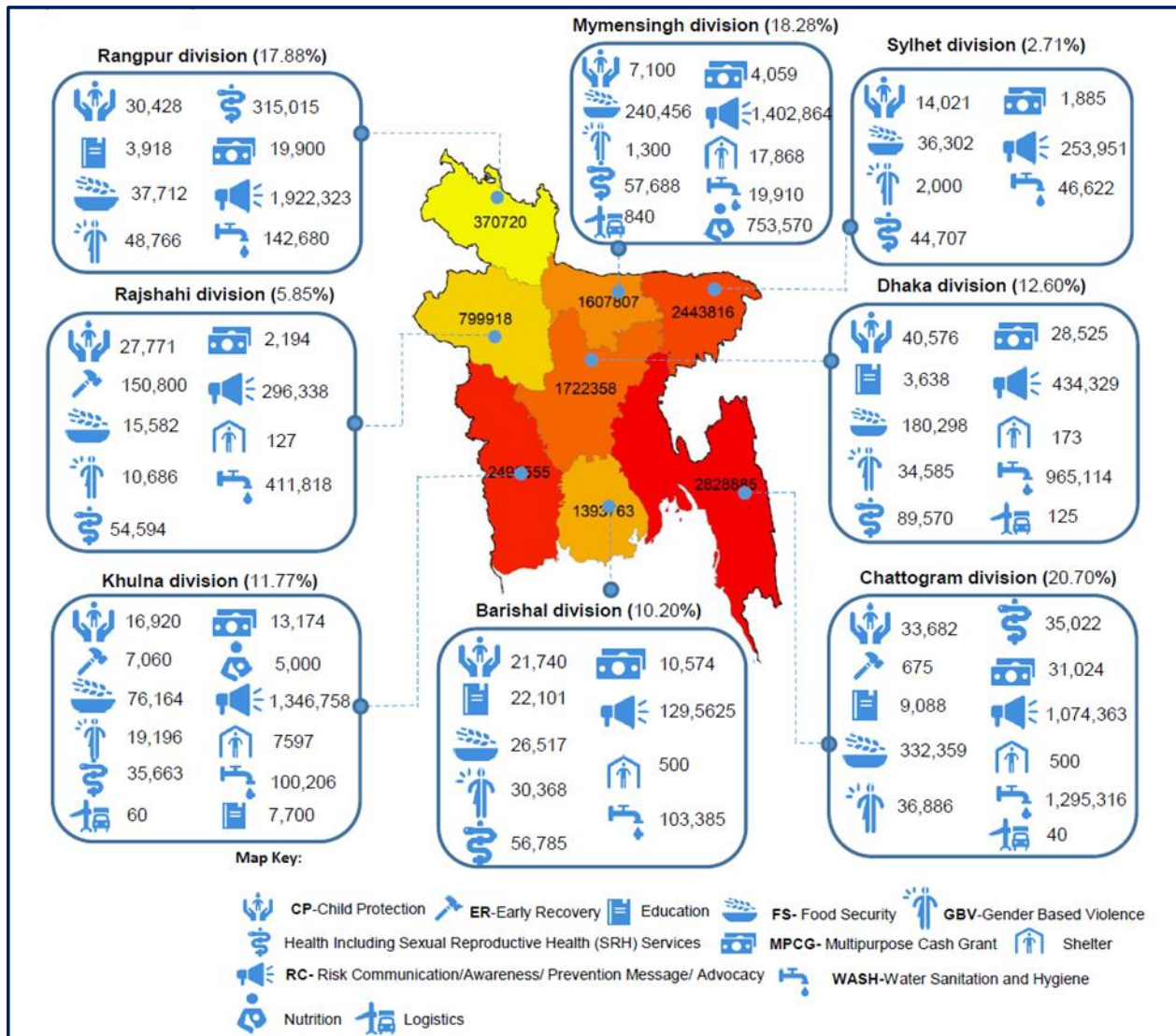
2.4 Preserving stability and addressing social tensions pillar -----

A total of 1.7 million people, including vulnerable groups, were reached by UNDP with [different support initiatives](#) such as the distribution of hygiene kits, PPEs and other necessary equipment. A total of 53,265 awareness raising interventions were also implemented. Additionally, UNDP's support in providing services through the web portal brought about the following results during the reporting period: 0.8 million more citizens reached out for public services through www.corona.gov.bd; 1.4 million additional calls were received from citizens regarding COVID-19 related inquiries through the 333 Call Center; more than 5,000 new learners enrolled in the Online Courses on nCOVID-19 through the support of a2i and the LOGIC project; 2,133 additional students graduated from the complete Coronavirus related course; 433 online classes for the class VI-X were held through the support of a2i, with the number of views reaching 7.11 million.

UNDP has partnered with DGHS and Al-Markazul Islami for managing burials in a safe manner. As part of this initiative, Al-Markazul Islami has been conducting a series of training sessions across the country in association with city corporations and forming zone-wise Burial Management Teams (BMT), which will be given the necessary protective equipment alongside other materials to carry out burials properly.

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. On 6 July, the Needs Assessment Working Group released the updated report on HCTT partners' assistance. The full report is available [here](#). A snapshot of on-going multi-sectoral interventions implemented by 146 partners, which has so far reached 3,985,906 persons across all divisions is provided below.



In parallel, the humanitarian community continues implementing the [Humanitarian Response Plan for Cyclone Amphan](#); progress on the implementation of the plan is available via the [4Ws report](#) and a [Monitoring Dashboard report](#)).

Furthermore, in line with the [Humanitarian Response and Preparedness Plan \(HPRP\)](#) and based on the latest forecasts, the anticipated impacts of the upcoming severe floods were assessed (detailed NAWG report available [here](#)) and anticipatory actions were triggered by numerous stakeholders including RCRC Movement organizations, CARE, WFP, FAO, UNFPA and the START Fund member organizations.

3.1. Child protection cluster -----

The health and non-health impact of the COVID-19 pandemic continues to impact the lives of adolescents, increasing their vulnerability to all kinds of protection risks including violence as well as psychosocial distress. UNICEF has shifted to a virtual adolescent engagement programme and supported the [development of a mobile app for Adolescent Club members](#). The app has delivered messaging on preventing harmful practices such as child marriage during COVID-19 to more than 4,000 adolescents (70 per cent female) in the past two weeks. UNICEF has also supported the Ministry of Women and Children Affairs to host virtual adolescent club gatherings and has provided virtual trainings to 50 Child Rights Facilitators to ensure case management and referrals for the most vulnerable adolescents. So far, 832 vulnerable adolescents have been linked with government food relief and 2,890 adolescents and parents received psychosocial counselling.

There are over a million [children living on the streets across Bangladesh](#), many without parental care and at an increased risk of exploitation and abuse. In urban locations, UNICEF is working with government and partners to create eight service hubs for children and families living on the street, to enable access to services including food, health, WASH and protection. Currently, two hubs have been set up in Dhaka City. Meanwhile, the social service workforce continues to extend critical and lifesaving services, with 81 social workers being supported through UNICEF funding.

In line with WHO's message, Bangladesh Red Crescent Society (BDRCS) shared some [key tips on parenting during COVID-19](#) through their Facebook page and reached more than 82,000 people. BDRCS also organized a targeted online orientation session on protection, gender and inclusion in times of COVID-19 for their staff and volunteers currently involved in the flood response in the Northern districts.

Child protection staff of World Vision Bangladesh provided [psychosocial and counseling support](#) both by reporting to the National Help Line centre and by remote delivery services (protection and prevention care to 1000 new children). In addition, children and youth mobilized other community members through social media, joining Facebook interventions where national and international social activists and media celebrities spread awareness messages on prevention of any violence and abuse towards children at home. Approximately 30,000 people were mobilized by these interventions.

Save the Children reached a total of 3,400 community people (including 1,583 children) through mobile phones, online platforms and social media with awareness messages regarding COVID-19 associated [child protection risks and how to address them, positive parenting and psychosocial support and education](#). In total, 61,714 children and community members have been reached since the beginning of the pandemic. In addition, 2,606 participants have been reached through different capacity-building initiatives. Approximately 405 children received remote case management child protection support during the COVID-19 pandemic and approximately 965 of most the vulnerable community people including 37 children were referred for food, hygiene materials and other needs.

Islamic Relief Bangladesh is currently implementing its [Orphan Sponsorship Program](#) to ensure education, rights and protection to a total of 4,763 orphan children up to 18 years in age in Rangpur, Dinajpur, Thakurgaon, Derai, Sunamganj, Khulna, Cox's Bazar, Rajbari, Golachipa districts. Key messages on positive discipline in everyday parenting were also disseminated through online interactions and mobile phones.

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

UNFPA continues to support midwifery roaming teams that are deployed to four facilities in Dhaka and to 25 health facilities across four districts (Sunamganj, Noakhali, Cox's Bazar and Banderban). A total of 100 midwives are deployed with the aim [to staff COVID-19 maternity units](#) and to support facilities that are short on staff or that are overwhelmed by the patient volume. During the last reporting period, the midwives have conducted 779 facility deliveries.

Additionally, UNFPA is also continuing to support its facility mentorship project through DGHS and Save the Children. A total of 150 Upazila Health Complexes in 23 districts are receiving [ongoing support to implement COVID-19 treatment guidelines focusing on maternity care](#). As a result, monitoring shows that facility readiness in terms of providing maternity care during COVID-19 has improved, and the number of antenatal care (ANC) visits have increased.

Save the Children has sent health awareness text messages on COVID-19 to 881 mothers living in Dhaka and are continuing to conduct SRH services around the country. In rural villages and unions, 5,011 pregnant mothers have received [ANC, as well as family planning services](#). 232 facility deliveries at Union level have been conducted, and in Dhaka City Cooperation, five mothers to preterm babies have received follow-up health sessions.

Plan International Bangladesh is providing [supplies and equipment](#) to facilitate facility deliveries in Hatibandha as well as supporting facilities to conduct deliveries in Gangachara, Kaunia, Pirganja, Mitha Pukur and Pirganj. They are also providing information to adolescents living in Dhaka on SRH and COVID-19 and offer phone counselling services to adolescents in Dhaka on [menstrual health management](#).

CARE Bangladesh is supporting health facilities to provide [sexual and reproductive health services](#) and a total of 8,505 women and girls of reproductive age have been receiving health care during the reporting period.

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

UNICEF's efforts to ensure the availability of [safe water](#) for 10 million people have been affected by the high number of frontline workers infected by COVID-19, increasing the number of disruptions in water services. UNICEF has supported the Department of Public Health Engineering (DPHE) to create a pool of 3,000 private-sector water mechanics to support the emergency WASH response of the 64 district offices. These additional emergency water mechanics have so far helped to ensure an uninterrupted water supply during the extreme weather and falling water tables in the dry season. To date, during the COVID-19 period, DPHE and UNICEF have ensured the continuity of safe water for 5.7 million people.

WASH cluster members continually work to enhance hygiene practices at personal and community level to prevent COVID-19. During the reporting period, 453 [handwashing devices](#) were installed across the country. Cluster members also distributed more than 11,000 [hygiene kits](#) in the districts most vulnerable to the effects of COVID-19.

BRAC reached approximately 3.3 million people with COVID-19 [awareness and prevention actions](#), including 2,330 differently abled people and 50,381 pregnant women. BRAC also distributed more than 300,000 units of hygiene products such as liquid and bathing soap, sanitizers, and toilet cleaning powder to staff and communities.

Plan International trained 56 WASH facilitators on PPE management, distribution of WASH kits during COVID-19 and related [hygiene messaging dissemination](#) in the community. They distributed 250,000 [hygiene kits](#) at Doulutkhan, Lalmohan, Charfassion and Bhola sadar in Bhola district. 110 volunteers are visiting community households regularly and disseminating WASH messages about proper safety measures.

CARE Bangladesh supported 42,242 people with hygiene kits and 475,967 people reached with [increased water supply](#) to facilitate household hygiene and increased handwashing. A total of 1,947 hand-washing stations were installed equipped with soap and water in Gaibandha, Kurigram, Jamalpur, Lalmoniirhat, Sirajgonj, Kishorgonj, Netrokona, Sunamgonj, Cox's Bazar, Dhaka, Gazipur, Shatkhira, Patua khali.

Save the Children established [hand washing stations](#) and distributed hand sanitizer and soap to four Union Health and Family Welfare Centers in Faridpur district and disseminated hand-washing awareness text messages on COVID-19 through mobile phone among 881 mothers in Dhaka.

3.4 Education cluster -----

Learning continuity of children who have limited or no access to television and internet platform remains a challenge. UNESCO, with the technical assistance of Access to Information (A2i) and the ICT Division of the Government, is supporting the Ministry of Primary and Mass Education (MoPME) to implement the national COVID-19 Education Response Plan. To ensure [learning continuity of primary grade students](#) through radio and mobile phones, a Project Advisory Committee led by MoPME's Secretary and a Project Technical Committee led by the Director General of the Directorate of Primary Education (DPE) have been set up. The latter provides programme guidance and the former ensures the effective monitoring and coordination of the remote learning initiatives.

The DPE has prepared a training guideline for teachers and radio personnel, including a draft list of selected teachers to [deliver remote learning](#), who will be the resource pool where to draw from to prepare audio content. An expert team, which includes members from different relevant Government divisions, reviews the pedagogical aspects of the audio content. The team is currently mapping and prioritizing audio materials in order to ensure alignment with the annual academic calendar. The drafting of new material based on prioritized content is also underway.

During the reporting period, Save the Children surveyed 2,127 Households in Madarganj and Rajarhat sub-districts and in Jamalpur and Kurigram districts. The key objective of the study was to explore how [remote-based technological facilities](#) are supporting learning continuity. Results suggest that 38 per cent of families have television and among them, 79 per cent are connected through cable network. 70 per cent of girls have no access to televised classes and 77 per cent have no access to education support through smartphones. 97 per cent of parents are using mobile phones but only 23 per cent of parents of all the households surveyed have a smart phone, and only 3 per cent have internet connectivity (Broadband). The findings of this study helped with planning the necessary adjustments to ensure learning continuity of children during the COVID-19 lockdown period.

3.5 Gender-based violence (GBV) cluster -----

[Reducing the risks of GBV](#) of the marginal groups who are most stigmatized has been very challenging in the pandemic context. With support from Global Affairs Canada and Manusher Jonne Foundation - Mukti Mohila Samity, safety kits and hygiene material, cash support and food for children were distributed at the Daulatia brothel, in Rajbari district, contributing to the reduction in vulnerability of 500 sex workers and 84 children of female sex workers. Awareness raising messages on COVID-19 were also spread. The same donor and lead agency supported the Sex Workers Network to provide cash support to 70 street sex workers in various districts.

CARE's GBV response intervention reached 511,462 women, girls, men and boys with [GBV case reporting and referral information and GBV awareness messages](#), in Gaibandha, Kurigram, Jamalpur, Lalmonirhat, Rangpur, Sirajgonj, Kishorgonj, Netrokona, Sunamgonj, Cox's Bazar, Dhaka, Gazipur, Shatkhira, Patuakhali.

UN WOMEN's implementing partner, WE CAN Alliance developed a two-pager leaflet on [how to protect women and children during the COVID-19](#) pandemic that was disseminated to 500 partners, network, organizations and their changemaker network in the project districts. WE CAN introduced two hotline numbers for emergency legal and psychological counseling support for women and girls affected by gender-based violence and provided 250 support services during June. UN Women raised awareness on GBV issues with social influencers that were viewed by 82,300 people on UN Women's Facebook page. Different knowledge products were developed and translated during June and widely circulated through

UN Women and partners' social media pages and networks, reaching 9,759 people.

4. CROSS-CUTTING ISSUES

4.1. Gender

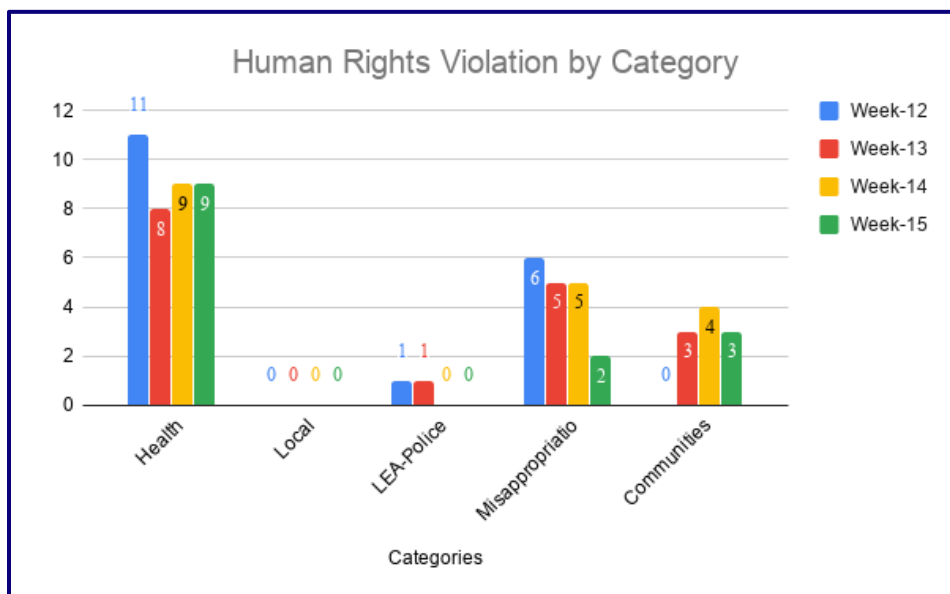
UN Women partner BLAST hosted a consultation with the Rape Law Reform Coalition to agree on [recommendations](#) to improve reporting and investigating domestic violence during the COVID-19 crisis, and demanded immediate lodging of First Information Reports in rape cases. BLAST also disseminated messages on domestic violence and available services and COVID-19 through [Youtube](#), Facebook and public services announcements (PSAs) on community and national radio.

The Bangladesh NGOs Network for Radio and Communication and UN Women have developed PSAs that have reached 7 million people across Bangladesh on [GBV](#), [domestic violence](#), [household workload sharing](#) and [mental health](#), through 14 community radio stations. Some of the community radios have also posted the PSAs on Facebook for wider reach. 407,980 mobile phone users (53% male) received awareness raising SMS on “share the load” (care burden, household workload) and GBV along with the national help line number.

4.2. Leaving No One Behind through respect for human rights

The [Appellate Division of the Supreme Court](#) stayed eight of the 11 directives the High Court issued on 16 June to ensure treatment of COVID-19 and other patients at government and private hospitals. One of the eight directives had said that the denial of treatment by a government of private hospital or clinic resulting in the death of the patient would constitute a criminal offence of causing death by negligence.²⁸

The National Human Rights Commission, with the support of UNDP, continues to issue [regular infographic updates](#) since March. Whereas the updates initially showed a higher number of alleged violations by law enforcement, the latest update (week 15) indicates that there are comparatively more alleged violations by health authorities.



²⁸ <https://www.newagebd.net/article/108557/supreme-court-stays-8-high-court-directives-on-covid-19-treatment>

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](#)
- Bangladesh Red Crescent Society (BDRCS): <http://www.bdracs.org/news/coronavirus-covid-19-situation-update>

