



## 1. GLOBAL OVERVIEW

At the opening remarks to the Ministerial Segment of the [High-Level Political Forum on Sustainable Development](#) (HLPF) and the High-Level Segment of the Economic and Social Council on 14 July, the Secretary-General said that **the world needs concrete, bold and implementable solutions** to turn the tide on many challenges the world is facing including COVID-19; and reiterated the importance of the SDGs.<sup>1</sup> He called on the HLPF to take the full measure of the crisis faced by all countries and give particular attention to those with already limited economic resources, share experiences – understand what works, and what can be replicated, and renew determination to enact a multilateral response that gears recovery efforts towards the SDGs.<sup>2</sup>

On 18 July, at the [18<sup>th</sup> Nelson Mandela lecture](#), the Secretary-General made a global call to tackle the inequality pandemic. Noting the growing tendencies towards inequality created by the economic growth pathways taken by countries in recent years coupled with the COVID-19 pandemic, he called for a **New Social Contract** that creates equal opportunities for all and respect the rights and freedoms of all.<sup>3</sup> He also called for a **New Global Deal** based on fair globalization that will deliver a new global governance system for the people.<sup>4</sup>

On 23 July, the WHO Director-General underlined the importance of making **rational decisions to contain the spread of the pandemic** as most of the world population is still susceptible to the virus.<sup>5</sup> The WHO, in collaboration with UNDP, UNAIDS and the O'Neill Institute for National and Global Health Law at Georgetown University launched the [COVID-19 Law Lab](#), which gathers and shares legal documents from over 190 countries across the world to help states establish and implement strong legal frameworks to

<sup>1</sup> <https://news.un.org/en/story/2020/07/1068331>

<sup>2</sup> <https://www.un.org/sg/en/content/sg/statement/2020-07-14/secretary-generals-opening-remarks-the-ministerial-segment-of-the-high-level-political-forum-sustainable-development-and-the-high-level-segment-of-the-economic-and>

<sup>3</sup> <https://www.un.org/en/coronavirus/tackling-inequality-new-social-contract-new-era>

<sup>4</sup> <https://www.nelsonmandela.org/news/entry/annual-lecture-2020-secretary-general-guterres-full-speech>

<sup>5</sup> <https://news.un.org/en/story/2020/07/1068941>

manage the pandemic, ensure the protection of health and wellbeing of individuals and communities with international human rights standards.<sup>6</sup>

The new policy brief [A gender-responsive employment recovery: Building back fairer](#) released by ILO on 23 July highlights the importance of tackling entrenched gender inequalities to [ensure equal employment opportunities for women during the recovery process](#). The brief underscores the different impact of the COVID-19 crisis on women and men, depending on the sector they work in, the fragility of their employment situation, their access to labor and social protection, and their care responsibilities. The policy brief specifies four policy priorities for a gender-responsive recovery – (a) prevent women from losing their jobs; (b) avoid premature fiscal consolidation; (c) invest in care, and (d) focus on gender-responsive employment policies.<sup>7</sup>

Parallel to this analysis, the IMF blog of 21 July warns that the COVID-19 pandemic could roll back gains in women's economic opportunities and widen persistent gender gaps. The disproportionate impact of the pandemic on women and their economic status is attributed to women's greater involvement in social sectors, informal sectors, unpaid household work, and their higher risk of losing human capital. IMF urged policymakers to [mitigate the impact of the pandemic on women](#) through enhanced income support to the vulnerable, continued employment linkages, incentives to balance work and family care responsibilities, access to health care and family planning, and support for small businesses and the self-employed.<sup>8</sup>

On 22 July, the UN Deputy Secretary General said [as many as 100 million people are expected to be pushed back into extreme poverty in 2020](#) – the first rise in global poverty since 1998 while launching the [Recover Better: Economic and Social Challenges and Opportunities](#) report, a compilation of the High Level Advisory Board on economic and social affairs, which analyses economic trends critical to the achievement of the SDGs and recovery from COVID-19.<sup>9</sup>

On 23 July UNDP released a report titled [Temporary Basic Income: Protecting Poor and Vulnerable People in Developing Countries](#). Starting from the position that unconditional cash transfers can cushion the worst impacts of the COVID-19 pandemic on poor and near-poor households that are currently outside formal social protection systems, this report places the cost of providing such transfers for six months to 2.7 billion people at around USD 199 billion. Amounting to around 12 per cent of the total financial response to COVID-19 in 2020, and only a third of what developing countries owe in external debt payments in 2020, [this temporary basic income is affordable](#).<sup>10</sup>

[FAO-WFP early warning analysis of acute food insecurity hotspots](#) released on 17 July identified 27 countries, including Bangladesh, which may face COVID-19 driven food crises as the pandemic's knock-on effects aggravate pre-existing drivers of hunger. The report warns [these hotspot countries are at high risk of significant food security declines in the coming months](#), including rising numbers of people pushed into acute hunger; and calls for urgent livelihoods assistance, maintaining food chains, and ensuring the most vulnerable people can access and produce vital, nutritious food.<sup>11</sup>

[Releasing an updated USD 10.3 billion appeal to fight the virus](#) in low-income and fragile countries, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator has called on

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<sup>6</sup> <https://www.who.int/news-room/detail/22-07-2020-new-covid-19-law-lab-to-provide-vital-legal-information-and-support-for-the-global-covid-19-response>

<sup>7</sup> [https://www.ilo.org/emppolicy/pubs/WCMS\\_751785/lang--en/index.htm](https://www.ilo.org/emppolicy/pubs/WCMS_751785/lang--en/index.htm)

<sup>8</sup> <https://blogs.imf.org/2020/07/21/the-covid-19-gender-gap/>

<sup>9</sup> <https://news.un.org/en/story/2020/07/1068881>

<sup>10</sup> [https://www.undp.org/content/undp/en/home/news-centre/news/2020/Temporary\\_Basic\\_Income\\_to\\_protect\\_the\\_worlds\\_poorest\\_people\\_slow\\_COVID19.html](https://www.undp.org/content/undp/en/home/news-centre/news/2020/Temporary_Basic_Income_to_protect_the_worlds_poorest_people_slow_COVID19.html)

<sup>11</sup> <http://www.fao.org/news/story/en/item/1298468/icode/>

G20 nations to act now or face a series of human tragedies more brutal and destructive than the direct health impacts of the coronavirus. The lack of action could push around 265 million people to starvation at the end of the year.<sup>12</sup> As of 26 July 2020, the Global Humanitarian Response Plan (GHRP) has received USD 1.87 billion against the total requirement of USD 10.26 billion, which is 18.3 per cent of the appeal. Another USD 1.60 billion received outside the plan brought humanitarian funding for the COVID-19 response to USD 3.48 billion.<sup>13</sup> The largest contributors were the United States of America (USD 512.9 million), Japan (USD 217.0 million), the United Kingdom (USD 149.0 million), and Germany (USD 142.2 million). As of 26 July 2020, WHO's Solidarity Response Fund has mobilized USD 225.44 million from more than 563,000 donations.<sup>14</sup> WHO reported USD 4.94 billion in total support committed or disbursed for the COVID-19 response.<sup>15</sup>

## 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 Bangladesh 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<sup>16</sup>

As of 26 July, data from 1,875 RCCE activities at the national level has been gathered with the support of 16 organizations including Bangladesh Health Watch which recently joined the RCCE monitoring group. Following the recent Directorate General of Health Services (DGHS) guideline on mandatory mask-wearing, the RCCE activities are being conducted with extra focus on mask-related messages (e.g. how to wear a mask, how to make a mask). These general awareness messages account for 53% of total RCCE activities, followed by "stay at home (6.9%)" and "rumours and misinformation (6.3%)". The messages are primarily disseminated through social media (47%) while also exploring and using different channels, for instance, community miking (19.3%) and telecom (1.7%). Most of the RCCE activities are communicated in standard Bangla (74.8%), followed by English (17.4%) and local dialects (7.2%).

#### 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 12 and 19 July 2020, 10,927 respondents participated in the survey representing all eight

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<sup>12</sup> <https://www.unocha.org/story/un-issues-103b-coronavirus-appeal-and-warns-price-inaction>

<sup>13</sup> <https://fts.unocha.org/appeals/952/summary>

<sup>14</sup> <https://covid19responsefund.org/en/>

<sup>15</sup> <https://covid-19-response.org/donor-overview>

<sup>16</sup> The 4Ws monitoring matrix is 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. The visual dashboard shows RCCE activities by topic, dissemination channel, audience, and language (see [link](#)).

divisions of the country and included 63% rural and 37% urban respondents (17% urban slums). Of the respondents, 70% per cent were male, while 30% were female. Key findings were:

- 86% of the respondents know how long they need to wash their hands to stay safe from COVID-19 (i.e., 20 seconds). 79% know when they need to wash their hands (i.e., before eating, after using the bathroom, after coughing, frequently, when hands are visibly dirty).
- 42% of the respondents do not go outside of their house.
- With regards to the challenges on washing hands, 20% faces no challenges, 19% finds no handwashing stations and 11% finds no soap.
- When it comes to their source of drinking water, 64% responded that they have a private tubewell or household tap point, 10% uses public tubewell or tap point, and 9% uses neighbors' tubewells or tap points, while 3% uses pond water. In urban slums, the use of pond water is significantly higher (9%) compared with other urban (3%) and rural respondents (4%).
- 85% of respondents said they did not observe any Department of Public Health Engineering (DPHE) tubewell mechanics visit their community. This response is higher among rural respondents (86%) than urban (81%) or urban slum respondents (79%). 57% reported that DPHE tubewell mechanics visited their area more than one month ago. In comparison, 33% from urban slum areas mentioned that DPHE mechanics visited their area within the last two weeks.
- 22% of the respondents reported that people in their community mistreat people because of their health and profession. The rate is higher among respondents from urban slum (34%) comparing with those from urban (23%) or rural areas (21%).

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

### 2.1.3. Communication materials

In light of Eid-ul-Azha, the RCCE Working Group/Task Force led by WHO and co-led by ILO, responsible for messaging on frontline service providers, has finalized a [set of messages on cattle markets in the context of COVID-19](#). The messages targeted both general customers and administrators, on the sacrificial process. The RCCE team, in collaboration with the Ministry of Religious Affairs and the Islamic Foundation Bangladesh, has identified religious scholars available for communicating with the general public on the key messages of prevention as families prepare for and celebrate Eid.

As part of the mask campaign, UNICEF developed 20,000 posters and 250,000 leaflets on [how to use masks](#) and 250,000 leaflets on [how to make cloth masks at home](#). All of the printed material have been distributed at the field level through Civil Surgeon Offices and UNICEF NGO partners at the local level. UNICEF also developed one public service announcement (PSA) with a celebrity call on the use of mask, handwashing with soap, physical distancing, and the importance of responsible behavior to each other. A 90-second social media version has already been shared through different social media platforms, and a 60-second television version has been handed over to all television channels to broadcast frequently.

UN Women produced [eight PSAs on gender-based violence \(GBV\), domestic violence, sharing household chores and mental health](#), which are being aired daily on 14 community radio stations on a rotational basis. In the past two weeks, these eight PSAs were aired 2,520 times, reaching over seven million people across 96 Upazilas under 30 Districts. The community radio stations also aired 18 radio magazine programmes on prevention of violence against women during this COVID-19.

### 2.1.4. Misinformation and rumour tracking

According to both the RCCE weekly misinformation monitoring exercise and the SecDev disinformation monitor, the number of misinformation posts is continuing to drop. While this is encouraging, it should

be noted that many posts that were generated months earlier continue to circulate online: SecDev found that **70% of all disinformation posts persist online for months**, increasing their viewership and influence over time. Accurate information channels continue to grow, with around 150,000 new subscriptions to the Facebook platforms of UNICEF Bangladesh, a2i, DGHS, IEDCR, RACBRACRAC and UNDP Bangladesh. Major narratives of misinformation include downplaying risks, news about fake cures, and spreading fear, as well as posts channeling frustrations.

## **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 & UNDP a2i), NGOs (BRAC) and volunteer organizations (Platform, Himu, Youn Bangla). 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 the 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 was then secured through World Bank's Pandemic Emergency Financing Facility grant to UNFPA and USAID's support to FAO to implement the initiative in urban Dhaka. **CSTs have started working in Dhaka North City Corporation since the end of June**, while implementation in Dhaka South City Corporation is expected to start in August. In urban areas the CST consists of a BRAC Shasthya Kormi (SK), a volunteer from a private sector company and a local volunteer nominated by the Ward Councilors, while in rural areas, a local community health worker from government, a local BRAC SK and a member from Union Digital Centre entrepreneur/platform volunteer from the community. So far 283 CST members (167 female and 116 male) have been trained in Dhaka North City Corporation and 81 CST members (61 female and 20 male) in Dhaka South City Corporation.

Initial results from field implementation validate the considerable need for community support to combat COVID-19. Local administrators are very supportive of the CST initiative, and have specifically asked for **assistance in home-based management for individuals with mild COVID-19 symptoms and managing hospital referrals** in the case of severe or critical symptoms. Communities need to be made aware about the function of CSTs to improve their acceptability. Awareness-raising for proper mask utilization also needs to be further integrated within the CST intervention to achieve the synergistic effect of both in reducing community transmission.

## **2.3 Logistics and procurement pillar** -----

A total of 15 requests were raised through the Supply Chain Management Portal by five requestors. These requests were validated in the system in June and since then **no additional requests have been received**. The actual delivery is expected generally around eight weeks at the earliest, being a total best-case delivery time from validation to delivery of approximately 16 weeks. To date, there have been no portal deliveries to Bangladesh, however, there have been a number of out-of-portal deliveries through the WFP

transport system. WFP Transport Marketplace is a free-to-user global transport service that is open to eligible humanitarian partners (portal and non-portal items).

The stock report in the Supply Chain Management Portal of [personal protective equipment \(PPE\)](#) and test kits is being monitored by USAID. USAID reported that the stock level of test kits has been reducing for the last few months.

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

A total of 0.91 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 (e.g. 5,706 soaps, 3,283 sanitizers, 26,611 masks, 539 PPE sets, 3,300 gloves etc.). Around 558 families received solidarity cash support. Additionally, UNDP's technical support in providing services through the web portal brought about the following results during the reporting period: 0.27 million more citizens reached out for public services through [www.corona.gov.bd](http://www.corona.gov.bd); 1.2 million calls were received from citizens regarding COVID-19 related inquiries through the 333 Call Center; around 4,330 new learners enrolled in the online courses on nCOVID-19 through the support of a2i and the LOGIC project; 2,219 students graduated from the complete Coronavirus related course; 508 online classes for the class VI-X of secondary school were held through the support of a2i, with the number of views reaching 8.1 million.

As part of the Bangladesh Red Crescent Society Response (BDRCS) COVID-19 response, the following activities were carried out:

- 390,600 of drinking water bottles (500ml) were distributed among selected COVID-19 dedicated hospitals, test and response centers, police station, DC office, at several districts.
- 214 people were reached with psychosocial first aid (PFA) through psychosocial support (PSS) call centers.
- 3,595,252 people received lifesaving awareness messages on COVID-19 through social media.
- 7210 food parcels (3,150) and cooked food packets (4,060) were distributed throughout the country by RCY volunteers.
- BDRCS distributed non-food items, i.e. tarpaulins (1,300), shelter tool kits (700), hygiene parcels (1,200), jerry cans (500), tents (25), emergency latrines (100), and other items among almost 4,000 households.
- 1,800 families were covered through unconditional cash grant at Ward 18 of Dhaka South City Corporation under the Dhaka Earthquake & Emergency Preparedness- Enhancing Resilience (DEEPER) project.
- 732 of COVID-19 infected patients were treated at the Holy Family Red Crescent medical college hospital.

## 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. The latest 4Ws report is available [here](#). In parallel, the humanitarian community continues delivering assistance in line with the [Humanitarian Response Plan for Cyclone Amphan](#) (see latest [4Ws report](#) and [Monitoring Dashboard report](#)). Furthermore, following the successful implementation of anticipatory actions (including those supported by the [Central Emergency Response Fund](#)), the humanitarian community finalized a [Joint Impact and Needs Assessment](#) related to the ongoing massive monsoon floods. The assessment used a contextualized [INFORM Index](#) to identify priorities of its complementary support. In line with the [Humanitarian Response](#)

[and Preparedness Plan \(HPRP\)](#), it is preparing a coordinated response to complement the government's response in prioritized locations. HCTT's support is delivered in accordance with the Strategic Preparedness for Response and Resilience to Disaster ([SPEED](#)) approach.

### **3.1. Child protection cluster** -----

The findings of the [2020 global Multidimensional Poverty Index \(MPI\)](#) report was launched on 16 July. MPI findings from 107 countries, including Bangladesh, are reflected in the report along with discussions on challenges for poverty reduction. The Bangladesh MPI and Child Multi-dimensional Poverty Index (CMPI) were developed by the General Economics division and Bangladesh Bureau of Statistics with support from UNICEF. Mr. M.A. Mannan, Minister for Planning participated in the launching event. He emphasized the [need for increased investments for children as they represent a highly vulnerable group during the COVID-19 pandemic](#). He appreciated UNICEF's support in continuing the immunization programme and supplies of therapeutic milk to health facilities across the country even with limited access to services during lockdowns and parents' fear of contracting infection.

UNICEF is supporting children with disabilities (CWD) through all of its child protection projects, with an [aim to identify children with disabilities and include them as target beneficiaries](#). UNICEF also conducts specific activities for these children using individual casework follow-up, supporting parents with psychosocial support and therapeutic tips for supporting their children and linking them with various services including food and relief, health, skills development opportunities through partners. During the reporting period, more than 500 children were supported through individual casework follow-up; 365 parents and 133 children received psychosocial counselling over the phone; 56 parents were provided tips on therapeutic services for their children and 323 families with children with disabilities received referrals for urgent relief items/supplies.

A total of 99% (340,725) of the target number (344,167) of children for the month of June were vaccinated, demonstrating that [the reach of the immunization program is getting back on track](#) with an increase in reach by 117% compared to April 2020, when the program was most affected by COVID-19. There was also an increase of 34.4% per cent in Expanded Program on Immunization (EPI) sessions held. A total of 4,768,750 doses of different antigens were used to vaccinate children in June 2020, 75.5% higher than May 2020.

World Vision Bangladesh distributed cash disbursements/vouchers to approximately 159,949 individuals, reached 151,242 people with prevention information, supported 15,271 people with food security assistance and 123,879 children with [child protection programming](#), and trained 3,445 frontline actors on child protection programming and 60 staff members on remote psychosocial and counseling support to the most vulnerable, including the safeguarding policy orientation for projects on flood fund.

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

UNFPA continues to [support maternity facilities and to improve their service readiness](#) through Save the Children mentors. Between 11 and 17 July, among the 32 supported health facilities, 2,968 antenatal care visits and 616 facility deliveries were reported. Additionally, seven women with reported post-partum hemorrhage (severe bleeding) received lifesaving treatment.

Save the Children are providing technical assistance to DGHS to conduct two [online orientation training for health managers and health providers on the National Guidelines for Providing Essential Maternal and Newborn Health Services in the COVID-19 context](#). Additionally, during the last reporting period, they reached 935 mothers with health awareness messages on COVID-19, and 1,184 mothers gave birth in their supported health facilities.

Plan International Bangladesh distributed PPEs to 88 health service providers at health facilities in Bhola Sadar. Seven deliveries took place in their supported health facilities in Shampur, 18 in the Family Welfare Centers in Bhola Sadar and 124 deliveries at the five facilities in Rangpur.

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

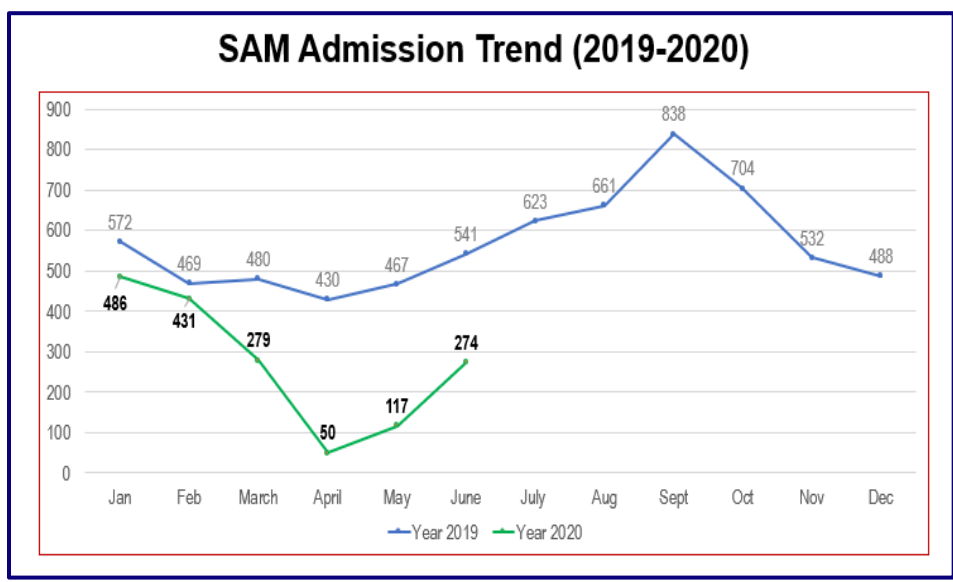
WASH Cluster members continued working continued working to enhance hygiene practices at the personal and community level, contributing to the prevention of COVID-19. During the last two weeks, cluster members installed 376 handwashing devices across the country, mostly in COVID-19 highly affected districts. Cluster members also disinfected communal WASH facilities. The WASH sector has been able to ensure uninterrupted water supply across the country.

Plan International Bangladesh distributed about 21,000 hygiene kits in Bhola Sadar, Lalmohan, Doultkhan and Charfassion, especially to women-headed households and the marginalized people of the remote char of Bhola. Plan recruited a total of 421 volunteers to provide WASH-related hygiene messages, and 110 WASH facilitators are working to disseminate COVID-19 and hygiene messages in the communities.

Oxfam Bangladesh supported a total of 4,400 people with essential hygiene supplies from Dhaka (Mohammadpur, Mirpur, Badda, Khilgaon) and Sunamganj (Tahirpur) district, especially domestic workers at increased risk of vulnerability. Targeted domestic workers were reached through social mobilizers using mobile technology.<sup>17</sup>

UNICEF provided 15 Zoom licenses to the Ministry of Local Government Division, the DPHE and Dhaka Water and Sewerage Authority as virtual platforms have become essential to continue operations with restricted mobility during the pandemic. Government departments at national and divisional levels have been using these Zoom licenses to monitor their field operations effectively and support the ongoing COVID-19 and flood response. Since March 2020, UNICEF has strengthened the capacities of DPHE’s Management Information Systems/Geographical Information Systems (MIS/GIS) unit to ensure effective operation of the virtual platform and communication among central and local offices.

### 3.4 Nutrition cluster -----



Continuous follow-up with the integrated management of childhood illness services, the nutrition corners and the severe acute management (SAM) inpatient facilities have improved SAM screenings and admissions. As a result of the engagement and availability of supplies, the facilities carrying out screening for children suffering from

severe acute malnutrition have increased the number of screenings in the past month. In June 274 SAM

<sup>17</sup> <https://web.facebook.com/watch/?v=640945849844546&rdc=1&rdr>



children were admitted for treatment, almost double those admitted in May (117). However, [overall SAM admission dropped](#) by 44% in June 2020, compared to the baseline data of January 2020.

### 3.5 Education cluster -----

As of 17 July, students have been out of school for 68 days (29% of the 234 days of the school year in Bangladesh). [School closures in response to the COVID-19 pandemic present an unprecedented risk](#) to children’s education, protection and wellbeing. To mitigate the learning loss of 42 million students, UNICEF is advocating for the Government to reopen schools as soon as adequate safety measures are put in place. UNICEF Education worked closely with the Directorate of Primary Education (DPE) in the [development of its school reopening guidelines](#). UNICEF helped in the translation of the [Global Framework for School Reopening jointly developed by WFP, UNESCO, UNICEF and World Bank](#) so that it could be used to guide the Bangladesh framework for school reopening. The [draft guidelines](#) by DPE have now been prepared and will go through several consultation exercises before finalization. The Government has not yet confirmed the date of the reopening of schools.

### 3.6 Gender-based violence (GBV) cluster -----

On 23 July, a total of 2,081 dignity kits – containing lifesaving and essential items for women and girls who are most left behind – were distributed in eleven urban slum locations of Dhaka South City Corporation. This was [a first time GBV response collaboration between UNFPA and UNDP](#). As GBV cluster lead, UNFPA also organized a training on “GBV referral pathway and case management” for 30 attendees (including cluster member organizations, local partners and front line GBV caseworkers) on 23 July. The training, led by the Regional GBV Emergency Specialist, emphasized on the cluster’s responsibility to update and validate referral pathways by locations. Challenges presented by front line workers on remote case management in COVID-19 context received immediate feedback and guidance from the discussion. Previously, the cluster also organized an orientation on the Bangla translation of the IASC GBV pocket guide - How to support survivors of gender-based violence when a GBV actor is not available in your area.

A total of 700 women and 100 adolescent girls participated in a WFP organized [behavioural change communication session on women empowerment, child-rearing and leadership](#) in the Rangamati district. Through the mother and Child Benefit program, mothers received social behaviour change messages regarding health and nutrition in 4 unions of Thanchi Upazila under Bandarban District. These activities are contributing to empowering and increasing health literacy of these targeted groups.

[Social media messages focused on domestic violence](#) and safety for survivors were developed by the Innovators against GBV and disseminated through UN Women social media that reached 29,069 people. UN Women also produced different audio-visual contents on GBV, sharing the household workload and mental health, focusing on COVID 19 for mass awareness. Through UN Women, Islamic Relief Bangladesh is working with religious leaders to support their communities to respond to COVID-19 and engaged with 12,800 local imams to disseminate [GBV prevention messages quoting from the Holy Quran and Hadith](#) through their khutba and mosques’ loudspeakers in Golachipa and Kalapara Upazilla.

## 4. CROSS-CUTTING ISSUES

### 4.1. Gender -----

The Resident Coordinator, UN Women, UNDP and UNFPA representatives met the Speaker of the Parliament to discuss [how government and UN action to address GBV in the context of COVID-19 could be stepped up](#) in response to the SG’s call for Peace in the Homes. Some of the suggested actions included

awareness-raising of women on services available for them, advocating with the Inspector General of Police to ensure efficient police response, including domestic violence cases in virtual courts, and activating the Upazila women officers and Upazila women vice-chairs to be at the forefront of supporting women on the ground and others.

Together with Oxfam and CARE, UN Women held a web-consultation on “[Managing dual disasters of COVID-19 and floods/cyclones in a gender-responsive manner](#)” on 26 July. Around 53 professionals from NGOs, government, UN agencies, academia joined the workshop which included work on the key aspects of a) women participation and leadership, b) gender-based violence, and c) actions required in immediate and mid to long term gender-responsive actions. The outcome of the event is a list of practical and long-term recommendations to manage natural disasters in a gender-responsive manner.

In its first round of cash distribution, UN Women with its partner organization Christian Aid, [completed cash distribution](#) to 388 women, including 205 transgender and 133 sex workers, out of 2,322 selected individuals from the most vulnerable groups. The vulnerable groups include gender diverse people, women with disabilities, widows, sex workers, and GBV victims in five targeted districts who will receive cash assistance along with awareness-raising messages.

UN Women partner WE CAN Alliance introduced [two hotline numbers for emergency legal and psychosocial counselling support for women and girls](#). A 2-pager awareness-raising leaflet on protection against women and children during COVID-19 has also been disseminated among their 500 partners, networks and change-makers in their project districts, Bogura, Potuakhali and Comilla.

The RCCE pillar is working with Imams to disseminate [Eid-ul Adha messages on equal participation of family members](#) so that only women do not get overburdened in the household chores during Eid. The messages will be disseminated by the national mosque through a TV talk show and social media this week. Messages, messages on addressing GBV and menstrual hygiene during the flood season amidst the pandemic have been developed by UN Women and shared with RCCE for wider dissemination.

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

Emerging digital technologies driven by big data and artificial intelligence are entrenching racial inequality, discrimination and intolerance, calling for justice and reparations for affected individuals and communities, Tendayi Achiume, UN Special Rapporteur on racism, said in presenting a [report](#) to the UN Human Rights Council. Noting that the COVID-19 pandemic has hit racial and ethnic minorities hardest, she also warned that the technology being used to combat spread of the disease “is the same type that has been used to exclude these communities from full enjoyment of their human rights in the past. [...] States’ obligations to prevent and eliminate racial discrimination in the design and use of these technologies require including racial and ethnic minorities in the industry’s decision-making process in a non-tokenistic fashion. Their obligations also require them to mandate human rights impact assessments that include an emphasis on equality and non-discrimination.”<sup>18</sup> Her report includes [concrete recommendations for implementing human rights protections against racial discrimination in the design and use of digital technologies](#).<sup>19</sup>

The COVID-19 pandemic has sparked a [pandemic of gender-based violence and discrimination against women that requires urgent action](#), said seven UN and regional experts on violence against women and women's rights in a joint [statement](#) on 14 July. “Urgent steps must be taken to combat this pandemic within a pandemic. The global response to the COVID-19 pandemic has highlighted existing gaps and deep-

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<sup>18</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26101>

<sup>19</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26101&LangID=E>

rooted gender-based discrimination,” they said. “Fewer police interventions and the closure of courts, shelters and essential services for victims have emboldened perpetrators and aggravated risks faced by women and girls.” They also said restrictions on the provision of health and reproductive health services, increased domestic and unpaid care responsibilities, and the burden of providing for the basic needs of family life were taking an additional toll on both the physical and mental wellbeing of women everywhere. The closure of schools poses an additional problem, with millions of girls being kept at home, heightening the risk of sexual exploitation, early pregnancies, rape, early marriages, forced marriages and female genital mutilation. “As the world struggles to contain the COVID-19 pandemic, we call on all States to seize the opportunity to ‘build back better’ by reinforcing and expanding efforts they have already made to promote and protect the rights of women in all spheres of life,” the experts said.<sup>20</sup>

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### 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.gov.bd/covid19-graphics)
- Bangladesh Red Crescent Society (BDRCS): <http://www.bdracs.org/news/coronavirus-covid-19-situation-update>



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<sup>20</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26085&LangID=E>