



COVID-19 SITREP #13

15 August 2020



UNITED NATIONS
BANGLADESH
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1. GLOBAL OVERVIEW

On 4 August, the UN Secretary-General released a policy brief titled [Education during COVID-19 and beyond](#), which underlines the pandemic's massive impact on the global education system, particularly for the students in low and lower middle income countries. The policy brief made four key recommendations for impact mitigation – (a) suppress transmission of the virus and plan thoroughly for school re-openings, (b) protect education financing and coordinate for impact, (c) build resilient education systems for equitable and sustainable development, and (d) reimagine education and accelerate change in teaching and learning.¹ The UN Secretary-General also called for investments in digital literacy and infrastructure for life-long learning and strengthened links between formal and non-formal education to achieve the SDGs.²

On a different policy brief titled [COVID-19 in an Urban World](#) released on 28 July, the UN Secretary-General recognized cities as the epicentre of the pandemic, accounting for around 90 per cent of all reported cases, and encouraged leaders around the world to reshape the urban world during recovery. While responding for a better recovery, the policy brief made three key recommendations to– (a) ensure all phases of the pandemic response tackle inequalities and long-term development deficits and safeguard social cohesion, (b) strengthen the capacities of local governments through collaboration across levels, enhancing budgetary capacity, promoting accountability and transparency, and communication, and (c) pursue a resilient, inclusive, gender-equal and green economic recovery.³

On 7 August, the United Nations High Commissioner for Human Rights described the pandemic as a critical threat to indigenous communities and reiterated the need to ensure that indigenous people have control of their own lives and communities.⁴ She cautioned that despite movement restrictions and other social distancing measures, activities around indigenous communities continued exposing millions of indigenous people to the risks of infection. She reiterated the importance of consulting indigenous communities in the pandemic response and enabling their participation in the formulation and implementation of public

¹ <https://www.un.org/en/coronavirus/future-education-here>

² <https://news.un.org/en/story/2020/08/1069442>

³ <https://news.un.org/en/story/2020/07/1069041>

⁴ <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26156&LangID=e>

policies affecting them.⁵ In a different statement, a group of UN independent human rights experts called on countries to lift sanctions to allow communities to access vital supplies for the fight against the global coronavirus pandemic.⁶

On the six-months mark of declaring COVID-19 a public health emergency of international concern⁷, the WHO reported that half of all total cases globally are in the top three countries, and half of all total deaths are in the top four countries. Over the past week, the global average has been just under 250,000 new cases daily, with an average of nearly 6,000 deaths a day.⁸ The WHO Director-General noted that *although older people are at a higher risk of severe disease, younger people are at risk as well*, warning of evidence suggesting that spikes of cases in some countries are being driven in part by younger peoples' behaviour.⁹ The necessary measures needed to suppress transmission and save lives remain the same: find, isolate, test and care for cases and trace and quarantine their contacts; keep your distance from others, clean your hands, avoid crowded and enclosed areas; and wear a mask where recommended.

UN Women and the UN Department of Political and Peacebuilding Affairs (DPPA) released a [policy brief](#) addressing the *importance of women's full, equal and meaningful participation in an effective pandemic response and peacemaking efforts*. It provides a preliminary analysis of the impact of COVID-19 on women's participation in ceasefires and peace processes and offers recommendations to ensure women's inclusion in peacemaking during the pandemic. The brief acknowledged the critical role of women's civil society organizations in mobilizing support for an urgent cessation of hostilities, inclusive ceasefire processes, and comprehensive peace talks in formal negotiations, inclusion of gender-responsive COVID-19 commitments in agreements, supporting multi-track peace processes, applying a gender lens to navigating the shift to mediation over digital platforms, and ensuring dedicated gender expertise for smarter and more inclusive systems.¹⁰

The United Nations Conference on Trade and Development (UNCTAD) estimated that global sales of disposable masks will reach some USD 166 billion this year, up from USD 800 million in 2019, with *around 75 per cent of used masks expected to end up in landfills or in the ocean*.¹¹ In addition to the expected environmental damage and public health risks from the improper disposal of used masks, UNEP estimates the financial cost to industries to reach around USD 40 billion.¹²

As policymakers around the world are undertaking different measures to support their economies (a combination of spending increases and tax reduction), the latest IMF blog underscores the *possibility that aging economies may benefit less from fiscal stimulus due to non-growing labour force*, with weaker effects of higher public debt on private consumption and investment.¹³ In a subsequent blog, they noted that the economic impact of the COVID-19 pandemic on emerging market economies far exceeded that of the global financial crisis. Although emerging market economies have managed the first phase of the pandemic with strong policy responses, the next phase could be more challenging due to reduced policy space and fragile financial conditions, while the pandemic continues. IMF recommended domestic policies with durable and inclusive growth agenda, increased support from bilateral and multilateral lenders, and

⁵ <https://news.un.org/en/story/2020/08/1069762>

⁶ <https://news.un.org/en/story/2020/08/1069732>

⁷ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---27-july-2020>

⁸ <https://www.who.int/dg/speeches/detail/who-director-general-opening-remarks-at-the-member-state-briefing-on-covid-19-pandemic--30-july-2020>

⁹ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---30-july-2020>

¹⁰ <https://www.unwomen.org/en/digital-library/publications/2020/08/policy-brief-covid-19-and-conflict>

¹¹ <https://news.un.org/en/story/2020/07/1069151>

¹² <https://www.weforum.org/agenda/2020/08/disposable-masks-plastic-pollution-coronavirus-covid-19/>

¹³ <https://blogs.imf.org/2020/08/07/aging-economies-may-benefit-less-from-fiscal-stimulus/>

broad burden-sharing across creditors, including in the private sector.¹⁴ In its latest [brief](#), ADB estimates that the region faces remittance losses ranging from USD 31.4 billion to USD 54.3 billion. Job losses stemming from COVID-19 are hurting households around the world; this impact will be particularly severe in Asia and the Pacific, which makes up for about a third of the global migrant workforce with 91 million migrant workers.

As of 8 August 2020, the Global Humanitarian Response Plan (GHRP) has received USD 2.05 billion against the total requirement of USD 10.26 billion, which is 19.9 per cent of the appeal. Another USD 1.89 billion received outside the plan [brought humanitarian funding for the COVID-19 response to USD 3.93 billion](#).¹⁵ The largest contributors were the United States of America (USD 638.8 million), Japan (USD 220.2 million), the United Kingdom (USD 151.9 million), and Germany (USD 147.1 million). WHO's Solidarity Response Fund has mobilized USD 232.0 million from more than 564,000 donations.¹⁶ WHO reported USD 7.28 billion in total support committed or disbursed for the COVID-19 response.¹⁷

The UN Human Rights Council's Independent Experts and Special Rapporteurs attending the annual "RightsCon" conference on human rights in the digital age, its first fully online conference, stressed on 30 July that "COVID-19 has made us even more reliant on digital technologies and the space they create for civic engagement. With the closing of civic space and restrictions on offline media, [access to universal, open, affordable, secure, and stable Internet is vital](#) to save lives, to prevent abuse, to continue to promote and protect human rights and urgently increase access to information". They also warned against increased patterns of closing digital spaces amid the COVID-19 pandemic.¹⁸

Several [Special Rapporteurs will report to the upcoming Human Rights Council session in September](#) on COVID-related issues, e.g. the Special Rapporteur on hazardous substances and waste will report to the Council in September 2020 on "COVID-19 and prevention of exposure", and the Special Rapporteur on contemporary forms of slavery on "COVID-19 and introducing priority issues, e.g. focus on vulnerable groups and how they are affected by slavery". Other independent experts will report to the General Assembly in October, e.g. the Special Rapporteur on violence against women on the "Impact of COVID-19 on violence against women, with particular focus on domestic violence", the Special Rapporteur on the right to privacy on the theme "Oversight of surveillance and health-data regulations in the context of COVID-19", the Independent Expert on sexual orientation and gender identity on the impact of COVID-19 on LGBTI persons, the Independent Expert on older persons on "COVID-19 and its impact on the human rights of older persons", the Special Rapporteur on adequate housing on the "Impact of COVID-19 on the right to adequate housing", the Special Rapporteur on the Rights of Indigenous Peoples on "COVID-19 impacts and reflection on priorities by new the mandate-holder".¹⁹

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](#).

¹⁴ <https://blogs.imf.org/2020/08/06/covid-19-response-in-emerging-market-economies-conventional-policies-and-beyond/>

¹⁵ <https://fts.unocha.org/appeals/952/summary>

¹⁶ <https://covid19responsefund.org/en/>

¹⁷ <https://covid-19-response.org/donor-overview>

¹⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26139&LangID=E>

¹⁹ <https://www.ohchr.org/EN/HRBodies/SP/Pages/COVID-19-and-Special-Procedures.aspx>

2.1 Risk communication/awareness and community engagement (RCCE) pillar -----

2.1.1. RCCE 4Ws monitoring matrix²⁰

A [phase-wise analysis board](#), added to the 4Ws monitoring matrix of the RCCE pillar, illustrates the **number of RCCE activities implemented over a 5-month period** from March to July 2020. The highest number of RCCE activities recorded on the matrix is in April - almost 800. From March to April, the proportion of phase 1 messages is far greater than in any other month, which shows the focus of all RCCE efforts on raising general awareness on COVID-19. Starting from May, the Phase II messages surpassed that of phase I to address the secondary impacts of the coronavirus (e.g. domestic violence, mental health) as well as cyclone and Ramadan preparedness. In June, in the wake of the easing of the lockdown, phase I messages increased again because practicing preventive measures became increasingly important. In July, because of the mask and all the other campaigns, phase IV messages have increased and account for almost 40% of the total RCCE activities in that month.

2.1.2. Evidence

The RCCE pillar conducted a coordinated **observation of hotspot locations on mask wearing practices, physical distance and hand sanitizing** on 25 - 31 July 2020. The observation was conducted at a total of 237 hotspot locations by ADAB volunteers and RCCE partners, observing 18,772 persons. Hotspot locations included: marketplaces, bus/train/launch/CNG stops, shopping malls, kitchen markets, hotels/tea stalls, government locations, footpaths, traffic squares, religious places and community clinics. The following were the key findings:

- 71 per cent of people observed wore masks (only 27% at religious places, 53% at kitchen markets, 63% at traffic squares)
- 37 per cent of people wear cloth mask, 35% wear surgical masks, 12% wear N95/KN95 mask, 10% other type of masks
- 53 per cent of people wear mask correctly covering nose, mouth and chin
- 37 per cent of people wear mask dangling or hanging or in improper position
- 49 per cent of people maintain no physical distance

The seventh edition of *Corona Kotha* [[Bangla](#) | [English](#)] - a bulletin summarizing community feedback and perceptions about COVID-19 collected by a range of agencies around the country – was distributed. The bulletin is based on an analysis of spontaneous community concerns and feedback that have been collected by organizations across Bangladesh – including NGOs and community radio stations. It is produced by BBC Media Action and Bangladesh Red Crescent Society on behalf of Shongjog – the national platform for community engagement and accountability.²¹ Key highlights include:

- Concerns and worries of the wider communities:
 - People struggle with disrupted livelihoods and reduced income
 - People are worried about fake test reports
- Concerns and worries of marginalised communities:

²⁰ 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](#)).

²¹ All past editions of *Corona Kotha* can be found [here](#).

- The transgender community is worried about their livelihoods and getting treatment from health centres
- Sex workers are in financial crisis and violence against them has increased
- People living with HIV are concerned about general treatment in hospitals

RCCE pillar reviews these research findings to inform RCCE strategies, message campaigns and community engagement and to better plan and implement response activities.

2.1.3. Communication materials

As part of the CST initiative (below), UNICEF is in the process of developing a document to provide strategic guidance to the initiative in implementing social mobilization and community engagement activities for the promotion and utilisation of CST services in their working areas. The strategy targets four categories of key audiences/participant groups: 1) Service recipients; 2) Community Influencers; 3) Service providers; and 4) GO-NGO Policy/Decision makers. The stakeholders' consultations with the intended audiences is in progress, which include GoB-NGO policymakers including Deputy Chief Health Officer (DCHO) and Zonal Executive Officers (ZEOs) of DNCC and community stakeholders including BRAC frontline providers, and Ward Councilors of the intervention areas. This document comprises two major areas: narrative of the communication strategy and the action plan along with budget for the implementation of the activities. The messages and materials will be prepared and produced based on the strategy.

UNICEF developed and distributed the following communication materials for the CST initiative:

- Poster on mask use-stay home-helpline: 35,000
- Poster on stigma and discrimination: 35,000
- Sticker on helpline: 20,000
- FAQs Leaflets on COVID-19 and CST initiative: 20,000
- Leaflet on community miking: 35,000
- Leaflet on mosque miking: 35,000

The above posters were also distributed to the GO-NGO-CSO partners under 6 UNICEF Field Offices situated in Barishal, Chattogram, Khulna, Mymensingh, Rangpur, and Sylhet. Eight NGO network partners and IFRC-BDRCS also received the posters to distribute their sub-national level NGOs.

2.1.4. Misinformation and rumour tracking

According to both the RCCE weekly misinformation monitoring exercise and the SecDev disinformation monitor, the overall number of medical misinformation posts continues to be low. Posts that downplay the risk are higher in number and engagement, while posts that spread panic, fear and anger are in second place in terms of engagement. Over the reporting week, 17 major misinformation posts were detected and they garnered over 22,866 interactions. Misinformation posts since March have garnered over 25 million impressions while the UNICEF Facebook channel alone has garnered over 2 billion impressions on accurate information posts and 131 million impressions in the past two weeks. Accurate information channels continue to grow. In addition, anti-lockdown, anti-authority sentiments and disbelief propagated among the population since no COVID cases were found amongst Hajj pilgrims. A lot of frustration was noticed due to measures not being implemented in public places but enforced in mosques.²²

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

²² The full directory of misinformation narratives till date can be found [here](#).

The Community Support Team (CST) intervention is continuing operations in Dhaka North City Corporation (DNCC) with plans to expand to Dhaka South City Corporation (DSCC) in the coming weeks. The Directorate General of Health Services (DGHS) is leading the intervention in partnership with several UN Organizations (FAO, UNFPA, UNICEF, WFP, UNDP a2i), NGOs (BRAC), and volunteer organizations (Platform, Himu, Young Bangla). CST implementation in urban Dhaka is being funded by the World Bank's Pandemic Emergency Financing Facility (PEF) and USAID. The goal of the initiative is to **preserve hospital capacity by slowing down disease spread at the 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 the 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.

A total of 12,032 individuals have been screened by CSTs thus far. With USAID support, data management has been improved through a collaborative development among BRAC, FAO, ICDDR B with the creation of a CST-specific mobile application that will aid the CSTs in screening individuals and following-up with identified VVFs to ensure that they maintain the 14-day quarantine along with their entire households. Local miking to raise awareness about the CST intervention has been initiated in all the 54 wards of DNCC.

2.3 Logistics and procurement pillar -----

The COVID-19 **supply chain system (CSCS) process for the WHO supply portal is ongoing** for Bangladesh's 14 requests from five humanitarian partners, with deliveries expected to start within three to five weeks. The communication from the operational coordination cell in Geneva (the control tower) has improved with weekly status updates being shared with individual requestors. Meanwhile, the out-of-portal COVID-19 item deliveries are continuing through the WFP emergency global 'free-to-user' transport services.

The COVID-19 dashboard of the supply chain management portal covers the items donated, as well as the local procurement by the Government of Bangladesh, and **currently has a reporting rate of 98 per cent**. Meanwhile, as demanded by the DGHS Control Room, an SMS alert has been activated on 8 August for the health facility managers and storekeepers to send notifications once the stocks are below a certain level, in order to provide an immediate understanding of any imbalances on the stocks vis-à-vis the requirements.

The UNRCO has issued a letter to the Chairman of the National Board of Revenue to request the **inclusion of additional medical items and personal protective equipment (PPE) in the revised SRO-184** related to COVID-19 issued in June and requested for extending the validity of the SRO for at least one year.

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

A total of 1.2 million people, including vulnerable groups (e.g. low-income families, people who have lost employment, women-headed households, families with disability, disaster-affected people etc.), were reached by UNDP between 24 July and 6 August with **different support initiatives, such as cash support and distribution of hygiene kits, PPEs and other necessary equipment**. Additionally, UNDP's technical

support in providing services through the web portal brought about the following results during the reporting period: 0.38 million more citizens reached out for public services through www.corona.gov.bd; 0.85 million calls were received from citizens with COVID-19 related inquiries through the 333 Call Center; around 2,356 new learners enrolled in the online courses on COVID-19 through the support of Aspire to Innovate (a2i) and the Local Government Initiatives on Climate Change (LoGIC) project; 1,273 new students graduated from the complete Coronavirus related course; 304 online classes for the class VI- X of secondary school were held through the support of a2i, with the number of views reaching 3.9 million.

During the reporting period, 561 migrants were provided with telemedicine service through the [Probashi helpline](#) supported by IOM. Additionally, 2,107 migrants were assisted with information and online support on topics such as flight information and pre-exit COVID-19 test required by the Government, as well as requests for support in returning to Bangladesh. During the two weeks over 2,000 new users used the helpline website.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

Humanitarian partners continue to provide complementary support to the Health Emergency Response²³. However, the current priorities of the Humanitarian Coordination Task Team (HCTT) are: (1) the completion of its support to the Government-led response to Cyclone Amphan including related CERF-funded projects in line with the [Humanitarian Response Plan for Cyclone Amphan](#) (see latest [4Ws report](#) and [Monitoring Dashboard report](#)) and; (2) the implementation of the [HCTT Response Plan](#) to the most prolonged monsoon floods since 1998. These humanitarian and recovery responses are in line with the [Humanitarian Response and Preparedness Plan \(HPRP\)](#) and factor in the COVID-19 pandemic context.

As per HCTT's protocols agreed with the Government of Bangladesh, the response to the floods was designed based on a thorough [Joint Impact and Needs Assessment](#) that used a contextualized [INFORM Index](#) to help identify priorities for HCTT's complementary support. It also considers the earlier successful implementation of the [CERF Anticipatory Action Pilot](#) and the fast-evolving situation. Indeed, according to the latest information from the Flood Forecasting and Warning Centre, a fourth wave of floods at the end of August is to be expected.

Given the strong correlation between the Climate Emergency and the socio-economic impact of the pandemic on most vulnerable communities exposed to climate-related disasters (see April 2020 [Multi-Sectoral Anticipatory Impact and Needs Analysis](#)), sustained targeted support is required to help communities to bounce back sustainably from a compounded disaster situation. It entails humanitarian-development nexus interventions that the HCTT promotes through the Strategic Preparedness for Emergency Response to Disaster ([SPEED](#)) approach.

3.1. Child protection cluster -----

With support from UNICEF, the officials from the Department of Social Services visited several child protection support centres and distributed hygiene kits to adolescents. The Ministry of Women and Children Affairs provided a virtual technical session on “[Basic Skills for providing Psychosocial support and Referral Services](#)” to 50 child rights facilitators (CRF) and distributed more than 100 carton recreational kits for children in Chattogram.

²³ For all previous HCTT sitreps: <https://www.humanitarianresponse.info/en/operations/bangladesh/flash-updates>

World Vision Bangladesh distributed cash disbursements/vouchers to approximately 162,242 individuals, reached 151,483 children and young people with information about prevention of harmful practices, supported 15,271 people with food assistance, and trained 3,445 frontline actors on child protection programming and remote psychosocial and counselling support. Since the beginning of the pandemic, 1,455 faith leaders disseminated messages to raise awareness against about child abuse neglect and violence and against child marriage.

Islamic Relief Bangladesh provided support to 4,302 orphan children through the Orphan Sponsorship Program to ensure their education, rights and protection. The support includes household visits and raising awareness about the Government's and WHO's guidelines on COVID-19.

3.2 Water sanitation and hygiene (WASH) cluster -----

During the reporting period, two WASH cluster members installed 490 handwashing devices with soap in high-risk areas such as markets and health care facilities. Cluster members also distributed more than 13,000 hygiene kits in several vulnerable districts, ensuring access to these items, especially to impoverished people and to women-headed households in remote areas. At the same time, they also spread COVID-19 prevention messages through awareness-raising activities. A post-distribution monitoring exercise found that hand hygiene behaviour had improved among the targeted beneficiaries. The WASH sector has also been able to ensure uninterrupted water supply across the country. Additionally, cluster members continually conduct the Hygiene Promotion Campaign using online platform and miking, and established 133 billboards with hygiene messages in public places around the country.

3.3 Nutrition cluster -----

WFP provided support to children and women in Rangpur and Khulna divisions as well as Rangamati, and approximately 1,250 pregnant mothers received fortified nutritious food. Additionally, WFP conducted 3,865 remote monitoring activities and disseminated COVID-19 awareness-related information, including nutritional and hygiene messages.

SOS Children's Villages Bangladesh distributed nutritious food packages and hygiene kits to 10,866 Children, as well as safety materials for COVID-19: masks, sanitizers, liquid hand wash, soap, tissues, handkerchiefs. Approximately 986 orphan and abandoned children of the SOS Family received material support and were provided with mental health and psychosocial counseling sessions.

3.4 Education cluster -----

To improve access to education for marginalized children, who have limited or no access to television and Internet, audio contents covering grades 1-5 have been developed by the Ministry of Primary and Mass Education with support from UNESCO and technical assistance from a2i. The audio contents follow the National Curriculum and Textbook Board of Bangladesh and include COVID-19 awareness messages for children and parents. Preparations for the broadcasting of these audio materials are in its final stages.

4. CROSS-CUTTING ISSUES

4.1. Gender -----

UN Women and UNFPA jointly organized a web orientation on "Gender-based Violence (GBV) data collection" for civil society organizations on 28 July. The participants gained knowledge on the importance

of data collection on violence against women, on identifying the risk factors of remote data collection as required by the COVID-19 situation, and on reducing the risk of harming survivors.

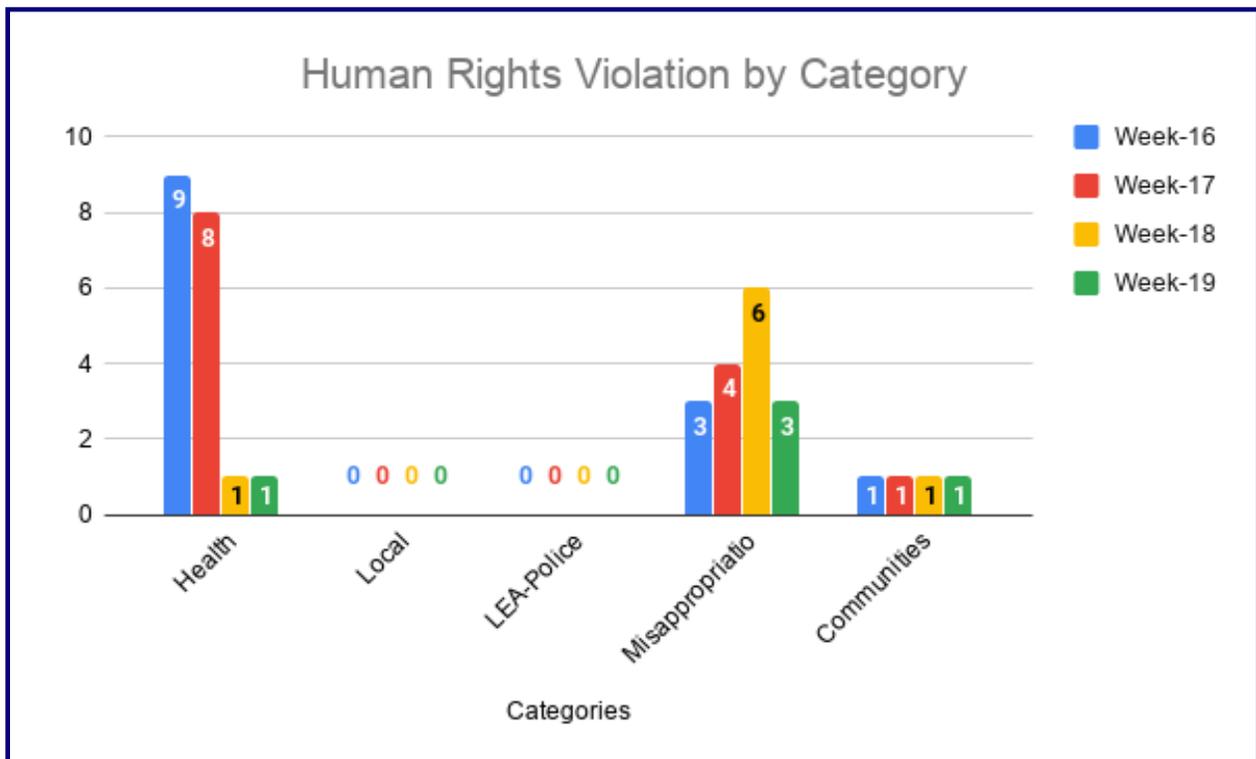
The Gender in Humanitarian Action (GiHA) Bangladesh produced a [Rapid Gender Analysis of Monsoon Flooding](#) in the time of COVID-19, which calls for a coordinated, inclusive and gender-responsive humanitarian response. Broadly, this analysis suggests taking [immediate actions to mitigate GBV and protection risks of the most vulnerable groups](#), ensure food security and financial support for the targeted vulnerable groups and provide lifesaving essential services e.g. sexual and reproductive health care facility, safe shelters etc.

A partnership agreement was signed between UN Women and Unilever Bangladesh to [support 10,000 women returnee migrant workers with hygiene products from brands from Unilever Bangladesh](#) to cope with the COVID-19 situation. The hygiene products will be distributed to returnee women workers in ten districts in collaboration with the Ministry of Expatriates' Welfare, local governments and women-led organizations.

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

A [new infographic by OHCHR](#) on recommendations from UN human rights mechanisms to Bangladesh specifically addresses COVID-19 and provides links to the related SDGs.

The National Human Rights Commission, with the support of UNDP, continues to issue regular infographic updates since March. Where the updates initially showed a higher number of alleged violations by law enforcement, the latest update (week 19) indicates that there are comparatively more human rights violations involving [misappropriation and corruption](#).



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>

