



COVID-19 SITREP #14

29 August 2020



UNITED NATIONS
BANGLADESH



1. GLOBAL OVERVIEW

On World Humanitarian Day, 19 August, the UN Secretary-General **hailed the contributions of humanitarian workers worldwide who are risking their lives to help people** through the delivery of food, essential healthcare, water and other basic supplies in times of COVID-19, and underscored the massive need for humanitarian support from the fallout of the pandemic.^{1,2} In a separate remark at the opening of the Inter-Parliamentary Union's World Conference of Speakers of Parliament, he urged parliamentarians to turn the COVID-19 recovery into an opportunity to do things right for the future, and to align legislation and spending decisions with climate action and the Sustainable Development Goals through making societies more resilient, creating green jobs, conditional bailouts of industry, aviation and shipping to align with the Paris Agreement, stopping fossil fuel subsidies and the funding of coal, and factoring climate risk into all decision-making.³ At the same event, Dr. Shirin Sharmin Chaudhury, Speaker of the Bangladeshi Parliament, spoke about the socioeconomic effects the pandemic is having on vulnerable groups and especially on women and girls, at increased risk of becoming victims of gender-based violence.⁴

In his opening remarks to the Security Council on Peacebuilding and Sustaining Peace on 12 August, the UN Secretary-General reiterated the **increased urgency of sustaining peace** as COVID-19 threatens not only hard-won development and peacebuilding gains but also risks exacerbating conflicts or inciting new ones.⁵ He warned the Security Council about the dangers of erosion of public trust, destabilization of the

¹ <https://www.un.org/press/en/2020/sgsm20212.doc.htm>

² Four Bangladeshi youth were recognized as Real Life Heroes on World Humanitarian Day: <https://www.thedailystar.net/country/news/world-humanitarian-day-un-recognises-4-bangladeshi-youths-real-life-heroes-1948185>

³ <https://www.un.org/sg/en/content/sg/statement/2020-08-19/secretary-generals-remarks-opening-of-the-inter-parliamentary-union-s-world-conference-of-speakers-of-parliament-prepared-for-delivery>

⁴ https://www.youtube.com/watch?v=E-RPOineLhc&list=PLLwJpE_EfvM6EnuP1Fiab8nZ7TdmD3qrG&index=9

⁵ <https://news.un.org/en/story/2020/08/1070082>

global economic order, and weakening of the social fabric due to the pandemic, and called for conflict-sensitive, inclusive, coherent, and flexible recovery approaches.⁶

At the member states briefing on 20 August, the WHO Director-General noted that despite progress in preparedness and increase in laboratory facilities in most countries, there are **various worrying gaps concerning care facilities and workers**. Only about half of countries have a national infection prevention and control program and standards for water, sanitation and hygiene in all health care facilities. Only one-third of countries have a national policy and guidelines on infection prevention and control for long term care facilities. Only about one-quarter of countries have a health occupational safety plan for health care workers, and two-thirds of priority countries report that they have postponed at least one vaccination campaign due to the pandemic.⁷ He also warned against vaccine nationalism during the pandemic and called for collective response through joining the **COVAX Global Vaccines Facility**, a mechanism aimed at guaranteeing fair access for all countries, rich or poor, to effective immunization.⁸

The new ILO-ADB report **Tackling the COVID-19 youth employment crisis in Asia and the Pacific** released on 18 August finds that **nearly half the total number of employed youth (between 15 and 24 years) were working in the four sectors hardest hit by the COVID-19 crisis** - wholesale and retail trade and repair; manufacturing; rental and business services; and accommodation and food services.⁹ The report calls on governments in the region to adopt urgent, large-scale and targeted measures to generate jobs for youth, keep education and training on track, and to minimize future scarring of more than 660 million young people in the region.¹⁰ In a different policy brief **COVID-19: Public employment services and labor market policy responses** released on 17 August, the ILO estimates losses of working hours equivalent to nearly 400 million full-time jobs in the second quarter of 2020, most of which are in emerging and developing countries. Drawing on empirical evidence showing the cost-effectiveness of employment services to tackle labor market transitions, the ILO also notes that public employment services relying on technology were able to continue delivering remotely during lockdowns.¹¹

In its latest **brief**, UNICEF reports that the extent to which students may make up the learning losses from abrupt school closures will vary over time. In Southeast Asia and the Pacific, UNICEF predicts that an additional 22 million children could fall into poverty in 2020 because of the socio-economic impact of COVID-19, and advises that **keeping children physically and mentally healthy, well-nourished, and safe, is the most urgent priority**, followed by nurturing children's resilience amid the suspension or disruption of basic services and reimagining solutions to reach the Sustainable Development Goals.¹² They also informed that, of 136 countries that responded to UNICEF's Socio-economic Impact Survey of COVID-19 Response, 104 countries reported a disruption in services related to violence against children, resulting in children at increased risk of violence, exploitation and abuse.¹³ In another technical note **Social Protection for Children and Families in the Context of Migration and Displacement during COVID-19** released on 13 August, UNICEF warns that children and families operating in a context of migration and displacement are doubly impacted by COVID-19 due to being immediately affected by the socio-economic impacts and also disproportionately excluded from response and recovery efforts.

⁶ <https://www.un.org/sg/en/content/sg/statement/2020-08-12/secretary-generals-remarks-security-council-open-video-teleconference-peacebuilding-and-sustaining-peace-pandemics-and-the-challenges-of-sustaining-peace-delivered>

⁷ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-member-state-briefing-on-covid-19---20-august-2020>

⁸ <https://news.un.org/en/story/2020/08/1070422>

⁹ https://www.ilo.org/asia/publications/WCMS_753369/lang--en/index.htm

¹⁰ https://www.ilo.org/asia/media-centre/news/WCMS_753049/lang--en/index.htm

¹¹ https://www.ilo.org/emppolicy/areas/covid/WCMS_753404/lang--en/index.htm

¹² <https://www.unicef.org/eap/reports/recover-rebound-reimagine>

¹³ <https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef>

The WHO-UNICEF global report [Progress on drinking water, sanitation and hygiene in schools](#) from the Joint Monitoring Program (JMP) finds that in the least developed countries, 70 per cent of schools lack basic handwashing facilities and half of the schools lack basic sanitation and water services. It also reports that 43 per cent of schools around the world lacked access to basic handwashing with soap and water in 2019, which is a major obstacle for schools to be able to operate safely in the midst of the pandemic and puts the children into increased risk of COVID-19 and other transmittable diseases.¹⁴

In its latest report, WFP noted that amid the significant impact of COVID-19 on food security globally, increased needs are around USD 1.8 billion for July to December, a 29 per cent increase compared to pre-pandemic plans, and stresses that its COVID-19 response plan and Global Common Services face significant funding shortfalls.¹⁵ In a separate [guidance note](#), UN Women underscored the fact that online recruitment, grooming and exploitation tactics have been widely used by traffickers during the pandemic; reduced accessibility of assistance and services for victims and survivors of trafficking was also noted. The report suggests an anticipated increase and further exacerbation of women's and girls' vulnerability to trafficking for sexual exploitation.¹⁶

IOM and the International Chamber of Commerce (ICC) jointly released a new [Guidance on Protection for Migrant Workers during the COVID-19 Pandemic](#) to protect the migrant workers who continue to be on the front lines of the collective response to COVID-19. The guideline highlighted the role of private sector and featured five categories of support from employers: (a) physical and mental health, (b) living and working conditions, (c) economic support, (d) ethical recruitment, and (e) supply chain commitments.¹⁷

The latest Asian Development Bank brief on the [COVID-19 Impact on International Migration, Remittances, and Recipient Households in Developing Asia](#) reports that job losses stemming from COVID-19 are hurting the 91 million migrant workers of Asia and the Pacific, which may result in remittance losses ranging from USD 31.4 billion to USD 54.3 billion. The report recommended that source and host countries of migrant workers extend temporary social protection programs to assist stranded and returned migrants; extend social protection to the poor including the remittance recipient households who fall back to poverty; design comprehensive immigration, health, and labor policies that enable migrants to return to jobs; and ensure the continuity of remittance services and enabling business environment.¹⁸

As of 22 August 2020, the Global Humanitarian Response Plan (GHRP) has received USD 2.25 billion against the total requirement of USD 10.31 billion, meaning 21.9 per cent of the appeal. Another USD 1.95 billion received outside the plan brought humanitarian funding for the COVID-19 response to USD 4.20 billion.¹⁹ The largest contributors were the United States of America (USD 691.6 million), Japan (USD 207.2 million), Germany (USD 173.3 million) and the United Kingdom (USD 169.1 million). As of the same day, WHO's Solidarity Response Fund has mobilized USD 233.86 million from more than 565,000 donations.²⁰ WHO reported USD 7.41 billion in total support committed or disbursed for the COVID-19 response.²¹

On the occasion of the International Day Commemorating the Victims of Acts of Violence Based on Religion or Belief, 22 August 2020, UN human rights experts expressed alarm at the recent sharp rise of

¹⁴ <https://www.who.int/news-room/detail/13-08-2020-2-in-5-schools-around-the-world-lacked-basic-handwashing-facilities-prior-to-covid-19-pandemic-unicef-who>

¹⁵ <https://docs.wfp.org/api/documents/07041177f99e42f6b7df450d87e7f125/download/>

¹⁶ <https://www.unwomen.org/en/digital-library/publications/2020/07/guidance-addressing-emerging-human-trafficking-trends-and-consequences-of-the-covid-19-pandemic>

¹⁷ <https://www.iom.int/news/icc-iom-launch-covid-19-guidance-protection-migrants>

¹⁸ <https://www.adb.org/publications/covid-19-impact-migration-remittances-asia>

¹⁹ <https://fts.unocha.org/appeals/952/summary>

²⁰ <https://covid19responsefund.org/en/>

²¹ <https://covid-19-response.org/donor-overview>

hatred directed at religious communities, who are often being portrayed as a threat to public safety and national identity. They called on all governments to combat intolerance, discrimination and violence against individuals based on their religion or belief and said States must do more to support victims of such violence to rebuild their lives and live free of the fear of future incidents.²²

On 18 August, the UN Special Rapporteur on the right to adequate housing, Balakrishnan Rajagopal, called on countries around the world to halt all evictions until the COVID-19 pandemic ends. Even though some governments have put in place temporary bans on forced evictions, many people continue to lose their homes or are at risk of eviction or forced relocation as temporary measures come to an end.²³

The UN Committee on the Elimination of Racial Discrimination called on States on 13 August to ensure, in their actions as well as through international cooperation, that the development of vaccines as well as the access to an eventual vaccine against COVID-19 occurs in a non-discriminatory manner, taking into account the situation and needs of groups which are marginalized and subjected to discrimination.²⁴

On the occasion of the International Day of the World's Indigenous Peoples on 9 August, the UN High Commissioner for Human Rights, Michelle Bachelet, noted that in almost all the 90 countries where indigenous peoples live, often in remote locations, many have deeply inadequate access to health care, clean water and sanitation. Their communal way of life can increase the likelihood of rapid contagion, although all over the world there have been inspiring examples of indigenous communities taking measures based on their strong internal organization to limit the spreading of the virus and reduce its impacts. Those who live in more urban environments often suffer multidimensional poverty, and these harms are compounded by severe discrimination – including in the context of health care.²⁵ The High Commissioner encouraged the use of a [Guidance Note on Covid-19 and indigenous people](#) that had been issued by her Office in June.

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 -----

As part of its overarching mask campaign, UNICEF Bangladesh, in collaboration with the Directorate General of Health Services (DGHS) and RCCE partners, amplified the government's three public service announcements (PSA) on 1) how to wear a mask, 2) how to make a mask at home, and 3) the flagship video on its social media platforms. As of 23 August, the three public service announcements have garnered more than 14,317,200 views on Facebook. In an additional effort to further bolster a pro-mask usage behaviour, UNICEF Bangladesh recently launched the #WearAMask campaign in which child influencers, adolescent club members, actors, sports stars, and children and adolescents contributed

²² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26181&LangID=E>

²³ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26170&LangID=E>

²⁴ <https://www.ohchr.org/EN/HRBodies/Pages/COVID-19-and-TreatyBodies.aspx>

²⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26156&LangID=E>

photos and videos of themselves wearing masks. In only 11 days, the campaign has garnered over 30,667,441 impressions.

According to UNDP's SecDev Disinformation Monitor, misinformation posts on Bangladeshi social media networks have garnered 25 million impressions views thus far. As a counternarrative, [UNICEF Bangladesh's Facebook platform alone has garnered over 2 billion impressions on accurate information posts on mask-wearing](#), hand washing, physical distancing, child protection and parenting, good nutrition during COVID-19, critical health services, and more. The misinformation monitoring working group under the RCCE pillar (which involved volunteers from DGHS, a2i, NTMC, WHO, UNDP, and UNICEF) detected over 155 major misinformation posts on social media between April and June; the majority of misinformation posts revolved around fake cures and methods to treat the virus, whereas in the last two months this form of misinformation has almost disappeared and has been replaced by an overwhelming amount of content downplaying the risks of COVID-19 (such as: it is not contagious or deadly, masks are not needed, as a Muslim you should not distance yourself in the mosque, COVID-19 is only government propaganda).

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

The Community Support Team (CST) intervention is continuing operations in Dhaka North City Corporation (DNCC) with plans underway for expanding to Dhaka South City Corporation to [support families in taking action to better manage COVID-19](#). The Directorate General of Health Services (DGHS) is leading the intervention with the support of UN organizations – FAO, UNFPA, UNICEF, WFP, UNDP, a2i, and NGOs and volunteer organizations, including BRAC, Platform, Himu, and Young Bangla.

Through the CST programme, people are able to call a COVID-19 hotline (333) to receive a preliminary screening over the phone. When someone reports symptoms that match with COVID-19, or exposure to a person with a probable or confirmed COVID-19 case, it triggers the CST volunteers to do a home visit, in accordance with strict safety protocols, to further assess symptoms. A suspected case, or “potential virus fighter” (PVF), becomes a “verified virus fighter” (VVF) based on a syndromic diagnosis of symptoms. VVFs are then offered essential vitamins and over-the-counter medicines to support isolation of the entire household for 14 days. VVFs are also connected to medical experts via dedicated tele-medicine support and are referred to hospitals in the case of severe or critical disease. WFP and BRAC are coordinating a standard 14-day food package for VVFs in vulnerable households with support from USAID. For households with pregnant women, the community volunteers link them to midwives and gynecologists for maternal health services. Specific telemedicine services are also in the process of being set up to further cater to home-based case management of probable COVID-19 patients identified through the CSTs. [More than 15,000 individuals have been screened by CSTs in DNCC since the end of June.](#)

Community health workers were identified by BRAC and additional volunteers recruited and trained to assess COVID-19 symptoms and educate families on good infection management practices, including physical distancing, disinfection, mask wearing, and isolating for two weeks to slow the spread of the virus. Thus far, FAO has conducted [in-service training for more than 400 CST community health workers and volunteers, with more trainings scheduled over the coming weeks](#). FAO also led enhanced refresher training sessions this month with more than 200 operational CSTs to identify and develop solutions to major barriers PVFs and VVFs are facing that are making it difficult for them to adopt COVID-smart practices such as distancing, regular disinfection, mask-wearing, and self-isolation when sick. The enhanced training further orientated CSTs on using the latest update for a new mobile app with improved information management and monitoring capabilities to assist in standardized evaluation of COVID-19 symptoms.

A CST Social and Behaviour Change Communication (SBCC) Working Group is now operational with collaborators from BRAC, FAO, UNDP a2i, UNICEF, UN Women, WFP, and WHO. The SBCC team is continuing to gather data from direct stakeholder consultations, and through CST volunteer feedback, to identify evolving priorities and challenges for stakeholders. Preliminary analysis of this information is underway and will feed into the [development of a behaviour change and communication strategy to support a continued expansion and evolution of the CST intervention](#) in line with emerging evidence and the changing COVID-19 situation in Bangladesh. Meanwhile, local miking is continuing in 54 wards of DNCC for awareness raising about the CST intervention.

CST implementation in urban Dhaka is being funded by the World Bank's Pandemic Emergency Financing Facility (PEF) and USAID.

2.3 Logistics and procurement pillar -----

The WHO Global Supply Chain System portal is now functional and allows for new requests to be processed faster than the original requests.

WFP global transport is open to eligible humanitarian partners and is fully up and running. To date, [nine A300 cargo planes of procurement items were booked into the system for Bangladesh, four cargo planes were delivered, and one plane is expected the last week of August](#). The agencies requesting these services were WFP, IOM, ICRC, UNICEF, Malteser, IFRC, ICRC and WHO. WFP also delivered 60 units of high-flow nasal cannulas to 14 hospitals while 57,120 RT-PCR kits are expected to arrive on 25 August, funded by the World Bank's PEF support. The effort of procuring high-flow nasal cannulas, not readily available at the moment, was acknowledged and appreciated by the Government's representative of the Central Medical Storage Depot (CMSD).

UNICEF delivered a number of [personal protective equipment and medical items](#) to the CMSD, the DGHS and the Ministry of Health and Family Welfare such as coveralls, N95 and surgical masks, gowns, oxygen concentrator, pulse oximeter and oxygen cylinders.

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

A total of 900,000 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 7 and 20 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: 0.48 million more citizens reached out for public services through www.corona.gov.bd; 0.70 million calls were received from citizens with COVID-19 related inquiries through the 333 call center; around 1,936 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; 1,084 new students graduated from the complete Coronavirus related course; 444 online classes for the class VI- X of secondary school were held through the support of a2i, with the number of views reaching 5.44 million.

3. COMPLEMENTARY SUPPORT TO THE HEALTH EMERGENCY RESPONSE

Humanitarian partners continue to provide complementary support to the Health Emergency Response. 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.

3.1. Child protection cluster -----

The disruption to livelihoods, public services and freedom of movement can exacerbate Sexual Exploitation and Abuse (SEA), especially towards women and children. UNICEF recognizes that protection from SEA (PSEA) must be integrated into its COVID-19 interventions and continues to strengthen its PSEA commitments to protect and assist people receiving humanitarian assistance during COVID-19. UNICEF has conducted PSEA assessments that will inform interventions to ensure the readiness of its partners in PSEA risk mitigation. So far, [72 staff from 52 organizations have participated in PSEA orientations](#).

During the reporting period, World Vision Bangladesh organized [face to face meetings to discuss positive parenting](#) with 92 stakeholders such as faith leaders, teachers, Child Protection cluster committee members. In their efforts of preventing violence against children, they also engaged 90 faith leaders on the [“It Takes a World”](#) campaign and facilitated the development of related action plans for COVID-19.

Islamic Relief Bangladesh (IRB) provided [support to 850 orphan children](#) through their “Orphan Sponsorship Program” in the districts of Rangpur, Dinajpur, Thakurgaon, Sunamganj, Khulna, Cox’s Bazar, Rajbari, Golachipa districts. The support includes household visits and awareness-raising of WHO and governmental guidelines on health and protection during COVID-19.

Plan International Bangladesh (PIB) provided support to 4,478 households in Jaldhaka, in the Nilphamari district, to [prevent child marriage](#) with awareness-raising messages, leaflets and discussions. They also organized digital group trainings on COVID-19 with community-based child protection committees and youth groups. 150 participants attended virtually and 40 attended in person, following safety measures.

Save the Children International disseminated awareness-raising messages to 1,830 community members, including 698 children, on COVID-19 child protection risk, positive parenting and virtual psychosocial support. 94 community members working directly with children and youth received face to face and virtual [capacity building training on children rights and protection](#) during COVID-19.

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

Between 1 to 15 August, UNFPA continued to [support the strengthening of the national midwifery programme](#) by providing technical support through Save the Children in 91 sub-district hospitals (Upazila Health Complexes) under 16 districts. During this time, a total of 38 mentoring visits were conducted in selected hospitals. In terms of capacity building, mentoring sessions were conducted where clinical mentors trained health service providers based in Chakaria and Pekua Upazila Health Complexes and Union health facilities. Through these training sessions, ten service providers were mentored on how to provide antenatal and prenatal care and how to conduct normal vaginal deliveries in accordance with the National Maternal and Newborn and Child Health guidelines, as well as on how to increase patient flow, management of severe bleeding and eclampsia, referral management and psychosocial counselling.

UNFPA supported the DGHS, Maternal and Child Health Division and the ICCDR, B in the organization of the ["Orientation on National Guidelines for Providing Essential Maternal, Newborn and Child Health Services in the context of COVID-19"](#) training for health care providers in District Hospitals and Upazila Health Complexes throughout Bangladesh. A total of 14 batches was conducted, where 374 health care

providers from 14 health facilities in nine districts (Patuakhali, Netrokona, Kishorgang, Jamalpur, Khagrachari, Bogra, Bagerhat, Bhola and Sunamganj) received the training. Among the participants, 221 were midwives and nurses, 113 were doctors, and 40 were other health care providers.

Save the Children reached 1,729 women in Dhaka City Cooperation with awareness text messages on COVID-19, and 4137 women of reproductive age were followed up with [family planning services and birth preparedness information](#). 9,084 antenatal care visits were carried out and 3,124 deliveries were conducted in Union health facilities across the country.

Plan International Bangladesh provided [cash assistance to pregnant mothers living in Dhaka and facing pregnancy complications](#) who could not afford adequate care. 276 families living in Dhaka South City Cooperation are also being supported with antenatal and postnatal care services, family planning counselling and psychosocial support related to COVID-19. Phone counselling services were also provided to 413 adolescent girls in Dhaka South City Cooperation, to raise awareness about COVID-19, as well as to inform them about the risks of home delivery and promoting facility deliveries.

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

The Department of Public Health Engineering and WASH Cluster members continue working to improve hygiene practices at personal and community level across the country to prevent the spread of COVID-19. During the reporting period, [cluster members installed 453 of handwashing stations in vulnerable districts across the country](#), including urban slums. They also disinfected communal WASH facilities.

World Vision Bangladesh distributed [hygiene kits to 2,342 households and 1,895 handwashing devices](#) (20 litres with lid and tap, a bowl and a soap case) in different districts across the country. 208 volunteers were additionally trained to deliver messages on COVID-19 hygiene.

Plan international Bangladesh [distributed 4,500 hygiene kits in four Upazillas](#), reaching a total distribution of 25,500 hygiene kits in those four Upazillas (Bhola Sadar, Doulutkhan, Lalmoha & Charfassion) since the beginning of the pandemic. Plan International is also promoting the use of rainwater instead of pond water to enhance water services continuity and hygiene practices.

Save the Children distributed 200 pieces of readymade bleaching solution and 36 plastic buckets to be used as disinfectant, 32 temporary handwashing plastic tanks with tape, 36 plastic mugs, and 3,000 soaps. In addition, 600 people received [handwashing ingredient packets](#) in Manikganj.

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

Jointly with UNFPA, Ain o Salish Kendra (ASK) and CARE Bangladesh, Action Aid Bangladesh (AAB) developed a [remote case management training module in English and Bangla, based on international frameworks](#). Trained caseworkers conducted several remote awareness sessions on sexual and reproductive health and rights, women's rights, GBV prevention and protection, sexual harassment and COVID-19 and ensured remote support for community women through a survivor-centered approach. With the support of UNFPA, AAB developed a video message on GBV in emergencies and started broadcasting it through local TVs, cable networks, and local radios in Jamalpur, Kurigram and Noakhali. Action Aid has also developed communication strategies for caseworkers and midwives to overcome communication obstacles with beneficiaries such as shame and fear as well as technical obstacles in reaching women residing in remote locations or areas with poor mobile networks.

From the beginning of the lockdown, ASK has been providing legal aid and psychosocial counseling support through four of its dedicated helpline numbers and six helpline numbers of its partner NGOs. Through the ASTHA project ("Strengthening Access to Multi-sectoral Public Services for GBV Survivors in

Bangladesh”), ASK also conducted 2,841 family-based awareness sessions through community miking, disseminating messages on hygiene practices, self-care and GBV prevention. A total of 639 GBV cases were reported to ASTHA project caseworkers in July 2020. 141 cases were managed by face to face conversation, and 198 cases were handled by remote case management. All of the survivors received psychosocial and legal support services. With the support of UNFPA, a two and a half-day online training was held on “Mental Health and Self Care” and “GBV Case Mentoring and Referral” in Bogura, Jamalpur, Cox’s Bazar and Potuakhali.

WFP conducted 36 behaviour change communication sessions on women empowerment in August 2020 with 674 women participants in Rangamati district, facilitated by Community Development Organizers.

4. CROSS-CUTTING ISSUES

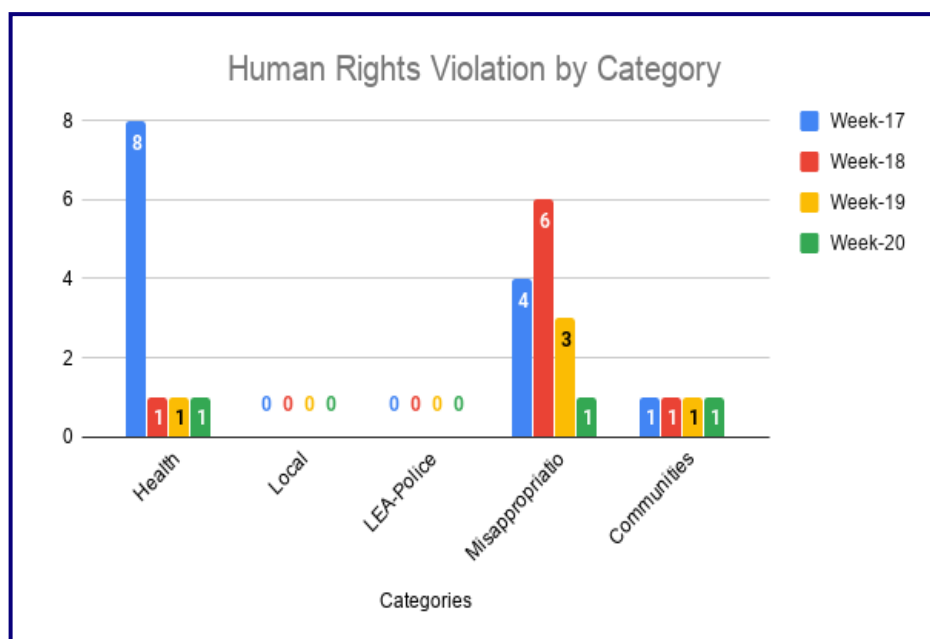
4.1. Gender

Staff from several UN agencies participated in a GBV Solutions Virtual Lab on 10 – 13 August, arranged by UNFPA and lead by a team of consultants. The workshop enabled participants to interact and collaborate on virtual canvases and murals that stem from new design thinking and innovation approaches. The purpose was to engage a wide variety of stakeholders to jointly identify opportunities to integrate GBV prevention and response across the COVID-19 response. On the first day around 100 participants from the UN, government, development partners, international financing institutions, private sector, CSOs, think tanks and academia participated in a FutureScope exercise, and a group of around 50 participants proceeded to develop the ideas over the following three days. The GBV Solutions Virtual Lab was highly appreciated by a wide range of stakeholders outside the UN and resulted in an extensive list of short – and long term, concrete and bankable ideas for how to jointly prevent and respond effectively to GBV.

4.2. Leaving No One Behind through respect for human rights

The National Human Rights Commission, with the support of UNDP, continues to issue regular infographic updates since March.

The latest update (week 20) indicates that there are comparatively more human rights violations involving misappropriation and corruption than violations against health authorities.



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>

