



COVID-19 Situation Report #15

Supporting the Government response to the pandemic



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1. Global overview

The United Nations (UN) Secretary-General launched the latest version of the [UN Comprehensive Response to COVID-19](#)¹ on 16 September 2020, highlighting three priorities:

1. Delivery of a large-scale, coordinated and comprehensive health response;
2. adoption of policies that address the devastating near-term socioeconomic, humanitarian and human rights aspects of the crisis with a focus on those hit hardest; and
3. a recovery process addressing underlying fragilities and identifying opportunities for transformative change to build back better for a more just, equal and resilient global society.



As the world is still in the acute phase of the pandemic, the Report details operational response strategies and underscores the importance of sustained political leadership, unprecedented levels of funding, and extraordinary solidarity within and across countries to recover. The UN will continue to consult Member States and other partners to ensure necessary support.²

JOINT OPERATIONAL RESPONSE STRATEGIES FOR UN FAMILY AND PARTNERS		
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP)	GLOBAL HUMANITARIAN RESPONSE PLAN (GHRP)	UN SOCIO-ECONOMIC RESPONSE FRAMEWORK
<ol style="list-style-type: none"> 1 Mobilize all sectors and communities 2 Control sporadic cases and clusters and prevent community transmission 3 Suppress community transmission 4 Reduce mortality 5 Develop safe and effective vaccines and therapeutics 	<ol style="list-style-type: none"> 1 Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality 2 Decrease the deterioration of human assets and rights, social cohesion and livelihoods 3 Protect, assist and advocate for refugees, internally displaced people, migrants and vulnerable communities 	<ol style="list-style-type: none"> 1 Protect health services and systems during the crisis 2 Protect people: Social protection and basic service 3 Protect jobs, small and medium-sized enterprises, informal sector 4 Facilitate macroeconomic response & multilateral collaboration 5 Support social cohesion and community resilience

The Secretary-General, António Guterres, again described the virus as the biggest global security threat in his press conference remarks ahead of the 75th Session of the UN General Assembly (UNGA). He noted that while a vaccine cannot be seen as a panacea, it must be seen as global public good, available and affordable without borders.³ Addressing a largely empty General Assembly Hall on 21 September given a virtual UNGA this year, the Secretary-General further warned against “vaccinationalism,” emphasizing that “**none of us is safe, until all of us are safe.**” He called for a ‘New Global Deal’ promoting effective multilateralism that includes a ‘green’ recovery, aligned with the sustainable development goals (SDGs), advancing gender equality, ending discrimination, and establishing Universal Health Coverage and even a possible Universal Basic Income.

The Secretary-General also identified COVID-19 as the most complex and multidimensional threat to global peace and security since the UN’s foundation during his remarks to the High-Level Forum on the Culture of Peace 10 September 2020.⁴ At a [briefing](#) to the Security Council on the impact of the pandemic on peace and security, the Department of Political and Peacebuilding Affairs (DPPA) highlighted erosion of trust in public institutions, unequal access to health care and tensions around delicate peace negotiations among the risks amplified by COVID-19, warning that if these risks are

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

² <https://news.un.org/en/story/2020/09/1072582>

³ <https://news.un.org/en/story/2020/09/1072522>

⁴ <https://www.un.org/sg/en/content/sg/statement/2020-09-10/secretary-generals-remarks-the-opening-segment-of-the-united-nations-high-level-forum-the-culture-of-peace-delivered>

not mitigated, this could push more countries into violence.⁵ The UN Office for the Coordination of Humanitarian Affairs (OCHA) briefed that there is growing reason to believe that in the medium- to longer-term, the most fragile and conflict-affected countries will be impacted most severely by the pandemic.⁶

In remarks to the first Access to COVID-19 Tools (ACT)-Accelerator Facilitation Council [meeting](#) on 10 September 2020, the Secretary-General called for a quantum leap in funding for the ACT-Accelerator. He noted the worrying trend of uncoordinated vaccine initiatives and nationally focused efforts, and called for greater trust building in vaccines.⁷ In the meeting, more than 30 global leaders committed to providing sustained political leadership to galvanize broad international support for the ACT-Accelerator, and to advocate for the ACT-Accelerator Investment Case in order to secure as a matter of urgency the financial resources required to scale-up for impact.⁸

In a statement to the Human Rights Council [meeting](#) on the human rights implications of the pandemic on 14 September 2020, the UN High Commissioner for Human Rights highlighted that COVID-19 has unmasked a strong link between race, ethnicity, socio-economic status, and health outcomes, and that pre-existing inequalities need to be effectively addressed to build back better. Many States had taken human rights-informed policy decisions, ranging from extending social protection to livelihood support or releasing prisoners. But she also warned that some States have repressed criticism, limiting freedom of information and cracking down on civic space, which had undermined public health and human rights, and the prospect of a strong and sustainable recovery.⁹ In a video message on the International Day of Democracy on 15 September, the High Commissioner noted that the UN observed further worrying trends among a number of States that adopted extraordinary measures such as emergency legislation, or unchecked executive power, disproportionate penalties and enforcement, and restrictions on speech. Yet the pandemic has demonstrated that free and independent journalism and access to evidence-based information provides the population with the resources they need to understand, participate, and follow the guidance of health authorities. Journalistic investigation also enables accurate, real-time feedback to the authorities about the implementation of their decisions on-the-ground.¹⁰

Meanwhile, the Office of the United Nations High Commissioner for Human Rights (OHCHR) cites a report from the Human Rights Council's UN Special Rapporteur on extreme poverty, warning that while governments have adopted more than 1,400 [social protection measures](#) during the pandemic, they are largely insufficient, and that globally the worst impacts on poverty are yet to come.¹¹ The Special Rapporteur on contemporary forms of slavery expressed concern that COVID-19 might push millions into slavery-like practices. He called for accountability for businesses that exploit vulnerable workers producing, processing and providing medicine or medical equipment, including PPE during the pandemic. "Labour rights must be upheld and social protection ensured across all economic sectors," he said.¹² States have an obligation under human rights law to prevent exposure to pollution, toxic industrial chemicals, pesticides, wastes and other hazardous substances, including biological agents such as viruses, said Marcos Orellana, the new special rapporteur on toxic substances and human rights as he presented a [report](#) to the UN Human Rights Council (HRC) on 21 September 2020.¹³ Further, the HRC's Working Group on Enforced or Involuntary Disappearances (WGEID), and the Committee on Enforced Disappearances that monitors the implementation of the

⁵ <https://dppa.un.org/en/dicarlo-security-council-engagement-indispensable-to-mitigate-covid-related-risks-situations-of>

⁶ <https://reliefweb.int/report/world/under-secretary-general-humanitarian-affairs-and-emergency-relief-coordinator-mark-32>

⁷ <https://www.un.org/sg/en/content/sg/statement/2020-09-10/secretary-generals-remarks-the-first-access-covid-19-tools-%28act%29-accelerator-facilitation-council-meeting-delivered>

⁸ <https://www.who.int/news-room/detail/10-09-2020-statement-from-the-first-act-accelerator-facilitation-council-meeting>

⁹ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26232&LangID=E>

¹⁰ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26235&LangID=E>

¹¹ <https://www.ohchr.org/Documents/Issues/Poverty/covid19.pdf>

¹² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26246&LangID=E>

¹³ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26269&LangID=E>

UN Convention, released guidelines on 18 September 2020, recalling that enforced disappearance is prohibited in all circumstances.¹⁴

UNICEF informs that the number of children living in poverty has increased by 15%, or 150 million, due to the pandemic.¹⁵ Globally, there are 1.2 billion children now living in poverty, according to a technical note published by UNICEF and Save the Children.¹⁶ In addition, UNICEF reports continued concerns about the decline in access to vaccines for children and maternal health services due to suspension of services and movement restrictions since the start of the pandemic. UNICEF estimates that 55 vaccine-preventable disease campaigns have been postponed in 31 Global Humanitarian Response Plan countries due to the pandemic.¹⁷ Since the pandemic has limited integration and play options for children, UNICEF has launched a new initiative as part of the [Reimagine](#) campaign, using online gaming to challenge misconceptions about refugee and migrant children and showcase their potential, skills and creativity.¹⁸

The Global Preparedness and Monitoring Board published its second report titled, [A World in Disorder](#), on global preparedness for health emergencies, highlighting that COVID-19 has revealed a collective failure to prioritize pandemic prevention, preparedness and response. The report notes that the return on investment for global health security is immense – **it would take 500 years to spend as much on investing in preparedness as the world is losing due to the pandemic**.¹⁹ During the launch of the report, UNICEF's Executive Director noted that the lack of preparedness forced many countries to employ policy responses that impacted the poorest and most vulnerable the hardest. The need for leadership, multi-sectoral integration, research and development, financing, and robust international coordination emerged strongly from the Report.²⁰

A meeting of Finance Ministers on 8 September 2020, co-convened by the UN Deputy Secretary-General (DSG) and the Finance Ministers of Canada and Jamaica as part of the [Financing for Development in the Era of COVID-19 and Beyond](#) initiative, heard policy options for post-pandemic recovery to be presented to Heads of State at a meeting on 29 September 2020.²¹ They re-emphasized the importance of innovative thinking to strengthen economies, communities, and societies to recover from the socio-economic crisis caused by the pandemic. IMF noted that the economic outlook for several advanced economies is better than anticipated, yet recovery will be partial and uneven amidst projections that the world economy will lose USD \$12 trillion this year and next year.²²

The World Bank reports that simulations conducted for the [Human Capital Index 2020 Update](#) suggest that school closures combined with family hardship are significantly affecting the accumulation of human capital for the current generation of school-age children. The impacts appear comparable in magnitude to the gains that many countries achieved during the previous decade, suggesting that the pandemic may roll back many years' worth of human-capital progress.²³ In parallel, the pandemic's disruption of health services, losses in income, and worsened nutrition are expected to increase child mortality and stunting, with effects that will be felt for decades to come. In a note on [how to operationalise engagement on social spending during and in the aftermath of the pandemic](#), the IMF distinguishes three phases of the pandemic and its economic impact — containment, stabilization, and recovery — to highlight the relative policy priorities at

¹⁴ <https://www.ohchr.org/Documents/Issues/Disappearances/Guidelines-COVID19-EnforcedDisappearance.pdf>

¹⁵ <https://www.unicef.org/press-releases/150-million-additional-children-plunged-poverty-due-covid-19-unicef-save-children>

¹⁶ <https://data.unicef.org/resources/impact-of-covid-19-on-multidimensional-child-poverty/>

¹⁷ <https://reliefweb.int/report/world/unicef-global-covid-19-situation-report-no-11-september-2020>

¹⁸ <https://www.unicef.org/press-releases/unicef-uses-online-gaming-showcase-potential-skills-and-creativity-refugee-and>

¹⁹ https://apps.who.int/gpmb/annual_report.html

²⁰ <https://www.unicef.org/press-releases/remarks-henrietta-fore-unicef-executive-director-global-preparedness-monitoring>

²¹ <https://www.un.org/sg/en/content/dsg/statement/2020-09-08/deputy-secretary-generals-closing-remarks-financing-the-2030-agenda-for-sustainable-development-the-era-of-covid-19-and-beyond-high-level-meeting-of-ministers-of>

²² <https://www.imf.org/en/News/Articles/2020/09/08/sp090820-Event-of-the-Finance-Ministers-on-Financing-for-Development>

²³ https://www.worldbank.org/en/news/press-release/2020/09/16/pandemic-threatens-human-capital-gains-of-the-past-decade-new-report-says?cid=GGH_e_hcpexternal_en_ext

different junctures of the crisis. The note reveals that as a result of the pandemic, social spending is now at the forefront of the IMF's country work.

Coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity.

United Nations Comprehensive Response to COVID-19 – Saving Lives, Protecting Societies, Recovering Better. September 2020.

ADB released its September update of the [Asian Development Outlook \(ADO\) 2020](#), which forecasts that developing Asia will contract by 0.7% this year, the first contraction in six decades, and will rebound by 6.8% in 2021. As three-quarters of the region's economies are expected to contract this year, the downturn is broad-based. The report also noted that depressed demand and low oil prices offset supply disruptions, keeping regional inflation at 2.9% in 2020, and trimming it to 2.3% in 2021.²⁴ The report forecasted Bangladesh to grow by 6.8% in FY21.

As of 20 September 2020, the Global Humanitarian Response Plan (GHRP) has received USD 2.67 billion against the total requirement of USD 10.37 billion, which is 25.7% of the appeal. Another USD 2.12 billion received outside the plan brought humanitarian funding for the COVID-19 response to USD 4.79 billion.²⁵ The largest contributors were the United States of America (USD 744.6 million), Germany (USD 224.7 million), Japan (USD 221.2 million), European Commission's Humanitarian Aid and Civil Protection Department (USD 212.8 million) and the United Kingdom (USD 186.7 million).

As of 20 September 2020, WHO's Solidarity Response Fund has mobilized USD 235.88 million from more than 618,000 donations.²⁶ WHO reported USD 7.49 billion in total support committed or disbursed for the COVID-19 response.²⁷

2. Health emergency response

This situation report ("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 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. The ISCG sitreps are available [here](#).

2.1 Risk Communication and Community Engagement (RCCE) Pillar

After a series of consultations with network partners and RCCE partners, a Community Engagement strategy is in development. The aim of this strategy is to support coordination of network partners to meaningfully engage communities for better infection prevention and control of COVID-19 in Bangladesh. The strategy will also clarify key priorities for resource mobilization to operationalize it.

In parallel, a "[4Ws Monitoring Matrix](#)" is being used to track which organizations (who) are carrying out which RCCE activities (what) in which locations (where) and in which period (when). As of 13

²⁴ <https://www.adb.org/publications/asian-development-outlook-2020-update>

²⁵ <https://fts.unocha.org/appeals/952/summary>

²⁶ <https://covid19responsefund.org/en/>

²⁷ <https://covid-19-response.org/donor-overview>

September 2020, the [visual dashboard](#) shows RCCE activities by topic, distribution channel, audience, and language.

Starting from March 2020, data from 1,975 RCCE activities at the national level have been compiled with the support of 16 organizations. Overall, 68% of the activities reported so far have focused on key infection prevention and control messages (e.g., wearing masks and physical distancing) and 11% of the activities have addressed secondary impacts of COVID-19, such as mental health, food security, and domestic violence.

Recent highlights

- **76 million^a** people reached on COVID-19 through messaging on prevention and access to services; more than **50 million^b** people engaged on COVID-19 through RCCE actions; and **2.23 million^c** people shared their concerns and questions through established feedback mechanisms between 1 – 22 September 2020.
- The #WearAMask campaign is ongoing with video and photo messages from an [adolescent club leader](#), [actors](#), and [sports stars](#). There is also continuing encouragement for [timely vaccination of children](#) and [teleconsultations for mothers](#).
- National state TV BTV, which reaches all households with a television (50 per cent, according to a 2019 UNICEF Multiple Indicator Cluster Survey) was supported to produce and broadcast public service announcements on positive parenting, basic hygiene for children, reducing COVID-19 social stigma, and welcoming the services of frontline health workers.

^a The methodology for calculating coverage has been revised by the RCCE team. The number reflects coverage for the single channel that gives the highest reach (in this case, mobile pre-call notifications), which is the total subscriber base of Grameenphone.

For this reporting period, a2i total reach was 95.55 million, and includes multiple channels such as HDM, i-talk, Newspapers, YouTube, WebTV, TV, Corona helpline 333, Corona info website, Corona BD apps and others. Therefore, there is a possibility of viewer overlap across channels and reach cannot be equated with number of *unique* persons. UNICEF total reach is 88.8 million (social media 37.6 million and mosque miking via the National Imam Association 51.2 million). Robi total reach (mobile pre-call notifications) was 50 million; the total subscriber base of Robi.

^b Total engaged in September 2020 (Khutba during Jumma prayers through Imams nationwide 47 million and 3,346,305 females engaged through social media).

^c Number of times questions have been asked/clarified through a2i Corona helpline 333, Corona info website, Corona BD apps (1,039,658), and UNICEF feedback mechanism (766,166 people asking questions/clarifications via U-Report/helpline and 423,216 via social media totaling 1,189,382).

Community priorities



Corona Kotha 9th Edition

The 9th edition of Corona Kotha [[Bangla](#) | [English](#)] – a bulletin summarising community feedback and perceptions about Covid-19 collected by a range of agencies around the country. It is produced by BBC Media Action and Bangladesh Red Crescent Society on behalf of Shongjog, the national platform for community engagement and accountability. The bulletin is not the result of a nationwide or regional survey; it is based on an analysis of spontaneous community concerns and feedback that have been collected by organisations across Bangladesh, including NGOs, DOPs, and community radio stations.

Analysis has been done by BBC Media Action and Bangladesh Red Crescent Society on behalf of Shongjog.

Key community concerns include:

- Working people are concerned about their **current livelihood**, while young people are worried about **their future**
- People **do not want to wear masks** and believe they will not be infected by the virus
- People feel **afraid of going to health centres**
- Concerns from **women and adolescent girls**

The *Corona Kotha* will help to support practitioners at different levels to engage with communities more effectively and assist agencies to better plan and implement response activities, adapting their programmes considering communities' needs and preferences.

U-Report rapid assessment survey on COVID-19 testing

The RCCE pillar conducted a rapid assessment survey focusing on COVID-19 testing uptake among adolescents, youth, community members and frontline health workers. This survey was administered through Facebook Messenger, WhatsApp, and SMS, and was facilitated by the U-Report mobile-based messaging platform. The poll started 18 August 2020 and is ongoing. As of 25 August, 4,611 respondents have participated and preliminary analysis shows representation from all eight divisions of the country.

Preliminary findings:

- **COVERAGE:** 16% of the respondents or their family members have been tested for COVID-19 in the last six months (77% received the test at the government facilities).
- **COST:** Of the tested individuals, 41% paid 101-500 taka for the test, while 30% took the test free of cost. 23% of respondents reported a willingness to pay up to 100 taka, while only 12% were willing to pay more than 100 taka.
- **ACCESS:** 23% of the respondents reported wanting a test but being unable to access one. The main reasons given were that they were either too expensive, required too long of a wait, or that the results were perceived to be unreliable. Expense was a key factor as 20% of the respondents reported that they could not get tested given the prohibitive cost.
- **DELAY:** Notably, 38% of the respondents waited for more than three days to take the test while 37% were able to take the test in one day. For those tested, only 39% received their test results within two days and a third of respondents (34%) reported that they had to wait for more than a week.

These findings suggest that the turnaround time for COVID-19 test results, the cost of testing, and limited trust in the reliability of test results are currently major barriers to widespread adoption of testing, which is needed to support timely self-isolation when sick to reduce transmission of SARS-CoV-2.

Misinformation and rumor tracking

No new medical misinformation posts were detected up to mid-September. However, in the comments sections of news articles and posts, there is a pervasive downplaying of risks and denial that COVID-19 is persisting. The full directory of misinformation narratives tracked is available [here](#).

The RCCE pillar network is continuing to review survey results and misinformation to inform communication strategies, messaging, campaigns and community engagement plans.

2.2 Community Support Team (CST) platform

The Community Support Team (CST) intervention is continuing operations in Dhaka North City Corporation (DNCC) with **more than 45,000 individuals screened for COVID-19 since the end of June** and an average 15% of individuals receiving a syndromic diagnosis of COVID-19. Preparations for the expansion into Dhaka South City Corporation are underway to support more families in taking action to better manage COVID-19. The Directorate General of Health Services (DGHS) is leading this intervention with the support of UN organizations – FAO, UNFPA, UNICEF, WFP – and partner organizations, including a2i, BRAC, Platform, Himu, and Young Bangla.



The CST Strategy was formalized in September 2020 and lays out a roadmap for the potential expansion of services to communities nationwide on a risk- and needs-basis. The strategy also includes a pathway for developing and deploying additional, targeted health support to households with members that are most vulnerable and at higher risk of severe complications or death from COVID-19.

In light of an ongoing study on COVID-19 transmission suggesting that a significant proportion of people ill with COVID-19 are asymptomatic,²⁸ the CST Social and Behaviour Change Communication (SBCC) Working Group is preparing a strategy with specific recommendations for tackling ‘silent’ asymptomatic transmission, as well as symptomatic transmission, among communities to help slow the spread of COVID-19 and ‘flatten’ a potential second wave of cases.

A key element of this work is a participatory approach for engaging stakeholders in the ongoing CST development process to identify the main barriers affecting their capability, opportunity and motivation to change practices, and to work together to identify practical solutions for sustainable adoption of health-smart choices. The SBCC launched **phase I of the multi-agency social media campaign** for awareness-raising in Dhaka with a **reach of more than 2 million** impressions from 13 – 22 September 2020. The SBCC spans collaborators from BRAC, FAO, UNFPA, UNICEF, UNDP a2i, UN Women, WFP, and WHO.

To help prime DNCC wards for CST services, local miking took place from 29 July to 14 September 2020, covering all 54 wards. Mosque miking activities are ongoing, with 1,602 mosques participating, as reported by the Islamic Foundation of Bangladesh (IFB) during the week of 13 – 19 September 2020. Additionally, 1531 mosques have shared messages about the CST intervention during a Jummah prayer, the IFB monitoring team has briefed 622 mosque management committee chairpersons, and the IFB field supervisors have sensitized 32 Ward Councilor offices in DNCC.

Phase I of the CST, which is currently operating in DNCC, enables people 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 conduct a home visit, in accordance with strict safety protocols, to further assess symptoms. The CSTs are also offering services to local families through word-of-mouth household visits. 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

²⁸ Transmission dynamics of COVID-19 in Bangladesh – IEDCR & icddr, funded by USAID & BMGF, discussion on findings, 13 August 2020.

vitamins, over-the-counter medicines, and guidance for maintaining household-level quarantine for two weeks.

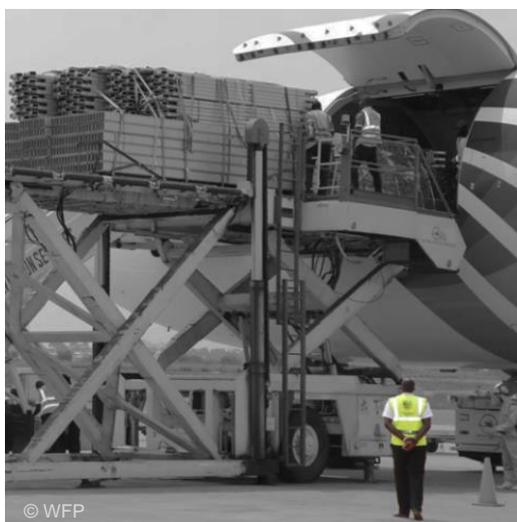


WFP and BRAC are coordinating provision of a standard **food package for VVFs** in vulnerable households with support from USAID to help them maintain the quarantine. VVFs are also connected to medical experts via dedicated telemedicine support and are referred to hospitals in the case of severe or critical disease. 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.

Community health workers have been identified by BRAC, and additional volunteers have been recruited and trained to assess COVID-19 symptoms and educate families on good infection management practices, including physical distancing, disinfection, mask wearing, and maintaining a household-level quarantine for two weeks. To date, **more than 500 CST community health workers and volunteers have been trained**, with more trainings scheduled over the coming weeks.

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

2.3 Logistics and procurement pillar



The Logistics and Procurement Pillar is meeting bi-weekly with participation from DGHS and its Central Medical Store Depot (CMSD), UN agencies, donor partners, and international NGOs. For the COVID-19 Supply Chain System, a Supply Chain Task Force has been created and is co-chaired by WHO and WFP. WHO is facilitating the Supply Portal while WFP is executing transport through the Emergency Service Marketplace (ESM). WFP is using its logistics capacity and expertise within the framework of the Global Humanitarian Response Plan to support health and humanitarian partners with transport of supplies from regional hubs. Up to this point, five requesters (WHO, WFP, UNFPA, IOM, and Save the Children) have used the WHO supply portal²⁹ for a total of 14 requests for procurement of

medical items for the COVID-19 response. All requests are in the final stages of the procurement process. Procurement outside of the WHO supply portal is ongoing, and several agencies have been using the WFP 'free-to-user' transport services to bring medical supplies to Bangladesh.

A total of **297MT (2,067 m³) of medical supplies have been delivered to Bangladesh** so far, including biomedical, diagnostic, and PPE supplies for several agencies, such as the International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Oxfam, IOM, UNFPA, UNICEF, WHO, WFP, and Malteser International. A full WHO

²⁹ <https://covid19supply.who.int> accessible with permission of the Country Administrator and UNRC once registered in the platform, <https://covid19partnersplatform.who.int/request-access>

consignment with biomedical items is expected to arrive in Bangladesh on 2 October 2020. These supplies are earmarked to support the government COVID-19 response.

The consolidated procurement updates (procured and in pipeline) from seven member agencies (UNDP, UNFPA, UNHCR, UNICEF, USAID, WFP, and WHO) stand at an **estimated total value of USD 39 million**. Now CMSD has been requested to share their procurement updates with the Supply Chain Task Force to ensure procurements are balanced against the 3-month national supplies plan.

The Supply Chain Management Portal of DGHS captures stock information of medical items, including PPE required for COVID-19 response. With support from the USAID-funded Medicines, Technologies, and Pharmaceutical Services (MTaPS) project, this has been expanded to calculate the Average Monthly Consumption (AMC) rate of each medical item per facility, which will facilitate timely future procurement. Training by MTAps for the User Acceptance Test (UAT) for the relevant storage and facility staff was held on 17 September 2020, including representatives from five facilities.

UNICEF has been providing PPE to help fill the gap for government health workers since the beginning of the pandemic, with financial support from the World Bank, Global Fund and other resources. So far, **supplies worth USD 12 million have been provided** to strengthen the National COVID-19 Response Plan. Recently transported PPE includes: 20,000 aprons, 33,000 gowns, 60,900 surgical caps, 1.3 million medical masks, 62,940 N95 masks, 617,100 pairs of gloves, 5,500 face shields, and 11,714 pairs of goggles, along with medical equipment, including 2,050 oxygen concentrators, 2,050 flow-splitters and 25,500 nasal prongs.

2.4 Preserving stability and addressing social tensions pillar



Technical support by UNDP is ongoing, providing services through the www.corona.gov.bd web portal. Between 3 – 17 September 2020, **0.55 million more citizens requested public services and 0.59 million calls were made to the 333 Call Center** on COVID-19 related inquiries. Additionally, 13,531 new learners enrolled in the COVID-19 online courses provided through the support of a2i and the LOGIC project, with 6,833 more students completing the coronavirus course. For secondary school students, 179 online classes were held through the support of a2i, with the number of views totaling 1.85 million.



UNDP also provided **support to more than 0.8 million people** in September through services such as cash transfers to 3,000 families, distribution of hygiene kits (e.g., 24,404 soap, 1,777 sanitizers), and distribution of PPE and other necessary equipment (e.g., 706 PPE sets, 18,762 masks, 1,160 pairs of gloves) to staff and vulnerable populations. Target beneficiaries were vulnerable groups such as low-income families, people who have

lost employment, female-headed households, and families living with disabilities and who have been affected by disaster. At least 44 hand-washing facilities have been constructed in Cox's Bazar and more than 3,000 printouts of awareness material were distributed.

3. Complementary support to the health emergency response

Humanitarian partners continue to provide complementary support to the Health Emergency Response. The current priorities of the Humanitarian Coordination Task Team (HCTT) are:

1. Completion of support to the Government-led response to Cyclone Amphan, including related UN Central Emergency Response Fund (CERF-funded) projects in line with the [Humanitarian Response Plan for Cyclone Amphan](#) (see latest [4Ws report](#) and [Monitoring Dashboard report](#)); and
2. Implementation of the [HCTT Response Plan](#) to address the most prolonged monsoon floods since 1988 (see latest [4Ws report](#) and [Monitoring Dashboard report](#)).

These humanitarian and recovery responses are in line with the [Humanitarian Response and Preparedness Plan \(HPRP\)](#). An HCTT Technical Working Group on localization is now operational to monitor progress on the Localization Agenda in line with the recommendations of the [Localization Baseline Assessment](#) (background documents and updates [here](#)).

3.1 Child protection cluster

The exposure of children to violence in Bangladesh was already widespread before the pandemic hit, with roughly 45 million children subjected to some form of violence according to a UNICEF 2019 Multi-Indicator Cluster Survey. Given limited protection services, violence against women and children, including gender-based violence (GBV) have increased under stressful conditions associated with COVID-19. There are also growing concerns for children living on the street, and for those without parental care who are at greater risk of exploitation and abuse, as well being pushed into institutional care. Results of a [new global survey of 136 countries by UNICEF](#) reveal that violence prevention and response services have been widely disrupted across all regions worldwide due to COVID-19 (for more information on relevant activities, see 'GBV cluster' below).

In Bangladesh, casework has been affected and the volume of **Child Help Line (CHL) 1098** calls have quadrupled. Cases of violence against children increased by 50% on average across the country during the lockdown, according to UNICEF. Therefore, UNICEF is providing ongoing support to the Government to ensure continuity of social services to address violence against women and children, including adolescent boys and girls.

Social protection

Through the CHL 1098, supported by UNICEF, social workers have assisted 76,057 children (44,784 male and 31,273 female). On average more than 70% of the calls received were linked to psychosocial support (PSS), mental health, abuse, and exploitation concerns. More than 2,000 children have been rescued from extreme violence, separation, homelessness, child marriage and exploitation. UNICEF is also supporting the Ministry of Social Welfare with the deployment and training of 52 new Social Workers (37 male and 15 female) with emoluments. These social workers have provided remote support via mobile phones and social media to 33,012 children and caregivers (17,194 male and 15,818 female).

Birth registrations have also largely stopped across the country. UNICEF is supporting the Civil Registration and Vital Statistics Systems (CRVS) through virtual online training on the Upgraded Birth Registration Information Software in preparation for the resumption of birth registration activities. So far, 828 government officials (male 706 and 122 female) have been trained.

Justice for children

As a result of the economic impacts of the COVID-19 pandemic, particularly on low-income families, children are facing greater economic hardship and this is translating into an increasing number of children coming into conflict with the law. Through virtual court proceedings supported by UNICEF, hundreds of children have been granted bail: 777 children from the Tongi boy's detention centre, of which 775 children were reunited with their families, and 471 children from the Jessore Boy's Detention centre, with 467 children returned to their families. From the girl's detention centre, 113 children have been granted bail and were reunited with their families. UNICEF also provided training support to 104 Judges of the Children Courts for virtual trial proceedings, which are slated to continue during the pandemic.

Vaccinations

Immunization coverage has improved with 5,053,182 children vaccinated in August 2020, 130 per cent higher than in April 2020, the most affected month due to COVID-19. Bacille Calmette-Guérin (BCG) vaccination coverage was 110 per cent of the monthly target and pentavalent 3 coverage was 122 per cent, with 71,138 children who missed their dose in April and May catching up on their pentavalent 3 vaccine. Almost all of the 129,409 planned immunization sessions (99.5 per cent) were held in August, which was 38 per cent higher delivery than in May, the most affected month.

Urgent priorities

- Continued social workforce strengthening through virtual training and more timely and effective referral pathways to vital services.
- Engagement of adolescents and community child protection workers in awareness raising about prevention of GBV.
- Mitigate the reluctance and delays for granting bail, and limit the diversion or other non-custodial measures used by police and judges that increase the number of children held in detention centres.

Partner activities

- **World Vision Bangladesh** organized face-to-face meetings for the Children budget as part of local-level advocacy with 141 persons from different stakeholder groups, including youth. World Vision has engaged influential and relevant stakeholders such as faith leaders, teachers, and CP committee members for positive parenting, with a total of 252 individuals engaged through 36 group meetings. To prevent violence against Children (VAC), the organization has engaged 120 faith leaders through 10 meetings on the 'It Takes a World' campaign.
- **Islamic Relief Bangladesh (IRB)** provided support to children through implementing the "Orphan Sponsorship Program (OSP)" for 1,400 orphan children to ensure their education, rights and protection in Rangpur, Dinajpur, Thakurgaon, Derai, Sunamganj, Khulna, Cox's Bazar, Rajbari, Golachipa districts.
- **Plan International Bangladesh (PIB)** provided support to 3,970 Households in Jaldhaka, Nilphamari district for preventing child marriage, with awareness-raising messages, leaflets and discussions. PIB further created awareness messaging on COVID-19 by organizing virtual group training with community-based child protection committee members and youth groups: 290 people directly participated in these virtual sessions, and 85 participants attended face-to-face sessions, maintaining WHO and GoB COVID-19 health guidelines.
- **Save the Children International** supported the dissemination of awareness messaging sessions to 2,731 community people, including 1,204 children on COVID-19, associated child protection risk, positive parenting, and psychosocial support through mobile phone, online platforms and social media. At least 45 vulnerable children received remote case

management support, and 286 participants received face-to-face and virtual capacity-building training on COVID-19 rights and protection for participants from Child Club, CBCPC, and Parents group members. In addition, a total of 70 household-based children and adolescents received cash, food and logistics support from local government through referral linkage and 13 children and adults received MHPSS support.

- **World Food Programme (WFP)** provided fortified rice, pulse and vegetable oil as take-home rations to 4,390 boys and 6,185 girls in Rangpur and Rangamati districts among families with pregnant mothers and children. WFP also provided nutritious biscuits to 10,575 students for to help strengthen their immune systems. WFP also supported behaviour change communication sessions for 674 adolescent girls and women for empowerment, facilitated by community development organizers.
- **SOS Children's Villages Bangladesh** distributed hygiene kits to 11,437 children and their family members, and provided Psychological Counseling Sessions, care, health and education support for the children and/or caregivers. A total of 986 orphan and abandoned children of SOS Family received materials, and Mental health & Psychosocial counseling sessions. Cash support was also provided to 157 children through their families.
- **National Girlchild Advocacy Forum (NGAF)** provided virtual awareness on COVID-19 among more than 2,000 girls. NGAF also conducted a survey on sexual harassment at the workplace and shared the findings with lawmakers including the Deputy Speaker of the National Parliament.
- **ActionAid Bangladesh** has provided support throughout the country (12 districts) to approximately 5,700 children. Major activities included cash vouchers and awareness/discussion sessions on child protection issues, including violence against children, child abuse and child marriage in COVID-19. The participants included the reflection action circle, youth group, adolescent group, child forum and sponsored parents' group.
- **UNICEF** supports a multi-sectoral response plan in communities affected by the COVID-19 pandemic, especially addressing challenges for vulnerable women and children, including adolescent boys and girls (see 'GBV cluster' below for more activities). Maternal, neonatal and child health service coverage has started to improve. For example, 264,098 consultations were provided for children under 5 in July this year. This is up from 185,124 consultations in May, but still below the three-year average of 656,706. Posters on antenatal care, essential newborn care and the integrated management of childhood illnesses during COVID-19 have been developed by UNICEF to be distributed next month.

3.2 Sexual and reproductive health (SRH) working group

Activities promoting good sexual and reproductive health (SRH) are ongoing. This month, 23 upazila health complexes received an orientation on national guidelines for providing essential Maternal, Newborn and Child Health Services in the context of COVID-19. Clinical mentors from Save the Children, supported by UNFPA, have been assigned to upazila health complexes and district hospitals for routine visits to provide SRH advocacy and mentorship. So far, these clinical mentors have visited 29 upazila health complexes across sub-districts. UNFPA has deployed an additional 200 roving midwives (now totaling 300) at the district and sub-district levels who can quickly plug gaps at hospitals due to staff becoming ill with COVID-19. These midwives are backstopping across 100 health facilities nationwide. In support of the initiative led by the Director General of Family Planning, UNFPA has also organized virtual infection prevention and control training for family planning and maternal, neonatal, child, reproductive and adolescent health (MNCRAH) services to respond to the unique challenges of the COVID-19 situation. Training participants included the Deputy Director of Family Planning, quality improvement consultants and medical officers from across 43 districts.

The Obstetric and Gynaecological Society of Bangladesh (OGSB) organized a second round of training on Assisted Vaginal Delivery (AVD) from 6 – 10 September 2020, with the support of DGHS and UNFPA. The training included medical officers from Netrokona, Munshiganj, Sunamganj, Pirojpur and Kishoreganj districts.

Plan International Bangladesh provided support to the Union Health and Family Welfare Centre (UH&FWC) in Rangpur district, with a total of 3902 antenatal care, 651 postnatal care and 258 deliveries performed. Plan International has also supported 2004 individuals in Dhaka City Corporation to receive antenatal care, delivery care, family planning, and medicine support. Plan International has also supported 6333 pregnant women (and their husbands) with COVID-19-specific health messaging, including the value of an institutional delivery, how to recognize warning signs of infection, how to boost immunity through a nutritious diet, and how to manage stress effectively and guard against GBV. Community Skill Birth Attendants (CSBAs) provided the counseling through UH&FWC visits from 6 – 20 September 2020. The UH&FWC, upazila health complex, mother and child welfare centre, and district hospital in Rangpur have also been provided health hygiene kits with PPE for 349 HCPs.

Cervical cancer is a leading cause of mortality for women, however, fear of contracting COVID-19 has made many women reluctant to travel to health facilities for testing. Therefore, six visual inspection by acetic acid (VIA) cervical cancer screening camps were organized in Barisal division by DGHS with support of UNFPA and 358 eligible women were screened; 10 were found VIA positive.

Medical Assistants working in 8 brothels are continuing to provide integrated SRH and HIV services (STI, HIV, ANC, PNC, screening of carcinoma cervix, family planning and GBV services) for brothel-based female sex workers. Sex workers from the Jessore brothel were trained through UNFPA support to sew 3-layer cloth masks and they are producing cloth masks for themselves and also for sale. Another Humanitarian Action fund supported project has started in Cox's Bazar for female sex workers, female people living with HIV (PLHIV), and transgender and gender diverse populations to provide integrated SRH, GBV and psychosocial support services to Rohingya refugees. Five Public Service Announcements (PSAs) have been developed in Bangla for vulnerable populations including sex workers, intravenous drug users, PLHIV, and people who identify as transgender or have a same-sex orientation.

Given extreme psychological stress for HCPs, the Government of Bangladesh (GoB) has taken an initiative to provide mental health support to HCPs working at the front line of the COVID-19 response. icddr,b, with funding from UNFPA, is supporting the GOB in providing online psychological support to HCPs from five COVID-19 designated hospitals in Dhaka and from six district hospitals outside Dhaka. Additionally, two webinars were delivered to HCPs from 10 District Hospitals and five COVID-19 designated hospitals of Dhaka. More than 125 HCPs participated in the session on 'Stress of Health Care Providers in Hospital Settings in the Context of COVID-19' facilitated by clinical psychologists from Dhaka University.

World Mission Prayer League provided remote psychosocial and counselling support on COVID-19 to 80 fistula patients in Rangpur division. A group of 12 fistula survivors in Rangpur are now producing 3-layer cloth masks, and have produced and been paid for production of 1000 masks by 15 September 2020.

3.3 Water sanitation and hygiene (WASH) cluster

The Department of Public Health Engineering (DPHE) and WASH Cluster members continually work to enable hygiene practices at personal and community levels across the country, helping to prevent COVID-19 transmission. During the reporting period, cluster members installed 537 handwashing stations across the country, targeting the most vulnerable districts, including urban slums. Cluster members have also disinfected communal WASH facilities.

In parallel, the WASH team is continuing to raise awareness of good disinfection practices through various channels such as mobile messaging and virtual meetings. Hygiene kits have been distributed to 22,534 households in Rangpur, Kurigram, Gaibandha, Sirajgong, Barisal, Barguna, Patuakhali, Khulna, Mymensingh, Dhaka, Nilphamari, Rajshahi, Bagerhat, Satkhira, Gazipur, and Dinajpur districts. Additionally, 3,678 sets of handwashing devices have been delivered to districts. Distribution prioritized low-income families, women and children.

3.4 Gender-based violence (GBV) cluster

The UN Women Combatting Gender Based Violence (CGBV) Project, BLAST and WE CAN provided support for a total of 66 GBV survivors (58 females, 8 males) who received legal and psychosocial counselling in the districts of Cumilla, Bogura and Patuakhali.

The UN Women advocacy and communication campaigning is continuing with the dissemination of social media messages on domestic violence, intimate partner violence, and promotion of the 109 helpline. Awareness-raising communication materials on gender-sensitive behavior and GBV during the COVID-19 pandemic were also disseminated to Imams.

Using a remote case management guideline for GBV cases, developed jointly by UNFPA, Action Aid Bangladesh (AAB), Ain O Shalish Kendra (ASK) and CARE, caseworkers in Kurigram and Jamalpur have ensured remote support for community women and survivor-centered support to GBV survivors. Case workers have also conducted several remote awareness sessions on sexual and reproductive health rights (SRHR), women's rights, GBV prevention and protection, sexual harassment, and COVID-19. This initiative has so far reached 2685 women, 764 girls and 369 pregnant mothers, both in Jamalpur and Kurigram. In Jamalpur, remote case management services operated from April to July 2020. From August onwards, women friendly spaces (WFS) were opened for providing in-person case management, psychosocial support, and referrals. In Kurigram, remote case management services are continuing through mobile phones given that the risk of COVID-19 infection is ongoing.



AAB, with support from UNFPA also developed a [video message](#) to raise awareness on the occurrence of GBVIE. Popular TV actor Chanchal Chowdhury delivered this message in Bangla, which is now being broadcast through local TV cable networks and local radio channels in Jamalpur, Kurigram and Noakhali, with the help of local partners. The video message is also available on UNFPA and AAB Facebook pages.

The AAB-supported GBViE network member organization from Noakhali developed three video messages for raising awareness against GBV and disseminated these messages through local TV and social media. An awareness session on COVID-19 was also conducted for GBViE network members and local partners.

UNICEF has conducted capacity building for its partners and Government officers on survivor-centred responses to violence. Due to the heightened ongoing risk of GBV against women and girls, UNICEF has provided GBViE training in Chattogram City. UNICEF supports a multi-sectoral response plan in communities affected by the COVID-19 pandemic, especially addressing the challenges for vulnerable women and children including adolescent boys and girls. Under this programme, 16 Centres have been established at urban slums as 'SafePlace' for women and children during the COVID-19 pandemic, where children and adolescents are engaged in games and recreational activities. A total number of 24 staff (6 male) working with women and adolescents on GBV prevention and case management were trained in GBV prevention and case management.

3.5 Nutrition cluster

The Institute of Public Health and Nutrition (IPHN) and UNICEF co-lead the Nutrition Cluster, which has been monitoring violations of the Breast Milk Substitute (BMS) Act. IPHN, in collaboration with UNICEF, WFP, WHO, FAO and Nutrition Cluster Members have developed information, education and communication (IEC) materials for COVID-19. The Bangladesh Breast Feeding Foundation and FAO have also conducted research and developed three improved complementary food recipes that are being [promoted](#) using nutritious and local ingredients, following safe and healthy cooking and processing methods.

The Nutrition Cluster in collaboration with the Food Security Cluster is conducting a Rapid Nutrition and Food Security assessment for the food-affected districts in the northern part of Bangladesh. This assessment will clarify the current nutrition and food security situation after the devastating flood during the pandemic situation.

UNICEF has conducted a rapid assessment of Severe Acute Malnutrition (SAM) unit's preparedness, functionality, and status of service provision, and is providing supplies to ensure treatment for children having SAM. The number of SAM admissions for treatment has continuously increased over the past four months, however, nutrition services delivery is also increasing. While in April this year, only 31 per cent of facilities were screening for malnutrition, this has increased to 54 per cent as of August 2020. For more details, please visit National Nutrition Services Website, which has a real-time data visualization platform for priority nutrition indicators:

<http://mukto.nnsop.org/servicechart>.

The last National Vitamin A Plus Campaign was held on January 12, 2020. One dose of vitamin A administered protects children from vitamin A deficiency disorders for about 4-6 months, depending on the child's nutrition status. Since the last round of vitamin A administration was in January 2020, by now, children between 6-59 months of age have already been unprotected for up to 4 months. Given the ongoing threat of COVID-19 infection, and the importance of maintaining a healthy immune system, children aged 6-59 months must receive their vitamin A supplements. The

Government is organizing a two-week-long national Vitamin A campaign starting at the end of September and will target 22 million children throughout the country.

3.6 Education cluster



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As per a revised decision, all schools will remain closed until 3 October 2020. It is anticipated that due to the ongoing transmission of SARS-CoV-2 and the possibility of a second wave of infections that schools may remain closed for a longer period. The Ministry of Education has already decided to forego this year's Junior Secondary Completion Exam. Grade eight students will be promoted by the assessment of their respective schools. Currently, remote learning is being facilitated through TV-based classes for all children from pre-primary, primary, madrasa, secondary and technical education. The Ministry of Primary and Mass Education (MOPME) also initiated radio classes for primary students without access to TV-based classes. Amid the school closures, the Ministry of Education and MOPME have continued work to finalize the draft unified National Curriculum Framework covering Kindergarten to grade 12.

In early September, the Directorate of Primary Education (DPE) and MOPME disseminated a [School Reopening Guideline](#) for Primary Schools of Bangladesh. The guidance is coherent with the Global Framework for Reopening Schools by UNICEF, UNESCO, World Bank and WFP. It encourages schools/local authorities to develop localized plans to ensure safe operation for primary education. Key aspects of the guidance include issues of fund mobilization, detailed steps for maintaining school cleanliness, protocols for hand washing, physical distancing and primary health checks for school entrances, as well as advice for coordination with other sectors, classroom re-designing, and more. The issue of curriculum and academic calendar revision is also under consideration. The Ministries have organized stakeholder consultations and technical workshops to ensure development of a comprehensive framework, which will be presented to the National Curriculum Coordination Committee for approval. The Ministry has also called for more awareness-raising activities to assist with schools re-opening.

In support of national government initiatives, cluster members are engaged in innovative activities to ensure education continuity for students at home. These activities include subject-specific conference calls, live Facebook education classes, development of storybooks on COVID-19, and outreach to parents and students through mobile phones to encourage attendance at TV classes. Cluster members are preparing awareness campaigns in line with government guidance for school re-opening.

4. Cross-cutting issues

4.1. Gender

A virtual town hall with young women from civil society organizations was hosted by UN Secretary-General António Guterres on 31 August 2020, where he highlighted the disproportionate and devastating socio-economic impact of COVID-19 on women and girls worldwide. The Secretary-General called for a concerted effort to prevent the loss of “years, even generations” of advances in women's empowerment and gender equality due to the pandemic.



The September Report on the [UN Comprehensive Response to COVID-19](#)³⁰ acknowledges that most gender-sensitive work is in the areas of social protection and gender-based violence (GBV). The Report also underlines the need to step up measures on women’s economic empowerment, unpaid care work and better support women’s leadership, including using quotas to ensure more balanced leadership and decision-making. The UN Bangladesh Immediate Socio-economic Response Plan (ISERP)³¹ aims to address these challenges in support of the Government of Bangladesh to build back better.

Over the past few months, the Government of Jordan has been sending back detained female migrant workers. On 17 September 2020, a total of 160 Bangladeshi workers were returned, 138 of whom were women. These women reportedly had no income while held in detention and most of them had neither funds nor phones to contact their family members about their return to Bangladesh. UN Women, in partnership with Bangladesh Nari Srmaki Kendra (BNSK), met these women at the airport upon their arrival, and distributed dignity packages containing masks and hygiene products, provided by Unilever Bangladesh.

From August of this year, UN Women has disseminated awareness-raising messages through Facebook on ‘domestic violence during COVID-19’ and is actively promoting the Government of Bangladesh [toll-free helpline 109 for GBV-related services information](#). Information on COVID-19 and GBV-prevention has been shared through door-to-door visits in COVID-19 ‘hotspots’, reaching 10,500 people by the end August.

4.2 Leaving no one behind through respect for human rights

Civil society networks, 44 eminent citizens, and 19 migrant rights bodies demanded the immediate and unconditional release of 83 migrants who were arrested in September 2020 from a larger group of migrants who returned from Viet Nam and Qatar in August of this year. They had been stranded for months due to COVID-19, and some reportedly demonstrated against their treatment in Viet Nam. Following quarantine in Dhaka, they were arrested and reportedly investigated for allegedly tarnishing the image of the country. Most have so far not been granted bail at the time of writing. In two separate statements, civil society networks called for an independent investigation and consequences for manpower brokers, recruiting agents and officials responsible for fraudulent exploitation of the migrants.³² On 21 September 2020, the High Court asked the Government to show cause within two weeks regarding why it should not be directed to release the migrants.³³ The UN Migration Network in Bangladesh has been engaging with relevant stakeholders on the issue.

³⁰ <https://www.un.org/en/coronavirus/UN-response>

³¹ United Nations in Bangladesh. 16 September 2020. The Immediate Socio-economic Response Plan (ISERP) - Under the United Nations Development Assistance Framework 2017-2021.

³² <https://www.thedailystar.net/country/news/release-migrants-arrested-after-return-vietnam-middle-east-1955361>

³³ <https://www.thedailystar.net/country/news/hc-issues-rule-asking-why-govt-should-not-be-directed-release-83-detained-migrants-1964965>

5. Links to additional resources

- National COVID-19 website for Bangladesh: <https://corona.gov.bd>
- 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>

