



ICRC

BANGLADESH

ICRC RESPONSE TO COVID-19

JUNE 2020



MESSAGE FROM THE HEAD OF DELEGATION

When I first heard about the COVID-19 outbreak in China during the month of January, little did I anticipate that five months on, Bangladesh would be in a similar situation. As novel coronavirus rapidly spread in many parts of the world over the following months, the full enormity of the situation finally sank in when the pandemic hit Bangladesh during March. Though I have worked in the humanitarian sector for 25 years, I must admit that despite many assignments under challenging conditions, I wasn't prepared for the crisis of such a dimension that COVID-19 has unfolded.

As cases continued to rise and the pandemic refused to show any signs of pausing, we realized that 2020 would not pan out as planned. We had to review all our plans and work on a contingency plan that was unthinkable a few months earlier, finally acknowledging that Bangladesh would not be spared by what was proving to be a challenge all across the world.

While the country was putting in place general holidays aimed at limiting community transmission, we decided to keep the ICRC delegation in Dhaka and its office in Cox's Bazar up and running. With new working procedures and most staff working from home remotely, we had to continue to deliver critical protection and assistance services to people in the safest and most responsible ways, taking into account our duty of care to the staff and their families. We rapidly identified the critical programmes that had to continue, putting on standby less crucial ones, while integrating COVID-19 as an important new parameter into our operations, not only in Cox's Bazar but at national level as well.

Together with the Bangladesh Red Crescent Society (BDRCS) and other components of the International Red Cross and Red Crescent Movement, we decided to strengthen our cooperation and coordination to stand side by side with people in dire need. We knew that beyond the public health crisis, COVID-19 was going to impact the economic security of millions of Bangladeshis. For the displaced people from Rakhine, this would add another layer of vulnerability to their already fraught situation. We immediately scaled up our support to the BDRCS whose thousands of volunteers and staff across the country have continued to work on the front line of this crisis. A cash donation to the BDRCS in early April enabled them to kick-start their immediate response to the pandemic in Bangladesh.

After almost three months of operations under the COVID-19 crisis, I am now wondering when this emergency will end. Although less polluted, I miss the noisy, bustling and colourful streets of Dhaka with their lively disorganized order.



Pierre Dorbes
Head of Delegation,
ICRC Bangladesh



H. Magtrayo/ICRC

Engagement with communities, an approach that puts communities at the center of protection, assistance, and prevention activities, has played a significant part in ICRC's response to COVID-19 in Bangladesh.



TWO-WAY COMMUNICATION

- **240 house holds** in Cox's Bazar, Horikhola Host Community reached via phone calls and face-to-face interviews
- **620 house holds** in Konarpara DPR camp reached via face-to-face sessions and mosque-loudspeakers
- **5 group discussions** with community leaders in Domdomia DPR Camp, Cox's Bazar on managing the control of COVID-19
- **Feedback** on response being gathered from community leaders via phone calls and face-to-face interviews, where possible, in areas in CHT

ICRC staff member and displaced people from Rakhine engage in a discussion on how to prevent and protect themselves from COVID-19.

OUR RESPONSE

The ICRC in Bangladesh is supporting the massive efforts being carried out by governments, international community and humanitarian organizations to fight the spread of novel coronavirus. We have enormously adjusted, and where relevant, launched new initiatives to support national authorities, health-care facilities, places of detention and supporting the Bangladesh Red Crescent Society to respond to the pandemic.

Our operational response to COVID-19 focuses on

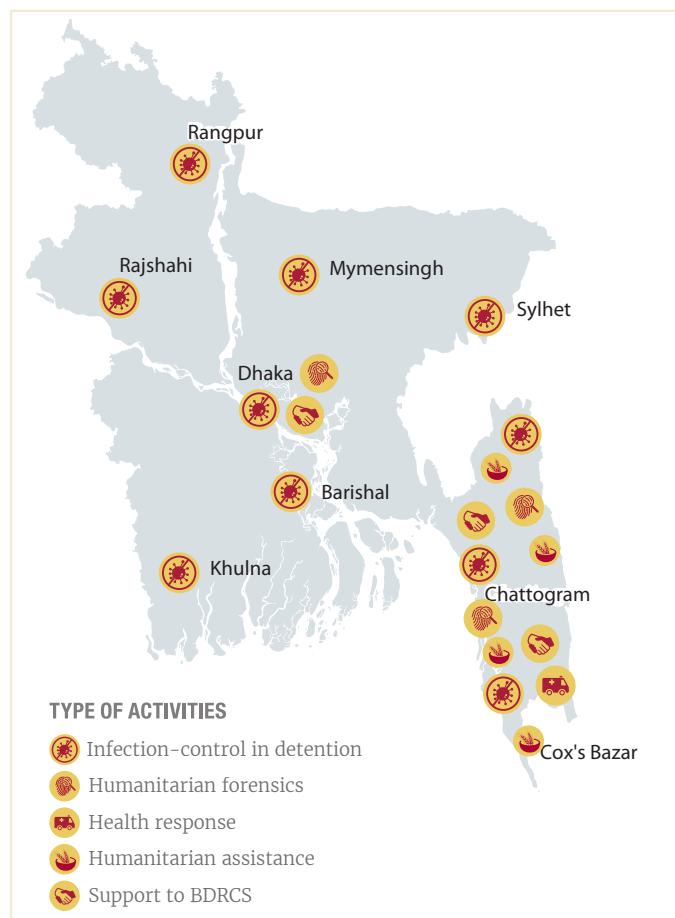
- Health response
- Infection-control in detention facilities
- Humanitarian forensics (management of the dead)
- Humanitarian assistance (food and cash) for the people affected by COVID-19
- Support to Bangladesh Red Crescent Societies

In the following pages, you will see a country-wise overview of the ICRC operational response so far to COVID-19 in Bangladesh.

BUDGET AND HUMAN RESOURCES

 **23,800,000 Swiss Francs**
for all ICRC activities in Bangladesh

 **219 staff**
(national and international)



Disclaimer

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the International Committee of the Red Cross, and are without prejudice to claims of sovereignty over the territories mentioned. Maps are not to scale.

Cover image: Emergency Department, Cox's Bazar Sadar Hospital. Health staff at the emergency department of Cox's Bazar district hospital, working round the clock to serve the inflow of patients from local and displaced communities.



INFECTION-CONTROL IN DETENTION FACILITIES

COVID-19 poses challenges in places of detention, given the specific vulnerabilities of detainees and difficulty of containing outbreaks in such settings. In close coordination with Bangladesh Prison Authorities, the ICRC is helping all 68 prison-facilities to implement the standard operating procedures for the prevention and control the virus spread. This includes providing recommendations for management of detainees in the context of COVID-19.

The ICRC invested a robust effort in assisting prison authorities to set up isolation centers in selected detention facilities and to support the staff with expert technical advice, infection prevention and control training, essential protective equipment, hygiene and other items.

68 Prisons supported

89,000 Total beneficiaries

- Material aid (hand rub, surgical masks, hand sanitizer, chlorine, etc) distributed with support of National Society
- **8,550 Sanitizers** distributed
- Technical advice given for creation of an isolation area in prison: **1**

PRISON DIRECTORATE & GUARDS

- **100 bottles** of hand rub
- Emergency kit (Surgical masks, hand sanitizer, chlorine, information leaflet, handheld sprayer, packing material):
 - **38 for prison directorate**
 - **180 for guards**
- **USB keys with training material** for prison guards and detainees: **72**



HEALTH RESPONSE

With the Ministry of Health, the ICRC continues to support different health structures in Cox's Bazar district, together with Cox's Bazar Sadar Hospital Emergency Unit. This includes the setting up of a new COVID-19 Emergency Department with 16 Triage beds (2nd Floor) and 12 isolation beds (3rd Floor) in a dedicated COVID building.

Cox's Bazar Sadar District Hospital;

- Protective equipment distributed:



250

PPE kits (suits)

Mentoring / capacity-building and preventive measures like training sessions for triage /isolation facilities

The 3-storey building also has five duty of care rooms and two radiology rooms. The ICRC will facilitate repair of portable X-Ray machine and other equipments as well as support the running of radiology services. The ICRC continues to support adapted to COVID-19 basic health care services for displaced people from Rakhine including in Konarpara.

Additionally, we have provided medical facilities at Dhaka level, as well as Physical Rehabilitation Centers – with disinfectant, sprayers and personal protective equipment like gloves, gowns and goggles to help them contain the spread of COVID-19.

Furthermore, in collaboration with Sadar hospital and MSF, ICRC is providing training for new and existing ED staff on infection control, use of personal protective material, sharing guidelines, advice on patient flow, treatment and sessions for triage / isolation facilities.



HUMANITARIAN FORENSICS

Management of the dead is one of the most complex aspects of humanitarian responses in any disasters and emergencies, such as the COVID-19 pandemic. During this pandemic, the ICRC is stepping forward to support authorities and assigned organizations to manage the dead by COVID-19, along with communities. Taking the measures for proper handling of the dead, this includes dignified management of the bodies and material support, including body bags. Additionally, developed guidelines and Information and Educational Materials (such as posters and videos) and conducted training sessions to ensure safe and dignified funerary and burial customs for COVID-19.

The Bangladeshi Directorate of Health Services has appointed Al-Markazul Islami and Quantum Foundation, two NGOs, and the Buddhist Religious Welfare

Trust, for organizing proper and dignified funerals for the people who died due to COVID-19. Considering the current challenges posed by the Coronavirus pandemic and related measures, the ICRC has supported them in protecting the bodies of the dead and their families, while raising awareness and providing technical advice.

	Body bags	Burial sheets
MINISTRY OF DISASTER MANAGEMENT AND RELIEF	300	
AL-MARKAZUL ISLAMI an NGO assigned by Ministry of Health for Dhaka	100	100
QUANTUM FOUNDATION an NGO assigned by Ministry of Health for other districts	200	
BUDDHIST RELIGIOUS WELFARE ASSOCIATION assigned by Ministry of Religious Affairs	75	



The cash assistance that I received will help me to buy food for me and my family also I will use some of it to repair my house to keep us safe from the monsoon.

- Ravai Marma from Kahgracahri



HUMANITARIAN ASSISTANCE (FOOD AND CASH)

The ICRC along with the BDRCS delivered in-kind and cash-based emergency relief assistance for the most vulnerable people living in places that others are unable to access such as Konarpara (located in Bangladesh–Myanmar border), Tumburu community and remote areas in Chittagong Hill Tracts (CHT).

624 displaced families receive biweekly (one-month ration) food rations in Konarpara camp

1,740 families from host community in Tumburu received emergency food parcels under lockdown

6,006 families from three CHT districts (2000 families from each district) received emergency assistance as unconditional cash grant

The distribution was part of our response plan to COVID-19 that has been developed in line with national and institutional priorities aimed at supporting the authorities in their efforts to control the spread of COVID-19.

The in-kind and cash-based assistance is intended to support household maintaining adequate daily food consumption and living conditions in a short period until other support mechanisms and sustainable measures become effective.



PARTNERING WITH BDRCS

Working closely with BDRCS to carry out the humanitarian response and promote awareness and preventive measures related to COVID-19. The activities already being carried out by the BDRCS includes support to increase their health care services, community engagement and pandemic preparedness activities for vulnerable populations.

The ICRC is working along with in-country partners and supporting coordination structures and mechanisms (strategic, operational coordination and technical work groups) at the Dhaka and Cox's Bazar level, to ensure operational coherence as well as COVID-19 pandemic preparedness and response activities are appropriate and fill gaps in national and local response.

DHAKA



Financial aid for ambulance support to Directorate General of Health Services

28 DISTRICTS AND DHAKA BDRCS HQ



5,000 units of gel disinfectant for hand hygiene

CHITTAGONG HILL TRACTS, COX'S BAZAR



750 PPE kits donated

64 DISTRICTS

• Economic Security activities

- Food distribution carried out in partnership with BDRCS
- **150,000 Beneficiaries (30,000 households)**
- Food parcel consisted of 7.5 kg rice, 1 kg lentil, 1 litre oil, 1 kg salt, 1 kg sugar, 0.5 kg semolina

68 UNITS AND DHAKA NHQ

- Donation agreement for **CHF 500,000** between the ICRC and the National Society will cover assistance related to COVID-19.
 - **Public awareness and media campaign** along with production of communication material to raise awareness
 - **300,000 emergency food packets**
 - **Disinfection of 16 hospitals and public places**
 - **Mobilization and financial support** to volunteers involved in Restoring Family Links (RFL) services
 - **Insurance-related assistance** for front-line staff and volunteers

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