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# Immediate Socioeconomic Response to COVID-19

## Under the United Nations Development Assistance Framework 2017-2021

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# Immediate Socio-economic Response Plan (ISERP)

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# Foreword

Alongside 130 other United Nations Country Teams (UNCT) globally, the UNCT in Bangladesh has been responding to the multidimensional impacts of the COVID-19 pandemic in real time these past few months. The scale and reach of this pandemic at global, national and local levels has required us to rethink how we deliver to our stakeholders – the most vulnerable groups in Bangladesh, how we help protect years of impressive development progress including the proximate milestone of LDC graduation, and how we support the country in resuming progress towards the Sustainable Development Goals. In addition to the internal health and socioeconomic impacts of the pandemic, as a small open economy, Bangladesh has been buffeted by conditions outside its boundaries (drop in exports orders, and remittance inflows), and events outside its policy control (disruption of international supply chains).

In uncovering the existing development deficits and structural drivers of multidimensional inequality in Bangladesh as elsewhere, this pandemic has highlighted three key imperatives for us. First, that response and recovery must proceed in lockstep. While the United Nations system and development partners are working with the Government of Bangladesh to extend the reach and are seeking to improve the targeting of the social protection system in response to the crisis, this alone is not enough. The massive loss of incomes, employment, and livelihoods, especially in Bangladesh's large informal sector, cannot be mitigated without a sustainable economic recovery.

Second, both response and recovery interventions must aim to undo pre-existing institutional dysfunctions, power imbalances, and the structural drivers of multidimensional inequality that have magnified the impact of this pandemic. In Bangladesh, we have had to be vigilant about how and who we target in our projects and who we consult with. For instance, it is easier to reach those that are already covered by social protection systems, and those that have fixed addresses. It is easier to consult with those who have access to cell phones, or are already beneficiaries of our projects. Yet the rapidly evolving situation called for identifying the new vulnerable and the new poor even before official estimates started to become available.

Third, the way we do development must change – our interventions need to be fast, adaptive, and highly responsive to a rapidly evolving situation on the ground. We no longer have the luxury of the sequential process of assessment, planning, delivering, monitoring, evaluation and learning. We must rapidly cycle through trial, error, learning and reprogramming, often through periods of high uncertainty. These three imperatives are at the core of our development in emergency approach in Bangladesh.

This response plan for Bangladesh is based on our rapid learning on the job over the past four months as we adjusted our delivery mechanisms, repurposed our ongoing projects and programmes, and initiated new interventions to mitigate the worst impact of the crisis, with the most vulnerable among the people of Bangladesh at the centre of our human rights based One-UN response. We did this in the midst of responding to the destruction wrought by a super-cyclone and the longest and most extensive flooding since 1998.

This Immediate Socio-Economic Response Plan (ISERP) is an 18-month development plan spanning June 2020-December 2021 and anchored in the United Nations Development Assistance Framework (UNDAF) of 2017-2020 which was extended to the end of 2021 in agreement with the Government of Bangladesh. This extended UNDAF provides the legal basis for all programming under the plan. The ISERP remains a living document to be revised as we learn and adapt. In this version and successive iterations, our hope is that the ISERP will serve as an evolving roadmap for us and our partners as we collectively chart new territory to emerge from this pandemic stronger together.

**Mia Seppo**

*United Nations Resident Coordinator in Bangladesh*

# Acronyms

| | |
|---|---|
| ADB | Asian Development Bank |
| BBS | Bangladesh Bureau of Statistics |
| BDHS | Bangladesh Demographic and Health Survey |
| BMMS | Bangladesh Maternal Mortality and Health Care Survey |
| CSOs | Civil Society Organizations |
| DGHS | Directorate General of Health Services |
| EDF | Export Development Fund |
| EPI | Expanded Programme of Immunization |
| FAO | Food and Agriculture Organization |
| FY | Fiscal Year |
| FYP | Five-Year Plan |
| GBV | Gender-based Violence |
| GCC | Gulf Cooperation Council |
| GED | General Economics Division |
| GDP | Gross Domestic Product |
| GGG | Global Gender Gap |
| GoB | Government of Bangladesh |
| HDI | Human Development Index |
| HDR | Human Development Report |
| HIC | High Income Country |
| HRH | Human Resource for Health |
| IFAD | International Fund for Agricultural Development |
| IFIs | International Financial Institutions |
| IMF | International Monetary Fund |
| ILO | International Labour Organization |
| IOM | International Organization for Migration |
| LDC | Least Developed Country |
| LFP | Labour Force Participation |
| LFS | Labour Force Survey |
| LMIC | Lower Middle-Income Country |

| | |
|---|---|
| MICS | Multiple Indicator Cluster Survey |
| MMR | Maternal Mortality Ratio |
| MNCH | Maternal, Neonatal and Child Health |
| MSMEs | Micro, Small, Medium Enterprises |
| NAP | National Action Plan |
| NAWG | Needs Assessment Working Group |
| NEET | Not in employment, education or training |
| NGOs | Non-governmental Organizations |
| PPE | Personal Protective Equipment |
| RMG | Ready-Made Garments |
| SDGs | Sustainable Development Goals |
| SMEs | Small and Medium Enterprises |
| UNAIDS | Joint United Nations Program on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UHC | Universal Health Coverage |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNODC | United Nations Office on Drugs and Crime |
| UNOPS | United Nations Office for Project Services |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| WFP | World Food Programme |
| WHO | World Health Organization |

# Executive Summary

# Purpose

The United Nations Immediate Socio-economic Response Plan (ISERP) for Bangladesh aims to **mitigate the COVID-19 pandemic's multidimensional impacts** on the people of Bangladesh. It strives to ensure that the most vulnerable groups are protected, and the country can make a sound recovery and continue its progress towards its development goals, including Agenda 2030. In support of the economic stimulus and social protection packages issued by the Government of Bangladesh in response to the crisis, the interventions and policy recommendations in this One-UN plan seek to help Bangladesh build back better and seize opportunities to promote more inclusive, sustainable and evidence-based development pathways in the post-COVID landscape, including the ongoing existential threats posed to the country by climate change. The ISERP aims to help the Government and the people of Bangladesh maximize the effectiveness and efficiency of these response programmes while ensuring that they result in a significant net reduction in multidimensional vulnerabilities across all segments of the country and the population.

The plan will be embedded in the current **United Nations Development Assistance Framework (UNDAF)** 2017-2020 which was extended for a year to 2021, and will be aligned with the Government of Bangladesh's Eighth Five Year Plan and the Sustainable Development Goals (SDGs). The ISERP is firmly anchored in a whole of the society approach, and the principles of leaving no one behind, and building back better.

# Situation analysis

Country-wide and pillar-specific **situation analyses** throughout this document examine the state of development processes and challenges in Bangladesh before the COVID-19 pandemic. They assess how the crisis has affected the people of Bangladesh, especially those most vulnerable; how it has shifted the development landscape and affected development priorities; and how it has affected and, in most cases, amplified systemic vulnerabilities and inequalities across gender, ethnic, geographic, economic, and social lines. The analyses describe the Government's key response strategies and programmes under each pillar and identify opportunities to provide support in areas of comparative advantage for the United Nations Development System.

The document concludes that the effects of the COVID-19 crisis in Bangladesh **threaten to undo hard-won development achievements** from the past decade; to rob the next generation of the dividends of development; and to grievously delay investments in climate adaptation. Every effort must be made, it suggests, to ensure that the country is able to make the necessary investments in social welfare, education, health, high-quality jobs and addressing the climate crisis to seize its one-time, demographic-driven opportunity to accelerate economic and social development over the next decade. Subsequently, Bangladesh needs to focus on transforming to a low-carbon, and climate and disaster resilient economy with a healthy tax base; accelerating social cohesion towards a non-sectarian society centred around human rights and dignity, and achieving far-reaching women's social, economic and political empowerment. If successful, these and other development efforts will place Bangladesh within reach of achieving all the SDGs by 2030.

# The Immediate Socio-economic Response Plan (ISERP)

The ISERP will be **operationalized across five critical pillars** outlined by the Secretary-General in his recent report "Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19". Together with the ongoing public health response, Bangladesh Preparedness and Response

Plan, and the complementary humanitarian response to the pandemic, this plan offers a multi-sectoral, data-driven and human rights-based approach covering five pillars, informed by the principle of leaving no one behind.

To implement the strategy, the United Nations Country Team (UNCT) is switching to **an emergency mode** to focus its efforts on maintaining essential life-saving health services, and scaling-up and expanding resilient and climate-responsive social protection systems. These include including essential food and nutrition, water and sanitation, education and protection services, with a focus on infants, children, women, the ultra-poor, informal settlement dwellers, ethnic minorities, people with disabilities, climate and disaster victims, and other vulnerable populations. A strong emphasis on data-gathering and information systems in the Plan is intended to support social expenditure monitoring, promote well informed decision making, and permit the rapid adjustment of interventions to ensure maximum impact and efficiency.

Addressing the impacts of COVID-19 and building back better require **a commitment to integrated, multi-sectoral responses** to produce holistic interventions encompassing all the five pillars of the ISERP. As the pandemic has highlighted, vulnerability in one set of areas – for example in the limited access to water, sanitation and hygiene services and low access to social protection schemes among the country's urban poor – directly increases vulnerability in others areas – for example, the higher exposure of these same populations to infectious diseases and deeper economic shocks have cause so many to fall back into poverty. Similarly, COVID-19 has exacerbated the vulnerability of people to climate change and disasters, not only because several disaster events occurred during the pandemic, but also because of the erosion of people's ability to absorb shocks and manage multiple disruptions at the same time. The objective of the five-pillar approach is thus to ensure a more coherent, coordinated and effective response by mobilizing United Nations agencies, funds and programmes to respond strategically across all critical sectors.

**Guidance and oversight** for the formulation and implementation of the plan will be provided by the UNDAF Joint Steering Committee, co-chaired by the Secretary, Economics Relations Division (ERD), Government of Bangladesh and the United Nations Resident Coordinator, and supported by the UNDP Resident Representative serving as the overall Technical Lead. The same Joint Steering Committee will provide oversight and guidance on the formulation of the new United Nations Sustainable Development Cooperation Framework

# Key interventions

## Pillar 1: Health First: Protecting Health Services and Systems During the Crisis

• Accelerate progress towards Universal Health Coverage, especially primary health care, with a focus on lagging regions and disaster and climate hotspots.

• Ensure continued access to and utilization of safe, quality, inclusive, climate resilient, gender responsive essential health and nutrition services.

• Build and engage community-based platforms and social media to ensure people-centered essential health, population and nutrition services for home-based care, facility care and telemedicine care.

• Promote health co-benefits of environmental and social determinants of health.

## Pillar 2: Protecting People: Social Protection and Basic Services

### 2.1. Social protection

• Support targeted increases in climate-sensitive social protection sector-based budgeting, with an emphasis on increased social safety coverage both vertically and horizontally.

• Promote institutional efforts to strengthen, accelerate, invest in and scale-up supply, while closely monitoring the volume and quality of social expenditure.

### 2.2 Education

• Help develop a national strategy and guidelines for safe school reopening and operation.

• Integrate digitalized education/ technology-based approaches into education plans and delivery.

### 2.3 Food Security

• Provide food security support to urban households in quarantine, and those who have lost jobs (including micro-entrepreneur set-ups) through direct cash transfers and expanded food packages.

• Provide more inclusive and adaptive livelihoods support to food producers at farm, household, local farmer

and market levels to strengthen climate-resilient food production and continuity from rural to urban areas.

**2.4 Nutrition**

- Develop and promote a comprehensive multi-sectoral costed Food and Nutrition Security Response Plan.

- Strengthen a multi-sectoral accountability system including monitoring, evaluation and surveillance.

**2.5 Water Sanitation and Hygiene**

- Ensure continuity and safe operation, maintenance and use of water and sanitation services, especially in the recent disaster affected areas affected by Cyclone Amphan in 2020.

- Strengthen Sector Coordination and Monitoring (especially through virtual platforms).

**2.6 Social Protection – Continuity of Social Services**

- Increase access and strengthen the quality of social services – especially protection services – that respond to violence, abuse, and exploitation of the most vulnerable and marginalized.

- Invest in the capacity and reach of the professional social service workforce.

## Pillar 3: Economic Recovery: Protecting Jobs, Small and Medium-Sized Enterprises (MSMEs), And the Most Vulnerable Productive Sectors

**3.1. Employment and sustainable business**

- Assess impact on emerging employment-intensive sectors and identify new drivers of employment creation.

- Invest in and rapid execution of labour-intensive rural road and infrastructure projects

- Execute active labour market programmes to promote decent jobs for women, youth, and other vulnerable groups. Advocate for policy and provide technical assistance on reforms to increase private sector resilience and accelerate green growth.

- Provide technical assistance to strengthen the capacity of labour market institutions to enhance quality of employment.

**3.2. Support to micro, small and medium enterprises (MSMEs)**

- Support gender-responsive measures to create awareness of the Government stimulus package among micro and cottage enterprises and rural enterprises.

- Provide technical assistance to help business associations to set up support systems and to help existing and potential members to access to government support.

- Help to introduce new systems for good labour practices along the agricultural value chains.

- Invest in boosting the productivity of enterprises by supporting businesses to adopt better technologies, processes, workplace management practices, and solutions to stabilize and secure supply and value chains.

- Strengthen value chain of the highly affected labour-intensive sectors.

**3.3. Migration**

- Help to address the immediate needs of migrants, including women migrants and children, by providing shelter, food, legal and travel assistance, and medical support as part of their return.

- Respond to the immediate need to prepare a database of returning migrants, disaggregated by sex, age, skills and occupation, to inform response planning and recovery management.

- Support medium to long term reintegration of returnee migrants and address migrant health needs.

## Pillar 4: Macroeconomic Response and Multilateral Collaboration

- Support the management of fiscal stimuli and financial needs through efficient financial and resource planning, management and mobilization.

- Recalibrate the Integrated National Financing Framework (INFF) by updating the SDGs financing strategy and leveraging private and public financing, including a re-focusing on green economic recovery.

- Support a low carbon climate resilient pathway for

the Covid-19 recovery plan.

- Identify policy options to create fiscal space for financing COVID-19's response.

- Help reprioritize and monitor public resource allocation, reform tax systems, and negotiate debt management measures.

## Pillar 5: Social Cohesion and Community Resilience

### 5.1. Civil and Political Rights, Governance and Rule of Law

- Help Bangladesh strengthen and hold constitutional bodies accountable, including for transparent, non-discriminatory access to services and human rights standards, including in health and social protection services.

- Advocate to uphold freedom of expression, including of the press; amend the Digital Security Act of 2018; and protect rights to information, while addressing misinformation.

### 5.2. Gender-based Violence (GBV)

- Expand COVID 19-adapted GBV prevention and response services.

- Implement innovative solutions to transform social norms and build capacity of law enforcement, health and social providers on survivor-centered responses to violence.

### 5.3. Stability and Peace

- Strengthen government coordination around non-discriminatory access to social and economic public services, investment in women, youth, and adolescent-led prevention.

- Increase institutional and community capacities to prevent and counter incitement to discrimination, hatred, hostility, and violence against vulnerable groups.

- Ensure that emergency measures are temporary, legal, and pursuing a legitimate purpose, and that they are not arbitrary, non-discriminatory and necessary in a democratic society.

# Socio-economic Response Plan

# Purpose

The United Nations Immediate Socio-economic Response Plan (ISERP) for Bangladesh aims to **mitigate the COVID-19 pandemic's multifaceted impacts** so that the country can make a sound recovery and continue its progress towards its mid- to long-term development goals and seize the opportunity to transform its development pathway towards a more low carbon and climate resilient one. These goals include transformation into a middle-income country in line with Vision 2021; graduating out of Least Developed Country (LDC) status and; attaining the Sustainable Development Goals (SDGs) by 2030. Attaining these key milestones will help Bangladesh to lay the groundwork for transforming into a developed country by 2041.

The **global human catastrophe** that has resulted from the COVID-19 pandemic has presented simultaneous health, humanitarian, environmental, political and socio-economic menaces around the world. In Bangladesh, the pandemic has placed an enormous strain on the country's limited health infrastructure, plunged millions into poverty, and interrupted the country's trajectory of economic growth and climate change adaptation and mitigation. The situation has been worsened by the impact of Cyclone Amphan and prolonged floods. Before the pandemic, Bangladesh was on the precipice of an economic, demographic and social moment of opportunity that, if properly leveraged, could accelerate the country's economic and social development while promoting a resilient, green economy, gender and social equality, and human rights. This once-in-a-generation opportunity is too important to lose.

In addition to the Government's emergency health responses, **large economic stimulus and social protection packages** equivalent to approximately 3.7 per cent of the country's GDP have been announced. The ISERP aims to support and complement these efforts with a multi-sectoral response to maximize the effectiveness and efficiency of the Government's response while helping to monitor social protection expenditure to ensure that they result in a significant net reduction in multidimensional vulnerabilities, build back better and seize these critical opportunities i.e. gender equality, youth empowerment, green and resilient development in the post-COVID landscape.

The evidence-based **interventions and policy recommendations** contained in this strategy seek to help Bangladesh mitigate and recover from the ongoing COVID-19 pandemic and its associated multifaceted socio-economic impacts in the short, medium and long term. The plan is embedded in the extended version of the current United Nations Development Assistance Framework (UNDAF) and is aligned with the Sustainable Development Goals (SDGs). The ISERP is firmly anchored in a 'whole of the society' approach and embraces the principle of 'leaving no one behind', and 'build back better.' While it covers only the short and medium term, it is intended to lay the tracks to put Bangladesh back on its development trajectory on an even stronger and more sustainable footing of resilience and environmentally sustainability.

# Situation analysis

On the eve of the COVID-19 pandemic, Bangladesh had been making **steady progress toward meeting an ambitious vision for its development**. A decade of sustained economic growth, averaging at 7 per cent, had been achieved in parallel to impressive headway in poverty reduction, with the national poverty rate dropping to 20.5 per cent in 2019. Over a generation, the country attained gender parity in primary and secondary education, significantly reduced the under-five mortality rate, and improved immunization coverage, among other achievements. While progress towards the sustainable development goals (SDGs) by 2030 was uneven, there was cause for optimism.

Bangladesh's **first case of COVID-19** was reported on 8 May 2020. Since then, the number of cases has risen steadily and, by **22 August 2020"**, the country had 2,90,360 confirmed cases and 3,861 deaths[1]. The Government declared a general holiday from 26 March to 30 May, closing government offices and non-essential businesses, and restricting movements. These measures have now lifted, but economic activities remain subdued.

The impacts of the pandemic have created a multidimensional crisis increasing **immediate humanitarian needs, while at the same time exacerbating structural inequalities** and pre-existing barriers in access to services; aggravating vulnerabilities in the country's governance and administrative systems; and undermining Bangladesh's development gains to date. As discussed under Pillar I, the urgent need to ramp up health services in response to the COVID-19 outbreak has mobilized health systems around the pandemic. The Government's response is providing vital care to COVID-19 patients while helping to slow down the spread of the disease. However, the focus on Covid-19 is rerouting resources and administrative focus from efforts to broaden people's access to affordable general health services and respond to the country's evolving profile of communicable and non-communicable diseases and nutrition challenges.

While official figures on the **consequences of the crisis on poverty** are not yet confirmed, Pillar II cites unofficial estimates which place the number of COVID-19-induced 'new poor' between 16 and 42 million people, which could bring the poverty rate up to 44 per cent. Pre-existing, multifaced vulnerabilities have meant that many who were struggling to maintain minimum livelihood standards have quickly slid back into poverty. Critically, food and nutrition security impacts for the poorest, particularly in urban slums cut off from market access and livelihoods, have had an immediate impact on the most vulnerable, with food expenditure contracting significantly. The pandemic's impacts are acutely felt by those underserved by national social protection programmes, with knock-on effects on human development across society. For example, school closures affect nearly three million ultra-poor, primary school children enrolled in Government school-feeding programmes. Micronutrient deficiencies present a huge challenge to Bangladesh, with economic losses due to malnutrition estimated at USD 1 billion per year. The fall in household incomes along with missed meals can also accelerate risks of primary school dropout that, in turn, can lead to early and child marriage with its attendant health, educational, economic and gender-based violence risks[2].

The **loss of livelihoods** brought about by the crisis is in a vicious feedback loop with slowing demand. The decreased purchasing power of the large number of 'newly poor' – including those whose jobs have been lost to falling international demand, has reduced domestic demand for many products. This, along with breakdowns in supply chains and transportation systems, has crippled food production systems and countless micro, small and medium-sized enterprises, further affecting the livelihoods of urban and rural workers[3].

At the macro-level, the multidimensional shocks of the crisis are likely to **set back the country's steady economic progress**. In addition to forcing a downward revision of its economic growth forecast, the pandemic has laid bare existing fundamental vulnerabilities within the economy that serve to heighten risk during the crisis. These vulnerabilities include an overreliance on ready-made garments and remittances as drivers of economic growth, a very low tax-to-GDP ratio, a fragile banking system, significant risks to disaster and climate, and the enormous informal sector.

Although the national emergency created by the COVID-19 has aligned some interests of different social groups, and inspired examples of solidarity across the country, it has also served to highlight **stark differences in social and economic privilege**, exacerbated existing tensions and grievances, and raised new challenges for social cohesion and human rights. Divisions along political, ethnic, religious lines as well as sentiments about migrants, refugees and COVID-19 patients, among others, have been further polarized during the pandemic, while access to political participation, justice and redress have been curtailed by lack of coordination and transparency in the COVID-19 health response, a slowed justice system and limitations on public freedoms. Emergency measures taken by authorities during the crisis have had significant impacts on the human rights of the people of Bangladesh, including for the Rohingya refugees in Cox's Bazar, ranging from restrictions on the freedom of movement, to denials of the right to health, to infringements on the freedom from arbitrary arrest and other serious human rights violations.

In addition to the loss of livelihoods, the pandemic is **amplifying existing multidimensional vulnerabilities** that affect human development. For example, women and girls are likely to become more food insecure and to have poorer nutritional indicators than males in the same household. Domestic work is increasing for both women and men, but the burden of unpaid childcare work

1 https://dghs.gov.bd/index.php/en/home/5373-novel-coronavirus-covid-19-press-release; https://corona.gov.bd/press-release
2 CAMPE: https://tbsnews.net/bangladesh/education/COVID-19-may-accelerate-primary-school-dropout-rate-impact-enrolment-80428
3 Dhaka Food Systems Situation Report FAO 2020

is increasing much more substantially for mothers and female caretakers[4]. Gender inequalities typically result in lower school enrolment rates for girls than boys, which consequently lead to poorer health outcomes. The crisis has also triggered violence against women and girls, while the pandemic is likely to upend ongoing efforts to end child marriage[5], as noted under Pillars II and V. Estimates predict that, due to the COVID-19 crisis, 200 million fewer cases of gender-based violence will be addressed by 2030, a reduction of about one third in progress in ending gender-based violence by that year[6].

The compounding **hardships linked to COVID-19 and those created by the cyclone and monsoon seasons** is expected to have severe socio-economic impacts on many of the country's most vulnerable and most-at-risk populations. In May 2020, the Ministry of Disaster Management and Relief and the Office of the United Nations Resident Coordinator, as co-leads of the Humanitarian Coordination Task Team, concurred with the findings of the Multi-Sectoral Anticipatory Impact and Needs Analysis. The report reveals a strong geographical correlation between the negative impact of the COVID-19 pandemic and the exposure to risks of climate-related disasters, especially for Bangladesh's 20 most vulnerable districts[7].

Climate vulnerable districts include **Cox's Bazar,** where the pandemic has further added to the complexities of recovery, and highlighted the importance of working at the humanitarian-development-peace nexus, especially in light of the influx of Rohingya refugees over the last three years. Prior to the arrival of the refugees, the majority of the population of Teknaf and Ukhiya was dependent on agriculture, despite the fact that more than 60 per cent of the two districts is forest land unavailable for cultivation, and the area regularly faces cycles of flooding, cyclones, and storm surges. The arrival of the refugees, whose movements are concentrated in a refugee-hosting space that accounts for less than two percent of the country's landmass, has considerable impacts on social cohesion that has been exacerbated by the fear, uncertainty, and economic and social hardship brought about by the COVID-19 pandemic such that there is now a heightened potential of violence.

As the Secretary-General has highlighted in the United Nations' global response to the COVID-19 crisis, several **factors matter significantly in determining how and how much someone is affected** by the pandemic. Personal situation and status matter, in that the wealthier in Bangladesh have access to better quality health care, can insulate themselves from the economic impacts of and adapt to public health measures more easily, and are more resilient to financial shocks in their households. Socially marginalized communities, such as Dalits and the LGTBQI community, face constant hurdles in accessing their rights to health care and social protection. Occupation matters, in that front-line health workers, the majority of whom in Bangladesh are women, are placed at significant additional risk, while for others, their livelihoods force them to balance risks to their incomes with risks to their health. Location matters, in that social distance and access to safe water, sanitation and hygiene are limited for residents of poor urban settlements, while residents of climate-vulnerable districts must contend with simultaneous disasters. Legal status matters, in that refugees and migrant workers suffer from exclusion and stigmatization, while administrative and governance failures omit millions from the social safety net. And trust matters, in that the degree to which the people of Bangladesh have faith that Government public health measures are taken in good faith, are evidence-based and are implemented equally across society, will influence their willingness to abide by difficult rules, to make their voice heard through peaceful political channels, and to act in solidarity across communities.

In the aggregate, the effects of the COVID-19 crisis in Bangladesh **threaten to undo hard-won development achievements** from the past decade and to rob the next generation of the dividends of growth at a potential watershed moment for the country's development. As the economy grows and demographics shift, judicious government investment in social welfare, education and high-quality jobs for the country's youth could result in a unique, one-time boost in economic and social development over the next decade when over 60 per cent of the population will be between the working ages of 15 and 59. This "demographic dividend" can be leveraged to bring about a new generation of environmentally sustainable businesses, accelerate social cohesion towards a non-sectarian society centred around human rights and dignity, and achieve far-reaching women's social, economic and political empowerment. If successful, these and other development efforts will place Bangladesh within reach of achieving all the SDGs by 2030.

These objectives, on which the aspirations of future generations rest, **must be protected**. Despite

4 Ibid.
5 Ibid.
6 https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital
7 https://www.humanitarianresponse.info/en/operations/bangladesh/assessment/20200325-covid19nawg-sitrep-and-anticipatory-impact-updates01

the overwhelming challenges created by the pandemic, its disruptive effects offer an opportunity to address entrenched assumptions, interests and ways of working in national and local institutions. An institutional recommitment to human rights, rule of law and good governance can help Bangladesh address social, economic and political iniquities to promote social cohesion and community resilience against the hardships caused by the pandemic and other societal ills. The immediacy of the COVID-19 pandemic's impacts, and the resulting Government and international response, present an opportunity to consolidate a national recovery agenda that embraces all aspect of society in the rebuilding process.

## The Plan

To these ends, the ISERP constitutes the **one-UN plan for how the United Nations intends to urgently support the socio-economic response** to the COVID-19 crisis. It is focused on the next 18 months and serves as an immediate development offer, to be implemented by the UNCT. The ISERP seeks to ensure that, through the crisis, the 2030 Agenda is preserved, and the sustainable development trajectory set by the people of Bangladesh remains viable.

The COVID-19 pandemic has **laid bare and accentuated many underlying vulnerabilities** that have both contributed to the causes of the crisis and worsened its impact. The country-wide, sectoral, and group-focused situation analyses in this document are attempts to understand some of these rapidly evolving vulnerabilities and how they interact with the COVID-19 pandemic to impact Bangladesh's socioeconomic prospects and development paradigm. These findings serve as a reminder that the UNCT's support must be fully consistent with the principles of equality and human rights, so that the response to the pandemic serves to reduce the vulnerabilities that have placed so many at risk of generational poverty, denial of rights and services, and further marginalization during this period. Thus, in line with the Secretary-General's global call, the interventions under the ISERP intend to support responses to the pandemic that protect people and the environment; preserve gains across all the SDGs; ensure equality, particularly gender equality; promote transparency, accountability, and collaboration; increase solidarity; and place the voice, rights and agency of people at the centre.

In this context, the ISERP has two strategic objectives. **First, to minimize and overcome new and pre-existing vulnerabilities in the short- to medium-term, especially for marginalized populations; and, second, to continue making progress towards the SDGs, with the spirit of leaving no one behind**.

The ISERP is designed to **operationalize five critical areas** outlined by the Secretary-General in his recent report "Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19". Complementing the ongoing global public health and humanitarian responses to the pandemic, the plan offers a well-rounded approach covering the following areas:

**Pillar 1. Ensuring** that essential health services are


available to all and that national health systems are smoothly functional, sustainable, resilient and are well-protected;

**Pillar 2. Helping** people cope with adversity, especially marginalized and vulnerable groups, through basic service provision and social protection measures;

**Pillar 3. Protecting** jobs in the formal and informal sectors, supporting Micro, Small, and Medium-Sized Enterprises, returnee migrant workers and the most vulnerable productive actors through decent work and various socio-economic recovery programmes;

**Pillar 4. Providing** necessary stimuli by combining responsive fiscal and monetary policies to make

macroeconomic policies work for the most vulnerable, and strengthening multilateral, regional and local responses; and,

**Pillar 5. Promoting** social cohesion through dialogue, political engagement and investing in community-led resilience and response systems.

# Implementation

The implementation of the ISERP will require the UNCT to adapt rapidly to the changing context. Accordingly, the United Nations Development System is **switching to emergency mode** to focus its efforts on *rescue* (saving lives), *relief* (social and economic support), and *recovery* (building back better). This means:

a. **maintaining essential life-saving health services** along with complementary effort targeting health systems recovery, preparedness and strengthening with a focus on primary health; and

b. **scaling-up and expanding resilient social protection systems**, including essential food and nutrition, water and sanitation, education and protection services, with a focus on infants, children, women, ultra-poor, informal settlement dwellers, ethnic minorities, people with disabilities and other vulnerable populations.

Addressing the impacts of COVID-19 and building back better require **a commitment to integrated, multi-sectoral responses** to produce holistic interventions across and within the five pillars of the ISERP. The country's economic progress hinges on how quickly and effectively Bangladesh can respond to health emergencies and invest in health services capacity, human resources and basic health infrastructure. A boost in health sector development, then, is imperative for sustainable economic development and vice versa. A healthy population is the most important asset for development transformation. In Cox's Bazar district, the crisis will challenge the United Nations to work effectively at the humanitarian-development-peace nexus by various means including integrating efforts through the District Development Plan.

As such, a '**whole of society**' approach underpins the ISERP. This approach demands inter- and intra-pillar collaboration and integration so that actions can be informed by interventions of other pillars. Rapid, adaptive programming with an eye on the most vulnerable groups must be the ethos for the UNCT's execution of the ISERP. In doing so, it can maximize the unique added value offered by the Organization during such challenging times, namely 1) high quality, responsive, evidence-based technical assistance on policies, strategies and programmes; and 2) a broad normative and convening function that can drive coherent, effective and norms-based responses across the SDGs.

The compounding challenges in Cox's Bazar have made clear that interventions at the **Humanitarian-Development-Peace nexus** form a contiguum rather than a continuum. The precarious nature of risks and shocks associated with the emerging development issues, such as climate change, effects of inequality, cross-border migration, etc., indicates that there is no one-way linear progression from humanitarian interventions to relief and then to longer-term development programming. In the aftermath of COVID19, a reinvigorated commitment to this approach must be applied at the practical planning level. From the Union, to Upazila to District and all the way up to the National level, the planning processes of humanitarian, development and peacebuilding actors must be streamlined to ensure that the complex, interlinked dimensions of development that have been impacted by the pandemic can be safeguarded. The District Development and Growth Plan initiative for Cox's Bazar, if approved by the Government is meant to operationalize the humanitarian-development-peace nexus, and to address the longer-term development needs. A similar approach is also required for areas such as the Chittagong Hill District (CHT) where, in the absence of security and human rights guarantees, there can be no sustainable development and vice versa.

Underlying structural inequalities mean that many women and children have less access to telecommunications and essential services. The COVID-19 lockdown has imposed further restrictions of movement, restricted access to essential services and increased reliance on aid but also entailed remote supervision of staff in the field. In this environment, the **risk of sexual exploitation and abuse increases**, and reporting channels are either lacking or out of reach. It is paramount that all stakeholders at this time understand and spread the message that aid is free.

*Read on for*

P I L L A R O N E

P I L L A R O N E

# Health First

Protecting Health Services and Systems During the Crisis Strategic Framework

As health systems' shift focus to the COVID-19 response, there is a short-term risk of increasing the morbidity and mortality from other illnesses due to the disruption in the delivery of more routine services and longer-term risks of undermining the health of a significant number of Bangladeshis and losing hard-won progress that has been achieved in health sector in recent years.

## Pre-Covid Situation

Bangladesh's score on Universal Health Coverage (UHC) index was on the rise

**34-54%**

Proportion of women aged 15 to 49 that receive antenatal care increased from 68% (2011) to 92% (2017-2018)

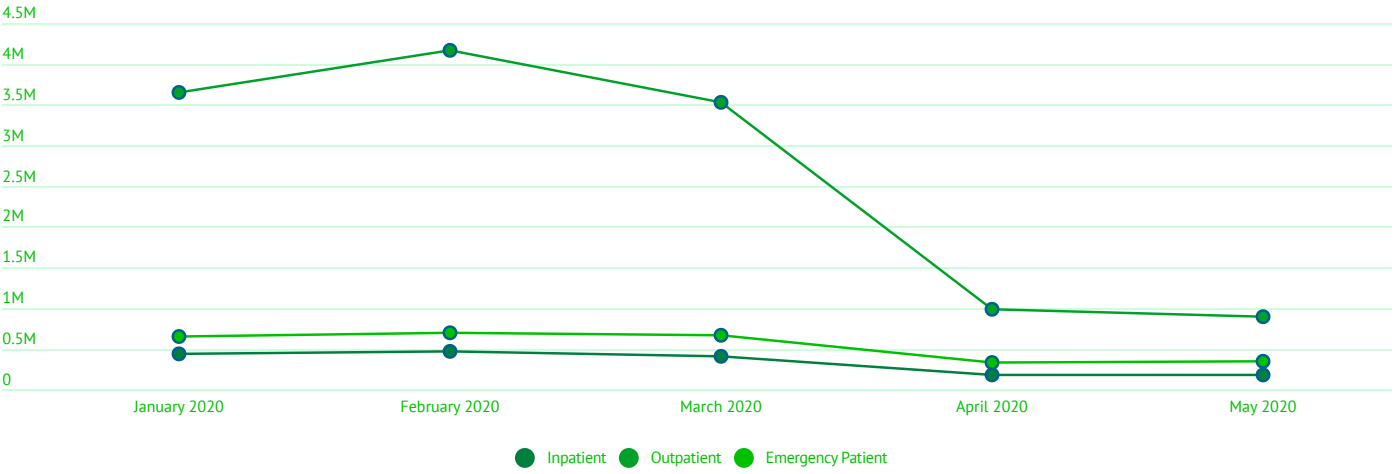
**5.4** physicians & **3.4** nurses per 10,000 population

**3.0 - 2.3**

National fertility rate fall from 2004 to 2014-17

## Covid-19 Impacts

Rate of health service utilization has declined dramatically




Drop in MNCAH and family planning services during COVID 19

**50%**

**31% decrease**

in antenatal care visits by mothers

**86% decline**

in testing rates for HIV from 2019-20

**28,000**

children (Aged below 5) could die within the next 6 months

**Increased**

rate of gender based violence

**33% & 34% drop**

in counselling and IFA distribution at ANC

**70%**

drop in utilisation of adolescents' health services in 5 months

**73% drop**

in admissions of children with Severe Acute Malnutrition (SAM) between Feb-Mar 2020

# Introduction

Health systems in Bangladesh are balancing **two competing imperatives**: they must respond to the rising number of cases of COVID-19 while at the same time maintaining continuity of essential health, nutrition and population services. As health systems shift focus to the COVID-19 response, there is a short-term risk of increasing the morbidity and mortality from other illnesses due to the disruption in the delivery of more routine services. Over the long-term, these disruptions risk undermining the life-long health of a significant number of people in Bangladesh and reversing hard-won progress that has been achieved in health sector in recent years.

**Strengthening the capacity of health systems**, particularly at the primary care level, is central to mitigating the impacts of COVID-19. Throughout the response and recovery phases of the crisis, continuity of access to health services must be ensured for the most vulnerable populations such as pregnant and lactating women, new-borns, infants and young children, young adults, the elderly, internally displaced persons, refugees, migrant workers and people with specific healthcare needs.

The **Bangladesh Preparedness and Response Plan**, developed by the Ministry of Health with the support of the United Nations, outlines the immediate public health measures to respond to the COVID-19 pandemic. Pillar 1 of the Socio-Economic Response Plan illustrates the United Nations' strategy to urgently support the continued provision of essential health services.

# Situation analysis

## The pre-crisis situation

Bangladesh has been **making steady progress** in increasing access to and quality of essential health and nutrition services in recent years. Efforts to broaden public health coverage continue, with the country's score on the Universal Health Coverage index increasing from 34 per cent to 54 per cent over the last decade[1] . Though quality varies, access by some vulnerable populations to certain services has improved, for example 8 out of 10 pregnant women are getting at least one antenatal care (ANC) from a medically trained provider. ANC visits increased sharply from 64% to 82% between Bangladesh Demographic and Health Survey (BDHS) 2014 and 2017-18. Women in reproductive age receiving over 4 ANCs increased from 31% to 47% in three years[2]. The quantity and quality of essential health and nutrition services in health facilities increased significantly over the last decade, with women 15-49 years old receiving antenatal care increasing from 67.7 per cent in 2011 to 92.0 per cent in 2018.

At the same time, the Bangladesh health system faces **serious deficiencies in the delivery of services against global standards**. There are only 5.4 physicians and 3.24 nurses per 10,000 population[3]. Neonatal mortality accounts for 60 per cent of under-five mortality. Pneumonia still accounts for the largest share of child mortality for those under five years of age and yet the utilization rates of Integrated Management of Childhood Illnesses services appear to be dropping, even before the COVID-19 crisis. Although recent achievements in

1 https://apps.who.int/iris/bitstream/handle/10665/327747/SDG%20Profile_Bangladesh-eng.pdf?sequence=1&isAllowed=y

2 DHS 2017-2018, preliminary data

3 HRH data sheet-2019, MOHFW (according to GOB HRH data sheet-2019 (published by HSD), total registered nurses 54,603 and according to BBS (2019), total population 166.5 million, therefore, we get 3.24 nurse per 10,000 population)

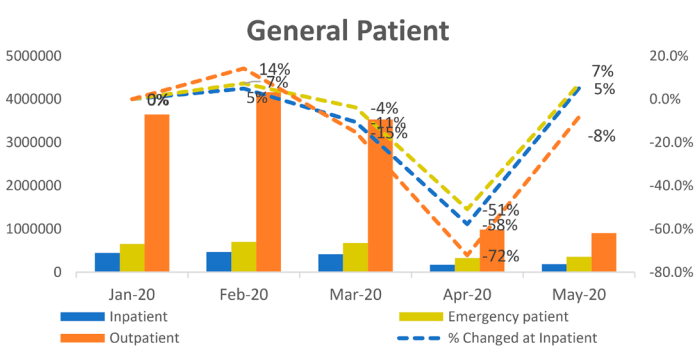
family planning, gender equality and social protection have helped reduce the national total fertility rate from 3.0 in 2004 to 2.3 in 2017[4], Bangladesh still has among the highest rates of child marriage in the world, and adolescents are not on track to reach their target for overall contraceptive use of 75 per cent by 2022[5]. Many of the most vulnerable women, children and adolescents live in urban slums, tea gardens, haor areas and hill tracks, where the risk of new-born death is twice as high in these poorest of households compared to richest wealth quintiles[6].

Bangladesh is going through an **epidemiological transition**. Non-communicable diseases (NCDs) now account for 67 per cent of all deaths in Bangladesh[7], of which about half are premature[8]. The burden of mental disorders has increased, though few mental health services are available nationwide. The multi-sectoral factors affecting environmental health are increasingly understood to be crucial determinants of health in Bangladesh, ranging from waste management and water, sanitation and hygiene, to air pollution, environmental pollution and occupational health. Climate change and extreme weather events exacerbate all these factors.

## COVID-19 Impacts

**The COVID-19 pandemic is disrupting the delivery of essential and lifesaving health services.** As the health system has rapidly shifted its focus towards the COVID-19 response, the supply of all other health and nutrition

Figure 1. Change in the utilization rate of general patient services in-between JAN- May 2020



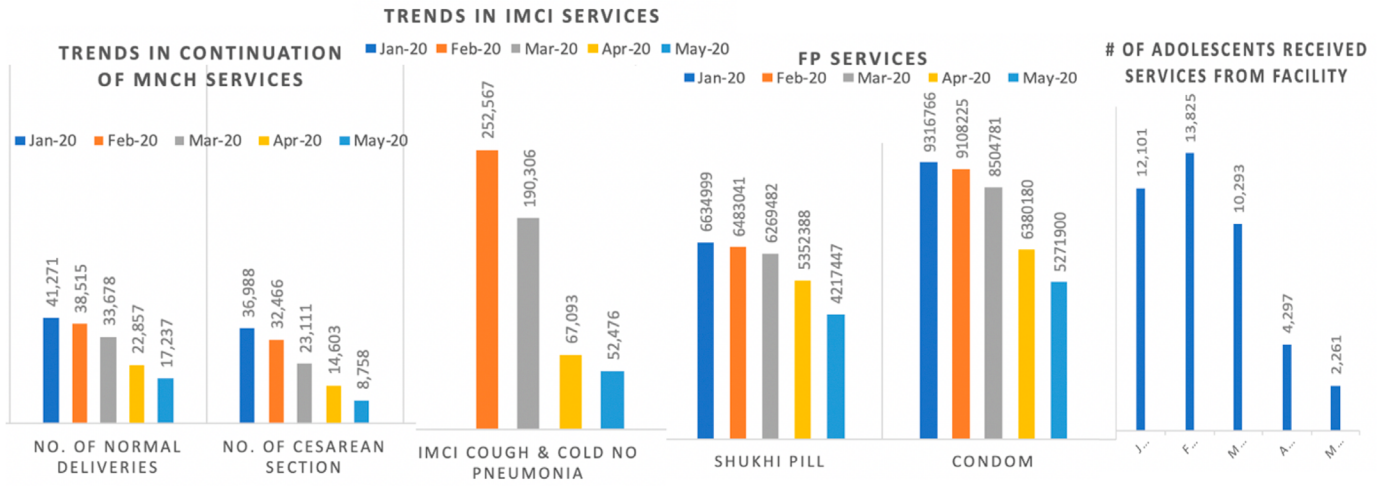

*Source: DGHS MIS, June 2020*

services has suffered. Access has been restricted by shortened office hours, the redirection of front-line health workers, and high incidence of COVID-19 among health workers. Many of these workers are women who are under extreme pressure that risks contributing to anxiety, burn-out and depression and further undermining public access to health services. The pandemic has also decreased utilization of essential services as a result of fear of exposure, loss of income and reduced mobility. Rates of inpatient, outpatient and emergency health service utilization declined dramatically during April and May 2020[9]. The longer-term economic effects of the pandemic have the potential to depress the utilization of public essential health, nutrition and population services by the poor well beyond the immediate crisis.

The COVID-19 crisis has caused a particularly

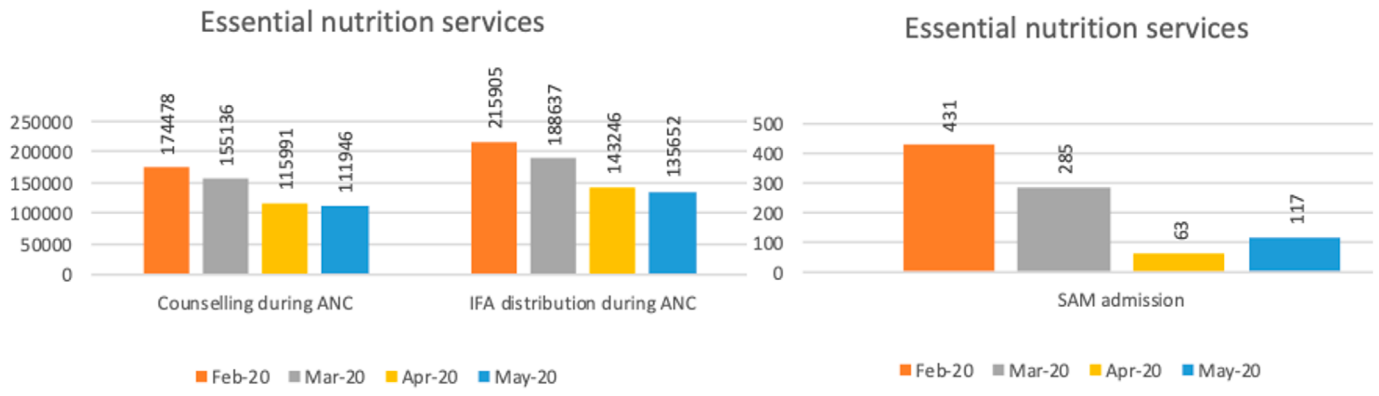
4 Bangladesh Demographic and Health Survey (BDHS), 2017-2018
5 BBS, 2017
6 MICS 2019
7 World Health Organization. (" 2018)" . Noncommunicable diseases country profiles 2018. World Health Organization. https://apps.who.int/iris/handle/10665/274512. License: CC BY-NC-SA 3.0 IGO
8 Institute for Health Metrics and Evaluation (IHME). Findings from the Global Burden of Disease Study 2017. Seattle, WA: IHME, 2018.
9 MIS DGHS, 2020

Figure 2: Trends in maternal, neonatal, child and adolescent health, family planning and immunization services




Source: DGHS MIS, May 2020 and DGFP MIS, May 2020

Figure 3. Trends in Nutrition Service Utilization.




Source: Nutrition MIS, May 2020

distressing drop in access to **maternal, neonatal, child and adolescent health and nutrition, family planning and immunization services**, threatening progress on maternal and new-born health indicators that were already stagnating before the pandemic. In some cases, rates of antenatal care visits to mothers have decreased by a third, while admissions of children with severe acute malnutrition to facilities for treatment declined by almost three quarters between February and May 2020. Adolescents, who experience high fertility rates, a higher prevalence of gender-based violence (GBV), and unique social, developmental and mental health risks during the pandemic have seen access to health services drop by 70 per cent over the last five months [10].

Among **non-communicable diseases**, COVID-19 has exacerbated a widening gap between the need for and access to mental health services. Social isolation, financial strain and increased GBV associated with the pandemic are increasing the risk for mental, neurological and substance use conditions. The disruption of care for some disorders, such as epilepsy, depression and unaddressed suicide risk, including disrupted harm reduction services and drug overdose treatment, can be life-threatening. Serious environmental and occupational safety hazards have been created by the huge amounts of pollution generated by used personal protective equipment (PPE) and testing equipment[11]. Particularly during natural disasters, when a large number of vulnerable communities are evacuated to shelter centers, the disposal of PPE equipment can become a serious environmental issue.

The crisis has had mixed effects on trends in **communicable diseases**, negatively affecting programmes for disease control and case management but also apparently slowing transmission rates in some cases. Bangladesh's District Health Information Systems report a decrease in Kala-azar, leprosy and diarrhoea cases in the first half of 2020 compared to a similar period in 2019. The number of reported dengue and presumptive tuberculosis cases has also declined. However, testing has also decreased significantly, including for HIV, for which testing rates declined by 86 per cent in April 2020 as compared to a year earlier[12]. Those that do become ill have less access to health services and are therefore more likely to suffer severe outcomes: the fatality rate of diarrhoea, for example, has increased by 88 per cent, while a short survey of the national kala-azar elimination programme revealed that fewer people suffering from the disease visited health facilities in May due to transportation restrictions and fear of COVID-19 infection. Disruptions in anti-retroviral therapy and the co-morbidity of HIV and COVID-19 will influence the survivability of people living with HIV.

The COVID-19 pandemic is anticipated to have serious long-term impacts on **nutrition** risks and service delivery. With the existing high prevalence of undernutrition in the country in both urban and rural areas, the impact of COVID-19 on nutritional status is likely to have immediate and long term effects, especially among infants and young children and pregnant and lactating women, as both quantity and quality of services are observed to have declined as a result of the COVID-19 pandemic. The Lancet medical journal estimates that if there is a further reduction in health services in Bangladesh, more than 28,000 children under the age of five could die within the next six months as an indirect result of the pandemic in the worst-case scenario. Wasting, a severe form of malnutrition, would be a significant contributory factor to such under-five deaths[13].

The physical and psychosocial impacts of COVID-

10 MIS DGHS 2020
11 Mainstream newspaper reporting
12 Bangladesh District Health Information Report 2020
13 http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext

19 have been most severe on the increasing number of **new poor and the country's most marginalized persons**. Extreme poverty, structural exclusion and the resulting access barriers to healthcare and other services – including high out-of-pocket costs, physical barriers and discrimination and stigma – have a multiplicative and cross-sectoral effect on these impacts and will likely contribute to increasing poverty figures. Socially and economically marginalized groups, including people with disabilities, sex workers, migrants, people living with HIV, and people who use drugs, experience the socio-economic and thus health impacts of lockdown measures more acutely. For those affected by natural disasters, cyclone shelters present serious challenges for social distancing, requiring special contingency planning and the expansion of the number and sizer of shelters. Gender inequality has resulted in the unique health needs of women and girls, including pre- and post-natal health care and sexual and reproductive health and rights services not being prioritized during the crisis. Rates of GBV have increased, and what limited survivor centred GBV services existed before the crisis have been further constrained due to movement restrictions and lack of funding [14].

### The Government response

The Government of Bangladesh has taken many steps to **respond to the disruption in health and nutrition services**, from publishing protocols and guidelines, to the provision of medical and other supplies and equipment, to the augmentation of telemedicine services and public awareness campaigns. To reinforce health systems during the crisis, the Government has recruited 5,000 nurses and 2,000 doctors[15], and plans to recruit 3,000 medical technologists and technicians[16]. COVID-19 diagnostic capacities have been expanded in 84 laboratories, where thousands of cartridges for COVID-19 diagnostics test have been deployed.

The Government has allocated BDT 100 billion (USD 1.2 billion) to the health sector to support crisis response measures in the 2020-21 financial year, of which BDT 8.5 billion is allocated to compensate front-line health providers suffering infection and deaths while treating COVID-19 patients[17]. The government has initiated two emergency health projects with IDA credit from the World Bank and a concessional loan from the Asian Development Bank worth BDT 11.3 billion and BDT 13.7 billion, respectively[18]. Import duties and taxes have been temporarily eliminated on testing kits, masks and PPE and the raw materials for producing these products locally, such that supplies are now stable.

## Interventions

The underlying importance of **multi-sectoral interventions** for "building back better" is nowhere clearer than in the health sector, as is made painfully clear by the reality that the COVID-19 pandemic is far more than a health crisis. The link between multidimensional poverty and poor health and nutritional outcomes requires that the social, economic and political interventions described in the other four pillars of this plan converge with the interventions under the health pillar to produce comprehensive, cohesive responses.

The **integration of approaches within the health pillar** is equally important. A significant number of United Nations agencies, funds and programmes, as well as Government, NGO, donor and civil society actors, are involved in health and nutrition activities, often focusing on one or more sub-sectors. The coherence of rapid, transformative initiatives in the health sector – such as the rollout of telemedicine services; the training of health workers against new standards and procedures; and data collection and monitoring – depends heavily on the willingness of these actors to harmonize their work, and up the readiness of Government actors and coordination mechanisms to strongly encourage them to do so. It is similarly important that various parts of the Government of Bangladesh coordinate among themselves and with development actors. As described below, the United Nations will provide support to the Ministry of Health and Family Welfare to coordinate more closely with all line ministries to ensure continuity in the delivery of essential health, nutrition and population services.

The interventions proposed by the United Nations in Pillar 1 of the ISERP seek to promote a r**ights-based approach to the provision of health services** during and after the COVID-19 crisis. The ISERP embraces a renewed commitment to equitable access to quality health care for the people of Bangladesh and to build back from the crisis in a way that increases social inclusion. Acknowledging that discriminatory gender norms and pre-existing inequalities have created disproportionate cognitive, social and physical barriers to health care

14 The 2015 Bangladesh Violence Against Women survey found that 72.6 per cent of ever-married women experienced some form of violence by their husband at least once in their lifetime, and 54.7 per cent experienced violence during the last 12 months.
15 https://en.prothomalo.com/youth/education/psc-finalises-appointment-of-2000-physicians-5000-nurses, 29 April 2020
16 Official Memo # 746, 08 June 2020, Administration Wing, Health Services Division, Ministry of Health and Family Welfare, GOB (in Bangla)
17 Budget Speech, Ministry of Finance 2020
18 World Bank website 2020, ADB website 2020

services for women and girls, the interventions under Pillar 1 seek to empower women and adolescent girls as equal stakeholders in Bangladesh's health systems, both as clients and service providers. They and other marginalized groups must be enabled to actively participate in planning, decision-making and implementation of health policies and programmes.

A deeper understanding of **climate change-induced adaptive capacity** is required to inform efforts to build that capacity and improve the wellbeing of vulnerable households. Household income and expenditure, for example, can be key pieces of information to understand and analyze the risk and dynamics of how climate adaptive capacity is impacted by vulnerability due to COVID-19. Based on a range of criteria of climate risk vulnerability among different groups (including indigenous groups, those in marginal professions, the landless and resource-less, women headed households, disabled, adolescent mother) issues relating to access to education, drinking water, employment, and age, needs to be explored further in this context.

**Partners** across the public and private sectors, development partners, civil society groups and academics will play critical roles in responding to the health crisis caused by the pandemic. As highlighted in many of the individual interventions identified under this pillar, the United Nations will leverage partnerships to more effectively support national health priorities within and beyond the public health system. Engaging the private sector and civil society will be important to ensure that the pillar's interventions reach, for example, industrial workers and extremely poor residents of urban settlements.

**1.1. Strengthening health systems**

*Key policy objectives: To ensure continuity of services during the pandemic, secure past gains and position Bangladesh to continue making progress against the SDGs, Bangladesh will need to accelerate its push to achieve Universal Health Coverage. This will require strengthening the functional capacity of health systems with a focus on primary health care, including urban health. Improvements in public health financing mechanisms through technical reforms, public oversight, transparency and human rights protections should expand coverage of quality essential services for the most vulnerable. Multi-sectoral coordination between Government offices and development actors, public-private partnerships and community mobilization should be intensified to ensure quality and inclusive health service delivery.*

**1. Governance:** The United Nations will support the Government to strengthen its stewardship role of the health sector to improve essential service delivery in both rural and urban areas, including for the immediate resumption and improvement of normal functions in health facilities. Better partnerships and coordination with private enterprises will aim to increase coverage for workers in the formal economy.

**2. Health workforce:** The effectiveness, occupational health and safety, capacity development opportunities and information systems of those working in the health sector will be optimised, including through recruitment and support to strengthen Bangladesh's Health Resources Information System. The United Nations will support the Government in increasing the volume, mix and retention of health workers, particularly in hard-to-reach areas.

**3. Health financing:** The United Nations will advocate to expand the fiscal space for health. More effective and efficient health budget planning and execution will help ensure the continuity and equitable distribution of essential health services during the COVID-19 response. A review of national health policy will identify options to expand Universal Health Coverage including sexual and reproductive health rights.

**4. Essential service delivery:** The capacity of primary and secondary health facilities will be strengthened to ensure continuity of and improvement in the delivery of essential health services. The introduction of better and innovative service delivery tools, such as advanced triage and referral practices, telehealth services, community engagement and communications will support renewed efforts to improve prevention and treatment for a larger portion of the population in an inclusive manner, at lower costs without stigma or discrimination.

**5. Medicine and logistics:** The United Nations will help the Government streamline the appropriate use of and access to quality medicines, medical devices, vaccines and diagnostics during and after the COVID-19 crisis. This will include improvements in national planning, strengthening regulatory activities; acquisition and quality management standards for PPE; and the support supply of pharmaceutical items and other essential commodities.

**6. Management information systems:** The national health information system needs to be further strengthened to ensure the uninterrupted collection and flow of, among other data, morbidity, mortality, service coverage and service availability information to support evidence-based policymaking. The Ministry of Health and Family Welfare will be supported to strengthen digital platforms, data governance and data intelligence systems for real-time

tracking, predicting and modelling.

### 1.2. Improving maternal, neonatal, child and adolescent health (MNCAH), family planning (FP) and immunization services

*Key policy objectives: To reinvigorate progress and overcome new barriers erected by the COVID-19 crisis, the Bangladesh health sector must ensure and expand access to and utilization of safe, quality, inclusive, gender-responsive essential health services in the areas of maternal, neonatal, child, immunization, adolescent health, family planning. These include mental health, gender-based violence and emergency services and require increasing the availability of appropriately skilled medical professionals in these areas. Multi-sectoral and human rights-centred services and referral systems should enable better care, including at home, and ensure access for the most vulnerable populations. The country should prepare for the equitable and timely administration of a COVID-19 vaccine.*

**1. Capacity building for delivering quality MNCAH-FP:** With a focus on facility- and community-level service platforms and access for vulnerable populations, the United Nations will assist the Government to build systems for Maternal Neonatal Child and Adolescent Health (MNCAH-FP), using innovative approaches to achieve access to standard and 24/7 emergency care for COVID-19 and non-COVID-19 patients.

**2. Strengthening immunization:** Support will be provided to ensure the continuation of national immunization programmes reaching all eligible children and women for routine services and the measles-rubella campaign, identifying and responding to outbreaks while protecting health workers. A strategy will be developed to roll out a COVID-19 vaccine with appropriate prioritization and international partnerships.

**3. Monitoring and advocacy:** The United Nations will support efforts to identify, monitor and address service and commodity gaps, while advocating for efficient and effective procurement systems to ensure the continuation of essential MNCAH-FP and immunizations services.

**4. Community engagement and demand generation:** Through capacity building to address cultural, financial and structural barriers, the United Nations will support inclusive MNCAH-FP services for the full enjoyment of rights to health by all. Technical and coordination assistance will help link these services to mental health, gender-based violence and communicable disease prevention programmes delivered by other parts of the Government.

### 1.3. Non-communicable disease control, mental health and management of other common conditions and environmental health

*Key policy objectives: Considering growing risks in this area, intensified and multi-sectoral initiatives can help reduce risk factors for non-communicable diseases and mental disorders. A "health in all policies" approach and a greater understanding of and attention to the environmental determinants of health, including those caused and exacerbated by climate change, will encourage a more holistic understanding of health among the Government and the population. Access to and quality of services for primary prevention, early detection and management of non-communicable diseases, mental, neurological and substance use disorders and psycho-social support – including services for victims of gender-based violence – must be enhanced. Improvements should be around national protocols, the Package of Essential Non-communicable Disease Interventions, and strengthened surveillance, monitoring and evaluation systems.*

**1. Health promotion and service delivery:** The United Nations will support the Government in introducing traditional and innovative, gender-responsive health promotion programmes and in addressing barriers to access and quality of care. These will include strengthening legislative and regulatory measures to contain risk, and expanding digital screening, referral, surveillance and treatment systems. To help ensure the full delivery of the Package of Essential Non-communicable Disease Interventions and related guidance and protocols, support will help ensure the supply of essential medications and screening supplies for healthcare facilities. Scaled-up digital training platforms for healthcare and other frontline workers will help address non-communicable diseases and mental health illnesses as part of the COVID-19 response.

**2. Environmental health:** Technical and capacity building support will enable a whole-of-government approach to the environmental determinants of health, including interventions in the areas of water, sanitation and hygiene (WASH), waste management, disaster readiness, and industry-specific COVID-19 procedures in the public and private sectors. The United Nations will advocate for the integration of these areas into the next national Health, Population and Nutrition Sector Programme. It will support disaster preparedness at the national level and in vulnerable districts during and after the COVID-19 pandemic, including emergency evacuation measures.

### 1.4. Communicable disease control

*Key policy objectives: Strengthened communicable disease surveillance systems will inform evidence-based decision-making on policy and resource allocation by a more effective inter-agency and multi-sectoral coordination effort to deliver essential health care services, including communicable disease control.*

**1. Policy coordination:** The United Nations will support the Government to establish a public-private essential health services coordination committee for communicable diseases that includes a focal point from the national COVID-19 management committee. It will advocate for intensified coordination and integration at various levels and on various programmes and policy initiatives, such as integration of sexual and reproductive health rights (SRHR) and communicable disease for universal health coverage, forecasting and planning for PPE supply chain management and updating guidance on communicable diseases and SRHR during and after the pandemic.

**2. Cross-border collaboration:** An assessment will be conducted to identify gaps, best practices and opportunities for strengthening disease control coordination with nearby countries.

**3. Access to health:** Support to the Government will seek to maintain continuity and enhance communicable disease and SRHR services for vulnerable populations without stigma or discrimination. This will include a rapid assessment of health facilities, resource and demand environments; the development digital platforms to support supply chain management; plans to strengthen diagnostics including point of care testing; and the resumption of community outreach-based communicable disease active case search.

**4. Capacity building:** Training materials on technical aspects of communicable disease management, including infection prevention, will be updated and streamlined.

**5. Surveillance:** The United Nations will review existing systems for communicable disease data collection, monitoring and reporting. On this basis, it will develop proposals for strengthened surveillance and Digital Health Information Software DHIS2-based health management systems that include real-time monitoring and data intelligence to improve early warning and communicable disease preparedness during and after the pandemic.

**6. Community engagement and outreach:** To increase community participation and awareness-raising in communicable disease prevention, existing public and civil society engagement strategies and guidelines will be reviewed and updated to inform national communications campaigns and those targeted at vulnerable populations.

**1.5. Nutrition**

*Key policy objectives: New policies and programmes should ensure continuity in the supply of essential nutrition services that prioritize maternal, child and adolescent nutrition and continued uptake across different parts of the population. Effective monitoring, evaluation and feedback mechanisms should be established using information management systems.*

**1. Nutrition services:** The United Nations will assist in building back maternal, child and adolescent nutrition services to ensure continuity during and after the pandemic. It will help to further enhance them by updating guidance and capacity building programmes for health care workers and integrating nutrition into the Expanded Programme on Immunization; strengthening nutrition management for COVID-19; and integrating nutrition cross-sectoral initiatives.

**2. Screening and Management of Severe Acute Malnutrition cases:** Support will be provided to improve the quality of malnutrition prevention and treatment programmes, including case and treatment management for children suffering from severe acute malnutrition. Community platforms and networks will be engaged to enhance screening, early detection, referral and awareness of services. Supply chains will be strengthened to ensure the consistent and sustainable acquisition and distribution of supplies.

**3. Social Behaviour Change Communications:** Strategies, tools and messages will be developed for the dissemination of information on positive maternal, child and adolescent nutrition practices in the context of the COVID-19 crisis using local influencers and other innovative communications approaches.

**4. Evidence-based decision making:** The United Nations will support strengthened monitoring, evaluation and research systems to inform evidence-based nutrition policymaking. This will include support to align information management systems across different parts of the Government to a single standard. Priority outputs of these systems will include quarterly severe acute malnutrition facility readiness assessments and evaluations of the impact of COVID-19 on nutrition outcomes and interventions.

# Risks

At this **challenging and unpredictable moment**, a host of political, financial, operational and environmental risks could affect the success of the United Nations in implementing the above interventions under the health pillar. In a general sense, there is a significant and largely unmanageable risk that a prolonged COVID-19 crisis may bring about a variety of conditions in the operating environment that could hamper the implementation of ISERP interventions in the health sector.

**Politically**, there is a significant risk that inadequate commitment from the Government to prioritize the maintenance of essential health and nutrition services during the response to the COVID-19 crisis could undermine continuity of essential services and lead to backsliding on previous health and nutrition gains. The limited planning horizon for interventions in the crisis and the urgency for their implementation present additional, if less likely, risks of inadequate alignment between Government and United Nations plans, and for the sustainability of these activities beyond the ISERP period. The emphasis on advocacy and coordination in Pillar 1 interventions is intended, in part, to mitigate these risks.

Even if the political commitment to ensure continuity in the health sectors remains strong throughout the COVID-19 crisis, there remains a significant risk that **financial commitments** from the Government will be insufficient to sustain essential services. Moreover, inadequate fiduciary risk management and accountability mechanisms could obstruct local-level programme implementation. Compounding this is the risk that international donor support for Bangladesh may flag amid the increased domestic and international need for aid. Again, advocacy and coordination are intended to help mitigate these risks within the country, while the United Nations system will help to diversify external funding sources to hedge against any potential reductions from traditional donors.

**Operationally**, turnover in key government offices, movement restrictions during the COVID-19 crisis, and an insufficient health workforce all present risks for delays in programme implementation and challenges for monitoring and coordination among implementing actors. Mitigating these risks will require the United Nations to explore alternate and innovative options for effective coordination and monitoring at the field level while continuing to advocate for and supporting the Government in its efforts to increase the numbers, capacities and protections for health workers.

# PROPOSED INTERVENTIONS

1. To promote rights-based approach to health services during & after COVID-crisis

2. Determine the needs of the health workforce

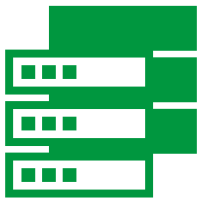
3. Strengthen Bangladesh's Health Resources Information System

4. Initiate review of health financing strategy and introduce health financing options for vulnerable populations to advance progress to Universal Health Coverage

5. Strengthen infection prevention mechanism and referral systems

6. Streamline appropriate use of and access to quality medicines, medical devices, vaccines and diagnostics

7. Develop data intelligence systems for real-time tracking, predicting and modelling



8. Strengthen data governance for evidence-based policy making

9. Establish monitoring and mentoring system for quality MNCAH services

10. Develop digital training platforms on health

11. Integrate waste-management and WASH plan in the next national health strategy

12. Promote evidence-based nutrition policymaking

P I L L A R T W O

# Protecting People

Social Protection, Safety Net and Basic Services

COVID-crisis has resulted in massive disruption of livelihoods; the lack of access to basic services is causing millions to plunge into multidimensional poverty, food insecurity, malnutrition, jeopardizing the health and educational prospects of millions, including children.

## Pre-Covid Situation

Almost

**19mn** people lifted out of multidimensional poverty between 2014 and 2019

Bangladesh was on track to cut down poverty between 2015 and 2030 to **50%**

**39mn people**
or 24.3% of the total population were considered poor

**0.78%-0.23%**
Decline in income share for bottom five per cent

**6-16mn**
children and adolescents were out of school

**50% of them**
were extremely poor and unable to afford a minimum food basket

**0.458-0.483**
Gini Coefficient rise from 2010 to 2016

**80% of them**
were in rural areas

### Social safety net coverage

share of urban households covered **11%**

**36%** share of rural households covered

## Covid-19 impacts

**16.4mn**

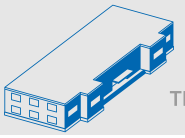
new poor is expected in 2020 according to a BIDS study. Other simulations estimate that the pandemic could result in entry/re-entry of as many as **42mn** people into poverty

**25-30% reductions**
noticed in food expenditures of poor urban households as employment opportunities for poor, urban informal sector workers were significantly curtailed

**50% households**
could not access minimally acceptable levels of food consumption during the initial stages of the Covid-19 lockdown

**55% rural residents**
rendered economically inactive leading to 22% contractions in avg. food spending

**Increased**
rate of gender based violence



Closures have resulted in the loss of over **30%** of the school year

This has affected the education of almost **42mn** students in Bangladesh

**9,000 calls**
were recieved daily on average by Child helpline with reports of violence

# Introduction

The COVID-19 pandemic is impacting the poorest and most vulnerable in Bangladesh with the greatest severity. The extreme and moderate poor were hardest hit by the two-month-long general lockdown, suffering an average of three-quarters loss in income and the attendant consequences in access to health care and nutrition along with disproportionate impacts on education, protection and employment[1].

The extent of the needs that have resulted from the pandemic mandate **a revision of the current social protection and basic services framework**. There are important lessons to be applied in building sustainable, norm-driven social protection floors in Bangladesh based on the principles of universality of protection, sustainability, social solidarity and social dialogue. The pandemic has demonstrated the criticality of cross-sectoral linkages and the need for an agile and responsive data driven system to inform evidence-based policy-analysis, prioritization and reform. United Nations' support to the Government of Bangladesh for the delivery of social protection and basic services during and following the pandemic will encourage a holistic and flexible approach that prioritizes services for those who are most vulnerable and hard to reach. With a focus on the sustainability of interventions, the United Nations will help the Government seize the opportunity to build back a better social safety net, protection system, and resilient food security system by addressing entrenched political, administrative and technical issues, ensuring effective and efficient resource utilization, and linking to other pillars to promote integrated, cross-sectoral strategies and programming.

# Situation analysis

## The pre-crisis situation

Before the COVID-19 pandemic, Bangladesh witnessed **significant gains across all key indicators** for social protection and basic services. Having lifted almost 19 million people out of multidimensional poverty between 2014 and 2019, the country was on track to halve poverty between 2015 and 2030[2]. Following the adoption of the 2015 National Social Security Strategy, multiple reforms contributed to progress in consolidating and streamlining the country's fragmented social safety net around a "lifecycle approach" and the 2030 Agenda principle of leaving no one behind. The country had the potential to leverage demographic shifts between 2021 and 2031 – when over 60 per cent of the population will be between the working ages of 15 – 59 – to accelerate economic and social development[3].

At the same time, **inequality was on the rise** across geographic areas and communities affecting, among others, indigenous populations and the urban poor. The Gini coefficient, an indicator of income inequality, rose from 0.458 in 2010 to 0.483 in 2016[4]. The income share for the bottom five per cent of the Bangladesh population declined to 0.23 per cent from 0.78 per cent over the same period[5]. 39 million people (24.3 per cent of the total population) were considered poor on the eve of the pandemic, half of whom were extremely

1 PPRC-BIGD (2020). Rapid Response Survey: Poverty Impact of COVID-19. April 2020. Power and Participation Research Centre (PPRC) and BRAC Institute of Governance and Development (BIGD)
2 https://ophi.org.uk/global-mpi-2020/
3 Social Security Policy Support (SPPS) Programme (2019) 'Implication of Changing Demographics and Effects on Social Protection in Bangladesh' in General Economics Division (GED), Bangladesh Planning Commission, Ministry of Planning, Government of the People's Republic of Bangladesh. A Compendium of Social Protection Researches. Available at: http://socialprotection.gov.bd/en/2019/11/17/a-compendium-of-social-protection-researches/.
4 https://thefinancialexpress.com.bd/views/bangladesh-the-state-of-income-inequality-1571497852#:~:text=As%20per%20the%20latest%20Household,2010%2C%20in%20a%20worrying%20development.
5 https://www.thedailystar.net/opinion/economics/why-bangladeshs-inequality-likely-rise-1575079#:~:text=The%20latest%20Household%20Income%20and,when%20it%20was%200.78%20percent.

poor and unable to afford a minimum food consumption basket[6,7]. Although Women's participation in economic activities has diversified, Bangladesh still ranked 141st in the economic participation sub-index of the 2020 Global Gender Gap rankings. Overall, Bangladesh ranked 50th out of 153 countries with a score of 0.726, which was the highest among South Asian countries. In the tea gardens, only 21.8 per cent of households were able to provide a diversified diet to children aged between six and 23 months. Bangladesh was also grappling with low and unequal learning outcomes, with between six and 16 million children and adolescents out of school, of which 80 per cent were in rural areas. Children at all levels were failing to master grade-level competencies, amounting to a learning crisis.

The country was progressing in adopting policy and legislative measures **protecting children** from violence, abuse and exploitation, and harmful practices such as child marriage, hazardous child labour and corporal punishment. Several legislative, policy and programme interventions had produced results in decreasing child labour and reducing child marriage, however, violence against children remained in all spheres of life, with recent data estimating that 89.8 per cent of children experience physical and psychological violence at home.

Bangladesh has done remarkably well in the last few decades in **improving food security and nutrition** in the country. Food production has largely met domestic needs for several years. Stunting through chronic malnutrition declined from 41.3 per cent in 2011 to 31 per cent in 2017-18 and wasting through acute malnutrition declined from 15.6 per cent to 8.4 per cent over the same period

The country has similarly made good progress in advancing **access to water and sanitation** services by increasing access to drinking water from 68 per cent to 98 per cent of the population between 1990 and 2018 and reducing open defecation practices from 34 per cent in 2003 to almost zero today. However, the WASH sector in Bangladesh faces persistent challenges in achieving further progress towards universal and safely managed water access. Of those with access to water through tube wells or piped systems, less than half of the water is safely managed, arsenic safe, free of e-coli and within 30 minutes' travel, with negative implications on safe water for drinking, household cleanliness and hygiene, and women's unpaid labour. Continuity of these services is also challenged by recurring extreme weather events and water scarcity in hard-to-reach areas such as remote islands.

## COVID-19 Impacts

The COVID-19 crisis has had enormous **repercussions for poverty** in Bangladesh. The country will have 16.4 million new poor in 2020 according to a study by the Bangladesh Institute of Development Studies (BIDS)[8]. Some simulations estimate that the pandemic could result in the entry or re-entry of as many as 42 million people into poverty in Bangladesh, undoing the decade-long gains in poverty reduction.

Despite rapid urbanization, social safety net programmes in Bangladesh increasingly underserved the **urban population**[9]. Only 11 per cent of urban households are enrolled in safety net programmes, compared with 36 per cent in rural areas[10]. Combined with high levels of urban density, poor water and sanitation infrastructure, the nature of most urban livelihoods and the impact of lockdown measures, the pandemic has had a highly disproportionate effect on the urban poor. Employment opportunities for poor, urban informal sector workers were significantly curtailed during the pandemic. Increasing food prices due to disruptions in production and supply, along with panic buying, led to reductions in food expenditure by poor households of between 25 and 30 per cent, with significant likely consequences for nutrition and health outcomes[11].

**Trends in food security and nutrition** in rural areas are also alarming. An April 2020 United Nations rapid assessment indicated that 55 per cent of rural residents were rendered economically inactive by the pandemic, forcing average food expenditure to contract by 22 per cent[12]. Nationally, a mobile survey of urban and rural households conducted by United Nations during the initial stages of the COVID-19 lockdown indicated that, on average, 50 per cent of households could not access

6 https://www.worldbank.org/en/news/feature/2017/10/24/bangladesh-continues-to-reduce-poverty-but-at-slower-pace#:~:text=Almost%201%20in%204%20Bangladeshis,population%20live%20in%20extreme%20poverty.
7 BDHS 2017/18
8 https://thefinancialexpress.com.bd/economy/13pc-people-lost-jobs-due-to-covid-19-pandemic-bids-survey-1593064095
9 Social Security Policy Support (SPPS) Programme (2019) 'Diagnostics for Urban Poverty and the Social Security Needs of the Urban Poor in Bangladesh' in General Economics Division (GED), Bangladesh Planning Commission, Ministry of Planning, Government of the People's Republic of Bangladesh. A Compendium of Social Protection Researches. Available at: http://socialprotection.gov.bd/en/2019/11/17/a-compendium-of-social-protection-researches/
10 World Urbanization Prospects 2018, Population Division, United Nations Department of Economic and Social Affairs (UNDESA)
11 Dr. Hossain Zillur Rahman, Dr, Imran Matin. Livelihoods, Coping, and Support during COVID-19 crisis. PPRC and BIGD (16 April 2020).
12 UN NAWG Rapid Assessment 2020

the minimally acceptable levels of food consumption[13]. Another survey among 800 people living with HIV (PLHIV) revealed that around 35% had lost their income and only 9% had received any form of government relief[14].

Prior to the pandemic, a report by the International Institute for Environment and Development on "Bearing the Climate Burden: why Households in Bangladesh are paying too much"[15] found that **climate and disaster related expenditures** for rural accounted for 7 per cent of the of incomes for male headed households, compared with 20 per cent female headed households. The recent lockdown's influence on household income from various sources is significant and thus will require additional support to enhance income.

The breakdown in transportation and labour markets has resulted in food dumping, unharvested crops and lowered production in Bangladesh's **agriculture sector,** which accounts for approximately 38 per cent of national employment[16]. Physical markets have experienced sudden drops in demand and accessibility as they are seen as high risks for COVID-19 transmission. Price spikes in key commodities are occurring intermittently and are dependent on micro-level conditions of supply and demand. As the crisis continues, small business holders, labourers and small private company employees who had lived slightly above the upper poverty line may now slide below it. Disruptions to supply chains, especially for sources of protein, will have lasting implications for diversity and micronutrient adequacy of diets.

**The role of education as an equalizer in Bangladeshi society risks being compromised** due to COVID-19. School closures have resulted in the loss of over 30 per cent of the school year[17]. This has affected the education of almost 42 million students[18] in Bangladesh, impeding all aspects of child and adolescent development and undermining long-term human capital development. The longer schools are closed, the greater the risks that children will lose knowledge and that gains in school completion rates will be lost to dropouts, especially among girls and children from socio-economically marginalized families.

**The most disadvantaged children will pay the highest price** for these new barriers to education as the poorest and most marginalized – including those from hard-to-reach areas, children with disabilities and children in the refugee camps – will be least able to continue learning during the pandemic. Children in rural areas and from the poorest households are much less likely to have access to television (44 per in rural areas vs. 75 per cent in urban areas), internet (30 per cent in rural areas, and 7 per cent of the poorest quintile), or computers (3 per cent in rural areas). Children with disabilities have a greater likelihood of having underlying health conditions and being excluded from distance learning activities. The closure of schools has exacerbated multidimensional poverty risks for the poorest people in Bangladesh, disrupting school feeding programs and placing nearly three million children at risk of undernutrition.

**Girls' education and development** will be significantly affected as they are likely to do more household work and risk being subjected to violence. Sequestered at home, girls are at increased risk of gender-based violence, including sexual exploitation and abuse, without access to the psychosocial support that schools can provide. Adolescent girls are also at increased risk of being married and becoming pregnant, both of which will inhibit their re-entry into schools and life choices. Growing economic and social challenges due to the loss of income has increased the risk of child marriage, child labour, and an increasing trend in the trafficking of men, women, adolescents and children. Many parents of adolescent girls feel that due to the lockdown it is increasingly difficult for authorities to take action against child marriage, a phenomenon that is likely to endure after the immediate health threat of the pandemic has passed[19]. Boys in poor families are more likely to discontinue school and become child labourers.

Given the indispensable role of **safe water, sanitation, waste management and hygienic services** in protecting human health during all infectious disease outbreaks, the disadvantages that come with inequitable access to safe water have been exacerbated by the COVID-19 crisis. Women and girls are responsible for water collection in over 90 per cent of households and the time burden and risk exposure consequently increases protection risks and inequities along gender lines. The elderly and people with disabilities may need assistance in accessing WASH infrastructure, which may now be harder to obtain and comes with additional exposure risk. Areas affected

13 WFP mobile survey of urban and rural food security and vulnerability, April 2020
14 Rapid Assessment among People Living with HIV to Understand the Effects of the COVID-19 Outbreak, UNICEF and UNAIDS, July 2020
15 https://www.iied.org/bearing-climate-burden-bangladesh-families-are-paying-too-much
16 ILO 2019
17 Calculation by UNICEF as of 9 July 2020
18 ASPR 2019 and BANBEIS 2018
19 https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-violence-against-women-and-girls-addressing-the-shadow-pandemic

by recurring climate-related disasters like cyclones, flooding and droughts regularly lose their access to safe water, making them more vulnerable. In addition, the 2019 Multiple Indicator Cluster Survey (MICS) indicated that the lack of knowledge of proper hand-washing increases in general with the level of poverty. Efforts to improve public knowledge, infrastructure and local WASH capacities have been slowed or stopped due to movement limitations. These limitations have been worsened by the occurrence of natural disasters such as the recent cyclone Amphan.

In the absence of universal and well-targeted **social protection and basic services** in Bangladesh, the Government's ability to mitigate the impacts of the crisis for many of those most seriously impacted is limited. In 2016, only 27.8 per cent of eligible households were receiving benefits from social safety net programmes due to poor targeting, limiting the impact of funds spent on these programmes[20]. The ongoing floods had affected 31 of the 64 districts of the country as of late July, creating a crisis on top of a crisis that has further exposed the limitations of social protection and basic services systems to absorb shocks[21].

Lapses in the continuity of **social protection** have aggravated the already inadequate capacity of the system, which employs 3,000 social workers and para-social workers but requires over 85,000 to adequately protect women and children from exposure to violence, abuse, exploitation and neglect. Quarantine and isolation policies, coupled with financial stress on families, individuals and communities, exacerbate domestic and family violence during a moment when an estimated 45 million children below the age of 14 are under lockdown in homes that use physical violence. It is estimated that domestic violence could affect at least one-third of all women and children. The limited availability of shelters and places of safety for women and children affected by violence and trafficking, including migrant populations, has been further reduced as a result of lockdown measures.

An assessment of approximately 25,000 brothels and street-based **sex workers** revealed that their incomes had reduced to essentially zero and that most were undernourished and forced to rely on support from family for money and housing, and on Government and NGOs for food assistance. A comparative analysis of violence among the sex workers demonstrated that, beginning immediately after the nationwide closure, violence increased by more than three-fold in April 2020 in the brothels and five-fold on the street compared to data for March 2020 [22].

For many of the estimated 13 million male and female **overseas migrant workers[23]**, the COVID-19 crisis has caused extreme distress for both the workers themselves and those who depend on their remittances. The United Nations estimates that up to five million Bangladeshi migrants may be compelled to return home as a result of the pandemic, where many will have particularly low levels of resilience with little or no savings due to the amount of time they were stranded overseas. Though remittances rebounded in June, communities experiencing loss of remittance income are increasingly vulnerable to exploitation and abuse and are at risk of adopting negative alternative coping measures.

Finally, the pandemic has disproportionally, affected members of the **LGBTQI community**. A small-scale survey among 80 transgender people during the pandemic found that 95 per cent had decreased income, 71 per cent had borrowed money to support basic needs, 81 per cent has a decreased diet. 15 per cent reported experiencing discrimination while receiving aid, while approximately one quarter had not received any aid at all.

## The Government response

The Government of Bangladesh has allocated BDT 95.6 billion to **social security** in the 2020-21 fiscal year, an increase of over BDT 14 billion from the previous year representing 3.0 per cent of GDP. In response to the COVID-19 crisis, the Government issued a BDT 103.1 billion stimulus package comprising 19 initiatives that include one-off cash assistance of BDT 2,500 to five million poor households, though as of late July 2020 less than half had received the assistance[24].

To promote **food security**, the Government has increased the volume and subsidization of food grain provided through the Public Food Distribution System, targeting 10 million poor urban and rural households. Fertilizer and seed subsidies have also been announced to help farmers maintain agricultural production. To this end, the Government has endeavored to strengthen a

20 Social Security Policy Support (SPPS) Programme (2019) 'Barriers of Accessing Social Protection Programmes for the Poor and Marginalised' in General Economics Division (GED), Bangladesh Planning Commission, Ministry of Planning, Government of the People's Republic of Bangladesh. A Compendium of Social Protection Researches. Available at: http://socialprotection.gov.bd/en/2019/11/17/a-compendium-of-social-protection-researches/

21 https://www.newagebd.net/article/112064/at-least-31-districts-across-bangladesh-affected-by-flood-enam

22 The Situation of the Sex Workers in Bangladesh and further Initiatives under COVID 19 pandemic: Keynote paper presented by Light House in collaboration with Save the Children, UNFPA and UNAIDS

23 http://www.old.bmet.gov.bd/BMET/viewStatReport.action?reportnumber=16

24 https://tbsnews.net/economy/cash-aid-jobless-tragedy-errors-107902; https://today.thefinancialexpress.com.bd/first-page/govts-cash-aid-reaches-24m-people-1595612496. 1.

nutrition sensitive food systems approach through the Second Country Investment Plan to ensure the availability, affordability and nutritional quality of foods for healthy diets. To support nutrition for vulnerable households, the Government has distributed fortified biscuits to households for almost three million pre-primary and primary aged children, and increased cash stipend payments to students and parents. Food packages and response guidance for disaster-affected populations have been revised to reflect the current situation. Moving forwards, the Bangladesh National Nutrition Council has recommended the development of a comprehensive, multi-sectoral food and nutrition security response framework to streamline these and other nutrition-sensitive initiatives.

To mitigate the impact of the lockdown measures on **education**, the Government of Bangladesh quickly developed remote learning content based on the national curriculum, which are currently being delivered through television. Plans are in place to provide lessons through three additional platforms: mobile phone, radio and internet. The current limitations on education serve to highlight and exacerbate economic and social inequalities, as large numbers of children do not have access to the internet and television. The Government has developed a COVID-19 Response and Recovery Plan for Education Sector which sets out short-, medium- and long-term strategies to address continuity of learning and mitigate learning loss during and after the pandemic.

The need for increased investments in reaching the most vulnerable and underserved with resilient and sustainable **WASH services** to protect public health have become painfully apparent in the past months. Since the beginning of the pandemic, the Ministry of Local Government, Rural Development and Cooperatives has instructed authorities to not disconnect water supplies even if bills go unpaid. The equivalent of USD 230 million has been reprogrammed in the national budget to expand piped water systems and water access in hard-to-reach areas, supplemented by development assistance. The Department for Public Health Engineering has established coordination routines to closely monitor WASH infrastructure in all 64 districts. Hardware investments, such as 2,000 hand-washing basins, have been constructed in public places across the country since the outbreak began, complemented with broad-based multimedia campaigns for hygiene promotion that have engaged religious leaders to disseminate hand-washing and social distancing messages.

To address **social protection** issues during the pandemic, the Government has announced the hiring of 500 new social workers to support vulnerable women and children in poor urban and rural communities. The national Child Helpline, which is receiving up to 9,000 calls per day with reports of violence, has been reinforced and integrated with other emergency services to promote a coordinated response. The Supreme Court of Bangladesh has released children from overcrowded detention centres on bail and begun hearing children's court cases virtually.

Lessons the Government's response to cyclone Amphan amidst the pandemic are instructive for future disaster preparedness planning. For example, the Government's augmentation of the number of cyclone shelters from 4000 to 14,000[25] allowed for the average occupancy of each shelter – at approximately 165 evacuees – to be reduced by 40 per cent compared to shelters during cyclone Bulbul in 2019, which housed an average of 377 evacuees[26], thereby allowing a degree of social distancing. Cyclone Preparedness Program (CPP) volunteers in charge of early warning dissemination were instructed to wear masks and gloves in addition to raincoats and gumboots as substitutions for standard PPEs.

# Interventions

### 2.1. Social protection and basic services

*Key policy objectives: As Bangladesh rebuilds its social safety net, important lessons should be applied, including the need for sustainable social protection floors based on the principles of universal protection, social solidarity and social dialogue. A multi-dimensional criteria selection approach will ensure the appropriate combination of responses to mitigate the impact of COVID-19 by targeting new poor, using data disaggregation by sex, age, pregnancy status and disability as a prerequisite for understanding vulnerability profiles, address inequalities and build a system to correct inclusion and exclusion errors. Reforms for a structured and streamlined universal application for social safety net programs foreseen under the 2015 Bangladesh National Social Security Strategy should be implemented in the spirit of the SDG principle of leaving no one behind.*

**1. Policy reform.** The United Nations will support policy reforms to expand social protection coverage to COVID-19-affected individuals and households using the life cycle approach, including the new and urban poor

25 MoDMR, Interview, Dhaka, July 1
26 Ibid.

and workers in the informal economy. These efforts will help to integrate gender, nutrition, climate and pandemic response into the social protection plans of line ministries, and advice on evidence-based strategies to invest in the achievement of the demographic dividend in the current context.

**2. Social protection expansion.** Efforts to expand social protection services will target the urban poor and new poor within informal sector. This will include the reinstatement and updating of skills development services for returning overseas migrant workers and cash-based livelihoods support for the urban poor.

**3. Accelerate stimulus.** The United Nations will help to accelerate stimulus measures and scale-up coordination among the Government, workers' and employers' organizations, and development partners. It will support evidence-based investment in technology and digitisation in order to deliver cash, food and other in-kind transfers transparently and equitably to those most affected by COVID-19.

**4. Capacity building.** As a key element of building back better, the Government will be supported in developing a single electronic registry of social service beneficiaries based on consensus-driven criteria as well as suitable social insurance measures informed by gender responsive fiscal space analysis. To help ensure that no one is left behind by these systems, new measures will be supported to reliably identify beneficiaries, ensure adequate delivery systems and build the social protection system's resilience to exogenous shocks beyond those posed by COVID-19.

### 2.2. Education

*Key policy objectives: As a priority, schools must be supported to reopen and operate safely with the help of careful planning and strong community partnerships. Major areas of Government investment to help minimize learning loss during the pandemic and recover as a more resilient, equitable and effective system after the pandemic should serve to inform partner priorities. The Government's emphasis on strengthening equity in education, returning and retaining children in schools, improving assessment and teaching practices, integrating technology into the delivery of education, continuation of school feeding programme and providing a holistic approach to psychosocial and other support services through schools requires concerted support and multi-sectoral linkages.*

**1. Social and behaviour change communication.** The United Nations will help to strengthen and scale up education focusing on protecting children during the COVID-19 lock down.

**2. Technical support.** Support will assist in the implementation of remote-based learning on multiple platforms, including low tech learning packages and printed material.

**3. Capacity building.** Training will help technical agencies and teachers develop and broadcast learning contents and prepare for a safe and effective return to school.

**4. School feeding.** The United Nations will help to scale up the National School Feeding Programme in line with the National School Meal Policy 2019, focusing on the most disadvantaged children

**5. Research and monitoring.** Strengthening program implementation monitoring will include a variety of research initiatives to study the impact of COVID-19 and the effectiveness of education response programming.

**6. Safe reopening of schools.** Plans, guidelines and coordinated donor support will help to ensure schools reopen and operate safely.

**7. Re-enrolment and learning of children.** The United Nations will help to implement and monitor back to learning campaigns and community-based activities to mobilize and ensure girls and boys return to school.

**8. Student support services.** Psychosocial support will be provided for children, especially the most disadvantaged, and children affected by violence, abuse, neglect, child marriage, child labour, and children with disabilities to access social and protection services.

**9. Psychosocial support and professional development for teachers.** A model will be developed for teachers with learning opportunities and needs-based access to mental health and psychosocial services (MHPSS) and social services.

**10. Tertiary education and TVET.** Technical assistance will support the roll-out of market-responsive skills and enterprise development training and the establishment of a skills lab to support nursing and midwifery students.

**11. Resiliency and institutionalizing gains.** The United Nations will support the development of a crisis response and resiliency plan and related mechanisms.

**12. Strengthening Quality Assurance.** The United

Nations will help to document the overall COVID-19 education response and make recommendations for future responses.

### 2.3. Food security

*Key policy objectives: In line with the Government of Bangladesh' policy, the United Nations and development partners must synchronize efforts to increase the resilience of food systems and the effectiveness of related social protection programmes. These will need to be supported by strong and functioning markets to ensure continued availability of nutrient-dense food commodities at affordable prices while implementing COVID-safe measures across the supply chain.*

**1. Access to food. :** The United Nations will provide support to expand the coverage of social protection initiatives to increase access to food through cash pilots with vulnerable urban households in quarantine through innovative mechanisms, while social behaviour change communication strategies on safe and hygienic food handling across supply chains will be rolled out. The Government will be supported to establish "COVID-safe market arrangements" and a well-maintained government database for food security and nutrition monitoring.

**2. Livelihoods support.** Technical assistance will help to provide livelihoods support (fisheries, crops and livestock) to food producers at farm, household, farmer association and market levels to strengthen food production, enhance its climate resilience, and ensure continuity of the supply chain from rural to urban areas. The establishment of agro-processing centres and the promotion of technologies will increase value-added production at all levels, while support to existing and new e-marketing platforms will help to facilitate safe food access.

### 2.4. Nutrition

*Key policy objectives: In line with the priorities identified by the Bangladesh National Nutrition Council based on assessments in April and July 2020, the Government should develop and promote a comprehensive, multi-sectoral, costed Food and Nutrition Security Response Plan. The plan should, among other things, focus on building back and strengthening essential nutrition services using different service delivery platforms as well as nutrition behaviour change communication across all nutrition programmes. It should seek to strengthen and promote nutrition-sensitive social protection; include the most vulnerable populations across the life cycle, including by ensuring gender sensitivity in food security and nutrition intervention; and support nutrition-sensitive food systems and MSMEs. The plan should utilize existing monitoring and coordination systems with evidence-based tracking to enhance the accessibility, coverage and quality of the multi-sectoral COVID-19 nutrition response.*

**1. Governance, leadership, and coordination:** The United Nations will provide policy analysis and advice to assist the Government in mitigating the impact of COVID-19 on nutrition and in finding adequate financing. It will work to strengthen coordination among the multiple nutrition stakeholders from relevant sectors, focusing on multi-sectoral coordination at national and sub-national level to leverage resources for nutrition and scaling up.

**2. Social and Behaviour Change Communication (SBCC) and community engagement:** The United Nations will assist the Government in strengthening and scaling up multi-sectoral SBCC activities using innovative approaches to disseminate nutrition messages in the context of the COVID-19 using existing entry-points and multiple community and sectoral platforms (e.g. adolescent clubs), including school nutrition programmes and nutritious food support in the communities of industrial areas for vulnerable workers.

**3. Urban Nutrition:** The United Nations will support the Government to improve access and adequate coverage of nutrition specific and sensitive programmes in urban areas, through engagement of private and government clinics, food facilities, and by engaging the private sector for improving access to food and nutrition services.

**4. Information systems and innovation:** The United Nations will support the government to improve information systems, enhance coordination, increase accountability, and improve interoperability among Nutrition Information Systems and Food and Nutrition Security monitoring tools, for example, surveys, surveillance and policy reviews. It will advise on the development of innovative approaches for delivering multi-sectoral nutrition programmes, for example, e-vouchers for diverse foods, tele-messaging and e-training on nutrition-related interventions.

**5. Essential Nutrition Service Delivery:** This strategic priority has been integrated into the Pillar 1 approach (see. Pillar 1, Intervention 1.5).

### 2.5. Water, sanitation and hygiene (WASH)

*Key policy objectives: Proper handwashing with soap, hygiene and waste management practices in homes, institutions like health-care facilities and schools, as well as other public and private spaces, especially in water scarce*

*areas, must be made ubiquitous to reduce transmission of COVID-19 as well as other life-threatening infectious diseases. Uninterrupted water supply must be expanded as an essential response to the pandemic in Bangladesh.*

**1. Urban service capacities.** Capacity building support will help the Government deliver resilient WASH services for intermediate COVID-19 response and future preparedness in city corporations and municipalities during the COVID-19 emergency and extreme weather events.

**2. Rural services.** The United Nations will support climate-resilient water safety planning and market-based sanitation and handwashing promotion, including in climate-stressed areas such as coastal areas, urban slums, hills and disaster affected areas.

**3. Community hygiene social behavior.** A broad-based and well-coordinated multi-stakeholder campaign for sustained behavior change will be rolled out.

**4. Health Care Facilities.** Support will be provided to improve WASH in health care facilities with an emphasis on hand hygiene and medical waste management .

**5. Schools.** Support to service delivery will improve access to WASH in schools including group handwashing as part of support to and monitoring of safe school reopening

**6. Sector capacity and coordination.** The United Nations will work to enhance sector capacity including of frontline staff and improve cross-sectoral coordination as part of the emergency response.

**7. Data analysis and research.** A study will identify indicators for safely managed sanitation measurement, while proof of concept initiative will be undertaken for testing and research on COVID-19 in wastewater.

### 2.6. Protection and the continuity of social services

*Key policy objectives: All preparedness and response activities for the COVID-19 pandemic should be based on a protection risk analysis, and adopt a do-no-harm approach, focused on marginalised and vulnerable groups like the elderly, adolescents and youth, people with disabilities, people living with disease, people living on the streets, female-headed households, lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals, victims of trafficking, child labourers, migrants and refugees. Networks of women's and child rights organisations should be supported to respond to the crisis, including with, flexible funding to support civil society and women's rights organizations that can help to address violence in the context of the pandemic in parallel to government channels.*

**1. Access and quality of services.** Technical support across a range of technical areas will help to improve social services that respond to violence, abuse, and exploitation of the most vulnerable and marginalized during the pandemic (particularly of children, adolescents, youth, women, victims of trafficking, migrants and refugees, those with a disability and the elderly)

**2. Workforce.** The United Nations will invest in improving the capacity of social protection workforce, especially social workers and para-social workers, on gender-based violence and child protection case management, psychosocial support, and social protections services by most vulnerable and marginalized

**3. Emergency service.** Support will be provided to expand access to emergency protection services including shelters, safe spaces and crisis centres, and social protection measures for women and children fleeing violence, including in areas with newly vulnerable populations due to COVID-19

**4. Child and gender sensitive capacities.** Several institutions, including courts, police and the social services system will receive assistance to build capacities in responding to violence against women and children including GBV and human trafficking.

**5. Community-based mental health support.** The United Nations will engage community-based mechanisms to deliver the essential health protection services package in relation to gender-based violence (GBV) and including mental health and psychosocial support) and psychosocial support.

**6. Stimulus spending.** Assistance will be provided to the Government to ensure high quality budget, expenditure, and targeting management for the Government Stimulus Package for social welfare, health and education in support of protection (coordinated with intervention 4.1 under Pillar 4).

## Risks

In addition to the risks described under Pillar 1, many of which apply equally to Pillar 2, there is a significant risk that inadequate political commitment and fiscal investment from the Government to prioritize universal social protection coverage during the response to the COVID-19

crisis could drive the most vulnerable into further poverty. Continued dialogue and collaboration with Government, workers' organizations and development partners on the urgent for social protection programming will seek to mitigate this risk.

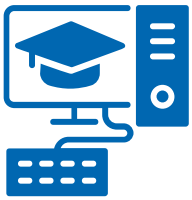
The likely prolonged economic effects of the COVID-19 pandemic, including reduced GDP growth and increased unemployment, risks contributing significantly to the number of people vulnerable to food and nutrition insecurity. The result would be a continued reduction in access to health and nutrition services, as well as reduced access to food. Increased and improved targeting of nutrition-sensitive social protection programmes could mitigate or at least reduce the impact of this risk.

# PROPOSED INTERVENTIONS

**1. Revision of the current social protection frame work**

a. Increase in social protection sector-based budgeting

a. Increased social safety coverage both vertically and horizontally

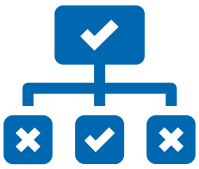


**2. Integrate digitalized education/technology-based approaches into education plans and delivery**

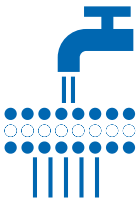
**3. Strengthen Bangladesh's Health Resources Information System**

a. Direct cash and expanded food package provision

b. Strengthen Market



**4. Multi-sectoral costed Food and Nutrition Security Response Plan**



**5. Ensure continuity and safe operation, maintenance and use of WASH services**

**6. Strengthen protection services that respond to violence, abuse and exploitation of the most vulnerable and marginalised**

*Read on for*

PILLAR THREE

P I L L A R T H R E E

# Economic Recovery

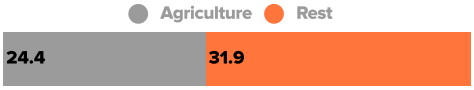
Protecting jobs, Small and Medium-Sized Enterprises, and the most vulnerable productive actors

Covid-19 is intensifying the needs of vulnerable groups, including informal workers, MSMEs, and returning overseas migrant workers. These economic trends threaten to undermine livelihoods and reverse years of progress in poverty reduction in Bangladesh.

## Pre-Covid Situation

**56.3mn**

employed in industries most at risk to Covid




**99%**
of all non-farm entitites were MSMEs

**7.2%**
only were led by women

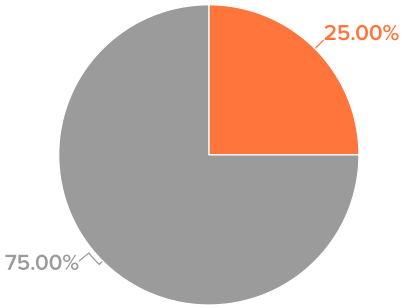
**2X**
Female unemployment compared to male

**5X**
Youth unemployment compared to adult

**90%**
workers have limited social protection

**25%**
MSMEs contribution to the GDP

More than a quarter of young people aged 15-24 years were not in employment, education or training (NEET)




## Covid-19 Impacts

### MSME sector has shrunk dramatically reducing earnings and hiking risks of job losses

A study in April 2020 found that 52% of enterprises had closed during lockdown. 68% said they would not survive if lockdown went beyond 4 months

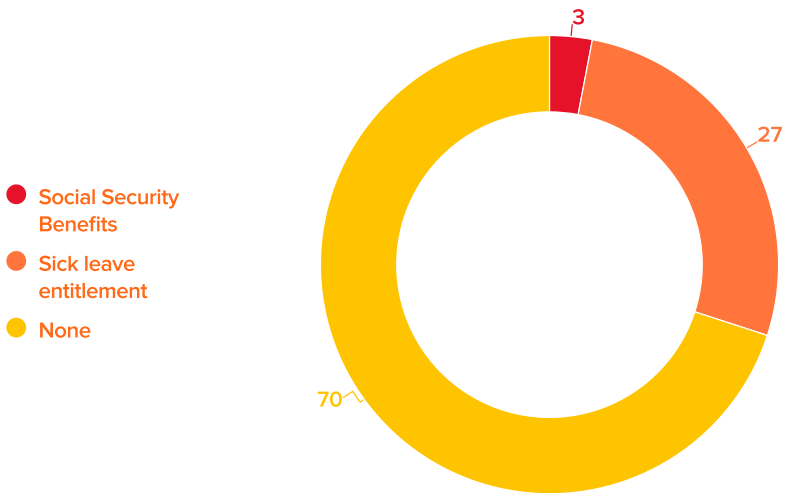
**52%**

**US$ 630mn**
losses have been estimated for agriculture sector which makes up 3.68% of sectoral contribution to GDP

**5 million**
workers in manufacturing sector at threat of becoming unemployed including those in RMG sector

**85%**
fall in periodic demand in RMG sector compared to April last year

### Covid-19 is exacerbating labour market vulnerabilities, especially for the 28.5 million (43% of total employment) already living below international poverty line at the onset of the pandemic




January-April 2020

**250,000**

migrant workers returned from abroad. Another **4.8 million** workers are expected to follow of which approximately **15%** are women.

# Introduction

The COVID-19 pandemic began as a global public health crisis but quickly turned into an **economic and jobs crisis of enormous scale**. The crisis is amplifying long-standing challenges in Bangladesh's economy and labour market, namely constraints to business sustainability, limited job growth and pervasive, poor-quality jobs. It is intensifying the needs of vulnerable groups, including informal workers and micro, small and medium enterprises (MSMEs), women, youth, the elderly and returning overseas migrant workers. These economic trends threaten to undermine livelihoods and household well-being and reverse years of progress in poverty reduction in Bangladesh.

# Situation analysis

## The pre-crisis situation

On the eve of the crisis, a significant portion of Bangladesh's labour force was employed in **sectors most at risk of suffering the impacts of the COVID-19 pandemic**, including 24.4 million people employed in agriculture and 31.9 million in manufacturing, construction, the wholesale and retail trade, transport, accommodations and food services, and recreation. Three-quarters of these workers were employed in the informal sector, including own-account workers, contributing family workers or day labourers that face significant job and income insecurity. More than a quarter of young people aged 15-24 years were not in employment, education or training (NEET)[1] .

The global pandemic struck Bangladesh at a time when the economy had been struggling to create **sufficient, decent jobs**. In recent years, employment generation relative to economic growth has waned markedly[2]. While open unemployment remains relatively low in general, the level for women is nearly double that for men[3] and youth unemployment is nearly five times higher than for adults[4]. The quality of jobs remains generally poor, as reflected in low productivity and widespread informality, with 90 per cent of workers engaged in informal employment with limited benefits or access to social or legal protections[5].

**Micro, small, and medium-sized enterprises (MSMEs)** were key driver of economic growth, export revenue earning, and the fulfillment of domestic demand in Bangladesh, accounting for 25 per cent of GDP before the crisis[6]. The industry segment of MSMEs was growing rapidly and was highly competitive, with entrepreneurs often operating in narrow profit margins with high levels of risk. Some 99 per cent of all non-farm enterprises were micro or small enterprises, providing employment to 20.3 million people in 2013 and representing the largest source of employment after agriculture. Only 7.2 per cent of total MSMEs, mostly micro and cottage industries, were led by women.

Bangladesh is ranked the seventh-largest recipient of **remittance inflows** in the world. Before the COVID-19 pandemic an ever-increasing number of Bangladeshi nationals travelled overseas for employment, primarily to Gulf Cooperation Council (GCC) countries and primarily for

1 ILO estimates based on UNDP staff simulations, BBS: Bangladesh Labour Force Survey 2016/17 and ILO: ILO ILOStat Database.
2 Ministry of Labour and Employment: A National Jobs Strategy for Bangladesh: Draft for Consultation (March 2020).
3 Data on employment and unemployment are ILO estimates from the Bangladesh Bureau of Statistics: Labour Force Survey 2016/17 and ILO: ILOStat Database.
4 Policy Research Institute (PRI) of Bangladesh: 2020 Bangladesh Youth Employment Policy Brief (forthcoming).
5 Data on informal employment are ILO estimates from the Bangladesh Bureau of Statistics: Labour Force Survey 2016/17.
6 SME Foundation: SME Clusters in Bangladesh (2013).

low-skilled jobs[7] . The vulnerability of low-skilled overseas migrant workers, many of whom were motivated to leave the country due to a lack of employment opportunities in rural areas, has been worsened by the lack of medical coverage and other social benefits, poor negotiation skills and insufficient knowledge of their rights. Women migrants, the majority of whom are employed as domestic workers, suffer from various forms of mistreatment and denial of rights in the process of migration and upon their arrival in the destination countries.

## COVID-19 impacts

The world of work in Bangladesh has been profoundly affected by the COVID-19 pandemic due to **widespread disruption to businesses.** Greater unpredictability in the global and local business climates have led to lower transactions and investments, which can affect the social, environmental and governance practices of enterprises if not properly managed. With transport and logistical challenges in global supply chains, the imports upon which the majority of Bangladesh enterprises rely for raw materials have fallen with huge economic consequences. Export orders were initially put on hold and cancelled, and even once they reopened, volumes are significantly lower and now require lean production which local factories are not equipped to deliver. Foreign direct investment and investment overall are also declining, which constrains the ability of businesses to create new jobs and acquire technology to boost productivity.

The slowdown in economic activity in key sectors is leading to **reduced earnings and job losses**. As noted in Pillar 2, falling demand for agricultural and livestock products and breakdowns in transportation and logistics systems are causing dramatic price reductions, adversely affecting food security and incomes of rural farmers and livestock producers [8]. The estimated loss to the agricultural sector, where small and medium enterprises dominate, could be approximately USD 630 million. Falling global demand similarly threatens the employment of five million manufacturing workers, especially in the ready-made garments (RMG) industry where exports fell in April 2020 by 85 per cent compared to last year [9]. In the Cox's Bazar district, a large number of workers made redundant during the crisis is combining with the prospect of many returning migrant works and the ongoing vulnerability of the refugee population to complicate recovery in this district. While women accounted for 30 per cent of the overall employment, their share in these higher-risk sectors was notably larger, at 45 per cent in agriculture and 44 per cent in garment, textile and footwear manufacturing[10].

Initial assessments suggest that the **slowdown has caused the MSME sector to shrink dramatically**, putting the employment of millions of workers, including vulnerable informal enterprise owners, day labourers, and those informally employed in MSMEs, at stake[11]. A survey of MSMEs in April 2020 found that 52 per cent of the enterprises had closed during the lockdown. Micro and cottage industries, where many members of vulnerable groups including women, youth, and artisans are employed, seem to be the most affected sub-sectors owing to their considerable risk exposure[12]. For women-run MSMEs, this low level of resilience is aggravated by their disproportionately low access to financial services, information and communication technologies, and business networks.

The COVID-19 crisis is laying bare and exacerbating **vulnerabilities in the labour market**, where average earnings are comparatively low and any reduction or loss of income, even temporary, could be catastrophic for workers and their families. This is particularly important for the estimated 28.5 million workers – accounting for 43 per cent of total employment – who were already living below the international poverty line at the outset of the pandemic[13].

Between January and April 2020, around 250,000 Bangladeshi nationals returned to the country and up to 4.8 million **overseas migrant workers**, of whom approximately 15 per cent will be women, may soon follow[14]. Migrants returning earlier than planned may be unable to pay their loans, have limited access to

7 Migration Profile Bangladesh 2019 (final draft).
8 FAO: Rapid Assessment of Food and Nutrition Security in the Context of COVID-19 in Bangladesh (May 2020).
9 Data on employment in export industries are based on Bangladesh Bureau of Statistics: Monthly Release of Foreign Trade Statistics (April 2020); Bangladesh Ministry of Finance: Economic Transition and Pathway to Progress: Budget Speech 2020-21 (11 June 2020), para. 10.
10 The crisis is compounding the existing challenges for many women working in garment manufacturing. Many female garment workers either are unable to return to the same factory after giving birth or must take a significantly shorter amount of maternity leave. Also, there is a lack of awareness of maternity benefits in the workplace.
11 For example, see UNIDO, UNCDF, and UNDP: Impact of COVID on Handloom Sector in Tangail. Generally, the festive months from March to May is peak business season during the year and almost 80 per cent of annual transactions of most MSMEs happen during these months according to estimates of the National Association of Small and Cottage Industries of Bangladesh.
12 UNIDO: Handloom sector; UNDCF: Trading sector; and BRAC University: MSMEs (ongoing).
13 Working poverty rate based on US$3.20 international poverty line. Source: ILO: ILOStat Database.
14 IOM internal report based on the data and information from the Government of Bangladesh (Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE), websites of High Commissions of Bangladesh), UNDESA, IOM internal sources, websites of destination government sources,

psychosocial support and limited knowledge about and access to diversified opportunities. Within Bangladesh, women internal migrants are often denied access to gender-responsive social protection mechanisms such as maternity protection and sexual and reproductive health care. This is particularly the case for those working in informal employment such as domestic service but is also true for many in the ready-made garments sectors. Trafficking and smuggling networks are taking advantage of the economic downturn caused by COVID-19, offering risky survival alternatives to aspiring and current migrants who have fewer and fewer options[15].

Despite the serious **environmental risks** posed by accelerated private sector and industrial activity in Bangladesh and broad rhetorical support for a green the economy and labour market, actual progress in toward this goal has have been limited. The most successful area of green economic development has been in the renewable energy sector, notably the development of solar technologies but also biogas, while environmental practices such as plastic waste management are still not regulated and lack data-driven pilots to support tailored policy making.

### The Government response

The **initial policy response** of the Government of Bangladesh to the economic and jobs crisis resulting from the COVID-19 pandemic has consisted of four main strategies: 1) prioritize government spending that creates and protects jobs; 2) create loan facilities through commercial banks at subsidized interest rates for affected businesses; 3) expand coverage of the government's social safety net programmes to protect the extreme poor and low paid workers in the informal sector; and 4) increase money supply while balancing inflationary pressure[16].

**Additional measures** have been proposed to support business and industry, including boosting industrial investment, ensuring maximum utilization of industrial production capacity, and make export-oriented industries more competitive through expansion and diversification. For MSMEs, the Government swiftly announced a stimulus package amounting to BDT 200 billion, later adding BDT 30 billion for informal micro and cottage industries, to be provided as subsidized loans. Five per cent of total lending has been earmarked for women entrepreneurs. However, concerns have been raised about actual disbursement of the packages, and for many MSMEs it is not clear how to access and best use the packages, notably for those that have had limited or no interactions with the banking system[17]. The Government has also borrowed USD 80 million from IFAD to support rural microenterprises and job creation in horticulture, livestock, aquaculture and non-farm supply chains. This support will positively impact an estimated two million rural women, men and youth. The Government has requested a further USD 18 million for rapid recovery measures for the rural microenterprise sector, which is being processed by IFAD. This support will reach an estimated seven hundred thousand rural people.

As a flood of returning **overseas migrant workers** looms, the Government has begun planning for their efficient, safe and dignified return and reintegration[18] and has supported a volunteer-run online platform of resources for Bangladeshi workers overseas[19]. BDT 5,000 in cash assistance will be provided to each returning worker, while the Government has advocated with GCC governments and the Organization of Islamic Cooperation to ensure that migrant workers are provided wages and other support during the lockdown measures.

## Interventions

#### 3.1. Employment and sustainable business

*Key policy objectives: As economic activity slowly restarts, a major deviation from existing policies and response measures is not warranted at this juncture. Instead, efforts should be redoubled to implement existing policies aimed at supporting decent jobs and enterprises and fostering an inclusive and sustainable recovery, while focusing on protecting social capital and fostering green growth. The most vulnerable households, workers and enterprises, especially MSMEs operating in the informal sector, will require continued support through this period and beyond. The following short- and longer-term measures are broadly aligned with the Government response and should be underpinned by international labour standards and robust social dialogue. Public-private partnerships should be leveraged to improve the quality of age- and sex-disaggregated data collection, analysis and research,*

and other credible non-government sources in the destination countries.

15 Bangladesh UN Network on Migration: "Human Trafficking: Together, We Can Stop the Scourge", op-ed in The Daily Star, 11 June 2020, https://www.thedailystar.net/opinion/news/human-trafficking-together-we-can-stop-the-scourge-1912185.

16 Bangladesh Ministry of Finance, op. cit.

17 Light Castle Partners Bangladesh: Government Stimulus Packages in COVID-19: Will it be effective for Bangladesh? (May 2020), https://www.lightcastlebd.com/insights/2020/05/05/government-stimulus-packages-in-covid-19-will-it-be-effective-for-bangladesh.

18 Based on a recommendation from a meeting held on 23 April 2020 at the MoEWOE.

19 See www.probashihelpline.com.

*in partnership with research institutions and academia, to guide, direct and monitor evidence-based policy measures to support jobs and enterprises. Multisector information sharing and design processes will help sector leaders and development and business partners leverage seed-recovery funds, private capital and trade forecasts.*

**1. Assess impact.** The United Nations will produce an assessment report on the impact of the pandemic on emerging employment-intensive sectors and identifying new drivers of employment creation.

**2. Rural employment.** Investment in and rapid execution of labour-intensive rural road and infrastructure projects will immediately create wage employment and stimulate the rural economy.

**3. Decent jobs.** The United Nations will execute active labour market programmes to promote decent jobs for women, youth, and other vulnerable groups. Policy advocacy and technical assistance will focus on reforms to increase private sector resilience to future crises while seizing opportunities to accelerate green growth in the COVID-19 recovery process.

**4. Quality of employment.** Technical assistance will strengthen the capacity of labour market institutions to enhance the quality of employment, including better wages industrial relations, dispute mechanisms and workers' rights.

### 3.2. Support to micro, small and medium enterprises (MSMEs)

*Key policy objectives: Building back MSMEs as part of Bangladesh's economic recovery should foster a bigger and more environmentally sustainable wave of entrepreneurship, including for agriculture based MSMEs that can bounce back quickly and that serve as the most important source of employment for the working poor. The promotion of ICT-enabled technologies to improve the performances of MSMEs is vital to creating productive, sustainable and competitive enterprises.*

**1. Financing:** The United Nations will support gender-responsive measures to create awareness of the Government stimulus package among micro and cottage enterprises and rural enterprises by promoting financial literacy, digital literacy and business opportunity awareness for the most vulnerable and marginalized micro and cottage industries, especially those operated by women. It will support start-up and growth financing in select labour-intensive sectors that can employ significant numbers of women, youth and the working poor. Over time, it will identify best practices in these areas and propose institutional reforms for the economic development and banking sectors.

**2. Mobilizing business associations.** Technical assistance will be provided to help business associations to set up support systems and to help existing and potential members to access to government support.

**3. Labour practices.** The United Nations will help to introduce new systems for good labour practices including occupational safety and health practices along the agricultural value chains. It will develop and pilot best good labour practices entrepreneurs and workers in agriculture value chain focusing on productivity, social dialogue, and better employment practices

**4. Productivity:** The United Nations will invest in boosting the productivity of enterprises by supporting businesses to adopt better technologies, processes, workplace management practices, and solutions to stabilize and secure supply and value chains. It will support the rollout environmentally friendly productivity improvement tools.

**5. Labour intensive industries.** Support will be provided to strengthen value chain of the highly affected labour-intensive sector through adoption of digital platforms for the most affected micro, small and medium enterprises. It will help develop capacity for the digitalization of supply chain, e-commerce and other digital services.

### 3.3. Migration

*Key policy objectives: To effectively support the safe and dignified return and economic recovery of migrants short- and longer-term COVID-19 response policies and programming must comply with the guiding principles outlined in the Global Compact for Safe, Orderly and Regular Migration (GCM) and relevant aspects of Agenda 2030. All interventions must protect labour rights and promote safe and secure working environments for all workers, including migrant workers, women migrants, and those in precarious employment.*

**1. Pre-departure, return and reception:** The United Nations will help to address the immediate needs of migrants, including women migrants and children, by providing shelter, food, legal and travel assistance, and medical support comprising COVID-19 prevention measures and psychosocial support as part of their return. It will help facilitate a safe and dignified return, including assistance upon arrival in Bangladesh such as gender-responsive and child-friendly quarantine arrangements.

**2. Database, assessment and response planning:** The United Nations will respond to the immediate need to prepare a database of returning migrants, disaggregated by sex, age, skills and occupation, to inform response planning and recovery management. The subsequent 2021 Population and Housing Census will provide a baseline for many SDG indicators and help target development programming including for the first time, for migrants.

**3. Medium- long-term reintegration:** To accelerate the sustainable reintegration and socio-economic recovery of migrants – both international and internal – a programme will be developed around the human rights-based approach for assistance to migrants and victims of trafficking with a special focus on women migrants and migrants with special needs.

**4. Migrant health needs.** Support will be provided to help the Government to take policy measures to address national health emergencies in a gender-responsive and inclusive manner to address the issues of migrants. Recommendations will be developed on expanding social protection coverage to include migrant workers.

## Risks

The successful implementation of the interventions outlined to promote employment and sustainable business could be hindered by different risk factors. First, a lack of reliable and representative data on the impact of the crisis and critical needs of both enterprises and workers could undermine the effective design, targeting and delivery of response measures. Second, a lack of commitment from all parties to robust social dialogue, involving the Government, workers' organizations and business associations, would weaken the effectiveness of response measures in both the design and implementation. In addition, there remains an important risk that insufficient Government fiscal capacity and financial assistance from the international development community would constrain various interventions particularly related to immediate employment creation and income protection.

A shortage of cash to meet operational needs including the purchase of raw materials, payment to workers and payment of rent and utilities, coupled with severe disruption in supply chains (including access to raw materials and finished goods and services) increases risk associated with timelines for returns to full functionality for businesses. Mitigating these risks will require mobilizing business associations to create awareness among MSMEs and rural non-farm enterprises on the availability of the government stimulus packages and ways to access these as well as better planning from Government partners and coordination from the United Nations to support MSMEs with access to government stimulus packages.

Though the Government is working to accelerate socio-economic recovery, the requirements for physical distancing and the possible continued lockdown and restriction of movement may hamper efforts to implement interventions. Working in close collaboration with the Government counterparts, namely the Ministry of Foreign Affairs, Ministry of Home Affairs and Ministry of Expatriates' Welfare and Overseas Employment, under these circumstances may prove challenging.

Finally, the interventions targeting returning migrants were designed on the assumption that returnees will be willing to access the services offered. This is not certain.

# PROPOSED INTERVENTIONS

**1. Employment and Sustainable Business**

a. Safe workplaces and workers' health

b. Protection of jobs and incomes/livelihoods

c. Business environment

d. Evidence-based decision making

**2. Support to MSMEs**

a. Financing

b. Enterpreneurship and Business Development

c. Productivity

**3. Migration**

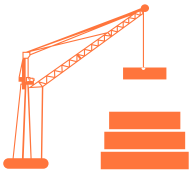
a. Pre-departure, return and reception

b. Database, assessment and response planning

c. Response planning for returning migrant workers

## KEY POLICY OBJECTIVES

**Implement existing policies aimed at supporting decent jobs and enterprises**



**Build back MSMEs to serve effectively as a source of employment for the working poor**

**Protect labour rights and promote a safe and secure working environment for all workers**

*Read on for*

P I L L A R F O U R

P I L L A R F O U R

# Macroeconomic Response & Multi-Lateral Collaboration

The COVID-19 pandemic has unsettled Bangladesh's long-standing macroeconomic stability. The major disruptions triggered by the lockdown measures, coupled with with deficits in adequate resources for responding to the immediate health emergencies and social protection needs, have caused severe economic contraction, widened fiscal deficits, and caused an acute liquidity crunch in the financial systems. If unabated, the crisis will hold back the country's development transformation, including LDC graduation and the implementation of Agenda 2030.

## Pre-Covid Situation

**7.5%** was the targeted growth for the economy in FY20 following a 8.2% growth in FY19

Heavy dependence only on two sectors

**RMG** & **Remittance**

**Less than 10%**
Tax-GDP ratio, one of the lowest in the world

**9.5%**
Non performing loans as of Dec 2019 indicates banking system fragility

**60-90mn**
people were at risk of poverty

**23%**
Private investment was stagnant at 23% of GDP

**Very large informal sector**
with overwhelming majority of the population engaged in informal employment with little or no social securty coverage

## Covid-19 impacts

Revised GDP growth TARGET **5.2%** lowest in a decade

Industry sector growth fell to 10.3% in FY 20 from 17.4% in FY 19

**18% fall**
in export between July 2019-May 2020
compared to the same period in the previous fiscal

**Low Tax-GDP ratio**
has exacerbated fiscal impacts of the crisis

**Fall** in imports & exports
may help with BOP

**Probable impact**
on remittances

# Introduction

The COVID-19 pandemic has **unsettled Bangladesh's long-standing macroeconomic stability** as a result of simultaneous demand and supply shocks. The major disruptions to the country's economic activity triggered by the lockdown measures, coupled with inadequate resources for responding to the immediate health emergencies and social protection needs, have caused severe economic contraction, widened the fiscal deficit, and increased the fragility of the financial system. If unabated, the crisis will compromise the country's development transformation, including the implementation of Agenda 2030.

Pillar 4 of the ISERP aims to collaborate with and support the Government of Bangladesh in **macro-economic crisis management** to enable a sustainable post COVID-19 economy; accelerate recovery; creating fiscal space for an effective response; and enable the country's resumption of its path to sustainable LDC graduation and the implementation of Agenda 2030.

# Situation analysis

## The pre-crisis situation

Prior to the COVID-19 pandemic, Bangladesh made **impressive economic strides**, achieving steady growth in the gross domestic product while maintaining macroeconomic stability. After reaching a growth rate of 8.2 per cent in the 2019 financial year, the economy was projected to grow at 7.5 per cent in the 2020 financial year. In parallel, Bangladesh made strong progress in reducing poverty, as discussed under Pillar 2, and qualified for graduating from the Least Development Country (LDC) category in its first triennial review in 2018.

Despite these positive developments, Bangladesh faced key several **economic vulnerabilities** which, in the years leading up to the pandemic, became increasingly serious. These included overdependence on two key economic growth drivers, namely ready-made garment exports and remittance inflows from overseas migrant workers; a low tax-to-GDP ratio, even among its South Asian comparators; a relatively weak banking system with a trend in non-performing loans; stagnant private investment; a very large informal sector with the overwhelming majority of the employed engaged in informal employment; and, finally, a large fraction of the population – approximately 60-90 million people – that were vulnerable to poverty.

## COVID-19 impacts

The continued lockdown, the global recession, and disruptions of supply chains in the domestic economy brought about by the COVID-19 pandemic have severely dampened aggregate demand. Consumption, a key growth driver, shrunk abruptly due to the lockdown and the plunge in remittances inflow. Consequently, GDP growth has been revised downward to 5.2 per cent for the 2020 financial year, the lowest in a decade.

From the **supply side**, the prolonged lockdown has crippled the manufacturing-led industrial sector, with an annual growth falling to 10.3 per cent from 17.4 percent a year ago As noted under Pillar 3, Micro, Small, and Medium Enterprises (MSMEs), which account for the majority of non-agricultural employment and 40 per cent of manufacturing output, were among the worst hit. A significant number are integrated in global value chains, for example in the ready-made garment sector, and thus could impact the pace of the recovery in the absence of targeted assistance. Service sector growth, which hinges on agriculture and

Table 1: COVID-19 impact on poverty in Bangladesh

| | Total poor (million) | New poor (million) | Poverty rate (%) |
|---|---|---|---|
| SANEM | 70 | 36 | **40.90%** |
| CPD | 68.4-75.7 | 34.4-41.7 | 40%-44% |
| PRI | 58.1 | 24.1 | 34.10% |
| PPRC-BIGD* | 70 | 36.9 | 43.40% |
| BIDS | 59.76** | 15.84 | 33.20% |

* PPRC-BIGD study estimated poverty rate based on the total population of 161.3 million in 2018
** Estimated considering total population of 180 million
Source: Various report by SANEM, CPD, PRI, BIDS and PPRC-BIDS

industry sector performance, has been badly hit.

The consequent **loss of jobs and income**, mentioned in detail under Pillars 2 and 3, has created an enormous spike in poverty. The portion of population living below the poverty line is simulated to be between 33.2 per cent and 44 per cent from 20.5 per cent in the pre-crisis; and between 58 and 76 million individuals would be in poverty (Table 1). Inflation ended the just-concluded fiscal year at 5.7 per cent, slightly overshooting the government's target of 5.5 per cent (Figure 1)

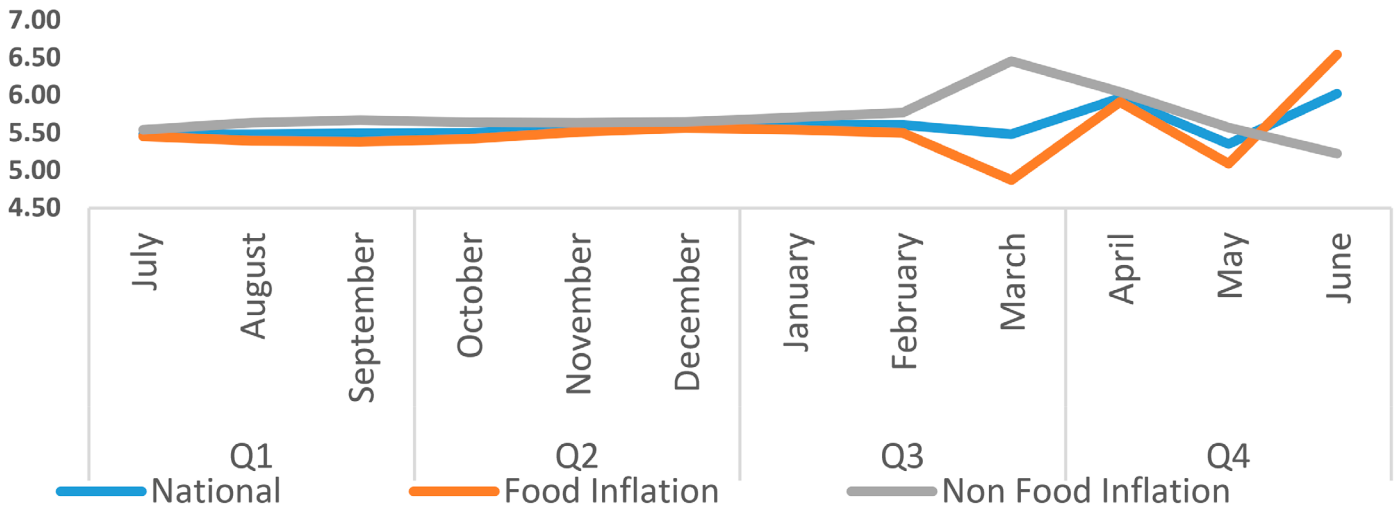
While the country had effectively managed to keep fiscal deficit at or below 5 per cent of GDP prior to the crisis, COVID-19 refocuses attention on very low tax-to-GDP ratio, which has exacerbated the **fiscal impacts** of the crisis. In financial year 2020, fiscal deficit rose to 5.5 percent of GDP; and fiscal expenditure is expected to rise significantly to fund the COVID-19 fiscal stimulus and increased spending of social services and labour-intensive physical infrastructure. Domestic debt will mainly cater to fiscal deficit financing. Despite these challenges, an updated debt sustainability analysis by the IMF shows that the country remains at a low risk of debt distress, suggesting that there is scope for Bangladesh to ramp up or maintain current fiscal support to revive the economy.

Exports during the period of July 2019–May 2020 declined by 18 per cent compared to the previous year. The downturn is likely to continue during the next fiscal year in line with World Trade Organization projections for world merchandise trade. Despite growing briskly in the first eight months of the financial year, remittance inflows contracted in March and April 2020 by 11 and 25 per cent, respectively, compared to the previous year. Remittances from Gulf nations, especially Saudi Arabia and UAE, were particularly affected. Taken together, current estimates point to an external financing gap of about USD 2.9 billion or 0.9 percent of GDP resulting in deficit of around 2.2 per cent of GDP in the 2020 financial year.

## The Government response

The Government of Bangladesh's stimulus package, worth

Trend in average Inflation in FY 20 (%)



approximately 3.7 per cent of GDP, is aimed at increasing public expenditure and the money supply, expanding social security programmes and introducing fiscal stimulus packages to boost demand. Policy interventions were also announced to restore disrupted supply chains and key imports. The 2021 budget, presented on 11 June 2020, includes higher allocations for health and social safety net programmes. The Government has approached international financial institutions seeking budget support, and similar requests have been addressed to bilateral development partners. In late June, the Government undertook several monetary and macro-financial measures to ensure adequate liquidity in the financial system to support operations of financial institutions, while banks have announced numerous measures to increase liquidity, incentivise spending and, suspend debt interest and collection.

# Interventions

Addressing the impacts of COVID-19 and building back better require holistic progress encompassing all the **five pillars of the ISERP**. The macroeconomic response to the crisis is deeply interconnected with, among other factors, economic growth, environmental sustainability, adaptation to climate change, employment dynamics, and inflation management. All require coordinated programme design and implementation across sectors. Similarly, the United Nations' efforts under this pillar have been designed to complement support such as budget support, balance of payment support and policy support, provided to the Government by the International Financial Institutions (IFIs). The United Nations can further complement these efforts by providing the required consultative platform through which the Government, IFIs, and other regional and multilateral actors can assess the fallout from the crisis and discuss a way forward. Furthermore, the United Nations will continue to work with Government on gender-responsive fiscal stimuli and budgeting processes that would complement IFIs' direct financial support packages.

Any support provided through macroeconomic policy interventions must be aimed at **reaching the most vulnerable and marginalized** populations to reduce disparities based on gender, age, religion and class, in line with the principle of leaving no one behind. For a macroeconomic perspective, pulling resources towards helping those that are most adversely impacted by this shock through better social protection programs is an imperative for the effective, efficient and equitable distribution of resources.

The macroeconomic response to COVID-19 pandemic must also factor in climate change realities. While supporting the implementation of urgent fiscal stimuli, these measures must pave the way to a more sustainable economy and not lock the country further into a vulnerable and carbon-intensive future. For instance, both national financing frameworks and public expenditure systems will need to factor in the critical components required for sustainable green growth. At the same time macro level climate change and environmental data must be generated as per SDGs target indicators.

**Macroeconomic response and multilateral collaboration** will focus on macro-economic responses with a clear emphasis on strengthening the financing and expenditure systems; developing the systems of data generation; and creating an enabling environment for greater private sector participation. Interventions will be sequenced over the short and medium terms.

### 4.1 Macroeconomic response and multilateral collaboration

*Key policy objectives: Bangladesh should undertake efforts to increase its public revenue base, ensure stability in financing and explore new areas of investment involving the private sector. The estimated financing gaps for the SDGs and the Eighth Five Year Plan may need to be revisited as part of this intervention.*

**1. Strengthening national financing systems:** To help Bangladesh increase its public revenue base, ensure stability in financing and explore the new areas of investment, the United Nations will provide technical assistance to the Government of Bangladesh to develop an Integrated National Financing Framework (INFF). This will include an updated development finance assessment and national SDGs financing strategy that would leverage private and public financing in order to advance SDGs aligned recovery.

**2. Strengthening national public expenditure management systems:** The United Nations will support Bangladesh to review its Public Financial Management Reform Strategy (2016-2021) in the context of COVID-19 response and recovery. This will improve the utilization of public resources from national to local levels and assist the Government in rebalancing public expenditures, social expenditure monitoring and mapping of budgets for social development priorities.

**3. Strengthening the national capacity for macroeconomic data:** The United Nations will provide technical assistance to enhance its capacity to generate macroeconomic data for regular review of

its macroeconomic situation and, to contribute to the formulation of informed macroeconomic policies including national development plan. Supports will be provided directly to Bangladesh Bureau of Statistics (BBS), and General Economic Division (GED) of Planning Commission to develop strategies and roll out plan for macroeconomic data generation.

4. **Improving the business environment:** The United Nations will provide technical assistance to render the business environment more attractive to private and foreign investment. On the basis of an assessment of the regulatory framework and following a multi-stakeholder dialogue involving the private sector, a strategy and action plan will be developed to drive, among other thing, process simplification in business practices, including low carbon and climate resilient businesses.

## Risks

A **revenue shortfall** caused by capacity constraints and inefficient fiscal practices is a perennial systemic risk to the country's short and long-term prospects that would weaken the authorities' crisis response capacity, the already-weak banking sector could face further challenges in maintaining its asset quality and providing necessary support to the private sector, against increased government borrowing. To address this risk, the first intervention under this pillar will emphasise on the financial liquidity crisis. The fiscal implementation capacity of Government will be addressed as part of overall public financial management strategy so that immediate bottlenecks are identified, and actions plans can be developed accordingly.

The **acute deficit** in reliable macroeconomic data together with the lack of timely data availability hinders internal and external resource mobilisation, private finance and investment, and optimal public spending. Addressing this risk has been prioritised through the Government's capacity strengthening, technical assistance and multilateral collaboration within and beyond the United Nations system. A trilateral collaboration among the United Nations, IFIs and Government agencies is a major risk-proofing programmatic priority for the early recovery and, for attaining the medium-term development priorities, including LDC graduation and attaining SDGs.

**Externally**, a prolonged and widespread economic recession together with restrictive labor migration policy will continue to hurt the economy. Oversupply in the oil market could continue to slow down economic activity in Middle East countries and thus remittances. Natural disaster remains a permanent risk.

# PROPOSED INTERVENTIONS

The UN's efforts in under this pillar have been designed to complement support provided by the International Financial Institutions (IFIs), such as budget support, balance of payment support and fiscal stimulus.

## Short-term interventions

1. The UN will continue to support the government in implementing its fiscal stimulus, including the implementation of transfers based on a universal basic income or, alternatively, a transfer to the most vulnerable groups.

2. Income support measures and related assistance will be extended to new poor.

3. Assessments and consultations with the private sector and other stakeholders will be used to identify fast-acting measures to remove constraints on business and incentivize a sustainable and inclusive recovery.

## Medium-term interventions

1. Support will be provided to strengthen the capacity of the Bangladesh Bureau of Statistics to generate macro-level data.

2. The UN will advocate for the Government to deepen investment and accelerate implementation of labor-intensive development projects to create temporary employment opportunities

3. The United Nations will assist in the design appropriate incentives for Bangladesh's diaspora communities to channel investment

## Risks

1. The already-weak banking sector could face further challenges in maintaining its asset quality and providing necessary support to the private sector, against increased government borrowing.

2. A revenue shortfall caused by capacity constraints and inefficient fiscal practices

3. The acute deficit in reliable macroeconomic data together with lack of timely availability

4. A prolonged and widespread economic recession together with restrictive labor migration which may have impact on remittance inflow in future.

P I L L A R F I V E

# Promoting social cohesion and investing in community-led resilience and response systems

Social cohesion and community resilience in organizations, communities and institutions are critical to Ensuring an equal, rights-based and effective response. In this context, Pillar 5 focused on the intersectionality among governance, rule of law, human rights and gender-based violence as a source of ways to reduce social tensions and build back of a more cohesive and robust society.

## Pre-Covid Situation

Almost
**72.6%** lifetime prevalence rate among women according to VAW survey

Share of adolescent girls (15-19yrs) experiencing partner physical violence **37.5%**

### 45mn children
were experiencing violence according to MICS 2019

### Little reporting
Majority of gender based violence goes unreported

### 55 incidents
related to violent extremism were recorded by Bangladesh Peace Observatory since the Holey Artisan attack on July 1, 2016

### In 2013-2016
a series of attacks were witnessed on secular bloggers, LGBTQ activists, religious and ethnic minorities

### Mostly to family
Most of the cases were reported to family members. Only 3.2% were reported to police and local leaders.

### 2 incidents
of inter-communal violence were reported between Nov 2019 - Jan 2020

### LAWS and POLICIES ADOPTED

- Women's Development Policy 2011
- National Action Plan 2011
- High Court Directive on sexual harassment 2009
- Women and Child Repression Suppression Act 2000 (Amended in 2003)
- Domestic Violence (Prevention and Protection) Act 2010
- Revised National Action Plan on prevention of violence against women and children (2018-2030)
- National Action Plan on Ending Child Marriage (2018-2020)

## Covid-19 impacts

### Amplification
of pre-existing inequalities and challenges to human rights and social cohesion

### Disproportionate impact on women
Many on the frontlines are women. 94% of nurses and 90% of community health workers and all midwives are women

At least
**119** violent incidents

in between March - May 2020
Communal violence: 36 incidents leading to 13 deaths and 461 injuries

### Civil space shrinking
and right to participate in political discourse affected

### Increased
number of arrests under the Digital Security Act

### Limited right
to seek justice and available, accessible, affordable and appropriate healthcare.

### 21% of complaints
lodged in NHRC are against health authorities

### DOMESTIC and INTIMATE PARTNER VIOLENCE

### 49.2% of women and girls
think security and safety are problems in this lockdown

### 33% of women and girls
don't know where to call for help in case of domestic violence

# Introduction

While Bangladesh has a proud heritage of tolerance and diversity, the country has at times been troubled by sporadic i**ntolerance and violence** throughout its history. The country's commitment to uphold secularism had been sometimes ebbed by hate speech and extremist ideologies propagated by a handful of radicals. In recent years, the proliferation of social media across the board has increased the risks of radicalization as disinformation and hate spread on digital channels. These channels are increasingly exploited by violent extremist groups to spread divisive narratives that threaten social cohesion and delicate inter-communal relations. Deficits in safeguarding human rights, corruption, inadequate freedom of expression, shrinking space for civil society, and violence against women have created incentives to instigate hatred and violence for petty self-interest. As the social fabric is further shredded by the pandemic, marginalized groups are becoming increasingly isolated and suffering greater inequality. Pre-existing unequal gender norms have widened, resulting in an apparent increase in violence against women, children and other vulnerable groups.

Social cohesion and community resilience are critical to ensuring an **equal, rights-based and effective response to the COVID-19 pandemic**. Pillar 5 is focused on the intersectionality among governance, rule of law, human rights and gender-based violence as a means to reduce social tensions and build back a more cohesive and robust society. Priority will be given to ensure that the most vulnerable and marginalized populations and communities participate in decision-making and, that their voices are heard in shaping the response to COVID-19. Through social dialogue, good governance, anti-corruption measures and measures to address inequality and violence, the socioeconomic and political impacts of COVID-19 can be mitigated. Despite these new concerns and dynamics, the pandemic may offer an opportunity to address some longstanding human rights, rule of law and governance challenges and underlying causes of social tensions so that no one is left behind in the country's socioeconomic recovery.

# Situation analysis

## The pre-crisis situation

Between 2013 and 2016, Bangladesh saw an increase **in violent extremist incidents** and assaults against secularism. The country witnessed 54 attacks on secular bloggers, LGBTQI activists, religious and ethnic minorities and, in 2016, the Holey Artisan Bakery shooting incident was widely viewed as having its roots in violent extremism. Since then, Bangladesh authorities have responded to the threat of violent extremism in the country and suppressed acts of extremist violence, though this has been accompanied by allegations of widespread abuses of human rights and the rule of law.

In Bangladesh, **violence against women, children and adolescent girls** was already at an alarming level pre COVID-19 crisis. The 2015 Violence Against Women survey estimated that more than two thirds of women experience gender-based violence in their lifetime. Gender-based violence is severely under reported, and particularly cases of domestic violence are often not reported because it is widely tolerated and justified within existing gender norms.

Complex, unfair and under resourced **justice institutions** in Bangladesh, combined with insufficient justice and human rights oversight, monitoring and accountability mechanisms, have denied many of their right to justice. The formal justice system is arcane and inaccessible for the most vulnerable groups at the best of times, while ethnic and religious minorities, the poor, and people with disabilities, as well as women and children may face additional

discrimination when accessing the system. A lack of coordination and cooperation among institutions in charge of the rule of law including the judicial system, security services, corrections facilities and the legal profession slows proceedings. It results in a backlog of approximately 3.7 mission cases that has contributed to overcrowding in prisons, where there have been reports of ill-treatment of persons in custody. Poor access to legal aid services, the prevalence of quasi-judicial systems and alternative dispute resolution mechanisms skew the legal system against the vulnerable and disempowered.

## COVID-19 impacts

The COVID-19 pandemic has generated **unprecedented individual and collective tension and anxiety** that potentially may trigger social and political turbulence. Evidence from the early stages of the COVID-19 outbreak suggests that the pandemic has amplified many pre-existing inequalities and challenges to human rights and social cohesion in the country while also new drivers of inequality, trends in human rights violations, and tensions among communities. The health system has been challenged to provide the right to quality, available, accessible, affordable health services. A significant portion of human rights complaints cases reported in the National Human Rights Commission weekly monitoring analysis are against health authorities. Media reports have also highlighted corruption by public officials involved in the response, undermining trust in the system although Government has suspended over 80 officials in connection with misappropriation of funds or relief goods.

The response to the pandemic has directly impacted people's **right to participate in social, economic and political discourse**. Despite the vital need for a free flow of news and important information, civic space has shrunk and the right to freedom of expression has been curtailed during the pandemic. It is particularly vital for a society to be able to discuss public health and security measures and to actively shape development responses to the pandemic. However, the media and government authorities have seen their reporting and communications constrained and dozens of people, including journalists, have had new cases filed against them. Moreover, there has been an increase in the number of people arrested under the Digital Security Act. The resulting distrust of authorities has the potential to fuel disinformation that could undermine efforts to control the pandemic.

Moreover, with the rapid increase of internet users in Bangladesh, **online incitement to violence, hatred and hostility**, including through channels used by violent extremist groups, threatens to escalate stigmatization, exacerbate social divisions and to spark various forms of violence. A qualitative review of messages posted to Bangladesh's three largest public COVID-19 Facebook groups illustrates that health officials, COVID-19 patients, religious minorities, and government actors are frequently the subject of on-line attacks. Violent extremist channels on YouTube have taken the opportunity to mobilize against public health measures and propagate divisive narratives.

The pandemic has similarly increased **discrimination, stigmatization, hostility and incitement** against returning migrants, the Rohingya refugees, and people from districts with high infection rates. It has exacerbated a range of historic and community-specific deprivations in the Chittagong Hill Tracts and Cox's Bazar, which is expected to aggravate pre-existing rights issues and tensions in the Chattogram Division.

The pandemic has **exacerbated vulnerabilities of specific acutely marginalized groups**, including those with different sexual orientation and gender identity, sex workers, people living with HIV/AIDS, the ultra-poor, people living in urban slums and on the streets, ethnic minorities and indigenous people, tea garden communities, persons with disabilities, as well as women and children with multiple deprivations. According to the Rapid Gender Analysis on COVID-19 Impact in Bangladesh, 49.2 per cent of women and girls surveyed perceive that safety and security is an issue due to the lockdown and loss of livelihoods, while 33 per cent of women surveyed do not know where to call for help if they experience violence.

More generally, and as discussed in detail under Pillar I, the COVID-19 lockdown has **disproportionately impacted women** as existing gender inequalities are exacerbating gender-based disparities between women, men, girls and boys in terms of access to information, resources to cope with the pandemic, and its socio-economic impact. The concentration of women's employment in the informal sector, on the one hand, and in Bangladesh's health system, on the other – where more than 94 per cent of nurses, 90 per cent of community health workers and all midwives are female – has placed women on the front lines of both the consequences of and the response to the pandemic.

These trends illustrate the unequal social norms that view **domestic violence and intimate partner violence** as a private matter that leads to underreporting. As also discussed in detail under Pillar I, the outbreak has heightened exposure of children to abuse and yet fewer venues to report violence, both due to school shutdowns, a lack of social support and household stresses. Furthermore, it has evoked increased risks of child

marriage for adolescent girls, which traditionally increase during times of emergency.

In terms of enjoyment of the rights to life, liberty of the person, freedom from arbitrary arrest and ill-treatment, COVID-19 is estimated to have contributed to at least 119 **violent incidents** including 36 incidents of communal violence[1] between March and May across Bangladesh, killing 13 and injuring 461 people[2], and underlining the extent of social unrest due to loss of livelihoods and the economic impact of the pandemic. These incidents include violent demonstrations, clashes or discrimination directed against suspected COVID-19 patients[3], health workers[4], government officials[5], and others. There have also been reports of gatherings being violently suppressed by security forces, thus challenging the right to freedom of peaceful association and assembly.

As the COVID-19 crisis unfolded in Cox's Bazar government resources to deal with the crisis were further stretched and disrupted the livelihoods of an already impoverished population. Amid layoffs readymade garment sectors, the prospect of a wave of returning migrant workers and the health and social stresses caused by the pandemic, relations between the local population and the Rohingya refugees hosted in the area have deteriorated. After a dip at the initial stage of the pandemic, high levels of violence have returned in the district. Local resentment against perceived favouritism of the refugees by the international community appears to have been strengthened by the pandemic. On the other hand the international COVID-19 response has created opportunities to build trust, including through the temporary repurposing of the Hotel Sea Princess as a quarantine health center for both refugees and the host community.

Finally, people's **right to seek justice** has been drastically limited during the crisis. The effects of the pandemic have brought a wave of legal complaints related to the non- payment of salaries, loss of jobs, retrenchments, domestic violence, bankruptcies, and complaints related to alleged violations committed by law enforcement agencies and health sector officials. While most courts in Bangladesh have remained formally closed, there have been minimal ongoing operations with online proceedings of the higher courts.

### The Government response

Since the start of the COVID-19 pandemic, the Government has reported an increasing number of complains and requests from support through social protection hotlines, crisis centres and shelters. The ten victim support centres across the country run by the Bangladesh Police and the Women's Help Desk have been kept open to provide legal, psychosocial and rehabilitation support to women and children survivors, but there are concerns that the lockdown has impaired access to these centres, especially among those who lack telecommunications who live in hard-to-reach areas like char islands.

Amid concerns infections in prisons and detention centres, the State has ordered the early or temporary release of about 5,000 adult and child prisoners that has to some extent alleviated the severe overcrowding of prisons, though the inability to secure bail has again increased incarceration. The National Human Rights Commission has sought to focus its monitoring on the effects of the pandemic

## Interventions

Social cohesion and community resilience are the **foundations for an effective whole-of-society response to the pandemic**, which implies a core focus on inclusion, a rights-based approach and gender equality. In dealing with the COVID-19 crisis, the capacity of the United Nations to work effectively at the humanitarian-development-peace nexus will be put to the test. Pillar 5 of the ISERP promotes investment in responses that follow this convergent approach while enhancing public oversight, transparency and human rights protection. The interventions described under this pillar can, therefore, serve as effect multipliers for the whole of the ISERP in that they seek to put in place the necessary conditions for building back better, namely evidence-based policies, public accountability, inclusivity and human rights compliance. Increased public

1 https://www.prothomalo.com/opinion/article/1660974/করোনাকালেও-সংখ্যালঘু-নির্যাতন?fbclid=IwAR29IcODz30ZMoCkx7LzTmIdLg9ZAPgWj1ftGYQ2Az0_GmqMJ_IVpMJTM-4

2 Bangladesh Peace Observatory, University of Dhaka: http://peaceobservatory-cgs.org/#/peace-highlights-viewer. According to BPO, there were 125 street protests of various sizes between 26 April and 30 May alone.

3 For example, on May 19, Samakal reported a violent incident in the village of Tarash, near Sirajganj, where local villagers clashed using sticks to prevent a corona patient from entering the village. https://samakal.com/whole-country/article/200523663

4 For example, on June 1 six emergency doctors treating COVID-19 patients were not allowed into the Khulna hotel where they had a government-endorsed reservation. https://www.thedailystar.net/frontpage/news/docs-denied-hotel-stay-1908153

5 For example, on May 29, the Upazila vice-chairman in Tangail Sadar was suspended after demanding a personal cut of the local COVID-19 relief supplies and assaulting other government officials who refused to provide them. https://www.dhakatribune.com/bangladesh/nation/2020/05/29/tangail-sadar-up-vice-chairman-suspended-over-relief-irregularities

confidence in government and increased social cohesion and trust among communities will enable the successful implementation of the Government's response to the pandemic and United Nations support thereto.

An overall outcome of the pandemic will be that **the most vulnerable and marginalized in Bangladesh will become even more vulnerable and marginalized** unless appropriate response measures are taken. Through the ISERP, the United Nations system will advocate to ensure that women, the most vulnerable and the most marginalised will be at the centre of the COVID-19 recovery and will be involved in legislative, policy, and budgetary decision-making processes. The ISERP will also support the security sector to ensure that its responses to COVID-19 are proportionate, gender-sensitive and protect human rights, including through women's leadership in law enforcement and the security sector. These interventions will also encompass support to civil society for monitoring and documenting human rights compliance, access to justice, and governance.

### 5.1. Civil and political rights, governance and the rule of law

*Key policy objectives: Interventions should seek to strengthen the effectiveness and independence of state institutions, notably the National Human Rights Commission and the Anti-Corruption Commission, to hold officials accountable for the provision of non-discriminatory access to services and to prevent and monitor violations in the Government COVID-19 response. Emergency legislation and policies relating to COVID-19 restrictions on public freedoms of assembly, association, expression, information and participation should be reviewed frequently to ensure that any constraints are lawful, temporary, time-bound, non-discriminatory, proportionate and strictly necessary. The use of the Digital Security Act should be limited to ensure it is not detrimental to the participation of the media and broader public in information provision and democratic public debate on the COVID-19 response. Discriminatory laws, policies and institutional practices that hamper equal access of minorities and people 'left behind' to COVID-19-related services and resources should be eliminated and replaced with long-planned anti-discrimination legislation. Inter-ministerial co-ordination for the preparation for and response to natural disasters should continue to improve integrated, multidimensional responses while better accounting for socio-cultural needs, and safeguarding human rights. Infrastructural issues should be better taken into account, for example the repair and reinforcement of embankments or to ensure safety for women and children at the cyclone shelters and incorporate widely accepted inclusive design principles and design standards for shelters as part of the newly adopted 'Disability-inclusive Disaster Risk Reduction' approach*[6].

**1. Technical support:** The United Nations will assist in deploying technology to ensure the continuity of basic services in the areas of rule of law, justice, human rights, governance and bureaucratic procedures while seeking to repair social fissures. Technical advice will be provided on child-friendly policing, child protection interventions such as hotlines and prison population management, and gender-sensitive service delivery during the COVID-19 pandemic. Technical assistance will be provided to local government institutions to promote the effective, transparent and corruption-free implementation of stimulus packages and to new models of partnership with civil society and the private sector for service delivery and policy and programme development during the pandemic.

**2. Human rights monitoring:** Human rights monitoring capacities and referral mechanisms in Government institutions and civil society will be supported, including by directly highlighting violations and lobbying for remedies.

**3. Advocacy and policy:** The United Nations will advocate for the amendment and enactment of laws that have impacted public health, security and human rights during the pandemic, including the anti-discrimination law, Digital Security Act, and the Evidence Act. Policy research will be provided to support learning on local government institution activities during emergencies, emergency interventions directed at the poor and vulnerable, and strategies to promote the role of civil society actors and elected officials in ensuring accountability and transparency of emergency response support.

### 5.2. Gender-based violence

*Policy objectives: Multi-sectoral interventions should address emerging risk factors and drivers of gender-based violence created or exacerbated by the COVID-19 pandemic in the areas of domestic violence, intimate partner violence, sexual violence and harassment, physical and emotional violence and including violence against children. Risk mitigation of GBV is critical across all sectors and innovative design solutions, community based GBV prevention modules, a potential GBV essential service package for prevention and response, and GBV prevention in the workplace should be part of multi-sectoral strategies.*

**1. GBV response service delivery and capacity**

6 MoDMR, Interview, Dhaka, July 1, 2020

**building**: In collaboration with partners, the United Nations will strengthen access to quality essential GBV services, especially lifesaving medical care, psychosocial support and shelters, and legal and justice assistance, with a focus on the most vulnerable and targeting communities, organizations, workplaces and institutions. This will include providing groups with lifesaving support, social mobilization around issues of social stability and peace, raising awareness of healthy coping strategies including in relation to GBV and sexual and reproductive health, and enhancing access to multi-sectoral services.

**2. Advocacy, communications and coordination:** With its partners, the United Nations will help to enhance advocacy, communication and coordination to better integrate GBV into the COVID 19 national response and recovery efforts. Behavioural change intervention will seek to influence negative social norms that have been intensified as a result of the COVID-19 crisis and will include healthy coping strategies and accurate information on COVID-19 prevention. The efforts will engage influential actors such as faith leaders and will use diverse media and languages.

### 5.3. Stability and peace

*Key policy objectives: United Nations interventions during and after the COVID-19 pandemic should strengthen Government and CSO capacity to provide equitable, accountable and non-discriminatory access to social and economic public services to all communities. It should enhance institutional and community capacities, particularly of women, adolescents and youth and from disadvantaged groups, in digital literacy to identify and question misleading online content that incites hatred, discrimination, stigmatization, and or violence against vulnerable groups. Simultaneously, Government institutions should be engaged to promote digital literacy and public disclosure of information and expand programming to support victims of communal and extremist violence. Government policy should shift towards creating a positive enabling environment for civil society by lifting undue restrictions such as the Foreign Donations Act, and establish, reinforce and support existing multi-stakeholder monitoring mechanisms with independent non-state actors.*

**1. Capacity development:** The United Nations will enhance the capacity of Government and CSOs to provide non-discriminatory access to social and economic public services and to invest in recovery initiatives led by vulnerable population members. Existing social accountability mechanisms such as the Right to Information Act, social auditing and community-level monitoring mechanisms will be empowered to monitor Government in ensuring equitable distribution and preventing corruption. It will advocate for and support the review of and restrictions on the use of the Digital Security Act and other legislation and policies that restrict public participation in the COVID-19 response and develop a policy advocacy strategy and provide training for the Government of Bangladesh and relevant actors on digital literacy and public disclosure of information; expand programming on digital literacy to enhance people's ability to identify misleading content and content that incites hatred, discrimination, stigmatization, and violence against vulnerable groups.

**2. Awareness raising:** The United Nations will raise awareness and develop community sensitizing materials against social stigma and discrimination towards returning migrants as a response of COVID 19 situation. The United Nations will also develop inclusive online/offline solutions involving a whole of society approach that promote tolerance and inclusivity, and support cultural diversity

**3. Mapping and monitoring:** The United Nations will expand open source intelligence analysis on COVID-related disinformation, hate speech, rumours, violent extremism and social tension. Conduct geographic mapping to identify hot spots and develop a focused plan for peacebuilding and social cohesion-related interventions. The United Nations will also support and strengthen human rights monitoring and reporting by the civil society.

**4. Participation:** The United Nations will expand programming to allow for the representation of minority communities such as indigenous groups and others who have suffered particularly from the impacts of COVID-19 in decision-making on the response. Religious leaders, pre-primary education programmes, and platforms for women entrepreneurs and students will be engaged on Social and Behaviour Change Communication (SBCC) to promote COVID-19 preventive measures, gender equality, sexual and gender-based violence, and social cohesion.

**5. Conflict prevention:** The United Nations will expand joint programming to help bridge divisions between the host community and the Rohingya population especially due to emerging COVID-19 related risks. It will enhance institutional and community capacities to respond to social tensions caused by COVID-19 and ensure inclusive COVID-19 recovery response that builds social cohesion in the Chittagong Hill Tracts.

# Risks

**Politically**, there is a significant risk that despite the Government's commitment to ensure peaceful society, uphold human rights and ensure rule of law, the competing urgent demands of the COVID-19 crisis could result in the prioritization of health and economic interventions at the expense of efforts to fully understand and respond to risks related to social cohesion. Furthermore, problems related to social cohesion may be downplayed, which could further limit the operating space for CSOs. The emphasis on advocacy and coordination activities in the Pillar 5 interventions is intended, in part, to mitigate these risks.

International and domestic **financial and administrative challenges** highlighted elsewhere pose risks to the sustainability and continuity of the interventions under this pillar. Moreover, the COVID-19 pandemic has already brought to the surface several corruption cases. Similarly, administrative and governance weakness, movement restrictions, and the limited operating space for CSOs all present risks of delays in programme implementation and challenges for monitoring and coordination with implementing actors.

# PROPOSED INTERVENTIONS

### Civil and political rights, governance and the rule of law

1. Strengthen the effectiveness and independence of state institutions, notably the National Human Rights Commission and the Anti-Corruption Commission, to ensure accountability and provision of non-discriminatory access to services

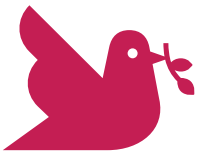
2. Prevent and monitor violations in the Government COVID-19 response

### Gender-based violence

1. Design innovative multi sectoral prevention models for GBV

2. Strengthen access to survivor centered essential GBV services

3. Advocate for integration of gender equality and GBV in Covid-19 related national plans focusing on greater investment



### Peace and Stability

1. Enhance capacity of GoB and CSOs to provide non-discriminatory access to social and economic public services and justice, to prevent violent extremism, and invest in recovery using existing social accountability mechanisms focused on equitable service provision and prevention of corruption

2. Enhance capacity of stakeholders including government institutions to promote digital literacy, public disclosure of information, create networks and support victims of communal and extremist violence through effective rule of law and criminal justice responses

3. Enhance effective participation by creating an enabling environment for civil society and vulnerable groups (including women and adolescents) and establishing/reinforcing multi-stakeholder monitoring mechanisms with independent non-state actors

# Coordination & Governance

To operationalize this Plan, **Pillar Groups** have been established under each of the five ISERP work-streams. The objective of the "Pillar Approach" is to ensure a more coherent, coordinated and effective response by mobilizing United Nations agencies, funds and programmes to respond strategically across all critical sectors under the Five Pillars outlined in previous sections. The pillars will replace the UNDAF Results Groups as an internal coordination mechanism. Coordination with the Government and other partners will take place through existing mechanisms as far as possible. New mechanisms can be created as needed if there are gaps in the existing ones.

Each Pillar Group has **two designated Co-Leads** at the Head of Agency level, based on the mandates and comparative advantages of United Nations agencies, funds and programmes.

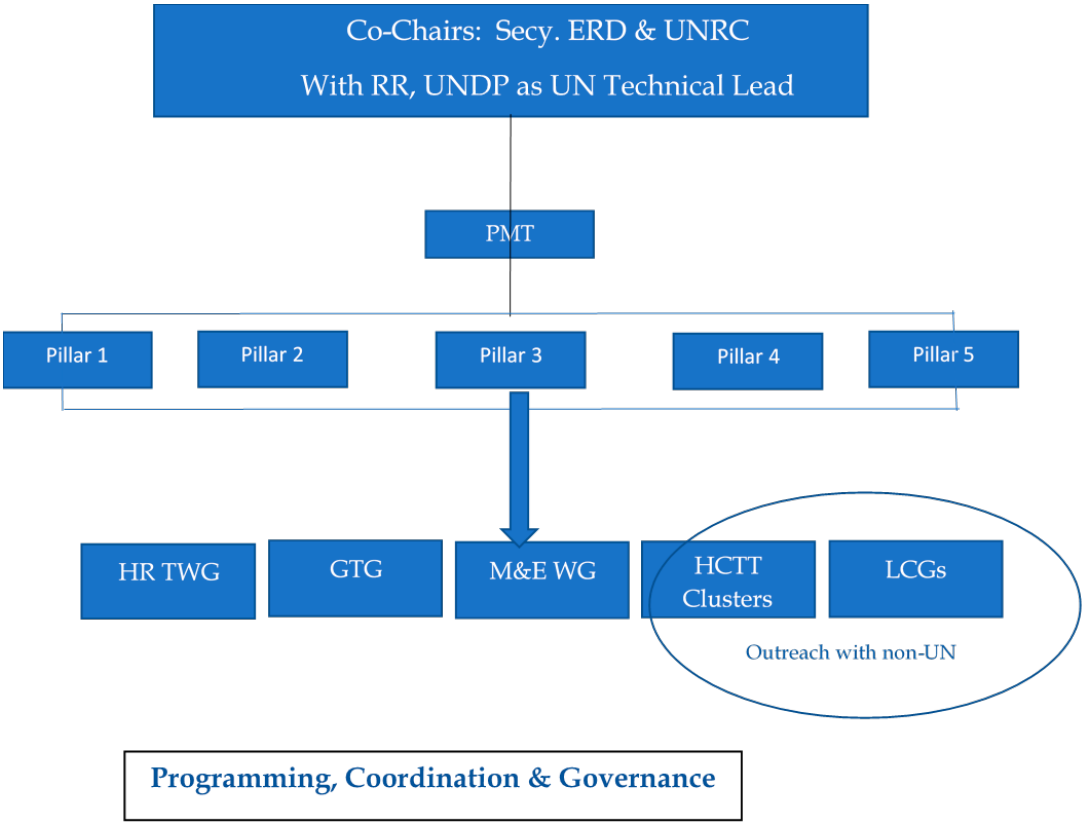
| Pillar | Co-Leads | Members |
|---|---|---|
| **Health First:** Protecting Health Services and Systems during the Crisis | WHO<br>UNICEF | FAO, ILO, IOM, UNAIDS, UNCDF, UNDP, UNFPA, UNICEF, UNODC, UNOPS, UNRCO, WHO |
| **Protecting People:** Social Protection and Basic Services | UNICEF<br>ILO | FAO, IOM, ILO, UNAIDS, UNCDF, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNOPS, UN Women, WFP, WHO |
| **Economic Response and Recovery:** Protecting Jobs, Small and Medium sized Enterprises, and Vulnerable Workers in the Informal Economy | ILO<br>FAO | FAO, IFAD, ILO, IOM, UNCDF, UNDP, UNFPA, UNICEF, UNIDO, UN Women |
| **Macro-Economic Response and Multilateral Collaboration** | UNDP | FAO, ILO, UNCDF, UNDP, UNHCR, UNICEF, UNIDO, UNOPS, UN Women, WFP |
| **Social Cohesion and Community Resilience** | UNFPA<br>UNDP | FAO, ILO, IOM, UNFPA, UNDP, UNESCO, UNHCR, UNICEF, UNODC, UNOPS UN Women |

The Pillar Group Co-Leads and the existing Programme Management Team (PMT) co-chaired by the UNDP Deputy Resident Representative and the UNFPA Deputy Representative have overseen the overall **formulation exercise** and will continue to coordinate during the implementation and periodically report to the UNCT. The subgroups under each pillar will help maintain programme focus and support in the implementation and follow up.

Periodic meetings of the pillar leads and sub-group leads will be used to ensure **strategic coordination across pillars**. At the programmatic level, the PMT will facilitate inter-pillar coordination at the implementation phase. The Gender Equality Thematic Group and the Human Rights Working Group will support all the pillars in ensuring that gender and human rights are integrated into their work across the board. The Prevention of Violent Extremism Thematic Group and Migration Network will provide inputs and thematic support to the relevant pillars and sub-groups. The Monitoring and Evaluation Group and the Data Group will advise and assist with preparing the indicator framework, monitoring and data collection within and across pillars as needed.

The **UNDAF Joint Steering Committee**, co-chaired by the Secretary, Economics Relations Division (ERD), Government of Bangladesh and the United Nations Resident Coordinator, will provide guidance and oversight to the formulation and implementation of the Framework, supported by the UNDP Resident Representative serving as the overall Technical Lead. The same Joint Steering Committee will also provide oversight and guidance on the formulation of the new United Nations Sustainable Development Cooperation Framework. Effective and efficient management of the inter-agency Pillar is a shared responsibility held by all Pillar partners. Given the urgency of the situation, the Pillars will while operating in an inclusive manner will move forward fast.

The **Prevention of Sexual Exploitation and Abuse (PSEA)** taskforce has been activated to strengthen the UN's internal coordination and accountability on PSEA, and jointly advocate to concerned stakeholders to establish robust SEA prevention systems and mechanisms to access services and justice for SEA survivors. This is in adherence to the Secretary General's report on Special measures for protection from sexual exploitation and abuse of 17 February 2020.



A N N E X O N E

# Covid-19 Socio-economic response results framework for Bangladesh

P I L L A R O N E

# Health First

Protecting Health Services and Systems During the Crisis Strategic Framework

| Priority Actions (PA) | Sub-Activities | Indicators | GoB/UN Agency | Budget (USD) |
|---|---|---|---|---|
| **SUB GROUP 1: Governance** | | | | |
| **Strengthen governance and stewardship roles of the government to improve the essential service delivery at both rural and urban areas**<br><br>**PAI: # supervision and verification tools at district and regional level for ESP delivery made available and piloted** | 1.1 Support the stewardship role of the government at central and local level for immediate and better recovery of normal functions health facilities at rural and urban areas. | 1.1a # supervision and verification tools at district and regional level for ESP delivery made available<br>1.1b National Urban Health Strategy approved with costed action plan | MoHFW, MoLGRD WHO/MIS/HSM/CBHC/UNDP/ UNICEF/UNFPA | 78,000 |
| | 1.2 Promote partnership and coordination with private enterprises to establish model clinics for increasing access to PHC by formal workers | 1.2a # of enterprises brought under partnership using a Joint collaboration platform in association with employers organization, workers organization, and government.<br>1.2b # of model enterprise clinics established with a scale-up strategy for the formal sector | ILO,DIFE-MoLE, MOH&FW | 25,000 |
| **Health workforce** | | | | |
| **Optimize health workforce capacity especially for primary healthcare through improving their adequacy, occupational health and safety, capacity development and information systems.**<br><br>**PAI: Assessment report on health workforce capacity and occupational health and safety made available and shared with** | 2.1 Assess vacancies of health facilities and adopt innovative approaches fulfilling vacancies including | 2.1 Central roster for health workforce with vacancy indicator developed and monitored (Disaggregated by sex | HSD/WHO/UNCEF / UNFPA/UNDP | 45,000 |
| | 2.2 Ensure capacity building (online/onsite) for health workforce and maintain occupational health and safety at work places. | 2.2a % of health workers received training on use of PPE and practice IPC measures (Disaggregated by sex)<br>2.2b Assessment report on occupational health and safety shared with GoB<br>2.2 c % of medical professionals trained (doctors/nursing staff) at enterprise clinics (Disaggregated by sex) | HSD/WHO/UNDP/UNFPA/UNICEF, ILO | 95,000 |
| **Health Financing** | | | | |
| **Provide informed policy advocacy to expand the fiscal space for health and rational use of health budget to strengthen supply side system capacity to maintain the continuity of essential health services while responding to COVID-19**<br><br>**PAI: # of assessments and policy briefs on ESP expenditure and budget planning shared with GoB** | 3.1 Provide policy advocacy to ensure adequate funds and strengthen the country capacity for effective and efficient budget planning and utilization to maintain continued access to | 3.1 # of assessment and policy brief on ESP expenditure and budget planning shared with GoB; | WHO, HEU(MOHFW), PMR, Planning wing(MOHFW) | 60,000 |
| | 3.2 Initiate review of health financing strategy and introduce health financing options for vulnerable populations to advance progress towards Universal Health Coverage | 3.2a Report on the review of the Health Financing Strategy shared with Government<br>3.2b # of fintech product on health available<br>3.2c Linkages between enterprise clinic and Trial EII (employment injury insurance scheme) institution established. | MOHFW, HEU, WHO, UNICEF , UNDP ILO | 1,160,000 |
| **Health Service Delivery** | | | | |
| **Strengthen the functional capacity of primary health facilities and introduce innovative service delivery mechanisms to ensure continuity of essential health services**<br><br>**PAI: # of primary health facilities which provided alternative/online healthcare services** | 4.1 Support government in implementation of IPC strategy and triage and promote tele-health across all sub-pillars to ensure prevention and treatment for a wider coverage of populations as well as reduction of health care cost. | 4.1a # of guidelines / SOPs on IPC Strategy developed | WHO, DGHS, UNFPA,UNICEF | 1,045,000 |
| | | 4.1b # of beneficiaries who accessed alternative/online healthcare services | UNDP, UNFPA, MOHFW, DGHS | |
| | 4.2 Strengthen infection prevention mechanism and referral systems across all levels of care and produce health promotion and communication materials for the health facilities and communities | 4.2a Guideline referral of complicated cases adopted by the health facilities<br>4.2b # of IPC communication materials | WHO/ DGHS/UNFPA DGHS/CBHC/BHE/ UNICEF/WHO/UNDP | 265,000 |
| **Medicine and logistics** | | | | |
| **Streamline the rational use and access to quality medicines, medical device, vaccines and diagnostics during and after the COVID-19 crisis**<br><br>**PAI: # of commodities of HSD integrated in HMIS** | 5.1 Ensure national standards of PPE and improve capacity for quantification and forecasting of basic commodities to increase the functional capacity of facilities at primary health care level, in close coordination with DGDA, DGHS and the national COVID response committee | 5.1a # quantification and forecasting of medical products - including PPE-, using MTAPS and WHO tools conducted with periodic revision | MOHFW, WHO, WFP, UNICEF, UNDP (logistic group), UNFPA | 47,000 |
| | | 5.1b National standards for fabric non-medical masks established for use in the community<br>5.1c Guidelines adopted for visual inspection of PPE and manufacturing firms | MOHFW, WHO, UNFPA, WFP, FAO | |

| | | | | |
|---|---|---|---|---|
| | 5.2 Provide technical support to MoHFW comprehensive supply chain management for essential commodities in HSD and in timely procurement of essential commodities as per ESP with CMSD and DGHS | 5.2 % of health facilities with no stock outs of Essential Commodities; | MOHFW, WHO, UNICEF, UNFPA, UNAIDS, UNDP | 45,000 |
| | 5.3 Provide technical support (training and monitoring ) of the expansion of LMIS in HMIS nationwide and strengthen e-commerce platform for essential medical supplies and pharmaceutical | 5.3a Integrated e-commerce system piloted in one city<br>5.3b # of commodities of HSD integrated in HMIS | MOHFW, UNDP, UNICEF | 45,000 |
| **Management Information System** | | | | |
| **Recover and strengthen health information management system to ensure uninterrupted system of morbidity and mortality data collection and data flow from the health facilities up to the central level administration to support evidence-based** | 6.1 Support MOHFW to monitor ESP, track morbidity and mortality data at disaggregated level through integrated digital platform for data governance to | 6.1 # of MIS Data Quality Monitoring Report shared with stakeholder | WHO, MIS,UNFPA,UNDP, UNICEF | 470,000 |
| | 6.2 Develop data intelligence systems for real-time tracking, predicting and modelling for efficient decision making | 6.2 Data Intelligence platform developed and integrated with DHIS2. | UNDP, WHO, UNICEF, UNFPA, UNAIDS, MOHFW, ICT Division, City Corporations | 315,000 |
| | | | **Subgroup Total** | **3,695,000** |
| **SUB GROUP 2: Maternal, Neonatal, Child and Adolescent Health, including Immunization & Family Planning** | | | | |
| **Strengthened capacity of Govt. for delivering quality MNCAH-FP and immunization services with a focus on facility and community-level service platforms to support access for vulnerable populations, using innovative approaches for a multisectoral strategy for access to standard and 24/7 emergency care for COVID-19 and non COVID-19 patients.**<br><br>**PAI: # of women managed with PPH and Eclampsia (disaggregated by location)**<br><br>**PAI: # sick new-born admission (including SCANU)(disaggregated by sex, location)** | 1.1 Ensure access to emergency maternal stabilization 24/7, and access to optimum quality maternal, new-born, child, adolescent, family planning and GBV health services and COVID status is not a barrier to access care at facilities, | 1. 1 # of consultations of under 5 children for IMCI(disaggregated by age, sex, location), | DGHS: MNCAH, HSM, CBHC; DGFP: RMCAH UNICEF, UNFPA,WHO, ILO | 2,016,000 |
| | 1.2 Support adequate number of trained staff and supplies, and innovative approaches for capacity building of health workers including in workplaces | 1.2 # adolescents received services in AFHS (disaggregated by sex, age, services) | | |
| | 1.3 Strengthen capacity with development and implementation of innovative approaches for access to high quality care, that considers vulnerable groups and urban settings, for MNCAH service guidelines (i.e. telemedicine and community | 1.3 # HW trained on IPC (by doctors, nurses, midwifes, cleaning staff) - disaggregated by location, sex, | DGHS: MNCAH; CBHC; DGFP<br>MoLGRD<br>UNICEF/UNFPA/WHO/UNDP | 927,000 |
| | 1.4 Support coordination with DGHS, DGFP for the COVID-19 response, especially for MNCAH, FP | 1.4 # of coordination committees meeting held (MCH) | DGHS; MNCAH; DGFP<br>UNICEF/UNFPA/WHO | 20,000 |
| **Strengthened national immunization programmes reaching all eligible children and women for routine services and measles-rubella campaign, notify and respond to VPD outbreaks while protecting health workers and developing a strategy to roll out a COVID-19 vaccine with appropriate prioritization through** | 2.1 Ensure continued fully functional immunization program, reaching all eligible children and women, notify and respond to VPD outbreaks, conduct MR campaign, while protecting health workers and | 2.1 % districts with 95% coverage during MR campaign | DGHS: MNCAH/EPI, WHO/UNICEF | 12,700,000 |
| | 2.2 Prepare for timely COVID-19 vaccine introduction through international partnerships and support the roll out of the vaccine prioritizing the high risk groups ((funding gap TBD | 2.2 % population vaccinated with COVID-19 vaccine, focused on high risk groups in 2021 (disaggregated by location, sex, COVID risk factor) | DGHS: MNCAH/EPI, WHO/UNICEF | 20,000 |
| **Monitoring in place for timely and effective procurement systems and used for advocacy to ensure the continuation of essential MNCAH-FP and immunizations services, while protecting health service providers from COVID-19.**<br><br>**PA1: % expenditure for essential medicines for MNCAH at decentralized levels (UzHC/DH)** | 3.1 Establish monitoring and mentoring system for quality MNCAH services in all facilities for safe service availability and quality of services within government health facilities to identify gaps, and | 3.1 % of health complexes providing MNCAH-FP services without stock outs of life-saving drugs in the last 6 months | DGHS: MNCAH/HSM/CBHC; MIS; CDC;<br>DGFP<br>UNICEF/WHO/UNFPA/UNDP | 809,000 |
| | 3.2 Advocate and support DGHS, MOHFW and GoB to ensure availability of essential commodities (per ESP) in public facilities with timely and effective procurement systems - centrally and decentralized initiatives - and to mobilize Members of Parliament for the continuation of routine/essential MNCAH and immunizations services as per the GOB | 3.2 # HW infected by COVID-19 (disaggregated by sex, age, location) | DGHS; MNCAH; CBHC; CMSD;<br>MoLGRD<br>WHO/UNICEF/UNFPA | 149,000 |

| | | | | |
|---|---|---|---|---|
| **Community Engagement and demand generation: through capacity building to address cultural, financial and structural barriers, the United Nations will support inclusive MNCAH-FP services for the full enjoyment of rights to health by all. Technical and coordination assistance will help link these services to mental health, gender-based violence and communicable disease prevention programmes delivered by other parts of Government.** | 4.1 Improve demand for maternal health services through reducing out of pocket expenditure and consistent community engagement and mobilization approaches for MNCAH&FP, including for workplaces | **PAI: # of women and girls who received SRHR services in the reporting period (disaggregated by modern FP methods, ANC, PNC, Delivery, STI screening and treatment (data available for adolescents only))** | DGHS: MIS/HSM, MNCAH DGFP WHO/UNFPA/UNICEF/ILO/ MoLE(DIFE, DoL)/ UNDP | 1,628,000 |
| | | | **Subgroup -total** | **18,269,000** |
| **SUB GROUP 3: Non-communicable Disease Control, Mental Health and Management of other Common Conditions and Environmental Health** | | | | |
| **HEALTH PROMOTIONS** | | | | |
| **Strengthen health promotion with innovative approaches to gender-responsive health promotion programmes, focused on modifiable NCD and mental health risk factors.**<br><br>**PAI: Tax proposals for tobacco and Sugar Sweetened Beverage (SSB) sent to NBR** | 1.1. Use traditional and innovative approaches for education on health safety, danger signs and modifiable risk factors for NCDs, mental health, | 1.1 # of advertisements published and SMS delivered | DGHS, NTCC, WHO, UNFAPA, ILO, UNDP, UNICEF | 111,000 |
| | 1.2. Initiate the process of enacting and strengthening legislative and regulatory measures to contain risk factors for NCDs and mental health; establish 'Bangladesh Health Promotion Foundation (BHPF)'. | 1.2a Tax proposals for tobacco and Sugar Sweetened Beverage (SSB) sent to NBR<br>1.2b National Mental Health Strategic Plan finalized | DGHS, NTCC, BSTI, BFSA, NNS, IPH, WHO, UNFAPA, ILO, UNDP, UNICEF | 72,000 |
| **HEALTH SERVICE.** | | | | |
| **Monitoring and modifying HEALTH SERVICE patient management pathways to remove barriers for all including the most vulnerable groups (incl. returnee migrants), improve access to and quality of service, with a focus on emergency care, NCDs, mental and neurological health.**<br><br>**PAI: Digitalization of screening of NCD risk factors and referral mechanism is expanded** | 2.1. Expand ongoing digital NCD risk factor screening, referral, monitoring and surveillance | 2.1 Digitalization of screening of NCD risk factors and referral mechanism is expanded | DGHS, WHO, UNFPA | 100,000 |
| | 2.2. Strengthen NCD, Mental Health and Psycho-Social Support (MHPSS) services (including GBV) within existing telemedicine, home, institution and community based services being offered by the Directorate General of Health Services to improve access for all, including the most vulnerable (including migrant population). | 2.2 a. % of doctors working at Sayestho Batayon oriented on National Protocols for Management of NCDs and MHPSS<br>2.2 b. # and variation of psychosocial symptoms, conditions diagnosed among returnee migrant (disaggregated by age, type of condition) | DGHS, MoLE (DIFE-Department of Inspection for Factories and Establishments, DoL-Department of Labour), WHO, UNFAPA, ILO, UNDP, UNICEF, UNFPA, UNW and IOM | 153,000 |
| | 2.3. Ensure supply of essential NCD and mental health medications and supplies for screening and management at Health Care Facilities (HCF), to strengthen delivery of 'Package of Essential NCD Interventions and Emergency Care | 2.3a % of Primary Health Care Facilities having supply of Amlodipine and Metformin<br><br>2.3b % of Primary Health Care Facilities having supply of Phenobarbitone | DGHS, WHO, UNFAPA, ILO, UNDP, UNICEF | 81,000 |
| | 2.4. Support scaling-up training to deliver PEN, mhGAP and MHPSS services and meet immediate needs for re-skilling healthcare workers and other frontline personnel addressing NCD and mental health in the context of COVID-19 | 2.4 # of primary health care providers received training on PEN and mhGAP | DGHS, MoLE (DIFE, DoL), WHO, UNFAPA, ILO, UNDP, UNICEF | 80,000 |
| **ENVIRONMENTAL HEALTH** | | | | |
| **Strengthened capacity of GoB to identify and respond to environmental determinants of health (WASH, waste management, disaster readiness, and occupational health and safety)**<br><br>**PAI: * # of model HCFs established using newly developed guidelines for WASH and waste management** | 3.1. Conduct situation analysis of current WASH and waste management situation in Health Care Facilities; develop model HCFs with adequate WASH, medical waste management, IPC etc. for demonstration and replication in other HCFs. | 3.1 Situation analysis report on WASH and waste management services in HCFs | DGHS, DIFE, WHO, UNFPA, ILO, UNDP, UNICEF | 150,000 |
| | | 3.2 # of model HCFs established using newly developed guidelines for WASH and waste management | DGHS, DIFE, WHO, UNFPA, ILO, UNDP, UNICEF | - |

| | | | | |
|---|---|---|---|---|
| | 3.3. Management readiness of key institutions (e.g. HCF, community centres) in districts prone to cyclone, floods and major disasters for emergency evacuation, prevention of disease and management of disaster with special focus on | 3.3 # of high risk districts with Health care staff trained on SOP for management of health outcomes from extreme weather/disaster events. | MoDMR, MoE, LGDR&C, WHO, UNFAPA, ILO, UNDP, UNICEF | 1,020,000 |
| | 3.4. Coordination and development of workplace specific occupational health safety (OHS) guidelines and COVID-19 SOP including supply of PPE for at risk and low income workers, health care provision and monitoring in place. | 3.4 COVID-19 guidelines for workers health and safety in Workplace. | MoH, DGHS, MoDMR, DOE, City corporations, DIFE, UNFPA, ILO, UNDP, UNICEF | 13,000 |
| | 3.5. Consultation and review of national DRR policy from the point of view of DRR-pandemic nexus by relevant experts and stakeholders. | 3.5 Technical review report on national DRR guidelines and DRR-pandemic nexus | DGHS, MoDMR, IEDCR, WHO, UNFAPA, ILO, UNDP, UNICEF | 65,000 |
| | | | **Subgroup-total** | **1,845,000** |
| **SUB GROUP 4: Communicable disease** | | | | |
| **Strengthen Policy Coordination with govt. and private sector to ensure essential health services for communicable diseases**<br><br>**PAI: # of public health facilities implementing integrated approaches on** | 1.1 Establish an essential health service coordination committee and advocate for regular | 1.1 # of coordination meeting conducted | MOHFW, WHO, UNICEF, UNFPA, UNAIDS, UNDP | 30,000 |
| | 1.2 Promote integrated approaches to address communicable diseases and SRHR in collaboration and coordination with public and Private Sector and Professional Bodies. | 1.2 # of health facilities implementing integrated approaches on communicable diseases and SRHR based on a standard SOP | MOHFW, SG4 members agencies (WHO, UNICEF, UNFPA, UNAIDS, UNDP) | 50,000 |
| **Enhance access to communicable disease services for all with an emphasis on the vulnerable populations**<br><br>**PAI: Report on Health Facility Mapping on communicable disease services including supply chain management and lab testing facilities completed and shared with GoB and other stakeholders** | 2.1 Conduct a mapping and rapid assessment of health facilities to understand access and provision | 2.1 Report on Health Facility Mapping on communicable disease services including supply chain management and | MOHFW, SG4 members agencies (WHO, UNICEF, | 100,000 |
| | 2.2 Assess the health needs of migrants and their family members during and post-pandemic situation and provide with medication and diagnosis support including distribution of medical/ | 2.2 Assessment of health needs of returnee migrants conducted and report available | MOHFW, UNFPA, ILO, IOM | 200,000 |
| | 2.3 Strengthen the capacity of the health care workers to effectively provide services to high risk and vulnerable groups | 2.3 # of vulnerable populations who have received IPC materials | UNICEF, UNFPA, UNAIDS | 252,000 |
| | 2.4 Support the government in scaling up the of referral for diagnosis of COVID19 and treatment services for migrants at both entry and departing ports | **2.4 a** # of testing kits procured and handed over to Government designated hospitals/testing centres<br>2.4 b # of migrants diagnosed and treated for COVID-19 or associated diseases | MOHFW, UNFPA, IOM, ILO | 200,000 |
| **Strengthen capacity of the healthcare professionals / workforce to ensure responsive service delivery**<br><br>**PAI: # of health care workers who received training on communicable diseases** | 3.1 Strengthen protection and capacity of health care workers on technical aspect of communicable | 3.1 # of health care workers who received training on communicable diseases (Disaggregated by sex, mode of | WHO, UNICEF, UNFPA, UNAIDS, MOHFW, UNDP | 310,000 |
| | 3.2 Develop e-learning portal for strengthening capacity of the health workforce on communicable diseases across rural areas / community level | 3.2 e-learning portal developed with web based training modules on communicable diseases | MOHFW, SG4 members agencies (WHO, UNICEF, UNFPA, UNAIDS, UNDP), ICT Division | 50,000 |
| **Strengthen Surveillance system and data intelligence for continuous tracking, prediction and preparedness for managing communicable diseases**<br><br>**PAI: Data intelligence platform developed for vector borne disease (e.g. dengue) and integrated with DHIS 2** | 4.1 Review the existing mechanism for data collection, monitoring and reporting system at | 4.1 Gap analysis report on Communicable Disease Surveillance System with recommendations shared | MOHFW, SG4 members agencies (WHO, UNICEF, | 35,000 |
| | 4.2 Develop data intelligence platform for data collection, analysis, real-time monitoring, early warning and evidence-based preparedness planning for communicable disease control | 4.2 a Data intelligence platform developed for vector borne disease (e.g. dengue)<br><br>4.2b Data intelligence platform integrated with DHIS 2 | UNDP, WHO, UNICEF, UNFPA, UNAIDS, MOHFW, ICT Division, City Corporations | 500,000 |
| **Promote effective and innovative Community engagement and outreach mechanisms for awareness raising, community participation and dissemination of awareness information**<br><br>**PAI: # of Districts which have adopted the Integrated guidelines for community led** | 5.1 Develop strategic guidelines on community engagement and organize the national and sub-national level campaigns for communicable diseases | | | |
| | | 5.1 a Integrated guidelines for community led communicable diseases programmes developed | SG4 members agencies (WHO, UNICEF, UNFPA, UNAIDS, UNDP), MOHFW, City Corporations, LGD | 66,000 |
| | | 5.1 b: # of Districts which have adopted the Integrated guidelines for community led communicable diseases programmes | MOHFW, SG4 members agencies (WHO, UNICEF, UNFPA, UNAIDS, UNDP) | 6,000 |

| | | | | |
|---|---|---|---|---|
| **communicable diseases programmes** | 5.2 Promote essential services on communicable diseases among hard to reach vulnerable populations through enhancing access to local level health services at public, private and NGO health service points and effective communication and dissemination of awareness messages on communicable diseases using existing and innovative communication platforms/ channels by strengthening national level coordination with key agencies (Ministry of Information, BTRC, Community media, LGD, Media, etc.) | 5.2 # of beneficiaries accessing health services (Disaggregated by sex and age) | All SG 4 members (WHO, UNICEF, UNFPA, UNAIDS, UNDP), MOHFW, MoI, BTRC, ICT Division, City Corporations, LGD | 265,000 |
| | | | **Subgroup-total** | **2,064,000** |
| **SUB GROUP 5: Nutrition** | | | | |
| **Build back and enhance maternal, child and adolescent nutrition services**<br><br>**PAI : Increased uptake of essential nutrition services for maternal and child nutrition** | 1.1 Continue essential nutrition services in all rural and urban health facilities and communities, | 1.1. # of guidelines/SoP/modules developed/updated and endorsed by Government including nutrition integration | MOHFW, DGHS, NNS | 115,000 |
| | 1.2 Build capacity of health care providers and outreach workers/volunteers through hands-on/e-learning courses of the targeted primary health care facilities and communities in urban and rural areas on essential nutrition specific services, as well as advocate for financial allocation by NNS-OP for Pay for Performance (P4P)-based incentives for multipurpose health workers/volunteers for nutrition activities. | 1.2a # of service providers received face-to-face and online training;<br>1.2b. % of facilities providing IYCF counselling to caregivers. | NNS, MNCAH, CBHC, MIS, MCRAH<br><br>UNICEF, WHO, UNDP | 2,780,000 |
| **Support quality improvement of wasting prevention and treatment programme**<br><br>**PAI: % of SAM of facilities equipped and functional;** | 2.1 Strengthen case management and treatment of children suffering from Severe Acute Malnutrition | 2.1a # of children with SAM with complications admitted in SAM facility (disaggregated by sex); | NNS, CBHC, MNCAH, MIS | 295,000 |
| | 2.2 Activate various community platforms (CG, CSG, CBCPC, etc.) and engage volunteers at the community level for screening, early detection, referral and increased demand for essential nutrition practices and services, as well as tracking for improved service utilization. | 2.2 # of district demonstrated/generated evidence on sustainable community model for referral mechanism between community and facility/CC; | NNS, CBHC, MNCAH, MIS<br><br>UNICEF, UNDP | 1,670,000 |
| | 2.3 Support and strengthen supply chains for timely and adequate procurement and distribution of supplies (therapeutic milk, therapeutic milk preparation kit, IEC/communication materials, anthropometric measurement tools, etc.). | 2.3 % of SAM facilities equipped with anthropometric tools, therapeutic milk and other logistics | NNS, CBHC, MCRAH<br>UNICEF, WHO, UNDP | 1,050,000 |
| **Improve positive nutrition practices through Social Behaviour Change Communication (SBCC)**<br><br>**PAI: # of people reached through the SBCC (disaggregated by sex);** | 3.1 Development of messages on positive nutrition practices (Child nutrition, maternal nutrition and | 3.1.1 Number of people reached with mobile messaging on nutrition issues in COVID-19 context (B=0, T= 6 million) | NNS, CBHC, MNCAH, NCDC | 145,000 |
| | 3.2 Create awareness on essential nutrition services through SBCC engagement (religious leaders, influential people, etc.), utilizing various stakeholders to promote preventive feeding/dietary and hygiene practices through different communication approaches, including innovative engagement through C4D approaches. | 3.2.1 Number of platforms used Innovative approaches to mobilize community (Community Radio, Street Theatre, Cable network, print media in model districts) (B=0, T=3) | NNS, CBHC<br><br>UNICEF, WHO, UNDP | 130,000 |
| **Strengthen monitoring, evaluation and research to generate evidence to inform policy decisions** | 4.1 Strengthen and align routine monitoring systems of DGHS and DGFP (DHIS2 and DGFP-MIS), by enabling interoperability, and use the RapidPro platform on the basis of DHIS2 data to monitor quality and functionality of service delivery and | **PAI: % of facilities reporting monthly on nutrition** | | |
| | | 4.1a % of facilities reporting monthly on nutrition indicators<br><br>4.1b % of children screened for SAM at facility | BNNC, NNS, DGHS-MIS, DGFP-MIS<br><br>UNICEF, UNDP | 230,000 |
| | 4.2 Support the Government to continue quarterly SAM Facility readiness assessments | 4.2 SAM Facility readiness quarterly report available | NNS<br>UNICEF | 60,000 |
| | 4.3 Commission evaluations and research on the impact of COVID-19 on nutrition outcomes | 4.3 # of research conducted | NNS<br>UNICEF, UNDP | 1,515,000 |

| | | | | |
|---|---|---|---|---|
| | 4.4 Support NNS in conducting National Micronutrient Survey 2020 | 4.4 National Micronutrient survey preliminary draft available | NNS<br>WHO | 100,000 |
| | 4.5 Support to strengthen monitoring of BMS act | 4.5.1 BMS Act violation report generated | NNS<br>UNICEF, WHO | 55,000 |
| | | | **Subgroup-total** | **8,145,000** |
| | | | **Grand Total** | **34,018,000** |

P I L L A R T W O

# Protecting People

Social Protection, Safety Net and Basic Services

| Sl no. | Priority Actions / Activities | Sub-Activities | Link to UNDAF Joint Output | Indicators | Time Frame | | | Implementer/ Partners (GoB/UN) | Budget |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | **Sub Group 1: Social Protection** | | | | | | | | |
| 1 | **Support policy revisions to include expansion of coverage both vertically and horizontally, specific to COVID-19 impacted individuals and households (based on life cycle approach; newly poor, vulnerable, marginalized, persons with disabilities, etc. considering LNOB , informed by the NSSS and line ministry action plans)** | 1.1 Support to line ministries to incorporate gender and nutrition, and climate adaptive responsive pandemic response into their existing SP reform action plans, with additional implementation support to national and local levels. | Outcome 3, Output 3.3 | **PAI: # of policies revised to include expansion of coverage**<br>**PAI: # beneficiaries received social protection/services (disaggregated by services )**<br>1.1a # of policies revised to include expansion of coverage<br>1.1b Revised NSSS Action Plan 2021-25 incorporated gender responsive, communication & advocacy, urban action plans, MTR recommendations and COVID-response programming<br>1.1c # of update/gender mainstreamed Line Ministry's action plans | x | x | x | Cabinet Division, GED and 34 line ministries, UNDP, UNICEF, ILO, UN Women, IOM | 440,000 |
| | | 1.2 Design and implement SP packages that build resilience of increase coverage for marginalized populations ( i.e. women, children <5, ethnic minorities, sex workers, people who inject drugs, victims of trafficking, and vulnerable migrants) with specific attention to the areas impacted by disasters and climate change. | Outcome 3, Output 3.1 | 1.2a # of pregnant women and children (0-4) received monthly entitlement ( Disaggregated by age, location)<br>1.2b % of female beneficiaries received BDT 15,000 as a one-time cash grant for income generation (disaggregated by age & location)<br>1.2c # of beneficiaries received fortified rice/cash through government supported safety net programmes. (disaggregated by sex, age, location )<br>1.2d # of target beneficiaries in receipt of social assistance and voluntary rehabilitation (disaggregated by gender) | x | x | x | MoWCA, MoFinance, MoFood, MoDRM, MoCHTA, WFP, UN Women, UNDP | 10,050,000 |
| | | 1.3 Ensure more technical assistance capacity support to enhance national actions for nutrition sensitive social protection and safety nets, focusing on age-specific nutritional needs across the lifecycle during and after COVID 19 impact | Outcome 3, Output 3.2 | 1.3 # of Pregnant Women, and Women with children 0-4 years old who received assistance | x | x | x | MoWCA, MoHFW, WFP, UNICEF | 30,000 |
| | | 1.4 Conduct an analysis of the impact of COVID-19 on the achievement of the demographic dividend, with a particular focus on the health and education sectors, and undertake a policy review and revision of relevant policies based on the findings | Outcome 3, Output 3.2 | 1.4 Impact analysis along with policy recommendations shared with Government | x | x | x | MoF, MoHFW, MoE, BBS, UNFPA | 400,000 |
| | | 1.5 Support government in revising and implementing existing government policies on public private partnerships (PPP) | Outcome 3, Output 3.3 | 1.5a # of capacity building initiatives on PPP for government<br>1.5b# of policies revised to enhance the establishment of PPPs in response to COVID-19 | x | x | x | PMO, MoP, UNFPA | 300,000 |
| | | 1.6 Enhance current governmental policies to effectively respond to the COVID-19 recovery by engaging community-based mechanisms to deliver the essential health services package in relation to gender-based violence (GBV) and mental health and psychosocial support (MHPSS) | Outcome 3, Output 3.3 | 1.6a # Community Support Teams delivering essential health services packages with focus on MHPSS and GBV (Disaggregated by Location)<br>1.6b# of Community Support Teams delivering essential health services packages with focus on MHPSS and GBV | x | x | x | DGHS, Move, MOHFW, MOWCA, UN Agencies UNFPA | 750,000 |
| | | 1.7 Capacity building on budgeting for effective Government Stimulus Package for education and short and medium terms employment targeting the women, youth, and adolescents, of newly poor families through a green and resilient pathway. | Outcome 3, Output 3.3 | 1.7a % increase of annual budget for life-skills education and vocational training<br>1.7b # of target beneficiaries in receipt of the stimulus packages (disaggregated by sex, age and location) | x | x | x | MoF, MoE, MoWCA, Ministry of Youth, UNFPA | 500,000 |
| | | 1.8 Design and mobilize partnerships for the implementation of Active Labour Market Policies (ALMP) e.g. food for work, work sharing etc. in the formal economy/RMG factory workers. | | 1.8 # of ALMPs designed and implemented during the COVID-19 period | x | x | | MoLE, Ministry of Finance, Ministry of Planning, ILO | 500,000 |

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| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| 2 | **Target social protection expansion of urban poor and new poor within informal sector.** | 2.1 Update and reinstate skills Development Fund for Expatriate Returnees and New Entrants and horizontal expansion of skill development initiatives to the people who have either lost their jobs during the crisis or are not in education, employment and training (NEET) | Outcome 3, Output 3.3 | **PAI: # of new urban poor from informal sector covered under the Social protection programme**<br>2.1a Updated skill development fund for target beneficiaries<br>2.1b # of expatriate returnees and new labour market entrants targeted under LMP *(disaggregated by sex and age)*<br>2.1c # of new urban poor enrolled in existing skill development initiatives | x | x | x | MoEWaOE, IOM, UNWOMEN | 150,000 |
| | | 2.2 Initiate a cash-based support scheme to promote livelihood opportunities resilient to climate and other shocks for extreme poor in urban areas to advance NSSS's commitment for urban social protection and informal and formal workers impacted by COVID-19 | Outcome 3, Output 3.3 | 2.2 # of target beneficiaries receiving conditional cash transfer (disaggregated by sex and age)<br>2.2a at least 3 social protection programming proposals accepted by the concerned ministries.<br>2.2b # of female beneficiaries equipped to produce COVID-19 protective wear as a livelihood stream<br>2.2c # of wage workers in receipt of cash transfer | x | x | x | MoSW, MoLE, LGD, Cabinet, GED, MoF, Employers and Workers Organization, Development Partners, UNDP, UNWOMEN and ILO | 2,330,000 |
| 3 | **Accelerate stimulus measures and scale-up coordination and investment in technology and digitization in order to deliver cash, food and other in-kind transfers transparently and equitably to those most affected by COVID-19.** | 3.1 Investment and enhance national capacity in system strengthening, including single registry, improved targeting, monitoring and grievance and ensure inclusiveness and climate adaptiveness with added capacity building for the social protection beneficiaries. | Outcome 3, Output 3.3 | **PAI: # of stimulus measures scaled up as a response of COVID-19 pandemic**<br>3.1a Use of evidence-based programmatic (MIS, G2P, GRS) enhanced following the direction of National Social Security Strategy (NSSS Subgroup leads need to propose 1/2 indicators for the sub activity<br>3.1b. # of grievances reported in updated online and hotline '333' GRS system | x | x | x | MoF, MoLE, MoWCA, Cabinet Division, GED, MoFinance, BBS, MoSW, MoFood, MoDMR, MoPMED, WFP,UNDP, ILO | 830,000 |
| | | 3.2 Enhance the capacity of ministries on digital payment (G2P) of cash for adolescent and women, migrant workers reinforced with digital literacy | | 3.2a # of adolescents youth, pregnant women, and elderly populations access digital transfers<br>3.2b % of targeted beneficiaries in receipt of social cash transfers via digital mechanisms (disaggregated by age, sex, location)<br>3.2c # of potential or returned migrants reached through awareness measures (disaggregated by sex and age) | x | x | x | MoWCA, MoC, MoFinance, MoLE, DIFE, DoL, Cabinet Division, UNFPA, UN Women, UNCDF, ILO, UNCDF, UNDP | 5,200,000 |
| | | 3.3 Develop web-based social protection and COVID-19 reform and response dashboard | | 3.3a Online dashboard on Social Protection for COVID 19<br>3.3b Dashboard is trialed for 2022 and populated with sex and age disaggregated data, including M&E Framework data | x | x | x | GED, Cabinet Division, sectoral ministries (SP), UNDP<br>UNICEF | 300,000 |
| | | 3.4 Enhance existing social protection grievance handling mechanisms to address labour related disputes / concerns viz cash transfers / stimulus deployment | | 3.5 # of workers covered under GHM related to social protection | x | x | | MoLE, DIFE, DoL, , ILO, UNDP | 300,000 |
| | | 3.5 Design gradual extension of social protection / social safety net measures to wage workers in the formal economy | | 3.7 # of gender responsive income / job protection measures designed | x | x | x | MoLE, DIFE DoL, MoF, MoP, GED ILO, | 1,000,000 |
| | | 3.6 Develop the capacity of women from Rohingya and host community by providing them training to produce hygiene materials and generate | | 3.9 # of women engaged in production activities for income generation | x | x | x | DC office,office of Civil Surgeon, RRRC IOM | 86,000 |
| | | 3.10 Enhance the capacity of eight Port of Entries (POE) by providing technical support and facilities for health screening and management of travelers. Providing food, non-food and hygiene materials to vulnerable host communities, returnees, stranded migrants and victims of trafficking (VoT) | | # of POE with standard facilities available | x | x | | MoH, DGHS, Office od Custom and Immigration, IOM | 200,000 |
| 4 | **Institutional capacity building with** | 4.1 Design self-financed (contributory) | Outcome 3, Output 3.2 | **PAI: # of social insurance schemes** | | | | | |

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| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | **aim to support COVID-19 social insurance policy responses** | National Social Insurance Schemes through multi-stakeholder consultative processes (NSIS) (unemployment, employment injury insurance, sickness, maternity). | | 4.1a #of institutions/ individuals received capacity building support<br>4.1b . # of government directive/s on advancing NSIS policy<br>4.1c Government agreed on common framework of social insurance and implementation.<br>4.1d Social insurance piloting based on NSSS guidance received ministries concurrence | x | x | x | Cabinet Division, GED, MoF, MOLEW, IDRA, UN Agencies, Insurance Industry, UNDP, ILO | 250,000 |
| | | 4.2 Draft design of an unemployment insurance (UI) and trial of an employment injury insurance (EII) scheme through a consultative process | Outcome 3, Output 3.3 | 4.2a Feasibility assessment reports on social insurance schemes shared with stakeholders and received consent on pilot<br><br>4.2b # of RMG workers covered under the trial of an EII. | x | x | x | MoLE, DIFE DoL, MoF, Ministry of Planning (GED), Employers and Workers Organization, UNDP, ILO | 10,000,000 |
| | | 4.3 Design functional enterprise clinic system to facilitate occupational safety and health as a social protection measure. | Outcome 3, Output 3.2 | 4.3 # of COVID-19 responsive model enterprise clinics | x | x | x | MoLE, DIFE, MoHFW, USAID, ILO | 750,000 |
| | | 4.4 Tele health service platforms supported to provide specialized consultation services and information on health, nutrition including COVID 19 for Pregnant and Lactating Women (PLW). | Outcome 3, Output 3.2 | 4.4 # of PLW received services through tele health centre every month | x | x | x | MOWCA, MoHFW, WFP, UNFPA, UNWOMEN, | 0 |
| | | | | | | | | **Total** | **34,366,000** |
| **Sub group 2 Education** | | | | | | | | | |
| **1** | **Strengthen and scaling up of Social and Behaviour Change Communication education focusing on protecting children during COVID 19 lock down** | 1.2 Develop and implement campaigns on protecting children during COVID-19 lock down | Outcome 1, Output 1.2 | **PAI : # of girls and boys reached with information on COVID-19 prevention and protection**<br>1.1 # of girls and boys reached with information on COVID-19 prevention and protection | x | | | DPE, BNFE, DSHE, TMED, DTE, UNICEF, UNESCO | 240,000 |
| **2** | **Provide technical support for remote learning** | 2.1.Implement remote-based learning via radio, television, telephone and Internet. | Outcome 3, Output 3.2 | **PAI: % of girls and boys accessing remote learning initiatives (disaggregated by gender)**<br>2.1 % of girls and boys accessing remote learning initiatives. (disaggregated by gender and disability) | x | | | MOPME & MOE, DPE, DSHE, TMED, DTE, BNFE, UNICEF, UNESCO | 2,500,000 |
| | | 2.2 Develop learning content for low tech learning packages and printed materials (including a model for a sustainable | | 2.2 # of hard-to-reach children provided printed learning packages (disaggregation by sex) | x | x | x | DPE/DSHE, Unicef | 1,800,000 |
| **3** | **Support capacity building initiatives for technical agencies and teachers** | 3.1. Build capacity of content developers to develop and broadcast learning contents. | Outcome 1,Output 1.3 | **PAI: # of persons trained (teaching/non-teaching)**<br>3.1 # of persons trained (teaching/non-teaching) | x | x | | MoPME, DPE, WFP UNICEF, UNESCO | 100,000 |
| | | 3.2. Train teachers, teacher trainers and other school personnel so they are ready to return to school and support effective functioning of schools including school feeding | | 3.2 # same as 3.1 | | x | x | | |
| **4** | **Support to School Feeding programme** | 4.1. Scale up the National School Feeding Programme in line with the National School Meal Policy 2019 through the delivery of fortified biscuits and meals (at school or | Outcome 1,Output 1.3 | **PAI: # of primary children receive school feeding as per the guidelines**<br>4.1 # of primary school children receive school feeding as per established guidelines | x | x | x | MoPME/DPE WFP | 4,850,000 |
| | | 4.2. Improve systems, tools, and approaches for school feeding to increase efficiency and effectiveness | | 4.2 Passage and implementation of the Primary School Feeding Programme DPP | | x | x | | 900,000 |
| **5** | **Strengthen the research and monitoring for program implementation** | 5.1. Study to analyze OOSC (out of school children) data and impact of COVID-19 in Bangladesh – TA support. | Outcome 3, Output 3.3 | **PAI: Summative evaluation conducted on the remote learning interventions with a focus on effectiveness, user experience and sustainability**<br>5.1 # of reports /evidences produced reflecting the impact of COVID 19 | x | x | x | BNFE, UNESCO/ UIS | 40,000 |
| | | 5.2. COVID- 19 Early Childhood Education (ECE) Workforce Survey. | | | | | | MOE, MOPME, UNESCO UNICEF | 5,000 |
| | | 5.3. Survey on TVET and Skills Development during COVID-19 pandemic. | | | | | | TMED, ILO-UNESCO-WBG | 5,000 |

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| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | | 5.4. Conduct formative evaluation (from assessment) of learning progress of learners in remote platforms | | | | | | MoPME, MOE UNESCO | 16,000 |
| | | 5.5. Support summative evaluation of the remote learning interventions with a focus on effectiveness, user experience and sustainability (to be led by CSSR) | | | | | | MOPME, MOE UNICEF / UNESCO | 30,000 |
| 5 | **Assist in planning and strengthening the capacity for safe reopening of schools** | 6.1. Develop guidelines and plans, including mapping of all donor support, for reopening schools. | Outcome 3, Output 3.2 | **PAI: % of targeted schools adhering to safe school protocol/guidelines.** | x | x | | MOPME, MOE, DPE, DSHE, BNFE, TMED, UNICEF, UNESCO | 180,000 |
| | | | | 6.1 % of targeted schools adhering to safe school protocol/guidelines. | | | | | |
| | | 6.2. Support schools to ensure safe reopening and equipped to operate safely | | 6.2 & 6.3 % of targeted schools meeting minimum WASH requirements (as per school re-opening guidelines) | x | x | x | | 220,000 |
| | | 6.3. Engage parents and community members in supporting school recovery and | | | x | x | x | | |
| 6 | **Support Re-enrolment and learning of children** | 7.1. Implement back to learning campaigns and community-based activities to mobilize/ensure girls and boys return to | Outcome 1, Output 1.3 | **PAI: % of children re-enrolled after the emergency phase (disaggregated by gender and** | x | x | x | MOPME & MOE DPE, DSHE, TMDE, UNICEF | |
| | | | | 7.1 & 7.2 % of children re-enrolled after the emergency phase (disaggregated by gender and disability) | | | | | 480,000 |
| | | 7.2. Monitor enrolment and implement targeted interventions for children who have not returned to school | | | | x | x | | |
| | | 7.3. Assess the learning status of students | | 7.3 % of targeted students assessed for learning status | x | x | | | 2,500,000 |
| | | 7.4. Implement remedial and other supplementary programs to support learning and retention. | | 7.4 % of targeted schools implementing support strategies | | x | x | | |
| 7 | **Strengthen student support services** | 8.1. Provide access to psychosocial support for children, especially the most disadvantaged | | **PAI: # of children accessing support services (disaggregated by sex & age)** | | x | x | MoPME, DPE, UNICEF | 240,000 |
| | | | | 8.1 % of students accessing PSS services (disaggregated by sex & age) | | | | | |
| | | 8.2. Support children affected by violence, abuse, neglect, marriage, child labour, and children with disabilities to access social and protection services | | 8.2 # of children accessing support services | | x | x | | 250,000 |
| 8 | **Providing psychosocial support and professional development for teachers** | 9.1. Develop a model for providing teachers with need-based access to MHPSS and social services | Outcome 1, Output 1.3 | **PAI: # of teachers trained on psychosocial and professional development for teachers** | x | x | | DPE, DSHE,UNICEF | 80,000 |
| | | | | 9.1 Model piloted and documented in targeted districts | | | | | |
| | | 9.2. Train teachers on safe functioning of learning facilities | | 9.2, 9.3) # of teachers trained | x | x | x | NAPE, DPE, BNFE, UNICEF | 120,000 |
| | | 9.3. Provide support to teachers for assessment and differentiated instructions. | | | x | x | x | NCTB, DPE, UNICEF | 400,000 |
| | | 9.4. Equip teacher training institutions to function safely | | 9.4) # of teacher training institutions supported to reopen | x | x | | NAPE, NAEM, DPE, DSHE, UNICEF | 350,000 |
| 10 | **Technical assistance to expand the tertiary education and TVET** | 10.1. Establishment of skills lab to support nursing and midwifery students. | Outcome 1, Output 1.3 | **PAI: # of trainees trained and certified (disaggregated by sex and location)** | x | x | | MOL, NSDA, ILO | 50,000 |
| | | | | 10.1 # of student nurses participating in lab (disaggregated by sex & age) | | | | | |
| | | 10.2 Roll-out market-responsive skills and enterprise development training | | 10.2 # of trainees trained and certified (disaggregated by sex & age) | x | x | | MOE, MOPME, ILO DSHE, DPE, UNICEF, UNESCO | 1,000,000 |
| 9 | **Building resiliency and institutionalizing gains** | 11.1. Support development of crisis response and resiliency plan (to be led by CSSR). | Outcome 1, Output 1.3 | **PAI: Sustainable model of remote learning established** | | | | MoPME, DPE, NCTB, MoHFW, MoWCA, MoDMR, UNICEF, ILO, UNESCO, WFP | |
| | | | | 11.1 Contingency plan developed | | x | x | | 60,000 |
| | | 11.2) Strengthen DRR, take home ration, nutrition, protection from GBV and EiE in the Education Sector Plan (ESP) and national curriculum | | 11.2 New curriculum and ESP incorporated remote learning system, DRR, nutrition and EiE | | x | x | | |
| | | 11.3 Develop model for the institutionalization of technology-based education solutions. | | 11.3 Sustainable model of remote learning established. | | x | x | | 160,000 |

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| | | 11.4. Establish national platforms for digital learning for TVET and e-RPL (recognition of prior learning). | | 11.4 # of operational platforms supporting remote learning | | | x | | 150,000 |
| | | 11.5. Mechanism for online teacher training institutionalized including child online safety, and MHPSS. | | 11.5 % of teachers accessing professional development online | | | x | | 500,000 |
| | | 11.6. Develop low cost and low-tech learning packages including for TVET. | | 11.6 # of low-tech and low-cost options developed | | | x | | 650,000 |
| | | 11.7. Support drafting of a national remote learning policy. | | 11.7 Policy drafted | | | x | | 60,000 |
| **10** | **Strengthening Quality Assurance** | 12.1. Document the overall COVID-19 education response and make recommendations for future responses. | | PAI: Sustainable model of remote learning established | | | | | |
| | | | | 12.1 Documentation report completed and recommendation adopted | x | x | x | MOE, MOPME, UNICEF | 20,000 |
| | | | | | | | | **Total** | **17,956,000** |
| **Sub group 3 Food Security** | | | | | | | | | |
| **1** | **Support the Government to expand the coverage of social protection initiative to increase access to food through cash in pilots in urban; and updating of rural models in impoverished and vulnerable areas, to make them adaptive and shock responsive to the COVID-19 context** | 1.1 Linking social protection programmes with livelihoods options, markets and resources to ensure sustainability of food and nutrition security for vulnerable groups by establishing and strengthening cash transfer approaches | Outcome 3, Output 3 | **PAI: % of identified HHs with increase in Food Security as per the timeline** | x | x | x | MoSW, MOF, GOB WFP, UNDP,FAO, Unicef | 47,000,000 |
| | | | | 1.1 % of identified HHs in rural and urban receiving cash and food as part of the concerned social protection programmes | | | | | |
| | | 1.2 Assessments of food supply chain and formal sector linkages in urban and rural, to ensure food security to for the most vulnerable | | 1.2 # of information products developed and disseminated among Government agencies, UN and Donors | x | x | x | | |
| | | 1.3 Pilot and implement COVID sensitive anticipatory action | | 1.3 # of beneficiaries reached with anticipatory actions | x | x | | | 3,000,000 |
| **2** | **Provide livelihoods support (fisheries, crops and livestock) to food producers at farm, household, farmer association and market levels to strengthen food production and continuity from rural to urban areas** | 2.1 Provision of specific technical livelihood assistance packages as per FSC guidance | Outcome 3, Output 3 | **PAI: % of change in income from pre & post COVID programme participation** | x | x | x | MoA (DAE) , MoFL (DoF, DLS), MoLGRD&C, FAO | 7,000,000 |
| | | | | 2.1 % of HHs reached with livelihood assistance packages | | | | | |
| | | 2.2 Provision of ongoing technical support to participants | | 2.2# of producers reached through the improved technical assistance | x | x | x | | |
| | | 2.3 Establishment of market linkages | | 2.3 # of producer group linked to markets | x | x | x | | |
| **3** | **Food delivered to the CST programme to quarantined families facing food insecurity using a MIS that is updated in real time identify** | 3.1. Provide Food to the vulnerable and food insecure families in quarantine, through the CST programme, using a MIS that is updated in real time and provide training to those | Outcome 3, Output 3 | **PAI: % of identified HHs receive food packages on time during the quarantine period** | x | x | x | MoSW, MOF City Corporation MoHFW, FAO,WFP | 10,000,000 |
| | | | | 3.1 # of HHs received training on food handling and delivery | | | | | |
| **4** | **oll-out of Social Behaviour Change Communication strategies and campaigns on safe and hygienic food handling across supply chains, household and markets levels Food delivered to the CST programme to quarantined families facing food insecurity using a MIS that is updated in real time identify and track quarantined families vulnerable to food insecurity and who are given** | 4.1 Development and testing of rapid messaging | Outcome 1, Output 2 | **PAI: % changes in 'Hand and Food Washing' behaviour from baseline and across generational ranges** | x | x | x | BNNC,,MoF, FAO, UNICEF, WHO | 1,000,000 |
| | | | | 4.1 # of tools for rapid messaging developed | | | | | |
| | | 4.2 Roll out of programming across determined media for phase one | | 4.2 # of HHs reached with BCC campaigns | x | x | x | | |
| | | 4.3 Qualitative assessments to determine changes in behaviour | | 4.3 Assessment conducted to determine the behaviour changes -potentially different across target groups and regions | x | x | x | | |
| | | 4.4 Review and refinement of messages and programme delivery mechanisms | | 4.4 Review results included in the revised messages | x | x | x | | |
| **5** | **Establish 'Coved Safe' market arrangements either through upgrade of existing facilities or establishment of newly designed public markets and mobile vendors** | 5.1 Design and review of Safe Market Model | Outcome 2, Output 2 | **PAI: # of 'COVID Safe' markets operational by agreed timeframe** | | x | x | DAM, MOA, City Corporations, BSTI, MoLGRD&C, FAO | 7,000,000 |
| | | | | 5.1 Technical stakeholder team agreed on initial design | | | | | |
| | | 5.2 Pilot of model in priority areas for learning (2 locations) | | 5.2 Signed agreement with Government on land and ownership, maintenance | | x | x | | |
| | | 5.3 Roll out of phase 2 improved model markets (5 locations) | | 5.3. # of Learning document developed from Initial Piloting | | x | x | | |
| | | 5.4 Evaluation and refinement of approach; process, structure and community integration | | 5.4 Evaluation of participants' perceptions and income generation | | x | x | | |
| | | 5.5 Scale up of models to further areas | | 5.5 # of scale up models to further areas | | x | x | | |

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|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| 6 | **Expand mechanization programs to reduce post-harvest losses and ease labour constraints** | 6.1 Gap analysis and identification of appropriate technologies and HHs | Outcome 3: Output 3 | **PAI: % of reduction of post-harvest losses by season and commodity**<br>**PAI: % Income generation change in participant HHs** | | x | x | MoA, MoFL (DLS, DOF), FAO | 6,000,000 |
| | | | | 6.1 Gap analysis and identification of appropriate technologies completed | | | | | |
| | | 6.2 Procurement and distribution of adequate and appropriate technology | | 6.2 # of targeted HHs and groups received inputs and training (disaggregated by sex and ages) | | x | x | | |
| 7 | **Establish agro-processing centres and promote technologies to increase value-added production at all levels** | 7.1 Technical design and site identification | Outcome 3: Output 3 | **PAI: # of agro-processing centres approved** | x | x | x | MoA, MoFL (DLS, DOF), FAO, | 7,000,000 |
| | | | | 7.1 Government approved the technical design and identified sites | x | x | x | | |
| | | 7.2 Agreements with local administrations for sustainability and maintenance, ownership | | 7.2 # of agreements signed with local administrations | x | x | x | | |
| | | 7.3 Establishment and set up of sites | | 7.3 # of sites established as per timeline | x | x | x | | |
| 8 | **Provide support to existing, and establish further, e-marketing platforms to facilitate safe food access** | 8.1 Review of best practices already underway and from global perspective | Outcome 3: Output 3 | **PAI Participant and client perception scale of programme quality and service;**<br>**PAI % of income generation changed of participating agriculturalists** | | | | MoA, MoFL (DLS, DOF), FAO | 6,000,000 |
| | | | | 8.1 technical document finalized with recommendations; | x | x | x | | |
| | | 8.2 Trial of improved technologies in non-traditional market arrangements – poor urban areas | | 8.2 # of trials of improved technologies | x | x | x | | |
| | | 8.3 Assessment of trials of improved technologies in non-traditional market arrangements – poor urban areas | | 8.3 # of clients being served by platforms over programme implementation period | x | x | x | | |
| | | | | | | | | **Total** | **94,000,000** |
| | **Subgroup 4 Nutrition** | | | | | | | | |
| 1 | **Strengthen governance and leadership to enhance coordination and policy implication across nutrition sensitive and nutrition specific programmes and FNS sectors** | 1.1 Provide policy analysis, advice and recommendations to mitigate COVID-19's impact on nutrition for actionable solutions and adequate financing (social protection, health, food systems, etc.) | Outcome 1, Output 1, 2 & 3 | **PAI # of policy decisions on nutrition within the COVID-19 context taken through inter-ministerial coordination platforms** | x | x | x | BNNC, NNS, MOHFW, MOWCA, MoA, MoSW, MoFood, MoFL, MOPME, Cabinet, IPH, BFSA, FPMU, DAE, MoI, FBCCI, BSTI UNICEF, WHO, FAO, WFP, UNDP | 350,000 |
| | | | | 1.1 # of policy briefs developed including a common dashboard | | | | | |
| | | 1.2 Strengthen coordination among the multiple stakeholders (inter-ministerial) at national and sub-national level to leverage resources for nutrition policy direction and scaling up | | 1.2 # of action points initiated as per Inter-ministerial meeting decision regarding supply, service delivery, monitoring, etc. | x | x | x | | |
| 2 | **Strengthen and scaling up of multi-sectoral SBCC activities to disseminate nutrition messages within the COVID-19 context, including digital platforms** | 2.1 Dissemination of contextualized multi-sectoral nutrition messages linked to COVID-19 using multi-media e.g. digital, social media, C4D channels, etc. across sectors | | **PAI % of persons with improved MDD/W (intake of min. 5 out of 10 food groups )** | x | x | x | | 140,000 |
| | | | | 2.1a # of multi-sectoral nutrition BCC materials<br>2.1b # of multi-sectoral nutrition and COVID-19 sensitization dissemination initiatives | | | | | |
| 3 | **Improve access to nutrition interventions with adequate coverage through specific and sensitive programs in urban areas** | 3.1 Strengthen capacity of Urban Primary Health Care (UPHC) facilities/centres on nutrition to provide nutrition services in the | | **PAI % of HH has improved dietary diversity from nutrition sensitive programs in urban areas** | | x | x | NNS, BNCC, LGD, MOHFW, MOLGD UNICEF, UNDP, WFP, FAO, ILO, DIFE, DOL | 650,000 |
| | | | | 3.1 % of UPHC providing nutritional services | | | | | |
| | | 3.2 Strengthen capacity of enterprise level clinic, DIFE & DoL health centre, BGMEA health centre/hospital on nutrition to provide nutrition services in the context of COVID-19 | | 3.2 # of enterprise clinic, DIFE & DoL, and BGMEA Health centre will provide nutritional services | | x | x | | |
| | | 3.3 Strengthen multi-sectoral fora for improving urban nutrition to increase access to social protection programmes | | 3.3 # of increase of urban nutritionally vulnerable population included in social protection programs (disaggregation by sex) | | x | x | | |
| | | 3.4 Synchronize UPHCSDP data/reporting with the national NIS system through interoperability with DHIS2, NIPN for urban nutrition service delivery performance tracking | | 3.4 # of city corporations have initiated data entry of nutrition indicators in DHIS2 | | x | x | | |
| 4 | **Strengthen the coordination between health and other relevant sectors like** | | | **PAI IPC chronic analysis and maps with COVID-19 considerations produced** | x | x | x | MoHFW, MoFood, DAE, MoFLS, LGRD, DCC, CAB | 730,000 |

| Sl no. | Priority Actions / Activities | Sub-Activities | Link to UNDAF Joint Output | Indicators | Time Frame | | | Implementer/ Partners (GoB/UN) | Budget |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | **social protection, livelihood, and agriculture to increase the access and referral to nutrition services including counselling** | 4.1 Conduct joint monitoring to collate and consolidate results to track impact of COVID-19 on nutrition outcomes | | 4.1 of joint monitoring reports produced (CIP2 and NPAN2) | x | x | x | FPMU, BNNC and aligned ministries, FPMU, NNS, IPH, BFSA, BSTI, INFS, BAU, DIFE FAO, ILO | |
| | | 4.2 Conduct research for multi-sectoral nutrition improvement within the COVID-19 context | | 4.2 # of research, reviews, and evaluations conducted | x | x | x | | |
| 5 | **Increasing multi-sectoral nutrition interventions using existing entry-points, and multiple community and sectoral platforms - community and youth engagement** | 5.1 Activate various community platforms at the community level for increasing access to programmes | | **PAI # of schools undertaking nutrition activities**<br>5.1 # of districts with activated community platforms | | x | x | BNNC, NNS, MoRA, MoWCA, LGD, MOHFW, MoPME, MoE, DPE | 310,000 |
| | | 5.2 Strengthen school nutrition programmes (school feeding, school meals programme, healthy diet, adolescent nutrition, NCB, incorporation of integrated nutrition messages in school textbook covers) | | 5.2a # of e- learning training materials developed on healthy diets and nutrition for schools and universities<br>5.2b # of primary and secondary school teacher receiving e-learning on nutrition in education (disaggregation by sex) | | | | | |
| | | 5.3 Introduce nutritious food support programme in the community of Industrial areas (Gazipur, Savar, Narayangonj, Chattogram) for vulnerable workers group mainly for pregnant and lactating mothers who lost their job due to COVD-19 situation | | 5.3 # of nutritious food basket support will provide to the pregnant and lactating female worker in the community of the Industrial area. | | x | x | | |
| 6 | **Strengthening the establishment of healthy food facilities in urban areas, emphasizing the emerging COVID-19 situation** | 6.1 Implementation of food safety, hygiene and sanitary interventions in urban and rural areas, including healthy markets, street food vending, etc. | | **PAI # of healthy market places strengthened in Dhaka, Narayanganj, Khulna, Chattogram**<br>6.1 # of COVID safety training conducted on wet and dry markets | | x | x | BNNC, NNS, IPH, FPMU, BSFA, DCC, MoRA, MoWCA, LGD, MOHFW, MoE | 200,000 |
| 7 | **Strengthening the coordination between health and other relevant sectors like social protection, livelihood, and agriculture to increase the access and referral to nutrition services including counselling** | 7.1 Establish a referral system between social protection and livelihoods programmes, and health-sector based nutrition services | | **PAI # of nutrition relevant social protection, livelihood, and agriculture etc. sectoral programs delivered services in coordination with health and nutrition sector (pilot in one district)**<br>7.1 # beneficiaries of social protection and livelihoods programme reached with nutrition awareness and counselling through the health system | | x | x | MoWCA UNICEF, WFP, UNDP | 920,000 |
| | | 7.2 Capacity strengthening of service providers/extension officials from relevant sectors at national and sub-national level on nutrition | | 7.2 # of service providers/extension officials at national and sub-national level trained on nutrition including the context of COVID-19 (disaggregated by sex) | | x | x | | |
| 8 | **Support in engaging private sector for improving access to nutrition interventions** | | | **PAI:# of pregnant and lactating workers supported/counselled on breastfeeding in the context of COVID-19 in selected RMG factories** | x | x | x | NNS, BIRDEM, BNNC, FPMU, MoLE, ILO, MoHFW, RMG (M@W), DIFE, WHO, FAO, UNICEF | 150,000 |
| | | 8.1 Support capacity building activities for service providers in private hospitals | | 8.1a Dietary guidelines updated and finalized (general, age and disease specific)<br>8.1b # of training on dietary guidelines and food composition tables at sub national levels also including COVID considerations | x | x | x | | |
| | | 8.2 Support and strengthen enabling environment for nutrition services at private health facility/enterprise clinic and workplace (i.e. RMG factories) nutrition counselling, breastfeeding space/corner, day-care and maternity benefits | | 8.2 # RMG factories implemented standards for maternity protection and breastfeeding support during COVID-19 | x | x | x | | |
| 9 | **Develop innovative approaches for delivering multi-sectoral nutrition programmes (e-vouchers for diverse foods, tele messaging and e-training on nutrition-related interventions)** | 9.1 Create linkages and collaboration among digital platforms such as A2i with sectors/programs ( to enhance the access to nutrition counselling and messages | | **PAI # of multi-sectoral nutrition programmes using innovative approaches to deliver nutrition services in the context of COVID-19**<br>9.1 # of nutrition initiatives/programmes engaged with digital platforms for nutrition message dissemination | | x | x | BNNC, NNS, MoICT (a2i), MoHFW, Moan, LGD, UNICEF, WHO, FAO, WFP, UNDP | 120,000 |

| Sl no. | Priority Actions / Activities | Sub-Activities | Link to UNDAF Joint Output | Indicators | Time Frame | | | Implementer/ Partners (GoB/UN) | Budget |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | | 9.2 Incorporate commodity-specific (e)vouchers in disaster response to stimulate supply and demand for nutritious foods in areas with resilient food markets | | 9.2 # of HHs received diversified food baskets using e-vouchers | | x | x | | |
| 10 | **Strengthen essential nutrition service delivery for building back to pre-COVID situation both facility and community** | | | 10th strategic priority is directly linked with pillar one and will be elaborated under pillar 1 | | | | | |
| | | | | | | | | **Total** | **3,570,000** |
| **Sub group 5: WASH** | | | | | | | | | |
| 1 | **Strengthening capacity of the Government provide sustainable WASH services in urban communities** | 1.1 Institutional capacity building for sustainable and resilient WASH services for intermediate COVID-19 response strengthening and future preparedness with a focus on urban LICs in city corporations and municipalities during the COVID-19 | Outcome 1, Output 3 | **PAI: # of people supported to maintain continuous access to WASH services (disaggregated by sex and disability)** | | | | LGD, DPHE,WASAs, City Corporations/ municipalities, UNDP, UNICEF, UNOPS, WHO | 11,750,000 |
| | | | | 1.1 # of people supported to maintain continuous access to WASH services (disaggregated by sex and disability) | x | x | x | | |
| | | 1.2 Demonstrate best practices in selected City Corporations and Pourashavas for: climate-resilient infrastructure, climate-resilient water safety planning, city-wide inclusive sanitation, monitoring and evaluation | | 1.2 # of best practices demonstrated in selected City Corporations and Pourashavas | x | x | x | | |
| 2 | **Strengthening the capacity of the Government in providing Rural WASH services** | 2.1 Climate-resilient water safety planning, including scaling up the arsenic-free villages and union model | | **PAI: # of additional people gain improved access to sanitation and handwashing services (as per JMP list) in rural areas by adopting market-based/CLTS approaches (disaggregated by sex)** | x | x | x | DPHE, LGD, PKSF, UNICEF | 5,500,000 |
| | | | | 2.1 # of people supported to maintain continuous access to water supply services in rural areas during the emergency (disaggregated by sex | x | x | x | | |
| | | 2.2 Market-based sanitation and handwashing promotion (access to financing, capacity building of entrepreneurs, nudging) | | 2.2 # of additional people gain improved access to sanitation and handwashing services (as per JMP list) in rural areas by adopting market-based/CLTS approaches (disaggregated by sex) | x | x | x | | |
| 3 | **Fostering changes in Hygiene social behaviour in the community** | 3.1 Roll out broad-based and well-coordinated multi-stakeholder campaign for sustained behaviour change (nation-wide and then targeted, addressing gaps) involving DGHS, SSS-CHT staff, Imams, social media platforms, community radio | Outcome 1, Output 2 | **PAI: # of people in urban and rural areas reached with handwashing messages** | | x | x | LGD, MoI, MoRA, DGHS, Unicef | 1,500,000 |
| | | | | 3.1a # of people in urban and rural areas reached with handwashing messages (disaggregated by sex) 3.1b # of campaign strategies, developed, endorsed by the Government and rolled out | | | | | |
| 4 | **Improving the WASH, in Health Care Facilities and medical waste management** | 4.1 Scaling-up improved WASH in HCFs with emphasis on hand hygiene | Outcome 1, Output 3 | **PAI: # of people who practice improved handwashing behaviour in health care facilities to avoid transmission of infectious disease** | x | x | x | DGHS, DPHE, HED, MOHFW UNDP, UNICEF, WHO | 3,000,000 |
| | | | | 4.1 Scaling-up improved WASH in HCFs with emphasis on hand hygiene | | | | | |
| | | 4.2 Demonstration of best practices on IPC, environmental cleaning, environmental hygiene, waste management (engaging city corporations, healthcare facility staff, waste pickers and private sector) | | 4.2 Demonstration of best practices on IPC, environmental cleaning, environmental hygiene, waste management | x | x | x | | |
| 5 | **Strengthening WASH in schools (WinS)** | 5.1 Service delivery for improved access to WASH in schools including group handwashing | Outcome 1, Output 3 | **PAI: # of students who practice daily group handwashing behaviour with provision of facilities in schools to avoid transmission of infectious diseases (disaggregation by sex)** | x | x | x | MoPME ,DPHE,EED,DPE, DSHE UNICEF, WFP | 1,750,000 |
| | | | | 5.1# of schools (urban and rural) having improved access to WASH facilities and continuous WASH service provisions | x | x | x | | |
| | | 5.2 Adopt and roll out SOP for safe school opening for WASH and IPC | | 5.2 # of students practiced daily group handwashing behaviour with provision of facilities in schools to avoid transmission of infectious diseases (disaggregation by sex) | x | x | x | | |

| Sl no. | Priority Actions / Activities | Sub-Activities | Link to UNDAF Joint Output | Indicators | Time Frame | | | Implementer/ Partners (GoB/UN) | Budget |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | | 5.3 WASH in school protocol and monitoring established for preventing COVID -19 transmission | | 5.3 Monitoring protocol for preventing COVID 19 transmission established | x | x | x | | |
| 6 | **Strengthening WASH sector and enhancing coordination** | 6.1 Enhance sector capacity including of frontline conservancy and WASH staff (capacity building, staffing gaps addressed) | | **PAI: # of WASH strategies, protocols, guidelines related to the COVID-19 response developed, endorsed and disseminated by 2021** | x | x | x | PSB, LGD, MoLGRD&C, MoHFW, MoPME, MoE UNICEF | 1,500,000 |
| | | | | 6.1 # of sector coordination committees are functional with regular meetings | x | x | x | | |
| | | 6.2 Improve cross-sectoral coordination during the emergency to avoid transmission of infectious diseases (i.e. WS Forum, LCG WS subgroup, Hygiene, gender and inclusion, WASH in emergency and disaster response thematic groups ) | | 6.2 # of WASH strategies, protocols, guidelines related to the COVID-19 response developed, endorsed and disseminated by 2021 | x | x | x | | |
| | | 6.3 One-UN coordination of capacity development initiatives | | 6.3 # WASH trainings shared and coordinated within UN WASH group | x | x | x | | |
| 7 | **Technical support in data analysis and Research** | 7.1 Study for identification of indicators for safely managed sanitation measurement | | **PAI: Documentation of results and approach available** | | | | | |
| | | | | 7.1 # of studies available | x | x | x | MoLGRD&C, DPHE UNICEF | 120,000 |
| | | 7.2 Testing and research on COVID-19 in wastewater (proof of concept) | | 7.2 Documentation of results and approach available | x | x | x | DPHE, DWASA, City Corporations, DGHS, UNICEF, | 1,000,000 |
| | | | | | | | | **Total** | **26,120,000** |
| **Sub group 6: Protection and COS** | | | | | | | | | |
| 1 | **Increase access and strengthen the quality of social services specifically protection services that respond to violence, abuse, and exploitation of the most vulnerable and marginalized during the pandemic (particularly of children, adolescents, youth, women, victims of trafficking, migrants and refugees, those with a disability and the elderly)** | | Outcome 3, Output 3 | **PAI: Social workers professional networking platform established** | | | x | MoWCA, WFP, UN Women | 780,000 |
| | | 1.1.Provide Technical Assistance on developing Data privacy and protection guidelines under the selected Social Protection Programme | | 1.1 # of guidelines for data management and access, sharing and retention available | | | | | |
| | | 1.2 Support the inclusion of protection and accountability in the GRS and MIS | Outcome 1, Output 1 | 1.2 Assessment report on Protection Accountability standards | | | x | MoWCA, WFP, UN Women, UNDP | |
| | | 1.3 Expanding the knowledge and awareness on the availability of Government call centre (109 and 1098 and 333 beneficiaries under different ministries) | Outcome 1, Output 1.2 | 1.3 Knowledge and awareness on the availability of Government call centre expanded (109 and 1098 beneficiaries under different ministries) | | | x | MoWCA, MOSW, MOHA, WFP, UN Women UNICEF, UNDP | |
| | | 1.4 Support MOWCA in developing protection guidelines for VGD/ICVGD and Mother and Child Benefit programme | Outcome 3, Output 3.2 | 1.4 Protection guidelines for VGD/ICVGD and Mother and Child Benefit programme developed | | | x | MoWCA, WFP, UN Women | |
| | | 1.5 Increase the number of social workers and parasocial workers in the most vulnerable areas to support families particularly for women and children to overcome COVID-19 and post-COVID-19 economic and social challenges | Outcome 1, Output 1.3 | 1.5 # of social workers and parasocial workers in the most vulnerable areas to support families increased | | x | x | MoSW, DSS, UNICEF | 4,000,000 |

| Sl no. | Priority Actions / Activities | Sub-Activities | Link to UNDAF Joint Output | Indicators | Time Frame | | | Implementer/ Partners (GoB/UN) | Budget |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Short (Jul-Sep 2020) | Mid-term (Jul -Dec 2020) | Long-Term (upto Dec 2021) | | |
| | | 1.6 Strengthen the electronic and virtual systems for case management and response including helplines | Outcome 1, Output 1.3 | 1.6a # of electronic and visual systems developed<br>16.b # of new helplines installed | | x | x | MoSW, DSS, UNICEF, UNFPA, UN Women, UNDP | 2,500,000 |
| | | 1.7 Capacity building for social service workforce to respond to the unique protection needs of women, adolescents and youth during the COVID-19 response, including the upskilling and training of additional counsellors to support remote protection services and hotlines | Outcome 1, Output 1.3 | 1.7 a # of social and para-social workers with an increased knowledge of COVID-19 specific protection concerns (Disaggregated by sex and location)<br>1.7b # of tertiary level child and women protection related courses<br>17.c post-qualifying framework developed for social workers and social workers' accreditation standard<br>17.d # of women beneficiaries received livelihood | | x | x | MoSW, DSS, MoWCA, UNFPA, UNICEF, IOM, UNDP | 5,000,000 |
| 2 | **Investment to improve capacity and reach of the professional social service workforce with a focus on social workers and para-social workers to increase access to GBV and child protection case** | 2.1 Government ministries have increased capacity to support the implementation of para-social and social worker trainings on youth-and-adolescent specific protection needs during COVID-19 | Outcome 1, Output 1.3 | **PAI: # of para-social and social workers trained on youth-and-adolescent specific protection needs (disaggregation by sex)** | x | x | x | MoSW, DSS, MoWCA, MOHA, MOL, UNICEF, UNDP, UNFPA, UN Women, IOM | 11,300,000 |
| | | | | 2.1 # of para-social and social workers trained on youth-and-adolescent specific protection needs (disaggregation by sex) | | x | x | | |
| 3 | **Increase access to emergency protection services including shelters, and social protection measures for women and children fleeing violence** | 3.1 Expansion of access to safe spaces and crisis care, including, but not limited to, Women Friendly Spaces (WFS) and One Stop Crisis Centres in areas with newly vulnerable populations due to COVID-19 | Outcome 1, Output 1.1 | **PAI: # of WFS and OSCC centres established and functioning** | x | x | x | MoWCA, MoSW, UNICEF, UNFPA, IOM | 11,000,000 |
| | | | | 3.1a # of COVID-19 specific WFS and OSCC established<br>3.1b # of COVID-19 specific safe spaces and crisis care established for families and children affected by violence | x | x | x | | |
| 4 | **Strengthen institutional and human resource capacity including police, judiciary as well as the social service workforce to develop and apply child and gender sensitive measures and protection services** | 4.1 Increase capacity of women and children help-desks (at district court level) to respond to violence against women and children including GBV & VAC, trafficking for women survivors to receive timely support. | Outcome 1, Output 1.1 | **PAI: # of women and child help desks functional in selected districts** | x | x | x | MOHA, MOLJPA, UNICEF, UNFPA, UN Women, IOM | 880,000 |
| | | | | 4.1 # of newly recruited trained staff allocated to support women and child help desk (Disaggregated by sex) | x | x | x | | |
| | | 4.2 Community-based sexual harassment committees at district level acquire additional technical support in addressing sexual harassment in secondary schools for adolescent girls | | 4.2 # of community-based sexual harassment committees received additional technical support | x | x | x | MOHA, MOLJPA, UNFPA | 300,000 |
| 5 | **Bolster government investment on community-based support on mental health and psychosocial support, focusing on children and adolescent youth, reflected in the national policy** | 5.1 Enhance current governmental policies to effectively respond to the COVID-19 recovery by engaging community-based mechanisms to deliver the essential health protection services package in relation to gender-based | Outcome 1, Output 1.1 | **PAI: Protection is embedded in the community based systems and policies for COVID-19 response** | x | x | x | DGHS, MoWCA, MoSW, MoHA, MoLJ&PA, UNICEF, UNFPA | 1,200,000 |
| | | | | 5.1 Protection is embedded in the Community based systems and policies for COVID-19 response | x | x | x | | |
| 6 | **Support in increasing stimulus package targeting -sector-based government spending (Social Welfare, Health and Education) to 2 digit points (from current 4% to** | 6.1 Increase budget and capacity for quality expenditure for Government Stimulus Package for social welfare, health and education in support of protection | Outcome 1, Output 1.1 | **PAI: % of budget/funds used to bolster protection systems** | x | x | x | MOSW, UN Women, UNFPA | 400,000 |
| | | | | 6.1 % of budget/funds used to bolster protection systems especially social welfare, health and education | x | x | x | | |
| | | | | | | | | **Total** | **37,360,000.00** |
| | | | | | | | | **Grand Total** | **213,372,000.00** |

P I L L A R T H R E E

# ECONOMIC RECOVERY

Protecting jobs, Small and Medium-Sized Enterprises, and the most vulnerable productive actors

| SN | Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners | Budget(US$) |
|---|---|---|---|---|---|
| **Subgroup- Migration** | | | | | |
| **1** | **On arrival assistance for the Bangladeshi migrant workers**<br><br>**PAI: # of migrants who received assistance on arrival following SOPs** | 1.1 Provide tailored/gender responsive immediate assistance to returnee migrants (e.g. food/shelter, psychosocial support, health, relevant reintegration information etc.) | 1.1a # of returnee migrants provided with assistance (disaggregated by sex);<br>1.1b % of migrants satisfied with the services they had received since their returned | MoEWOE, PKD, IOM,UNFPA,UNW | 650,000 |
| **2** | **Strengthen national data systems to generate quality migration statistics and conduct evidence-based research for policy formulation**<br><br>**PAI: modules for the migration data included in the national date system through census** | 2.1 Provide technical assistance to Bangladesh Bureau of Statistics for the generation, analysis, dissemination of migration statistics through census, population-based surveys | 2.1 Migration data collected and analysed through various Census | MoP, BBS, MoEWOE, ILO, IOM, UNFPA, UNW | 420,000 |
| | | 2.2 Conduct rapid assessment to trace returnee migrants and livelihood study (behaviour, practices, coping mechanisms) to inform the development of related social protection policies/laws/strategies) | 2.2.a of individuals tracked via mobility tracking methods;<br>2.2 b of Livelihood study among returnee migrants conducted and report published.<br>2.2.c Working paper on SP for returnee migrants | MoEWOE, IOM, ILO, UNFPA, UNW | 280,000 |
| | | 2.3 Bangladesh Situation Analysis on TIP | 2.3 # of situation analysis report on TIP published | MoLJPA, MoEWOE, MOFA, MOHA, UNODC, ILO | 1,123,240 |
| **3** | **Identify and address the medium term to long term needs of vulnerable migrant workers, including women migrant workers, affected by Covid-19 outbreak through tailored reintegration planning and social services, including referral**<br><br>**PAI: # of returnee migrants received economic reintegration assistance (disaggregated by sex)** | 3.1 Develop tailored reintegration plans for vulnerable returnee migrant workers to address their medium to long-term needs | 3.1.a # of beneficiaries identified through profiling exercise<br>3.1.b # of migrants provided with medium term assistance<br>3.1.c % of returnees economically reintegrated in the communities | MoEWOE, WEWB, BMET. DEMO, IOM,ILO,UNW, UNFPA | 140,000 |
| | | 3.2 Provide diversified/ in-kind economic reintegration assistance to returnee migrant workers (e.g. business development support, financial literacy, access to finance, debt mediation, etc.) | 3.2 # of returnee migrants received economic reintegration assistance (disaggregated by sex) | MoEWOE, WEWB, BMET. DEMO, IOM,ILO,UNW, UNFPA | 140,000 |
| | | 3.3 Provide gender responsive, market and technical/entrepreneurial skills, job placement, career guidance, RPL etc. for the economic reintegration | 3.3. # of returned migrants in receipt of skills and employment service support | MoEWOE, WEWB, BMET. DEMO, PKB IOM, ILO, UNW, UNFPA | 654,000 |
| | | 3.4 Capacity strengthening of relevant local stakeholders to provide tailor made re-integration services to returnee migrants | 3.4 # of capacity strengthening trainings provided to TVET and BDS providers to build the capacity to support sustainable reintegration | MOLE , MOEWOE, ILO, UNFPA | 100,000 |

| SN | Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners | Budget(US$) |
|---|---|---|---|---|---|
| | | 3.5 Government, CSO and private sector stakeholders sensitized on safe migration, reintegration challenges to provide reintegration service delivery to the returnee migrant workers and their families. | 3.5 a # of Government, CSO and private sector stakeholders sensitised and provided training on safe migration;<br>3.5 b % of CBOs/CSOs members demonstrate improved knowledge to support safe migration practices and sustainable reintegration of returning migrants | MoEWOE,BMET, MoLGRD, ILO, IOM UNODC, UNW | 120,000 |
| **4** | **Support the Government to take policy measures to address national health emergencies in a gender-responsive and inclusive manner to address the issues of migrants**<br><br>**PAI: Mapping study with recommendations on expanding social protection coverage available** | 4. 1 Assess and map existing policy measures and provide recommendations on expanding social protection coverage; | 4.1 # mapping study with recommendations on expanding social protection coverage available | MoEWOE, BMET, BAIRA, MOFA, IOM, ILO, UNODC | 65,000 |
| | | 4.2 Advocate for the inclusion of returning migrants, including women returnee migrant workers, with emphasis on the National Pandemic Influenza Preparedness and Response Plan(s) and on national response plans related to Public Health Emergencies of International Concern (PHEIC). | 4.2 # of advocacy meetings with stakeholders and government led mechanisms held to ensure inclusion of returnee migrants in the national preparedness and response plan. | MoEWOE, BMET, BAIRA, MOFA, IOM, ILO and UNW | 50,000 |
| | | | | **Subgroup total** | **3,742,240** |
| **Subgroup - Support to MSMEs** | | | | | |
| 1 | **Support provided to MSME entrepreneurs (those operating in the informal sectors and owners of closed businesses), laid-off workers and other vulnerable groups (special emphasis on women and youth) with financial literacy, business awareness programmes and entrepreneurship support services**<br><br>**PAI 1: # of MSMEs provided with training and awareness raising information** | 1.1 BDS and financial literacy training provided to informal MSME's | 1.1 # of MSMEs provided with BDS and Financial Literacy training | SME Foundation, MOA, MOFL, MOLE, MOEA, MOWCA, MOI, MOC, MOFA, FAO, ILO, UNIDO, UN Women, UNOPS, IFAD | 600,000 |
| | | 1.2 Design and implement awareness materials on stimulus packages (availability and access) and on safely operating under the COVID 19 context | 1.2 # of MSME's reached with COVID-19 awareness and prevention messages viz RTW | | |
| | | 1.3 Establish enterprise support service centres in the business membership organizations | 1.3 # of enterprise support centres established with BA's | | |
| | | 1.4 Undertake sector level discussion to integrate the entrepreneurs in their respective value chains | 1.4 # of sectors/value chains supported to engage MSMEs in their value chains | | |
| 2 | **Improve capacities of business associations to mobilize their existing and potential members to help them access to the government support (incl. stimulus package)**<br><br>**PAI : # of established support systems/platforms by Business Associations** | 2.1 Synthesize good practices, learning and innovation created by MSMEs either to adapt to present situation or transform to a stability landscape (incl. learning from access to finance) | 2.1 Synthesised report on good practices, learning and innovation published | SME Foundation, MOA, MOFL, MOLE, MOEA, MOWCA, MOI, MOC, MOF, FAO, ILO, UNIDO, UN Women, UNOPS, IFAD | 500,000 |
| | | 2.2 Technical assistance to Business associations to set up support system i.e. self-help and online platform and one stop service centre to register the businesses seeking stimulus packages | 2.1 a# of established support systems/platforms by Business Associations<br>2.1b # of MSME's registered under established support system | | |

| SN | Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners | Budget(US$) |
|---|---|---|---|---|---|
| | | 2.3 Review, develop, adopt and share of the policy guidance and suggestions on MSMEs access to finance | 2.3 # of draft policy guidance documents/lessons learned reports developed and shared | | |
| 3 | **Introduce system for good labour practices including occupational safety and health practices along the agricultural value chains;**<br><br>**PAI # of enterprises/ individual supported to adopt good labour practice in the selected value chains** | 3.1 Develop good labour practices for the entrepreneurs and workers in agriculture value chain focusing on productivity, OSH, social dialogue, and better employment practices | 3.1 good labour practice manual published | SME Foundation, MoA, MOFL, MOI, MOC, MOF, FAO, ILO, UNIDO, UN Women, UNOPS, IFAD | 1,000,000 |
| | | 3.2 Pilot the good labour practices in selected value chains and promote its adaptation by the value chain actors | 3.1a # of enterprises/ individual supported to adopt good labour practice in the selected value chains;<br>3.1b # of value chains introduced good labour practices including OSH practices | | |
| 4 | **Productivity improvement training and technologies assessments for enterprises in the selected MSME clusters to operate in the Post COVID-19 context**<br><br>**PAI 4: # enterprises supported for the product diversification** | 4.1 Identify the most affected MSME sector and their clusters through research, study and consultation mainly with the private sector | 4.1 # of COVID-19 impact studies on MSME's | SME Foundation, MOA, MOFL, MOLE, MOEA, MOWCA, MOI, MOC, MOFA, FAO, ILO, UNIDO, UN Women, UNOPS, IFAD | 8,000,000 |
| | | 4.2 Undertake technologies assessment of the enterprises using the established assessment criteria and make recommendations for the required technologies including the green technologies during the post COVID context | 4.2 Published technological assessment plus recommendations | | |
| | | 4.3 Support the businesses through their respective clusters to adapt to the OSH practices, SCORE training and other good labour practices | 4.3 # of capacity building initiatives developed and provided to MSMEs in selected VC's | | |
| | | 4.4 Support to diversification of products and adapting skills and diversifying into products which are currently in demand as a result of pandemic | 4.4 # enterprises supported for the product diversification | | |
| 5 | **Strengthen value chain of the highly affected labour-intensive sector through adoption of digital platforms for the Most affected MSMEs**<br><br>**PAI 5: # of digital/newly emerged platform on strengthening value chain established for MSMEs** | 5.1 Set up of a transparent digital marketplace platform with demand data (goods that need transport, and route) and supply data (which trucks are moving, available capacity, and route) | 5.1 # of micro-entrepreneurs and small entrepreneurs benefiting from transparent digital transport system | SME Foundation, MoA, MOFL, MOI, MOC, MOF, FAO, ILO, UNIDO, UN Women, UNOPS, IFAD, UNDP, FMCGs | 13,000,000 |
| | | 5.2 Design and rollout the digitalization MSME services from selected value chains in consultation with the value chain actors including digital supply chain management | 5.2 # of digital/newly emerged e-commerce platform on strengthening value chain established for MSMEs, | | |

| SN | Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners | Budget(US$) |
|---|---|---|---|---|---|
| | | 5.3 Design and pilot interventions improving the productivity, efficiencies and outreach of the value chain actors to be able to accommodate the unserved and emerging areas | 5.3 # of pilot interventions on improving the value chain | | |
| | | 5.4 Develop capacities of business associations to undertake value chain coordination | 5.4 # value chain actors report improved coordination | | |
| | | 5.5 Develop capacity of business associations and other relevant actors to promote digitalization of supply chain, e-commerce and other digital services | 5.5 # MSMEs accessing the Digital platform hosted by their business associations | | |
| | | | | **Subgroup total** | **23,100,000** |
| **Subgroup - Employment and Sustainable Enterprises** | | | | | |
| 1 | **Assess the impact of COVID-19 on employment and identifying new drivers of employment creation**<br><br>**PAI: Assessment report produced** | 1.1 Assessment report produced with emerging employment intensive sectors identified (disaggregated by employment category) | | MOLE, ILO | 70,000 |
| 2 | **Promote wage employment in rural areas through labour intensive infrastructure**<br><br>**PAI: # of new labour intensive rural infrastructure projects received technical assistance** | 1.2 Accelerate labour-intensive rural infrastructure projects | 1.2 # of new labour intensive rural infrastructure projects received technical | MOLE, ILO, FAO, UNIDO, UNDP | 5,000,000 |
| | | | 1.2 % increase in wage employees in rural infrastructure projects (disaggregated by gender and age) | | |
| 3 | **Active labour market programmes to promote decent jobs for women, youth, and other vulnerable groups**<br><br>**PAI: Assessment report produced** | 3.1 Assessment for ongoing labour market programmes for identifying gaps and future needs | 3.1 Assessment report produced | MOL, MOY, MOE, NSDA, BMET, BTEB, IQRA, Islamic Foundation, IQRA Education Board, DYD, DSS, BTEB, SME Foundation, BIDA, ILO, FAO, UNIDO, UNDP | 1,844,048 |
| | | 3.2 Skills and digital literacy trainings to promote decent jobs in identified labour market programmes | 3.2a # of training modules developed to promote decent jobs<br>3.2b # of training conducted | | |
| | | 3.3 Promotion of paid apprenticeship schemes in selected sectors | 3.3# of paid apprentices trained and employment | | |
| | | 3.4 Set up Collective Data Intelligence Platform for Future of Work | 3.4 # of collective intelligence platforms set up for future of work | | |
| | | 3.5 Job search assistance/placement and employment services provided to women, youth, and other vulnerable groups | 3.5 # of employment services provided to women, youth, and other vulnerable groups | | |

| SN | Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners | Budget(US$) |
|---|---|---|---|---|---|
| | | 3.6 Roll out of skill development On-the-Work Training (OWT) for emerging sectors post COVID-19 in including venerable group | 3.6a# of people trained with new skills/skills for emerging sectors post COVID-19<br>3.6b# of people with developed entrepreneurial skills | | |
| | | 3.7 Provide technical assistance to the Government to design pilots based on assessment of job losses and possible new jobs in all sector focusing on i4.0 and Future of Work, and COVID-19 labour market implications | 3.7 # of pilot projects on new skills taken by relevant ministries in liaison with business associations | | |
| | | 3.8 Conduct training to build capacity of education personnel to ensure Decent Work for Mid-level Managers | 3.8 # of mid level managers completed course on decent work disaggregated by age & gender | | |
| | | 3.9 Technical support to Districts for better planning under 'Unemployment free districts | 3.9 # of districts supported in 'Unemployment free district planning' | | |
| | | 3.10 Skill development and monitoring of job placement of religious youth | 3.10 a # of Underserved Youth (Madrasah) completed course on mainstreamed trades<br>3.10b # of Religious Youth registered to receive skills training in Imam Portal | | |
| | | 3.11 Skills development and job placement initiatives created in emerging sectors due to COVID-19 | 3.11 # of people employed in emerging sectors | | |
| 4 | **Strengthen the capacity of labour market institutions to enhance the quality of employment (i.e. better wages industrial relations, dispute and workers' rights)**<br><br>**PAI: Capacity/needs assessment report of LM institutions** | 4.1 Capacity and needs assessment of LM institutions | 4.1 Capacity/needs assessment report of LM institutions | MOLE, ILO | 504,000 |
| | | 4.2 Design, adapt training modules to strengthen labour market institutions | 4.2a # of training materials developed<br>4.2c# of capacity strengthening sessions held with LM institutions | | |
| | | 4.3 Design advocacy around better wages industrial relations, dispute and workers' rights | 4.3.# of advocacy sessions and consultations with stakeholders in the labour market | | |
| | | | | **Subgroup-total** | **7,418,048** |
| | | | | **Grand total** | **34,260,288** |

P I L L A R F O U R

# Macroeconomic Response & Multi-Lateral Collaboration

| Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget (US$) |
|---|---|---|---|---|
| **Support the Government of Bangladesh to develop and implement Integrated National Financing Framework (INFF)**<br><br>**PAI : Draft revised Finance Strategy available for validation** | 1.1. Conduct dialogues on financing, considering revised financing strategy, on COVID 19 on | 1.1. # of dialogues/consultations completed | ERD, GED, LGD, MoEFCC, BGMEA, NBR, BB, FBCCI, BKMEA, MoC, MoWCA, UNDP, ILO, UNCDF, UNWOMEN | 1,113,310 |
| | 1.2. Conduct socioeconomic and environmental impact assessment of new financing measures (tax measures and reforms) | 1.2. Report of socioeconomic and environmental impact assessment on tax measures and reform available | | |
| | 1.3. Gender responsive policy analysis, review and reform for SDG investment and submit recommendations for digital financing ecosystem as well as to respond to opportunities unleashed by COVID-19 | 1.3. % of the prioritized gender-responsive policy reforms are available with Ministries and private sectors | | |
| | 1.4. Design appropriate incentives for Bangladesh's diaspora communities to channel investments into the country's development to help supplement its narrow tax base | 1.4 # of new investments channelled for SDG financing for diaspora communities | | |
| **Strengthen Government of Bangladesh's capacity to roll out the improved public expenditure management**<br><br>**PAI: PFM Reform Strategy reviewed (2016-2021) and groundwork for new strategy initiated** | 2.1. Review the Public Financial Management (PFM) Reform Strategy (2016-2021), assist the | 2.1. Action plan for PFM reform strategy developed based on the review | Finance Division, UNESCAP, FAO, ILO, UNCDF, UNIDO, | 150,000 |
| | 2.2. Review the existing for social expenditure monitoring M&E; carry out mapping of budgets for social development priorities; test the new framework in selected sectors and geographical areas; conduct technical sessions on implementation monitoring and evaluation of support schemes with a specific emphasis LNOB | 2.2. Govt. M&E framework for social expenditure monitoring reviewed, updated and tested in selected areas | GED, IMED, MOF, MOP, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, UNDP, UNW | 250,000 |
| | 2.3. Organize technical sessions, in collaboration with IFIs, on revised public expenditure management (PEM) systems and processes | 2.3. # of technical sessions on revised PEM system organized | Finance Division, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, IFIs UNDP, UNW | 100,000 |
| **Technical assistance to enhance the capacity of Government of Bangladesh/ National Statistical Organization to generate macro-economic data** | 3.1. Develop strategies and guidelines for generating macro-economic data (i.e. quarterly | 3.1. # of strategies and guidelines (specific to each new macro-economic | BBS,GED, SID, UNDP, UNW, UNICEF, WFP | 250,000 |
| | 3.2. Conduct technical sessions for GED and BBS on macro-economic data generation test the new mechanism in data collection, process and analysis | 3.2. # of technical sessions on macro-economic data generation, process and analysis conducted | GED, BBS, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, IFIs UNDP, UNW | 200,000 |
| **Technical assistance to improve business environment for private and foreign investments**<br><br>**PAI: partnerships developed with GoB and PSO for** | 4.1. Conduct deep dive analysis on service process simplifications with all service providers, | 4.1. Analysis conducted on business process simplification | MOC, UNDP, UNW | 150,000 |
| | 4.2. Create a multi-stakeholder forum for regular dialogues with private sector on the policies and practices to sensitize policy-makers, business apex bodies, lawyers, Bankers, Large corporate bodies, Insurance Companies | 4.2a. Multi-stakeholders network formed to increase inter-ministry/ organizations collaboration<br>4.2b. # of sensitization programmes organized among the stakeholders | BIDA, BEPZA, BEZA, MOC, Cabinet Division, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, UNDP, UNW, | 150,000 |

| Priority Actions (PA) | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget (US$) |
|---|---|---|---|---|
| **improved business environment** | 4.3. Increase inter-ministry &/or organization collaboration to achieve the improved business environment | 4.3. # of partnerships developed with GoB & PSO | MOC, A2i, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, UNDP, UNW | 200,000 |
| | 4.4. Assist BIDA in planning to leapfrog in EODB through availability of Information Policy Reforms, Service Process Simplifications etc. | 4.5 # of G2B services simplified | A2i, BIDA, UNESCAP, FAO, ILO, UNCDF, UNIDO, UNOPS, UNICEF, UNDP, UNW Min of Commerce, | 300,000 |
| | | | **Grand Total** | **2,863,310** |

P I L L A R F I V E

# Promoting social cohesion and investing in community-led resilience and response systems

| Priority Actions/ Activities | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget(US$) |
|---|---|---|---|---|
| **Pillar 5: Sub-group Rule of law** | | | | |
| **Review legal provisions and policies on HRs, ensuring that any constraints are lawful, temporary, time-bound, non-discriminatory, proportionate and strictly necessary to safeguard public health and safety relating to COVID 19**<br><br>**PAI: # of laws and policies reviewed and** | 1.1 Provide support for policy advocacy to reform laws and policies related to HR, rule of law and | 1.1 # of laws and policies reviewed and recommendation provided for reform | MOLPAJ, UNDP, UNICEF, ILO, UNFPA, UNODC, IOM | 50,000 |
| | 1.2 Provide technical support in strengthening child protection system from national to community level including justice for children system and package of service provisions for the vulnerable children and ensure accessibility | 1.2a Costed Plan of Action for the implementation of the Children Act available<br>1.2b # of child welfare boards at national and sub-national level formed and functional | MOWCA, MoLJPA UNICEF, IOM, UN Women, UNFPA | 30,000 |
| | 1.3.Support GoB reform of the prisons system to address overcrowding and other conditions increasing the Covid-19 risks | 1.3 # of prisons/detention centres are adhering WHO preparedness guidelines for prisons management in Pandemic. | UNDP, UNICEF & UNODC / MOHA, Prisons Department. | 380,000 |
| **Increase capacity of the constitutional bodies/state institutions (National Human Rights Commission and the Anti-Corruption Commission) to prevent and monitor violations in the State-led COVID-19 response and provide non-discriminatory access to services**<br><br>**PAI: # of cases provided with legal aid during COVID (disaggregated by litigants, issues and modalities)** | 2.1 Provide technical support to strengthen the Institutional capacity of judiciary (virtual courts), | 2.1 # of virtual courts are operational | MOLPAJ, MOHA, BP, MOSW, UNDP, UNCEF | 925,000 |
| | 2.2 Provide innovative solutions through technology to ensure non-disruption of basic services in the areas of rule of law, justice, human rights, access to justice for women, cases on commercial nature (virtual courts, digital literacy of justice sector stakeholders, online complaints handling and digitalization of courts etc) and continued support to NJCC on GBV case coordination through virtual application in ensuring efficient and accountable justice services | 2.3 # of cases disposed/ operated through virtual courts and tribunals (Disaggregated by sex of the litigants); | UNDP, UNICEF, UNODC in cooperation with relevant ministries and Supreme Court | 700,000 |
| | 2.3 Provide technical support to NLASO and NHRC to increase quality legal aid services during the COVID 19 pandemic with a focus on Labour rights issues, migrant workers safe return, access to legal aid for women through both regular and virtual modality | 2.4 # of cases provided with legal aid during COVID (disaggregated by litigants, issues and modalities) | UNDP in cooperation with different ministries and concerned agencies | 750,000 |
| **Review and provide recommendation to eliminate discriminatory laws, policies and institutional practices that hamper equal access of minorities and people 'left behind' to COVID-19-related services and resources**<br><br>**PAI: # of laws reviewed and recommendation for reforms** | 3.1. Conduct policy advocacy for amendment and enactment of various laws that have an impact on | 3.1 # of laws reviewed and recommendation for reforms provided (disaggregated by types | MOLPAJ, NHRC, UNDP, UNICEF, IOM, ILO, | 50,000 |
| | 3.2.Conduct regular online monitoring, reporting, geographical mapping, human rights and child rights mapping and exercises, rapid assessment tools, procedure for case management, to track trends in rumours and misinformation in the social sphere in order to inform risk communication and community engagement and mitigative actions, expand open source intelligence analysis on COVID-19 pandemic. | 3.2 # of recommendation and action points from monitoring, assessment and lesson learned reports are implemented and followed up | MOLPAJ, MOHA, MOFA, UNDP, UNICEF, UNODC, IOM, UN Women, ILO, IOM, UNFPA | 200,000 |
| | | | Subgroup total | **3,085,000** |

| Priority Actions/ Activities | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget(US$) |
|---|---|---|---|---|
| **Pillar 5: Sub-group GBV** | | | | |
| **Design and implement multi-sectoral GBV prevention and risk mitigation intervention models, addressing emerging risk factors and drivers of violence due to COVID- 19**<br><br>**PAI: # of vulnerable groups (women, children, adolescent girls, ethnic minorities, transgender, sex workers, PLWHIV) received support under GBV prevention and risk mitigation intervention models** | 1.1 Identify innovative design solutions to address emerging GBV risks factors and drivers of | 1.1 # of joint bankable integrated proposal/platform developed | MOWCA, MOSW, UNFPA, UNWOMEN, UNDP, ILO, | 2,000,000 |
| | 1.2 Roll-out family and community based prevention modules to tackle GBV, especially domestic violence and intimate partner violence and promote healthy relationship within family | 1.2 # of vulnerable population (women, children, adolescent girls, ethnic minorities, transgender, sex workers, PLWHIV) sensitized with the family and community based prevention module | MOWCA, UNWOMEN, UNESCO, UNICEF, UNAIDS | 250,200 |
| | 1.3 Develop a One UN -GoB (Communication) Strategy on EVAW | 1.3 One UN -GoB (Communication) strategy on EVAW developed | MOWCA, MOHA, Bangladesh Parliament, UNWOMEN, UNFPA, UNICEF, UNAIDS, UNESCO | 1,500 |
| | 1.4 Assess the gender and GBV prevention and response in the workplace and design relevant intervention (specially in RMG sector) | 1.4 Rapid assessment report | MoLE, MOWCA, MOHA, ILO, | 30,000 |
| **Strengthen access to quality essential GBV services, especially lifesaving medical care, psychosocial and shelters/protection, legal and justice.**<br><br>**PAI: % of GBV survivors satisfied with the services received, or/**<br>**PAI: # of GBV survivors (disaggregated by type of services & age)** | 2.1 Undertake an assessment existing GBV services at national and sub national level to see | 2.1 Availability of assessment report ( to identify risk, service and capacity gap) on | MoWCA, UNFPA, UNWOMEN, UNICEF | 375,000 |
| | 2.2 Mobilize targeted adolescents and youth in COVID-19 early recovery efforts to provide small group/one-on-one/virtual peer education on the importance of social stability and peace preservation, healthy coping strategies, and life-saving GBV & SRH messaging | 2.2 # of targeted adolescents and youth/network reached | MoWCA, DWA, MoE,DSHE, UNFPA, UNDP, UNESCO, UNICEF | 100,000 |
| | 2.3 Enhance safety of women, girls and vulnerable groups with essential life-saving items through dignity kits, that reduces their GBV risks and provides life-saving information to access GBV services | 2.3 # of dignity kits with COVID-19 IPC tems and GBV service messages distributed to women and girls. | UNFPA, NGOs/CSO, MoWCA | 100,000 |
| | 2.4 Facilitate access to multisectoral services for GBV survivors including psychosocial support by means of strengthening referral pathways, remote case management in Women Help Desks, Women & Girls safe place, Women Friendly Spaces (WFS), Victim Support Centre and other service facilities and committees such as the Nari Nirjaton Protirodh Committee (NNPC). | 2.4 # of community-based organizations capacitated to respond to and mitigate the pandemic, fight against COVID-19 related GBV, domestic, IPV (indicator suggested by DCO/ UN Info) | UNFPA, UNWOMEN, UNESCO, UNICEF MoWCA/DWA, NHRC, MoHFW/DGHS, NLASO National and international NGOs, CSOs | 85,000 |
| | 2.5 Enhance access to justice of GBV survivors through legal aid services and virtual courts system. | 2.5 # of GBV survivors received legal aid services | UNDP, UNWOMEN, UNFPA, UNICEF<br>Supreme Court, MoLJPA | 45,000 |

| Priority Actions/ Activities | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget(US$) |
|---|---|---|---|---|
| | 2.6 Ensure implementation of GBV case referral SOP by the Bangladesh Police, other judicial actors and in other quarantine centres. Ensure appropriate training is provided to all levels of service providers | 2.6 # of police, judicial actors, quarantine mgmt oriented on newly developed GBV cases referral SOP | UNWOMEN, UNDP, UNFPA, UNODC<br>Bangladesh Police, Bangladesh Armed Forces Division | 40,000 |
| | 2.7 Set up and strengthen national and CSO run existing shelter/temporary accommodation for vulnerable women, to provide support for GBV survivors and livelihood opportunities | 2.7 # of functional shelter homes for survivors of GBV available that meets minimum service and ethical standards. | UNWOMEN, UNFPA, UNICEF<br>MoWCA | 200,000 |
| | 2.8 In collaboration with other GBV and protection actors, sensitize and build capacity of national authorities and other stakeholders on ensuring protection rights of communities vulnerable to trafficking, trafficked survivors, returnees, stranded migrants vulnerable host communities in Cox's Bazaar | 2.8 # of national authorities and other stakeholders trained on protection rights and GBV standards | IOM, UNESCO, UNICEF | 20,000 |
| | 2.9 In collaboration with Government, employers and workers organizations sensitize and build capacity of the Labour Inspectors, factory managements and workers for ensuring rights of workers vulnerable to violence and harassment, specially sexual and gender-based violence in the workplaces and strengthening prevention of sexual exploitation and abuse | 2.9 # of sexual harassment prevention committee formulated at workplaces as per HC directive | MoLE,DIFE. ILO, UNFPA, UNICEF, UNDP | 113,000 |
| **Enhance advocacy, communication and coordination to better integrate GBV into the COVID 19 national response and recovery plan**<br><br>**PAI: # of people reached through coordinated advocacy and capacity building initiatives (disaggregated by target group, location, type of materials and mediums)** | 3.1 Develop and disseminate life-saving multi-lingual (Bangla and other ethnic language) | 3.1 # of people reached through the life-saving information on COVID-19 prevention | MoWCA, DWA, MoE, DSHE. UNFPA, UNICEF | 440,000 |
| | 3.2 Strengthen coordination and collaboration with national & local level NGOs, CSOs and CBOs to address GBVs including to reach out marginalized, excluded and LNOB groups in | 3.2 # of advocacy events organised with partners and relevant stakeholders | MoWCA, UNFPA, UNDP, UNWOMEN, UNICEF | 272,891 |
| | 3.3 Strengthen efforts of multi-lingual (Bangla and other ethnic language) public awareness interventions, including translation of national and international provisions/guidance and BCC campaigns engaging national and local government/ institutions, employers, private sectors, CSO/NGOs, faith leaders, communities, particularly women and girls for their leadership roles and media on GBV prevention, harassment at workplace, occupational safety and health and COVID-19 prevention | 3.3a # of multi-lingual public awareness events held engaging women and girls leadership<br><br>3.3b # of people reached through the dissemination of specific provisions/guidance | UNDP, UNWOMEN, UNFPA, ILO,UNICEF<br>MoWCA, NHRC, Employers Association | 171,000 |

| Priority Actions/ Activities | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget(US$) |
|---|---|---|---|---|
| | | | **Sub-Total** | **4,243,591** |
| **Pillar 5: Peace and Stability sub-group** | | | | |
| **Enhance capacity of Government and CSO to provide non-discriminatory access to social and economic public services and justice, prevention of violent extremism, investing in recovery (led by women, youth, minorities, indigenous peoples and tea garden** | 1.1 Develop awareness raising and community sensitizing materials against social stigma and | 1.1 # of returnee migrants (disaggregated by sex) reached through community based | MOEWOE, IOM, UN Women, | 1,040,000 |
| | 1.2 Support reviving the use of existing social accountability mechanisms such as the implementation of the Right to Information Act, social auditing and support the development of community-level, grassroots monitoring mechanisms to ensure accountability and transparency of local authorities in the COVID-19 response. | 1.2 # of social audits conducted at the community level to monitor the COVID 19 response | Information Commission; Comptroller and Auditor General Office; LGD, UNDP | 150,000 |
| **Enhance capacity of stakeholders including government institutions to promote digital literacy, public disclosure of information, create networks and support victims of communal and extremist violence through effective rule of law and criminal justice responses**<br><br>**PAI: # of cases of communal and extremist violence responded by the justice delivery institutions (police and court)**<br>**PAI: # of stakeholders capacitated to promote digital literacy** | 2.1 Expand open source intelligence analysis on COVID-related disinformation, hate speech, | 2.1 # of recorded acts of COVID-19 related censorship, digital shutdown, deliberate | MOFA, ICT Ministry,MOCA, Ministry of Religious Affairs, | 1,000,000 |
| | 2.2 Develop inclusive online/offline solutions involving a whole of society approach that promote tolerance and inclusivity and support cultural diversity | 2.2 # of online and offline events that promote tolerance, inclusivity and cultural diversity | MOFA,MOICT,MOWCA, MORA, UNDP, UNESCO, UN Women, IOM | 1,570,000 |
| | 2.3 Conduct geographic mapping to identify hot spots and develop a focused plan for peacebuilding and social cohesion-related interventions | 2.3 # of geographical hotspots for peace building and social cohesion work identified; | SID, BBS, MoEWOE, District Administration of selected districts, BMET, DEMO, UNDP, IOM, ILO, | 50,000 |
| | 2.4 Expand programming to engage religious leaders (including Imams) and mosque based pre-primary education teachers in social mobilization and community engagement in the COVID-19 health response. | 2.4 # of community people reached through Covid-19 messages along with key life saving behaviours through religious leaders, disaggregated by sex and location | Islamic Foundation, MORA, UNICEF, UNESCO, UNDP, UNODC, WFP | 400,000 |
| | 2.5 Expand joint programming to help bridge divisions between the host community and the Rohingya population especially due to emerging coved related risks. | 2.5 # of vulnerable individuals from the host and Rohingya community in CXB (disaggregated by sex) supported to mitigate coved 19 related risks | Civil Surgeon office, DC CXB, DON, police, UNOs Teknaf and Ukhiya, Municipal Teknaf, IOM, UNHCR, UNICEF, UNDP, UN Women | 12,157,363 |
| | 2.6 Enhance institutional and community capacities to respond to social tensions caused by COVID 19, ensure inclusive COVID recovery response that builds social cohesion in the CHT | 2.6 # of community members and key actors (such as community leaders) capacitated in mediation, social cohesion; | UNDP, UNICEF, IOM, ILO, WFP, MoCHTA, MoPME, MoWCA | 2,300,000 |
| **Enhance effective participation by creating** | 3.1 Support young women through Women Peace Café (platform for female social entrepreneurs at | 3.1 # of young women trained in leaderships and social entrepreneurship through Women | MOWCA, UN Women | 250,000 |

| Priority Actions/ Activities | Sub-Activities | Indicators | Implementer/ Partners GOB/UN | Budget(US$) |
|---|---|---|---|---|
| **enabling environment for civil society and vulnerable groups (including women and adolescents) and establishing/reinforcing multi-stakeholder monitoring mechanisms with independent non-state actors** | 3.2. Provide training for GoB and relevant actors on digital literacy and public disclosure of information; expand programming on digital literacy to enhance people's ability to identify misleading content and content that incites hatred, discrimination, stigmatization, and violence against vulnerable groups | 3.2 # of Researches conducted on Digital Literacy/Cyber Awareness | MOICT, MOFA, MOL, MORA, UNDP, UNESCO, UN Women | 710,000 |
| | 3.3. Support CSOs with human rights trends and indicator analysis and reporting | 3.3# of CSOs supported with trends and indicator analysis and reporting | OHCHR, UNDP Relevant GoB entity | 20,000 |
| | | | **Sub-Total** | **19,647,363** |
| | | | **Grand-Total** | **26,975,954** |

A N N E X T W O

# People in Bangladesh who must be reached

| Group | Vulnerabilites |
|---|---|
| **Children, Youth, and Adolescents** | • Discontinuation of education and or learning opportunities (short, medium & long-term) and vaccination and other childhood care including ECD (early childhood development);<br>• Food shortage/security, resulting in malnutrition;<br>• Domestic violence, abuse, child labour and involvement in crime for livelihood (mugging/snatching, commercial sex, drug courier).<br>• Trafficking<br>• Discontinuation of education or learning opportunities<br>• Most likely to face reduction in working hours and employment, and the potential for the creation of a “lockdown generation” unable to advance economically<br>• Risk of child marriage, gender-based violence and unintended pregnancies<br>• Parents/guardians of marginalized and socially discriminated groups such as sex workers, people who use drugs, etc.<br>• Social abuse and violence related to income generating efforts |
| **Women** | • Discontinuation of reproductive, maternal and other healthcare (short, medium & long-term);<br>• Losing access to direct economic/income opportunities (service and industrial sector workers, home-based workers, domestic workers, agriculture-sector employment, sex workers, etc.)<br>• Food shortage/security, resulting in malnutrition and increased household management pressure;<br>• Domestic violence, abuse, forced labour and trafficking, increased demand for unpaid care responsibility at home due to lock-down, social distancing, isolation, school closures, reduced basic services and work-from-home arrangements |
| **Older Persons and Persons with Disabilities** | • Disruption in accessing essential and life-saving health services<br>• Poor access to basic health and other social-sector services<br>• Lack of access to social protection, including a community-based support system.<br>• Food shortage/security, resulting in malnutrition and increased household management pressure.<br>• Lack of care<br>• Disruption in accessing essential and life-saving health services<br>• Poor access to basic health and other social-sector services<br>• Lack of access to social protection, including a community-based support system.<br>• Food shortage/security, resulting in malnutrition and increased household management pressure. |
| **Poorest of the Poor** | • Reduction in economic activities, especially in sector such as contribution, transportation, agriculture, trading etc. and limited income-earning opportunities.<br>• Engagement in informal sector, with no Computerized National Identity Card (CNIC) social security or any other registration to participate in and benefit from social protection packages.<br>• Further food shortage/security, resulting in malnutrition<br>• Lack of legal identity, nationality and/or registration, especially for refugees and migrants |

| | |
|---|---|
| **Persons Living with Disease** | • People suffering from NCDs such as diabetes, heart diseases, etc.<br>• People suffering from carcinogenic conditions<br>• People suffering from mental illness<br>• People living with HIV, hepatitis, TB, filariasis, etc. and other communicable diseases |
| **Ethnic minorities and indigenous people** | • Reduction in economic activities, especially in sector such as contribution, transportation, agriculture, trading etc. and limited income-earning opportunities.<br>• Engagement in informal sector, with no Computerized National Identity Card (CNIC) social security or any other registration to participate in and benefit from social protection packages.<br>• Further food shortage/security, resulting in malnutrition<br>• Lack of legal identity and/or registration, especially for refugees and migrants |
| **Climate Vulnerable and Disaster Affected people** | • Multiple overlapping vulnerabilities, especially for groups that are already vulnerable<br>• Loss of livelihoods and access to basic services<br>• Higher vulnerability to poverty and ill health |

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