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

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

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

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

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

Pierre Dorbes
Head of Delegation,
ICRC Bangladesh
ICRC staff member and displaced people from Rakhine engage in a discussion on how to prevent and protect themselves from COVID-19.

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

**OUR RESPONSE**

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

Our operational response to COVID-19 focuses on:

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

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

**BUDGET AND HUMAN RESOURCES**

- **23,800,000 Swiss Francs** for all ICRC activities in Bangladesh
- **219 staff** (national and international)

**TWO-WAY COMMUNICATION**

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

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**Cover image:** Emergency Department, Cox’s Bazar Sadar Hospital. Health staff at the emergency department of Cox’s Bazar district hospital, working round the clock to serve the inflow of patients from local and displaced communities.
COVID-19 poses challenges in places of detention, given the specific vulnerabilities of detainees and difficulty of containing outbreaks in such settings. In close coordination with Bangladesh Prison Authorities, the ICRC is helping all 68 prison-facilities to implement the standard operating procedures for the prevention and control the virus spread. This includes providing recommendations for management of detainees in the context of COVID-19.

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

**HEALTH RESPONSE**

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

**Cox’s Bazar Sadar District Hospital;**
- Protective equipment distributed:
  - Mentoring / capacity-building and preventive measures like training sessions for triage /isolation facilities
  - 250 PPE kits (suits)

**HUMANITARIAN FORENSICS**

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

The Bangladeshi Directorate of Health Services has appointed Al-Markazul Islami and Quantum Foundation, two NGOs, and the Buddhist Religious Welfare Association, for organizing proper and dignified funerals for the people who died due to COVID-19. Considering the current challenges posed by the Coronavirus pandemic and related measures, the ICRC has supported them in protecting the bodies of the dead and their families, while raising awareness and providing technical advice.

<table>
<thead>
<tr>
<th>Ministry / NGO</th>
<th>Body bags</th>
<th>Burial sheets</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINISTRY OF DISASTER MANAGEMENT AND RELIEF</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>AL-MARKAZUL ISLAMI</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>QUANTUM FOUNDATION</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>BUDDHIST RELIGIOUS WELFARE ASSOCIATION</td>
<td>75</td>
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</tr>
</tbody>
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**INFECTION-CONTROL IN DETENTION FACILITIES**

68 Prisons supported
89,000 Total beneficiaries
- Material aid (hand rub, surgical masks, hand sanitizer, chlorine, etc) distributed with support of National Society
- 8,550 Sanitizers distributed
- Technical advice given for creation of an isolation area in prison: 1

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

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

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

Furthermore, in collaboration with Sadar hospital and MSF, ICRC is providing training for new and existing ED staff on infection control, use of personal protective material, sharing guidelines, advice on patient flow, treatment and sessions for triage / isolation facilities.
The ICRC along with the BDRCS delivered in-kind and cash-based emergency relief assistance for the most vulnerable people living in places that others are unable to access such as Konarpara (locate in Bangladesh–Myanmar border), Tumbru community and remote areas in Chittagong Hill Tracts (CHT).

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

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

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