

Annex-1

Concept Note: UNDP's Response Against the Spread of COVID-19 in 20 Cities

Introduction and Background:

COVID-19 (corona virus) has put the global community, particularly Bangladesh, into an unforeseen challenging situation. With the rapidly evolving COVID-19 around the globe, on 18 March 2020 the Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh confirmed the first death from the novel corona virus with a total of 17 people infected and brought a sub-district under lock-down situation. Infections are reportedly taking place as well as spreading as Bangladesh is densely populated country.

Unlike the rural settings in Bangladesh, the urban low-income communities are exposed to high risk in terms of infections due to dense population; the challenges are manifold in cities and towns. Millions of people are living in the urban low-income communities in overcrowded conditions with inadequate sanitation and WASH (water, sanitation and hygiene) facilities. High prevalence of chronic malnutrition coupled with inadequate access to health services makes the urban poor in the slums more vulnerable to various health problems. As they lack proper sanitation, when the common people are being advised to wash their hands repeatedly with soap and water to prevent COVID-19, they do not have adequate access to sources in reality to comply those advisories. In addition, they are often left out of disaster and epidemic preparedness planning during crises situations. If the corona virus spreads to the low-income community, the transmission will rapidly spread, resulting in a severe uncontrollable outbreak.

In line with the strategic plan, UNDP needs to support Government of Bangladesh in urgently and effectively responding to COVID-19, safeguarding progress on the SDGs and delivering on the pledge to leave no one behind. UNDP programme frameworks is anchored in a three prolonged approach in responding concomitantly across the pre-surge, surge and recovery phases, with a focus on vulnerable populations and these left farthest behind. UNDP-NUPRP would be a platform in line with National Preparedness and Response Plan for COVID-19 Bangladesh. NUPRP is closely working in partnership with 20 City Corporations/Paurashavas with around 2.16 million beneficiaries grouped under around 2300 Community Development Committee (CDC). Around 1200 community staffs are at the forefront of NUPRP's implementation on the ground through community mobilization process. Against the backdrop of current scenario, NUPRP has engaged its strength and efforts towards prevention of COVID-19 epidemic. The strong network and platform established at the city corporation and paurashava level can be used effectively to engage preparedness, preventive action and early rapid response for COVID-19.

IMMEDIATE RESPONSE FROM NUPRP: At the moment, NUPRP¹ will work on the following fronts:

1. Communication and Outreach:

¹ As disruptions to the implementation of programme is highly likely because of health/safety issues, quarantine actions, travel restrictions and logistical concerns as well as safety measures and the protection of staffs, NUPRP has been flexible to modify or suspend the implementation of a previously agreed-to work plan and shift its focus to fight the challenges posed by the COVID-19.

UNDP through NUPRP will make a strong concerted effort for risk communication nationally and locally using all media and means of Information Education Communication (IEC)/Behavior Change Communications (BCC) materials. NUPRP's work will be in line with National Preparedness and Response Plan for COVID-19 Bangladesh and focus on the following:

- I. producing IEC/BCC materials for mass communications, inter-personal & group communication;
- II. inter-personal & Group communication, announcement, advertisements, orientation training etc.

NUPRP will work with key influential groups, trusted community groups (local influential group such as community leaders, religious leaders, health workers, community volunteers, boy scouts, girl guides etc.), and local networks (women's groups, youth groups, business groups etc.) to build their capacity for awareness raising and promoting healthy practices through participatory interventions in the urban areas.

2. Establishing Handwashing Facilities and Hygienic package:

NUPRP will install handwashing facilities at the community level as well as in key locations of the City Corporations/Paurashava and promote hand-washing behavior for three months. As an incentive to the community to develop health WASH habits, each household will receive hygienic package for the slum communities supported by NUPRP in 20 cities. UNDP will provide Personal Protective Equipment (PPE)/hygiene kit to the frontline staff/volunteers. UNDP will take initiative to expand the initiatives in prisons as well as orphanage and old-age homes.

3. Strengthening Coordination Function:

According to the Standing Orders on Disaster (SOD), UNDP will support the existing coordination mechanism at the city/ town level to function effectively under the leadership of Mayor. Relevant committees (Health sanitation, WASH, etc.) are in place and may require support or may need to be reactivated for the coordination of COVID-19. NUPRP will facilitate to activate relevant standing committees such as standing Committee on Education, Health, Family Planning and Health Protection System as well as develop and maintain linkage with the GOB District Multi-sectoral Coordination Committee (DMCC) & District Rapid Response Committee (DRRC). Under the leadership of the related Standing Committee, a task force will be formed to carry out different activities related to combat COVID-19. The standing committee will also liaise with the local health institutes and service providing agencies to ensure support and services for the people with COVID-19 symptoms.

4. Solidarity package for HH affected from COVID 19 (excluded from budget but to be revisited in April)

NUPRP will provide solidarity package for households (HH) affected from COVID-19 with the objective to send essential livelihoods support to fill the gap during quarantine period. NUPRP will facilitate the fund to provide Solidarity package for HH affected from COVID-19. The package will include three things together: a) Direct Cash support for livelihoods gap filling and b) Support services/Logistics for the quarantine HH.

a) Direct Cash support for livelihoods gap filling: This will be a 'one-time flexible cash transfer' to the affected families by following the criteria's: i) HH with PWD; ii) HH with old aged (above 65) people; iii) HH with COVID-19; iv) HH with Pregnant Women; v) HH with under 2 Children vi) HH with MPI score above

20. The one-time direct cash support will be lump sum BDT 10000 for affected HHs based on assessment and recommendation by respective town team.

b) Support services/Logistics for the quarantine HH: NUPRP will distribute target people away from home for a month, e.g. soap for baths and laundry, other basic hygiene materials. NUPRP will strengthen the community groups and they will distribute those hygiene products once in a month.

UNDP will monitor, assess and analyses the livelihoods impact on the poor community by COVID-19 and design a SafetyNet response programme separately later on as a COVID-19 recovery response.

5. Sensitization and Capacity Building of Health Officials and volunteers (20 cities)

UNDP will sensitize existing health Infrastructure and build the capacity of Health Officials and volunteers in 20 cities. NUPRP will conduct institutional mapping and find out possible areas of collaboration to provide capacity building support (orientation and training) to the Urban health service providers who are providing health service among the Urban Poor according to the COVID-19 GOB training protocol with the assistance of local Civil Surgeon office.

6. Data, research and third-party monitoring

Rapid Risk Assessment and Resource Mapping - A rapid assessment has been undertaken to identify the various risks, its likely impact on the programme interventions and the measures to mitigate of the impact of COVID 19. NUPRP will support City Corporations/paurashavas to develop COVID-19 mapping to identify resources at the community and City level which can be mobilized to respond to COVID 19. This COVID-19 mapping includes space for isolation of the infected people and potential partner and donors to work on the outbreak. Identifying and mapping of possible isolation places will help the Government immensely if situation aggravates and support is needed.

Online Management Information System (MIS) - In times of crisis, the ability to collect and share accurate, timely data is critical to protecting public health and access to such reliable data will be increasingly important to respond to COVID – 19. Frontline staff who are already using Mobile applications to collect routine data under the NUPRP, will be trained in using the digital Platform to collect data to inform decisions and identify trends to help prevent outbreaks from spreading. NUPRP will use its digital platform – web-based Management Information System - to share written and verbal messages on COVID -19 for awareness raising and to help identify people with potential symptoms to ensure early detection and response. The MIS can also help monitor in real time the suspected and confirmed cases and their cycle of Recovery starting from detection to isolation to treatment and recovery and follow up across the 20 Cities/Towns the patients detected, treated, recovered and followed up. The real-time communication system will allow the Local Government or Department of Health to broadcast reports on emerging cases, safety protocols, and awareness messages to community workers' mobile phones. Rapid Action Research could be conducted to understand how the COVID 19 impacts slumdweller and identify specific measures which the Local Government can take to respond to crises in future.

Monitoring: NUPRP will hire a support organization for third party monitoring and carry out the following activities that includes: a) On-the-site monitoring, b) Verification of services provided to beneficiaries c)

documentation of good practices, Lesson learnt and recommendations and d) Impact Assessment of programme. The programme will develop a core set of indicators to track the progress of the response interventions. The framework with Results, key indicators, milestones and specific activities will form the basis of monitoring, reporting and final evaluation.