SITUATION SNAPSHOT— BANGLADESH

Flow Monitoring Observations: COVID-19 Response, Round 1 25-29 March 2020, Kurigram and Satkhira



European Union

From

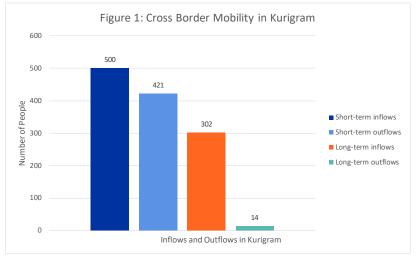


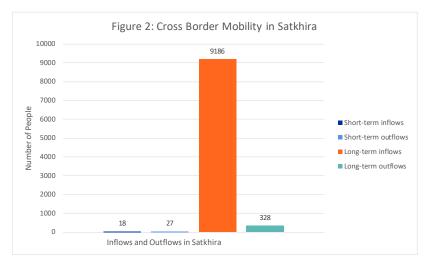
BACKGROUND AND METHODOLOGY

Under the European Union funded REMAP project, IOM activated mobility tracking in Bangladesh in 2019 to increase understanding of mobile population categories and types of mobility at the union level, and mobility patterns at the village level in the districts of Kurigram and Satkhira. The two districts were selected after discussions with the Government of Bangladesh and stakeholders using five criteria: regular overseas migration, internal migration, environment/climate induced migrants, trafficking in persons and the extent of poverty. Following the outbreak of COVID-19, based on the IOM global flow monitoring methodology, IOM launched a remote flow monitoring observation exercise with key informants (FMO-KI) in the two districts utilizing the existing infrastructure and teams to support the government and partners in response and mitigation. The exercise is generally done directly in communities but considering the current operating climate it was instead carried out over the phone building on the existing networks.

The FMO-KI exercise focused on understanding: cross border mobility, selected high-risk groups and the availability of water sources and health facilities. IOM engaged five enumerators in each district who over the course of five days, interviewed 342 key informants; 189 individuals were interviewed in Kurigram and 153 were interviewed in Satkhira. These key informants were local representatives, health workers, local administration members and humanitarian and social organization (NGOs/ CSOs) members.

CROSS BORDER MOBILIT





¹Short-term inflows and outflows are defined as flows that last for two hours to three days. ²Long-term inflows and outflows are defined as flows that last for four days or more

Cross Border Mobility in Kurigram

Since March 8th when the first case of COVID-19 was identified in Bangladesh, the district of Kurigram has experienced a higher volume of short-term¹ inflows and outflows² than longterm inflows and outflows. During the reporting period, 500 short-term inflows and 421 short-term outflows were observed, and 302 long-term inflows and 14 long-term outflows. Of the 77 unions in Kurigram, 34 witnessed inflows from India, and 14 unions reported outflows to India. The union level distribution of inflows and outflows in Kurigram can be found in Annex 1.

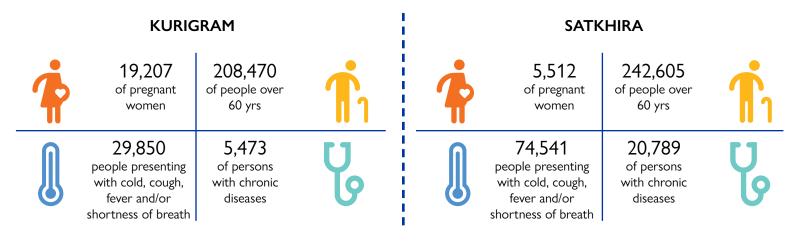
Cross Border Mobility in Sathkhira

In the district of Satkhira, key informants have reported 18 short-term inflows and 27 short-term outflows since March 8th, as well as 9,186 long-term inflows and 328 long-term outflows. During the reporting period, all 80 unions in Satkhira reported inflows from India, and 69 unions also reported outflows to India. The union level distribution of inflows and outflows in Satkhira can be found in Annex 2.





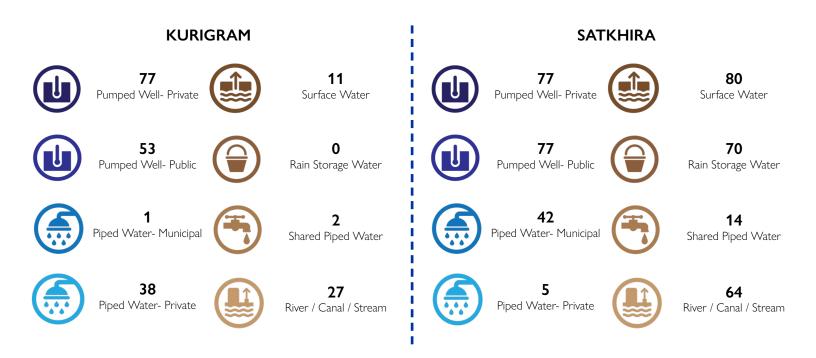
HIGH RISK GROUPS



In the phone-based FMO-KI exercise IOM chose to collect data on four high risks groups, specifically: pregnant women; individuals over 60 years of age; individuals presenting with a cold, cough, fever and/or shortness of breath; and individuals with chronic diseases or health problems. Based on the findings, Satkhira observed higher numbers of individuals in three of the four high risk categories namely those over the age of 60; those suffering from a cough, cold, fever and/or shortness of breath; and those with chronic diseases or health problems, while Kurigram reported the highest number of pregnant women (19,207 women).

As the total population of Satkhira (1,985,959) is lower than the population of Kurigram (2,876,086), Satkhira has a higher percentage of individuals (17%) in the selected high risk groups than Kurigram (9%).

SOURCES OF WATER BY UNION

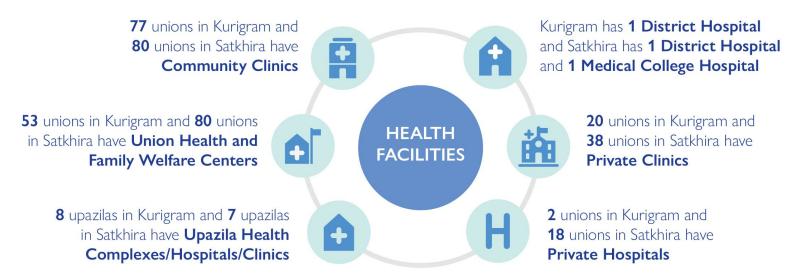


SITUATION SNAPSHOT — BANGLADESH Flow Monitoring Observations: COVID-19 Response, Round 1



Increased handwashing and personal hygiene have been identified as important preventive measures in containing and fighting the spread of the COVID-19 virus. The identification of water sources in the districts of Kurigram and Satkhira can inform the preparedness and response measures of national and local authorities and partners. Based on the findings, all unions in each district have at least one source of water. Pumped wells, private and public, are the most available water sources in the district of Kurigram, and surface water, as well as private and public pumped wells, are the most available in Satkhira.

HEALTH FACILITIES



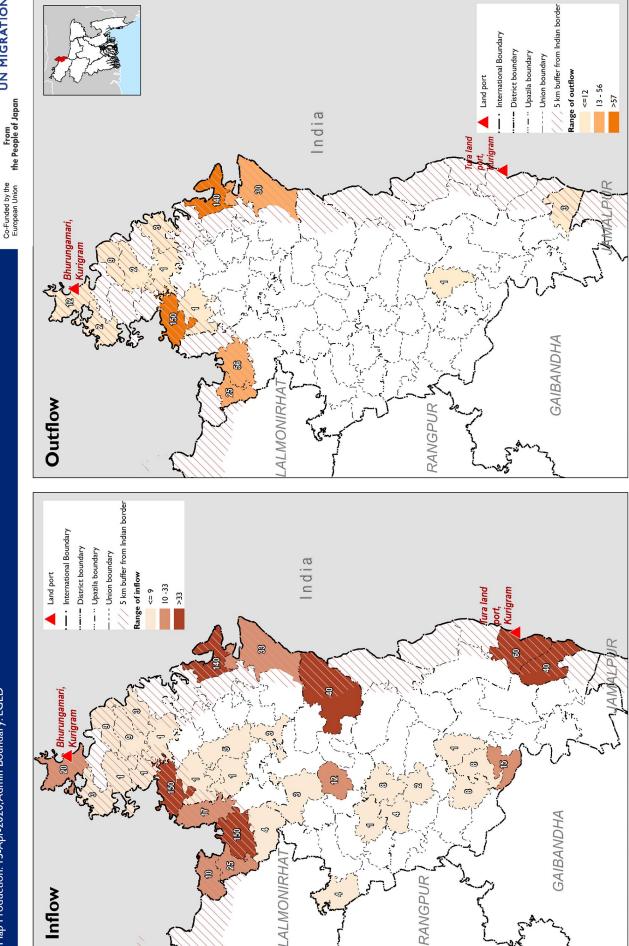
According to the Bangladesh Bureau of Statistics, there are 2,876,086 individuals in the 77 unions in Kurigram, and 1,985,959 individuals in the 80 unions in Satkhira. Community clinics, which offer primary health care, family welfare, maternal and child welfare services are available in every union in both Kurigram and Satkhira. Approximately 26 per cent of unions in Kurigram and 48 per cent of unions in Satkhira have access to private clinics as well. In addition, Kurigram has one district hospital with 100 beds and Satkhira has one district hospital with 100 beds and one medical college hospital with 250 beds. In Satkhira there are 3,147 individuals per bed and in Kurigram there are 6,225 individuals per bed.

List of Annexes:

- 1. Annex 1: Map- Union wise Cross Border Mobility between 8-25 March 2020 in Kurigram
- 2. Annex 2: Map- Union wise Cross Border Mobility between 8-25 March 2020 in Satkhira
- 3. Annex 3: Map- Union wise Number of People in High Risk Groups, Kurigram
- 4. Annex 4: Map- Union wise Number of People in High Risk Groups, Satkhira

Union wise Cross Border Mobility between 8-25 March 2020 in Kurigram

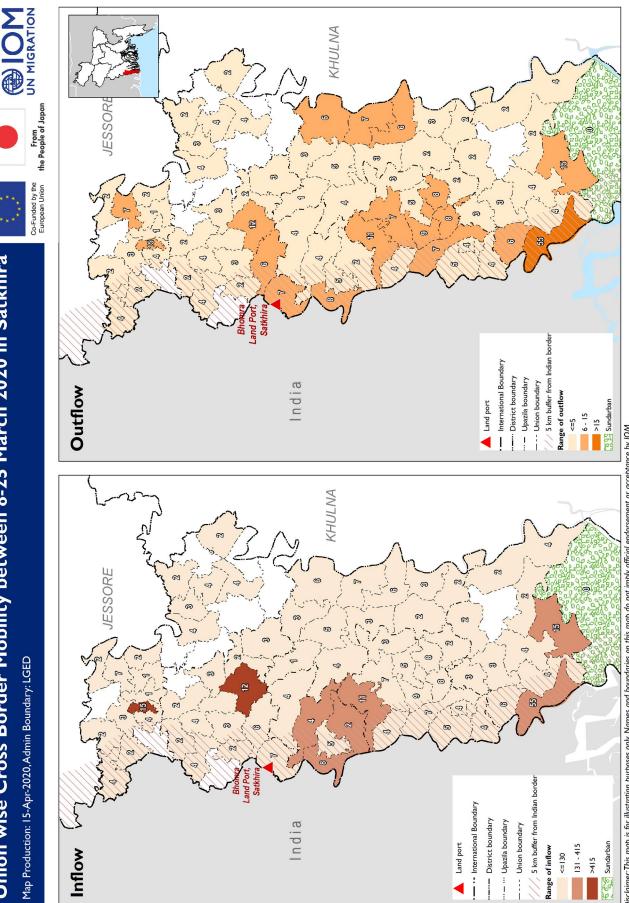
Map Production: 15-Apr-2020, Admin Boundary: LGED



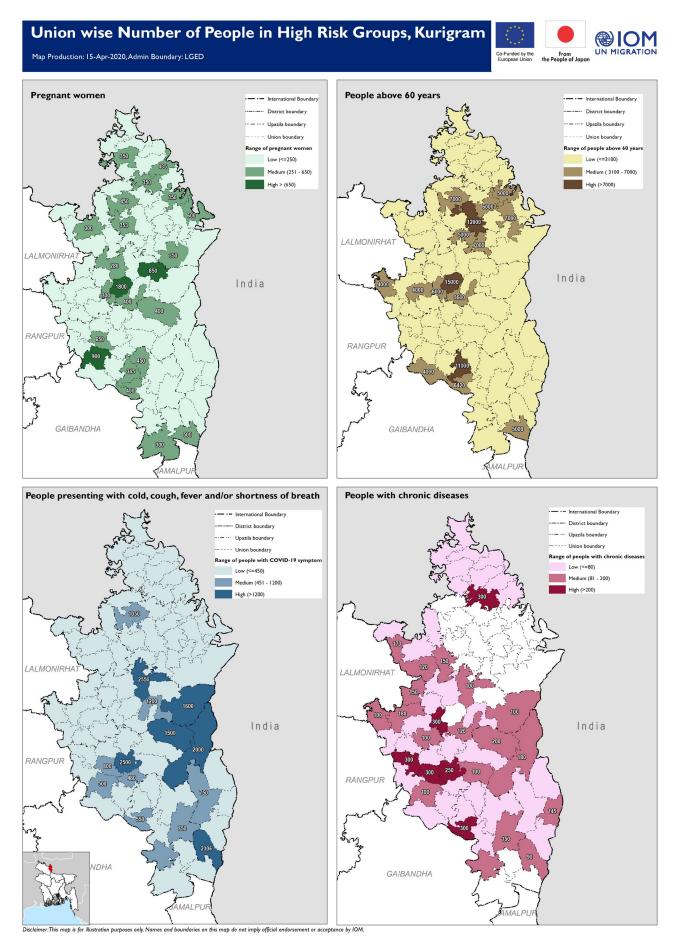
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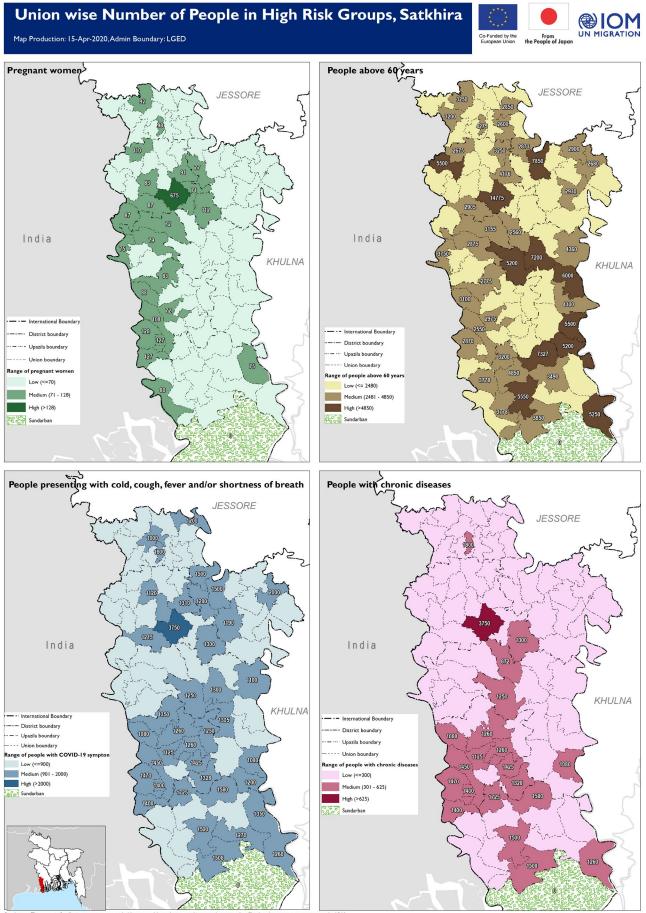






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