



Nepal COVID-19: Cluster Update #15



10 July 2020

Overview

As of 8 July, Nepal has recorded 16,423 COVID-19 positive cases, with 35 deaths and 7,752 people recovered. Quarantine sites, which were overwhelmed by the returnees from India during previous weeks have seen a drastic drop in numbers, to 25,040 people in quarantine facilities and 8,636 in isolation across the country as of 8 July. According to the Ministry of Health and Population (MoHP), 266,457 polymerase chain reaction (PCR) tests and 312,402 rapid diagnostic tests (RDT) have been conducted so far. RDT tests have been unreliable and are being stopped altogether.

The seventh meeting of the COVID-19 Prevention Control Treatment Fund Committee chaired by the Vice Chairperson of the National Planning Commission decided to disburse funds to each province for the improvement of isolation centers and quarantine facilities (Province One, \$334,881.88, Province Two, \$586,043.29; Bagmati Province, \$334,881.88; Gandaki Province, \$334,881.88; Province Five, \$586,043.29; Karnali Province, \$502,322.82; and Sudurpaschim Province, \$502,322.82).

The Department of Hydrology and Meteorology has issued an alert for heavy rainfall and subsequent flooding between 10-14 July 2020 in Province One, Province Two and Bagmati Province. The National Disaster Risk Reduction and Management Authority (NDRRMA) has appealed to concerned stakeholders, including federal ministries, provincial governments, local governments, political parties, private sector, UN agencies, development partners and I/NGOs to mitigate the potential impact of flooding and remain alert in the unfolding situation.

In light of poor compliance with health and safety measures following the easing of lockdown, the Ministry of Home Affairs (MoHA) on 6 July directed police headquarters and District Administration Offices to arrest people not wearing masks in public spaces.

On 7 July, MoHP signed a 12-point understanding with the 'Enough is Enough' campaign, ending the indefinite hunger strike of its leaders, which had been ongoing for 12 days, demanding effective COVID-19 response by government and financial accountability. Hundreds of urban youth had joined agitations against the government last month over the COVID-19 response and complaints of irregularities in procurement of medical equipment. As per the agreement, MoHA will prepare directives on home quarantine within a week and make several changes to existing regulations. MoHP has also agreed to release quarantined people exclusively on the condition of a negative PCR test.



Health Cluster

All 77 districts are affected by COVID-19. Testing capacity has increased to 25 testing sites this week, with at least one PCR testing site in each province. There are plans to further increase testing capacity by eight additional laboratories in the coming weeks.

The Ministry of Health and Population has issued interim guidelines regarding the flow of essential health and rehabilitation services for people with disabilities in the context of COVID-19, and revised health related arrangements for persons in quarantine as per the changing context. Endorsement was gained for the following guidelines: Health Care Waste Management in the context of COVID-19 Emergency, 2020 (Interim Guidance); Health standards for isolation of COVID-19 cases, 2077; and Directives for amendment to the existing directives on reimbursement to hospitals treating COVID-19 cases, 2077.

As of 8 July 2020

Total districts affected: 77
Total PCR sites: 25 (public laboratories)
Total PCR tests done: 266,557 (average of 4761 per day in past week)
Total PCR positive: 16,423 (an increase of 2,377 in past week)
Total active cases: 8,636 (in isolation)
Total discharged: 7,752 (4,096 in past week)
Total deaths: 35
Total quarantine beds: 228,871
People in quarantine: 25,040
Total isolation beds: 8,716

The analysis of data presented by Epidemiology and Disease Control Division (EDCD) stated that while cases are increasing there is currently no evidence of community transmission. The majority of cases are linked to returnees from abroad. However, certain random sampling in specific groups is being undertaken to collect more evidence.

A Technical Advisor of the Centre for Mental Health and Counselling (CMC) Nepal conducted a briefing on CMC's mental health and psychosocial interventions for the COVID-19 response. While they have reached 69,334 people through MHPSS activities in various quarantine centres across the country, he advocated that greater collaboration at the provincial level would help increase the reach of such activities. Health cluster will facilitate that coordination with provincial clusters.

Health cluster partners have contributed to health logistics to align with MoHP requests. The China Railway 14th Bureau Group Co. Ltd. provided 20,000 masks and Nepal Red Cross Society (NRCS), in partnership with the Coca Cola Foundation, provided masks, boot covers, hand sanitizers, sodium hypochlorite tablets and soap bars to designated hospitals. Also this week, Nepal Ayurved Druggist Association (NADA) and Bhore Nepal handed over various ayurvedic medicines and nutritional items to MoHP.

The Cluster provided technical support in developing and finalizing the standard operating procedures for conducting COVID-19 tests through GeneXpert using SARS CoV-2 Xpert Xpress cartridges and validating the tests in collaboration with National TB Control Programme and NPHL. WHO will continue to support the validation and launch of this new test soon. Technical experts from WHO are helping various MoHP divisions and centres to develop guidelines and standards in various areas such as diagnosis, treatment, IPC, public health, etc. Health cluster, including sub-clusters, is continuing to coordinate with partners to align support in their respective areas. Similarly, the Provincial Health Directors at the Ministry of Social Development (MoSD) continue to engage in Health cluster coordination at the provincial level with support from WHO staff in all seven provinces.

Around 4,567 health workers were supported with critical personal protective equipment in designated COVID-19 hospitals and isolation facilities. 20,000 health kits were prepositioned for home quarantine/isolation cases. A total of 1,761 female community health volunteers (FCHVs) have enrolled in mobile-based interactive voice recording (IVR) training on COVID-19; among them 442 have completed the training. A similar training on COVID-19 has been provided to health workers, with a total of 75 of 794 who started the training having completed all modules. The National Health Training Center (NHTC) is developing a training package on case investigation and contact tracing for COVID-19.

Support has been provided to federal and provincial governments to ensure that vaccines and commodities are in place to complete the National Measles Rubella (MR) Campaign without disruption. Over the reporting period, the second phase of the National MR Campaign, previously halted due to the COVID-19 lockdown, has been completed in Bagmati, Gandaki, Karnali and Sudurpaschim provinces, targeting 1,157,771 children aged 0-59 months (49% boys, 51% girls). Psychosocial counselling has been provided to frontline health workers in isolation and quarantine centers. A total of six closed group sessions reached 91 health workers (52 male, 39 female) in Province Two. The child and adolescent mental health clinic at Kanti Children Hospital provided clinical and psychosocial management support to 935 children (610 boys, 325 girls) and 598 parents. Issues addressed via teleconsultation included therapeutic treatment with medication, psychiatric services and follow-up services for clients. An additional 1,416 children and adolescents, 286 parents, 313 teachers and 82 caregivers were provided online sessions on stress management.

Challenges

The majority of the outreach clinics nationwide are not functioning because of the fear of COVID-19 transmission and stigma against health workers and affected communities. Stigma and discrimination against COVID-19 positive cases and migrants returning from India and abroad continues in most communities. There are reports of increased numbers of suicide cases compared to last year.

Reproductive Health (RH) Sub-Cluster

Orientation on the interim guidelines on reproductive maternal neonatal child and adolescent health (RMNCAH) is on-going; however, with the start of fiscal planning and budget processes orientation schedules are affected at the provincial and local levels. The RH cluster is also working on separate guidance on the management of cesarean-section in the COVID-19 context. The monitoring of maternal and new born health (MNH) services for last month (May/June) shows a reduction in institutional deliveries by 27% compared to last year. Similarly, a stock-out of essential MNH medicines was reported by 85% of basic obstetric care facilities in the last five weeks (May/June).

In the context of pregnant migrant returnees in holding centers and quarantine sites the RH cluster is coordinating with federal and provincial level authorities on obtaining the required information on the numbers, status, and needed RMNCAH response. Inter-Agency Reproductive Health (IARH) kits are also being distributed in selected facilities in Provinces One, Two, Bagmati, Five, and Sudurpaschim to ensure continuity of essential sexual and reproductive health services, including the provision of rape treatment kits in one stop crisis management centres. A total of 858 calls were received through the sexual and reproductive helpline services this week, with a high proportion of adolescents seeking information on sexual and reproductive health (206).



Protection Cluster

Psychosocial support

Psychosocial support continued to be provided through remote counselling, online platforms, one-on-one counselling, group orientation sessions and deployment of community-based psychosocial community workers (CPSWs). Through these approaches, cluster members reached a total of 8,946 persons (3,405 males, 5,536 females and 5 other gender – 1,097 new cases) with one-on-one psychosocial support, including psychological first aid and counselling services. Concerns over health and increasing feelings of fear, anxiety and stress from various causes, including exposure to violence, are the main issues raised by callers. Among the total supported, 2,610 were referred for various services (289 for psychiatric consultations, 400 for health services, 428 for legal services, 585 for security services and 908 for other services). Moreover, a total of 45,915 persons (3,618 new participants), including humanitarian actors, community members and those in quarantine sites (21,065 males, 24,768 females and 82 other gender) were reached through group orientation sessions (virtual and face-to-face) and awareness raising activities on stress management and psychosocial well-being in all seven provinces.

Child Protection

A total of 4,251 unaccompanied, separated or other vulnerable children (386 new cases) were supported with appropriate care arrangements (family reintegration, placement in interim/transit care) and/or other emergency support and relief. Among them, a total of 138 children (13 new cases) were referred to different services such as health, security, justice, etc. Messages on online safety reached a total of 13.08 million young people and parents (781,000 this week).

GBV

A total of 2,322 GBV survivors, including 360 adolescent girls (43 new cases) and 38 elderly persons (4 new cases), received multi-sectoral support through peripheral health facilities, safe houses/shelters, one stop crisis management centers (OCMCs), legal and psycho-social counselors and police in Provinces One, Two, Bagmati, 5, Karnali and Sudurpaschim. 3,998 females (379 girls in quarantine centers) have received dignity, kishori, and hygiene kits, containing essential items women and girls may need in a crisis, in Provinces One, Two, Bagmati, Five, Karnali and Sudurpaschim. 952 (646 females, 306 males) service providers and stakeholders have been trained on providing survivor sensitive GBV prevention and response services. Furthermore, 11,847 people across all provinces (8,764 females, 3,083 males), of which 1,506 were adolescent girls and 575 adolescent boys, were oriented on GBV prevention and response interventions. 1,250,439 persons (600,493 females, 616,130 males) were reached through messaging on harmful practices, including GBV, domestic violence, care burden and early/forced marriage, through 24 local radio stations in all districts of Gandaki, Karnali, Sudurpaschim and Province Five.

POEs/Migrants

Screening interviews were held for 80 (25 new) vulnerable migrant women returnees from Gulf countries and Asia who are residing in designated NGO shelter homes in the Kathmandu Valley. The purpose of the screening interview is to assess needs, risks, make necessary referrals and provide support through immediate cash assistance, as needed. In total, 51 vulnerable women were supported with immediate cash assistance (NPR 13,500 each) to meet basic necessities and to support with travel costs to home districts, targeting the most vulnerable. In total, 459 (172 new) vulnerable people (197 females, 262 males, including 53 girls, 86 boys, 15 persons with disabilities and six elderly persons) were supported with transportation services to reach their respective municipalities.

Challenges

Many quarantine, isolation and transit centers are still not maintained to the standard prescribed in government guidelines, which not only increases the risk of COVID-19 transmission, but also increases psychosocial distress. To address these issues psychosocial support interventions, including stress management, psychosocial first aid and awareness raising interventions, are being provided in such facilities; however, this remains limited. Limited protective equipment continues to pose a challenge for frontline workers, including in safe houses and health clinics, due to the increasing number of people, including frontline workers, being infected by COVID-19. Efforts are being made by humanitarian agencies to provide protective gear to frontline workers to continue their service provision safely.



Food security cluster partners have distributed food and cash assistance to approximately 241,000 people in 112 palikas of 44 districts across the country, in coordination with respective local governments. This includes multi-sector joint food and non-food assistance for returnees from India in transit/holding centres in Sudurpaschim and Karnali provinces. As the government stopped unconditional immediate food relief support to daily wage workers in the informal sector and vulnerable people for the period of lockdown, some local governments have provided conditional food assistance for those identified as jobless through public works schemes.

Some 1.9 million households (HHs) were identified by local governments as vulnerable to the secondary effects of COVID-19. Now, with the relaxation of lockdown and resumption of development work, construction, manufacturing and other service sector industries, people are gradually regaining employment in the informal sector. However, seasonal food shortages are common in many parts of Nepal. In addition to daily wage workers in the informal sector, around 500,000 seasonal migrant workers from highly food insecure and poor communities have returned from India and are in urgent need of immediate employment and income to support their livelihoods. June-July-August are traditionally agricultural lean months, with increased risks of food insecurity.

While school closure continues, WFP has begun distributing take home rations, in lieu of on-site school meals, since 4 July, in close coordination with the Ministry of Education, Science and Technology. Rations are utilizing some 1,300 MT of food consisting of fortified rice, lentils and veg oil in stock. This one-time take home ration will continue during the month of July to support both nutrition and home-based education of 156,410 students and their family members from 1,434 schools (approximate total of 133,000 households) in 58 palikas across seven districts in Karnali and Sudurpachim provinces, which are relatively food insecure and more vulnerable according to the MoALD and WFP published report on the Impact of COVID-19 on Households Livelihoods, Food Security and Vulnerability in Nepal.

A staff has been seconded to the Food Management and Trading Company (FMTC), a government-owned public enterprise and grain reserve, to provide technical assistance to scale-up and expand "Fair Price Shops" in food insecure and geographically remote areas to enable low-income families to access the food commodities at discounted prices. The FMTC sells rice and other commodities at subsidized prices as a social safety net for people in food insecure and remote areas. This technical assistance is ongoing. Markets are open and functional across the country. In general, the price of food commodities is reported to be stable compared to last week; however, the price of meat, eggs and vegetables in several provinces has increased by 20-30% compared to the pre-lockdown period. Paddy plantation for the monsoon season has been progressing well across the country due to

adequate rainfall and wage labour availability as a result of the large number of migrant returnees. However, inadequate supply of fertilizers in the market has been reported in several provinces. Locust swarms have been observed in various areas across the country. There have been no official reports of significant crops or vegetables damage to date, with the exception of minor impacts at local levels, according to the Ministry of Land Management, Agriculture and Cooperative (MoLMAC) of various provinces.



WASH Cluster

To date, 50 WASH cluster members, including their implementing partners, have provided WASH support to a total of 186 health care facilities (including 49 hospitals and 137 health posts, primary health care centers, urban health clinics and community health units), 252 quarantine centers, nine isolation centers, and a number of communities covering 449 municipalities in 72 districts across all seven provinces.

WASH cluster reached 77,170 returnees with bottled water in 20 designated points of entry (PoEs) and their holding centers. Furthermore, assistance such as toilets, drinking water stations, garbage pits and hand washing stations have been installed, and supplies such as soap, buckets, sanitizer, hygiene kits, masks and bleaching powder was provided at PoEs and holding centres.

Cluster members continue to provide WASH supplies to health care facilities, which to date have included soap, hygiene kits, buckets and mugs, water purification tablets, gloves, masks, bleaching powders and other cleaning and disinfection items. So far, 186 handwashing stations have been installed in health care facilities. An estimated 31,969 people in quarantine centers have been reached with WASH related supplies and services. Additionally, 190 hand washing facilities (60 during the reporting week) have been installed in these centers. 51 new toilets have been constructed. Similarly, an estimated 1,750 people in isolation centers have been reached with WASH supplies and services.

Cluster members have to date provided critical hygiene supplies to 46,972 families. The supplies included buckets/water purification tablets to 14,400 families, masks to 7,131 families and hygiene kit to 6,654 families as well as 75,296 soap bars. A total of 651 handwashing stations have been installed at the community level.

Challenges

With the increased number of positive cases, the number of people in isolation centres that require additional WASH support is growing. There is also an increasing need to intensify community engagement; however, mobilization of community workers has been a challenge due to the fear of exposure to COVID-19.



Nutrition Cluster

MoHP concluded the vitamin A supplementation campaign, targeting 2.7 million children 6-59 months of age. The vitamin A distribution was carried out on 6 and 7 July. 201 new admissions of children with severe acute malnutrition (SAM) to outpatient therapeutic care centres (OTCs) brings the total number of children age 6-59 months identified with SAM to 2,702 over the past seven months. In the last week, 158,400 households were reached with radio messages on nutrition; 16,349 pregnant and lactating women (PLW) received SMSs with infant and young child feeding

messages; 83,499 households received telephone counselling, of which 16,011 members were pregnant and lactating women. 16,011 Golden 1000 Days households received locally available food as a relief package from local governments in the Multi-Sectoral Nutrition Plan Programme areas in the last week.

Challenges

There are unmet needs in the Blanket Supplementary Food Programme for 93,790 beneficiaries (PLW and children 6-23months of age) in 22 priority Terai districts that are food insecure, flood prone and worse affected by COVID-19, requiring 867.29 MT of super cereal, valued at \$1,370,553.00. There is a current supply gap of therapeutic food for 8,000 children with SAM (8,000 cartons RUTF).



Shelter Cluster

Orientation programmes targeting frontline workers of NGOs in Bagmati Province who are supporting returnee migrants in their shelter homes on issues such as COVID-19 preventive measures, quarantine standards of the Government of Nepal and migrant stigmatization and discrimination, among others, is ongoing. Cluster partner handed over the first multipurpose community centre to Changanarayan Municipality. At the onset of disasters, the center will be used to provide shelter for displaced people, with priority given to the most vulnerable, including pregnant women, children, people with special needs and the elderly. The centre will currently be used as a coordination hub for the municipality in their response to the ongoing COVID-19 pandemic. Additional community centres in Dolakha, Dhading and Sindhupalchowk, which could be used to provide refuge to displaced communities in an event of a disaster, are planned by the end of July.



Education Cluster

Education Cluster members are supporting home-based learning to ensure the continuity of learning through the mobilization of teachers, family members and social mobilizers, and by reaching parents and children over the phone. Home-based learning support programs have reached 17,000 children in Provinces Two, Five, Bagmati, Karnali and Sudurpaschim, and radio learning programs have reached 222,000 children nationwide. Radio programs include grade wise lessons and creative/recreational activities. Education cluster members distributed a total of 35,121 self-learning materials for pre-primary to grade 3 (4,899 self-learning materials this week). Self-learning materials for grades 4-8 have been finalized for printing and distribution (available [HERE](#)). Education cluster members provided training of trainers on stress management to 42 head-teachers in Gandaki, Karnali, and Sudurpaschim provinces. The trained teachers will run sessions with children in their respective schools to help them manage stress.

Cluster members reached an estimated 5.3 million people, including persons with disabilities, with awareness messages about education. The messages were also disseminated in sign language through TV and social media. To ensure learning continuity of the children in quarantine sites, the Education cluster is drafting a guideline on education response in quarantine sites. A total of 4,522 schools and education institutions have been used as quarantine sites and 67 as isolation centers across the country. Radio programs for parents on early stimulation and positive parenting are being broadcast from 85 radio stations nationwide.

Challenges

Monitoring the effectiveness of alternative learning programs through TV, radio and internet is a current challenge.



Logistics Cluster

The National Logistics Cluster meeting was held on 3 July, chaired by the Chief of the National Emergency Operation Centre (NEOC), with 32 participants from 22 organizations. As of 2 July the logistics cluster launched transport services from provincial capitals to District Headquarters. The next WFP passenger flight is scheduled for 15 July. Two transport requests have been received during the reporting period for Mugu; however, both requests have been put on hold due to a landslide on the Jumla-Mugu road. The cargo will be transported once the road is operational.

Challenges

Difficulty in procuring PPE locally due to a new government requirement for local vendors to have a quality assurance (QA) certificate from the government to sell PPE. The lack of international availability of PPE and COVID-19 supplies is an ongoing challenge.



Risk Communication and Community Engagement

A total of 7,700 minutes of messaging related to the vitamin A campaign, information on handwashing with soap and water, use of masks and maintaining two-meter distance have been aired through 329 radio stations and 10 national television channels reaching more than 14 million people.

Rumors and misinformation such as: a) COVID-19 can be transmitted from animals, and coronavirus is made in laboratory; were addressed through the radio programme “Corona Capsule” and “Corona Care” reaching more than 14 million people across the country. In the past week RCCE cluster members reached more than 14 million people with messages on respect and care for COVID-19 recovered people and returnees through the dedicated radio programmes “Corona Capsule”, “Hello Bhanchin Amaa”, “COVID-19-Kura” and the television programme “Corona Care”. The Ministry of Health and Population included messages on respect and care for health workers and correct use of masks in its daily press briefings as a result of continued advocacy and follow up from RCCE cluster members.

#मायाफैलाऔं #SpreadLove Campaign, the joint campaign of United Nations Country Team in Nepal and over thirty national and international organizations had an organic reach of over 13.7 million on social media, with 19.7 million impressions and 2.4 million engagements. The private sector TV satellite company DishHome is airing related content daily to over 1.5 million subscribers.

Community Engagement

Around 90,000 have been reached with SMSs on two meters distance, mask use and handwashing with soap and water or use of sanitizer, telephone counselling and video explainer interviews on vitamin A campaign. A total of 36 community support groups were formed involving 183 members (56 females and 253 males) in Provinces Five, Sudurpaschim and Karnali. Community support groups are reaching out with COVID-19 information, messages on respect for returnees and are collecting information about the households and families.

Community Feedback:

Five thousand concerns and questions have been answered through radio and television programmes and hotlines this week. Altogether 164,000 individuals and communities' concerns and

questions have been responded to. Most questions and concerns have been related to the COVID-19 status/numbers in Nepal and general information about COVID-19. The majority of the concerns and questions were from Sudurpaschim and Bagmati provinces.

Challenges:

With the easing of lockdown and opening of shops and offices, the Government is promoting three key behaviours through mass media and telecommunication partners: use of masks, maintaining two-meters physical distance and handwashing with soap and water or use of sanitiser. Though the need for mask use and physical distancing is high among the populations, these practices are observed to be decreasing. Development of parallel communication materials by RCCE cluster members, together with different government departments and divisions has posed a challenge to standardisation of messages and content.



Inter-Agency Gender in Humanitarian Action Working Group

As part of the ongoing consultations with excluded and vulnerable groups to develop the UN Socio-Economic Response Framework (SERF), LGBTIQ members have raised the lack of psychosocial and mental health services targeting LGBTIQ members, as well as hormone treatment and availability of other health services, such as anti-retroviral treatment. No targeted budget or relief measures have been allocated to address the needs of the LGBTIQ community, and members describe increasing discrimination and stigma leading to an increase in suicide rates. Madhesi groups have raised the increase in GBV and marital rape, as well as significant challenges in reporting cases and accessing legal services. Discrimination and social stigma against Madhesi groups in the hill regions was also highlighted.

The Ministry of Women, Children and Senior Citizens has developed a Gender Rapid Assessment (RGA) in cooperation with Care, Save the Children and UN Women. The findings are based on secondary documents and data collected from 12 districts across seven provinces from 31 May to 17 June. Results show an increase in physical and mental stress on women and girls due to increased responsibilities and gendered notions of care work. Men and women with chronic illnesses, older people, pregnant and lactating women, persons with disabilities and LGBTIQ members are most affected by the loss of health services. Women of reproductive age are at high risk of unwanted pregnancy. Women from marginalized groups such as Dalit and Madhesi groups, gender and sexual minorities, adolescent girls, women whose husbands are stuck abroad, displaced women and women in the entertainment sector are the most affected by gender-based violence. Lactating mothers, pregnant women, gender and sexual minorities and Muslim women are most affected by the gaps in relief measures and quarantine services.

The pandemic is also likely to aggravate food insecurity among already vulnerable groups of women, such as women who do not own land, women headed households with no savings, female returnee migrants and single women. The assessment also shows that there has been a loss of livelihoods, with 83% of respondents reporting losing their jobs. The hardest hit are women who worked as daily wage workers in agriculture and non-agriculture sectors. The RGA also show that other forms of cross-cutting discrimination have affected access to information and that the current situation is likely to exacerbate intersectional vulnerabilities. Women still depend on informal sources such as families and friends for information due to lack of access and awareness about the importance of formal sources of information.

The RGA recommends the Government adapt health facilities to cater to the needs of persons with disabilities, older people, pregnant and lactating women as well as LGBTIQ groups. It also recommends the Government ensure basic measures are introduced to preserve the safety and dignity of patients of the above-mentioned groups. Federal and local governments are recommended to strictly implement the law enforcement measures to control cases of rape, domestic violence, murder, stigmatisation of groups such as Dalit and Muslim women, LGBTQI groups and people living with HIV/AIDS to eliminate impunity for violence and discrimination. Further, it recommends a comprehensive essential service package (health, legal, shelter psychosocial, referral, empowerment) to strengthen one-stop crisis management centres for gender-based violence (GBV) and build capacities of such centres and other service providers for meaningful support of GBV victims/survivors. Lastly, the assessment recommends establishing gender responsive stimulus packages and comprehensive programmes that combine cash and in-kind support with re-skilling.



Cash Coordination Group (CCG)

CCG is working closely with MoFAGA to initiate the review process for the cash assistance guidelines. There are currently no cash interventions by humanitarian agencies reported to the CCG. The Government's cash for work guidelines for COVID-19 have not yet been shared or published. For monsoon preparedness, CCG is planning to convene a meeting with NDRRMA to discuss the provision of unconditional cash and/or voucher assistance for monsoon response.

For further information, please contact the UN Resident Coordinator's Office:

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