



UNHCR's thirteen meeting with NGOs partners on preparedness and response to COVID-19 in refugee situations

UNHCR-led cluster response to COVID-19 pandemic: Priorities and challenges

17 June 2020

Online

Participants:

UNHCR moderator:

- Stella Ogunlade, Chief, Partnership, and Coordination Service

Panelists:

- Daniela Raiman, Global CCCM Cluster Coordinator
- William Chemaly, Global Protection Cluster Coordinator
- Brett Moore, Global Shelter Cluster Coordinator
- Lilu Thapa, Iraq Country Director, Danish Refugee Council

Audience:

- About 50+ participants, mostly NGOs

Stella Ogunlade

- ICVA is working behind the scenes to help co-organize the weekly meetings with UNHCR.
- UNHCR is a member of IASC. We lead together with other agencies three clusters:
 1. The Global Protection Cluster that is globally led by UNHCR, but it also has sub-clusters led by another UN agencies such as UNICEF and UNFPA.
 2. the Camp Coordination and Camp Management (CCCM) Cluster, co-lead with IOM.
 3. the Shelter Cluster, co-lead with IFRC.
- Today's topic was raised by a number of NGOs. The objective is to discuss the whole response of each clusters and the response of the clusters that are led by UNHCR.
- To the speakers: What are your priorities when it comes to COVID-19 response and what are your challenges?

William Chemaly

- The initial reaction in terms of priorities during COVID-19 has been to focus on the narrative, the fact that we do have a major health crisis coming on the top of an existing protection crisis. COVID-19 exacerbates and adds another layer of protection issues.
- We are shifting together to explain to the communities we work with, to the donors, that we have a socio-economic crisis that is adding another layer on protection challenges.
- The first priority is: how do we establish a logic of addressing the context we are working within COVID-19, where there was protection programs and new protection problems? And how can we predict an exacerbation of protection issues?
- Violence and conflicts are growing under COVID-19. A quarter of million people became new IDPs since the beginning of the crisis.
- We have a funding crisis when it comes to protection, which has two layers: first, the proportion of protection as part of the wider humanitarian system in the COVID-19 response is unambitious. It is low and does not reflect the magnitude of the protection programs.
- Looking in general, 8% (combining the GHRP and the HRPs) of the overall humanitarian appeal is for protection. It is very low. The level of the ask is dramatically not reflected, and on the 8% for protection, not all is funded.
- We need to inverse the low resources through narrative, stronger evidence, stepping up from UNHCR in terms of programmatic response but also stepping up from civil society, UN



agencies in terms of response. We need a movement that leads us to change this dynamic and create an ambitious level of plan for protection response followed by solid response.

- What we have done at global level is to define a minimum package of protection response. It is a package with 5-6 themes we would like to see in all operations. It is a good model in terms of standards.

Daniela Raiman

- From the CCCM side, the COVID-19 situation has been very challenging, but it is also something which allowed us to a better phrase what CCCM is. The usual issue with the CCCM cluster is that it is often being seen as something which is not necessarily needed or as something which should be opposed because it could lead possibly to the establishment of camps, which is not the appropriate solution for displacement.
- One challenge prior to COVID-19 was the relatively low level of activation of the cluster, with only nine CCCM clusters that UNHCR led or co-lead. There were several other working groups or forms of coordination mechanisms, which were not full-fledged clusters even in operations where other clusters are fully activated. This was due to both the reluctance of governments and the humanitarian community to activate a CCCM cluster. With COVID-19, there was a realization that despite pointing to something we do not want for the long-term, camps settings do exist and the health response has to be adapted to these locations.
- While it is happening, people continue to live in highly dense environments, where there are underlying issues and vulnerabilities. E.g. in Sudan, there is new coordination structure due to COVID. We are also providing support to other countries such as Mali and Cameroon. Burundi is looking at camp management with a new interest.
- One of the challenges we had was how to ensure coordination of responses at the camp level, even in countries prior to COVID-19. CCCM has a training program. We tried various methodologies, virtual trainings, including training of trainers. As a cluster at the global level, we also established CCCM webinars, formal webinars every Tuesday, presenting topics and concrete examples for colleagues and actors in the field.
- On the role of the camp management agencies in the public health response and how do they coordinate, we developed a Q&A on what should be the first steps to look at, what are the main issues that a camp manager is responsible to implement or meet? One of the obvious answers was Risk Communication and Community Engagement.
- COVID-19 brought some more understanding of how much there is a need for the communities to be involved in everything which is happening around them.
- How can we use existing mechanisms to be able, e.g. to prioritize locations where our focus should be in terms COVID-19 preparedness and response? E.g. in Yemen, an existing system of identification and prioritization of locations was used, combining this with additional data from the health cluster, various clusters and partners. The goal is to identify locations where, should COVID-19 transmission start, it will be more serious than in other locations and then lead to prioritize resources there. Similarly, in Iraq an inter-cluster metrics was developed by the CCCM cluster that includes parameters from all different sectors to help identify locations which are the most in need of interventions, considering limited resources.
- We also see an interesting development when it comes to coordination and collaboration between various clusters. Less insistence on funding gaps of the clusters and much more collaborative approach. At global and country levels, the clusters are finding new ways of linking to each other, which allows them to be more efficient on the ground.
- Another area of focus of the CCCM cluster is: what are the services provided at camp level, which need to continue. Importance of services continuation in situation where travel and movement restrictions might not allow national or humanitarian workers to be present. Focus on how to do remote management, how populations in need have access to



humanitarian actors, local government, local NGOs? How complaint mechanisms continue to function?

Brett Moore

- From the beginning, it was a challenge to understand what the role of shelters is in COVID-19. At the very beginning we thought it was largely a health issue and largely coordinated by Health cluster. Then it became clear it was inherently a multi-sectoral approach that had to be implemented via a health lens.
- It provided us both an opportunity and a challenge because we had to shift the posture on standards approach to achieving health outcomes.
- Key concerns were linked to the prime health epidemiological control messages coming from WHO. We did have a challenge of trying to make sure that those messages are translated from key high-level principles, down to something that is digestible for our field colleagues, in a way that would be achievable but also applicable over a variety of contexts. In the end the role of quality shelter programming should be applicable across contexts.
- Meanwhile the health information and COVID-19 information was constantly evolving so we did not have a solid basis from the beginning to establish our recommendations. Fundamentally the key entry points were clear, and we kept it at two different levels.
- One is the household level and one is at the settlement level (i.e. camps or non-camps) because it is clear that one of the main risks of transmission of COVID-19 is around density. We know that at global level, 90% of cases are living in urban areas.
- In development countries, we have been told to keep away from others, stay home, and wash hands. Messages that do not necessarily make sense in operational contexts.
- Sometimes we would be in situation where at household level, the density was acceptable but at overall settlement level, the situation was too dense.
- So, what realistic messaging could be put in place for us? It is around awareness raising certainly but also targeting some key interventions. We could recommend implementing large infrastructures approaches, but with resources constraints environments, where people are at home, etc. we had to understand what resources there was at the local level.
- There are some challenges there too because our understanding of risk and vulnerabilities are different. What does it mean when you see COVID-19 exacerbating and compounding existing issues of risks and vulnerabilities? Our focus was risk analysis and understanding a contextually appropriate response.
- In Northwest Syria, we have had more than 700,000 people displaced since December and they have survived through the cold winter, living in deplorable shelter conditions.
- In Burkina Faso, we have an escalating conflict in the whole of the Sahel area with more than 900,000 people displaced. What does risk mean in these contexts and is it different from what the higher-level messaging was looking at?
- We placed a lot of guidance freely available on our website and made sure we follow-up weekly with outreach to cluster coordinators and with technical partners.
- Through the strategic advisory group of the cluster we are having regular meetings, trying to locate the right guidance that is important to make.
- We made available the IASC and WHO guidance and then gave a chance for all the field to upload the country specific guidance so there can be peer-to-peer learning from that methods. E.g. Guidance that works in Cameroon might be applicable for Chad.
- In terms of other challenges, in many countries the main concerns now are the economic impacts. For us this is also a problem because we want people to live in adequate shelter conditions and the definition of adequacy is a bit losing sense: is it based on SPHERE standards? There is no particular correlation between SPHERE standards and COVID-19 risk mitigation, so what are acceptable conditions?



- People living in high density situations are the most at risk. Coupled with income loss, we find people being forcibly evicted, people moving to less adequate and cheaper dwellings as their sources of income dry up.
- We have to link these to systemwide whole-of-society approach. It is not fundamentally a humanitarian or a cluster issue. It is affecting all people in all countries and we know we have over a billion people living in slums globally. Their condition of chronic inadequacy of living conditions is very similar. We have to ensure we have some consistent messaging and approach around decades of underinvestment in inadequate living conditions.
- We ensured the guidance mentioned were not too high-level and prescriptive. Working with the whole-of-society approach, and it is the actors on the ground who are defining the approaches. Guidance had to feed into that context.
- Only 8% of identified shelters needs are funded on average.

Stella Ogunlade

- Could you further elaborate on the collaboration of the three clusters, say a few words on how the guidance applies in Iraq, and what are the challenges?

Lilu Thapa

- My observations are focused on Iraq but hopefully represent situations in other places as well, because the humanitarian architecture is similar to what would be in other places.
- The humanitarian architecture in Iraq including the clusters have come well in the context of COVID. Early on, we were confused of the primacy of health activities but slowly we came together. The priorities reflected by other speakers is shared at field level.
- We focused on making sure that other priorities are not forgotten, making sure that the issues were not forgotten, e.g. protection issues, adequate shelters.
- In the camps and non-formal camps, the clusters came together very well. E.g. the CCCM cluster took the lead in the camp response, camp contingency and preparedness plan.
- All the clusters have done well in terms of coming up with sector specific guidance for the partners and adapting the guidance to the COVID situation.
- We have done well also on advocacy tools with donors to disseminate the global message that COVID response has to be on the top of the normal response we were already doing.
- However, a lot of challenges impact us:
 - 1) How COVID response plan fits into the humanitarian response plan? Because it is a pandemic, governments are the one leading the response. We, as humanitarians, try to support that. In Iraq it is not clear how we fit into it. WHO is taking lead in terms of supporting the government with the policy and on broader planning but how it is translated on the ground? How humanitarians fit into it in a broader sense? How the NGO community fits into it and how we support it? Clarity is still needed and has been flagged several times in coordination forum at the country level.
 - 2) Lack of clarity on the GHRP process: It developed an interagency appeal and not a sectoral appeal. It includes reference to the Principles of Partnership with NGOs and stresses the implementation of activities that needs to be integrated in coordination structures, including the clusters systems. But practices are very different and there is a lack of clarity. E.g. in Iraq we do not know what the process is for implementing the HRP, when funds will be available, which agencies are going to get funds and how NGOs will have access to the funds.
 - 3) Operational challenges at field level: in Iraq as well as in many other places, access is already a challenge even without COVID. We have not had the national government access letters for almost six months, so movement of humanitarians to camps and non-formal camps have been restricted. With COVID-19, it is even more difficult.



4) One of the challenges we face in the field is also about support from the clusters, the IASC and the UN Agencies in terms of advocacy that the system has towards the various stakeholders: how to use that advocacy to facilitate the work of NGOs in terms of access, funding? It would be useful to have support on advocacy towards having more flexible programming in our grants and partnerships. To look at flexibilities in order to adapt our programs to the changed needs would go a long way.

Stella Ogunlade

- How COVID-19 impacts our partnership between UN Agencies and NGOs, and even beyond? Within the clusters context, is there something that needs to be changed? You mentioned how IASC can support NGOs, referring to advocacy, being more flexible when it comes to programming, but can I ask you to further elaborate, specifically in terms of partnership?

Lilu Thapa

- In terms of partners, at the moment if you look at our partnership modalities, some of the partnership agreements that we have were designed or integrated before the COVID situation came in. For instance, we are working in in one of the IDP camps in Iraq and grants are not with the agencies here but with bilateral donors. Previously our activities were not focusing on health messaging or around the outputs for the health programming. We have now to adapt many of our CCCM activities to include these health outputs. It is where we came back to our donors and had discussions, strongly advocating for more flexibility. It is where the IASC could strongly help us, coming up with stronger advocacy towards donors and the UN partners that we work with.
- In terms of other partnerships, it went well, the level of cooperation and coordination I have seen during the pandemic is the best I have seen anywhere. It was really good in terms of coordination, agreeing quickly on the standards, practices, and then rolling them out. The coordination between the clusters, the agencies, the NGOs have been well done.

Daniela Raiman

- Some clusters were more prepared for the situation with travel and movement restrictions than others. E.g. the cluster in Gaziantep has a remote management implemented from the very beginning. They were better prepared to not have access to some locations. In other clusters it has been more challenging to not be able to go the camps.
- We have to speed up the remote monitoring and management, we had also to speed up partnership with more local organizations, providing support and trainings to displaced populations to prepare for managing their own environment.
- Challenges in some operations with NGOs where they have less access or less movement abilities than UN Agencies. Advocacy was needed to allow NGO staff to access.
- For the CCCM cluster it was a changing moment, with discussions around localization; UN agencies and NGOs presence or absence; how do you deal with virtual missions; how do you ensure safety for staff, partners but also for displaced populations; discussion around PPEs. It brings new challenges but new impetus to look at partnerships in a new light. We kept in mind the importance of making sure that there is a certain standard of response that continues to be provided in spite of the challenges to displaced and all affected populations.

Brett Moore

- There has been a lot of evolution in the cluster system, although there has been concern on the agility. In many ways, the cluster system itself can be adaptable and proved in itself to be. At Geneva level, the global clusters coordinators have weekly meetings. The urgency



impetus, as a result of COVID-19, has led us to rethink connections, conversations, and to question existing practices in programmatic models we work with.

- There is a critical relationship between Health, WASH, and Shelter: COVID-19 health concerns cannot be adequately met without the necessary WASH and shelter contributions.
- WASH contributions cannot be achieved without shelter. We cannot look at hygiene conditions within dwellings which people occupy without this being foreseen and understood within a shelter context.
- Looking at a whole-of-society approach in the humanitarian context is important at a very fundamental level. In fact, to the point where the value add in the role of humanitarian actions has to really be rethought in many ways.
- In non-humanitarian contexts, the relationship between people's living conditions, housing, and their individual or family situation *vis-à-vis* public health has been well known for a long time. There was a big discussion last month at the UK Forum around housing and health that brought together 200 practitioners around these thematic connections and program models in joint implementation. It is poorly developed on the humanitarian side but certainly well-developed elsewhere, outside the humanitarian world.
- A recent Oxford Journal of Public Health article assessed 7,127 peer reviewed articles around the linkages between physical and mental health and people's living conditions. So, there is a very intrinsic way of looking at the adequacy of the living environment and individual health outcomes, household level health outcomes and broader public health outcomes, which remains to be fully articulated within the humanitarian system, where things are still quite siloed.
- COVID-19 has really given a kick start, a rapid push along much more nuanced and sophisticated cross-sectoral understandings. It has established new and better discourse linking across development, which started the equation in a much more coherent way. There has been rapid and very kind of natural linkage with development agencies, development practitioners right throughout the beginning of the response.
- Joint guidance have been established with many development actors. UNDP, UN-Habitat, World Bank have been big contributors to further define an evolving body of discourse looking at where the humanitarian-development issues meet in this broader public health process. This theoretical/scientific inquiry helps redefine practical interventions that we can realistically make, within our role to contribute to an outcome.
- That dialogue is important. Working at this higher-level policy setting also, to help define health outcomes and joint approaches that makes sense within our arena of operation.
- At the field level, in terms of partnerships, we have to rethink and innovate rapidly around remote response and management. Our colleagues in the field are confined to their dwellings, so even though as coordinators, actors, they are also hamstrung in terms of their effectiveness, we had to put a lot more trust in our partners around this.
- It has also been a rapid leap forward in terms of the localization agenda. Inevitably our local partners, local actors at the community level are the ones responding and we are helping to support and shape that. In many ways, this will be looked back on in the future as a real rapid step forward in the localization agenda. It certainly does make us question the role of the international and HQ led approaches. We have all been confined to base, we have not been able to travel. What does this really mean in terms of risk thresholds and agency understanding of what is or is not acceptable risk for staff?
- It goes back to the very first question I mentioned, around our assumptions and articulation of risk and vulnerability and how we really understand this acute COVID-19 response as exacerbating very long-term issues and how we can address that in a more holistic way.
- There are very different kinds of partnerships outside the traditional humanitarian relationship, very different ways of working at local level. Our operational response is largely

defined through local health authorities and local government. E.g. in Afghanistan there is no appetite for quarantine, even though epidemiologically that is potentially one of the recommendations. We have to let local actors be in the driving seat and provide them with the support and resources to enact an effective local response.

- It questions a lot of our preexisting assumptions on what partnerships are, funding models, donor driven models of funding and also the dialogue discourse environment around what a healthy approach is and how it works.

William Chemaly

- Echoing the feeling from DRC in Iraq that reflects many NGOs and, way beyond, all countries in the HRP process. It has been frustrating to have multiple layers of planning and non-clarity on what the position was for the GHRP, the last GHRP revision and planning for next year.
- From the protection cluster perspective, it is very important since the last GHRP in July and after, that the COVID planning will fold under planning for next year.
- We need to be very clear that protection response is a major part of GHRP. We do not like to give percentages, but protection should account for something between 10 and 20% of the overall HRP. It is important to keep the pressure up on this, on us as a cluster system or OCHA as an inter-cluster lead, on the donor community, to have clarity on the process.
- Five remarks on partnerships:
 - 1) When it comes to collaboration and partnerships across sectors, we see in places like some countries in the Americas the involvement of the protection cluster in defining the targeting criteria for the food security cluster. Food distribution is a major progress in an area of the world where we have been trying to do that for several years. Accelerating for COVID-19 impact achieved that, where the levels of food security distribution takes into account vulnerabilities and takes into account risks. Where some families do not receive food, they will have to opt for bad choices to cope with the situation.
 - We see also major acceleration of collaboration between the protection cluster and the health cluster. We had already started developing a joint operational framework. It was accelerated. We collaborate on matters like quarantine centers management but also return of people from quarantine centers into their communities.
 - The current context has accelerated a lot of this; the practical application of centrality of protection in the programs of other sectors. Good examples that materialized recently.
 - 2) There is a wider understanding of protection coordination beyond the countries where the clusters are active. In countries where you have a solid refugee response but also needed in a number of countries that are in the GHRP but are not HRP countries.
 - This helps these countries learn from coordination systems that have matured over the years in the clusters system. This is an important element to make sure we benefit from the coordination experience of protection, CCCM; to transfer this knowledge and open some windows for countries that do not have such systems in place, without politicizing, without making it a mandates related issues.
 - 3) There are areas of protection on which partners may be struggling to speak up, e.g. GBV, child protection, house, land and property, mine action, mental health and psychosocial support, elderly people, persons with disability, youth related to protection issues and the general community engagement related issues. These areas under protection require stronger groups of partnerships to emerge and take the response around these areas through a more predictable and professional way than it is today. There are examples of very good practices that were published in many operations, but the collective predictability and stacking up in these areas of protection requires pushing partnerships.
 - 4) What we see in protection operations emerging – I call it national protection societies – is protection clusters being in contact with broad organizations, networks of people,



individuals, IDPs, affected people, community and faith leaders, local organizations working in one specific part of the country. In several countries now, this kind of force of network, this local protection society is somehow coming together, so communication with them is vital for us and in a much more predictable way, for clarifying and sending messages regarding stigma and other related risks.

- Protection response from local actors, from people within the community to their own people is becoming a major area where we are growing through specialized trainings. In some contexts you need an expert.

5) Partnership with development and stabilization actors. If the conversation we have today had happened four months ago, we would have used the term 'Nexus'. It has not occurred today more than a few times although slowing down the humanitarian-peace-nexus types of partnerships is a strategic mistake. COVID-19 in theory should accelerate it. We all collectively, as a community, seem to have slowed down on this, while on the contrary we need to put this strongly on the agenda. For example, we should benefit from the hundreds of millions of dollars of development and peace programs that are frozen now in many operations worldwide, which are not redirected in any way shape or form. Not saying it is easy to redirect funds for humanitarian purposes but the context should accelerate this dialogue, strengthen this Nexus and this collaboration.

- We have learned a lot from the development reform that took place a year and a half ago, from the Ebola crisis, from COVID-19 crises, and the social economic and food crisis that is upon us. All these are reshaping the focus of our humanitarian response should lead to a review of how the clusters function, how the clusters prioritize and how partnerships develop. We call on UNHCR and all to take this moment to look at the future of how we reshape, and we adapt, to be much more efficient.

Q&A

Geneva Center for Education and Research in Humanitarian Action (CERAH)

- Washing hands is not sufficient to reduce risks so how can you reduce risks in high-density populated areas like a refugee camp?

Lutheran World Federation

- Is there a role to play for CMA in quarantine facilities being established at the refugee settings? Because we have been receiving requests from governments on the role of the camp management agencies in quarantine facilities for refugees in camps.
- On the GHRP, there is still a lot of unclarity on how NGOs at the country level engage in the GHRP discussions in the current consultations leading up to the next revision. OCHA is now saying that these are going to go through the clusters. Could the cluster coordinators explain how they are advising the country level clusters in terms of engaging NGOs? What platforms are available for engagement in terms of providing inputs for the GHRP?

International Catholic Migration Commission

- On the acceleration of working together with local community actors, have you any experience working with faith leaders in the COVID response and if so, could you share some insights or talk about what that experience was?

ICVA

- On the evolution of the cluster system one comment that is not negative in itself: regularly we see discussions around streamlining the cluster system resurface and with the COVID situation, we have a plethora of reflections on the future of humanitarian action and system. The question is whether any of the panelists think that the pandemic may have



consequences for the future of the cluster system? We heard, for example, about some positive outcomes in relation to the CCCM cluster.

Brett More

- To CERAH, it is not enough, not adequate for us to keep to our key messages – stay at home, keep away from others, and wash your hands. We have to link the various things. There are many places where we have refugees, IDPs living where there is no household level services. For the vast majority of people that we serve there is no household level services, they have to spend the majority of time outside or at least venture outside several times a day to use toilet facilities, access running water, sometimes running water is shared between dozens if not hundreds of other people. All food is accessed externally so there is a requirement to go to markets, to access daily wage labor as well. So our messaging around isolation and social distancing, as one of the main mitigating measures for COVID-19, does not work easily in many of the places that we work in. That is why we found it hard to promote that idea of shielding and there has been a lot of discussions between us and WHO, via the clusters as well, over how applicable these kinds of high-level messages are in low resource settings.
- To ICMC, colleagues in the field have been in touch with faith leaders. More broadly we work in many cases with faith communities. In Cox's Bazaar and in many other countries where we are working, faith communities are strongly influential and we have to craft messages that make sense through that and include them in the decision making process. Certainly that comes back to the previous point around shielding, moving vulnerable people away from their families and coping mechanisms.

William Chemaly

- Encourage you to get in touch if there are specific questions on how NGOs can engage and provide inputs for the GHRP because the dynamics in different operations depend on how the humanitarian coordinator is tackling the change and navigating the donors scene. So the answer would be slightly different between operations. More than happy to follow-up.
- Emerging national protection societies are composed of faith leaders and communities. For the purposes of communication, we are in contact with faith leaders, through messages coming from the cluster to the faith leaders and the other way around coming from the community to the clusters.
- The global protection cluster has a specialized task team on the utilization of human rights mechanisms and the use of it is stepping up in the COVID situation. Possibly this task team could be reflecting on how much faith-based leaders are involved in reporting, etc.
- To ICVA, for the future of the cluster, we need some change. With the development reform, with the Ebola pandemic, and COVID-19 we have learned that we need to improve on a number of aspects. Not a negative suggestion. We need to continue evolving, to adapt.

Daniela Raiman

- On the role of the agencies in isolation facilities, it has been discussed with the global cluster primarily for IDP settings. But obviously these questions have been coming also from NGOs intervening both in refugee and IDP settings, where they have been asked, by the authorities (often local authorities) who might not have the capacity, what to do with isolation facilities, quarantine facilities and whether they could help them with managing those. The response from the global perspective was that this is a very particular health responsibility, because it means dealing with cases which have been suspected or confirmed. We would not advise camp management agencies to be intervening, unless that an agency also has the health capacity and expertise required to be combining the management side and the health intervention side of running such facilities.



- When it comes to high-density locations and what to do, physical distancing is an issue and washing hands might not be feasible at the level of individual shelters. From the camp management perspective, the agencies have been working hard to ensure there are some mitigation measures. E.g. ensuring flow orientation in locations. We have been also looking into possibly mapping areas, which locations are often used and at which time. Similarly, at camp level this is something which the camp management agency with the help e.g. of aerial satellite imagery could be looking at. It has been looking at this in a number of operations to ensure that physical flows of people have been in one way, that there will be no blockages and you prevent bringing people together.
- On information sharing, in many camps there are information boards, but when you put information on the board, it means many people come and again it creates a gathering.
- A number of measures have been taken by camp management agencies to ensure that, even in high-density locations, there would be less physical contact and more awareness of what you can do at an individual level and what you can do from the perspective of organizing movement and use of premises and facilities in a camp.
- As a last measure, if feasible for those who are the most at risk, individual housing or outside of camps re-location may be a solution.
- On the question on the clusters and the new coordination mechanisms, there were positive developments in that sense, e.g. area-based approaches; in many of locations, refugees, IDPs, other persons, local populations are living together so we will be having real integrated programming approaches and then also the coordination of the responses, which brings us a step further in how the clusters coordinate responses.

Lilu Thapa

- On working with the clusters, ensuring standards procedures and streamlined processes, we are working well and also leads are doing well in terms of getting everything together. We are very much supported by the cluster co-leads; I do not think we have issues there.
- The challenges that we see is about the inclusion of NGOs at the broader level, in the planning and then in clarity of the processes around the GHRP. How NGOs fit into this is the broader issue and the request from the NGOs is flexibility around our partnership modalities and the arrangements in terms of flexibility of funding.
- The biggest ask is also around facilitating the access for NGO, so that we are actually able to go out there and help the people that we need to help.

Stella Ogunlade

- Invite you to complete a [survey](#) to know whether you want to keep on going with the weekly meetings, about the frequency, and also to provide further questions and suggestions for themes and maybe some sort of evaluation of how we have done so far.