**COVID-19 Outbreak Response Coordination Group for the 9 temporary shelters along the Thai-Myanmar border (MHS Province)**

**1st Meeting, 26 March 2020**

**Participants**: **ADRA** (Wanchai, Dadah, Kelly), **IRC** (Parichart, Dr. Khiang Mon New), KNRC (Ko Luiz), **MI** (Per Vogel), **TBC** (Timothy Moore), **UNHCR** (Lorenzo Leonelli, Duean Wongsa)

*Notes: (1) KNWO Central, KWO Central, KRC MSR absent; (2) UNHCR introduced the participants to the purpose of the group and the TORs of the coordination body*

1. **Situation update (UNHCR/IRC)**

* MHS Provincial Office has announced today the first confirmed case of COVID-19 in the Province, in Pai District. MHS Governor has tighten control on movements and activities with 2 announcements this week and request to self-quarantine all those who have recently been travelling to area at risk outside and inside Thailand (including Chang Mia and Bangkok). This requirement can compromise the timely deployment of additional medical staff from eg. Bangkok, in case of emergency.
* The main border crossing points are closed: BP-8 Huey Phung, BP-10 Nam Pieng Din, BP-13 Huey Ton Noon, BP-14 Sao Hin, Ban Mae Sam Laep, as per announcement of the MHS Governor.
* The Districts have not yet limited the access to BMN/S by NGOs, while access to MRM/MLO is restricted to DO to MI, TBC and private vendors by SoebMoi District.
* Most NGOs have adopted a work from home approach, reducing their field presence. Sobmoei district requested NGOs to share information of all staff and their history of travel.
* PPE stock available in MHS but in limited quantity; advanced procurement by BKK offices and timely shipping to the field is essential (see IPC section for more details)

1. **Camp governance (KNRC/KRC)**

* KnRC and KRC have announced the closure of the camps to visitors and refugees returning to the camps. Tights controls in place at the main entry points by OrSor, Camp Security. All visitors are required to report their presence to section leaders and observe a period of self-quarantine of 14 days. NGOs support the policies.
* Camp committee office in BMN and BMS are closed but 1-2 staff remain on standby.
* Surveillance teams by Camp Committees and KnHD set up in BMN/S to monitor individuals in self-quarantine, because of travel history in zones at risk.
* Private vendors accessing the camps were invited by KnRC to respect hygienic standards and practicing the social distancing. MI reported that camp leaders would like to control and restrict the access to the camp to private vendors entering the camp to supply shops.
* Resettled refugees visiting the camp from US (3) and AUL (1) are currently being tracked by IRC for preventive checks in BMN/S, as per request of Camp Commanders. Refugees about to resettled returned by IOM to the camp are currently in quarantine and under observation. CBOs staff currently in Myanmar is recommended not to return to the camp at the moment

1. **Surveillance, Case Investigation and Outbreak Rapid Response (IRC/MI)**

* MI:
* Supported the District to set up infrared thermal check points
* Set up and trained and documenting results of a community based surveillance network of close to 400 refugee volunteers monitoring 10 households each with returnees or visitors self-quarantined at home. At any signs of symptoms, they will be referred to camp hospital triage area for further checks.
* Trained community outreach staff, OrSor, camp security on COVID and outreach, contact tracing.
* Triage made available in clinics and camp sections; Suspect cases transferred in isolation facilities (suitable building are being identified within this week) and DPHO is contacted
* Referral of PUI (person under investigation) to the Thai health system not yet clarified. MI not able to do test, ensure treatment for medium and sever respiratory complication and transportation of cases
* IRC
* Refresher training for case definition and IPC measures and PPE droning and doffing training are done for Clinical Staff and IRC drivers.
* A common triage system is set and strengthen in all camp clinics (common case definition, screening and isolation procedures for patients with symptoms). SRRT team is alerted and CHW, CHV closely follow up the persons coming back from outside camp.
* Health workers apply standard precautions with PUI, cleaning of facilities and waste management, daily check of temperatures, washing stations set up,
* Isolation rooms prepared in both sites. 1 room for each camp in IPD. 3 beds in one room.
* Referral procedures are in place. In BMN, camp commander to be notified about PUI and hotline 1669 alerted; if case not severe IRC TO arrange transportation to Srisangwan hospital with PPE; if severe case PHO/DHO will conduct screening in camp. In BMS IRC will Coordinate with the Khun Yuam hospital staff by phone call, to prepare staff, necessary supplies, exam room in advance. Referral by IRC vehicle and all concerned IRC staff have to wear PPE based on SOP for self-protection.
* IRC was advised by the Provincial health authorities to liaise with the MOI and DO for issues related to COVID-19 in the camps
* Procedure for isolation of PUI (person under investigation) being finalized between IRC/MI and to be agreed with MOI: PUI with symptoms or believed to be COVID-19 cases isolated in the pre-identified locations for referrals to local hospitals, person returning from high-risk areas or from outside back to camp, without significant symptoms will have to undergo monitored self-quarantine at home.
* Testing not available in the camp clinics; swabs to be sent ot local hospitals for testing (local hospital will send further to the identified hospital, eg. Chiang Mai; it takes 2 testes to prove a PUI negative, each test takes 24 h to produce results. No rapid tests available locally.

1. **Infection Prevention Control (IRC/MI)**

* MI:
* Set up, training and equipping screening check points at entry/exit points to the two camps (3 main and another 3-4 unofficial entry/exit points).
* Set up triage unit at each hospital to screen patients with COVID symptoms which combined with travel or contact history may indicate a Suspect case that will then become a Person Under Investigation (PUI) who will immediately be transferred to isolation unit for suspect cases.
* Setting up isolation unit for suspect cases as well as for managing treatment of confirmed cases with mild symptoms.
* Preparing SOPs and IEC materials. This is also an overall effort discussed and collaborated on with other CCSDPT agencies.
* Currently MI has only 64 full sets of PPE. This will not last more than a week for two camps in case we start having to deal with COVID positive cases. Face masks and other materials will be reported to IRC on Fridays.
* IRC: key items in stock (face masks N95, gloves, PPE sets, hand sanitizers); more items being supplied in Thailand by IRC BKK. Face masks distributed only to medical staff and patients, distribution to others should be discouraged (rather adopt preventive measures, eg social distancing, hand washing, etc.); IRC livelihood program adapted to produce cloth masks for IRC camp based non-clinical staff. If KnRC or CC are interested LLH can provide training. IRC echo MI on the surgical masks support.

1. **Risk Communications and Community Engagement (ADRA)**

* CwC strategy being finalized by ADRA for the border with support of international expert. It defines materials, key messaging, role of different actors. ADRA is focal point for the pillar for 9 camps and will work in BMN/S through their staff based in Mae Sariang.
* ADRA is working with camp leadership on RCCE and on key messaging plan for dissemination over loudspeakers.
* 3 key messages:

1. Encouraging camp population not to travel during Songkran period, risks associated.
2. General safe health practices: no touching face, hand washing, social distancing
3. Referral to heal facilities: if someone feels sick or unwell, even mild symptoms in the current weather conditions, approach the camp clinic for medical assistance, do not treat symptoms at home.

* Next week handover of risk communicating activities with IRC/MI jointly with coordination with partner organization and government health department to access to camps. IRC/MI requested support on messaging and CwC, in order to focus on other prevention and response activities.

1. **Food assistance (TBC)**

* Food risk management strategy in place; only TBC essential staff in camps, only essential meetings are maintained, social distancing measures in place. Hygiene measures stepped up with vendors and suppliers
* Food cards:
* Eligibility: RDR in April will include those who missed the one in January
* Value: food cards charged with highest value (MV standards), including self-reliant households
* Contingency stock until December 2020: 3 months stocks with vendors (rice, cooking oil, canned fish by through advance payment or credit system) + 6 months with suppliers
* Food delivery modality agreed for location of quarantine; under discussion for households in self-quarantine (community mechanisms to be set up?)
* Price raise of essential items and attempts of speculation: UNHCR noted that households are stocking up essential items, reducing the quantity available at vendors and augmenting the prices. KNRC added that vulnerable are not able to stock up (insufficient card credit, impossibility to buy on debt). TBC is monitoring the prices, is increasing the supply to meet the higher demand, price cap will be re discussed; attempts of speculation to be reported immediately to the food card working group and the section focal points
* Other challenges:
* Restricted movement in/out of camps for suppliers/vendors
* Availability of key items in Thailand and price raise

1. **Protection + Advocacy – RTG engagement (UNHCR)**

* UNHCR is ensuring regular flow of protection information from the camps through the camp based staff and regular connections with camp leaders, key CBOs staff and other NGOs. KNRC and KRC aware of UNHCR protection monitoring role of the camp based staff. Hotlines available for protection counselling. UNCR camp based staff to be included in COVID-19 prevention training and social distancing capacity building.
* Access to food for most vulnerable (price raise, availability of credit for stock, insufficient essential items at vendors); elderly and chronic patients are the ones most exposed to the virus and form of home delivery should be explored
* Possible rise of SGBV cases, domestic violence in particular and child protection incidents, should quarantine be imposed in the camps, due to restrictions of movement and lack of possibility to work. KNWO and WPE are strengthening the response mechanisms, ensuring safe access to services. UNHCR has produced referral system leaflets and shared with camp based staff and KNOW/KWO.
* Court hearing and trials currently on hold at Thai Justice system. UNHCR in contact with detention centers to follow up on refugees detainees. No case of arrest/detention and deportation from the Immigration, in these days of travel restrictions. UNHCR keep contact with immigration if people from the camp get arrest.
* 2 letters shared with MOI and MOPH at the central level, key effort to include refugees in the national response to COVID-19. Regular contact with PO, DOs and camp commanders. UNHCR ready to support advocacy efforts at local level of NGOs for COVID-19 response.

1. **Summary of action points to include specific attention to (UNHCR)**
   * Issues to escalate to national level.

* Advocacy needed with RTG (OCDP, DOPA) to lift the 14 days of forced self-quarantine currently in place in MHS Province for medical and other essential staff deployed by IRC/MI and other organizations to MHS in case of emergency, to ensure a timely response to the crisis
* Lack of clear referral mechanisms for refugees outside of the camps and unable to return, due to travel restrictions
* Official messages through KNRC/KRC to encourage refugees outside of the camps with COVID-19 symptoms to report to the local health facility, without fear of arrest/detention/deportation possible?
* Referral procedures for PUI in SoebMoei are not clear yet. This is an urgent issue to be addressed, because MI is not able to treat patients with medium to sever symptoms in the camps (eg. no ventilators). If treatment procedures not clear and in place in MRM/MLO, if support of government health facility not in place, camp health workers might hesitate to deal with PUI. MI relies heavily on local community workers.
  + Issues to update to camp commander
* The 2nd Announcement on COVID19 by MHS Governor (persons travelling from BKK and perimeter must self-quarantine for not less than 14 days. This is raising for IRC staff deployed from BKK in case of outbreak in the camp. IRC will raise it with BMN/S camp commanders.
* Tight control on access and exits from the camps to be implemented by OrSor.
  + Communication to community at large
* C Committees/CBOs and other refugees interested to produce cloth face masks can approach IRC livelihood in BMN/S
* KnRC/KRC to tighten control on entry/exit in camps and formal/informal access points. Visitors or camp residents from outside should self-isolate in the house for 14 days and limit social contacts
  + Others:
* IRC and MI to exchange on best practices to set up a surveillance system for self-quarantined refugees in their homes.
* ADRA to finalize border CwC strategy and repository of IEC material.

1. **AOB**

* Participants requested to provide bullet point for their pillar.
* Meetings will be held once a week, every Friday at 10 am. Next meeting on Fri April 3 via MSTeam. TBC to follow up with KRC/KWO MSR for participation, UNHCR with KnRC and know Central.
* UNHCR will circulate the minute for comment, once it is agreed, UNHCR will translate into Burmese, Karen, and Thai.