**COVID-19 Outbreak Response Coordination Group for the 9 temporary shelters along**

**the Thai-Myanmar border (MHS Province)**

**2nd Meeting, 3 April 2020**

**Participants**: ADRA (Kelly), IRC (Parichart, Dr. Hnin Zaw Win), KNRC (Ko Luiz), MI (Lasantha Herath), TBC (Umakon Sithong), UNHCR (Lorenzo Leonelli, Duean Wongsa), KNOW (Mu Ree), IOM (Supit Francesco)

**Follow up on action point:**

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| * **Advocacy with RTG on inclusion of PUI into the Thai response to COVID-19 for SoebMoi in particular.** MI: SoebMoie hospital has confirmed to MI that they will accept positive patients from the camps in need of artificial ventilation, MI to arrange for transportation from the camp. Other positive patients to be treated in the camp. Challenge: MI able to treat cases with mild symptoms but not those in need of oxygenation. | COMPLETED |
| * **Advocacy for lift of 14 days quarantine for medical staff deployed by IRC/MI in case of outbreak in MHS (and border wide probably).** IRC: BMN camp palad has agreed to lift the quarantine period in such circumstances and offered help, in case of bureaucratic constraints. | COMPLETED |
| * **ADRA to share CWC strategy for comments** | PENDING |
| * **ADRA to create a repository of IEC material.** Repository created. | COMPLETED |
| * **IRC to approach MI on best practices in MRM/MLO on community surveillance**. | PENDING |
| * **KRC and KnRC to implement guidelines shared in terms of entry/exit from camps.** | ONGOING |
| * **TBC to follow up on Invitation of KRC MSR and KWO Central, UNHCR to follow up on KnRC and KnWO Central.** KnRC/KNOW attended this meeting. KWO Central has clarified that only KWO Central MST will attend the group in MST, while they will ready the MoM of the MHS Group. TBC to follow up on KRC MSR participation. | PENDING |

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

* 5 confirmed positive cases in MHS province, all linked to the “Pai” cluster: 4 in Pai hospital, 1 in PangMaPha hospital. No confirmed cases in the camps. One positive case in Chiang Mai has a travel history to MSR town (between March 16 and 20). Authorities identified 12 persons who got in contact with the patient, 8 tested negative. Update the number of Thailand: As of 3 April; 1875 infection, 15 decease, 505 recovered, 1345 active cases, 23 serious critical condition.
* MHS Governor released a 3rd set of orders on 31 March, imposing a curfew from 10 pm to 4 am starting on April 1 to 14. UNHCR has translated the document into English, Karen and Burmese and shared it with KRC/KNRC for further distribution. On April 3 a nationwide curfew is imposed (medical referrals are exempted), end date to be confirmed, punishable with up to 2 years imprisonment or up to 40.00 THB fine or both. SoebMoei District has extended the limitation to access MRM/MLO camps until the end of April (MI and TBC only exception; other emergency intervention allowed only if approved by palad).
* The Prime Minister in an announcement this week stressed the importance of the measure of containment of the outbreak (social distancing, curfew, closure of public places), set up monitoring of food prices, condemned food hoarding/stockpiling, stressed the importance of a objective communication on C19. Measures to be considered in the camp administration as well.

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

* Access restriction for refugees applied in all camps. Refugees returnees (“outsiders”) are asked to self-quarantine at home for 14 days, self-monitor their health and report to the section leaders or Community Health Workers (CHW) any symptoms. KRC/KNRC to pass encourage refugees in isolation to report symptoms to section leaders instead of approaching the clinics. MI introduced a screening form and surveillance teams in MRM/MLO.
* Camp committees are struggling with returned refuges to respect the self-quarantine period. “Community” quarantine building are being identified and set up in all 4 camps; IRC/MI are providing “technical” support while the building will be managed by Committees. MI/IRC are setting up other medical isolation facilities for PUI.
* BMN/S: Camp Committees are tracing all returnees, 144 in BMN (157 by IRC), 8 in BMS (by IRC and KNRC). All returnees don’t have any fever and respiratory symptoms. All of them are asked for home quarantine and self-checking of fever and respiratory symptoms under monitoring of section leaders and CHW.
* MRM/MLO: 146 individuals in home isolation, 98 in MRM, 48 IN MLO, all under surveillance by the Section Surveillance Teams (section leaders, health workers and volunteers); the houses to monitor are marked.
* Refugees very worried for returnees and other people accessing the camps and health facilities. Need for awareness and communication on C19 needed among the refugee community.

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

* Personal Protective Equipment for health workers (PPE):

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| IRC | 40 N95, 114 PPE set, 1,400 pieces of facial mask, alcohol 70% 216 450 ml bottles, 10,000 examination gloves; 3 main warehouses (1 MHS office, 1 BMN, 1 BMS). Additional stock is pending procurement in BKK. |
| MI | 64 PPE set, 74,000 gloves, 126 eye protection googles, 12,150 pieces of surgical mask, 450 N95. |

* The response process is being set up as follows:

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|  | **Triage** | **Isolation and testing** | **Treatment** |
| **IRC** | KnHD health staff screens suspected cases with surveillance criteria (set of 7 questions such as fever, respiratory symptoms, and close contact with COVID19 confirmed case, travelling history, etc.). IRC follows WHO case definition and will discuss with hospital case by case to refer or not. | Isolation rooms are prepared in both camps, each with 3 beds. Infection prevention and control, separation of toilet and medical waste management are prepared. | Suspected cases will be referred to the hospitals by IRC vehicle (staff w PPE)). For suspected cases with severe complications, , DHO/PHO team will conduct screening in camp. Based on the KY head of DHO, it is expected to have Governor announcement (with PHO technical support) providing referral guidance for refugee camps context soon. |
| **MI** | Screening based on a special form | 1 area per camp, 20 beds each being set up. DPHO will be notified for testing. | In MRM/MLO, positive cases will be treated in the camp, only cases in need for artificial ventilation will be transported by MI to SoebMoie hospital. |

* + - Triage units are being set up all camp clinics by MI/IRC for screening.
    - Only PUI are isolated in units set up by the clinics
    - Testing done in the camps; swabs transferred to local hospitals by MI; IRC will contact hospitals for testing.
    - Quarantine area set up in BMN: KNCC school in section 18, there are 6 building and 2-3 beds in each building in total of 18-20 beds; yet to be identified in BMS. To be finalized in MRM/MLO next week (some delays in supplies) but constraint (no separate washing areas).
    - MI/IRC will then conduct the tracing of the person who got in contact with the patient and proceed with sanitation of buildings.

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

* IRC takes care of infection preventive measures at the clinics. Waste management especially medical waste are done properly. Hand washing stations at IRC camp facilities and Or Sor check points were installed.
* IRC: Ongoing health education and community awareness raising related to COVID 19 is been implemented by community health team. IEC materials posted, Loudspeaker announcements.
* MI: hand over meeting with ADRA; loudspeaker announcements ongoing
* TBC: vendors trained on hygiene procedures; hand washing stations set up at shops; cloth masks to be provided to camp committees next week; social distancing in place and other precautions when being food and paying set up
* KNRC raised concerns about young people gathering. UNHCR suggested to increase monitoring by camp security and ask for OrSor intervention, to consult with youth CBOs for peer support and little project to engage the youth in prevention activities. UNHCR will liaise with COERR.

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

* ADRA has no access to the 4 camps, so it is
* Announcements through loudspeakers ongoing in all camps. Key messages are harmonized by ADRA (upon authorization of palads) and updated regularly. Activities being transferred from MI to ADRA, discussion on hand over to start for BMN/S
* RCCE:
  + - Rapid assessment: questionnaire completed, 14 questions, to be implemented next week in the 4 camps
    - Strategy to be finalized this week and shared for comments to the field first to be finalized at the central level
* Challenges: no access to camp in MRM/MLO and BMN/S, working through MI (MRM/MLO) and COERRR/KNRC (BMN/S) + funds for the activity
* UNHCR offered support in the developing of the strategy, utilize the PWG as a platform to input on the strategy at the local level and its camp-based staff for the implementation.

1. **Food assistance (TBC)**

* Every household received food card top-up at maximum value of the card which is equal to MV rate. Each household will receive this value for March, April, and May. However, top-up is made month by month, not 3 months at once. Cards have been issued temporarily to self-reliant households as well (members counted only if they live in the camp).
* Charcoal supplies transported to camps in BMN/S. not allowed in MRM/MLO but access granted up to warehouse now by palad
* Contrast to raise of food prices:
  + - Regular monitoring through the FC focal points (any abuse can be reported to the section focal point)
    - Increase the offer through extra stock in the camps
    - Messaging through ADRA on availability of food and no need to stock
    - Long term: ensure procurement of rice from central Thailand for 6 or 9 months
    - Limit on food quantity purchasable by household not yet set, currently the limit is the credit available by the family

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

* Delivery of protection services in the camps regular through camp based staff and CBOs. No protection trends directly linked to C19.
* PWG active per area (MHS and MHS)
* Advocacy at central level: letter being drafted for MOI and MOPH on the inclusion of refugees in the national response plan
* KNOW:
  + - Concerns about the number of cases in the safe houses (SH), in particular BMN SH (survivors are hosted with children normally), as camp regulations do not allow gathering of more than 10 persons
    - Concerns on food for survival in SH might not enough. KNWO has already discussed with donor/sub grant about this issue.
    - Plan to support to vulnerable and most vulnerable group. If there is any request, KNWO will assess, do home visit and consider providing items support to those group; KNWO doesn’t coordinate with CC or food card committee, they do by their own)
    - KNWO and CBOs have been producing the cloth face mask for their staff. If they receive more materials support from NGOs, they want to do more and distribute to community.

1. **Summary of action points**

* CDC to share intended dates for health coordination meeting for MHS Province
* ADRA to share CWC strategy for comments
* IRC to approach MI on best practices in MRM/MLO on community surveillance.
* TBC to follow up on Invitation of KRC MSR
* Request for cloths and rubber band for cloth mask to be shared with UNHCR for support

1. **AOB**

* IOM: departure has been suspended until mid of April. UNHCR: To keep an eye on medical cases, any cases in pipeline and get worse please inform to UNHCR. UNHCR will communicate to the RST country.
* If request for cloths and rubber to produce in the camps, pls channel to UNHCR