

**COVID-19 Outbreak Response Coordination Group for the 9 temporary shelters along
the Thai-Myanmar border (MHS Province)
3rd Meeting, 10 April 2020**

Participants: ADRA (Kelly), IRC (Parichart), KNRC (Ko Luiz), MI (Lasantha Herath, Per Vogel), TBC (Timothy Moore, Umakon Sithong), UNHCR (Lorenzo Leonelli, Duean Wongsa)

1. Follow up on action point: see Action Sheet

2. Situation update (UNHCR/IRC)

- Coordination meeting called by SoebMoei DO with all NGOs/KRC on 7 April 2020 to reiterate the second announcement of MHS Governor; DO tightened controls at check points and surveillance on the quarantine of “outsiders” in MRM/MLO
- Instructions by Mae Hong Son Provincial Public Health office to DOs and MHS hospitals dated April 9 not to accept referrals of COVID-19 patients from the camps, unless in severe conditions. Unofficial translation was circulated among key actors. This is a major shift in referrals from the camps that needs to be addressed. Coordination meeting w IRC, CDC, PRM, UNHCR, MI held on April 10, advocacy at the local and central level to be set up asap.
- Instruction by MHS Governor on April 9 to temporary close at-risk places, eg. hotels, unless special authorization asked and provided by the DO.

3. Camp governance (KRC, KNRC)

- Community quarantine facilities set up in 4 camps: BMN – at RCH Training Center in BT, BMS – at KnHD Training Center, Section 1. MI anticipates that if one person on home quarantine is positive, an average of 2 to 3 family members will be infected.
- 56 persons in BMN (24 new “outsiders” arrived from Pai, CNX), 7 in BMS; in addition, 165 are in home quarantine, 2 have fever (no PUI), 8 completed the isolation this week. CHW team, section leader and teachers help monitor. No one shows symptoms.
- In MRM 43 are in community facilities or under home quarantine, 108 in MRM. No PUI.
- Challenging for camp leaders to impose the quarantine to the outsiders

4. Surveillance, Case Investigation and Outbreak Rapid Response + Infection Prevention Control (IRC/MI)

- IRC monitoring ILI and upper/lower respiratory tract infections, weekly reporting to MOI. Out of the 165 “outsiders” under quarantine, 2 present fever. After consultation with local health authorities (hotline 1669), no PUI and sent back home.
- Quarantine facilities:

	Suspected cases / PUI	Confirmed	Contact risk cases
BMN	KnCC building in BMN (20 beds)		Home isolation
BMS	VRC in BMS (4 beds)		Home isolation
MLO	IOM building	RSC building for confirmed positive cases, 15-20 beds	Home isolation

MRM	former TB isolation area in S4, 14 beds	MI training all in S4	Home isolation
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- Testing for COVID-19: MI DPHO will provide the rapid test for the camps but so far DPHO has not yet received the tests from PPHO. PCR testing unclear where available. For BMN/S IRC will clarify with PPHO.
- Stock:

IRC	30 N95, 362 goggles, 108 PPE set, over 10,000 examination gloves, 800 pieces of facial mask, alcohol 70% 206 bottles.
MI	64 PPE set, 4,800 gloves, 6,450 pieces of surgical mask, 463 N95, 9.5-gallon hand gel sanitizer, 404 bottles of alcohol 70%
Cloth masks: ADRA has shifted its livelihood activities to produce face masks with cloths and rubber bands. 10 trainees + 2 trainers all with sewing machines, 10 min per masks, 200 per day per person in MLA. KRC to distribute to everyone in the camps.	

- Treatment for C19 patients: IRC to discuss with PHO, oxygenation not available; MI chloroquine available, ARV not available, oxygenation available (but to increase). Communication with hospitals on protocols needed. Only the serious case will be accepted from the camp. Need to clarify what “serious” means.
- Challenge by MI: medical staff reticent to get involved with C19 patients, because they do not have clear guarantee by health providers and government that they will be treated, the fear infection for themselves and their family members, they do not want to be isolated for long time from families. Possible shortage of medical staff willing to engage and shifts not possible. MI to collect a list next week of medical staff available.
- TBC: US Embassy in Bangkok donated COVID-19 diagnose equipment to 7 Thai hospitals, including MHS and CNX.

5. Risk Communications and Community Engagement (ADRA)

- Messaging through the loudspeakers ongoing in all 4 camps. Key messages developed within the RCCE Working Group and shared with COERR to share with BMN/S CC and with MI for MRM/MLO. TBC/UNHCR to support maintenance of loudspeaker systems in the camps.
- Home to home awareness will be implemented in MRM/MLO next week (Mon to Thu) in all sections, 82 staff trained, 50-55 houses per staff. Standard messaging used + leaflet. IRC is waiting for RCCE Strategy by ADRA. MI/IRC coordinating on common training outlines.
- First draft RCEE strategy shared at national level, to be finalized next week. It will define how each NGOs should reach out to their camp-based staff and ensure access to info by vulnerable persons.

6. Food assistance (TBC)

- Food price inflation: rice available in all camps, stock for 1 month. NO plan to limit the quantity families can purchase. Food inflation protocol in place. Dry food stocked for 3 months. Monitoring by TBC ongoing.
- Charcoal delivery regular now, unknown in case of complete lockdown.
- Food cards for quarantined persons to be distributed in MI/IRC facilities (not community quarantine places). Values of food cards upgraded to MV level in March and in April + 5% to compensate for price increase for an initial period of 3 months.
- Shelter material distributed as usual.

7. Protection + Advocacy – RTG engagement (UNHCR)

- Arrest for violation of curfew of 3 minors in PhangMaPha. UNHCR following up.

- CC reports about uncooperative camp residents who violate the quarantine. One detained in the camp. Issue with mental health cases. Problem of youth gangs. COERR being asked to develop strategy to include and engage youth in the camps.
- PWG meet weekly. House to house visit SOP in C19 times developed jointly by NGOs.
- SGBV services is still on going as normal through KNWO and KWO with the hygiene measure in place with social distancing. SGBV issues and referral pathways discussed with KWO and kNOW WPE in a joint meeting.

8. Summary of action points to include specific attention to (UNHCR)

- See Action sheet

Next meeting: Friday 17 April 2020 at 10.00 am