**COVID-19 Outbreak Response Coordination Group for the 9 temporary shelters along the Thai-Myanmar border (Provincial Level) Tak**

**8th Meeting, 16 April 2020 10:00 – 11:00**

**Participants**: Madalena Hogg (Chair), Nikola Errington (UNHCR), Somsak Thanaborikan, Preeyalauk Sataranon, Atchara Chan-o-kul (IRC) Art (TBC), Kelly Labrorekksasuk, Jacqueline Nyunt (ADRA), Maggi Quadrini (KWO)

1. Review of Action Points

* See updated Action Item Tracker

1. Situation Overview (UNHCR/IRC)

* Numbers of infection on 2765 in Thailand, 1028 discharged, 790 in hospitals, 47 deaths. Still only 3 cases reported in Tak province.
* Governor issued an instruction that everyone should wear a mask in public. IRC indicated that there is still no clear WHO guidance on cloth masks for general population, but not recommended for health care personnel.

AP: ADRA to circulate the list to see what the gaps are in masks.

* The District Office in Pho Phra has requested a meeting with NGOs tomorrow.
* The Deputy Governor and Chief of Provincial Health Officer visited Mae La on the weekend. The Palad brought them to see the ADRA sewing centre- they showed the production of masks and also went to se the IRC clinic. They also went to Friendship Bridge #2.
* Governor also made announcement on quarantine measures for those returning to Tak province - three areas that have been identified.

1. Surveillance, Case investigation and Outbreak Rapid Response (IRC)

* No confirmed or suspected cases in the camps. Some concerns from people coming back with fever but there are no PUI cases at this time. This period also at the beginning of seasonal flu, so many may be suffering these symptoms.
* Tak PHO, thinking about provision of general flu vaccination but not confirmed whether this will go ahead.

1. Infection Prevention Control (IRC)

* PPE stock for medical personnel. Market survey is a bit better than previous month so hoping no shortages.
* IPC SOP and protocol shared with ADRA.
* Case definition - now following Thai MOPH, CDC providing technical support for the refugee population which is pending.
* TBC raised concerns about group quarantine in Nupo - the current number is over capacity and there is no monitoring of social distancing/hygiene protocols being implementing.

AP: IRC will check with medical teams for update.

1. Risk Communication and Community Engagement (ADRA)

* No complaints on loudspeakers but continue to follow-up.
* Training package is finalized, with inputs from IRC.
* In Mae La, start today - ADRA, HI and KWO will start the HHs and will visit 3 HHs/day.
* Umpium - the home visit team will collect information on target groups from section offices today. Home visit training with CHW tomorrow. Training today in Nupo.

UNHCR raised that some vulnerable groups especially in Mae La can be contacted through phone. UNHCR also emphasized the importance of integrating home visits into exiting work and that those who are “vulnerable” should not have their data shared without consenting.

1. Food Assistance (TBC)

* TBC Contingency plan (3+6 months)- is still in the process of being implemented. Aiming for May for all stocks to be in place. Stocks will then be released when 1) Supplies can no longer get into the camps or, 2) if prices increase beyond the capacity for refugees to pay.
* Food assistance for PUI at IRC quarantine/isolation - SOP already established. Next step will provide training for Camp Nutrition Program Assistants (CNPA), cleaning protocol and cooks.
* Next week is the next top-up of FCS. 5% increase to be applied in all 9 camps,
* UNHCR raised reports of refugees leaving the camps to work with TBC thatched roof suppliers, TBC confirmed that the supply period will end as of 30 April, can remind again suppliers to not use refugees as workers during this period.
* People coming back from outside of the camps - 57 people in Umpium, 28 in Nupo and 30 people in Mae La were added back onto the feeding list for April. There were more who have returned but they have never been in the TBC database before. They are still using the normal criteria for re-entry to database (ie. Students who returned from outside of the camp, patients, CBOs working outside of the camps, prisoners) and must have previously been included in the databases, plus those fleeing from fighting for new arrivals. During this period they will also look at vulnerability to assess whether re-enrolment is appropriate.

1. Protection & Advocacy (UNHCR)

* UNHCR has formulated the position on re-entry from a protection perspective and will share - it indicates that all of those verified refugees are considered persons of concern to UNHCR and should be permitted to re-enter the camps should they request it.
* COERR has discussed with section leaders their role to support implementation of CPRS - they will coordinate with CP focal points to ensure continuity of services.
* IRC will expand list of goods being monitored to come into the camps such as sanitary pads and diapers. TBC suggested it is good if IRC coordinates with with the FCWGs for collection of data on food prices.
* Detention monitoring data shared -- the first quarter so only part of the picture for COVID.
  + 35% of cases drug related.
  + 22 % drunk/public disturbances, 8% domestic vioelence -- SGBV is highest in Nupo 15% Mae La 13% and lower in Umpium, 3%)
  + 60% of drug users in 3 camps are children and youth, from 15 - 25 years old.
  + 67% of detained in Mae La are children and youth
  + Issues under COVID-19 some detention sites are used to host individuals returning, security volunteers have to work to support MOI so less time to patrol on other issues.
* UNHCR has shared a draft of vulnerability data with ADRA for RCCE - will be completed soon once data on serious medical conditions is input.

AOB:

* (IRC) Mid-wife trainees (12) living in Mae La and unable to travel back to Nupo and Umpium in need of food support. To be followed up with TBC.
* Meetings now held once a week on Monday mornings.

**Next meeting: Monday 27 April @ 10am**