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

10th Meeting, 26 May 2020

Participants: ADRA (Emily Grose), BPRM (Christine Vaughan), CDC (Barbara Knust), EU (Khun Noy), IOM (Dr.

Sai Lynn), IRC (Darren Hertz), JRS (Father Joe Hampson), MI (Per Vogel), MoFA (Khun Kiradit),

TBC (Sally Thompson), UNHCR (Pia Paguio, Alessandro Nobile, James Ferguson)

1. Situation update

- CDC reported there have been daily single-digit infections for the past week and travel restrictions are beginning to be lifted. CDC has better visibility on testing within Bangkok, including high rates for both PUIs and persons with risk factors; the testing rates in the provinces are not as high. The number of laboratories available for testing and active case-finding by the Ministry of Public Health (MoPH) in coordination with regional authorities remains good.
- MoFA added the situation is improving but the Royal Thai Government (RTG) remains cautious in view
 of prevailing risks. Things should continue to progressively open while conditions improve.

2. <u>Surveillance, Case Investigation and Outbreak Rapid Response</u>

- CDC reported on a trip to Mae Sot for a meeting between CDC and IRC. Important discussions were held on the expansion of testing and data management in order to enhance surveillance. The CDC trip did not include camp visits due to insufficient time for processing camp passes.
- Reported travel quarantine figures for the 16-22 May period and overall were shared.
- IRC reported on a meeting between IRC and TBC (as CCSDPT) and OCDP, which focused on enhanced surveillance and transportation of specimens between Mae Hong Son (MHS) Province and Tak Province and from Kanchanaburi (KAN) and Ratchaburi (RAT) Provinces to Nonthaburi Province. OCDP expressed receptiveness and a larger validation meeting with Provincial Health Authorities will be organized.
- IRC updated there have been no confirmed cases in refugee-hosting provinces in the past month but there have been recent confirmed cases in Southeast Myanmar: a suspected COVID-19 case traveled from Mon State (Halokani Village) into KAN Province and then returned to Mon State (later confirmed negative); two confirmed COVID-19 cases identified in a quarantine facility in Myawaddy Region.
- IRC also added that numerous facilities of IRC-RSC and other organizations have been made available to community quarantine. These organizations will need to resume activities eventually and alternative venues will need to be located for community quarantine.

3. <u>Infection Prevention Control (IPC)</u>

- IRC & MI updated that dengue protocols have not been developed but camp health clinics are monitoring dengue outbreaks in Southern Thailand and preparing to identify dengue cases in triage.
- IRC noted that funding for handwashing stations is available for public locations, including schools and churches, and an assessment protocol is in place to determine high traffic locations; some locations are schools, but IRC does not have enough funding to cover all schools. MI added that handwashing installation continues with support from BPRM, including at several schools.
- IRC reported that the level of rigor at camp screening points is varying across camps so additional training for MOI staff and Or Sors will be completed in order to avoid lapses in compliance. MI has had similar observations at MRM and MLO, which may be due to the rotation of Or Sors, so additional training and other support will be implemented with funds from the EU.

- IRC confirmed yesterday with OCDP that regular mask donations will continue to be delivered to all
 camp locations, which will include a small number of N95 masks. MI added that PPE procurement
 continues for surgical and N95 masks; prices remain high but are expected to reduce in coming weeks.
- MI has received feedback from camp committees and camp staff that camp residents are getting more
 anxious about movement restrictions as they observe Thai villagers entering the camps.

4. Case Management

- IRC updated that the second Case Management Working Group meeting took place last week and members are following IRC global guidelines for COVID-19 case management. Group members are working with MoPH to align practices with support from CDC.
- IRC reported that 75 isolation beds were available as of last week for suspect and confirmed COVID-19 cases and plans to have 170 beds available in 7 camps (100 suspect, 70 confirmed). MI added there is combined 40 bed capacity for MLO & MRM, but these are at RSC facilities so alternative locations may be required if RSC intends to resume regular activities; a further 12-14 beds are at a suspect case facility.
- MI completed staff training last week and is planning a simulation activity during the second week of June; MI added that installation of the final parts of isolation facilities is underway.
- CDC reported a call took place last week between CDC & MoPH to update about questions and thoughts on case management in the camps, including follow-up on MOI referral procedures, identifying scenarios under which patients may be referred to district hospitals, and procedures for identifying cases in need of referral. Presently there are three scenarios for referrals: 1) in camps where district hospitals will receive PUIs for testing and hospitalization; 2) in camps where testing is conducted on persons with flu-like or acute respiratory illness symptoms; and 3) in districts where it is only patients with confirmed severe COVID-19 symptoms who lack access to ventilators in camps. CDC & MoPH also discussed access to medication and process for requesting surge capacity in the event of largescale outbreak(s) in one or more camps.

5. Risk Communication & Community Engagement (RCCE)

- ADRA updated that a total of 1,783 persons have received hygiene kits in BMN & BMS camps and SCI
 has completed delivery of hygiene kits to Tak camps; delivery to MLO, MRM, THI and BDY will be
 conducted in late May and early June, subject to logistical constraints.
- ADRA updated that SGBV messages have been integrated into loudspeaker messages in 9 camps.
- ADRA updated that 2,000 cloth masks were delivered to MLO & MRM for distribution today and tomorrow and an additional 5,000 cloth masks have recently been produced in UMP & MLA for delivery to MLO & MRM, all with support from UNHCR. UNHCR added that procurement of masks will be completed during the week of 7 June, with delivery to be completed by 11-12 June.
- ADRA shared 11 new tips developed by the RCCE WG on coping with COVID-19 and updated symptoms
 poster, which were finalized by the RCCE WG over the past two weeks. IRC added that IRC & MI will
 draft an SOP with clinical contacts for messaging related to IPC, including symptoms, hygiene kit
 contents, and messaging on what to do.
- ADRA shared the first media monitoring report covering 11-17 May. Media monitoring reports are shared with camp committees and across networks. There was a request in the RCCE WG meeting to look for news affecting or relating to women, including PSEA and SGBV topics, and relevant news in Kayin and Kayah States. Reports are shared immediately after translation on Tuesdays.

- ADRA shared the RCCE WG activity tracker, which is updated weekly and can be shared on the repository. IRC added that soap distributions can be coordinated with future hygiene kit distributions.
- ADRA added that the RCCE WG is in the process of mapping handwashing stations across 9 camps and will identify gaps and should be able to share results by next week.
- UNHCR noted that a meeting on hygiene kits took place last week about kit composition. ADRA updated that three items will be standard: soap (80 grams per individual); laundry soap (300 grams per household); wash rag (1 per household). Additional soap categories and women's sanitary materials will be considered separately; IRC clarified these distributions are intended to supplement households.

ACTION POINTS: 1) ADRA will share "helpful tips" and COVID-19 symptoms poster for comments within the same day. 2) IRC & MI will draft and share an SOP for the RCCE WG to follow for IPC-related messaging. 3) ADRA will include RCCE WG activity tracker in the information space.

6. Food assistance

- TBC updated that camp staff are being trained to support quarantine and isolation kitchens; completed in 7 camps and will be completed in remaining camps by first week of June.
- UNHCR highlighted that at the PWG, HI presented concerns from persons with disabilities (PwD) about the continuity of "most vulnerable" (MV) status; TBC has been contact with donors on additional funding, and updates will be communicated when available, but the current situation is that households will revert to previous status at the end of June.

7. Protection / Advocacy

- UNHCR is awaiting MOI to confirm a date for a meeting with the Deputy Permanent Secretary.
- UNHCR shared a revised COVID-19 dashboard yesterday, which includes updates on new achievements
 and activities conducted in the past two weeks. UNHCR circulated the draft protection dashboard for
 comments. The dashboard will be a way to track vulnerability concerns across all camps moving forward
 and will require collaboration among the different protection partners.
- On messaging, UNHCR reported that provincial working groups are receiving questions about solutions, including the timing of future voluntary repatriation movements and resettlement departures. UNHCR notes that the RCCE WG may be requested to develop messaging about solutions.
- On education, JRS updated that preparatory activities are in place for six weeks prior to schools reopening in July: worksheets are being developed to supplement students learning with at-home
 activities; and teachers are being prepared to support students with weekly small-group activities. JRS
 added that the registration exercise was completed for BMN & BMS, which includes 2,644 students,
 representing a drop of 50 students since the close of the previous academic year.

8. <u>AOB</u>

- UNHCR suggested that implementation decisions rest with provincial meetings. IRC noted that the intention of the COVID-19 coordination structure was for provincial meetings to be responsible for taking implementation decisions. Pillar Leads did not express objection.
- IRC will chair the next meeting on 2 June at 09:30.