

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

11th Meeting, 2 June 2020

Participants: ADRA (Emily Grose), BPRM (Christine Vaughan), CDC (Barbara Knust), IOM (Dr. Sai Lynn), JRS (Father Joe Hampson), MI (Per Vogel), MoFA (Khun Kiradit), SCI (Annaliza Laylo), TBC (Sally Thompson), UNHCR (Pia Paguio, James Ferguson)

1. Situation update

- At the national level, CDC updated there continues to be low numbers of cases reported daily by the Ministry of Public Health (MoPH), and most cases reported in the past seven days have been recently repatriated Thai citizens already in quarantine. There are approximately 27,000 persons currently in quarantine and 128 persons have tested positive; some of these persons were tested not because they showed symptoms, but rather because MoPH has started systematic testing of persons under quarantine. CDC added that international flights are expected to resume from 1 July but testing and quarantine details are unclear.
- At the provinces, UNHCR updated that there is a new camp commander at Tham Hin starting from last Thursday. In Ratchaburi, the governor issued an order on 30 May that allows persons to travel across provincial boundaries, allows schools and education institutes to prepare to reopen, and allows certain businesses to reopen with certain requirements. In Mae Hong Son, the governor announced that travel restrictions are being relaxed though people who enter from high risk areas would need to stay at a provincially designated quarantine for 14 days. In Tak, there was an announcement on 22 May that opens up public transportation and allows certain persons to cross the border, but migrant workers are not yet allowed to re-enter Thailand.

2. Surveillance, Case Investigation and Outbreak Rapid Response

- CDC updated on the surveillance meeting from the previous week where surveillance was discussed and specimen collection training (ToT) was delivered by Shoklo Malaria Research Unit (SMRU) on Friday. Procurement of supplies for specimen collection is underway and discussions about communicating with the communities about plans for testing are ongoing. MI added the training of camp staff will be rolled out in 9 camps this week and plans for transportation of testing specimens are in development and should be operationalized later this month.
- CDC stated the MoPH is planning to have a meeting at the end of this week with Provincial Health Offices (PHO) to discuss testing migrants and seeking reimbursements for non-Thai patients; CDC will join the meeting to provide input about surveillance and testing in the temporary shelter areas.
- CDC shared the traveler surveillance summary for 16-22 May. There are 67 persons under quarantine (5 camps), including 48 new persons in 4 camps (19 at MLO, 9 at MRM, 15 at UMP, 5 at NPO).
- MI updated there is increasing though still limited movements at the checkpoints, primarily nearby villagers and NGO staff. There are fewer persons in quarantine at present; numbers of respiratory infections are below average, with 16 persons in the past week. MI also noted the camp residents are worried about increasing travel within Thailand as the country opens, and the possibility of high numbers of refugees re-entering the camps when border crossing points and schools re-open. MI added that discussions with camp committees are including the impact of COVID-19 for the next 12-18 months and how to keep preparedness and capacity up in case of future outbreaks.

- MI updated that dengue protocols have not been developed yet, but it is expected that dengue cases will increase now that the rainy season has started; last year the first dengue outbreak in 25 years took place in MLO & MRM.

3. Infection Prevention Control (IPC)

- MI updated that PPE stocks are becoming more available from suppliers though there remains some difficulty with procuring masks. MI appreciates the first batch of surgical masks from MoPH facilitated by OCDP and looks forward to additional batches, as these remain very useful. Both MI & IRC have conducted multiple trainings with staff and use of PPE was covered in the testing training.
- IRC is working with SCI to ensure handwashing stations are installed at schools, and MI has additional funds to support smaller handwashing stations at schools to complement permanent handwashing and toothbrushing stations. JRS is looking at the number of handwashing stations at schools and is liaising with churches and other religious institutions on the number of handwashing stations. SCI will reopen schools from 1 July and is working with KRCEE to ready teachers and finalize safety guidelines. SCI is coordinating with IRC, who has conducted a preliminary assessment; all schools need handwashing stations, but funds are limited.
- ADRA is still waiting for input from organizations who have installed handwashing stations 7 camps. Information is pending from TBC and UNHCR on handwashing stations available at their facilities; RCCE WG is also considering whether churches and mosques should be targeted for the installation of new handwashing stations. TBC noted that the number of handwashing stations corresponds to the number of hygiene posters previously requested. ADRA clarified that the mapping of existing stations will be followed by an assessment of the gaps.
- MI added that approximately 1/3 of camp residents are wearing masks and social distancing is becoming more relaxed so there is a need to reinforce messaging on prevention. JRS noted that camp committees and camp commanders are concerned about students re-entering camps; there are plans for students to be in quarantine, along with temperature checks and observing symptoms at schools. CDC noted that there are guidelines for schools issued by the Ministry of Education (MoE), which the CDC has translated into English.

ACTION POINT: 1) TBC and UNHCR will share handwashing station numbers with ADRA. 2) CDC will share the MoE guidelines for school re-opening that have been translated into English.

4. Case Management

- CDC updated that the last meeting took place on 22 May with participation from MoPH. Within the Thai national treatment guidelines, there are treatment protocols described for COVID-19 at different levels of severity, including prescribing antiretroviral and antimalarial drugs; access to these drugs is currently restricted to NGOs because they are controlled under the national ART programme so would need to be clarified. Moreover, unlike international guidelines, the national guidelines include the use of drugs whose efficacy is currently under testing in other jurisdictions.
- CDC also updated on access to surge capacity. Procedures for requesting additional surge support are prescribed by MoPH, which flows from the district, to the province, to the region, then to the national level, so a conversation needs to take place at provincial levels to clarify surge support requests. MI added that capacity for isolation cases is currently at 30 beds and are currently looking at repurposing other facilities for additional surge capacity; a larger concern is obtaining necessary equipment and

staff to support surge capacity. MI expects most cases will be mild or moderate, which require less clinical or medical staff, but there would need to be effective control over the units.

- MI has not conducted large simulations yet; simulations have been focused on individual departments and larger simulations will begin in two weeks. MI added that IRC has completed simulations in 7 camps, but lessons learned have not been shared yet.
- CDC added that IRC has developed global guidelines on treatment which will be adapted to the situation in Thailand within the case management pillar.

ACTION POINT: 3) MI will follow-up with IRC on lessons learned from simulation activities.

5. Risk Communication & Community Engagement (RCCE)

- UNHCR picked up on the earlier point by MI regarding the decreasing mask use rates observed in all temporary shelter locations, including MLO & MRM where mask use is compulsory. Vigilance on social distancing and movement restrictions is also reducing while districts and provinces begin to relax movement restrictions. As such, messages on the need for continued vigilance would need to be reinforced in the communication with refugees.
- ADRA updated that masks were distributed last week; feedback from camp residents is that they don't want to wear them because they are hot and uncomfortable, so RCCE WG is trying to develop creative solutions to encourage compliance with mask usage.
- UNHCR updated that the 94,000 cloth face masks will be delivered to 9 camps during 8-12 June, and storage and distribution is being supported by TBC and camp committees. IRC and UNHCR are also in discussions to combine the distribution cloth face coverings and soap; dates and modality for distribution are still being worked out.
- ADRA updated that the first round of hygiene kit distributions has been completed in 9 camps, with approximately 16,450 households and student boarding houses in receipt of hygiene kits. Post Distribution Monitoring (PDM) is taking place between 2-8 June with households and camp committees.
- ADRA is developing an IEC messaging package of all approved messages to date for distribution to community leaders and religious leaders identified as main channels of information; messages will include PSEA, SGBV, safe health procedures, symptoms, use and maintenance of masks, and hygiene kit contents. There are challenges with translation since ADRA lacks internal capacity; translations of psychosocial messages and COVID-19 symptoms are still pending.
- ADRA shared summary results from the feedback mechanism surveys. In total, 1,784 persons have been surveyed in 7 camps (no results from THI & BDY available yet). Respondents are generally in line with the proportion of the population: 30% youth, 15% elderly. The main channels are loudspeakers, Facebook, and community leaders. Results remain skewed towards Tak camps where internet access is available; key concerns relate to internet and phone access, phone credits, and access to electricity. Concerns raised by respondents, about lack of information about COVID-19 and what to do in case of suspected COVID-19, will be addressed in the IEC messaging package; other concerns raised about respondents include uncertainty about the future, the desire to travel for education and work, and issues with access to medicine. ADRA added that feedback results are being updated every two weeks, while media monitoring reports are being updated every week.

- ADRA added that the Knowledge, Attitudes and Practices (KAP) survey is starting in MLA camp this week. There have been delays in starting due to resource issues and lack of access to and training on KOBO platform. Access to KOBO devices is limited to 2-8 June and additional funding will be needed to continue the KAP survey in other camps; the KAP survey and the feedback mechanism are separate and there is no duplication of questions between the two surveys.
- ADRA has uploaded the RCCE activity tracker to the MS Teams information store, which includes activity lists, dates, and frequency of implementation.

ACTION POINT: 4) ADRA will upload feedback mechanism surveys results and related documents to the MS Teams information store. 5) ADRA will upload the KAP survey to the MS Teams information store. 6) UNHCR will include a [link to the MS Teams information store](#) in the meeting minutes. 7) UNHCR will provide updates on cloth face mask delivery dates and plans for distribution in the 9 camps.

6. Food assistance

- TBC updated that we are in the third month of camp residents receiving “MV” status ration on food cards. TBC has not had success on funding appeals and is likely to be making reductions to the food card consumption value starting in July.
- TBC is in discussions with MI and IRC on food provision to patients in isolation. Plans to manage this is through kitchens run by camp staff whose duties will be reallocated as needed.

7. Protection / Advocacy

- UNHCR updated that the meeting with the MOI Deputy Permanent Secretary will take place face-to-face this week on Thursday afternoon in Bangkok. A key message that UNHCR will underline is to keep the preparedness up and to request guidance on movements in support of surge capacity.
- UNHCR is requesting partners with border-wide coverage to share input to the Protection Dashboard, either centrally or through the provincial level meetings.
- JRS updated that learning and education delivery modalities are going to change going forward, including how teachers will negotiate with students in smaller classes with physical distancing. A consequence is that children will spend less time attending school; only 102 days out of 177 will be for school attendance, and 75 days will be for home study. The upside to these changes is that smaller class sizes will improve the quality of learning and this will be more fulfilling for teachers. TBC noted that home-learning may be largely unsupervised when parents resume leaving homes and going to work, which may give rise to protection issues.

ACTION POINT: 8) UNHCR will follow-up with partners after the meeting on vulnerability information to support the Protection Dashboard. 9) Provincial COVID-19 Groups and Protection Working Groups (PWG) will consider the potential child protection issues that may arise with the “new normal” of camp education.

8. AOB

- IRC will chair the next meeting on 9 June at 09:30.

ACTION POINT: 10) Group members will review the Action Item Tracker and indicate progress on pending action points for which they are responsible.