

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

**12th Meeting, 9 June 2020**

**Participants:** ADRA (Emily Grose), BPRM (Christine Vaughan), CDC (Barbara Knust), IOM (Dr. Sai Lynn), IRC (Darren Hertz, Nitasmai Ransaeva), MI (Per Vogel), TBC (Sally Thompson), UNHCR (Pia Paguio, Yodtad Panswad), WHO (Liviu Vedrasco)

**1. Situation update**

- WHO reported that there continues to be low numbers of cases reported daily by the Ministry of Public Health (MoPH), and all cases reported in the past seven days have been recently repatriated Thai citizens already in state quarantine. Moreover, the CCSA may reduce its daily press conference to 3 days a week (Mon, Wed, and Fri). In Asia, the high number of new cases and deaths are found in Bangladesh, India, and Indonesia. Globally, 136,000 new cases were recently identified from 141 countries and territories, with a new epicenter in the Americas.
- UNHCR updated that there is some easing of travel restrictions in the provinces. In MHS, non-Thai nationals can now enter the province, but quarantine is needed if coming from Bangkok, Phuket, Narathiwat. In Kanchanaburi, Myanmar migrants are not permitted to enter 3 districts (Sangklaburi, Thong Pha Poom, and Sai Yok) and 3PP border remains closed.
- IRC reported that UNHCR and IRC met with Khun Pawin, Deputy Permanent Secretary of MOI on 4 June 2020. OCDP and DOPA also participated. The DPS confirmed that the provincial guidelines superseded all other guidelines on COVID-19. He noted the easing of travel restrictions. Should this change, while there would be no blanket approval, agencies could submit a written request to move across the provincial borders to MOI. On the movement of specimens between provinces, OCDP agreed to follow up. IRC also shared the most recent version of the surveillance guidelines that were worked on with MOPH, which was well received, and it was agreed to share information more regularly. UNHCR emphasized the importance of strong coordination with the RTG on COVID. This point was acknowledged by the DPS, who also assured of the general non-discriminatory approach of the RTG, which was driven by public health imperatives. The possibility of referral to larger hospitals outside overburdened districts was not ruled out. MOI also expressed its appreciation for the provision of face masks for the camp population. On the latter, WHO informed the group that it had recently published new guidance on the use of face masks, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>.

**2. Surveillance, Case Investigation and Outbreak Rapid Response**

- CDC updated that preparations for testing in the camps are moving nicely and that the translation of the final Thai version of surveillance guidelines should soon be finalized to share with MOI and PHOs.
- Testing equipment and transport media are secured and lab training is being rolled out. Some issues related to logistics need to be finalized, as well as the consent forms to be used for ARI/ILI cases (not needed for PUI or close contacts of confirmed cases as part of national surveillance). Information around enhanced surveillance would also need to be communicated effectively with the camp population, and indeed this tallies with feedback received during the surveys that refugees want more information about available services.

- Given the easing of restrictions and the upcoming reopening of the school year, MI flagged the need to keep preparedness and vigilance up, specifically with regards to surveillance and quarantine. This will also need to be discussed with MOI.
- TBC raised the need to also communicate with NGO staff and CSOs to inform their organizations if they have had close contacts with PUIs.

**ACTION POINT: 1) Once a clear plan on enhanced surveillance is finalized within the next week, the surveillance pillar will reach out to the RCCE pillar so that the latter can factor this into a communications plan. 2) CCSDPT members with existing guidance/protocols to staff on reporting of close contacts to share these so that they can be consolidated, adapted to the context, and shared with staff and also with CSOs.**

### **3. Infection Prevention and Control (IPC)**

- MI is working on the strengthening of IPC protocol including the development of SOPs and good practice on simulation exercise.
- MI updated that PPE stocks are becoming more available from suppliers though there remains some difficulty with procuring masks and the prices are still considerably more expensive compared to pre-COVID. The surgical masks from MoPH facilitated by OCDP are thus much appreciated and it is hoped that this pipeline can continue, as these remain very useful. Both MI & IRC have conducted multiple trainings with staff and use of PPE was covered in the testing training.
- Work is being done with the Education sub-committee on readiness of schools, e.g. installation of handwashing stations in schools, which is being tracked by the RCCE pillar.
- Social distancing in the camp is becoming more relaxed so there is a need to reinforce messaging on prevention.
- MI raised the issue that agencies who have lent their structures to the health actors during the lockdown so that isolation facilities could be set up may now need these back. At the same time, there is a need to maintain preparedness in case of a second wave. Discussions are being held with these agencies (e.g. RSC and soon IOM) to see how best to manage these competing demands.

### **4. Case Management**

- It is hoped that updates regarding access to ARV will be available in time for the next case management pillar meeting on Friday (12 June).
- IRC updated on access to surge capacity that 30 beds are identified. Larger surge capacity is now identified in Site 1 and 2 in MHS.

### **5. Risk Communication & Community Engagement (RCCE)**

- ADRA updated that the first round of hygiene kit distributions has been completed in 9 camps. Post Distribution Monitoring (PDM) is ongoing by SCI and ACTED.
- ADRA updated that 52,000 cloth masks have been distributed so far; 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.
- 94,000 cloth masks from UNHCR will be distributed with leaflets in all 9 camps starting from 9 June in THI to 19 June in NPO with the assistance of TBC. A 'contactless' method to confirm receipt of items has now been agreed on. This is something to be looked at also for future distributions.

- Other ongoing activities include the KAP survey and the finalization of the package of messages. The next report on the feedback mechanism will be out at the end of this week. More engagement with religious leaders is planned. Due to technical issue, ADRA was in the past week unable to upload the RCCE activity tracker to the MS Teams information store, which includes activity lists, dates, and frequency of implementation. Once fixed, ADRA will upload the feedback mechanism surveys results and related documents to the MS Teams information store.
- UNHCR shared feedback received through some PWGs in the field that some refugees were saying that they were overloaded with information. This was acknowledged as a point to look out for; on the other hand, some in the feedback survey are still asking for more information. Finding the right balance is importance so that communication remains effective.

#### **6. Food assistance**

- TBC updated that food supply delivery was consistent with full ration allocation to the camp residents.
- Fund raising efforts continued so that MV status for all can be sustained at least through July.
- Regarding training for staff involving in the kitchens for patients in isolation facilities, it was completed in 7 camps. The training for the remaining 2 camps (MRML and MLO) would be conducted by the end of this month.

#### **7. Protection / Advocacy**

- UNHCR shared for information some of the feedback from the field PWGs. It was noted that participation by education actors in the Kanchanaburi PWG would be helpful in preparing for the return to school in the two southern camps. ADRA informed that JRS and SCI are currently jointly developing 'back to learning' messages which will be systematically used across all the camps.

#### **8. AOB**

- IOM is providing the COVID-19 brochure (available in Burmese or Karen) to refugees who are departing to the USA for resettlement, along with 2 cloth masks, 1 bot of hand sanitizer (50ml) and 1 small pack of tissue. IOM will also explain to the refugees on how and when to use these items, what the symptoms of COVID-19 are, and how they could seek help during travel.
- IOM provided the training to its staff on temperature and symptom-checklist screening in the camp before the refugees are brought out to IOM clinics for health assessments. If any refugees have a fever or respiratory symptoms, they will be advised to seek medical care in the camp clinics and their appointment (including their family member, if any) with IOM will be postponed.
- Due to the current situation, it was unanimously decided that the frequency of the meeting will now be on a fortnightly basis, and can be re-scaled up if needed. The next meeting will thus be on 23 June.
- Members were once again asked to review the action tracker so that completed items can be greyed out.

**ACTION POINT: 5) IRC will call for a meeting with IOM and MI on 11 June to discuss on the protocol on the handling of cases which have respiratory symptoms before being taken out of the camp by IOM for RST procedures.**