

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

16th Meeting, 11 August 2020

Participants: **ADRA** (Emily Grose), **BPRM** (Sarinya Moolma), **CDC** (Barbara Knust), **IOM** (Francesco Supit, Sai Aung Lynn), **IRC** (Darren Hertz), **MI** (Per Vogel), **MoFA** (Khun Kiradit), **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Yodtad Panswad)

1. Situation update

- MoFA reported that there has been no local transmission for a while now. Additionally, although, many restrictions are being eased, RTG is still encouraging the people to keep up their guard by promoting mask wearing, avoiding mass gathering or being in a closed environment such as an air conditioned room (where virus could spread easily), continuing the working from home arrangement whenever possible, and avoiding travel during peak hours. MoFA will provide updates on vaccines when the information becomes available.
- CDC updated that the US reopened its resettlement programme on 31 July and that they are ready and willing to take any questions on this issue. Currently, they are working with IOM on screening measures for the refugees who develop symptoms when they are outside of the camp for resettlement procedures.
- IRC updated on specific requirements IRC is being asked to fulfill when referring patients to the hospitals outside of Tham Hin camp.

2. Surveillance, Case Investigation and Outbreak Rapid Response

- CDC updated that the surveillance pillar continues to meet. It was reported that testing was underway in BMN, BMS, MRML, MLO, UMP, and NPO, while there are plans for it to be soon implemented in the remaining 3 camps (THI, BDY, and MLA). Initial findings point to a significant reduction in the number of Acute Respiratory Infection (ARI) and Influenza-Like Illnesses (ILIs) this year compared to last year, though the reasons for this are not yet clear – potentially due to improved hygiene measures.
- CDC also shared that together with IOM, the surveillance guidelines were being revised to include the procedures on what to do if the refugees develop symptoms when they are outside of the camp for resettlement processing. IOM further explained that they have been conducting the screening outside the camp (both at their clinic and at the hotels) using the checklist on COVID-19, ARI, and other respiratory symptoms to ensure that the refugees who developed symptoms do not bring the diseases back into the camp. In terms of testing, the procedure to refer specimens to SMRU or other health agencies was established in northern camps. However, for southern camps, this needs to be referred to BKK. Quarantine facilities were identified outside of the camp in MST for MLA, UMP, NPO, MRML, and MLO. In BMN and BMS, a few places were identified as it was difficult to refer the cases to state quarantine facilities. For THI and BDY, IOM reported that they were still finding a place for the refugees to stay when they are taken outside of the camp for resettlement purpose. It was expected that more referrals for resettlement procedures and departure would start to come up starting from early August to end of September.
- CDC updated on travel quarantine summary from 25-31 July and 1 to 7 August. Notably, there was one PUI case in THI of a 9-month old baby who was designated as such despite having no travel

history and no exposure risk. The result came out negative. CDC was pleased to note how the referral went and that there was no hesitation from the district to test the refugee.

3. Infection Prevention Control (IPC)

- MI reported that there were no problems on the access to PPEs and that the quality of these items were satisfactory (medical grade). IRC also updated that WHO reached out to IRC, MI, and MTC on the donation of gowns and surgical masks. The items may take a while to arrive as they will be shipped from outside of the country.
- Although the construction of the hand washing facilities was underway, it was delayed at the schools pending the arrival of materials. Since the opening of the schools, it was observed that the use of face mask was low while hand washing was not commonly practiced. Generally, the other camp residents also shared the same behavior. It is being observed that the camp residents appear to be going back to their pre-COVID behavior now that they felt the situation was getting better.
- Concerns were raised on adherence to IPC measures, such as the low usage of face mask by refugees - all have masks but refuse to wear them and will only put it on when requested. Furthermore, social distancing was also not respected even in public areas or at large gatherings. Further risk communication and community engagement is required (see below under item 5).

4. Case Management

- CDC reported that they had the last case management meeting call a few weeks ago. The main discussion was the revision of the case management guidelines. The next call will be conducted this week.
- MI reported that they already cleared up their equipment at the facility for it to be used by RSC. However, RSC agreed to return it to MI if needed. Simulation exercises and refresher trainings are being undertaken to keep health staff at the ready in case the situation deteriorated.

5. Risk Communication & Community Engagement (RCCE)

- ADRA reported RCCE working group meeting was held last week. They were working with TBC on the coming quarterly hygiene kit distribution. The kit will come in a tote bag, which contains washing soap (80g/person/month), laundry bar soap (80g/person/month), and a sponge (1 piece/household/month). The items have been procured and will be soon delivered to the camps. The distribution is expected to start around the 3rd or 4th week of August. The RCCE working group is currently revising the hygiene kit flyer which will be distributed together with the hygiene kit.
- In term of low usage of face masks, ADRA reported that the camp leaders explained at the meeting that the camp committee staff tried to set the examples to the camp residents by always wearing masks but it was not successful in convincing the camp residents to do the same. UNHCR also reported that the results of the PDM showed that, although the camp residents appreciated the provision of face masks, many did not wear it because they felt that it was too difficult to breathe and because they felt that the COVID situation in the camps and in Thailand were under control. Therefore, there is a need to discuss on the way to convince the camp residents to keep up their guard and to wear face masks. There was an enthusiasm among the youth in BMN and BMS to take part in the activities in the community – perhaps this could be harnessed? CDC suggested to first address the mask usage in high priority settings such as the schools and have the youth to help bring

this forward. Incentives, competitions, and fun activities to attract people's attention could be considered. ADRA said the actors in the education sectors were also concerned about low as well as improper face mask usage at the schools and have been discussing on how to tackle this issue. Other high priority occasions/areas are religious gatherings or markets. TBC suggested that the youth could help designing visuals and other attractive signs or other means of communication to be put up or organized at the market. CDC suggested creating distinct entry and exit points and putting up signs to warn people that mask usage is required in this area. The youth could assist in stationing at these points or in high traffic area to remind the people.

- ADRA reported that the sanitary napkins for the 28,560 women procured by COERR with UNHCR funding arrived at the field locations. TBC and UNHCR are working on the distribution. UNHCR informed that the distribution already started in KAN and will start in Tak and MHS camps in September.
- ADRA reported that Film-aid started the film screening in northern camps. KnWO requested more visual aids and animation and more material support to engage the deaf and the mute.
- ADRA provided the initial findings of the KAP survey. 86% of the respondents said that they have seen people practicing social distancing. 98% of the respondents said that, in term of social distancing, the appropriate distance is between 1-3 m when talking to someone. There was also a 50%-50% split on social distancing only if you are sick. 94% of respondents said they live in an environment which allows them to practice social distancing effectively. For those who responded no they noted the following reasons: no cases have been found in camps and because refugee camps are crowded. In terms of hand washing, 88% said they washed their hands before eating meals, 74% before preparing meals, 45% after returning home from outside, 37% after coughing, 32% after sneezing, and 26% when caring for someone sick. When asked what they would do if they felt COVID-19 symptoms, 89% responded they would seek medical attention, while 33% responded they would not tell anyone to avoid discrimination. It should be noted that a few more surveys are underway, and a full report will be released later.
- ADRA informed that THI and BDY requested a survey of the state of the loudspeaker systems.

ACTION POINT: 1) RCCE working group will further brainstorm with the education sector on how to encourage mask usage in schools and via schools and also how to engage the youths to create creative means to encourage mask usage among the camp residents especially in high priority areas.

6. Food assistance

- TBC updated that August is the first month when 80% of the households will receive reduced rations. TBC will closely observe their coping strategies to supplement the assistance in order to put food on the table. TBC also asked each organization to help monitoring the situations and to let them know if they came across with any concerning issues. TBC assumed that the refugees might be able to manage with reduced rations in this month, but longer term will depend on level of restrictions on access in and out of camp
- When asked by UNHCR on the reason behind the reduced rations for 80% of the households, TBC explained that the decision was made solely on insufficient funding. It had been hoped that with the easing of restrictions, the camp residents would be able to find other ways to supplement, but this

has not materialized so far. TBC shared that the additional cost of full allocation is USD 170,000 per month.

- TBC will discuss separately with IRC and MI on how to alert the kitchens when people in quarantine are in need of food assistance.

7. Protection / Advocacy

- UNHCR updated that Protection Working Groups (PWG) in all field locations are finalizing protection analyses that consider how the protection environment has been impacted by COVID-19. The exercises are completed in Tak camps, but still in progress in MHS and KAN camps.
- UNHCR reported that, in terms of resettlement, there have been 508 departures in the current fiscal year, and it is hoped that another 400 could depart before the end of the current fiscal year (end of September 2020). The fake news on resettlement reported at the last meeting was addressed. However, UNHCR asked the other organizations to share information should they come across with any other fake news or receive any questions.
- On behalf of the education partners, ADRA reported that there are 416 washing sinks against 17,732 students in the current semester. There is a need to provide masks for the students. The soap supplies at the school in BMN and BMS are secured until the end of the year, while in other 7 camps the supplies will only last until end of August, leaving a 4-month gap until the end of the year. There is also a need to procure more thermometers at for the schools as there are currently only 67 thermometers for the 17,732 students in 105 schools. The education sub-committee is working on ways to address the funding gap.

8. AOB

- CDC reported that they received the “*wish list*” requests from the organizations in response to the announcement made at the last meeting. They will review them and see if any could be included in the current fiscal year or should be included in the next fiscal year.
- At the request of IRC, UNHCR will check with the education partners if they still want to participate in this meeting.
- Since the emergency phase for COVID-19 has abated for the moment, it was agreed that COVID-19 meeting frequency will change from every two weeks to every month. However, it may be convened earlier should the situation require.
- UNHCR will chair the 17th meeting on Tuesday, 8 September.
- UNHCR will circulate the draft dashboard on the COVID-19 outbreak response coordination group for the 9 camps to the pillar leads for updates to give a snapshot of the situation and of the different aspects of the work each pillar is doing.