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

3rd Meeting, 7 April 2020

Participants: **ADRA** (Emily Grose), **BPRM** (Christine Vaughan), **CDC** (Barbara Knust), **EU** (Khobkhun Inieam), **IOM** (David John, Dr. Sai Lynn), **IRC** (Darren Hertz), **MI** (Per Vogel), **OCDP** (Khun Zcongklod), **TBC** (Sally Thompson), **UNHCR** (Pia Paguio, Alessandro Nobile, James Ferguson), **WHO** (Liviu Vedrasco)

1. **Situation update**

- There are increasing numbers of restrictions on travel in various provinces.
- There is informal agreement on initial referrals to district health facilities but still waiting on specific guidance and SOPs. In Mae Hong Son (MHS), IRC advised that the Provincial Health Officer (PHO) will provide guidance on handling suspect and confirmed cases in temporary shelters. There is ongoing engagement at Kanchanaburi (KAN) & Ratchaburi (RAT) but no formal guidance. IRC is planning to set up meeting with PHOs and relevant district actors to develop standardized guidance for the province.
- CDC will follow-up with MoPH counterparts on payments. IRC advised that guidance on testing is documented and tests for anyone within Thailand considered suspect or designated suspect by an authority will receive a free test. Agreement on access to treatment is not formally documented and requires continued advocacy. There have been 1-2 non-suspect cases referred and there were no fees, but this was at the discretion of the district.
- IRC updated that since 22 March the case rate was between 100 and 113 cases (drop to 51 yesterday) suggesting the rate has plateaued and there has been a shift from Bangkok to provinces. Department of Disease Control (DDC) confirmed cases reports are 8 in RAT, 10 in KAN, 3 in TAK, 5 in MHS.
- IRC reported 22 persons that arrived in Tham Hin camp from outside were quarantined at a camp facility but 3 escaped the quarantine and 3 may be quarantining outside the camp. It's understood they are being quarantined in their homes and it's not clear how long they were circulating in the population.
- An important message for Camp Committees is what to do with persons returning to the camp. Anyone who has been identified returning to the camp needs to go to the health facility to be screened. There may be protection issues around this, people may fear being reported to MOI and may decide not to enter clinics and this may need to be figured out at the provincial-level meetings.
- TBC is doing a registration update, and this will provide a good estimate of who is coming back. MI identified 150 persons returning over past two weeks through community surveillance. IRC counted 144 persons returning to BMN. These are not known contacts but there is a growing body of knowledge on asymptomatic transmission and ongoing monitoring remains crucial.

ACTION POINT: 1) IRC & UNHCR will work out a means by which to set up an information store for everyone to access (including meeting minutes and SOPs). 2) Provincial meetings to assess what is the situation in each of the provinces and camps on reporting returnees to MOI.

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

- MI is working with surveillance team volunteers at section level and noticed that it's more difficult than initially thought; the 150 reported over the past few weeks is probably too low and further training may be needed. MI is advising camp committees on advising quarantine facilities on people coming back to

camps. Checkpoints are still running, three with infrared thermometers and three with digital thermometers. Or Sors who frequently change and require new training presents a challenge.

- IRC teams are being trained this week and by the end of this week CHWs should be engaged in community surveillance but there are limitations on identifying asymptomatic cases. Contact tracing involves quarantining all contacts and monitoring for symptoms; IRC teams are being trained this week to be prepared to contact trace all suspect cases and move forward with quarantining.
- IRC has identified and put final design touches on isolation capacity for all health facilities in all the camps for suspect cases. They would not be lingering in these spaces for very long before referral to district hospitals. Looking at potential facilities for larger scale isolation capacity if the district-level capacity to treat is overwhelmed and we need to start taking on case management.

3. <u>Infection Prevention Control</u>

- IRC & MI teams are preparing teams for cases entering camps and have explained limitations to Camp Commanders and District Officers on quarantines, which are typically limited to known contacts. All human and physical resources need to be prepared for cases arriving in camps. IRC requests that all persons arriving to camps be referred to clinics for screening; questions of access controls to the camp are separate considerations. Health actors agree they will help to review quarantine facilities set up by MOI or Camp Committees and provide them technical guidance to set these up safely. IRC & MI will respond immediately if someone becomes sick and will otherwise support with SOPs.
- IRC & MI working closely on SOPs under development on healthcare facilities, safe & careful referrals, disinfection of referral vehicles, disinfection of suspect case homes, and engaging the population.
- There are ongoing efforts to construct handwashing stations in public places. There are some concerns about water supplies in some camps. At household-level, health actors will rely on Risk Communication Team but IRC has built-in budget for development and distribution of soap.
- MI PPE stocks remain at about the same level for the past two weeks; still have difficulties finding suppliers for the usual items (face masks, hand sanitizers) and are waiting for confirmation on budget for procurement. IRC has about six-week supply of masks; initiated a group within IRC and will reach out to MI to start looking at prototypes to produce face shields and reusable gowns (relatively easy to make, safe & effective). Still waiting for feedback from MOI & MoPH on the request for additional PPE and meanwhile looking at ways to conserve and reuse current masks while also minimizing exposure as much as possible. Also looking at guidance for safe disinfection of N95 masks for reuse.
- The Group accepts the CDC guidance on producing and using cloth masks for refugees. It was suggested that distribution of face masks should be accompanied by clear guidance for regular washing and drying and that allocation and distribution of cloth masks should be coordinated centrally so that camps are equitably supplied. If large-scale procurement of masks is not possible then cloth mask distribution should be prioritized for at-risk groups. ADRA has established RCCE working group, which can also coordinate information on requests, production and distribution of cloth masks. IRC initiated the Start Fund and provided budgets to field offices to produce masks for quick distribution to camp residents.

<u>ACTION POINTS</u>: 3) ADRA to ensure Provincial Groups are reporting up on cloth mask requests, production, and distribution.

4. <u>Risk Communication</u>

- There was an initial meeting on roles & responsibilities in RCCE coordination, including discussions on hygiene kit standardization and distribution. Minutes have been circulated along with Terms of Reference for input and the next meeting planned for tomorrow. A first draft of the RCCE strategy has been circulated and input will be consolidated Thursday and final draft to be circulated by next Tuesday.
- A finalized KAP survey will go to a sample of 1,000 camp residents. ADRA has 72 camp-based staff in 7 camps and seeking support in BMN & BMS. Budget gaps on procuring PPE and hygiene kits.
- Consensus on home-visits is that refugees should receive training beforehand. MI started training refugee staff in MLO & MRM today and there is a meeting later today with IRC to set-up training dates.
- In the next 7 days, hope to get technical input from WHO and CDC on RCCE strategy, roll-out the KAP survey, handover of MI training activities, meeting later today with IRC on training, and seeking funding. A key messaging review committee will meet tomorrow on messaging going out to camps. ADRA is developing an FAQ database; IRC has submitted questions and still seeking input from other members.
- ACTED, SCI, HI put together an application for the Start Fund, request for $180,000 for RCCE activities. This would also include mask and hygiene kits to complement soap distributions from health actors.
- IRC, TBC, and UNHCR are increasingly hearing from camp committees an eagerness to launch RCCE activities and is keen to see whether in the next few days it is possible to put together a launch of activities to aid surveillance and prevention efforts which need to happen now. There is a thirst for authoritative information from Camp Committees and camp populations and there are questions about how to engage youth on messaging about COVID-19 to promote compliance on IPC measures. As soon as we establish ourselves as an information authority, we will make the populations feel more confident and allow us to engage them more effectively. We can engage populations with existing resources and networks with simple messaging (e.g., If you have been out of the camp – even for a day – come into the health facility, answer some questions, it will make you and people around you feel safe)
- MI, HI & ADRA will start household visits in MRM & MLO within a week following training; once similar training is done by IRC then the process can start. UNHCR highlighted the importance of cross-pillar linkages, e.g. between the RCCE and Protection Working Groups on messaging and home visits. Camp Committees & religious leaders have also begun to put out messaging on loudspeakers. TBC is in contact with Camp Committees every day, it would be useful to have key messages accessible online to share.

<u>ACTION POINTS</u>: 4) The RCCE Working Group will discuss the key messaging tomorrow.

5. <u>Food assistance</u>

- There is sufficient food stocks in the camps and food supplies continue to deliver. Some households had been observed to be panic buying, but shops now are relatively stable. Longer term there may be some supply disruptions but short- and medium-term all is fine.
- TBC is working with health organizations and camp committees on supplementary food for quarantine.
- There have been some concerns about increasing food prices. TBC has adjusted all households to MV status and there will be a slight increase this month of about 5%. There are caps on how much people can be charged and TBC is working with vendors to stabilize prices on key commodities. Some key messages will go out from TBC about food supplies and prices later today.
- There has not been time for a formal assessment of socioeconomic vulnerability, but it's anticipated the lack of access to work will stress vulnerable households.

<u>ACTION POINTS:</u> 5) Pillar Leads to discuss standardized approach to changing workloads and responsibilities of camp-based staff before the next meeting.

6. **<u>Advocacy</u>**

- Provincial working groups are dealing with stranded refugees who have not been able to make it back before lockdowns were implemented, particularly Umpium. There's been a reluctance of admitting more people because some camps are not comfortable yet with implementing quarantine practices. Advocacy continues at local level but has not been elevated to central level yet.
- Domestic violence and child protection issues have not materialized yet but the UN Secretary General has highlighted the risk of SGBV under quarantine and social distancing. There is a need to maintain access to safe houses but no specific action point at this stage.
- OCDP is attending meetings but DOPA has not been able to attend yet. UNHCR will look at translating meeting minutes into Thai in order to enhance engagement.
- UNHCR welcomes joint advocacy with other actors, invites the US and other donors to do more forward-leaning advocacy on this. CDC will extend invitations the MoPH who are relevant for this coordination mechanism, including contacts at the DDC on surveillance and contact tracing. There is also a point of contact at MoPH within community engagement.
- UNHCR circulated an Excel table seeking input from Pillar Leads on funding needs and requests input by the end of this week. Suggest separating the PPE request within each Pillar. IRC & MI are looking at three-month periods, but it might be useful to look at longer term six-month funding needs.
- Pillar Leads have submitted response plans to IRC and needs can be ascertained from these to budget out. EU will be able to follow-up with ECHO when proposal is available. There is a willingness of donors to reallocate existing funds but this is challenging within the budgets in current agreements.

<u>ACTION POINTS</u>: 6) Pillar Leads will meet before next meeting to finalize the response plan and funding matrix.

7. **<u>AOB</u>**

- There are other CCSDPT members who wish to engage. A trend has also been observed that participants at provincial meetings are deferring to Bangkok on decision-making. Suggest that new participants join provincial groups / pillar working groups and use AOB for additional discussion.
- For organizations requesting additional training, there are e-trainings that have been shared and requests can be directed to IRC Country Director to consider if more tailored training may be needed.
- Next meeting will be Tuesday, 14 April at 10AM

<u>ACTION POINT</u>: 7) IRC will draft additional guidance on pillar representation in the National and Provincial Groups and inclusion of other actors in the pillar working groups.