

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

7th Meeting, 5 May 2020

Participants: ADRA (Emily Grose), BPRM (Christine Vaughan), CDC (Barbara Knust), EU (Khobkhul Inieam), IOM (Dr. Sai Lynn), IRC (Darren Hertz, Nitasmai Ransaeva), MI (Per Vogel), MoFA (Khun Kiradit), TBC (Sally Thompson), UNHCR (Pia Paguio, Alessandro Nobile, James Ferguson), WHO (Liviu Vedrasco)

1. Situation update

- WHO is observing single and double digits of cases with some confusion in the past 48 hours in Southern Thailand, which has to do with rapid scaling up of labs and false positives in new labs. The Royal Thai Government (RTG) is ramping up testing and issuance of personal protective equipment (PPE).
- UNHCR noted that Suan Pheung District Office (SPDO) informed through the NGO Line Group that the Ratchaburi Governor has revoked, or declined to renew, camp passes to THI for May. The SPDO has indicated that it will follow-up with the Ratchaburi Governor to renew camp passes for IRC.
- UNHCR stated that 84 Thai nationals repatriated by the Mae Sot Friendship Bridge on 30 April and that the bridge was open momentarily on 1-2 May, allowing for the return of 114 Myanmar migrant workers, but was closed again while negotiations between Thailand and Myanmar for a more sustained reopening continue.
- BPRM highlighted a news report that several migrant workers had escaped detention in Mae Sot, including two who were eventually captured in Mae La.
- IRC noted that testing has not been conducted in the camps but cases have been referred outside for testing. To date, only one instance of referral for testing has taken place, which was negative.

ACTION POINT: 1) IRC and UNHCR follow-up the reports of migrant workers (possibly refugees) escaping detention in Mae Sot.

2. Surveillance, Case Investigation and Outbreak Rapid Response

- CDC stated that surveillance guidelines are currently being reviewed by Ministry of Public Health (MoPH), which has contacted provincial MoPH offices to make them aware of the guidelines and to seek feedback. The CDC Health Information System (HIS) focal point has contacted UNHCR to update software in order to include COVID-19 as a reportable condition and should be ready within a few weeks. Reporting parameters are also being discussed in order to develop weekly surveillance reports.
- MI stated 9 persons in MLO and 25 persons in MRM are under quarantine, which includes 7 new cases in MLO, 14 new cases in MRM, while most of the previous quarantine cases have been released.
- IRC stated that the THI camp commander locked down the camp completely so any kind of quarantine stopped, though people were still entering and were avoiding screening by health actors. IRC met with the THI Camp Committee, who noted people were afraid of consequences of being screened, including quarantine or detention. IRC has since screened all individuals reported to have re-entered the camp.

ACTION POINT: 2) IRC and UNHCR to discuss how the deterrents to reporting could be better addressed.

3. Infection Prevention Control (IPC)

- MI stated that PPE stocks will last for several months but existing stocks need to be complemented. More items are becoming available in markets. MI has identified a supplier who will be able to supply

testing and PPE materials within a few weeks. MI has received information that surgical masks donated by MoPH will be delivered via the Sob Moei District within this week.

- IRC stated that PPE donations from MoPH were delivered by Ministry of Interior (MOI) in 7 other camps.
- IRC is approaching budget capacity for installation of handwashing stations and this will be important to think through if any other pillars, particularly RCCE and Protection, identify key handwashing areas.

ACTION POINTS: 3) IRC to share a list of current handwashing locations with RCCE WG to assess for follow-up.

4. Case Management

- IRC informed that discussions are underway pertaining to case management issues, including logistics to support testing by the Shoklo Malaria Research Unit (SMRU), severe case definition, telemedicine feasibility, and linking with BKK-based infectious disease specialists.
- IRC stated a meeting for case management actors will take place on Friday, 8 May. CDC added the meeting will be a kick-off for clinicians to update status of planning for case management and the types of facilities available. An MoPH point of contact is being identified to support case management. The objective is to develop a standardized approach to case management, considering differences in each camp context and interactions with district authorities.
- MI stated that facilities are being finalized and procurement is starting. Details remain about defining “severe” cases for referral and procuring necessary medicines for treating cases in camp.
- IRC stated that it is expanding the number of suspect and confirmed beds available in camps and considering how to quickly be able to deal with a case load that exceeds current bed capacity, including use of overflow facilities.

5. Risk Communication & Community Engagement (RCCE)

- ADRA stated that 623 HH visits have been completed in various locations during the past week and THI home visits are starting Thursday this week. Camp Committees are discouraging home visits in some locations, while BDY Camp Committee is requesting home visits not take place. IRC emphasized that small group dialogues are essential for risk communication and community engagement despite some of the fears associated with COVID-19 transmission.
- ADRA updated that loudspeaker announcements continue in all camps, with PSEA messages included at least once per week, and that FilmAid is also maintaining a YouTube channel for people to access online (where possible) and is screening short films at the Mae La clinic. ADRA clarified with the Mae La Camp Commander that the request on loudspeaker announcements is to only share information that is consistent with government directives.
- Key messages on PSEA have been developed for approval by the national group, with phone numbers and active camp-based organizations varying by camp, and an upcoming activity will be to deliver key message leaflets to nine camps. ADRA added that SCI is working on a child-friendly booklet on COVID-19 and mental health resources for parents and children.
- On hygiene materials, ADRA updated that a blanket distribution of hygiene kits will be completed in the next two weeks in BMN and BMS. The cloth mask tracker indicates just over 20,000 distributed as of today. This week there will be distributions of 4,000 masks in UMP, 8,900 masks in MLOa, and 4,000 masks in NPO following targeting by camp committees in collaboration with camp commanders.

UNHCR has committed to procure 90,000 cloth masks prioritizing four camps in MHS province, to be distributed with hygiene kits. A leaflet about hygiene kit contents has been developed. There are concerns about the inclusion of bleach in the hygiene kits so separate guidance is being developed to accompany distribution. Cloth mask guidance has also been developed to ensure handwashing and social distancing continue.

- Challenges include MLO Camp Committee selling cloth masks to camp residents for 6-8 baht (KRC has intervened to announce no fees are permitted); BDY Camp Committee does not want home visits on key messaging; and there are rumours in MLA on fines of 20,000 baht or 200 baht for not wearing masks, but people found not to be wearing masks are punished with 30-50 “up-downs” (forced exercise). There will be messaging developed for MLA to say there are no fines for not wearing masks.
- EU asked about plans for schools to be reopened. UNHCR clarified that no dates have been shared but reports from several camps indicate plans for 1 July, though this hasn’t been communicated widely yet. TBC added that the Education Sub-Committee has not decided whether re-opening will be staggered.
- UNHCR asked about the status of the feedback and complaints mechanism and whether there is any further vetting required. ADRA clarified the RCCE WG updated the mechanism last week and has circulated to organizations for input; input is being sought from provincial and national level groups and there is an expectation that each organization will circulate information internally.
- UNHCR informed that in response to an inquiry by TBC last week, and further inquiries from the provincial groups, UNHCR is exploring whether it could support media monitoring reports so that camp populations can receive updates on the situation in Thailand from trusted sources. ADRA noted it does not have the internal capacity to conduct media monitoring and welcomes collaboration with UNHCR.
- UNHCR stated it would be useful to report on how seven-day plans will fit in the larger RCCE calendar and ADRA noted that the frequent changes have made developing longer calendar plans challenging. UNHCR has developed an information store with folder for meeting minutes and working group documents where members can store and update information including this calendar.

ACTION POINTS: 4) ADRA will share the draft Feedback and Complaints Mechanism with group members for comment. 5) UNHCR will develop media monitoring reports to share through RCCE WG and provincial groups. 6) ADRA will develop an activity calendar to include in the information store developed by UNHCR.

6. Food assistance

- TBC stated that in the past week, all households received a 5% food value increase and queries about changes are being addressed. Food Card System (FCS) vendors are implementing the IPC measures, including social distancing for queuing, with monitoring by camp FCS working groups.
- TBC added there have been no issues raised over the quarantine. TBC has responded to queries about supporting food at community-organized quarantine, which it will not support.
- TBC raised an advocacy and protection issue raised about a family who left children at home to go outside for work and were placed in detention; there are issues with maintaining long-term restrictions on movement when many camp residents rely on sources of income outside camp.

7. Protection / Advocacy

- UNHCR stated an issue flagged by provincial groups is to take steps and mitigating measures against SGBV risks in community quarantine facilities. No incidents have been reported yet so this is preventive.

- UNHCR added that there is still a question mark on whether an offer of support for testing kits could be helpful to MHS Province.
- UNHCR plans to prepare a follow-up letter for the MOI Permanent Secretary to be co-signed with IRC, to provide an update on current activities, to encourage continued MOI engagement in the group, and to seek clarification on pending issues as mentioned during the previous meeting. The letter will go out today or tomorrow. There is a question on whether to include access and travel issues. On the latter, CDC informed that it is sending a letter to the MoPH Deputy Permanent Secretary to request access by NGOs to travel between provinces so it would be good for these two communications to be consistent.
- UNHCR has finalized a dashboard on the work of the group, which has been shared widely via email and posted online. The dashboard is to be updated every two weeks and Group Members are requested to share updates by Thursday this week, including changes on funding, activities, and priorities, so that the second dashboard can be issued on Friday as planned.

ACTION POINTS: 7) CDC will follow up with MOPH on whether support for testing kits could be helpful for MHS province. 8) UNHCR will submit a joint letter to MOI updating the activities of the Group and seeking clarification on pending issues (e.g. on the guidelines sent by the Deputy Permanent Secretary and on access) through a meeting. 9) CDC will share a copy of the letter being sent to MoPH on access and travel by NGOs (to facilitate consistency with Action Point 8).

8. AOB

- The next meeting will be chaired by UNHCR on Tuesday, 12 May at 09:30.