

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

8th Meeting, 12 May 2020

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

1. Situation update

- UNHCR confirmed that there remain no suspected or confirmed cases in the camps and that there are no new cases in any of the provinces where the camps are located since early April. Border crossing points remain closed in refugee-hosting provinces but there were media reports of some Thai nationals returning to Thailand being placed under 14-day quarantine.
- UNHCR added that Announcements 17 and 18 in Tak provide for gradual easing of measures; Announcement 5 in Mae Hong Son (4th May) continues to discourage unnecessary travel but provides revision on travel into Mae Hong Son allowing foreign nationals of NGOs to enter with prior authorization from the central level, and persons not travelling from outbreak areas would not be subject to 14-day quarantine. MI confirmed that this information was shared last week in Mae Hong Son; IRC added that they heard that non-Thai nationals travelling into Mae Hong Son require fitness to travel (FTT) certificates, but this needs to be confirmed. Overall, there remains a need for clarification on authorizations for the transportation of staff and specimens for testing.
- CDC updated the total case count is 3,015 and for several days the case counts have been single digits, except for a cluster in an IDC in Songkla. Ministry of Public Health (MoPH) has been doing more active testing of Persons Under Investigation (PUIs) and targeting persons in high-risk situations (airport workers, bus drivers, new prisoners, etc). Statistics on province-level testing are not available but nationally there has been robust testing without having detected high numbers of cases, and restrictions on businesses are gradually easing.

2. Surveillance, Case Investigation and Outbreak Rapid Response

- In the previous meeting, concerns were raised about refugees re-entering camps who fear quarantine or possible detention and are therefore under-reporting. IRC surveyed field staff in 7 camps: in BMN and BMS, this is not a big issue partly because the approach is self-quarantine; UMP is a hot spot in Tak province, and IRC is engaging the Camp Committee to manage the situation; in THI, concerns were raised because the Camp Commander had placed the camp on lockdown, with detention as penalty. MI added that there have been reported increases in movement over the past week; MLO has been more challenging than MRM due to proximity to markets. Meanwhile quarantine numbers are higher in MRM (30) than in MLO (13); moreover, about 430 persons are also stranded in Myanmar. IRC added quarantine numbers in NPO (3), UMP (4), BMS (6), BMN (3), MLA (0), THI (0), and BDY (0).
- IRC plans to start active case finding in the coming weeks and is working out details with Shoklo Malaria Research Unit (SMRU), with discussions planned on Friday involving IRC, MI, and SMRU. MI continues to identify respiratory infections in MLO and MRM so testing for COVID-19 will be a positive step.
- CDC is waiting for approval from MoPH on surveillance guidance. MoPH has issued guidance on active case finding, which at present do not designate “refugees” from the camps as a priority group, though urban refugees and Rohingya in IDCs may be included within overall detainee populations and urban

refugees may be included in the general migrant population. Each province is requested to develop a plan for testing (120 persons per 100,000) and each Public Health Office (PHO) will develop a plan. IRC suggested to put forward Mae La, given the specific risks associated thereto.

ACTION POINTS: 1) IRC will follow-up in UMP on underreporting of travelers. 2) CDC will share MoPH guidance on active case finding for information. 3) IRC will advocate for MLA to be included in the Tak active case plan.

3. Infection Prevention Control (IPC)

- IRC was supposed to share information with RCCE pillar on handwashing station locations, which it will do so shortly. IRC notes 120 additional handwashing stations are planned and most of the schools will be furnished with a handwashing station.
- IRC added the first installment of PPE donations by MoPH was received in all camps, with delivery supported by the Ministry of Interior (MOI). IRC has 48,000 surgical masks plus 775 N95 masks and a good number of N95 masks should be arriving through recent procurements. MI added that N95 masks under procurement from regular supplier were not medical grade, so the order was cancelled and a new supplier is being sought. MI has received a small number of PPE from a police hospital near Bangkok, including 60 partial sets, while existing supplies are being conserved while there are still zero cases. Incinerators are being set-up for suspect and confirmed cases, along with isolation facilities.
- IRC has been producing face shields for staff as well as reusable surgical gowns to focus on conservation.
- MI and IRC are developing another level of IPC SOPs for case management in collaboration with CDC.

4. Case Management

- IRC and MI held the first coordination meeting last week with initial updates on case management and discussed a number of priority issues to take on, and initial IRC guidelines were shared.
- IRC stated there are 75 isolation beds available in the seven camps but based on a 2% infection rate want to scale this up to 170 beds for severe cases, with plans for additional surge capacity if an outbreak is detected in one or more camps. MI added that in the Mae Sariang camps, 26 beds are available for isolation of suspect cases, and 32 beds are available for confirmed cases, while surge capacity is also being explored alongside safe facility expansion. District hospitals have a few beds for severe cases, so IRC is preparing for the event that cases are referred back. Three scenarios are being considered, including a scenario where all but the most serious cases are managed in camps.
- Simulation exercises this week in MRM & MLO by MI and in THI & BDY by IRC, and again next week in BMN & BMS by IRC, who emphasized simulation exercises are extremely useful, and local authorities are invited for their guidance and for continued advocacy.
- IRC added that CDC offered the use of a Nonthaburi CDC laboratory for testing cases from THI & BDY.

5. Risk Communication & Community Engagement (RCCE)

- ADRA stated that 2,043 small group household discussions have taken place since 16 April to share information on key messages. Across 9 camps, 223 community responders have been trained, including youth, women's organizations, NGO staff, and UNHCR staff. ADRA noted that SCI is developing IEC materials, including positive parenting and mental health, to be shared to RCCE WG for feedback. UNHCR has agreed to compile weekly media monitoring reports and a draft was shared and camp-level consultations are ongoing to finalize the content for a two-page brief. ADRA added that feedback surveys have started, with 55 persons surveyed in MLA on information needs and challenges.

- 283 hygiene kits were distributed in BMN (150 kits) and BMS (133 kits), and bleach was removed from the kits following earlier discussions (where bleach has been procured, it will be swapped with a substitute item). In the next week, hygiene kit distribution continues in Site BMN & BMS by ACTED, SCI will start this week in 7 camps with additional soap or laundry detergent in place of bleach. This first round will finish this month. Key message leaflets will be distributed in 7 camps and have already been included in hygiene kits in BMN & BMS.
- As of 7 May, 33,861 cloth masks were distributed across 9 camps, including 17,000 in Tak last week. On Friday there was a meeting in Sob Moei and camp commanders from MRM & MLO shared there are not enough masks and requested each NGO to contribute 200 masks per camp. Additional production is planned in MLA & UMP to be delivered to MRM & MLO.
- RCCE WG meetings are now Fridays at 2PM to accommodate member schedules. ADRA added that KWO, KnWO, KRC, KnRC are all invited to participate but have not been attending to date.
- UNHCR noted an action point from previous meetings is for national level approval of new messages. ADRA noted there are no new messages from the RCCE WG or province level groups pending approval.
- IRC noted it has been receiving inquiries about when movement restrictions will be eased [this is also confirmed by the first round of information collected through the feedback mechanism] and an increased number of persons identified and quarantined means there is still a high potential for movement; IRC proposed key messages highlight that easing restrictions on movement does not mean the virus is gone as well as discouraging unnecessary travel.
- TBC inquired whether IOM had any information about the reopening of factories, as this will be one of the drivers of movements out of the camps. IOM has been collecting data for the past month on information related to migration themes, such as economic activities in refugee-hosting provinces, including information generated by the private sector, and offered to brief at the next meeting.
- UNHCR proposes reaching an agreement on a minimum basket for the hygiene kit. ADRA notes the hygiene kit has been agreed upon for a one-off distribution through funding by the Start Fund. New funding will need to be sought for the next round of hygiene kits and a new question will be included in the feedback survey on this.

ACTION POINTS: 4) ADRA to develop a mechanism for provincial level input on key messages for final vetting at the national level. 5) ADRA to draft new messages that reflect the need for continued vigilance despite changes to restrictions of movement. 6) IOM will share data and analysis on factory operations impacting refugee-hosting provinces and will arrange for a colleague to brief at the next meeting.

6. Food assistance

- TBC noted that food continues to go into the camps and the supply chain continues to operate smoothly; cooking fuel stocks also continue to be managed and vendors are practicing IPC measures.
- TBC is not receiving requests for food for community quarantines; families are expected to support food for quarantined family members and camp committees have emergency stock.
- Support to camp security continues to be raised, particularly THI & BDY, and TBC has said this needs to be covered by the discretionary budget received by Camp Committees and no additional support has been provided for the additional patrols. UNHCR added that the THI Camp Committee has clarified they purchased items for camp security on credit and are now looking at ways to pay it back.

- UNHCR noted the Tak PWG has raised challenges for elderly persons with mobility restrictions who rely on friends and relatives to deliver food. TBC notes this express issue hasn't been raised internally.
- TBC added that camp residents are all considered Most Vulnerable (MV) for May and June and a funding appeal has been made to extend this, otherwise everyone will revert to previous status in July.

ACTION POINT: 7) TBC will look into how elderly persons are being supported on access to food and fuel.

7. Protection / Advocacy

- UNHCR updated on advocacy discussed last week with MOI, noting a letter signed jointly by IRC and UNHCR was sent to the MOI Permanent Secretary seeking a meeting to clarify points in the letters to governors (e.g. on referrals). UNHCR is still awaiting a response.
- UNHCR added that provincial level PWG meetings have identified the need for psychosocial support for frontline workers and families impacted by restricted movement; PWGs are also conducting joint protection monitoring. In UMP, there has been some progress on the 200 persons stranded outside camp, now 100 persons, and home quarantine is being advocated to speed up their re-entry.
- CDC noted there has not been an update from MoPH though a meeting with the Public Health Office (PHO) in Mae Hong Son had been planned during the past week. CDC has received a letter from MoPH following a request for responding entities to travel between provinces, suggesting that a letter be sent to the Central Committee for COVID-19 Response, which CDC will send later this week.
- UNHCR notes that translations of the meeting minutes have been shared with MOI to keep them informed of the discussions of this group.

ACTION POINT: 8) UNHCR will follow-up with MOI on the meeting requested.

8. AOB

- The next meeting will be chaired by IRC on Tuesday, 19 May at 09:30.