

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

9th Meeting, 19 May 2020

Participants: ADRA (Emily Grose), BPRM (Christine Vaughan), IOM (David John, Dr. Sai Lynn, Sally Barber), IRC (Darren Hertz), MI (Per Vogel), MoFA (Khun Kiradit), SCI (Annaliza Laylo), TBC (Sally Thompson), UNHCR (Pia Paguio, Alessandro Nobile, James Ferguson), WHO (Liviu Vedrasco)

1. Presentation on labour migration

- IOM stated there are close to 4 million migrants in Thailand (50% female), which constitute about 10% of Thailand's labour force. There is demand from neighbouring countries is for lower skilled workers across numerous sectors and industries and this is projected to be sustained despite COVID given structural issues (e.g. aging population). The primary group is regular migrants under established Memoranda of Understanding (MoU) with neighbouring countries; workers are tied to employers and there are restrictions on changing; the alternatives to MoU labour migration are periodic windows of regularization. Patterns began to change in 2017 when a royal ordinance was passed, which imposed significant fines and penalties on employers and workers; this was replaced by a new regime in 2018 in response to various pressures. Approximately 1.8 million irregular migrants were regularized under the current regime and a second regularization window was due to be completed in March 2020.
- IOM conducted a survey under the Data Tracking Matrix (DTM) which identified loss of income as the biggest impact of COVID-19 on non-Thais. Migrants who were at various stages of regularization and permit renewal now have precarious status in Thailand, and their protections are unclear. There are distinctions under various employment-linked laws between formal and informal workers; regular migrants can avail themselves to existing and new additional social protections, while informal workers, who are limited to the voluntary health insurance scheme, face various limitations and exclusions.
- The Government has introduced measures including extension of stay without penalty for migrant workers, with the length of extension depending on permit type. All migrants are able to access free testing and, if positive, treatment, but the trickle down of information including in migrant languages remains a challenge. IOM noted while accommodation for migrants in Thailand remains a concern, we are yet to see COVID-19 clusters similar to migrants in Singapore; although clusters have been identified in migrant detention. The Government has conducted testing targeting urban areas with high migrant worker populations, and employers are also conducting testing. It's important to ensure migrants are aware that their employment and migration status will not be affected by testing or results. At least one province is conducting rapid testing for migrants seeking to change employers, but the cost of 800-900 baht is prohibitive for many workers and employers. IOM estimates 150,000-200,000 migrants returned to their home countries at the onset of COVID-19 and there is currently a rise of non-ethical recruitment practices and irregular movements at the border. There are also labour force gaps, particularly in electronics, with a spike in demand following working from home arrangements worldwide. There is a need to focus on setting up regular recruitment regimes that are systematic and accessible; the government is starting to set up quarantine facilities for newly arrived migrants, but it's important that irregular migration doesn't spike in response to several gaps. IOM is trying to support processes, including through the provision of hygiene materials, working with supply chain actors to ensure compliance with Thai laws, and looking at testing and quarantine requirements in recruitment

processes. IOM emphasized that migrant labour is essential to Thailand's economic recovery and resilience.

- TBC inquired about timelines for opening borders and changes IOM is seeing, particularly in agriculture sectors at the border. IOM noted it's not possible to gauge timelines accurately but is aware that preparations are underway; it's anticipated that regimes will adapt to the new environment and preparations for this is being observed in Thailand and neighbouring countries. IOM expects that new quarantine facilities will take a month or longer to put in place, and it will likely take several months to introduce medical certification requirements. IOM notes that the ability to access information in their own language will help migrants to make informed decisions.

2. Situation update

- IRC stated there were no significant updates since last week. IRC added that the number of new cases identified in Thailand continues to be low, with no cases identified in the camps. IRC continues to track respiratory tract infections in the camp and will begin testing for COVID-19 soon.

3. Surveillance, Case Investigation and Outbreak Rapid Response

- MI updated there continue to be more people moving in and out of MLO & MRM, with increasing movements over the past 1-2 weeks due to the proximity of nearby villages; movements among humanitarian actors remains limited to MI and a few other NGOs.
- MI reported quarantine cases figures for MLO (2 new, 6 old) and MRM (3 new, 17 old). IRC reported there are a few home quarantines: 4 in UMP; 1 in MLA; 5 in BMN. IRC continues to look to expand isolation capacity in all 7 camps, having both isolation ability for suspect cases, for confirmed cases, and the ability to surge and expand should there be infection in any camps.
- MI is hopeful COVID-19 testing will start soon as there are 26 upper & lower respiratory tract infections in MLO & MRM. IRC will be testing ILI, URTI, LRTI as well as healthcare workers in order to prevent spread of COVID-19 by healthcare workers. IRC is not observing the same level of screening in all the camps, possibly linked to the regular turnover of Or Sors so IRC is increasing training with MOI to ensure regular screening. IRC continues to observe to be resistance among camp residents to report for health screening after being outside camps.
- MI is starting to hear more about people waiting on the Myanmar side to get into the two camps, e.g. students waiting for the new school semester. A phased approach needs to be planned and coordinated with regards to quarantine.
- BPRM noted reports of an increase in dengue cases in Thailand and inquired whether there are spikes in the camps, and whether this is raising concerns due to similar symptoms with COVID-19. IRC has not received reports of dengue cases in the 7 camps; IRC is currently cohorting cases by looking for fever, influenza-like symptoms, and acute respiratory infections. MI has not encountered dengue in MLO & MRM, though dengue is unusual in these camps.

4. Infection Prevention Control (IPC)

- IRC continues to have regular supplies of PPE and continues to produce reusable PPE. IRC is producing scrubs and will prepare reusable surgical gowns; there remains a good supply of disposable PPE, such as masks, which should last 6 weeks.

- MI reported procurement is ongoing for some items, and for others good suppliers are being sourced. MI is buying new equipment for the isolation facilities: space for 26 persons for PUI; space for maximum 40 confirmed patients (20 in each camp). MI has set up facilities, trained staff, going through simulation exercises, and general preparedness to receive patients.
- IRC is observing handwashing practices, particularly at the entry points, but not as much embracing of social distancing and cloth masks; camp residents largely understand what need to be done but there are challenges with behavioural changes.

ACTION POINTS: 1) IRC & MI will prepare protocols for managing potential dengue outbreaks.

5. Case Management

- IRC & MI met with SMRU to work out training and testing processes for MHS camps as well as some surveillance testing at Tak camps. Within the next few weeks, health actors should commence diagnostic testing in MHS camps and surveillance testing in all camps.
- IRC is preparing logistic arrangements to bring testing specimens from MHS to Tak and are awaiting approval from Provincial Health Officers; camp commanders and PHOs have provided authorization in MHS but expecting approvals in Tak within this week. IRC added that swab procurement is underway.

6. Risk Communication & Community Engagement (RCCE)

- ADRA stated that 2,397 small group discussions have taken place across 9 camps and ACTED distributed 630 hygiene kits in BMN & BMS. At the RCCE WG last week, a mechanism for approval of messages was discussed, whereby key messages are pulled out from provincial meetings and raised at RCCE WG and then put to the national group for comments. The feedback survey reports also feed into message development. On the latter, the RCCE WG is taking frequently asked questions from bi-weekly feedback mechanism to develop responses for sectors and pillars. To date there have been 644 surveys completed and a CDC poster already translated in Karen and Burmese will be disseminated in response to questions about symptoms.
- ADRA added 40,866 masks have been distributed across nine camps to date. ADRA has received confirmation that UNHCR will support the production of 5,100 masks in MLA & UMP's ADRA VT centers to support MLO & MRM; total population is 17,000 and current gap is approximately 10,000 masks, so there will still be a gap after this distribution. ADRA notes that MLA & UMP can produce about 2,000 masks per day. MI notes that the health actor figures are 19,000 persons so the gap may be larger. MI further confirmed that the Sob Moei District Office is requiring everyone to wear cloth masks entering camps or when camp residents are outside their homes.
- UNHCR reported that 94,000 masks are being produced but there have been supplier setbacks; today UNHCR will confirm production with suppliers for three mask sizes, considering issues with material procurement and production capacity, with a realistic timeframe of 2 weeks to produce and deliver.
- ADRA shared results of the feedback mechanism from MLA, UMP, NPO and MRM on five questions. Facebook and loudspeakers are sources for majority of respondents, though notably most respondents in UMP & MLA have internet access. Most respondents say they are receiving a little or enough information about COVID-19, that they have received information about symptoms and prevention, but also that they want more information about this. Challenges on accessing information include no internet access, no phone credit, and unable to leave home. The next feedback survey report will be prepared on 29 May.

- Several agencies noted that despite previous attempts internet and phone access are currently limited by government policy and out of the hands of COVID-19 Group members. ADRA notes that in those camps where internet access is not widespread the RCCE WG would look at strengthening alternative modes of engagement, including greater engagement with religious leaders.
- ADRA added that in the next seven days, hygiene kit distribution will continue in BMN & BMS and will take place during 21-25 May in the remaining camps. Post Distribution Monitoring (PDM) will take place in the first two weeks of June.
- UNHCR shared that the provincial groups have developed messages about SGBV for final vetting by the RCCE WG. The messages have been particularized for each camp for use on loudspeakers, with contact information adjusted for each camp. Group members endorsed use of the messages.
- UNHCR requested a smaller meeting on hygiene kits, which would include ADRA, IRC, and MI and TBC.

ACTION POINTS: 2) ADRA will update the Sob Moei district officer with information about cloth masks. 3) ADRA will share COVID-19 poster translations following the meeting. 4) CCSDPT Directors will discuss approaches to advocacy for internet at the next meeting this month. 5) ADRA will share the feedback survey results following the meeting. 6) UNHCR will update on procurement dates for cloth masks. 7) UNHCR, ADRA, TBC, IRC and MI will hold a separate discussion on hygiene kits.

7. Food assistance

- TBC reported there are sufficient food stocks in all camps for now; there has been significant forward-purchasing of rice and cooking oil in some camps, but sufficient food supplies continue to arrive.
- TBC added there have been continuous efforts to prepare food vendors for COVID-19, including introducing measures for social distancing and increased hygiene. TBC responded to a question last week about elderly persons being able to access food noting that most vendors have delivery services and most vulnerable persons are monitored by women’s organizations and FCS working groups. IRC noted that if infection is discovered in any camps then there will need to be mechanisms to shield higher risk groups, including elderly and persons with chronic conditions.
- TBC also stated that all camp residents will continue to be classified as MV until the end of June; beyond that would be contingent on additional funding.

8. Protection / Advocacy

- UNHCR updated that MOI’s response to the meeting request is pending but shared its understanding based on information received that specific instructions from governors take precedence over the 24 April letter from the MOI Deputy Permanent Secretary, which is meant to serve as a general guideline.
- UNHCR displayed a copy of the protection analysis developed by the provincial PWGs. Data for the current draft is as of 31 March and can thus serve as a pre-COVID baseline, using information on vulnerability drawn from partner organizations across different ages, genders, and categories. TBC inquired whether the numbers reported are identifiable cases and UNHCR clarified that the numbers are composite figures, with each agency knowing who the persons are that they provided numbers for.
- SCI presented the safe return strategy the education sub-committee is developing to prepare for school re-opening. Three main education themes are included: 1) access and safe learning facilities; 2) teachers and other personnel; 3) teaching and learning. The strategy is in a final draft form and will be considered by the education sub-committee this week, which will apply to nine camps.

- SCI has started a distribution of home-learning sets, including learning materials, hygiene sets, and guidance for parents on caring for children during COVID-19. Distribution will continue through June until the planned school re-opening on 1 July. MOI has set a condition that the education sector has a clear, fool-proof plan before proceeding with the next school year.
- SCI anticipates that a high number of students will not return given the long pause, so SCI is planning a back-to-learning campaign. Issues will be consolidated from multiple stakeholders before launching the campaign in June. From the RCCE WG report, education was highlighted by respondents as an issue and this will be addressed through the campaign.
- It was acknowledged by the group that there would need to be close coordination with the education sub-committee as the school reopening approaches.

ACTION POINT: 8) UNHCR will share a copy of the protection dashboard for comments.

9. AOB

- IRC noted that in the CCSDPT Executive Committee meeting, issues have been raised about opening the camps to new and existing organizations, which may require longer discussions on managing infection prevention control and adapt to facilities being repurposed for quarantine and isolation capacity. TBC added that it would be useful to meet on these issues before the CCSDPT ExCom meeting takes place.
- UNHCR reported the COVID-19 funding tracker has been shared widely with donors and other stakeholders but it has not received any response to date. TBC shared feedback from some donors that unless interventions are included within existing agreements, then it will be difficult to attract funding.
- The next meeting will be chaired by UNHCR on Tuesday, 26 May at 09:30.