Report on Preventive Measures against COVID-19 in Kachin and Northern Shan State

(Febuary – March, 2020)

Joint Strategy Team (JST)

28th March 2020
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### List of Acronyms

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<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>EAO</td>
<td>Ethnic Armed Organization</td>
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<tr>
<td>GCA</td>
<td>Government Controlled Areas</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication (IEC) material</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Government Organization</td>
</tr>
<tr>
<td>IRRC</td>
<td>IDP and Refugee Relief Committee</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>JST</td>
<td>Joint Strategy Team</td>
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<tr>
<td>KCA</td>
<td>KIO Controlled Areas</td>
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<tr>
<td>KIO</td>
<td>Kachin Independent Organization</td>
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<tr>
<td>KHCC</td>
<td>Kachin Humanitarian Concern Committee</td>
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<tr>
<td>MoHS</td>
<td>Ministry of Health and Sport</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>UN</td>
<td>United Nation</td>
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</table>
1. Introduction
COVID-19 was first reported to World Health Organization (WHO) Country Office in China on 31\textsuperscript{st} December 2019 as pneumonia of unknown cause detected in Wuhan and the outbreak was declared a Public Health Emergency of International Concern on 30\textsuperscript{th} January 2020. The disease has been declared as a pandemic by WHO since 11\textsuperscript{th} March 2020. As of 26\textsuperscript{th} March 2020, 416,686 cases have been confirmed with 18,589 deaths across 197 countries according to WHO.

JST aware of the seriousness of the outbreak of the disease and start communicating with different stakeholders to response on preventive measures against IDPs and the community since the end of January 2020. Kachin State and Northern Shan states are bordered by China. Due to the renewed conflict since 2011, around 107191 IDPs are staying in 173 IDPs camps in Kachin and Northern Shan States. Out of the total IDP population, 37670 IDPs are staying in 17 camps within the KIO controlled areas (KCA) close to the China border. Moreover, there are approximately 5000 students in Laiza and 6000 students in Mai Ja Yang. The country (Myanmar) itself is vulnerable because of the limited healthcare and medication system, and since Kachin State neighbors China, the situation is one of vulnerability. It is also causing concern in the IDP communities.

In response to that, JST members have been providing the preventive measures to the IDPs in Kachin and Northern Shan through JST 5 working areas:

1) Myitkyina area based team (covering Myitkyina, Waimaw, Moegaung, Moenyin, Tanai, Hpakant, Sumprabum, Putao, Chipwe, etc.)
2) Bamaw area based team (covering Bamaw, Moemauk, Mansi, Maihkawng, Shwegu, Lweje, etc.)
3) Laiza area based team (KIO controlled area)
4) Mai Ja Yang based team (Eastern part of KIO controlled area)
5) Northern Shan area based team

2. Activities

The following activities have been conducted by JST as part of preventive measure activities across Kachin and Northern Shan:

- Communicating with authorities (Government Heath department in Government Controlled Area (GCA) and IDPs and Refugee Relief Committee (IRRC) and Health department of KIO in KCA)
- Providing awareness by giving IEC materials
- Providing hygiene materials and facilities
- Strengthen communication mechanisms and community surveillance
- Develop COVID-19 related position, guidelines, action plan and framework for planning.
- Staff capacity building
2.1 Communicating with authorities (Government Health department in Government Controlled Area (GCA) and IDPs and Refugee Relief Committee (IRRC) and Health department of KIO in KCA), WHO and other relevance Stakeholders

**Coordination with IRRC and KIO health department:** JST has been coordinating with IRRC and KIO health department since 29th January 2020 in Laiza area. JST team in Mai Ja Yang conducted coordination meeting with IRRC, health department and other related stakeholders such as KWAT since 3rd February 2020. The following actions have been coordinating so far:

- Establish committee for the responses
- Draw action plan and implement for Mass awareness campaign in IDPs camps
- Producing IEC material including vinyl and posted in IDPs camps
- Regular Monitoring IDPs camps’ situation

**Coordination with MoHS:** In Kachin state, coordination with MoHS has been done since 5th February 2020 and in Northern Shan since 6th February 2020. The State Health Departments updated on the National level meeting, referral and technical support for awareness rising to JST members. In Kachin State, State Health Department coordinated with JST members and visit IDPs camps in Myitkyina and Waimaw. The following points have been coordinating with MoHS:

- Technical support for community awareness raising
- Coordination
- Referral contacts
- IEC material for awareness raising

**Coordination with World Health Organization (WHO), UN agencies and Donor Community:** JST has been communicating with WHO since 5th February 2020 for the preventive measures of IDPs camps in Kachin and Northern Shan. JST invited WHO, UN agencies and donor community on 13th March 2020, shared JST responses and request for technical support. WHO have provided training on 21st February in Lashio and on 17-18 March in Myitkyina. A total of 32 JST and Humanitarian Strategic Team (HST) members joined the training in Lashio and 32 JST members (from Myitkyina, Bamaw, Laiza and Mai Ja Yang areas) and 4 health workers from KIO health department joined the ToT in Kachin. Day one to be focused more on awareness and knowledge on COVID–19 virus and its preventive measures so that the staff could deliver the message to the public with sufficient technical knowledge for awareness rising. Day two focused on preparedness and prevention of staff themselves, which could be safety procedure, how to handle if they find suspect patients and how they can conduct protective measures for themselves as a non-medical person in front line.

2.2 Providing awareness by giving IEC materials

JST has been providing awareness on COVID-19 since February across Kachin and Northern Shan State. JST reviewed the awareness package to be able to continue providing COVID related health education to IDPs and community. At the moment, the health education package is based on 1) the background of COVID-19, 2) Sign and Symptoms, 3) transmission, 4) prevention and control. The needed IEC is as per
awareness package suggested by WHO. Related links for information and IEC has been collected as followed:

- DoMS - COVID-19 clinical guidelines version 3 as of 7-3-2020.pdf
- Hospital Guide 18-10-2016 (1).pdf
- MoHS IEC and guidance at : http://mohs.gov.mm/Main/content/publication/2019-ncov
- WHO at : https://www.who.int/emergencies/diseases/novel-coronavirus-2019

**Myitkyina areas**: 255 vinyls were provided to 87 camps and 5 catholic churches in Myikyina, Waimaw, Moegaung, Mohnyin, Kamine, Tanai, Hpakant, Putao, Sumprabum townships.

**Bamaw areas**: 126 vinyl, 1200 pamphlets in 22 camps and 3 return and reintegration sites of Bamaw, Moemauk, Mansi, Shwegu and Lweje townships.

**Mai Ja Yang areas**: 15000 pamphlets and 220 vinyls were provided to 4 camps and host communities. Audio recording has been made for public awareness and providing through loudspeaker in Mai Ja Yang, Bamaw, Shwe Gu, U Lang Pa, Sein Lung Bum townships in KIO controlled areas.

**Lashio areas**: 4000 pamphlets and 900 vinyls were distributed in 36 camps and communities in Northern Shan through awareness raising sessions.

### 2.3 Providing hygiene materials and facilities

Along with the awareness rising of COVID-19, JST provided hygiene materials and facilities as per followed:

**Myitkyina areas**: 13348 soaps were 87 camps and 5 catholic churches in Myikyina, Waimaw, Moegaung, Mohnyin, Kamine, Tanai, Hpakant, Putao, Sumprabum townships.

**Bamaw areas**: 4405 soaps, and repair and build of 166 hand washing stations in 22 camps and 3 return and reintegration sites of Bamaw, Moemauk, Mansi, Shwegu and Lweje townships.

**Laiza areas**: 130 small hand washing station in 7 camps, 35 small hand washing stations and 15 large hand washing stations were provided for Laiza town for host community were provided. 5 soaps per a station were provided for both 7 camps and host community. Moreover, small tent to use for check point in Sha-it Yang camp were supported.

**Mai Ja Yang areas**: 36 hand washing stations in 9 schools, 11 hand washing stations in churches and city halls and soaps were provided.

**Lashio areas**: 10,000 soaps to 2500 households across the IDPs camps in Northern Shan state, and hygiene kits (tooth paste, tooth brush, water cup, nail clippers, towel) and masks to 1400 households particular in the IDPs camps within Kutkai and Lashio areas) were provided.
2.5 Develop COVID-19 related position, guidelines, action plan and framework for planning

JST has developed position, guidelines, action plan and framework for COVID-19 as followed:

1. Preliminary action plan to respond to the pandemic, particularly focusing in the most vulnerable areas, that is IDP congested camps. In the following days we will develop and start implementing the plan. The first estimation gives a budget of US 2.5 million, based on cost per person and days.

2. JST has launched to all humanitarian stakeholders in Myanmar a position-advocacy paper, together with JST and KHCC that we attached for your reference.

3. We have developed an essential protocol of management of face to face meetings in case they are absolutely necessary to happen.

4. JST has prepared framework for COVID 19 planning including the contingency for IDPs camps.

2.6 Strengthen communication mechanisms and community surveillance

JST has been facilitating to strengthen the community surveillance mechanism in the IDPs camps according to the guideline in JST framework for COVID-19 operation. At the moment, the following activities have been initiated together with the IDPs:

- Prepare for isolation room
- Taking preventive measure: documenting IDPs movement, restrict the IDPs camps’ check point, prepare for medicine and hygiene facilities
- Strengthen the referral pathway for COVID-19

2.7 Staff security and capacity building

Staff security and safety is a major concern of JST. The basic guidelines produced by the WHO has been distributing to all JST members’ staff. Moreover, several trainings have been provided to JST members staff not only to understand on awareness and knowledge on COVID – 19 virus and its preventive measures so that the staff could deliver the message to the public with sufficient technical knowledge for awareness rising, but also to understand preparedness and prevention of staff themselves, which could be safety procedure, how to handle if they find suspect patients and how they can conduct protective measures for themselves as a non-medical person in front line. The following training were provided by WHO and MoHS to JST members’ staff.

- On 13 February 2020, 16 KMSS staff and volunteer got COVID-19 orientation by Dr. Naw Shelta and started providing awareness section in Myitkyina.
- JST staff received training on 6th Feb 2020 by Medical doctor from KMSS and on 21st Feb 2020 by Dr Win Bo from WHO in Lashio.
- During 17-18 March, a total of 32 JST members (from Myitkyina, Bamaw, Laiza and Mai Ja Yang areas) and 4 health workers from KIO health department joined the ToT provided by WHO and MoHS.

3. Achievements

JST has put much effort in human resources and coordination to be able to respond the COVID-19 preventive measure in time, while operating the existing humanitarian programmes across Kachin and
Northern Shan. JST able to provide awareness, hygiene materials and facilities in the IDP camps of Kachin and Northern Shan states since the start the February which is an on time response to alert the IDPs on the outbreak of the disease. Thus, IDPs have been cautious and could make plan ahead. As the IDPs have been aware of the outbreak, the IDPs participate in organizing for the community surveillance mechanism and less chaotic by the fear of outbreak.

Based on JST experience working on COVID19 response, each member organizations have also able to prepare and draw contingency plan on COVID19. This JST experience and knowledge was able to share with wider CSOs that include Kachin, Shan, Kayah, Rakhine as well as national level CSOs plate formed including who are also working with displace community.

JST was able to develop meeting protocol under COVID-19 based on WHO reference material and put into practice for each of our meeting and workshop that include Myitkyina Multi-stakeholder meeting on 13 March 2020.

Based on JST consolidated experience on COVID19 response, we were able to transform the Emergency Response Fund (ERM) which is supported by ECHO through Oxfam into current COVID19 response funding mechanism for JST members to be able to response rapidly based on the current and urgent needs.

JST initiative with multi-stakeholder strategic collaboration is also possible in COVID-19 response such as collaboration between JST members and Health Departments of Government and EAOs, WHO and UN agencies, Donor community, INGOs, CSOs, IDPs camps management committee and Religious leaders etc.

4. Challenges and Gap

JST has been responding the preventive measure activities since the start of February 2020 according to the needs and concern because the IDPs camps are in congested living condition, limited hygiene and sanitation, limited health care services and close proximity to China. There are many IDP migrants workers who are working and coming back from China as well. There were many challenges for JST members responding the preventive measures with limited technical knowledge and background.

- JST had challenges while implementation planning and providing awareness to public with limited knowledge on COVID-19, in the beginning. It was very hard for JST members’ staff to deal with questions from IDPs during initial period.
- To be able to reach the spontaneous returnee in the scatter situation is still a challenge.
- JST has been strengthened the community surveillance, however, there is no standard operating procedure for IDPs and community when the disease outbreak is server which is the worst case scenario. (For example; if the national health system break down and the medical workers are not able to control or provide medical care)
- For the worst case scenario, there is lack of protection equipment such as PPE, gloves, mask, eye protectors, etc for CSOs including JST and community.
- There is potential social conflict and stigma by COVID-19 in the IDPs camps and the community (the returns of migrants from neighboring affected country such as China, Thailand, Malaysia, etc.)
- Meaningful collaboration and engagement with township level health department are still a challenge since most of them are under prepare and over stress with current COVID19 outbreak development.

5. Way Forward

JST will continue the following actions as way forward:

- Continue the coordination and communication at operational (Area JST level) as well as organizational level among JST members.
- Ensure to continue providing lifesaving support to the IDPs in this given context.
- Preparing Contingency planning and preparedness support to Camps management so that the community could protect themselves as much as they can even in the worst case scenario.
- Continue the collaboration and support for community mobilizing, with KIO health Department/IRRC and Myanmar Health department and WHO.
- Ensuring to get financial, technical and equipment support from various stakeholder.
- Continuous effort on collaboration with various stakeholders for strategizing: we will need to deal with current crisis as well as its consequences. Since we abide the accompaniment principle, we will also need to strategize for current, short and medium term.
- Advocacy effort upon Government Contingency plan as well as strategic engagement with Multi-stakeholder.
6. Photo report

Awareness raising session in IDPs camps, Myitkyina

Public awareness by using loudspeaker in Mai Ja Yang

Posting vinyl in public areas (Mai Ja Yang)
Vinyl distribution in Laiza area

Awareness session in Northern Shan

Handwashing station at school (Mai Ja Yang)

Large handwashing station in Laiza

Training in Lashio

Training by WHO in Myitkyina
7. Appendix

Annex 1: Kachin Humanitarian Concern Committee (KHCC) – Joint Strategy Team (JST) position on COVID-19 (12th March 2020)

KHCC - JST position on COVID-19

Coronavirus Disease has become a pandemic, spreading extremely fast around the world; with a death rate near 4%, affecting all countries and peoples. The alarming situation has brought the attention of most governments around the world and the WHO has alerted repeatedly on the importance to take preventive radical measures now, before it becomes uncontrollable and health systems get blocked.

Officially, the Ministry of Health and Sports (MoHS) of Myanmar has not yet declared any case in the country, despite the proximity to China makes the Myanmar population clearly exposed to the contagious disease. In this context KHCC and JST assume that COVID-19 is already in Myanmar, spreading fast and most probably having a big impact in IDP congested camps specially of those nearby China border.

In this regard KHCC and JST want to make a public statement on COVID-19 and its impact on Kachin and Northern Shan State IDPs and hosting communities.

1. KHCC and JST want to stress the importance of involvement of Civil Society Organizations together with medical institutions to stop the spread of COVID-19; as social awareness and social engagement are key components to stop the spread of COVID-19 in Myanmar.
2. It is crucial that MoHS strengthen its cooperation with WHO and Myanmar Civil Society and relevant stakeholders working for the development and dignified life of Myanmar citizens, so that the adequate measures could be taken on due time.
3. Intervention in the most vulnerable areas must be prioritized; this affects particularly IDPs near China border. All national and international actors are called to support people living in the most exposed conditions.
4. KHCC and JST call for effective and clear coordination and communication mechanisms for the response between health services in non-government controlled areas, and government services (MoHS); support by WHO should be provided.
5. Involvement of local and national NGOs, as well as CSOs working with the most vulnerable communities is essential to stop the spread of COVID-19. In this regard, they should be consulted and supported by MoHS and any other government related institution, as well as by international concerned actors.
6. The prevention of non-medical persons in frontlines such as CSOs who are working in the most vulnerable communities and IDPs camps should be reinforced and prioritised.
7. Return and resettlement programs must consider COVID-19 implications in order to avoid chaotic movements of people spreading the disease across the country.
8. As responsible civil society actors, KHCC and JST are implementing action plans to contribute to stop the spreading of the Coronavirus disease.

Myitkyina 12th March 2020

<table>
<thead>
<tr>
<th>JST COVID–19 Action Plan</th>
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<tbody>
<tr>
<td>11th March 2020</td>
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</tbody>
</table>

**Context**

Coronavirus Disease has become a pandemic, spreading extremely fast around the world; with a death rate of 3% - 4%, affecting mostly elderly or chronic patients.

There is no information available on the cases in Myanmar, although most cases (above 75%) are in nearby China.

In this context JST assumes that COVID-19 is already in Myanmar, spreading fast and most probably having a big impact in IDP congested camps nearby China border.

This is a brief plan to address COVID-19 impact on Kachin and Northern Shan States (NSS) IDP and hosting communities.

**Impact on IDPs in Government Control area (GCA), KIO Control Area (KCA), Northern Shan State (NSS)**

This is the foreseen effects under the assumption of fast spreading of COVID-19

1. Massive transmission/infection and significant numbers of deaths Spreading rate could be very fast (outbreak) among in camps and dead rate increase
2. Lack of commodities, transportation and communications and all public basic services
3. Food shortage for IDPs
4. Strict restriction on travelling and movements will be enforced for IDPs and communities.
5. Increase of jobless people; lack of livelihoods
6. Increase of social problems, due to restrictions and lack of income
7. Chaotic Returns may increase and IDPs movement could become uncontrollable
8. Land mines injuries and victims will increase
9. Existing R&R plan of IDPs will be affected or pushing IDPs to return or resettle rather than staying in camps.
10. Isolation/quarantine may happen in KCA
11. Strong border restrictions or full closure of the border with China for IDPs and local communities
12. Humanitarian assistance delivery restriction (access restriction) in KCA.

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1 JST is a group of committed, professional Humanitarian local NGOs providing comprehensive, strategic, principled humanitarian assistance to people affected by armed conflict in Kachin and Northern Shan States. JST has a long trajectory in strategizing and delivering principled humanitarian assistance in complex contexts and it is highly knowledgeable and exposed to the International Humanitarian System.
Impact on (Joint Strategy Team) JST

This is the foreseen impact on JST’s organisations:

1. JST members’ operations and coordination among them will be stopped, or reduced ad minimum.
2. There will be a financial capacity decrease and gaps, due to many factors, among others: currency exchange rate lost, and donor’s funding diverted from humanitarian programmes to COVID-19 response
3. Offices may close temporary; operations and services will stop, due to the restrictions of transportation and mass transmission
4. Regular Humanitarian assistance will dramatically decrease
5. Coordination meetings, workshops will be cancelled
6. JST will be unable to support chaotic R&R processes

JST COVID-19 Action Plan

<table>
<thead>
<tr>
<th>Priority Actions</th>
<th>How</th>
<th>When</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Contingency plans for each organisation</td>
<td>Collective, collaborate, corporation planning</td>
<td>As soon as possible</td>
<td>Technical assistance reference from Metta’s Contingency plan Budget required</td>
</tr>
<tr>
<td></td>
<td>All organizations to develop contingency plan</td>
<td>Before end of March 2020</td>
<td></td>
</tr>
<tr>
<td>Set up response mechanism</td>
<td>Coordination meeting, workshop with local stakeholders</td>
<td>Before end of March 2020</td>
<td>Technical support Budget required</td>
</tr>
<tr>
<td>Educate the staff on preventive measures and how to prevent themselves first.</td>
<td>Individual organization level</td>
<td>As soon as possible</td>
<td>WHO ToT participants /staffs Budget required</td>
</tr>
<tr>
<td>Coordinating meeting with WHO, MoHS and KIO HD</td>
<td>Approach and advocate to KIO Health Department, WHO, MoHS</td>
<td>After finishing Contingency plan</td>
<td>Budget required</td>
</tr>
<tr>
<td>CSOs platform for COVID -19</td>
<td>coordination meeting and sharing information, collaborate, cooperation ,... etc... (IEC) Share JST COVID 19 plan with HST, KnRRWG, Rakhine CSOs, Kachin CSOs, etc.</td>
<td>April 2020 and continue</td>
<td>Budget Coordination team</td>
</tr>
<tr>
<td>Priority Actions</td>
<td>How</td>
<td>When</td>
<td>Resources</td>
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<tr>
<td>-----------------------------------------------------------</td>
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</tr>
<tr>
<td>Operational response plan</td>
<td>• Priority area – KCA, NNS, Banmaw, GCA</td>
<td>Before 15 March 2020</td>
<td>Human resources Total Budget: US$ 2.5 million. US$ 2.2 million (direct cost) + US$ 0.3 Million (operational cost)</td>
</tr>
<tr>
<td></td>
<td>• Assessment/survey based on social medical indicators</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Overall organization: Metta</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Overall budget within each organization or as JST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing quick baseline assessment/survey based on social medical indicators</td>
<td>• Appointed JST organization to do work on the field and focal organizations to compile it</td>
<td>Before 10th April</td>
<td>Budget required and staff from JST members</td>
</tr>
<tr>
<td>Review awareness rising package</td>
<td>Update from WHO, MoHS through ToT</td>
<td>17-18 March 2020</td>
<td></td>
</tr>
<tr>
<td>Awareness raising sessions and provide hygiene materials (IDPs, community, and staff)</td>
<td>JST collective plan and share responsibility</td>
<td>After ToT</td>
<td>Budget, Human resources</td>
</tr>
<tr>
<td>Area contingency plans</td>
<td>JST collective plan and share responsibility</td>
<td>Before end of March</td>
<td>Human resources</td>
</tr>
<tr>
<td>Referral pathway system and response mechanism</td>
<td>JST invite Workshop with relevant stakeholders</td>
<td>1st week of April</td>
<td>Budget required</td>
</tr>
<tr>
<td>Referral support/immediate need support</td>
<td>JST pool fund raising</td>
<td>From now</td>
<td>Budget required</td>
</tr>
<tr>
<td>Support for fever scanning in camps</td>
<td>Fund raising and cooperate with medical department. Working together with CMC</td>
<td>1st week of April</td>
<td>Budget required</td>
</tr>
<tr>
<td>Establish information mechanism for COVID – 19</td>
<td>Assign focal point for collecting update information and analysis by coordinating with WHO (KBC-health department)</td>
<td>1st week of April</td>
<td>Budget required</td>
</tr>
<tr>
<td>Food stoking for most vulnerable areas</td>
<td>JST members stock basic food with existing funding Coordinate with WFP</td>
<td>From now</td>
<td>Budget required</td>
</tr>
</tbody>
</table>

**JST Framework for COVID-19 Operation (20th March 2020)**

Now with the COVID-19 pandemic, which has spread across the Globe, we are extremely worried on the impact it could have on IDPs communities. JST has been putting our effort on public mobilizing across the IDPs camps in Kachin and Northern Shan. JST also come up with action plan for COVID-19 at organizational and programme level. This framework will help and support for further operationalizing of JST action plan on COVID-19.

JST members should consider the following points, while preparing detail plan on COVID-19;

1. Follow up activities on previous JST response

JST members have provided the IEC materials (vinyls, pamphlets) and basic hygiene supports such as soaps and hand washing stations in IDPs camps across Kachin and Northern Shan. This action is to follow up on JST provided supports such as monitoring on IDPs’ hygiene practices and proper usage of hand washing stations.

2. Advocacy, coordination and referral with related stakeholders (including MoHS, KIO health department, IRRC and WHO)

JST will need to meet with MoHS, KIO health department, IRRC and WHO in state levels (both Kachin and Northern Shan) and continue coordination and working together particularly for the effective referral supports.

3. Establish information mechanism for COVID – 19 in each individual JST members

Assign focal point for collecting update information and analysis by coordinating with WHO.

4. Contingency on Humanitarian assistance (food stocking)

JST members stock basic food with existing funding. JST members will need to consider being able to provide food assistance to IDPs for both KCA and GCA. In GCA, the scenario when it is difficult to buy food stock in market, need to consider.

5. Awareness: Health education to IDPs and host community

JST will need to continue providing COVID related health education to IDPs and community. The health education package is based on 1) the background of COVID-19, 2) Sign and Symptoms, 3) transmission, 4) prevention and control. The needed IEC is as per awareness package suggested by WHO. More related links for information and IEC can be collected as followed:

- DoMS - COVID-19 clinical guidelines version 3 as of 7-3-2020.pdf
- Hopital Guide 18-10-2016 (1).pdf
The approaches or ways of providing Health Education can be varied based on the planning of area JST teams.

6. Hygiene supports

The following supports will be provided in IDPs camps:
- Soaps
- Hand sanitizers
- Hand washing facilities

7. Contingency plan

The intention is to establish the community participated prevention and response mechanism in camps or community. JST will invite or organize committee from camps and prepare the contingency plans for camps. The following points will be considered:

**Forming or strengthen the committee:** JST will organize people who can lead the community prevention and response mechanism in camps. This can be existing IDPs committee or reselect the committee members with responsible persons in IDPs camps. This committee will lead the prevention and response activities in camps.

**Community surveillance:** This is active process of community participation in detecting, reporting, responding to and monitoring on COVID-19 related prevention and watching the situation such as the community monitor or document the movement of IDPs (contact tracing), assess the situation of sick people, elderly, etc.

**Infection prevention and control:** These activities are intending the community to conduct the preventive measures such as monitor the hand washing facilities, ensure the hygiene materials are available, ensuring environmental cleaning and waste management, etc.

**Isolation:** IDPs or community need to prepare proper shelters or space for isolation if there is any suspect case and need to quarantine.

**Referral:** IDPs or community need to have contacts of MoHS, KIO health department, IRRC, WHO, JST members or CSOs for referral if there is any suspect case.

**Stress management:** It is normal to feel sad, stressed, confused, scared or angry during a crisis. Thus, it is important to mobilize the community not to be so scare but to be cautious at all times, follow the preventives measures and work together with community. Thus, it is important the IDPs or community to prepare in advance for handling these issues.
8. Staff safety and security

Staff security and safety is a major concern of JST, the security protocol will be reviewed and disseminated to all staff. The basic guidelines produced by the WHO will be distributed to all JST members’ staff. Proper training and capacity building must be included for staff on COVID-19.
URGENT LETTER

Dear Mr. Narscio Roza-Berlanga,

As you are aware, Metta, in coordination with many local humanitarian actors under the JST platform, has been providing continuous humanitarian assistance to the IDPs and communities affected by the conflict in Kachin and Northern Shan State, over the last 9 years.

As you know very well, the conditions in the IDP camps are far away from optimal for human living conditions. Overcrowded shelters, limited WASH facilities and hygiene practices, and almost nonexistent health services in most of the camps. Limited livelihood opportunities, lack of quality education services, gender-based violence, etc. etc. add to the critical situation of IDPs.

Now with the COVID-19 pandemic, which has spread across the globe, we are extremely worried about the impact it may have on IDPs communities, as well as those in refugee camps in nearby countries (mainly Thailand and Bangladesh).

In our case, we are putting our focus on Kachin and Northern Shan IDPs, as this is where our knowledge and experience could yield the most impact results.

We are also paying attention to Rakhine state, supporting the Arakan CSOs under the Arakan Humanitarian Coordination Team, recently created, assisting them to organise themselves and share with them our experiences, as we are also doing with the CSOs platform KNRGWG in Kayah State.

Our concern is mainly on the devastating impact that COVID-19 may have in IDP camps. As we have already experienced last year’s epidemic, and diarrhoea rapid expansion in the camps, killing several IDPs. So in this context, Coronavirus could become a massive killer in the camps.

In order to confront this situation, Metta together with JST, we have developed a preliminary action plan to respond to the COVID-19 pandemic, particularly focusing in the most vulnerable areas, that is, IDP congested camps. The first estimated budget for this plan is US $2.5 million.

In this regard, we would like to kindly ask you to take all appropriate measures to support us in fighting this situation. We will appreciate your soonest feedback so that we can mobilise resources and our teams as soon as possible.

As we all know, the most effective actions to stop the spreading of the pandemic are the ones done in the early days so that the exponential growth curve will be flattened.

Looking forward to your soonest reply and concrete support in a flexible manner, we remain yours,

Chin She Awng
Executive Director
Annex 5: Meeting protocol under COVID-19 (Updated on 27th March 2020)

Meeting protocol under COVID-19

Coronavirus Disease has become a pandemic, declared by WHO spreading extremely fast around the world. WHO has alerted repeatedly on the importance to take preventive radical measures now, before it becomes uncontrollable. It is our responsibility to take our own measures to stop the spreading of the COVID-19.

This is a short list of PREVENTIVE ACTIONS and recommendations to be taken into account in the running of face to face meetings.

All participants at the meeting must respect and apply these measures, which are in line with the recommendations provided by WHO:

1. Greet each other without physical contact; not hand shaking. Alternative greetings should be used.
2. When interacting with others, keep certain distance.
3. All participants must wear masks.
4. Avoid touching your face and particularly the mouth, eyes and nose.
5. If you have to cough or sneeze cover your mouth and nose with your elbow.
6. If using tissue handkerchiefs, once used dispose them in a close bin.
7. Wash hands regularly with soap or alternatively with hands sanitizer.

Equipment and management:

✓ Soap and hand washing facilities must be available and in good conditions.
✓ Hand sanitizers must be available in the meeting room.
✓ Posters with preventive measures must be displayed in the meeting room.
✓ These protocol must be sent together with the agenda, prior to all those attending the meeting.
✓ Surfaces must be cleaned regularly.
✓ Paper-tissues and mask should be available for those who may need them.