

WEBINAR REPORT

THE ROLE OF CIVIL SOCIETY IN RESPONSE TO COVID-19

Join National Health Commission Office, Thailand

Webinar on The Role of **Civil Society** in response to Covid-19



This is the best time ever to demonstrate that multi-sectoral collaboration alleviates an unprecedented crisis and civil society is part of the collaboration. The webinar will provide you experiences and lessons learnt from NGOs and CSOs in selected Asian countries in response to Covid-19.

Speakers



Dr. Si Thura

Community Partners
International (CPI),
Myanmar



**Ms. Taslima
Akter (Keya)**

Centre for Disability in
Development (CDD),
Bangladesh



**Dr. Niran
Phitakwatchara**

College of Medicine and
Public Health, Ubon
Ratchathani University,
Thailand



**Mrs. Wichitra
Chusakul**

Surin's Provincial
Health Assembly,
Thailand



**Ms. Nanoot
Mathurapote**

National Health
Commission Office
(NHCO), Thailand

Moderator

Closing Remark by Dr. Weerasak Putthasri, Deputy Secretary-General of the National Health Commission

Local partners



Monday | 10.00-11.30 AM
June 1, 2020 | (Thailand's time)

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NATIONAL HEALTH COMMISSION OFFICE, THAILAND
JUNE 1ST, 2020

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OVERVIEW

COVID-19 has damaged humankind in almost dimensions ranging from health, economy growth, food security and etc. This unprecedented pandemic cannot be handled by a government only, but requires unity of all stakeholders especially non-government organizations and civil society organizations to fight against it. The National Health Commission Office (NHCO) Thailand conducted an interview call and quick survey with 8 Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) in 8 countries; Bangladesh, India, Indonesia, Myanmar, Pakistan, Sri Lanka, Thailand, and Vietnam. The result of a quick survey found that all NGOs/CSOs in 8 countries have responded to COVID-19 by distributing the virus protection supplies, while 7 countries have distributed information about COVID-19 to the public. Six among eight countries have distributed food supplies and collaborated with the government. Only three countries which are Bangladesh, Myanmar, and Sri Lanka have provided training/ counselling to the vulnerable groups. The result of the quick survey is presented in Table 1.

Table 1 A Result of NHCO's Quick Survey on the Role of CSOs in Response to COVID-19

Organization	Country	Distribution of information	Distribution of virus protection supplies	Distribution of food supply	Orienting /Training / Counseling	Collaboration with /Advocacy to government
Centre for Disability in Development (CDD)	Bangladesh	●	●	●	●	●
Anitra trust	India (Tamil Nadu)		●	●		●
Cakra Mandani Selia	Indonesia	●	●			
Community Partnership International (CPI)	Myanmar	●	●	●	●	●
Research, Advocacy and Social training Institute (RASTI)	Pakistan	●	●	●		●
Sarvodaya Women's Movement	Sri Lanka	●	●		●	
Provincial Health Assembly of Surin Province	Thailand	●	●	●		●
Center for Supporting Community Development Initiatives (SCDI)	Vietnam	●	●	●		●

COVID-19 has demonstrated that multi-sectoral collaboration approach is necessary for the time of crisis. However, despite of the well-accepted approach, implementing and maintaining this approach remains as a challenge. This webinar provides a platform for CSOs in different countries to share their experiences in responding to COVID-19 and to draw lessons learnt.

MEETING OBJECTIVES

- To motivate learning and sharing experiences or innovations of civil societies in response to COVID-19 among Asian countries
- To raise awareness on multi-sectoral collaboration within a country and between countries in order to handle future crises

WEBINAR PROGRAM

The webinar program is presented in **Appendix 1**.

SPEAKERS

- Dr. Weerasak Puttharsi
 - Deputy Secretary-General
National Health Commission Office (NHCO), Thailand
- Dr. Niran Phitakwatchara
 - Dean of Medicine and Public Health College,
Ubon Ratchathani University, Thailand
- Mrs. Wichitra Chusakul
 - Representative
Provincial Health Assembly of Surin Province, Thailand
- Mrs. Taslima Akter (Keya)
 - Project Coordinator
Centre for Disability in Development (CDD), Bangladesh
- Dr. Si Thura
 - Executive Director
Community Partners International, Myanmar

MODERATOR

- Ms. Nanoot Mathurapote
 - Head of Global Collaboration Unit
National Health Commission Office (NHCO) Thailand

RAPPORTEURS

- Asst.Prof. Dr. Kanang Kantamaturapoj
 - Faculty of Social Sciences and Humanities, Mahidol University, Thailand
- Dr. Natapol Thongplew
 - Faculty of Science, Ubon Ratchathani University, Thailand
- Dr. Tipicha Posayanonda
 - Director of Knowledge and Innovation Management Department
National Health Commission Office (NHCO) Thailand

WEBINAR PARTICIPANTS

There were 88 webinar participants from 10 countries; Bangladesh, Cambodia, Congo India, Japan, Malaysia, Myanmar, Pakistan, Philippines and Thailand. The participants included NGOs, CSOs, academia, government agencies and international agencies. The list of audiences is presented in **Appendix 2**. The participants had opportunity to ask questions and to provide opinions in the WebEx's chat box. The questions and suggestions from the participants are listed in **Appendix 3**. The group photo of participant is presented in **Appendix 4**.

WEBINAR EVALUATION

After the webinar, the participants were requested to fill in evaluation form. The National Health Commission Office (NHCO) Thailand received feedback from 19 participants. There are suggestions from the participants that this webinar should be organized regularly in order to learn and share knowledge and information from one another. The evaluation result is presented in **Appendix 5**.

OPENING REMARKS

Dr. Niran Phitakwatchara

Dean, Medicine and Public Health College,
Ubon Ratchathani University, Thailand

On January 15th 2020, Thailand had the first COVID-19 patient, who was a tourist from China. Up to now, Thailand has 3,082 reported cases in total, 57 deaths and 2,965 have been discharged from hospitals. The number of reported cases has been reduced to less than 10 for about 1 or 2 weeks. Among the deaths, it was noted that 95% are those above 60 years of age and 90% are those with underlying diseases, such as chronic renal failure. Thailand, as well as other countries, like Lao PDR and Vietnam have done quite well in controlling and treating the cases. However, Thailand needs to be well prepared for the second wave of COVID-19 that many countries are facing.

Thailand started the primary healthcare system more than 20 years ago. Apart from having the primary, secondary and tertiary healthcare system and healthcare personnel, Thailand has more than 1 million village health volunteer who work actively on COVID-19 prevention. The roles of civil society in Thailand became prominent since 20 years ago during the health system reform process of the country. Many public policies have been developed from the public participation. Thailand has many mechanisms at the local level, including the “District Health Board” - the official platform engaging many sectors. Therefore, the primary healthcare system of Thailand stimulated all people to be very active in combating COVID-19.

Economic impact is most serious problem and need to be managed in the long run. Nowadays, 20% of income of people has been decreased. About 60% of population do not have income since they have lost their jobs and become unemployed. Therefore, about 30 million people in Thailand, especially those with low income are affected. This economic crisis needs to be considered since it has generated chaos in many countries in the world.

This pandemic also presented the opportunities to the government and civil society for collaboration. The first opportunity is the participation of people in a public policy development process. This pandemic could engage and allow local people in to governing themselves (at a community level). The second opportunity is for the government and people to come up with ways to manage and handle the current pandemic situation. With the health of people and the safety of family members, the government, organizations, and people could realize and come up different ways to prevent the loss of live and protect the love ones from the disease. The third opportunity is to review the practice regarding ethnics. Health is the right for human being regardless of ethnic groups. With interdisciplinary dialogues, the government could handle the issue of ethnic groups and inequity.

THE ROLE OF CIVIL SOCIETIES IN RESPONSE TO COVID-19: COUNTRY EXPERIENCES

BANGLADESH

Mrs. Taslima Akter (Keya),

Project Coordinator, Centre for Disability in Development (CDD), Bangladesh

The first case of the COVID-19 pandemic in Bangladesh was confirmed on March 8th 2020. In responding to the pandemic, the existing COVID-19 treatment and hospital facilities have been strengthened. Awareness programs on COVID-19 prevention and protection were promoted via media, virtual communication and social media. In addition, the government declared the lockdown of pandemic areas. All government offices, educational institutions, and public transportation were shut down. The arm force was deployed to control people to stay home. Different types of economic recovery packages were offered to affected people.

The COVID-19 pandemic poses negative impacted and is having devastating consequences on the lives of persons with disabilities. CDD conducted in-depth interviews with persons with disabilities and communicated with other development organizations. It is evident that persons with disabilities are at greater risk of contracting the virus. For certain disability groups it is difficult for them to access the awareness message on COVID-19 prevention measures, as inclusiveness has not been adequately considered. For some persons, it is difficult to maintain social distancing due to many limitations. Most of the persons with disabilities and their family members have lost their sources of income. Thus, their food intake has significantly reduced. Rehabilitation services from professionals are now stopped, resulted in the inaccessibility to health care service for persons with disabilities. Many persons with disabilities had to stop receiving medical treatment and stop taking medicines that needed, for example for non-communicable diseases like diabetes, blood pressure, etc. Due to this situation of COVID-19, persons with disabilities are extremely worried, causing the increase of anxieties, stress, and depression. Persons with disabilities face greater challenges to access services, like relief if they are not targeted. It is often challenging for them to reach to a distribution point, or compete with others to access services. Though a number of organizations, associations, agencies are extending supports to the poorer portion of the society, but persons with disabilities are not always adequately or appropriately included in the COVID-19 response.

CDD is undertaking a number of activities to assist the government and people with disabilities during COVID-19. CDD provides assistance to the affected communities, for persons with disabilities along with others marginalized people like the elderly, women headed families, street children, third gender group, indigenous community, daily wage earners, and ultra-poor people. CDD is providing those services directly by itself, and also through organizations of persons with disabilities, partner NGOs, Disaster Management Committees and volunteer groups in different locations in Bangladesh.

The activities undertaken by CDD included awareness sessions on COVID-19, protective equipment distribution, hygiene promotion activities, and advocacy initiatives. CDD has provided awareness sessions on prevention measures through leaflet distribution reaching more than 18,000 people. CDD also maintains regular communication and raising awareness via mobile with hundreds of SHGs and its members located in different parts of the country.

Regarding the protective equipment distribution, 267 pieces of masks and 354 pieces of hand gloves were distributed among the community people including persons with disabilities, members of Pourashava/ Municipality Disaster Management Committee (PDMC), Ward Disaster Management Committee (WDMC) and Urban Community Volunteers. The total number of 2000 food packages and 294 hygiene packages were distributed to the disabilities, including 106 low income households in Savar.

For hygiene promotion activities, CDD provides a total of 9 spray machines, 18 water spray hose nozzles, 12 liters of chemical for preparing disinfectant liquid, 9 water spray bottles. Water tank and 0.5 liter chemical for preparing disinfectant liquid were provided to Fire Service and Civil Defense, Savar Unit in Savar Municipality for conducting disinfection activities on the roads. A hand wash corner was built through a Partner Organization (PNGO), at Upazila complex of Kulaura, Moulvibazar.

In addition, CDD has an initiative to advocate concerned ministries, departments and organizations to include persons with disabilities as a priority in emergency response activities for COVID-19 situation in Bangladesh. Due to our advocacy, a Directive from the Ministry of Disaster Management and Relief (MoDMR), Bangladesh on Inclusion of Persons with Disabilities in COVID-19 response program was issued on April 9th 2020.

THAILAND

Mrs. Wichitra Chusakul,

Representative, Provincial Health Assembly of Surin Province Thailand

Self-reliance is an approach that NGOs and CSOs in Thailand have applied for development works for a long time. When COVID-19 has emerged, the CSOs have to look back how we have lived. In the past, humans have destroyed our mother earth until the earth could not be recovered. Thus, reviewing our life, creating food security, rehabilitating natural resources, and sufficient economy are an important immunity during COVID-19 situation. This is supposed to be a new normal that people can protect ourselves and protect the others. With new normal, people will live together with peace and happiness. People help each other and take care of one another.

In Surin Province, there are many NGOs and CSOs. All these NGOs and CSOs are united as a big network under an umbrella of a Civil Council. During COVID-19, the CSOs have done many things. The CSOs have funded some amount of money to the provincial pandemic control center, public health offices and hospitals. These funds aimed to give moral support to health workers and volunteers. Additionally, we have provided masks, alcohol, face shields to hospitals and communities. All organizations have helped each other like never before.

Regarding collaboration with the government, the CSOs have been working with the governor for long time. During COVID-19, the governor of Surin Province initiated a health model (**Figure 1**). The composition in health model included health care, economic problem solving, adaptation, law enforcement, technology, as well as health and support.

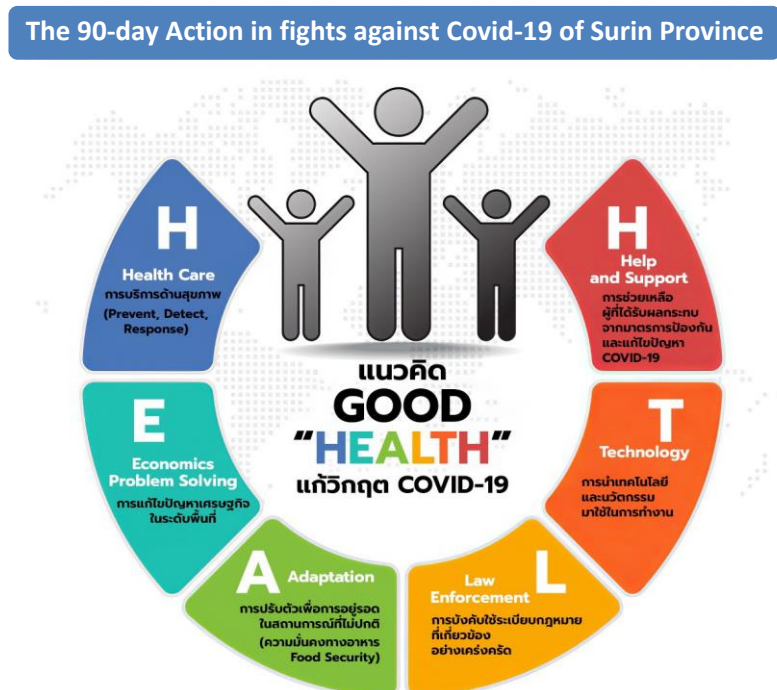


Figure 1 Surin Health Model to Fight COVID-19

The governor invited CSOs to participate in a planning process for the prevention and control of COVID-19. The Civil Council proposed 3 principles to the governor. Firstly, a survey must be conducted in order to make a database of affected people from COVID-19. Second, an immunity of a community should be built by strengthening food security and rehabilitating natural resources and environment. Third, measures for a new normal should be developed together with the civil society.

MYANMAR

Dr. Si Thura

Executive Director, Community Partners International (CPI), Myanmar

Myanmar is one of the most ethnically diverse countries in South East Asia. The country is also infamous about its longest internal conflicts on the world. Since 1948, ethnic armed forces in Myanmar began to break out in the country's periphery and called for increased autonomy. Currently, armed clashes between Myanmar Military and ethnic armed organizations are still happening in Rakhine, Kachin, Shan, Chin and Kayin States. People in these ethnic conflicts affected areas were in dire need of basic health services. Ethnic groups initiated their own community based primary health care service structure. Ethnic and community-based health organizations are the only service providers for the populations in these conflicts affected areas. They normally provide PHC, war-injury management, essential MCH, malaria, health education and water and sanitation programs. CPI has been working with these organizations and furnish them with necessary technical and financial assistance for several decades.

In COVID-19 crisis, health facilities and health workers of ethnic organizations are in frontline for the populations in conflict affected areas in Myanmar. CPI's supports can be categorized into coordination across different stakeholders, technical support, resource mobilizations and supporting medicines and supplies. Starting from February 2020, CPI has been sharing the information about COVID-19 to ethnic partners' organizations and organized a series of consultation meetings with them. Through the consultation meetings, CPI keeps them informed about what is unfolding, help them prepare their contingency plans and identify the needs.

CPI provides essential supplies to ethnic organizations. CPI decided to include alcohol-based hand sanitizers in the supplies package because of water shortage in some clinics in ethnic areas. During COVID-19, sanitizer prices were skyrocketing and exceedingly difficult to buy in the market. Thus, CPI decided to produce 70% alcohol hand sanitizer in accordance with WHO guidelines. Some 3,000 liters of hand sanitizer were produced and distributed to community-based clinics for the frontline health workers in conflict affected areas in Myanmar. CPI concerned about the disruption of essential supplies for the ethnic clinics and decided to stock up a package of essential medicines and supplies, including masks, gloves, non-contact thermometers, to community-based clinics and health workers. The essential medicines and supplies package were also distributed to 180 ethnic clinics within two weeks just before Myanmar New Year holiday in Mid-April.

Risk communication and community engagement play a pivotal role. CPI developed various types of COVID-19 health information materials for community and distributed to ethnic and community-based organizations. The technical assistance on COVID-19. CPI's technical assistance encompasses online remote training on prevention, signs and symptoms of the disease, referral, planning and designing their response activities in their respective coverage areas. More than 20 ethnic organizations were enabled to carry out risk communication and community engagement activities, screening at the point of entry and borders, community quarantine activity and continuation of essential health services in conflict areas.

There are many factors have made CPI work effectively during the time of COVID-19. The organization culture comes first. CPI's ethos is centred around agility and responsiveness to capricious situations. CPI did not stay apathetic and as early as February, CPI started to prepare what we could support to the partners. CPI team members deserve kudos for the effective and timely response. Teamwork, ingenuity and persistence contributed to the successful implementation of the initial responses. There are daunting challenges in different perspectives of the implementation, but CPI team members never give up. In CPI's perspective, it is really a humbling experience to see their enthusiasm and dedication to combat against COVID-19.

"Trust and cooperation from CPI's partners" is the most important. The local ethnic groups are those who can navigate the ways for effective responses. Without them, all of CPI's work will be useless. *"Support from donors and the Ministry of Health/Ministry of Social Welfare"* was also a must. CPI would not be able to implement these activities without support from different donors supporting CPI and stewardship and guidance from the government ministries.

FACTORS FACILITATING PERFORMANCE OF CSOs IN RESPONSE TO COVID-19

The speakers from three countries shared their thoughts on the factors allowing NGOs and CSOs in the three countries to do well in regard to COVID-19.

Firstly, stakeholders' participation and multi-sectoral collaboration are the key to overcome COVID-19. Since the outbreak has affected everybody, the top down measure from the government would not be effective without the holistic cooperation from all stakeholders. For examples, the cooperation from people entering the country to have a state quarantine is important to control disease. The community monitoring of suspect cases is also important to control disease in Thailand. Myanmar's case illustrated that trust and cooperation from the partners were important. Due to geographical areas and many ethnic groups in Myanmar, the CPI alone could not do much. Without partners, the aids could not reach certain areas and group. Local ethnic groups were the key people as they advocated and navigated the ways for effective COVID-19 responses. It was noted that trust and cooperation originated from a long-term partnership. Bangladesh's case demonstrated that working with all stakeholders was inclusive way of working. Working with different ministries allowed to reach more people. In the area of people with disability, many ministries are responsible for different areas of this line of work. Therefore, including more relevant ministries allowed the work to get more coverage. Working with groups advocating for marginalized people and people with disability was the most important factor. These groups represented local voices of the marginalized people and people with disability. This way was the effective way for the inclusion of all voices.

Secondly, devoted personnel are key success in overcoming the outbreak. Thailand has more than 1 million village health volunteers who work actively on COVID-19 prevention. Similar with Bangladesh, self-help groups of the well-trained disabled work to reach out people with disabilities to prevent COVID-19. A case of Myanmar has proved that the dedicated team members were important for initiating timely, effective responses. Teamwork, ingenuity, and persistence allowed the team to work effectively and overcome challenges. The staff work tirelessly and came up with ideas to cope with the situation. For example, when there was a shortage of hand sanitizer, the team came up with the plan to make hand sanitizer in a timely manner.

Lastly, financial support is important factor enabling fast response to COVID-19. Support from donors and guidance from the government allowed the organization to perform well. Myanmar case illustrated that CPI, as the NGO, could not implement COVID-19 related activities without the supports from different donors and the guidance from ministries.

CHALLENGES THAT NEED TO IMPROVE DURING POST-COVID 19 IN REGARDS OF CRISIS MANAGEMENT

Despite many challenges faced by the CSOs during the COVID-19, the speakers from three CSOs also shared their thoughts on the challenges that CSOs will be facing during the Post-COVID-19. These challenges need to be overcome to be better equipped for (health) crisis management. These challenges were 1) vulnerability nature of people with disability, 2) limited understanding for ensuring health safety, 3) limited facilities and supplies for personal hygiene, 4) political unrest situations, 5) limitation and restriction of transport, 6) communication difficulties, and 7) defining the new world and new normal. Short explanations are provided as followings:

First, disabled people are vulnerable to health threats and domestic violence, affecting their mental and physical health. Second, (disabled) people have limited understanding of safe practices pertaining to their impairment. Third, many people still face with limited facilities and supplies for personal hygiene in both urban and rural settings, such as water and disinfectants. Forth, political and territorial issues between partners and local authorities create difficulty for implementing crisis response activities. Fifth, transport of supplies and aids are limited due to limited travel time restrictions and road limited accesses. Sixth, communication, in terms of languages (e.g., different dialects of ethnic groups) and technical issues (signal coverage and internet access) pose a challenge for the effective communication and the provision of aids and assistances. Seventh, the new world order and a new normal will be set after the pandemic crisis; however, it is a challenge to define such terms in a more liberalism way (free of exploitation, self-sufficiency, respecting one another).

LESSONS LEARNT

Based on the exercises in implementing COVID-10 responses, lessons learnt from the CSOs in three countries can be drawn.

- **Small countries for strengthening (new) cooperation**
Unlike any important events (such as WWII), first world, powerful nations are not capable of organizing global cooperation to address the pandemic crisis as they are still coping with their internal crisis. On the other hand, small countries are able to orchestrate resources, cooperate among different stakeholders, and engage communities in their countries to successfully handle the situation regarding COVID-19. Therefore, small countries are the key for (new) cooperation to handle new global crises.
- **Participation and multi-sectoral collaboration (all levels) for handling crises**
During the COVID-19 response, it is proven that working hand in hand between different stakeholders from government, economic and societal sectors is the way to win the fight against COVID-19. The government alone, a single CSO, or one businessman cannot solve this crisis. Hearing voices from all stakeholders leads to responsive policy decision making. In additions, collaborations and cooperation are the key for the success, especially local or grassroots volunteers in the health care system. These types of thinking and collaboration should be maintained and strengthened.
- **Inclusiveness for development in the future**
Ethnic groups, people with disability, and other vulnerable groups are severely affected by the pandemic and sometimes they do not sufficiently receive (proper) help and support. These groups of people can become prime victims of the crises and the less inclusive systems. Therefore, inclusiveness is an important concept to be integrated for all aspects of development in the future.
- **Balancing health and economic (and environment) as a way to recover**
The crisis on COVID-19 proved that this health crisis also affected the economy and the environment. Therefore, the recovery should not be focused solely on health. Economics as well as the environment should be considered for formulating COVID-19 recovery measures.
- **Strengthening national health system**
The COVID-19 crisis posed different challenges to the national health system of every nation in different ways. Some countries could not manage the pandemic due to weak health system while some countries successfully manage Covid-19 they have strong health system. Thailand's UHC system is a good example of system readiness. Thailand's UHC has made health system ready and responsive to COVID-19. One lesson drawn by this crisis is that health system reform is vital to make the country ready for future pandemic and other unpredicted situation. National health care system of every country should be strengthened to be able to handle future unexpected crises. Becoming more resilient, inclusive, engaged and proactive are the key for designing and improving the system and programs to promote health of people. In addition, it is important to initiate programs to immunize people from impact of health crises (e.g. changing the food habit of people).

CLOSING REMARKS

Speaker: Dr. Weerasak Puttharsi

Deputy Secretary-General of National Health Commission, Thailand

"First of all, thanks all speakers for sharing your experience and wisdom which is interesting and really opened my perspectives. Explicitly, I myself have learned at least two points in the term of civil society.

First one, it is now clearer definition of civil society.

Some people consider the civil society as a presence of people out of private sphere means their home and the community.

Some people believe that, a set of civil society is included active presence of people in different communities in society which impact the society in some way. The Surin provincial health assembly might be fit to this definition.

Some people consider civil society as public institutions and organizations etc., that includes a number of individuals in the general population and have a corporate, political, social and cultural aspects of the society. In this webinar, Bangladesh CDD and Myanmar CPI is already elaborate presented.

Secondly, how important of civil society. From 4 speakers, we got eyewitness of clearly role of civil society including

- 1. We act as a watchdog in community such as surveillance of diseases and identify persons who might be the risk target of COVID-19 who has just traveled from outside into the community. Dr Nirun has presented to us how the group of people in the local community can do themselves against the COVID-19 challenges.*
- 2. Civil society is an advocator/campaigner to raise awareness of COVID-19, give and echo a voice of the marginalized group, disabilities group (in Bangladesh) and some ethnic group (in Myanmar) who got affected from COVID-19 both health and daily living. In Thailand also advocated for initiative or innovative of physical and social distancing intervention based on local context.*
- 3. Civil society acts as service provider esp. providing basic community health care services, supporting the disease containment, supporting people who needs to quarantine themselves to compile with the state regulation of COVID-19 control.*
- 4. Civil society to be a builder of active citizenship in this case, civil society motivated civic engagement especially at the local level in supporting the national policy. For instance, in Thailand the community was encouraged to discuss and end up with community agreement to do something together using local health charter or health constitute approach.*

*I would conclude my observation that, **the COVID-19 situation makes the role of civil society visible.** This time, civil society occupied an important position in the development dialogue to bring communities together for collection action, mobilizing society to demands, voice concerns, and wisdom which is synergized working with local and national government or formal sectors. I found that sharing experience from you all in respect to*



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different social and culture context is very useful. Hopefully, we can move from only sharing to collaboration and synergized working together in the future.

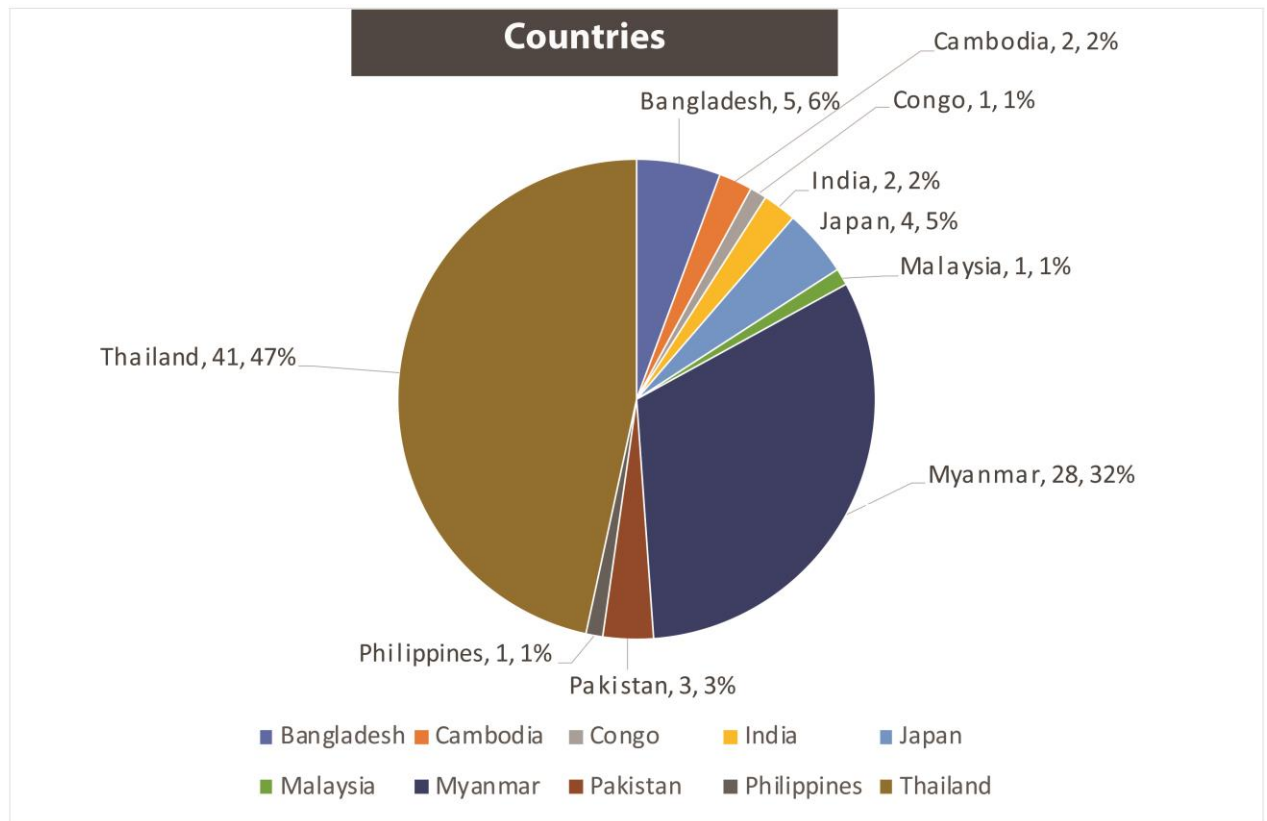
However, it seems to be some further challenges for us from this crisis. What is our role and approach after lock-down end? It is not only disease and medical intervention, but it will be focused on how to cope with the economic, lose the job, income loss, and social new normal aspects especially for the people or community who much suffer from COVID-19 intervention impact."

APPENDIX 1 WEBINAR PROGRAM

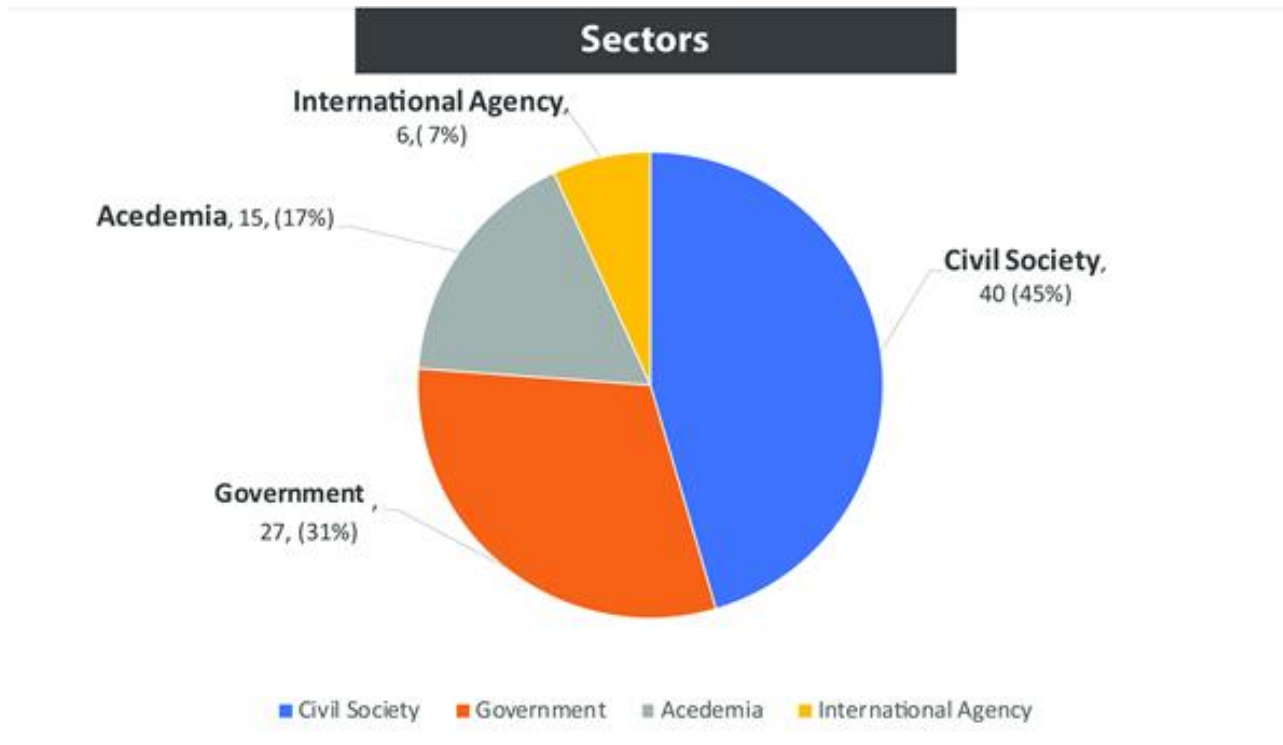
Webinar	
09.30 Speakers standby	
10:00-11:30	
Welcome [5 min]	Moderator: Ms. Nanoot Mathurapote Head, Global Collaboration Unit, National Health Commission Office, Thailand <ul style="list-style-type: none"> • Welcome audience to the side meeting • Introduce the background and objectives of the side meeting • Briefly introduce Dr. Niran Phitakwatchara for his opening remarks
Opening Remarks [10 min]	Speaker: Dr. Niran Phitakwatchara Dean, Medicine and Public Health College, Ubon Ratchathani University <ul style="list-style-type: none"> • Overall short term and long term impacts from COVID-19 • Enabling factors to fight against COVID-19 and mitigate the long term impacts
Bangladesh's Presentation [8 min]	Speakers: Mrs. Taslima Akter (Keya), Project Coordinator, Centre for Disability in Development (CDD), Bangladesh <ul style="list-style-type: none"> • Problems that people with disabilities have faced during COVID-19 • Action of your organization to assist the government and people with disabilities
Thailand's Presentation [8 min]	Speakers: Mrs. Wichitra Chusakul, Representative, Provincial Health Assembly of Surin Province Thailand <ul style="list-style-type: none"> • Community self-reliance approach to fight against COVID-19 • Role of Citizen Council and Provincial Health Assembly to assist the government and affected people
Myanmar's Presentation [8 min]	Speaker: Dr. Si Thura Executive Director, Community Partners International (CPI), Myanmar <ul style="list-style-type: none"> • Problems that people in need including ethnic groups have faced during COVID-19 • Action of your organization to assist the government and people with disabilities
Q&A [40 min]	Open the Floor for Discussion
Closing Remarks [10 min]	Speaker: Dr. Weerasak Puttharsi Deputy Secretary-General of National Health Commission Office, Thailand <ul style="list-style-type: none"> • Summarize key takeaway messages

APPENDIX 2 LIST OF WEBINAR PARTICIPANTS

The total number of 88 webinar participants is presented by country.



The total number of 88 webinar participants is presented by sector.



The list of webinar participants is shown below.

No	First Name	Last Name	Position	Organization	Address	Country
1	Achara	Jinvong	Senior lecturer, Head of MPH Program	Udonthani Rajabhat University	640/14 moo4 Hansa Village Udon- Koodjab road, Udonthani, 41000, Thailand	Thailand
2	Akramul (MD)	Haque	Chief Executive Officer	DASCOH Foundation	Lutheran Mission Complex, Dingadoba, Rajshahi 6201, Banani Dhaka, 1212, Bangladesh	Bangladesh
3	Anum	mahsud	Girls youth leader	Research, Advocacy & Social Training Institute (RASTI)	House:249,st:38 ,G-14/4 Flat:6E,bloack:3,G-10/3,Islamabad, Pakistan, 44000, Pakistan	Pakistan
4	Anuphan	Suwanphan	Lecturer	Sisaket rajabhat university	319 Thaipanta road, Pho subdistict, Mueang sisaket,Sisaket, 33000, Thailand	Thailand
5	Arkar Linn	Naing	Program Manager (Humanitarian)	Community Partners International (CPI)	331, Yazadrit 27th, South Okkalapa, Yangon, 11091, Myanmar	Myanmar
6	Bandit	Mankhong	Professional	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
7	Budsara	Srichai	Public health academic	Huyyang Public health Center	205 M.8, Thumbon Khonsan, District Khonsan, Chaiyaphum, 36180, Thailand	Thailand



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8	Chamnan	Wattanasiri	Chairperson of 4PW Committee of Kamphaeng Phet	Kamphaeng Phet Provincail Health Assembly Network	34/2 Moo 9, Tambon Thep Nakhon,Muang District,Kamphaeng Phet province, 62000, Thailand	Thailand
9	Chan	Lay	Project Coordinator	Foundation For International Development/Relief	Kampong Chnang province, Phone Penh,Kampong Chnang, Cambodia	Cambodia
10	Channawoot	Chairaksa	Lecturer	Naresuan University	Tambon Thapho,Muang District,Phitsanulok ,65000, Thailand	Thailand
11	Chayada	Thienwiboon	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
12	Dararat	Samretwit	Lecturer	Siam University	38 Phetkasem road, Bang-was Phasi-chareon, Bangkok, 10160,Thailand	Thailand
13	Ei	Maung	Assistant Director	Myanmar maternal and Child Welfare Association (MMCWA)	Myanmar maternal and Child Welfare Association, DEKKHINA THIRI, Naypyitaw,41105, Myanmar	Myanmar
14	Hector	Nihal	Director	AIDS Awareness Society (AAS)	H.No.325, Gulberg iii, Lahore, Punjab, 54660, Pakistan	Pakistan
15	Hnin Thawda	Thwin	Deputy Chief of Party	Community Partners International (CPI)	0-6, Shwe Zalatt Street, Shwe Sabe Housing, Kamayut,0-6, Shwe Zalatt Street, Shwe Sabe Housing, Kamayut, Yagon, 11041	Myanmar



No	First Name	Last Name	Position	Organization	Address	Country
16	Hre	Bik	Programme Management Senior Officer	UNOPS	12/O, Pyithu Street, Mayangone, Yangon, 11062, Myanmar	Myanmar
17	Jahangir (MD.)	Alam	Thematic expert, Disability and Inclusive development	Center for Disability in Development (CDD)	A 18/6, Genda, Savar, Dhaka 1340	Bangladesh
18	Jakkaphun (Dr.)	Nanuam	Lecturer	Burapha university	Burapha university Sakaeo, Wattananakorn, Sakaeo, 27160, Thailand	Thailand
19	Jakkarin	Seema	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
20	Joycylin A.	Bastian	AHI Editor, Health & Development Consultant, University professor	Asian Health Institute (AHI)	Asian Health Institute (AHI), 987-30 Minamiyama, Komenogi-cho, Nisshin city, Aichi prefecture 470-0111, Japan	Japan
21	Juliana (Dr.)	Paul	Deputy Director (Global Health)	Ministry of Health Malaysia	Public Health Development Division, Ministry of Health Malaysia, Kuala Lumpur, Putrajaya 62590, Malaysia	Malaysia
22	Kagumi	HAYASHI	general secretary	Asian Health Institute (AHI)	Asian Health Institute (AHI), 987-30 Minamiyama, Komenogi-cho, Nisshin city, Aichi prefecture 470-0111, Japan	Japan



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23	Kanang	Kantamaturapoj	Lecturer	Faculty of Social Sciences and Humanities, Mahidol University	999 Phutthamonthon sai 4 road., Salaya, Phutthamonthon, Nakhonpathom, 73170, Thailand	Thailand
24	Kanokwan	Rabphondi	Senior Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
25	Kaoru	Ishimoto	Secretary General	Bridges in Public Health	Tanabedori, Mizuhoku, Nagoya, Aichi, 4670027, Japan	Japan
26	Kaung	Zayyar	Executive Assistant/Program Officer	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
27	Khaing	Thitsar	Program Assistant	Pyi Gyi Khin	357,6/ Yanshin Street/ Yankin Township, Yankin, 11801, Myanamr	Myanmar
28	Khanitta	Saeiew	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand



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29	Khawn	Taung	Natinal Coordinator	Myanmar Council of Churches	#601, Pyay Road, M-E-S-C Building , Pyay Road, Kamaryut Township, Yangon, 11041, Myanmar	Myanmar
30	Khin Thu	Htet	Assistant Director	Ministry of Health and Sports	Office 4, Zay Ya Htarni Road, Office 4, Zay Ya Htarni Road,Ottara Thiri,Naypyitaw Union Territory, 15011, Myanmar	Myanmar
31	kramul (Md.)	Haque	Chief Executive Officer	DASCOH Foundation	Lutheran Mission Complex, Dingadoba, Rajshahi 6201, Bangladesh,Flat # 3c, House # 87, Road # 3, Banani, Dhaka-1212, Bangladesh	Bangladesh
32	Kyi	Phyo Htet	Area Program Coordinator	Community Partners International (CPI)	Parami Road,Yadanar Dipa Ward,Hpa-an,Kayin State, 13100, Myanmar	Myanmar
33	Kyoko	SHIMIZU	Program coordinator	Asian Health Institute(AHI)	Asian Health Institute(AHI), 987-30 Minamiyama, Komenogi-cho, Nisshin city, Aichi prefecture 470- 0111, Japan	Japan
34	Kyu Kyu	Than	Consultant	World bank	1 Sabai Street, South Okalapa , Yangon, 11091, Myanmar	Myanmar
35	Liviu	Vedrasco	Program Officer	World Health Organization (WHO, Thailand)	Sripat Court, Apartment 9B, 7 Phaholyothin Road Soi 4, Bangkok, 10400, Thailand	Thailand
36	Maung Maung	YeZye Zin	Health and Nutrition Specialist	UNICEF	UNICEF, 23-A Inya Myaing Rd, Yangon 11201, Myanmar	Myanmar

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37	Moe Zaw	Hein	Project Coordinator	Community Partners International	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, Myanmar	Myanmar
38	Monuj	Dutta	Secretary	Surujmukhi Society for Health Peace and Development	Chakalia, Sepon, Dibrugarh district, Dibrugarh, Assam, 785673, India	India
39	Mya Myintzu	Kyaw	Program Manager	Community Partners International (CPI)	#37, 32-69 Streets, Chanayetharzan Tsp, Mandalay, 5021, Myanmar	Myanmar
40	Nanoot	Mathurapote	Head of Global Collaboration Unit	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
41	Nanthiys	Liulak	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
42	Napintorn	Sirithai	Technical Officer, Knowledge and Innovation Management unit	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand



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43	Natapol	Thongplew	Lecturer	Ubon Ratchathani University	85 Sathonlamark Rd. Ban Srikai Subdistrict, Warin Chamrap, Ubon Ratchathani, 34190, Thailand	Thailand
44	Nay Zar	Win	Program Manager	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
45	Nazmul	Bari	Director	Centre for Disability in Development (CDD)	A-18/6, GENDA, Savar, Dhaka, 1340, Bangladesh	Bangladesh
46	Niran (Dr.)	Phitakwatchara	Dean	Medicine and Public Health College, Ubon Ratchathani University	85 Sathonlamak Rd, Mueang Si Khai, Warin Chamrap District, Ubon Ratchathani 34190 Thailand	Thailand
47	Nu Nu	Aye	Head of Programs	Community Partners International (CPI)	#303, Windsor Tower, (17), Shin Saw Pu, Road, Sanchaung Township,(81), University Road, Qiarter (2) Shwe Taung Kyar, Bahan Townsh, Yagon, 11111, Myanmar	Myanmar
48	Ohnmar	Ohnmar	Dr	Self-employed	208, 36th street, Yangon, Myanmar	Myanmar
49	Okka	Aung	CPI Staff	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
50	Oranit	Orachai	financial staff	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand



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51	Orapan	Srisookwatana	Deputy Secretary General	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
52	Paing	Soe	Program Coordinator	Community Partners International (CPI)	No 116, Min Ye Kyaw Swar Street, Ward 70, South Dagon Township, Yangon, 11431, Myanmar	Myanmar
53	Pariyakorn	Chaleephrom	Public Health Technical Officer	District Health Promotion Hospital Lahan	133/4 moo 1 Lahan, Chaiyaphum, 36130, Thailand	Thailand
54	Pathumtip (Dr.)	Mankhoksoong	Lecturer of Community Development	Sakon Nakhon Rajabhat University	HUS, Sakon Nakhon Rajabhat University, 172 moo 3 tambon Thatnaweng, Mueng, Sakon Nakhorn, 47000, Thailand	Thailand
55	pechdau	tohmeena	MP	Parliament	27 Ramkomut Road, T.Anokrhu, Muang Pattani, 94000, Thailand	Thailand
56	Phway Thinzar	Chit	Research Coordinator	Community Partners International (CPI)	No. 6, Thukamein Street, Sanchaung Township,81 University Avenue Road, Shwe Taung Gyar Ward (1), Bahan, Yagon, 11111, Myanmar	Myanmar
57	Pranom	Aosan	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand

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58	Preeda (Dr.)	Taearak	Deputy Secretary General , National Health Commission Office	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
59	Promprasit	tamakorn	Staff, Health Station	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
60	Rattana	Oebking	Technical Officer, Knowledge and Innovation Management unit	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
61	REHAN	GILL	Admin & Finance Manager	Research, Advocacy & Social Training Institute (RASTI)	House No. MCB-84, Mohala Dhok Feroz, Pinwal Road, Chakwal, Punjab, 48800, Pakistan	Pakistan
62	Sai Woon	Serth	Sr. Program Manger (HIV)	Population Services International	No. 29 Aung Tayza Street, Tamwe , Yagon, 11211, Myanmar	Myanmar
63	Shima	Roy	Risk Communication	World Health Organization (WHO Cambodia)	Phnom Penh, Cambodia, 500343	Cambodia
64	Si (Dr.)	Thura	Executive Director	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar



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65	Sirakan	Manotatsanan	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
66	Sithu	Naing	HR manager (ER)	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
67	Somkiat	Pitakkamonporn	Director of Department of Area based Policies Movement	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
68	Sriwan (Dr.)	Tapanya	Corporate Strategy Advisor	Prompt Techno Service CO.,Ltd	Tambon Bang Kaeo, Amphoe Bang Phli, Samut Prakan, Thailand	Thailand
69	Supaporn	damrongphan	Technical Officer	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
70	Sutitham	lakavivat	Rayong Provincail Health Assembly member	Rayong Provincial Health Assembly	34/1 Village No. 6, Sak Phong Subdistrict, Klaeng District, Rayong,21190, Thailand	Thailand/ Rayong
71	Suvajee (Dr.)	Good	Regional Advisor	World Health Organization (WHO-SEARO)	26, av. des Forces Armees B.P. 3090 Brazzaville, The Republic of the Congo	Congo

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72	Taslina (Mrs.)	Akter	Project Coordinator	Centre for Disability in Development (CDD)	Centre for Disability in Development (CDD), A-18/6, Genda Savar, Dhaka, 1340, Bangladesh	Bangladesh
73	Thet	Htwe	Assistant lecturer	University of Community Health	B 14 , UCH, Magway, B950, Razathingyan street, Ten Mile, Insein, Magway, 4011, Myanmar	Myanmar
74	Thu Zar	Lin	Program Coordinator	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
75	Thunyaporn	Surapukdse	Researcher	N/A	N/A	Thailand
76	Tipicha	Posayanonda	Director, Knowledge and Innovation Management Department	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor, 88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
77	Toe (Dr.)	Than Tun	Technical Specialist	Community Partners International	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
78	Tom	Trail	Research director	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar
79	Vasuton (Asso.Prof. Dr.)	Tanvatanaku	Lecturer, Faculty of Public Health	Burapha University	Burapha University, Long Hat Bang Saen Road, Saen Suk Sub-district, Chonburi province, 20131, Thailand	Thailand

No	First Name	Last Name	Position	Organization	Address	Country
80	Veeratus	Eng-kapatrangkul	Technical Officer, Social Communication Unit	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
81	Visit	Asavakajon-skool	Health Station Manager	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
82	Warangkana	Inthalohit	Dentist	Nongbualamphu provincial health office	153 moo1 tambon nongbua, Muangnongbualamphu,Nongbualamphu, 39000, Thailand	Thailand
83	Weerasak	Putthasri	Deputy Secretary General , National Health Commission Office	National Health Commission Office (NHCO), Thailand	National Health Commission office National Health Building, 3rd Floor,88/39, Tiwanon 14 Rd., Mueang District, Nonthaburi 11000 Thailand.	Thailand
84	Wichitra (Mrs.)	Chusakul	Representative	Provincial Health Assembly of Surin Province Thailand	Green sharing house Nai Mueang, Mueang Surin District, Surin 32000	Thailand
85	Williamjeet Singh	Jaggi	Assistant Professor	Punjabi University	Patiala, Punjab, 147002	India
86	Yuko	Okuma	staff	Asian Health Institute(AHI)	Asian Health Institute(AHI), 987-30 Minamiyama, Komenogi-cho, Nisshin city, Aichi prefecture 470-0111, Japan	Japan



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88	Zaw Toe	Myint	HSS Director	Community Partners International (CPI)	Community Partners International (CPI) 81 University Avenue Road Shwe Taung Gyar Ward (1), Bahan Township Yangon, 11201, Myanmar	Myanmar

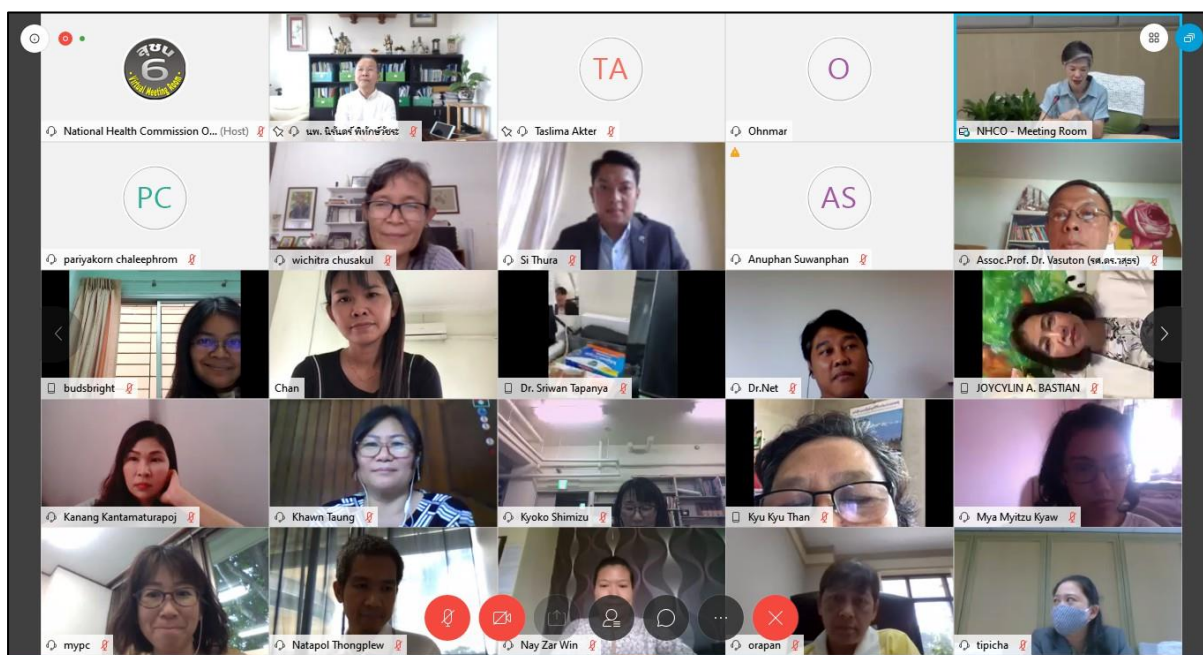
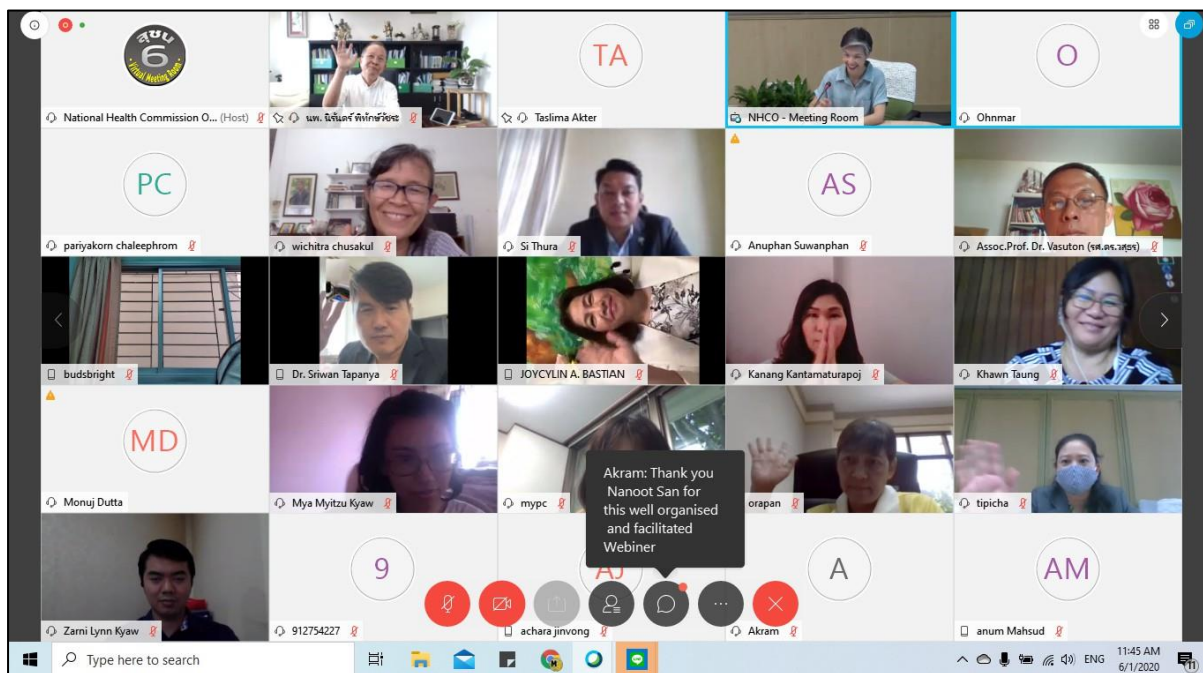
APPENDIX 3 LIST OF QUESTIONS AND SUGGESTIONS FROM PARTICIPANTS

- Q 1 - How can we carry our development programs/activities in the COVID-19?
- Q 2 - Will there be any e-certificate for the event?
- Q 3 - How Thailand ensure rights to information is realized for people in difficult circumstances (e.g. prisons, mental health institutes, disable groups) as well as to foreign migrant workers in Thailand who speak different languages?
- Q 4- How Thailand deal with rumours and misinformation around COVID-19?
- Q 5 - What is the catchment areas (how many people/district or province) this NGO can cover?
- Q 6 - What kind of training self-help groups are given to fight COVID-19?
- Q 7 - What is level of health literacy and COVID-19 knowledge people have in Bangladesh?
- Q 8 - How Thailand have seen UHC is useful in this fight against COVID-19 ? (If people are not covered by health insurance scheme, or not covered by public payment scheme, they may get late for searching for health intervention)
- Q 9- What measures do you think should be in placed to avoid sudden rise of COVID-19 cases?
- Q 10 - Is there special provision for NGOs to reach conflict zone areas?
- Q 11 - How military compliance to public health measure while dealing with ethnic conflicts?
- Q 12 - Could Thailand share your findings for future challenges for developing Multi Sectoral Collaboration (MSC) based on COVID 19 experiences?
- Q 13 - How do governments manage depleting national funds in response to COVID 19?
- Q 14 - How are governments involving CSOs and private individuals who are not members of CSOs to fight against COVID 19? (Apart from awareness raising)
- Q 15 - How to work with government and business sector under the mutual trust concept to deal with the widening of social and economic gap between the rich and the poor post COVID-19?
- Q 16 - How we can engage Civil Society especially in the remote rural area to response to COVID 19 focusing health, social and economic activities?

Suggestions/Comments

- S 1 - Host should mute all participants microphone except speaker
- S 2 - This crisis seems favour to government role to manage the situation. CSO in every country should seriously think about people empowerment
- S 3- liberalization in theory is good, but it may end up in technical and allocative inefficiency, strengthening the health systems is essential

APPENDIX 4 GROUP PHOTO





APPENDIX 5 RESULT OF WEBINAR EVALUATION

After the webinar, the National Health Commission Office, Thailand sent the evaluation form to the participants. The feedback from 19 participants was obtained. The result of evaluation is shown as follows;

Figure 2 Country of the respondents

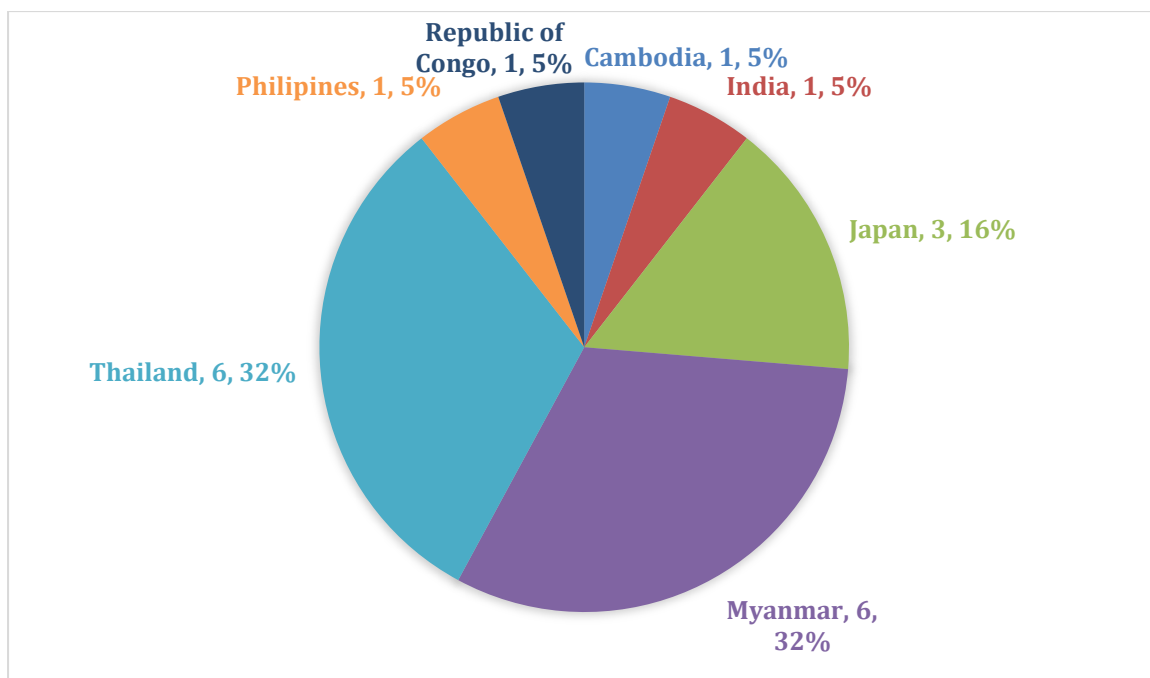


Figure 3 Satisfaction to the webinar

19 responses

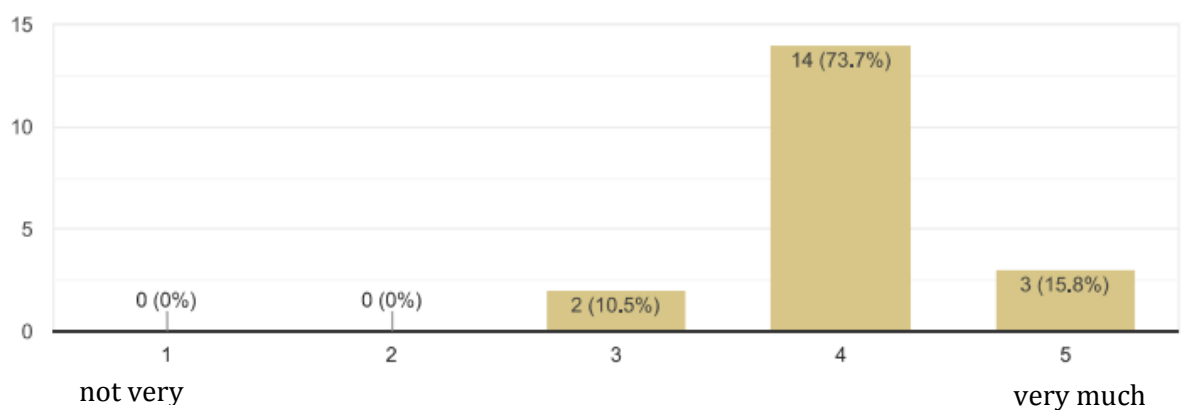
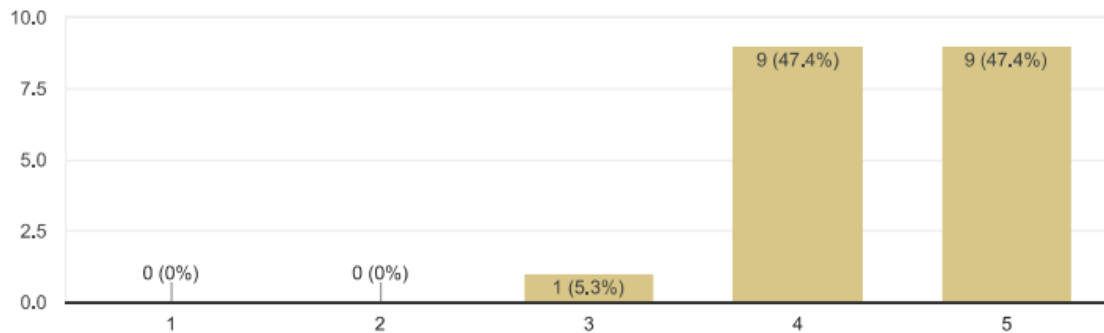


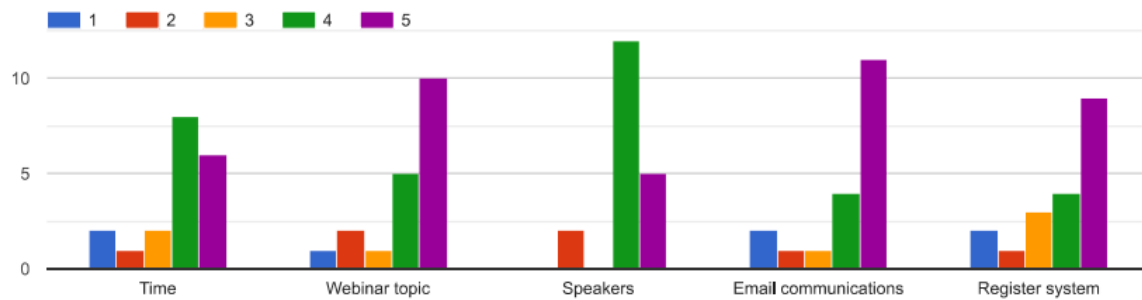
Figure 4 Relevance and helpfulness of webinar to your work

19 responses



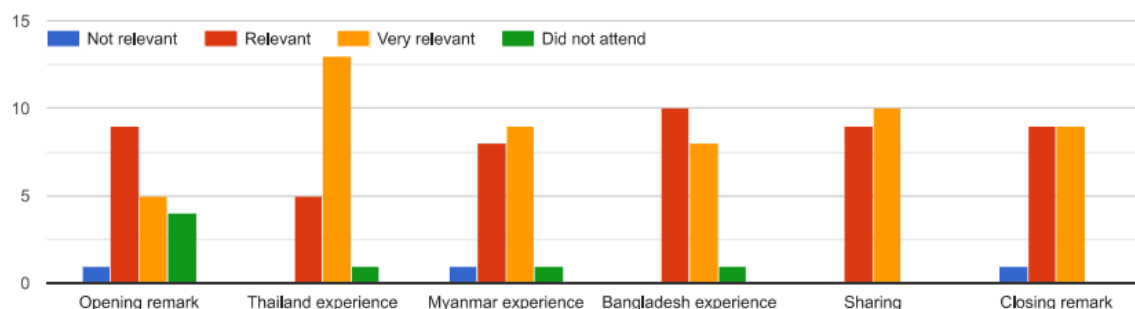
Key takeaway message from the webinar

- CSO's activities working with other stakeholders at ordinary days would work in such urgent situation (learnt from Keya's presentation)
- Importance of multi-sectoral collaboration in usual basis
- Challenge for sustaining the collaboration build in responses to COVID-19
- Civil society is one of the most important role in COVID19 pandemic responses. I've learned from another country experiences, and Thai participants. Civil society encourage a collaborative from various sectors in order to work together at all level to solve COVID19 pandemic.
- Difference between role of local people and CSO engagement in COVID -19 situation in each countries.
- Important of collaboration with civil society who are trusted in communities and health systems that need to be working with multi-sectoral partners' collaboration
- I was late and reached only the presentation of Dr. Si, but I got the ppt presented about "HEALTH" model and the discussion also reminded me we should keep in mind environmental sustainability and food security of our people. Thank you.
- Learned about how CSOs are contributing COVID-19 response.
- Importance of coordination
- Building strong coordination with different stakeholders, sharing updated information and experiences are main factors to response COVID 19
- Multi-sectoral Collaboration is need in all level.
- Decentralization, participation, and community Engagement are key success to fight COVID-19.
- Responsibility on everyone in this COVID-19 times, we have to play our role positively
- Civil mobilization
- Public policy needs to be sound in fighting against COVID-19
- Timely and essentially relevant topic amidst the global pandemic! Good job!
- The power of multisector bond.
- Inter-sectoral Coordination is important for quick resource mobilization

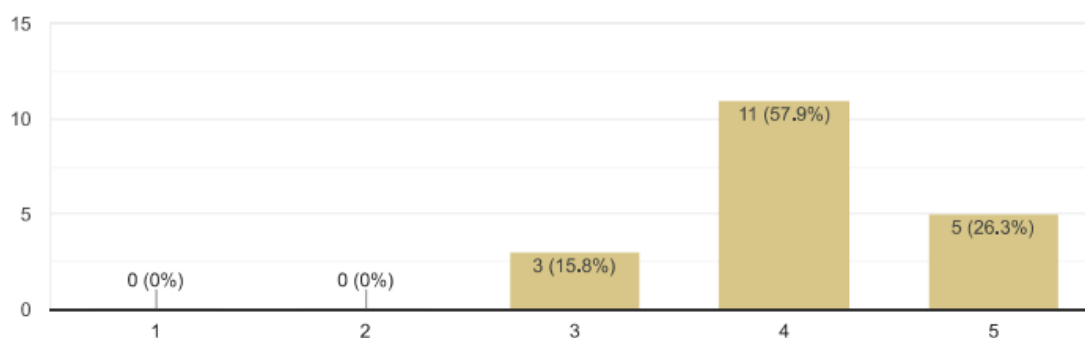
Figure 5 Satisfaction in the logistics


Additional feedback on logistics

- All are appropriate. If possible, enough time for sharing about more detail process, efforts and future strategy in Surin Province should be allocated.
- Good/ Good arrangement
- Great effort
- Sound is not stable
- I login from different time zone. It is challenging to keep up with all morning webinars in Thailand. It would be nice if we have email reminder with link to join the meeting a day or 6 hours before meeting start.
- All other things are very good except register system that I could not change "Region" for phone number.
- Satisfactory
- Very slow connection and technical error from my side
- Some participants did not mute microphone in the beginning of session. As online platform is new for some people. Next time, it would be good if the organizer provided short guideline to the participant before the event.
- Might be good to share which speaker will talk what topic first.
- Hopefully all speakers can give concrete actions that they are implementing. The speaker from Myanmar clearly enumerated specific actions. Example: making hand sanitizer, giving hygiene packets, etc. Just mentioning vague words like awareness raising or coordination might not give doable ideas to clone from. I mean, as a health practitioner immersed in the field, we always use these words. COVID19 is new. Therefore we need more specific examples of strategies/approaches so that we can somehow help propagate the info. In case there's another chance, I am willing to share/talk about specific approaches that we're doing in my native/home country the Philippines. Though I'm now living in Japan, I am constantly involve in policy making in my country as I regularly go back thrice a year. Nonetheless, I salute to all the speakers for sharing their expertise. Salute to the organizers!
- I didn't get email for register confirmation.
- It would be better if the presentation are more visual instead of talking most of the time.

Figure 6 Relevance of the sessions

Figure 7 Satisfaction in the session content

19 responses



Additional comments regarding the sessions or the overall agenda

- It's great and meaningful work to grasp the general view and concept of multi-sectoral collaboration. I hope that this webinar will be the first step to deepen discussion how we should build/sustain the collaboration in Thailand and other areas in the future, too, and how we could utilize it as a tool for responding to COVID-19 issues and creating alternative society in "New Normal".
- This is a good session.
- Good starting forum
- The agenda is good. It will be nice if at the opening we brief a bit on how countries were selected or what comparative advantage to learn from decentralized or centralized governments. UHC-Health system in Thailand is popular/known by many countries but not everyone understand the community health system and how people work together. The example is good but it could be made clearer with slide presentations.
- The obstacle is the internet connection and the speakers should speak slowly
- Pls organize another one on other topics relevant to child protection and trafficking
- Request to conduct those kinds of sharing sessions frequently to learn from each other's

- It is good and relevant for COVID -19 response during and beyond COVID.
- Share case study with powerpoint or video that make understand about civil society role
- The topic is perfectly fit for the need of time. I salute you all for organizing such. I hope for a follow up Webinar. If given the chance, I'd gladly contribute as a speaker.
- I would like to learn experience from other countries such as South Korea that is recognized as able to handle the epidemic situation very well.
- It would be better if the presentation are more visual instead of talking most of the time

Overall feedback for the event

- The most thing parts I could catch well is the moderator record. And it will nicer if the speakers prepare and show in letter such as presentation.
- Thank you for organizing such session that CSOs and CBOs are the one who are in the frontline in COVID -19 response, and as funding agencies, it is good to learn experiences of other countries how CSO are playing their role.
- It should be organized more.
- The event is very useful.
- The Webinar is a great alternative to ensure distancing. The only hitch is the noise of the microphones. Overall the Webinar was smooth. Special mention to Ms. Nanoot for skillfully facilitating the process.
- Very good start conference online for Sor Chor.