

**BORNO STATE MINISTRY OF HEALTH
MINUTES OF 65th HEALTH PARTNERS COORDINATION MEETING**

DATE: 02/08/2018

TIME: 2:00PM

VENUE: Public Health Emergency Operations Center (PHEOC) Eye Hospital

The proposed agenda:

1. Opening prayer
2. Opening prayer
3. Welcome remarks by the chairman and self-introductions
4. Review of minutes from last meeting and follow in actions points
5. Epidemiological situation updates
 - Cholera situation and response updates
6. Cholera standard case definition and laboratory testing work flow
7. Malaria SMC updates
8. Partners capacity mapping exercise
9. Partners updates—rains, floods, security issues, access challenges
10. AoB
11. Closing prayer

Presiding: Chair: Dr. Ghuluze Muhammed – Director Emergency and Humanitarian Response SMOH
Co-chair: Shafiq Muhammad – Health Cluster Coordinator WHO

Deliberations

S/N	ACTIVITY/ISSUE	DISCUSSIONS/RESOLUTIONS
1.	Opening prayer	The meeting commences at about 2:10pm with opening prayer according to our individual faith.
2.	Welcome remark by the chairman	After the opening prayer, the chairman welcomes all to the meeting, and also explained why he has not been around for the meeting
3.	Self-introduction	Self-introduction was done for better relationship, collaboration and networking purpose.
4.	Review of minutes from last meeting and follow in actions points.	The chairman further referred members to the copy of minutes of the 64 th coordination meeting held on 19/07/2018 whose copy was also shared electronically with members to see if there are additions, omission or observation that may require attention.

		<p><u>Review of Action Point:</u></p> <p>Action Point 1 Dr Ghuluze (SMOH): Action point has been acknowledged by RUWASSA and are currently working on it.</p> <p>Action Point 2 Shafiq (WHO): We have received inputs from 7 partners who have sent in their matrix and map which shall be communicated during the Partners Capacity Mapping Exercise.</p> <p>Following the update from the action point, the minute was adopted by Shafiq Muhammad (WHO) and Seconded by Charles Kiplangat (MdM)</p>
5.	Epidemiological Situation Updates · Cholera Situation and Response Updates	<p>Epid Week Updates Presented by Dr Uzoma Ugochukwu (WHO)</p> <ul style="list-style-type: none"> • So far we can say the outbreak in Kukawa and Askira Uba has been closed as at the last cholera meeting where it was unanimously agreed upon to make the Cholera Outbreak Response Meeting Bi-weekly which has thus far been merge with the Health Sector Meeting. Last Case of Suspected cholera reported 29th June and 2nd July 2018 in Kukawa and Askira-Uba LGAs respectively. • We are also tracking cases within MMC and Jere as there were reports of AWD cases coming from Bayan Texaco Area in Bolori. 7 Suspected Cholera Cases Reported from HERWA and have been referred to Dala, samples however have been collected and sent to UMTH, we are currently awaiting the result. ACS at the LGA also ongoing. With this alert, we have enhanced surveillance activities within the Metropolis just to ensure any case is being rolled out. • Magumeri <ul style="list-style-type: none"> • Cases being reported from a security compromised ward Ayi- Yasku where 27 cases and associated 4 deaths from Acute Watery Diarrhea • Preliminary laboratory analysis shows 7 of 8 samples suggestive of <i>V. cholerae</i>. • Samples isolates shipped to NCDC lab for serotyping. • Community volunteers still conducting active case search, sample collection, emergency first aid and environmental disinfection • Number of cases down, no case reported in seven days • Biu <ul style="list-style-type: none"> • Alert of cases in communities bordering Gulani LGA in Yobe state reported last week. • State RRT was deployed to support response activities • ACS reported 15 cases on the Borno side • Awaiting result of samples

Having said that, it is also important we take you through the Highlights of EWARS Week 29

- So far, a timeliness and completeness of reporting is at - 66% (target 80%)
- Total consultations - 50,512 marking a 1% increase in comparison to the previous week (n=50,212)
- Leading cause of morbidity - Malaria (suspected n= 12,694 and confirmed n=5,800) accounted for 37% of reported cases
- Leading cause of mortality – Acute Watery Diarrhea (n=5) accounted for 50% of reported deaths
- Number of alerts in week 29: Forty-four (44) indicator-based alerts were generated with 89% of them verified

Mortality and morbidity in Borno State, week 29 2018

Figure 1a | Proportional morbidity (W29)



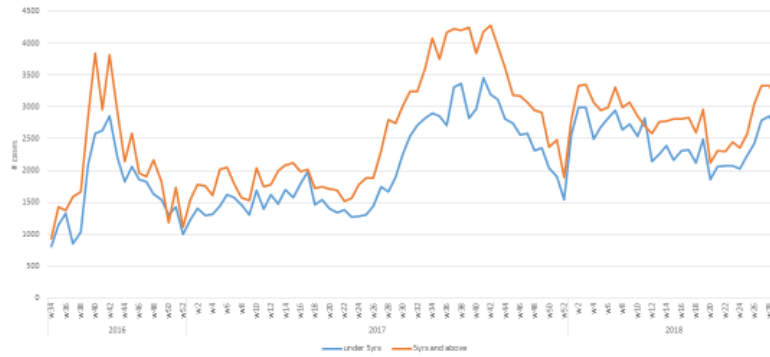
Malaria (confirmed)
Malaria (suspected)
Acute Respiratory Infection
Acute Watery Diarrhoea
Severe Acute Malnutrition
Mental Health
Other

Figure 1b | Proportional mortality (W29)

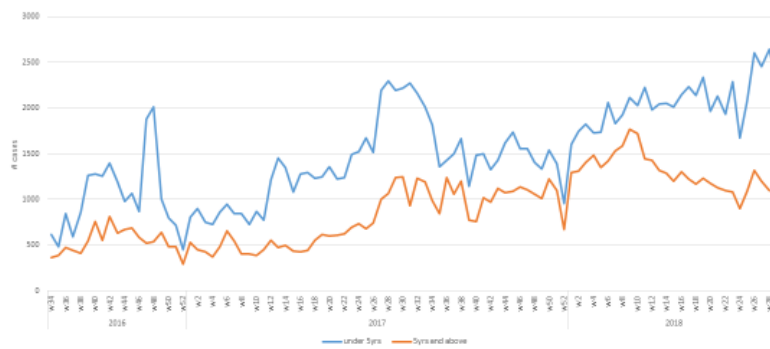


Malaria (confirmed)
Malaria (suspected)
Acute Respiratory Infection
Acute Watery Diarrhoea
Bloody diarrhoea
Severe Acute Malnutrition
Maternal death
Neonatal death
Other

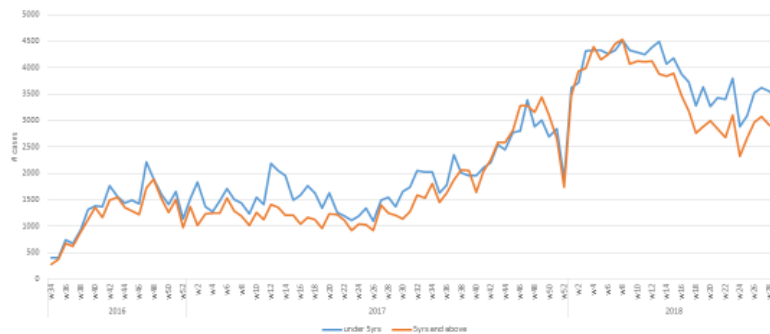
Trend of malaria cases by week, Borno State, week 34 2016 - 29 2018



Trend of acute watery diarrhea cases by week, Borno State, week 34 2016 - 29 2018



Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 29 2018



Key Comments, Questions and Contributions:

Charles Kiplangat (MdM): According to a report we receive during the last meeting in relation to Magumeri, we had comments which says there were over 20 deaths however, your presentation tends to present a contrary report of 4 deaths.

Dr. Uzoma (WHO): Report from the LGA DSNO actually claimed 4 deaths, however, close consultation with the community maintained that there were more deaths than the numbers reported by the DSNOs, but the challenge here is, were these deaths associated with AWD?

Nariana (MSF B): Do you have result of samples that were sent for serotyping from Dala CTU?

Dr. Uzoma (WHO): We have test results of samples gotten from Dala from UMTH and they have been compiled and would be shared with partners, though we are yet to receive the result of serotyping of the isolated patient.

Dr. Raymond U. (WHO): Though my question is not in relation to cholera, notwithstanding it is very important I ask seeing from last years' case trend on Malaria, it was reported between week 28 to week 30 in 2017 of a spike in

		<p>the cases of Malaria, and the same thing is reoccurring this year within the same week, prompting this question, is it too early to begin to assess the impact of the just conclude 1st cycle of SMC intervention.</p> <p>Response:</p> <ul style="list-style-type: none"> • Mrs. NGLASS (WHO): It is too early to start assessing the impact of the last SMC cycles, as there are more cycles to go, and it is important to note that, this intervention was aimed at some selected target 3months to 59 months, we would work in close collaboration with the Surveillance team to see how we can streamline the difference. <p>Dr. Ghuluze (SMOH): How long after the campaign should we expect the impacts to be felt?</p> <p>Response:</p> <ul style="list-style-type: none"> • Mrs. NGLASS (WHO): For SMC campaign, you can't assess the impact at the end of the 1st cycle, but at the end of the 3 cycle, we should be able to run an assessment thereof. <p>Geialdine (MSF CH): In the last surveillance report we noticed 6 suspected cases of measles in Gumdunbali, we just wanted to know where it was, what is the situation over there?</p> <p>Response:</p> <p>Dr. Uzoma (WHO): there was a reactive vaccination that was done there but I think this was as a result of the new influx driving into the community</p> <p>Geialdine (MSF CH): Is there any health structure there that attend to patients?</p> <p>Samuel T. (SMOH): Yes, we have Military Hospital there, we also have LGA RRT and DSNO who conduct house-to-house sensitization. And presently the Borno State SPHCDA have been engaging the Military, this particular response is part of the existing collaboration we have been in existence.</p> <p>Seidina (MSF Spain): Last Week we receive a suspected case for Cholera in Pulka, we sent the sample to Umoru Shehu, though we are yet to receive the result.</p>
6.	Cholera Standard Case Definition and Laboratory Testing Work Flow	<p>Presented by Dr. Opeyemi Ogunlade (WHO)</p> <p>The essence of this presentation is to further enlighten Health Partners on the standard case definition of cholera and to also show health partners the flow chart of sample result from collection point down to diagnosis.</p> <p>Case definitions Acute Watery Diarrhea (AWD)</p>

Acute watery diarrhea is an illness characterized by 3 or more loose or watery (nonblood) stools within a 24-hour period and a danger sign* or dehydration.

(*Danger signs include lethargy, unconsciousness, vomits everything, convulsions, and in children less than 5, unable to drink or breast-feed)

Suspected cholera case

In areas where a cholera outbreak has **not** been declared:

Any patient aged **5 years** and older presenting with acute watery diarrhea and severe dehydration or dying from acute watery diarrhea.

In areas where a cholera outbreak has been declared:

Any patient aged **2 years** and older presenting with acute watery diarrhea and severe dehydration or dying from acute watery diarrhea.

Community definition in areas where a cholera outbreak is declared:

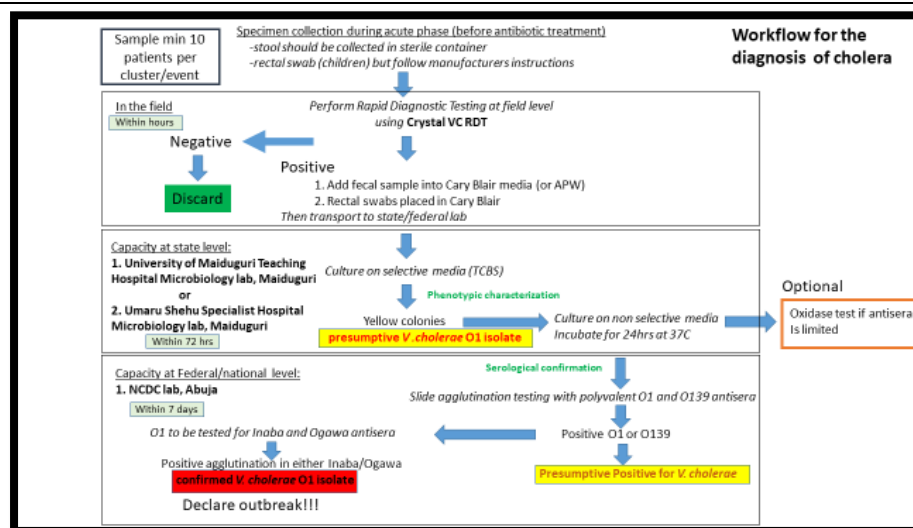
Any person presenting with or dying from acute watery diarrhea

Confirmed cholera case

A suspected case with *Vibrio cholerae* O1 or O139 confirmed by culture or PCR.

Symptoms of dehydration:

- Increased thirst.
- Dry mouth/ tongue.
- Decreased urine output.
- Urine is low volume and more yellowish than normal.
- Dry skin.
- Dizziness/ lightheadedness
- Lethargy, confusion, or coma
- Blood pressure drops when the person tries to stand after lying down (*orthostatic hypotension*)
- Rapid heart rate (>100bpm)
- Poor skin elasticity (skin slowly sinks back to its normal position when pinched)
- Seizure
- Shock



Key Comments, Questions and Contributions:

Contribution:

Dr Uzoma (WHO): At this juncture, we are trying to have cases singled out of AWD. It is difficult to have one patient in a family isolated as a cholera case, because the transmission is usually very fast. This will help us to reduce the misrepresentation of cholera case report and to guide us into having a clearer definition of what we are dealing with. We also hope that at the clinic level, partners should train their clinicians on these case definitions so we could be on the sample reporting page.

Charles Kiplangat (MdM): From experience, teams on the field uses prior experience to diagnoses cases and as such management goes on while investigations are carried out.

Dr. Raymond (WHO): Going forward, we should take a decision as regarding this presentation, and it is also important for partners to have a proper and accurate categorization of cases so we don't lump up all diarrhea as AWD.

Dr Ghuluze (SMOH): The clinicians should have a proper diagnosis of what they are dealing with. The essence of this presentation is to educate those clinicians that are working on the field there is a need to organize a day sensitization workshop for these clinicians as to know how they can make clear diagnosis.

Dr. Lawi M (SMOH): Also for us, from the surveillance point of view, we should all be on the alert to always respond promptly to cases when reported. Also at the LGA levels, facilities should be able to manage and classify cases

		Dr. Uzoma (WHO): Partners should go back and pass this information to their clinicians and probably conduct on-the-job training for them.																																																										
7.	Malaria SMC updates	<p>Presented by Madam Iniabasi NGLASS (WHO)</p> <p>BORNO STATE CYCLE 2 SMC IMPLEMENTATION TIMELINE/SCHEDULE OF ACTIVITIES</p> <p>The Cycle 2 of the SMC Implementation was developed by the Malaria Working Group, while Development of schedule of activities has been done we felt it is important we debrief the Health Sector Partners of the Development on ground and planned activities geared towards the 2nd cycle of the SMC Campaign</p> <table border="1"> <thead> <tr> <th colspan="6">BORNO STATE CYCLE 2 SMC IMPLEMENTATION TIMELINE/ SCHEDULE OF ACTIVITIES</th> </tr> <tr> <th></th> <th>Activity</th> <th>State Timelines</th> <th>RESPONSIBLE</th> <th>Expected Outcome</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Development of schedule of activities</td> <td>1ST August, 2018</td> <td>MTWG</td> <td>Schedule Developed</td> <td>Done</td> </tr> <tr> <td>2</td> <td>SCC debriefing for 1st cycle SMC Implementation & Presentation of cycle 2 schedule of activities.</td> <td>3rd August, 2018</td> <td>SCC</td> <td>Meeting held</td> <td>On-going</td> </tr> <tr> <td>3</td> <td>Advocacies</td> <td>6th – 10th Aug, 2018</td> <td>SMWG</td> <td>Advocacies Carried-out</td> <td></td> </tr> <tr> <td>4</td> <td>Commencement of Social mobilization activities at State, LGA and Ward levels</td> <td>6th – 16th Aug, 2018</td> <td>SMWG</td> <td>Social mob. Done</td> <td></td> </tr> <tr> <td>5</td> <td>Arrival of National team/briefing</td> <td>10th August, 2018</td> <td>TAs</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>State Level training</td> <td>7th August, 2018</td> <td>TWG</td> <td rowspan="3">Training</td> <td></td> </tr> <tr> <td>7</td> <td>LGA level training</td> <td>8th August, 2018</td> <td>LGA TEAM</td> <td></td> </tr> <tr> <td>8</td> <td>Ward level trainings (Dispensers & Supervisor/Recorders) and Updating of Micro plans.</td> <td>9th -11th Aug., 2018</td> <td>WFPs</td> <td></td> </tr> </tbody> </table>	BORNO STATE CYCLE 2 SMC IMPLEMENTATION TIMELINE/ SCHEDULE OF ACTIVITIES							Activity	State Timelines	RESPONSIBLE	Expected Outcome	Remarks	1	Development of schedule of activities	1 ST August, 2018	MTWG	Schedule Developed	Done	2	SCC debriefing for 1 st cycle SMC Implementation & Presentation of cycle 2 schedule of activities.	3 rd August, 2018	SCC	Meeting held	On-going	3	Advocacies	6 th – 10 th Aug, 2018	SMWG	Advocacies Carried-out		4	Commencement of Social mobilization activities at State, LGA and Ward levels	6 th – 16 th Aug, 2018	SMWG	Social mob. Done		5	Arrival of National team/briefing	10 th August, 2018	TAs			6	State Level training	7 th August, 2018	TWG	Training		7	LGA level training	8 th August, 2018	LGA TEAM		8	Ward level trainings (Dispensers & Supervisor/Recorders) and Updating of Micro plans.	9 th -11 th Aug., 2018	WFPs	
BORNO STATE CYCLE 2 SMC IMPLEMENTATION TIMELINE/ SCHEDULE OF ACTIVITIES																																																												
	Activity	State Timelines	RESPONSIBLE	Expected Outcome	Remarks																																																							
1	Development of schedule of activities	1 ST August, 2018	MTWG	Schedule Developed	Done																																																							
2	SCC debriefing for 1 st cycle SMC Implementation & Presentation of cycle 2 schedule of activities.	3 rd August, 2018	SCC	Meeting held	On-going																																																							
3	Advocacies	6 th – 10 th Aug, 2018	SMWG	Advocacies Carried-out																																																								
4	Commencement of Social mobilization activities at State, LGA and Ward levels	6 th – 16 th Aug, 2018	SMWG	Social mob. Done																																																								
5	Arrival of National team/briefing	10 th August, 2018	TAs																																																									
6	State Level training	7 th August, 2018	TWG	Training																																																								
7	LGA level training	8 th August, 2018	LGA TEAM																																																									
8	Ward level trainings (Dispensers & Supervisor/Recorders) and Updating of Micro plans.	9 th -11 th Aug., 2018	WFPs																																																									

		9	Training of State Supervisors	10th August, 2018	T- WG		
		10	Training of Independent Monitors	11 th August, 2018	LGF		
		11	Implementation of SMC and Mop-up & Monitoring and supervision	12 th -16 th Aug., 2018	SCC	Implement ation & Supervision	
		12	End process Evaluation	17 th -18 th Aug., 2018	SCC	Evaluation done	
		13	Validation of data	17 th -18 th Aug., 2018	SCC	Data Validated	
		14	Submission of data to state by LGA	18 th August, 2018	LGA TEAM		
		15	Monitors submit data to LGF	19th August, 2018	LGF		
		16	Submission of report to State for finalization and validation	20th August, 2018	LGF		
		17	State Debriefing	24 th August, 2018	SCC		
8.	Partners Capacity Mapping Exercise	<p>Presented by Shafiq Muhammad (WHO)</p> <p>This is actually part of preparedness and readiness plan, the matrix was shared with partners, to identify different locations based on specific thematic areas such as:</p> <ul style="list-style-type: none"> • Surveillance • Case management • Logistics • Risk communication • WASH • Social Mobilization <p>This information was collected from partners and thanks to partners who contributed to this exercise. We have thus far received mapping from the following partners UNICEF, WHO, Intersos, MSF Belgium, IRC, MDM, FHI360.</p>					

		<p>The mapping takes into cognizance the partners' presence in different LGAs based on thematic areas like samples collections, RDTs, establishment of ORPs, CTCs like infrastructure CTCs, and also the technical support therapeutic centre. As we all know we are in the rainy season at the moment it is very important for us to know the different capacity of partners and where we can come in to assisting.</p> <p>The basic purpose of this exercise is to show partners how we collecting information in terms of stocks and supplies etc.</p>
9.	Partners updates–rains, floods, security issues, access challenges	<p>Shafiq (WHO): This agenda was included in order to address challenges faced by partners in terms of security, access, supplies, funding etc. and Just so we know, we have been in touch with the central medical stores and partner's whose drugs have been hoard will soon be released.</p> <p>Charles Kiplangat (MdM): Kawamela in MMC is where we have one of our facilities, the IDP camp had people sleeping under trees and outside their tent when it rains, most of their tents and the camp environment is being flooded. The situation is very challenging whenever it rains.</p> <p>Shafiq (WHO): There will be an inter-sector working group meeting on 3rd Aug. with OCHA and CCCM, it will be discussed there.</p> <p>Seidina (MSF Spain): Pulka has not been engaged in terms of WASH activities, there are few water spot and latrines.</p> <p>Dr. Lawi (SMOH): This is a big issue and all efforts should be put in place to address the issue.</p>
10.	AOB	<p>Dr. Uzoma WHO: This is to update the house about the 3rd round of the HeRAMS exercise, as we all know this is more of a partners' tool, this is was we wants to get the partners in involved. This is to enable us have accurate information as regarding the Health Facilities in the state, it functionality and non-functionality. Next week, there's going to be training for M&E officers, Data Collectors and Volunteers all health partners are encouraged to also join the HeRAMS task force meeting every Wednesday at the EOC.</p>
11.	Closing Prayers	<p>After successfully attending to all matters on the agenda the meeting came to an end at 03:37pm with closing prayer based on individual faith and date of next meeting was fixed for Thursday 16th August 2018.</p>

Action Points:

S/N	ACTIVITY	RESPONSIBLE PERSON	TIMELINE
1.	WASH activities in Pulka should be strengthened.	RUWASSA	Next Meeting
2.	Health Sector Partners should conduct on-the-job training for all their clinicians working on the field on the standard case definition of cholera and AWD.	All Health Sector Partners	Next Meeting
3.	Result of Sample collected from MSF Spain in Pulka should be treated with urgency and communicated back to them on time.	UMTH, Umoru Shehu	One Week
4.	Partners attendance at the Health Sector is gradually dwindling. All health partners are encouraged and enjoined to take this meeting with seriousness.	All Health Sector Partners	Next Meeting
5.	There's a need for a one day Sensitization workshop for clinicians on standard case definition for cholera and AWD.	WHO	No fix date Yet
6.	Partners who are yet to submit inputs for the capacity mapping exercise for cholera response in the state as preparedness and readiness are advised to do so.	All Health Sector Partners	One Week