**BORNO STATE MINISTRY OF HEALTH**
**MINUTES OF 62nd HEALTH PARTNERS COORDINATION MEETING**

**DATE:** 21/06/2018
**TIME:** 2:00PM
**VENUE**: Public Health Emergency Operations Center (PHEOC) Eye Hospital
The proposed agenda:

1. Opening prayer
2. Welcome remarks by the chairman and self-introductions
3. Review of minutes from last meeting and follow in actions points
4. Epidemiological situation updates
    - Cholera situation and response updates
5. MHPSS updates and mental health strategic framework (IOM, WHO)
6. HNO-2019 process – need analysis, severity indicators, prioritization (OCHA, Health Sector)
7. Field operations/coordination updates from partners
8. AoB
9. Closing prayer

**Presiding:** Chair: Dr. Lawi Mshelia – DPH, SMOH
Co-chair: ADANDJI, Yaoklou M - Health Sector Coordinator, WHO

**Deliberations**

| S/N | ACTIVITY/ISSUE | DISCUSSIONS/RESOLUTIONS |
|---|---|---|
| 1. | Opening prayer | The meeting commences at about 2:20pm with opening prayer according to our individual faith |
| 2. | Welcome remark by the chairman | After the opening prayer, Lawi Mshelia welcomes all to the meeting, and also explain the rationale behind the absence of key sector actors. |
| 3. | Self-introduction | Self-introduction was done for better relationship, collaboration and networking purpose. |
| 4. | Review of minutes from last meeting. | The chairman referred members to the copy of minutes of the 61st coordination meeting held on 07/06/2018 whose copy was also shared electronically with members to see if there are additions, omission or observation that may require attention. |

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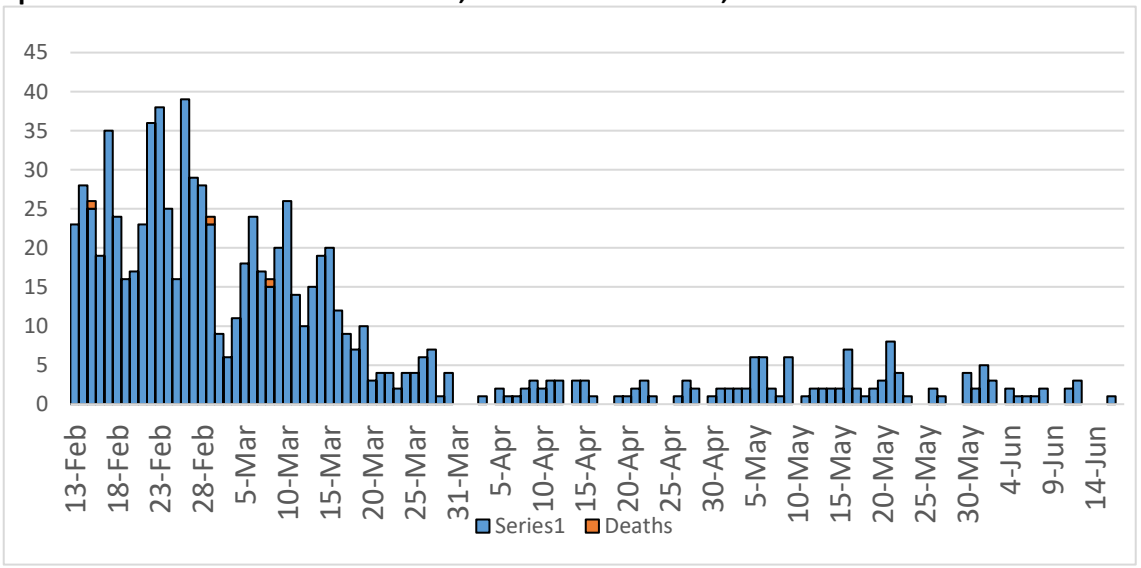
| | | **Review of Action Point:**<br>**Action Point 2:**<br>**BOSACAM** is to represent the SMOH at the meeting of the gender technical meeting, while UNFPA to represent the health sector at the Gender Technical Working Group.<br>**Action Point 3:**<br>**MSF Belgium:** We are currently working on expanding the centre, partners are welcome to refer, but it is very important that partners put a call to know the available space before referrals.<br>**MSF Belgium:**<br>**09064485295**<br>**09078606219** |
| 5. | Epidemiological situation updates: Cholera situation and response updates | **Epidemiological Update:**<br>Outline:<br>• Cholera case definition<br>• Cholera outbreak updates in Borno State<br>• Highlights: Early warning alert and response system (EWARS)<br>• Morbidity and mortality pattern<br>• Disease trends (w34 2016- w23 2018)<br>**CHOLERA CASE DEFINITION**<br>• Suspected case: In a patient age 5 years or more, severe dehydration or death from acute watery diarrhea.<br>• If there is a cholera epidemic, a suspected case is any person age 2 years or more with acute watery diarrhea, with or without vomiting.<br>• Confirmed case: A suspected case in which *Vibrio cholerae* O1 or O139 has been isolated in the stool.<br>**Cholera outbreak update in Borno**<br>• Since first positive *Vibrio cholerae* culture on 13th of February 2018; 821 cases and 3 deaths have been reported (CFR: 0.4%) Kukawa LGA reported 782 and Banki 31<br>• Between the 11th and the 17th of June 2018<br>  • 6 additional suspected cholera cases reported in Kukawa LGA<br>  • No cases reported from Banki IDP camp in Bama LGA<br>  • No deaths reported during this period<br>  • Enhanced surveillance across the state |

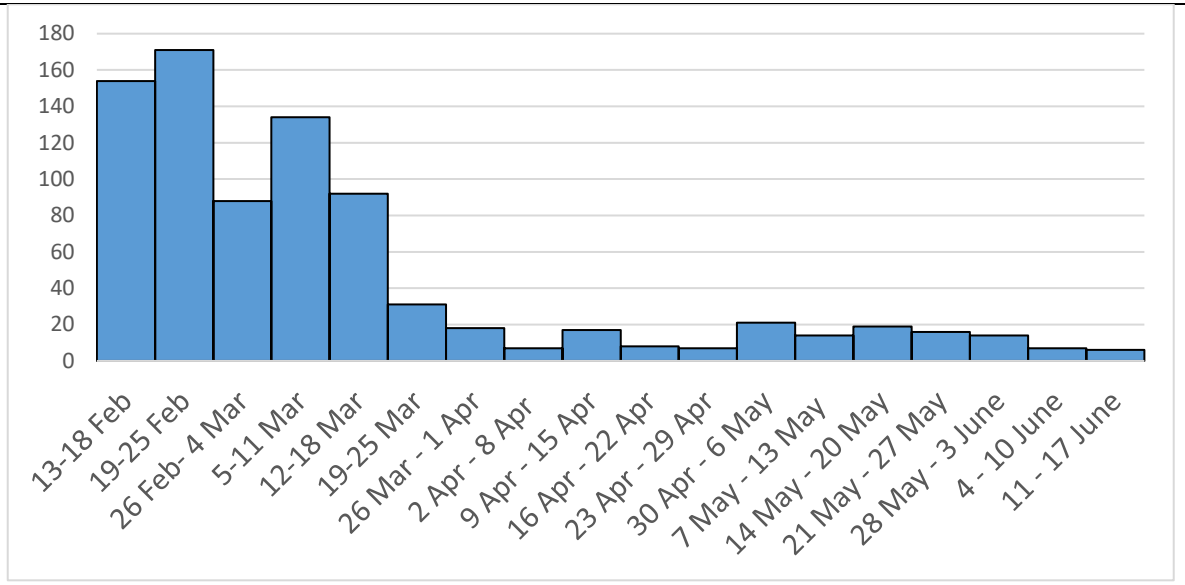
**Alerts:**

- 39 cases of Acute Watery Diarrhea with 3 deaths reported in Mussa ward, Askira – Uba LGA
- 6 samples tested positive by RDT and culture for *vibrio cholerae*
- Surveillance team deployed
- Active case search ongoing in Mussa A, C and Uba ward
- Water sample collection for testing
- Distribution of aqua tabs
- Only 2 new cases as at 19/06/2018

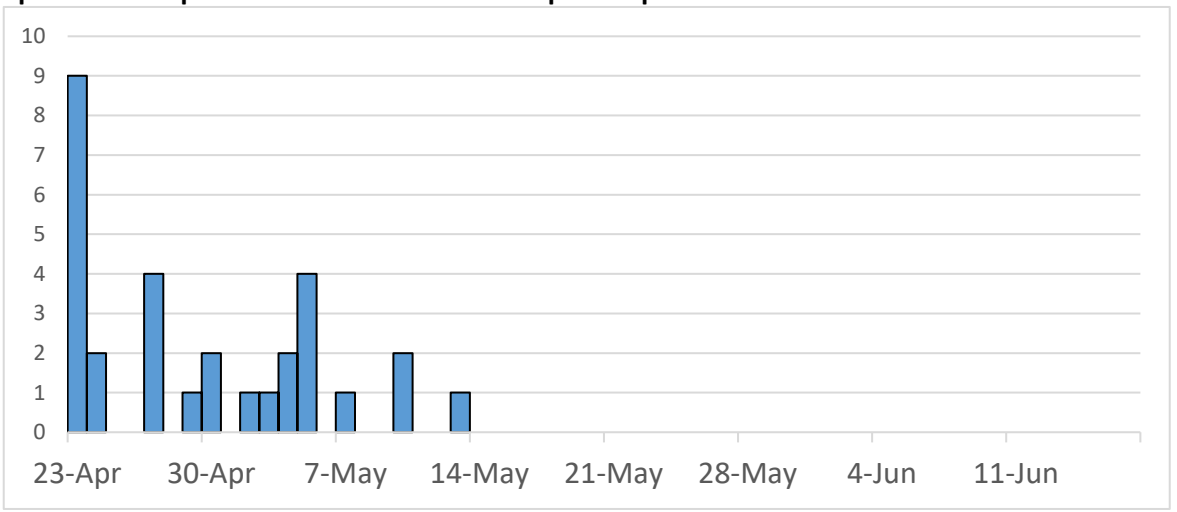
**Epi-curve of cholera cases and deaths, 13 Feb-17 June 2018, Kukawa LGA**

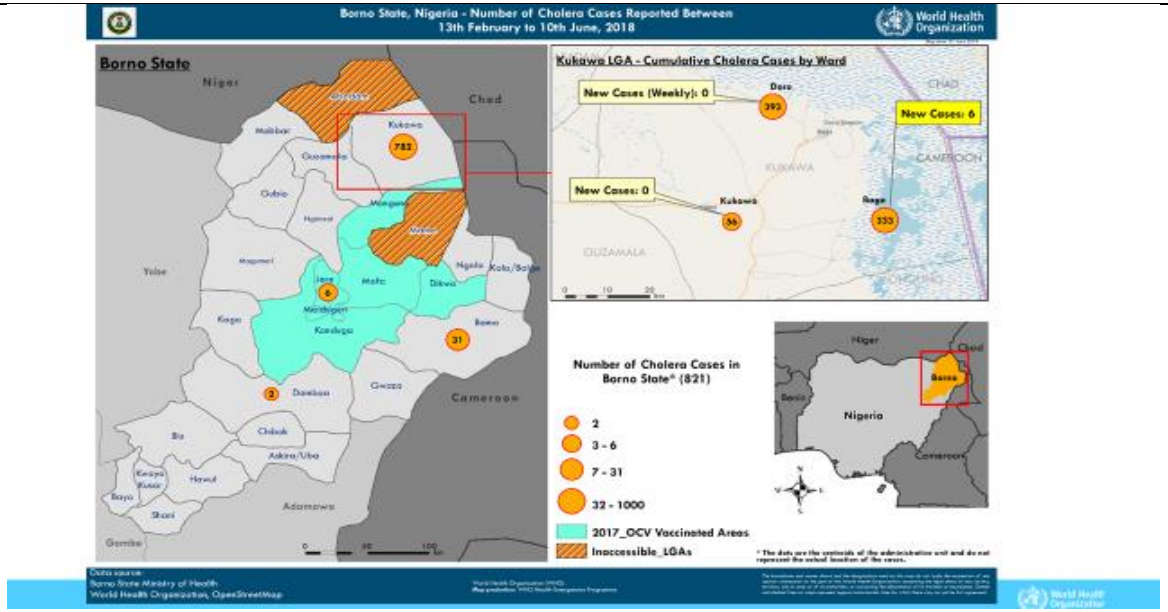



**Weekly Epi-curve of suspected cholera cases in Kukawa LGA**




**Epi-curve of reported cases in Banki IDP Camp 23rd April - 17th June 2018**






- ACS Search across MMC, Jere, Konduga and Mafa LGAs for suspected Cholera cases
- No case found in community

Highlights- EWARS

- **Number of reporting sites in week 23**: 171 out of 267 reporting sites (including 20 IDP camps) submitted their weekly reports. Timeliness and completeness were 63% and 64% respectively (target 80%)
- **Total number of consultations in week 23:** Total consultations were 40,288 signifying an 8% decrease in comparison to the previous week (n= 43,523).
- **Leading cause of morbidity and mortality in week 23**: Malaria (suspected n= 9,916 and confirmed n=3,674) was the leading cause of morbidity and mortality (n=5) reported through EWARS, accounting for 37% and 38% respectively.
- **Number of alerts in week 23:** 44 indicator-based alerts were generated with 84% of them verified

Mortality and Morbidity in Borno State, week 23 2018

**Figure 1a** | Proportional morbidity (W23)

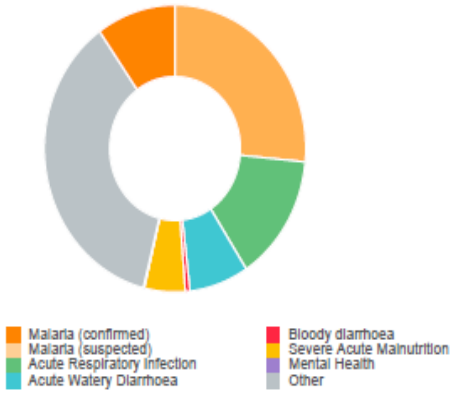
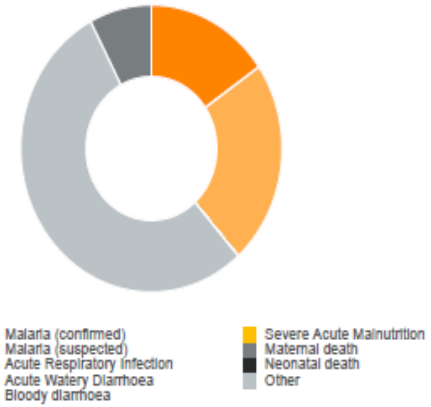
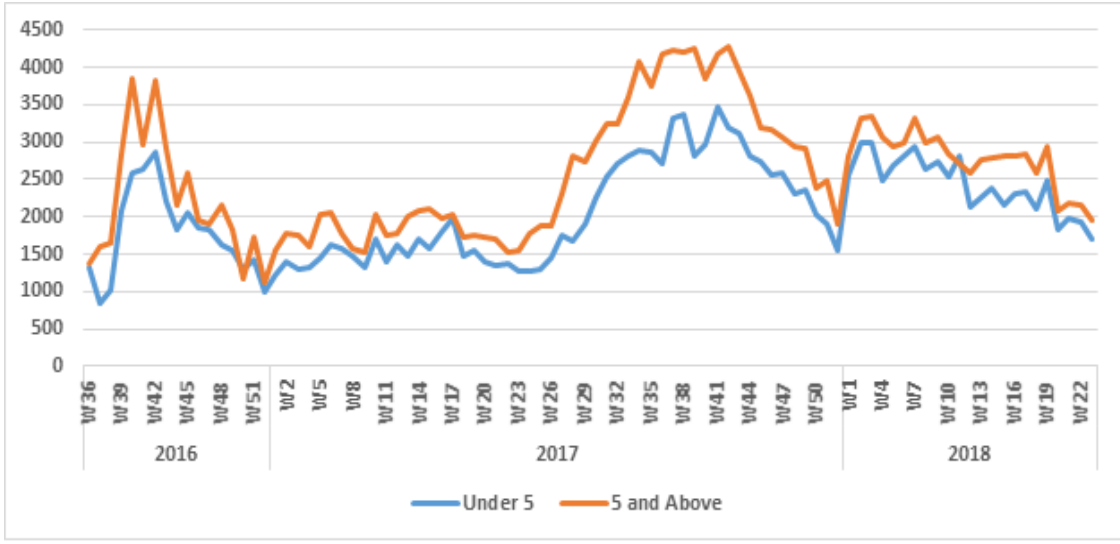


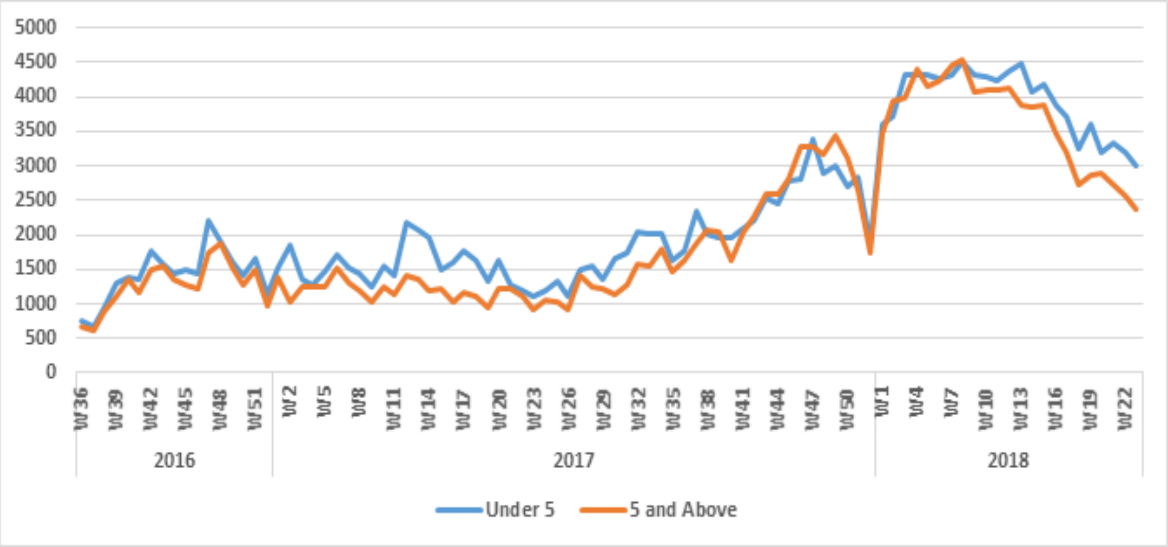

**Figure 1b** | Proportional mortality (W23)



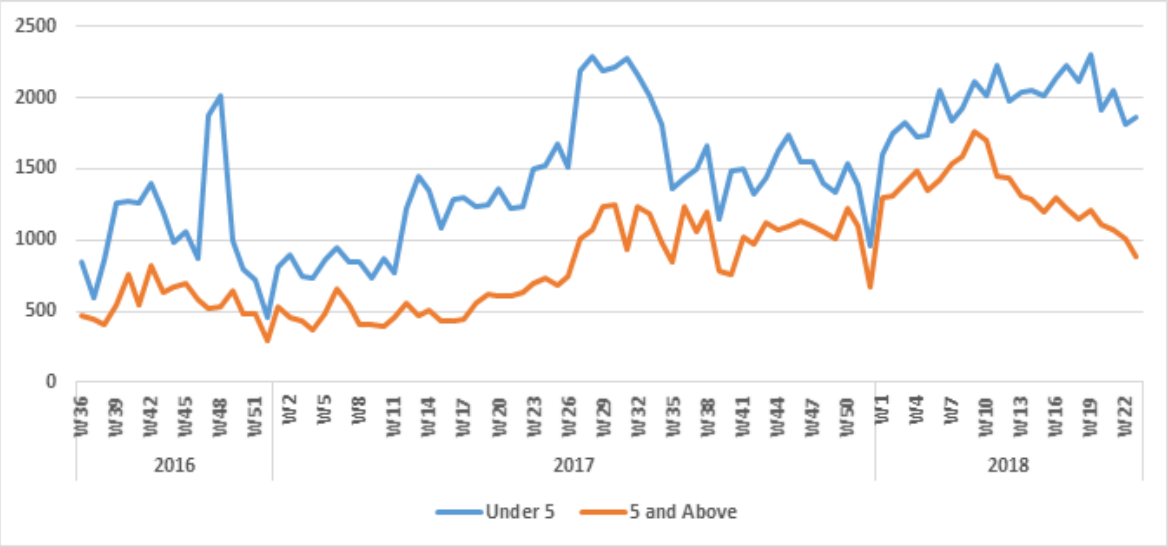

**Trend of malaria cases by week, Borno State, week 34 2016 - 23 2018**



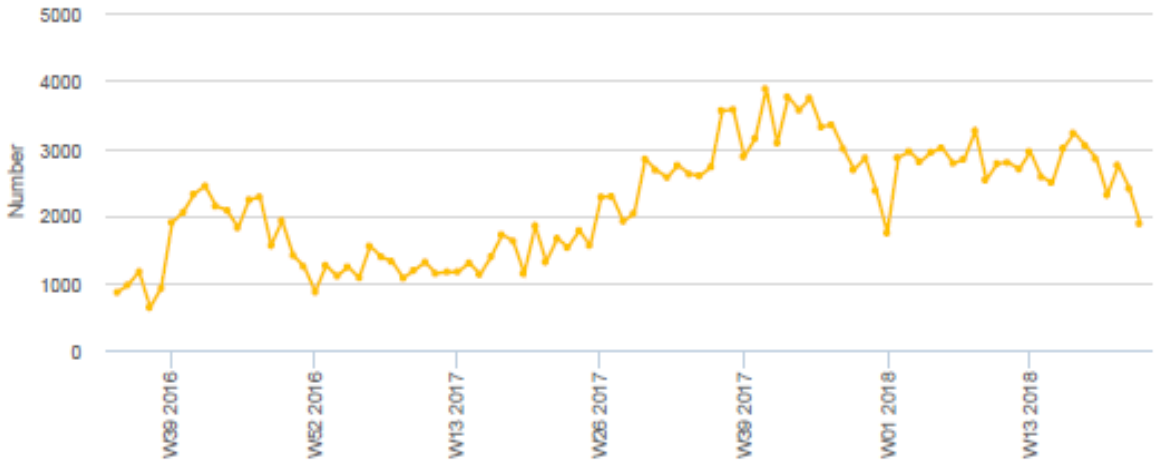
**Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 23 2018**




**Trend of AWD cases by week, Borno State, week 34 2016 - 23 2018**



**Trend of malnutrition cases by week, Borno State, week 34 2016 - 23 2018**




**Comments:**
**Fhi360:** We are waiting for result from Dikwa and Ngala.
**SMOH**: We haven't received result from the recent samples yet, however, the previous samples turn out to be negative.

**WHO**: Let's have a broader picture of what were the total number of cases gotten so far. What are the samples tested so far from the inception of Kukawa Outbreak?

**SMOH:** So far, we took 101 samples, 84 of which tested RDT positive. Number of samples collected for culture is 67 then culture positive is 33

**WHO:** Hence forth, sample result should be channeled urgently for prompt action

**SMOH:** When this decision came up that we need to take more samples and send to the reference lab in Abuja for quality check, we had about 57 samples and we thought WHO will support, because the agreement was that somebody has to accompany these samples to the reference lab in Abuja, because we once had issues of spillage

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| | | when using courier service as such we couldn't get result, unfortunately, WHO said there's no provision to cover for the transportation.<br>• It is still very clear that cases from Dala dehydration centre do not meet case definition. Surveillance team and the Local DSNOs should visit Dala and ensure proper line listing are conducted.<br>• Response Team should be attached to Dala and Fori for prompt surveillance.<br>**WHO**: We need to establish the rationale behind the frequent recurring increase in AWD cases of children under the age of 5. It is equally important to note that children below the age of 2 could possibly have cholera as such we need to do a more robust investigation into the continuous trend of AWD amongst these age group.<br><br>**SMOH:** Surveillance Working Group needs to update their data and get more accurate information capturing the exact location of where cases are coming from and what has been done.<br><br>**WHO:** Working with the experience of Borno last year, there was a plan that tends to bring the basis for cholera case definition age range from 5yrs to 2yrs. It is outside the outbreak settings that we limit the cases of suspected case definition to 5yrs. We need to be on deck to documents every finding with facts and figures. It will go a long way to helping decision making so as to improve health care.<br><br>**W4H**: it is worthy of note that transporting of samples to Abuja is very important for the purpose of quality.<br><br>**BOSACAM:** In a situation where the case is beyond the control of the state epidemiologist, the IM should liaise with either the state government or the commissioner of health to ease samples transportation.<br><br>**SMOH:** WHO set standards in situations of rare issues such as this. We recall the state team and WHO visited Fori and cases from that area didn't meet case definition. What is more important is that we support MSF Belgium in order to provide more quality services.<br><br>**WHO:** We are majorly here to save lives, notwithstanding, in a situation where the results are not coming forth on time, we should apply plan C in order to save lives while we await the result<br><br>Also, it is important to know that the courier company have been trained on sample packaging to prevent spillage, we are still making findings to know what led to the last spillage. |

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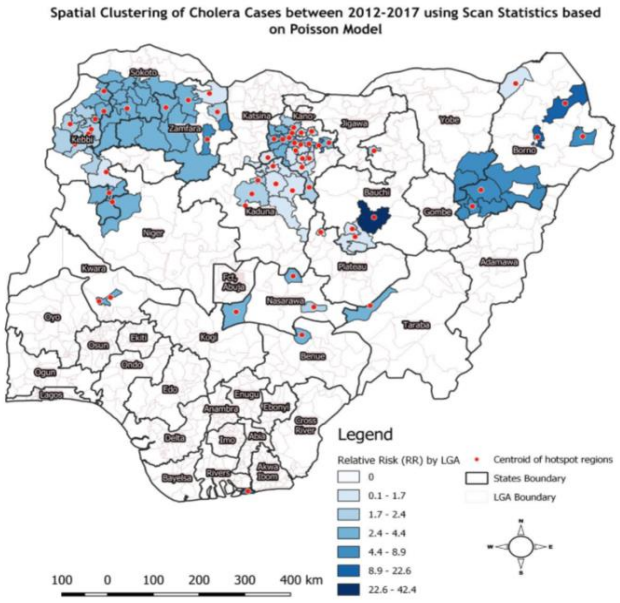
| | | Also, there was this Map that contains hotspot analysis of cholera in the country that was been carried out showing areas and regions that are very prone to Cholera. This Analysis was done using Scan Statistics based on Poissson Model from 2012 – 2017. Most of the cases were from the Northern part of the country.<br><br>In North west, we have Kano and Zamfara, while in the North East we have Bauchi, having the overall and highest risk chance. When it comes to Borno State, the following LGAs have high risk of Cholera:<br>• Biu<br>• Dikwa<br>• Jere<br>• Mobbar<br>• Monguno<br>The Map and Table below clearly shows LGAs within Borno State with high risk of cholera occurrence<br><br>  <br> |

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| | | | 5 | Borno | Biu | 7.6 | < 0.001 | 262989 | 17.3% |
| | | | 6 | | Dikwa | 9.2 | < 0.001 | 158190 | |
| | | | 7 | | Jere | 22.2 | < 0.001 | 315463 | |
| | | | 8 | | Mobbar | 1.4 | < 0.001 | 174239 | |
| | | | 9 | | Monguono | 18.7 | < 0.001 | 164078 | |

The above is presented to aid decision making and planning process.

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| 6. | MHPSS updates and mental health strategic framework (IOM, WHO) | **Mental Health Psycho-Social Support**<br>The MHPSS strategic framework was initiated by WHO, this has actually helped us to understand the impact need of responding to Mental Health and Psycho-Social Support. Basically what we intend to do is to create a framework, a good structure which justifies why there's a need of Mental Health and Psycho-Social Support particularly in Borno State. The strategic framework will be for Borno State for now, prior to now, the strategic framework was designed for Northeast Nigeria, however, due to lack of relevant information from Yobe and other states within the region, we decide to limit it to Borno State. Basically, the framework was integrated into the Borno State Strategic Health Development Plan 2nd Phase 2017-2021. The Borno SMOH has recognized that there's insurgency and Mental Health Psychosocial impact on the citizens as well as negatively impacting on the ability to deliver Mental Health Services at the PHC level. We already have the draft which would be finalized very shortly and would be endorsed by the HCH.<br><br>**Mental Health and Psychosocial Support in Emergency Settings:**<br><br>**What Should Humanitarian Health Actors Know?**<br>**Learning Objectives :**<br>• Understand the unique mental health and psychosocial needs of displaced population.<br>• Develop knowledge regarding practical interventions on mental health and psychosocial support.<br><br>"A significant gap has been the absence of a multi-sectoral, inter-agency framework that enables coordination, identifies useful practices, flags harmful practices and clarifies how different approaches to mental health and psychosocial support complement one another." IASC |

**Developing a Comprehensive Framework**

"Mental health and psychosocial support" means:

a. protecting or promoting psychosocial well-being and
b. preventing or treating mental disorder.

## MHPSS is a cross cutting issue

Example: combine psychosocial and nutrition programs, do more for infant growth and development than nutrition alone


Diagrammatical representation of a mentally disordered persons

## Mental Health and Psychosocial Impact of Emergencies

- Emergencies create a wide range of problems: individual, family, community and societal levels.
- Mental health and psychosocial problems in emergencies are highly interconnected, may be predominantly social or psychological in nature.

# Impact of Emergencies

Identity/Role is the key concept of wellbeing

Who I am to myself
(Individual differences)

The interiorized societal factors: gender culture, traditions, traditional roles, etc.

How others perceive me. Can also be a self perception

## Multi-sectoral Guidance

**MHPSS & Health**

| Area | | B. Core mental health and psychosocial supports |
|---|---|---|
| 5 | Community mobilisation and support | 5.1 Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors<br>5.2 Facilitate community self-help and social support<br>5.3 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices<br>5.4 Facilitate support for young children (0–8 years) and their care-givers |
| 6 | Health services | *6.1 Include specific psychological and social considerations in provision of general health care*<br>*6.2 Provide access to care for people with severe mental disorders*<br>*6.3 Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions*<br>*6.4 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems*<br>*6.5 Minimise harm related to alcohol and other substance use* |
| 7 | Education | 7.1 Strengthen access to safe and supportive education |
| 8 | Dissemination of information | 8.1 Provide information to the affected population on the emergency, relief efforts and their legal rights<br>8.2 Provide access to information about positive coping methods |

**Areas of Mental Health and Psychosocial Support**:

All Have Impact on Protecting Well-being:

- Coordination
- Assessment, monitoring and evaluation
- Protection and human rights standards
- Human resources

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| | | • Community mobilization and support<br>• Health services<br>• Education<br>• Dissemination of information<br>• Food security and nutrition<br>• Shelter and site planning<br>• Water and sanitation<br>**Learning Sessions :**<br>a. MHPSS approach<br>b. Impact of the emergencies<br>c. Core principles: human rights and equity; participation; do no harm; building on available resources and capacities; integrated support systems; multi-layered supports<br>d. Dos and don'ts on MHPSS response<br>e. Learning from the local contexts of North-East Nigeria<br>f. Pyramid of interventions<br>g. Special considerations sectors<br><br>Comments:<br>**W4H**: What are your implementation strategy, do you intend to training health workers?<br><br>**WHO**: Looking at the current condition of Borno state, have you done gap analysis for the state with information, facts and data and where to throw the weight of your support?<br><br>**IOM**: We are doing several activities under the working group, we have the mapping i.e. identifying partners that are implementing mental health, we also look to strengthening the capacity of partners, we have limited partners responding to the mental health sector in the Northeast Nigeria, based on the first quarter mapping, there are only 14 partners, 6 in Yobe and 5 in Adamawa, while the 3 in MMC and Jere Borno State. One challenge we face in the Mental Health Sector is the stigma, people usually misunderstood Mental Health for Madness as such nobody wants to come out, while some are ashamed.<br><br>**Media**: When do you meet and how can the media get involved with your activities?<br>How do you handle post traumatic patient?<br><br>**IOM:** Currently we are not involved with the Military |

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| | | **Tdh**: Do you have guidelines of how MHPSS can be included into the health service?<br><br>**IOM:** Yes we do and it will be share with partners and also the health sectors. |
| 7 | HNO-2019 process – need analysis, severity indicators, prioritization (OCHA, Health Sector) | **OCHA:** We are currently analyzing the situation in Borno State, we are looking at what we have identified as needs, the target, like for the health sector we have 5.4million people in need and we targeted 5.1million people to be assisted. These assessment helps to know where we are and currently looking at 2019. We have a colleague who will be available to provide answers to subsequent questions that may arose. As partners, we encourage you all to share your assessment records with our colleague, as we look forward to commence data review, look at the issues and try how to curb the severity of humanitarian need of health sector. Kindly note that these assessment is very imperative to provide feedback to donors<br><br>I**MO for Health Sector:** Bes e one the humanitarian need overview for 2019 which is in process, some template and forms would be shared across to partners for us to full access to assessment that has been conducted from the last quarter of last year till date which will help us map out risk analysis and severity in order to identify the population in different LGAs, how the needs will be assessed and how some LGAs will be ranked and prioritize. These will guide decision making for 2019. |
| | AOB | **W4H:**<br>We are purposely intended to increase the number of skilled birth attendances, especially on developing on the building back better approach of the state. Our activities stared of recent in the month of April. We are supporting the state government, school of Midwifery, school of nursing and health technologies to increase their development by providing a lot of supports. Also, we are supporting the service delivery people to improving their capacity especially now that some LGAs are accessible and some facilities in these LGAs are proving services, we need to train them on providing excellent service. Thus far, we have conducted the baseline survey, and we would be having a meeting on 4th of July and are inviting all interested partners to see how we can improve human resource for health, time and venue shall be communicated to the health sector in due course.<br><br>**SMOH:** we are planning to conducted SMC within the state, this is a yearly exercise that occurs during transition period. The propose date for implementation is 14th – 17th of July. Preparations are ongoing and the partners involved includes MSF France, SMOH, WHO, Intersos, Goldprime MSF Swiss, ALIMA. This is to inform partner that possibly might not be aware of this development, and would like to be part of the ongoing campaign to curtailing the Malaria Morbidity between children under the age of 5. We are also planning on conducting a |

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| | | baseline survey within the state. Trainings of Partners have been done. The approve Timeline shall be shared with all partners. This operation will be carried out in 15 LGAs |
| | Closing Prayers | Prayers were said acording to our individual faith, and the meeting closed by 4:40pm |

**Action Point:**

| S/N | ACTIVITY | RESPONSIBLE PERSON | TIMELINE |
|---|---|---|---|
| 1 | The need to use standard SitReps template to make presentation for areas that already have confirmed cases of cholera e.g. Kukawa/Mussa Ward. Update the reporting template for Kukawa and Askira/Uba | State Epidemiologist | Next Meeting |
| 2 | The need for someone to always accompany samples to reference lab in Abuja | SMOH/WHO | Next meeting |
| 3 | Deployment of response team to Dala | SMOH/WHO | Next Meeting |