

**BORNO STATE MINISTRY OF HEALTH
MINUTES OF 60th HEALTH PARTNERS COORDINATION MEETING**

DATE: 17//05/2018

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 in Baga, Banki, Elmiskin and Damboa.
5. Mental Health Strategic Framework for NE Nigeria
6. Health and WASH inter-sector coordination (Jean McClusky)
7. Bama multi-sector assessment
8. Partners updates-health facilities reconstruction/rehabilitation
9. AoB
10. Closing prayer

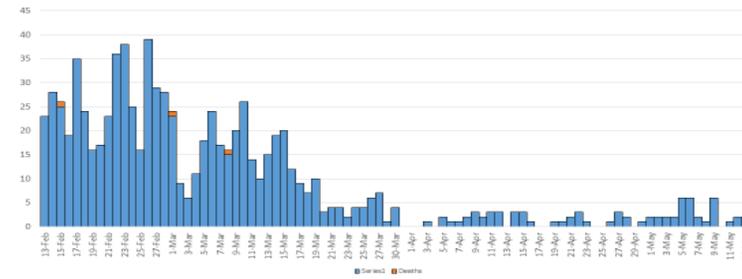
Presiding: Chair: Musa Kyari Dikwa Dr. Director HPRS/SMOH – Chairman
Co-chair: Dr. Yaoklou Adandji – Health Sector Coordinator

Deliberations

S/ N	ACTIVITY/ISSUE	DISCUSSIONS/RESOLUTIONS
1	Opening prayer	The meeting started at 2.09PM with an opening prayer based on individual faith.
2	Welcome remark by the chairman	After the opening prayer, Musa Kyari welcomes all to the meeting
3	Self-introduction	Self-introduction was done for better relationship, collaboration and networking purpose.

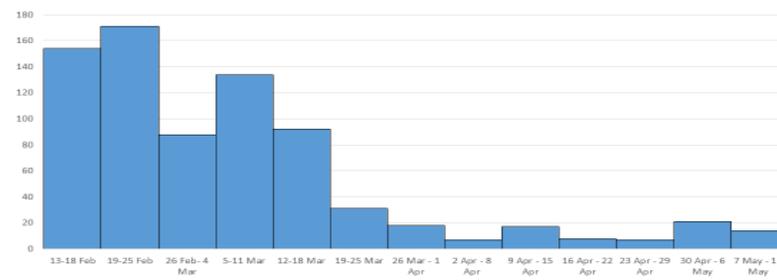
4	<p>Reading of minutes of last meeting</p> <p>Comments on Action Point from Last Meeting's Minute</p>	<ul style="list-style-type: none"> ○ The chairman referred members to the copy of minutes of the 59th coordination meeting held on 03/05/2018 whose copy was also shared electronically with members to see if there are additions, omission or observation that may require attention. ○ After this, the minute was adopted by Shafiq Muhammad and seconded by Stephen Oladepo. <p><u>WASH Team Report:</u></p> <p><u>SMoH:</u></p> <ul style="list-style-type: none"> ● State is aware of the cholera reports in Kukawa, Damboa, Baga and Elmiskin and have sent out state RRT to work along with the WASH partners there. ● WASH RRT conducted need assessment in Bama for the Bama returnees, the returnees were also assessed for NFI and Hygiene Kits which would be made available in a short while. ● There's also continuous hygiene promotion at various host communities and IDP camps in Kukawa LGAs. ● Hygiene promotion would be carried out in Mashimari Ward of Jere LGA
5	<p>Epidemiological situation updates:</p> <ul style="list-style-type: none"> ● Cholera situation in Baga, Banki, Elmiskin and Damboa 	<p><u>Outline:</u></p> <p><u>Cholera outbreak update in Borno</u></p> <ul style="list-style-type: none"> ● Since first positive <i>Vibrio cholerae</i> culture on 13th of February 2018; 759 cases and 3 deaths have been reported (CFR: 0.4%) Kukawa LGA reported 720 and Banki 31 ● Between the 7th and the 13th of May 2018 <ul style="list-style-type: none"> ● 14 additional suspected cholera cases reported in Kukawa LGA ● 4 cases reported from Banki IDP camp in Bama LGA ● No Case reported from Damboa & El- Minskin Camp in Jere LGA ● No deaths reported during this period ● Enhanced surveillance across the state

Epi-curve of cholera cases and deaths, 13 Feb-13 May 2018, Kukawa LGA



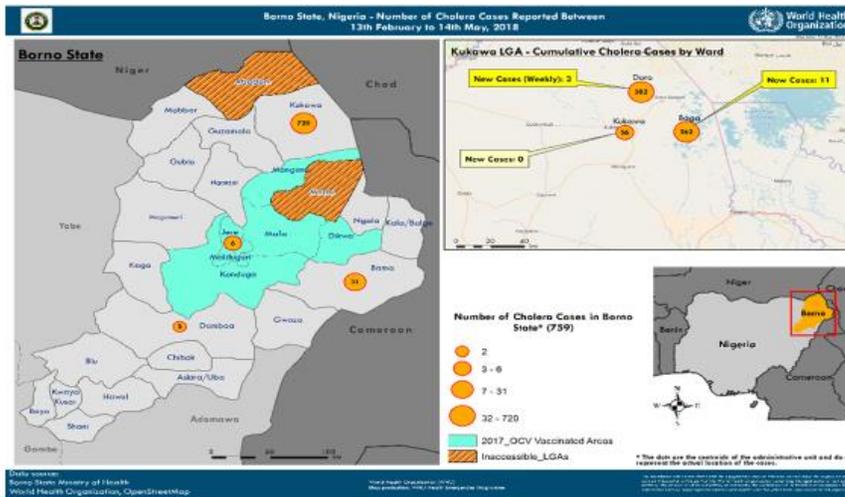
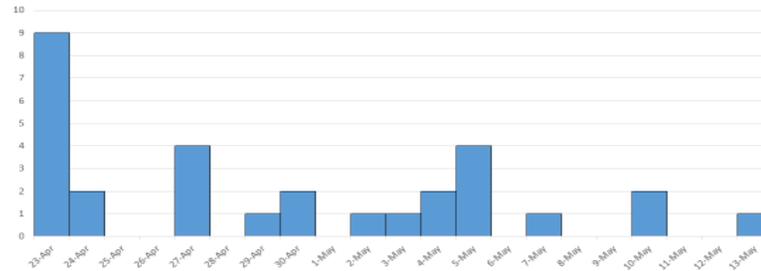
Health Unit Operations

Weekly Epi-curve of suspected cholera cases in Kukawa LGA



Health Unit Operations

Epi-curve of reported cases in Banki IDP Camp 23rd April - 13th May 2018



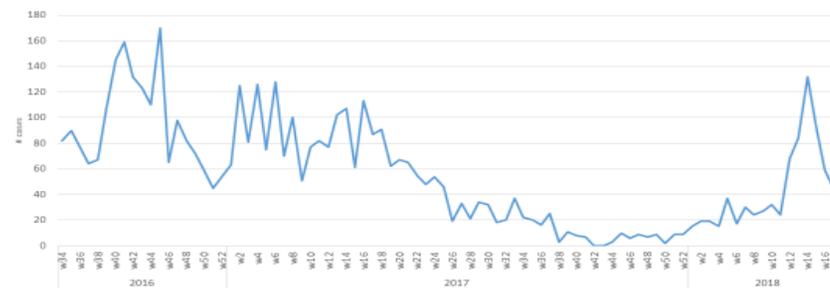
Measles cases in some affected LGAs in Borno State, w1-19 2018

source:EWARS

LGA	Cases	Deaths	Population*	Attack rate (per 100 000)	CFR
Magumeri	251	24	257,333	97.5	9.6
Dambo	65	2	95,380	68.1	3.1
Konduga	56	0	162,313	34.5	0.0
Nganzai	38	0	123,625	30.7	0.0
Bama	36	0	127,637	28.2	0.0
Kaga	31	0	118,718	26.1	0.0
MMC	134	0	610,064	22.0	0.0
Bayo	28	0	144,089	19.4	0.0
Jere	72	0	383,153	18.8	0.0
Ngala	14	0	93,270	15.0	0.0
Guzamala	8	5	119,597	6.7	62.5

World Health Organization

Trend of suspected measles cases by week, Borno State, week 34 2016- 18 2018



World Health Organization

Measles:

- **Activities**
 - Intensify active surveillance for cases in health facilities and affected LGAs
 - Reactive vaccination campaign before the end of the month

Highlights- EWARS

- **Number of reporting sites in week 18:** A total of 175 out of 267 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 66% (target 80%).
- **Total number of consultations in week 18:** Total consultations were 40,228 marking a 10% decrease in comparison to the previous week (n=44,643).
- **Leading cause of morbidity and mortality in week 18:** Malaria (suspected n= 9,829 and confirmed n=3,771) was the leading cause of morbidity accounting for 37% of reported cases. Neonatal death accounted for 25% of deaths reported through EWARS.
- **Number of alerts in week 18:** Forty-two (42) indicator-based alerts were generated with 86% of them verified.

Mortality and morbidity in Borno State, week 18 2018

Figure 1a | Proportional morbidity (W18)

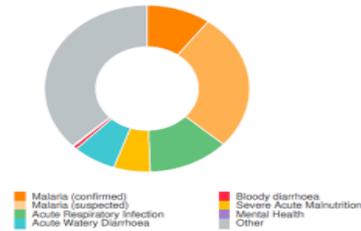
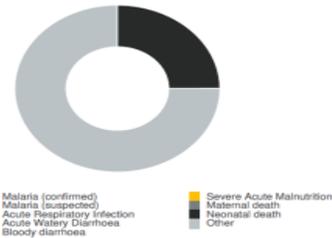


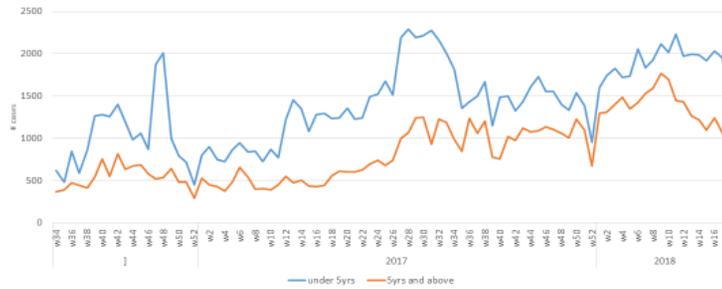
Figure 1b | Proportional mortality (W18)

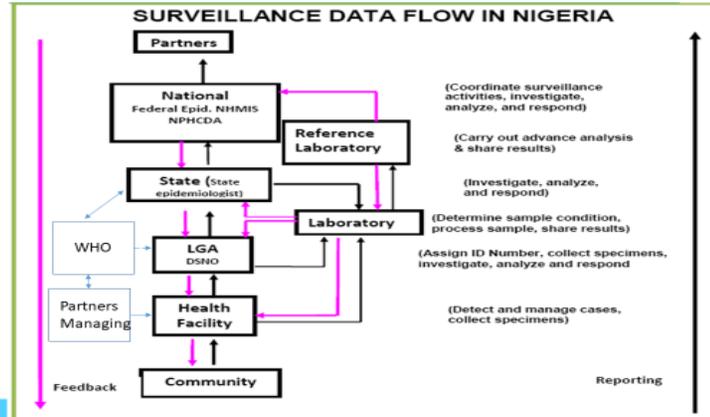


Trend of malaria cases by week, Borno State, week 34 2016 - 18 2018



Trend of acute watery diarrhea infection cases by week, Borno State, week 34 2016 - 18 2018





Challenges:

- There's a need to scale up activities to avoid full blown outbreak.
- WASH partners should concert more effort in their activities as we are in the rainy season at the moment to curb any chances of outbreak, for example, there was this dilapidated latrine at Muna Camp which cause open defecation.
- Surveillance should endeavor to follow the appropriate channels to communicating cases as to avoid conflicting and misleading information

Comments:

MdM: The reactive vaccination, when would it happen?

WHO: Currently we have successfully mapped out 5 LGAs for the exercise however, we are given special consideration to LGAs who had the influx of new arrivals

INTERSOS: Magumeri has two entry point one is through Monguno while the other is through Gubio, newest arrivals came in through Monguno axis though the WHO, SMOH and MSF are carrying out campaign exercise, we currently are working with them to create a vaccination centre where we mostly vaccinate children under the age of 5.

WHO: The plan for this vaccination response tends to take into cognizance children from age 15 downwards. It is worthy of note to know that this campaign exercise tends to focus on the newest arrivals as such we seek partnership with any partners that has interest.

SMOH: The aim of this meeting is to exchange ideas towards attaining common goal and working together as a team

		<p>SMoH: It is also important to note that no partner has the authority to declare an outbreak of any disease, it is the sole responsibility of the SMOH, however to avoid misinformation, partners should kindly contact the LGA DSNO for prompt action in a situation of any suspected case.</p>
6.	Mental Health Strategic Framework for NE Nigeria	<p>Background:</p> <ul style="list-style-type: none"> • Mental disorders are recognized as consequences of armed conflict/complex emergencies • MHO Recruited by WHO in September 2017 • Visit by RD, WHO Africa Region on 14th October 2017 • Visit from WHO HQ and WHO Abuja in October 2017 • Recommendations made to develop a MH Strategic Plan • Mental health is included in the NE Humanitarian Response Plan for 2018 within Health <p>Overview of Planned activities:</p> <ul style="list-style-type: none"> • Meetings with various key stakeholders including State Government, NGO and others. • Meeting to bring key stakeholders together and to identify the MH Steering Committee (24th May 2018) • MH Steering Committee develops Draft Strategic Plan • Meeting to review draft MH Strategic Plan • Changes made to the Draft • Final meeting to endorse the MH Strategic Plan (13th June 2018)
7	Health and WASH inter-sector coordination (Jean McClusky)	<p><u>Sole Aim of the Health and WASH Inter-Sector Coordination is to Coordinate, Integrate Health & WASH Response to Cholera/AWD</u></p> <p>Through:</p> <ul style="list-style-type: none"> • Global Health Cluster & Global WASH Clusters • A joint project to “develop strategies to improve a coordinated and integrated response to cholera and AWD outbreaks <u>within humanitarian crises</u>”. <p>Purpose: To <u>gather learning</u> from Nigeria’s experience of WASH and Health collaboration and coordination in AWD/cholera preparedness and response, to <u>inform the development of a global joint operational framework</u> for AWD/Cholera, to facilitate <u>more effective preparedness and response</u>.</p> <p>Objectives: To know and seek answers to different question:</p> <ol style="list-style-type: none"> 1. What are the key aspects where WASH and Health need to work together on? Coordination, Collaboration, Integration, Roles and Responsibilities?

		<ol style="list-style-type: none"> 2. What are the enablers that support WASH and Health work together? What are the challenges and bottlenecks that detract from good collaboration and coordination? 3. How does an existing humanitarian coordination structure (for another response) fit with cholera coordination? How do existing sector structures connect with an EOC? What’s the role of the inter-cluster, HCT (or area HCT) and the HC (DHC)? 4. What are the other key sectors that also need to be part of this integrated response e.g. nutrition, logistics? <p>Methodology:</p> <ol style="list-style-type: none"> 1. A review of available guidelines, learning and evaluation documents 2. Key informant interviews 3. Online survey 4. 2 country visits - Nigeria and South Sudan <p>Output:</p> <ul style="list-style-type: none"> • A joint operational framework • To provide operational guidance for Health and WASH coordinators and Partners in cluster or cluster like coordination platforms • Inform/guide HC/HCT, EOCs (or similar) of mechanisms to support a coordinated collaborative Health and WASH response. <p>Questions?</p> <ol style="list-style-type: none"> 1. Understand the joint coordination needs throughout all phases of the humanitarian programme cycle at Identify what activities should be undertaken jointly by WASH and Health. 2. Define the specific challenges and bottlenecks to effective integration of action between Health and WASH in cholera/AWD preparedness and response. 3. Linkages between cholera preparedness/response coordination/EOCs and other humanitarian coordination structures such as the HC/HCT.
8	Bama Multi-Sector Assessment	<p>Background:</p> <p>On 4th May 2018, there was an inter-agency rapid need assessment in Bama town which is set to provide an immediate and quick overview of the emergency situation of the 10, 000+ individuals that have recently been relocated by the government-led initiative to Bama Town. The majority of these individuals are considered “returnees” however, for the purpose of this assessment, they will be referred to as “The Relocated Populations”</p>

		<p>This assessment aims to identify the immediate emergency needs of this population against the services and supplies that the government has provided in Bama Town during the time frame from which movement began in April 1st 2018.</p> <p>The assessment was carried out in order to inform humanitarian leadership and government of the situation on ground in Bama town. Main elements assessed includes: Food Security, Health WASH and Protection. But for the purpose of this sector, our primary focus will be on the Health Sector.</p> <p>Access to Health Service: Access to health service was reported as a main challenge for the newly returned populations in Bama town. As a matter of fact, the only health facility accessible locally only provides primary health care services (first aid), without capacity to provide general or emergency medical services. It was reported that some serious medical conditions were triggered by the relocation operation for some individuals, who however, cannot access the medical service (Scan, X-ray, enough drugs etc.). at the time of this assessment, Bama does not dispose of any ambulance or emergency services. The above mentioned observation raised important concerns over the well-being of the populations living in Bama town. Pregnant women, children, infants, elderly, chronically ill and persons with disability are particularly at risk</p> <p>It will also interest [partners to know that in over 40 health facilities in Bama town, only 4 facilities are functioning well with shortage of health personnel</p> <p>Comments/Question? SMoH: We would advise WHO to solicit for ambulance from the Commissioner for Health. INTERSOS: What is the total number of population that needs this health services? WHO: Over 10,000</p>
9	Partners updates- health facilities reconstruction/rehabilitation	<p>MdM: We are planning to exist the PHC in Mainok and move our resources to Damboa, as such, we are inviting any partner that might be interested in working at the PHC in Mainok, also we seek the partnership of any partner currently in Damboa for effective delivery of assistance.</p> <p>PUI: Currently, we are doing some rehabilitation in Dalaram and seeking the partnership of the SMOH to give our best.</p>

IMC: We are currently working in Damboa, and have successfully rehabilitated 2 health facilities, we hope by the end of the month, we would hand over to the SMOH.
While in Kaga, we have purchase and put in place the necessary equipment for full delivery of service and very soon we would hand over to the state

SMoH: We are soliciting to all partners to kindly liaise with the SMOH to see how they can assist the state government in rehabilitating the dilapidated health facilities across the state. All partner’s MOU should be clearly defined, and intended activities be duly spelt-out for the purpose of achieving common goal and to avoid duplication of service.

10 AOB

MSF B: We have five (5) children in our ORP with cholera, we need a considerate effort from partners to manage cholera in MMC. Although we don’t have a CTC, we have been able to create an isolation centre for these children, find below details of the cases.

S/N	DOA	AGE	SEX	ORIGIN	RDT	CULTURE	STATE INFORMED & VISITED	WHO INFORMED & VISITED
1	11/5/2018	12 M	M	BULABURIN	POS	POS	YES	YES
2	16/5/2018	12M	M	FARIYA CAMP	POS	POS	NO RESPONSE	WHO INFORMED YESTERDAY
3	16/5/2018	16M	M	SULAMANTI	POS	POS	NO RESPONSE	WHO INFORMED YESTERDAY
4	16/5/2018	20M	F	NGWANGE	POS	NEG.	NO RESPONSE	WHO INFORMED YESTERDAY
5	17/5/2018	9M	M?	NGWANGE	POS.	GETTING READY TO SEND TO UMAR SHEHU	NOT YET	NOT YET

		<p>WHO: We are still investigating samples collected from Fori and result would be communicated soonest.</p> <p>SMOH: It is very important for the state to have clear classification of all partner's activities carried out and services rendered in different LGAs.</p>
11	Closing Prayers	After successfully attending to all matters in the agenda the meeting came to an end at 03:33pm with closing prayer based on individual faith and date of next meeting was fixed for Thursday 31 st May, 2018.

Action Point:

S/N	ACTIVITY	RESPONSIBLE PERSON	TIMELINE
1	Deployment of ambulance to Bama and Pulka on priority basis	State MoH	Next Meeting
2	Partners to sign MoU with the state before going for any reconstruction or rehabilitation activities in health facilities	State MoH and partners	
3	Partners to share updated stock position with health sector and update on the preposition of kits and supplies to high flood risk areas	Partners	Next Meeting