

**BORNO STATE MINISTRY OF HEALTH
DRAFT MINUTES OF 50th HEALTH PARTNERS COORDINATION MEETING**

DATE – 14/12/2017

TIME - 2.00PM

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

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 Outbreak and OCV 2nd Round campaign
 - Hepatitis E Outbreak
 - Measles vaccination
 - Malaria SMC 4th Round campaign
5. Health facilities rehabilitation updates
 - MoH
 - ACF
 - Other partners
6. Health Partners Updates
7. AoB
8. Closing prayer

Presiding: Dr. Ibrahim Kida, Incident Manager PHEOC – Chairman
Dr. Jorge Martinez Health Sector Coordinator WHO – Co-Chair

Deliberations

S/NO	ACTIVITY/ISSUE	DISCUSSIONS/RESOLUTIONS
1	Opening prayer	The meeting started at 2.10PM with an opening prayer based on individual faith. The prayer, which lasted for 3 minutes, centered on God’s guidance in the deliberation of the meeting as well as peace to reign in the country.

2	Welcome remark by the chairman	After the opening prayer, the chairperson welcome all to the 49 th HPC coordination. He appreciates all for being prompt and participations in the meetings adding that with proper coordination much would be achieved and hence advised that same level of commitment be maintain in the years ahead. With that remarks he urge members to proceed to the next item on the Agenda to take self-introductions.
3	Self-introduction	Self-introduction was done to enable all to know all for easy collaboration and networking purpose.
4	Reading of minutes of last meeting	After the self-introductions, the chairman refer members to the copy of minutes of HPC meeting No. 49 held on 30/11/2017 whose copy was also shared electronically with members to see if there are addition, omission or observation that may require attention. That was done after which members expressed satisfaction with the content of the minutes as a true reflection of the last meeting. The chairman then advised members to proceed to the next item on the Agenda to adopt the minutes
5	Adoption of minutes	Having been satisfied with the content of the last minutes, motion for the adoption of the last minutes was moved by Mr. Shafiq and seconded by Dr. Simon and so the minutes adopted
6	Action points follow up	Below action points from the previous meeting (#49) were followed and executed. <ul style="list-style-type: none"> • The state epidemiologist to pay visit to Guzamala to ascertain condition of the cholera epidemics. • Establish contact with Aisha Hamza of RUWASA on movement of material to Guzamala and other related plans. • Organize short training for HNER team on cholera emergency response. • Seek military support as well as organize community awareness campaign around the epidemic zone
7	New Business	<p>Epidemiological updates:</p> <p>Hepatitis E:</p> <ul style="list-style-type: none"> • Eight additional cases were reported between fourth and 10th December 2017. (Mairari 4 cases, Gana Ali 1 case all in Guzamala LGA and 3 cases from Ngurno IDP camp in Monguno) • Last case reported was on 5 December 2017. • No death reported. • No case reported from Dikwa, MMC, Mafa and Jere LGAs. • 62 new cases were reported from Rann, Kala-Balge LGA in 47 • No new cases reported from other LGAs involved in the outbreak; no report from any new area • Response activities have been intensified in Rann to interrupt the spread • Total cases reported were 1,376 across 18 LGAs in the State. Most of the cases were reported from Ngala (794), Kala-Balge (314), Mobbar (84) and Monguno (93) • A total of 226 specimens sent to the lab , 182 (81%) were positive • A challenge of getting wash supplies by UNICEF to Rann, as they were stuck in Ngala. <p>Cholera - OCV:</p>

The OCV campaign covered all people above one year of age in the affected communities and Internally Displaced Persons (IDP) camps in Maiduguri, Jere, Konduga, Monguno, Dikwa and Mafa Local Government Areas (LGAs). A combination of fixed and mobile campaign strategies was employed to reach all communities, starting from 18th to 22nd September 2017 but the fixed post were limited to few health facilities. The OCV campaign in Mafa LGA was conducted in 2 phases: from 29th September 2017 to 1st October 2017 and from 3rd to 4th –October 2017. 855,492 were targeted though 896,919 people were vaccinated; giving the coverage rate of 105%. The coverage ranged from 100% in Maiduguri Metropolitan Council to 121% in Monguno LGA. The independent monitors also documented equivalent coverage rates with the administrative data. In Monguno for example, the administrative data documented coverage rate of 121% while the independent monitors recorded 98%. The main reason for this discrepancy and greater than 100% coverage rate is vaccination of additional people beyond the target figure. The average wastage rate was 0.4% with lowest (0) in Mafa and the highest 0.9% in Jere. No Adverse Events Following Immunization (AEFI) were reported.

The OCV vaccination in Borno state targeted all the population in the affected areas and IDP camps aged one year and above accounting for 96% of the total population. Initially the focus areas were Bolori settlement and Muna IDPs camp with the surrounding settlement. As the outbreak evolved, the target areas were revised based on available epidemiological data, the potential for spread and capacity to institute traditional cholera outbreak measures.

Seasonal Malaria Chemotherapy: 4TH cycle SMC Results

- Five LGAs participated in the SMC4 campaign: MMC, JERE,MAFA, KONDUGA and MONGUNO
- A total of 348 male and 372 female were sampled for the survey
- All the participating LGA had Over 90% coverage except Mafa that had > 85% and < 90% coverage.
- 46% of missed children were due to Child absent while 27% was due to poor team performance. Noncompliance and Child sick had 20% and 7% respectively.
- Caregiver awareness was over 90% coverage
- 64% of participants had four rounds of SMC, 30% had three rounds, 4% had two rounds while 2% had one round.

S/No	LGA	TP			DOSES DISTRIBUTED		
		3-11 mths	12-59 mths	3-59 mths	3-11 mths	12-59 mths	3-59 mths
1	JERE	48746	299393	348,139	58758	312367	371125

		2	KONDUGA	17742	108979	126,721	16769	129047	145816
		3	MAFA	7815	41680	49,495	8285	33040	41325
		4	MMC	70406	432444	502,850	81781	418016	499797
		5	MONGUNO	23974	147263	171,237	33195	131510	164705
		TOTAL		168683	1029759	1,198,442	198,788	1,023,980	1,222,768
		S/No	LGA	TP			% COVERAGE		
				3-11 mths	12-59 mths	3-59 mths	3-11 mths	12-59 mths	3-59 mths
		1	JERE	48746	299393	348,139	121	104	107
		2	KONDUGA	17742	108979	126,721	95	118	115
		3	MAFA	7815	41680	49,495	106	79	83
		4	MMC	70406	432444	502,850	116	97	99
		5	MONGUNO	23974	147263	171,237	138	89	96
		TOTAL		168,683	1,029,759	1,198,442	118	99	102
	Updates from partners	<p>Rehabilitation of Health Facilities: Official list of health facilities received from the Hon. Commissioner Health:</p> <p>Hospitals fully Rehabilitated and furnished are;</p> <ol style="list-style-type: none"> 1. Molai General Hospital 2. Women and Children Hospital 3. Benishiekh General Hospital 4. Biu General Hospital 							

	<p>5. Shani General Hospital</p> <p>6. Gubio General Hospital</p> <p>7. Magumeri General Hospital</p> <p>8. Konduga General Hospital</p> <p>9. Dikwa General Hospital</p> <p>10. Mamman Shuwa Memorial Hospital</p> <p>11. Mafa Gen Hospital</p> <p>Those Rehabilitated but not fully equipped are,</p> <p>1. Damboa General Hospital</p> <p>2. Gwoza General Hospital</p> <p>3. Chibok General Hospital</p> <p>Those with Rehabilitation on going are;</p> <p>1. State Specialist Hospital</p> <p>2. Kwaya Kusar Gen Hospital</p> <p>3. Damasak General Hospital</p> <p>Brand New General Hospitals Coming up are;</p> <p>1. Gongolong Gen Hospital</p> <p>2. Baga Gen Hospital</p> <p>3. Ganiram Gen Hospital</p> <p>4. Maimusari General Hospital</p> <p>5. Ngarannam Gen Hospital</p>
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		<p>6. Ngamdu General Hospital</p> <p>7. Azare Gen Hospital</p> <p>8. Borgu Gen Hospital</p> <p>Below updates were shared by AAH on the rehabilitation of health facilities: 7 facilities were rehabilitated</p> <ol style="list-style-type: none"> 1. Kimeri PHC -KONDUGA 2. Khadamari PHC – Jere 3. Pompomari PHC- Konduga 4. Chabbal PHC- Konduga 5. Njimtilo PHC – Konduga 6. 777 Housing Clinic PHC- Konduga <p>AAH has received a grant from European Union for the rehabilitation of health facilities. Following is the summary of proposed interventions in different high priority LGAs across Borno State.</p> <p>Project Title: Building resilience in Borno</p> <p>Project objective: Contribution to long-term resilience among populations and public institutions in Borno State</p> <p>Project duration: 36 months</p> <p>Targeted LGAs: Kukawa, Monguno, Nganzai and Damboa (only wash for Damboa)</p> <p>Total Budget: 15 million Euro (across sectors & years)</p> <p>BNF target groups:</p> <ul style="list-style-type: none"> - Youth (18-29 years) - Women - Children - Poor and vulnerable families - Local authorities and institutions (health) <p>The project specific objectives are:</p> <ul style="list-style-type: none"> • Light rehabilitation of 10 HFs (no construction) in 3 LGAs • All targeted HF (20) will have rehabilitation or construction work to enable access to safe water in facilities. • Gender sensitive sanitation facilities will be ensured in all health facilities through rehabilitation and construction activities (including bathing shower). • Solid waste management system will be strengthened through incinerators (Montfort incinerators) • Electrification of health centres (20 HF)
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8	AOB	Today was the last meeting of the year It was agreed to hold next meeting in second week of January 2018.
9	Closing prayer	After successfully attending to all matters in the agenda the meeting ended at 3.50 pm with closing prayer based on individual faith and date of next meeting was fixed for Thursday 11 January 2017.

ACTION POINTS

S/NO	ACTIVITY	RESPONSIBLE	TIME LINE
1	Health Sector in coordination with Director Planning SMOH to compile list of health facilities rehabilitation and supply of equipment (completed, ongoing and planned)	Health Sector IMOs and Dr. Musa Kyari	31/12/2017
2	Health and WASH have to scale up response against prevention of Hepatitis E in Rann.	All partners	As soon as possible
3	INTERSOS to speed up the establishment of health facility at new location in Bama	INTERSOS	End of next week

Chairman

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Secretary

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ATTENDANCE: electronic record kept