

MOZAMBIQUE Cyclone Health Cluster Bulletin 5 (1 May 2019)

1.85M People affected	1.2M People in need	603 Deaths	1641 Injured	0.4M Displaced	6716 Cholera cases
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HIGHLIGHTS		HEALTH SECTOR			
Mozambique Health Cluster was activated on 22 of March 2019. It is led by Ministry of Health (MISAU) and is supporting and coordinating 43 Partners and 2 observers who are reporting activities covering 11 out of 12 districts in Sofala province.			42	HEALTH CLUSTER PARTNERS	
The 4Ws compilation process is being updated twice a week to avoid duplication and facilitate complementarity. See maps on this link https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics			1M	NUTRITION CLUSTER PARTNERS	
HEALTH FACILITIES					
		77	TARGET POPULATION		
VACCINATION AGAINST					
		CHOLERA	803 125 PERSONS VACCINATED	98.6 % COVERAGE	
EWARN					
		60	HEALTH FACILITIES EQUIPED		
FUNDING \$US					
		6.3M 43M	RECEIVED (HEALTH AND NUTRITION(FTS ¹))	REQUESTED	
		4.6M	RELEASED FROM LIFE SAVING CONTINGENCY FUND by WHO		

Key challenges

- As of 25 April 6,716 cases of cholera including 8 deaths were reported. Despite the significant reduction in cholera cases, the risk to diarrheal disease remain high.
- Malaria cases continue to rise, with 20,680 cases reported as of 29 April 2019.
- An estimated number of 177,000 people are still in hard-to-reach areas
- Access to immunization services compromised due to lack of power and damage to health facilities and infrastructure

¹ Financial Tracking System

BACKGROUND AND CONTEXT UPDATE

Humanitarian partners continue supporting the population affected by Cyclone Idai in Mozambique. More than one month after this devastating event, there are still nearly 1.2 million people in need. However, the number of internally displaced people living in accommodation centres decreased from 160,927 to 15,476 people across 18 sites in Manica, Sofala, Tete and Zambezia as of 29 April.

Access to health care and services is of concern with at least 77 health centres damaged, while also leaving large numbers of the population cut off or displaced from their normal health facility. At least 177,000 people are estimated to be in more than 50 communities that are hard-to-reach or inaccessible by road. Based on the Multi-sectoral rapid assessments², health was found to be one of the main concerns in over half (59%) of assessed locations.

The risk of communicable diseases remains of humanitarian concern with major health risks including cholera, acute watery diarrhoea (AWD),

bloody diarrhoea, malaria, and other water borne diseases in a context of high prevalence of malnutrition.

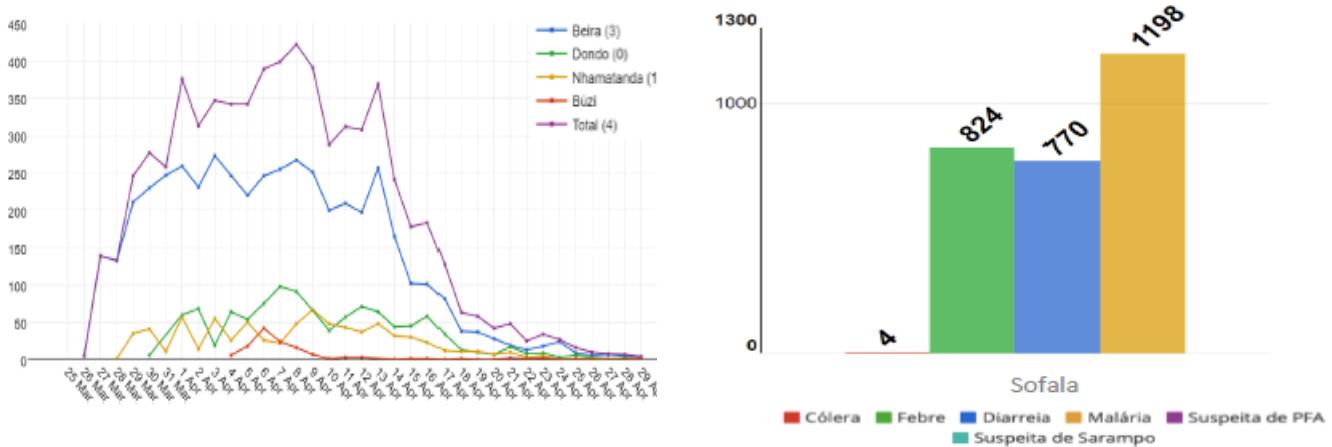


One of the health centres damaged in Buzi district

THE RESPONSE

OUTBREAK CONTROL

Since the declaration of the cholera outbreak on 27 March in four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province, cumulative 6,716 cases and 8 deaths were reported as of 29 April (case fatality rate: 0.1%). The last 2 weeks, there has been a significant decline of the outbreak with continued decrease of new reported cases: from 28 April to 29 April 7:00 am, only 17 new cases of cholera were reported (no case reported in Buzi and Nhamatanda), down from more than 400 cases reported daily during the peak of the outbreak. Malaria cases in Sofala continue to rise, with cumulative 20,680 malaria cases registered as of 7 a.m. on 29 April, with most cases being reported in Nhamatanda. The figure below shows the trend of cholera the other major communicable diseases.



As a response to the increasing number of malaria cases, more than 474,400 LLINs has been distributed in the affected areas. In addition, training of 590 health staff and volunteers have been conducted for indoors residual spraying (IRS). The IRS has been launched for 30 days in 4 affected districts and is targeting 123,600 houses. This is expected to protect an estimated population of 628,455.

² MRA report in Sofala and Manica province 20 April 2019



Health cluster coordination

The health cluster meeting is organized two times a week (Monday and Thursday) and it is chaired by the Ministry of health with technical support from Health Cluster. There are seven technical working groups under the cluster who report during these cluster meetings:

- Malaria Task Force
- Emergency Medical Team Coordination Cell (EMTCC)
- Mental Health and Psychosocial Support Working Group
- Sexual and Reproductive Health Working Group
- Essential Package of Services Working Group
- Infrastructure and Rehabilitation Task Team

As needed, Strategic Advisory Groups, Steering Committees and or Technical Working Groups will be established to develop terms of reference to focus on specific areas of concern.

Regular updates of the 4Ws maps with all partners providing updates 2 times a week on their activities, contacts, assessments, public health and communication material (English and Portuguese's), maps produced and shared the following day.

<https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics>.

A Health Cluster Coordination external google drive

(https://drive.google.com/drive/u/2/folders/1KHgAQWLlq031d_4rn9nLnblnEoMHI2U) is available to all partners in Mozambique and includes, strategic documents and plans, daily updates from the MoH, contact lists, tools, guidelines, Term of Reference for the Health Cluster and Working Groups, meeting times, health specific assessments and other documents shared by the MoH and partners.



Infrastructures and Rehabilitation

Key Achievements

Support provided by 20 partners for rehabilitation of damaged infrastructures. As of 27 April, emergency rehabilitation of health services is ongoing and currently 47 out of 88 health facilities are on planning or rehabilitation in districts of Beira, Buzi, Dondo, Machanga , Muanza and Nhamatanda.



Emergency Medical Teams

Key Activities and Achievements

- EMTs have been providing surge emergency clinical care across the five main affected districts in Sofala and the border districts in Mancia, with self-sufficient health teams
- As of 29 April, a total number of 31,162 patients have benefited from this service provided by 13 EMTs since the beginning of the response. Currently 6 EMTs are operational.

EXITED TEAMS	EMTS STILL ON THE FIELD
<ul style="list-style-type: none">• ASB: WATER• CHINA RESCUE: 5819• JICA: 794• JOHANNITER: 639• RESCUENET: 607• SPAIN/AECID: 1862• TEAM RUBICON: 727	<ul style="list-style-type: none">• INEM: 1632 (Mafambisse)• PIEMONTE: 1180 (HC Beira)• CANADIAN/FINNISH RED CROSS: CTC 212/HOSPITAL 3102 (Nhamatanda)• PORTUGUESE RED CROSS/CABO VERDE/MEDICOS DU MUNDO: 2108 (Macurungo)• AMI: 1480 (Nhaconjo)•



Nutrition

Key Activities and Achievements

- UNICEF and partners have supported development of a 4 Month (March-June 2019) nutrition cluster response plan with focus on 3 Strategic areas: (identification, referral and management of acute malnutrition; Maternal Nutrition, Promotion of optimum Infant and Young Child Feeding Practices in Emergencies including micro-nutrient supplementation; and Coordination, information management and nutrition surveillance).
- Key indicators for malnutrition are included in the EWARS and package of Key essential nutrition services were integrated in the final package of essential services.



Maternal and Child Health and Sexual Reproductive Health

Key activities and Achievements

- UNFPA has distributed maternity kits for the Dondo rural hospital, Tundani, Mutua and Grudja health centers. 10 multi-purpose Reproductive Health (RH) tents were established at 6 priority damaged facilities in Beira, Dondo, and Bandua districts, to be used as temporary clinics for maternity services, Family Planning, STI/HIV, and other SRH services.
- The Multisectoral Mechanism for integrated services of violence activated and established in Accommodation Centers.



Essential Package of Services and Infection Prevention Control

Key activities and Achievements

- IPC partners (WHO, Amicares, JHPiego) are working to support IPC activities in the 4 districts of Sofala for 3 to 6 months through 4 IPC teams and provision of IPC consumables (based on DPS list).
- Health Care Units IPC Assessments are ongoing and IPC assessment tool is under development with the objective to standardize information, facilitate understanding of challenges and implement recommendations.
- IOM supported the Provincial TB Programme to identify patients with TB living in accommodation centres in Beira who plan to return or resettle. This is expected to ensure patients continue their treatment without any interruption.
- Regular mapping of displacement sites and intentions to return, including information about access to healthcare, and barriers in each accommodation centres is available on: https://displacement.iom.int/reports?field_country1_nid=72



Mental Health and psychosocial Support (PSS)

Key activities and Achievements

- Adapted the WHO manual for psychosocial first aid in Humanitarian context.
- Trained health staff on psychosocial support to patients and communities including integrating PSS in the CHOLERA case management.
- Trained of 19 Community leaders on screening for acute stress symptoms.
- Group therapy conducted in the Health facilities for health workers, for patients admitted in external consultation and for communities

- Trained Education staff and teachers on psychological support to students and in Early Psychological Care and identification of stress among them.
- Psychosocial Care and Psychosocial Assistance for more than 1,100 beneficiaries,



Keys activities achievements

- WHO works closely with INS and Ministry of Health partners to improve case detection and investigation, active surveillance and data analysis, including analysis to quantify and show trends of Malaria cases. WHO is supporting the establishment of outbreak investigation teams, and standardization of alert management processes with the Ministry of Health and other partners.
- Improvement and expansion of Early Warning and Response System (EWARS) reporting from designated reporting sites with provision of mobile phones and kits to 60 health facilities, training and supervision of health workers.
- Support to MoH for daily epidemiological updates and production of epidemiological bulletins.

Monitoring and Evaluation

- Based on the Response Plan, a monitoring framework with SMART indicators to measure progress against planned target in the acute emergency phase is under finalization. The indicators broadly fall into three categories of information: (1) partner activities; (2) health facility service availability; and (3) health system utilization and performance.

GAPS AND CHALLENGES

- Some of the locations are still inaccessible and there is still need for rehabilitation of roads
- Lack of power has disrupted the vaccination programme and immediate action is required either to restore power or provide solar energy
- Expansion of EWARS to health facilities inaccessible and hard-to-reach areas, and areas with no electricity
- Health workers need more training on standard case definitions of epidemic-prone diseases.
- Poor digital cellular network coverage in some areas.
- Ensuring a smooth transition and exit plan that is well coordinated with other partners. This also requires the consideration of the rapid rehabilitation of the health facilities that have been destroyed or partially damaged.
- Medical evacuation and referrals are highly compromised due to the still dysfunctional district hospitals and lack of ambulances.
- Inadequate resources for the response, as a result, most projects are still in the planning phase slowing down the response progress.
- Practice of optimum Infant and Young Child Feeding Practices remain a challenge because of prevailing poor enabling environment.
- Poor infection prevention and control (IPC) measures against communicable diseases including TB especially in the temporary sites.
- Water quality monitoring and surveillance support to the government to testing of water quality (capacity building training, provision of test kits and reagents)

NEXT STEPS

- Support to the National Health Week scheduled from 6 to 10 May and targeting i) 440,000 children <5 years for OPV, MR, MUAC, Mebendazole, Vit A; ii) 144,000 adolescents 15yr-19yrs for Fefe; and iii) 180,000 19yr – 49 years for Family Planning.
- Support and actively participate in the transition and exit plan meetings to ensure health issues are properly addressed.
- Support the development of the PDNA to ensure health system resilience building

- Continue distribution of tents and maternity kits (for temporary maternity & SRH services) in high priority health facilities that have not been reached.
- UNFPA will begin distributing RH kits to priority areas of need, starting this week.
- Amricares will provide furniture and supplies for the RH tent in addition to maternity kits provided by UNFPA.
- Reinforce alert system for early warning, case detection and case investigation.
- Integration of nutrition indicators to the existing EWARS.
- An emergency referral system must be strengthened with support from all partners.
- Need to ensure availability of basic equipment for maternity & SRH services.
- Training & capacity building of Maternal and child health SMI nurses, and deployment to the field

Contacts:

Health Cluster Beira: Luis dos Reis: healthclusterbeira@gmail.com

Health Cluster Maputo: Erna Van Goor: erna_van_goor@yahoo.com

Emergency Medical Teams Coordination Cell: emtccbeira@gmail.com

Information Management : Patrick Kabore kaborepa@who.int , Stancelous Mverechena, Luis Hernando: healthclusterbeira@gmail.com

Nutrition:

Website: <https://www.humanitarianresponse.info/en/operations/mozambique/health>