

MOZAMBIQUE Cyclone Health Cluster Bulletin 6

8 May 2009

1.85M	1.2M	603	1641	0.4M	6743
People affected	People in need	Deaths	Injured	Displaced	Cholera cases

HIGHLIGHTS

- Since the beginning of the response, 43 health cluster's partners and 2 observers have reported activities covering 11 out of the 12 districts in Sofala province. The health cluster meeting is organized two times a week and is chaired by the Ministry of health.
- There are seven technical working groups under the cluster and regular updates of the 4Ws maps are shared through the link:
<https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics>






Key achievements

- Reported suspected cholera cases remain low across all four affected districts of Sofala Province.
- Strengthened rapid investigation and sample collection for laboratory testing for cholera, bloody diarrhoea and other epidemic-prone disease.
- EMTCC closed the Operations phase on Monday 6 May and started transition phase with currently 4 Emergency Medical Team still fully operating.
- The Emergency response health week launched with the objective to reduce morbidity and mortality among the vulnerable population targeting 438,243 children under five years and 179,222 women.

Key challenges

- Some of the locations are still inaccessible and there is still need for rehabilitation of roads
- Restoration of services and rehabilitation of health facilities require more resources

HEALTH SECTOR

	43	HEALTH CLUSTER PARTNERS NUTRITION CLUSTER PARTNERS
	1M	TARGET POPULATION
HEALTH FACILITIES		
	88	DAMAGED HEALTH FACILITIES
VACCINATION AGAINST		
	CHOLERA	849 175 PERSONS VACCINATED 98.6 % COVERAGE
EWARN		
	81%	HEALTH FACILITIES REPORTING
FUNDING \$US		
	6.3M	RECEIVED (HEALTH AND NUTRITION(FTS ¹))
	43M	REQUESTED
	1.2M	MOBILIZED FOR HEALTH WEEK

¹ Financial Tracking System

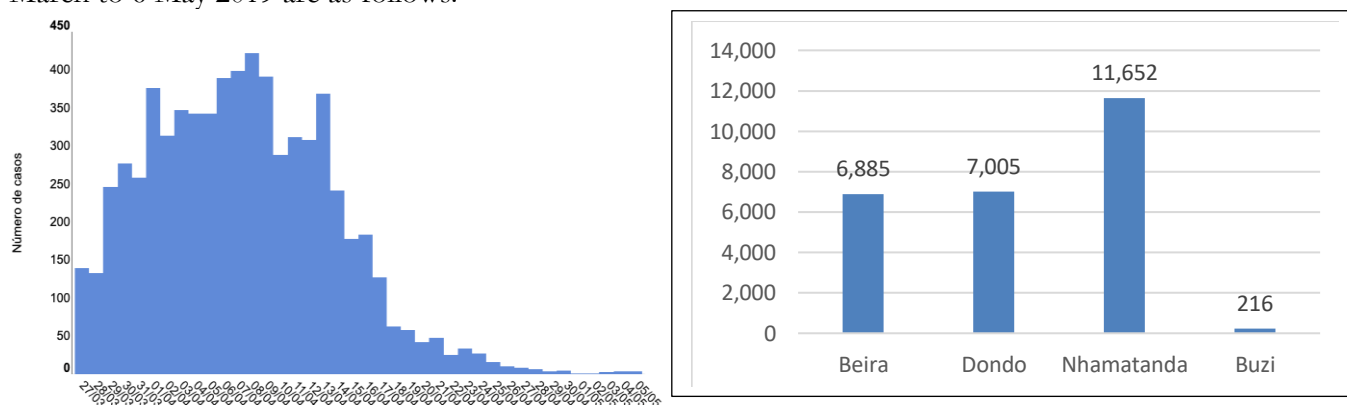
CONTEXT UPDATE

Humanitarian partners continue supporting the population affected by Cyclone Idai in Mozambique shifting gradually from emergency to early recovery interventions. As of 6 May, there are 17 accommodation centers (AC) remaining in Sofala province, with 4,914 families representing 21,384 persons.

The process of returns, relocations and resettlement is ongoing, but the recovery of the displaced population is likely to take long and need close monitoring and more resources. In Buzi, close to 3,212 families continue waiting to be resettled. In Nhamatanda, the process of deactivating ACs is concluded, but some 416 families (Jhon Segredo, Muda Mutamarega and Otcha-Otcha) are waiting for the resettlement in the Ndeja neighborhood.

The number of Cholera cases is still declining with only 4 new cases reported from 5 May to 6 May (400 cases were reported daily during the peak of the outbreak declared on 27 March in the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province. Cumulative 6,743 cases and 8 deaths (case fatality rate: 0.1%) were reported as of 6 May.

The Epi-curve of cholera outbreak and the cumulative number of Malaria cases in Sofala province from 27 March to 6 May 2019 are as follows:



The overall attack rate in Sofala Province was 567 per 100 000 population. Beira district continued to be the most affected district with an overall attack rate of 1014 cases per 100 000 population. In week 18, 29 April to 5 May, 21 new suspect cholera cases were reported in Sofala Province. Cases remained low in all four affected districts. Two of 18 Rapid Diagnostic Tests performed (66%) were positive, and two of nine cultures on RDT-positive samples (22%) were positive with seven pending.

Malaria cases in Sofala continue to rise, with cumulative 25,758 malaria cases registered as of 6 May, with most cases being reported in Nhamatanda (11,652).

THE RESPONSE

CHOLERA OUTBREAK

Following the mass vaccination campaign conducted early in April that reached 98% of the targeted population, vaccination of high-risk populations has also been completed 2 weeks ago reaching 43 050 people in areas accessible only by helicopters. Following the reduction in number of cholera cases, a diagnostic strategy to monitor the progress of the outbreak and to monitor the detected strains has been implemented.

20 health workers from outbreak detection teams trained on Risk Communication and Community Engagement.

MALARIA AND OTHER DISEASES OF PUBLIC HEALTH IMPORTANCE

Continued logistic and operational support is being provided to the MoH for vector control. Following the distribution of more than 474,400 LLINs, the indoors spraying campaign continues with 6259 houses sprayed (2,543 in Buzi, 3,362 in Nhamatanda and 354 in Dondo) out of the total of 67,000 targeted.

EMERGENCY RESPONSE HEALTH WEEK



Launch of the National Health Week in Guaraguara

The Emergency response health week was launched on 6 May with the objective to reduce morbidity and mortality among the vulnerable population in the 21 most affected districts. 386 teams are covering 12 districts of Sofala targeting 438,243 children under five years and 179,222 women. Main interventions include measles, rubella and polio vaccination, supplementation with Vitamin A, deworming with Mebendazole, administration of iron and folic acid, counselling and family planning.

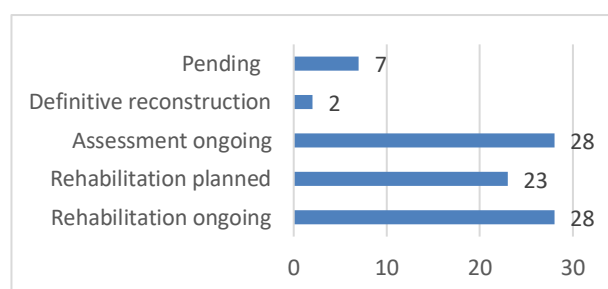
Contributions advanced from UNICEF, WHO, USAID, and UNFPA to implement the campaign valued at \$1.2m.

EMERGENCY MEDICAL TEAMS

A total of 13 EMTs have provided surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica.

EMTCC closed the Operations phase on Monday 6 May and started transition phase with exit plans being reviewed for the 4 EMTs currently operational (Beira Central Hospital, Macurungo Health Centre, Buzi Hospital and Nhamantanda Hospital)

HEALTH FACILITIES REHABILITATION



Support is being provided by 20 partners for rehabilitation of damaged infrastructures. As of 6 May, out of 88 health facilities concerned, 28 emergency rehabilitations are ongoing, 23 are planned and 7 are pending to the availability of resources of partners committed. In 28 health facilities, the assessment of needs is ongoing.

PARTNERS' IMPLEMENTATION KEY HIGHLIGHTS

SAVE THE CHILDREN IS DELIVERING PRIMARY

- From 25th April, COSACA through Save the Children is delivering Primary Health Care Services in 6 sites located in Nhamatanda Health District, through 2 mobiles clinics teams.
- As of 3rd of May, key achievements include general consultations for 1939 patients, reproductive health services for 269 women, IYCF-E and nutrition screening for 1027 children under five. 212 children immunised, and 36 patients referred.

THE MENTOR INITIATIVE

- Logistical support to the MoH for the duration of National Health Week
- Technical support to the NMCP for the ongoing IRS campaign

ASSISTÊNCIA MÉDICA INTERNACIONAL (AMI)

- Since the beginning of the medical intervention at the Manga Nhanconjo Type 1 Fixed hospital tent, 1809 medical appointments were performed, from which, 1123 were acute watery diarrhoea and 43 were referred to Cholera Treatment Centre.
- Keys activities included isolation, initial treatment of acute watery diarrhea and other infectious diseases with appropriate referral when required, and support transition from EMT to Center of Oral Hydration and Fluid therapy for all diarrhea cases

PATHFINDER INTERNATIONAL

- Rent 05 vehicles to support the health week allocated to Dondo, Buzi, Nhamatanda, Marromeu and Muanza according to the plan shared by DPS.
- Support with 05 vehicles of PI during the health week at Beira, Buzi, Gorongosa, Marromeu, Chibabava
- Health Staff of Pathfinder International (PI) based at SDSMAS and Activists of PI projects supporting activities of the health week (family planning services and community mobilization) at Beira, Dondo, Nhamatanda, Buzi, Chibabava, Gorongosa, Marromeu, Caia, Chemba, Machanga, Maringue and Cheringoma.

REPRODUCTIVE HEALTH (UNFPA & PARTNERS)

- To build local capacity building & strengthen human resources for health in the cyclone-devastated areas, sixteen (16) maternal & child health (SMI) nurses recruited by implementing partners DPS & AMODEFA completed their pre-deployment training. The nurses are deployed for the National Health Week in Buzi, Nyamatanda, and Dondo districts.
- UNFPA lent one vehicle for the week, to support implementation of campaign activities. UNFPA donated also \$200,000, including contraceptives, as well as RH kits, and support for participation of SMI nurses. UNFPA took part in the official launch ceremony and is joining the supervision and monitoring of activities.
- To enable health facilities and providers to quickly get back up and running, UNFPA has supported 8 priority damaged facilities in Beira, Bandua, Buzi, and Dondo districts with a total of 14 RH tents and has distributed 5 maternity kits.

UNICEF

- Primary Health care: Aligned with the integrated national health and nutrition response plan, UNICEF is working closely with the MoH to ensure mobile/outreach services to accommodation centres and highly affected communities.
- HIV: following an assessment, UNICEF joined with FHI360 and other long-standing HIV partners in Sofala and Provincial Health Authorities formed an HIV task force to systematically track the return to treatment, people living with HIV/AIDS. A baseline of retention rates will be compared in the coming weeks to assess the impact on treatments.
- PDNA. UNICEF worked with multiple partners, co-leading with WHO on the post-disaster needs assessment, emphasizing with colleagues of nutrition in the assessment efforts. A final draft has been submitted, with a value of \$200 million in reconstruction costs for the health sector alone.

WFP

- WFP has dispatched during the week 34.5 MT of ready-to-use supplementary food (RUSF) and 74 MT Super cereal (CSB+) in more than 70 health facilities of the following districts: Manica, Macate, Vanduze, Mussorize, Maringue, Gondola, Morrumbala, Nhamatanda, Chibavava, Mopeia, and Beira to support the Ministry of Health's Nutrition Rehabilitation Programme to treat moderate acute malnutrition in children 6 – 59 months and acute malnutrition in pregnant and lactating women. The total quantity is sufficient to treat moderate acute malnutrition in 9,902 children 6 – 59 months and acute malnutrition in 7,369 Pregnant and Lactating Women (PLW) for one month
- Screenings of 1060 girls and 1152 boys 6-59 months in three health facilities in Dondo, with no cases malnutrition identified (reported by WFP's colleague supporting the DPS the 4th-6th of May).

WHO

- WHO (in collaboration with US-CDC) is supporting the MoH/INS in managing an alert system through a hotline, EWARS and M-Alert. WHO continues to support data analysis to quantify and

show trends of Malaria and Malnutrition and to support production of epidemiological bulletins and daily epidemiological updates.

- To identify strength and gaps of inpatient service delivery to children with severe acute malnutrition (SAM), WHO provided technical support to conduct a cross-sectional assessment of service availability in the 4 hospitals of the most affected districts (Buzi Beira, Dondo and Nhamatanda).
- With the contribution of partners and close collaboration with the MOH, the M&F framework has been revised and finalized. The compendium of indicators has been revised and validated with a data matrix shared with the focal points assigned by the MOH at both national and provincial levels for consideration and use.
- WHO IPC Intervention Program in collaboration with IPC partners (Americares, JHPiego) includes IPC Assessment, IPC Training, discussion and delivery of WHO IPC recommendations and correction of the gaps identified
- Rapid needs assessment on Risk communication and community engagement in the province of Manica and field visits to 3 Districts, 2 Accommodation Centers and 2 community radio stations were completed.

GAPS AND CHALLENGES

- There are still critical pockets that face access constraints (Some areas remain accessible only by helicopter or boat.) in Buzi and Nhamatanda: this is exacerbated when families are allocated areas for resettlement with limited infrastructures.
- Remoteness of certain sites of activities leading to limited access for mobile clinics and to long time of travel from bases.
- Inability to launch planned health facilities rehabilitation in Buzi District due to inaccessibility.
- Community mobilization is a big challenge due to lack of awareness and information about the health week
- Medical evacuation and referrals to Beira are still compromised due to lack of ambulances.

NEXT STEPS

- Emphasis should be put on maintaining essential health services for early recovery including availability of basic equipment for maternity & SRH services (tents and maternity kits)
- Emergency referral system must be strengthened with support from all partners
- Need to gradually shift work and technical support from the province to district level
- Continue to support the Ministry of Health/INS and other partners to scale-up EWARS reporting and address remaining barriers, to refine surveillance and improve health workers' knowledge of standard case definitions and to assess and analyze the situation of Malaria, Malnutrition and epidemic-prone diseases.
- Health workers need more training on standard case definitions of epidemic-prone disease
- Strengthen the implementation of the lab diagnostic testing strategy (cholera, bloody diarrhoea and other epidemic-prone diseases)
- Deployment of an external support for M&E for two-month period through WHO standby partnership in order to strengthen the WCO capacity in M&E.
- Need for Risk Communication and Community Engagement capacity reinforcement trainings for the community health workers, community radio producers and social mobilizers.
- Plan forward the consolidation and recovery phase including Health system resilience building as many partners are phasing out

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