



## HEALTH CLUSTER BULLETIN #7 May 2019



It is difficult for some people in remote areas to access health services after cyclone Idai made landfall: Photo by MISAU.

## MOZAMBIQUE

Cyclone Idai Response

Reporting period (14<sup>th</sup> - 27<sup>th</sup> May)



1.85M  
AFFECTED



400K  
DISPLACED



6,766  
CHOLERA  
CASES



1641\*\*  
INJURED



603\*\*  
DEATHS

### HIGHLIGHTS

- The six-day long post-cyclone Idai “emergency health week” ended with over 420,000 children vaccinated against polio, over 383,000 vaccinated against measles while over 425,000 received vitamin A supplementation\*.
- There are three remaining Emergency Medical Teams (EMTs) operating with approved exit plans, 2 in Beira and 1 in Nhamatanda district.
- The Sofala DPS led rapid assessments to assess availability of essential health services in resettlement areas in Buzi, Nhamatanda, Chibabava and Dondo districts. Preliminary results on link below: <https://www.humanitarianresponse.info/en/operations/mozambique/assessment/resettlement-sites-assessment-0>
- The burden of malaria cases in Sofala province remains high, with a cumulative 41,205 malaria cases reported as of 27<sup>th</sup> May, up from a cumulative 38,225 cases in the previous week ending 19<sup>th</sup> May.
- Reported cholera cases remain low across all four affected districts of Sofala Province. During epi week 21, four new suspected cholera cases were reported in Nhamatanda district.
- Reproductive Health kits (196), to benefit 32,000 people were delivered to District Health Offices in Dondo, Nhamatanda and Buzi districts.

### HEALTH SECTOR



43  
1M

HEALTH CLUSTER PARTNERS  
TARGETED POPULATION

#### HEALTH FACILITIES



94

HEALTH FACILITIES DAMAGED

#### HEALTH ACTION



13,700

EMT CONSULTATIONS

1,372

EMT SURGERIES

#### VACCINATION AGAINST



800,000

CHOLERA

383,725\*

MEASLES

#### EWARS/SURVEILLANCE



67  
97%

SENTINEL SITES  
REPORTING

#### FUNDING \$US



10M  
43M

RECEIVED  
REQUESTED

4.6M

WHO CONTINGENCY FUND

\*MISAU, May, 2019.

\*\* In Sofala province alone, 403 deaths and 1,597 injured:

## Situation update

The health sector was severely affected by the passage of cyclone Idai, particularly in the area of health infrastructure where 94 health units suffered varying degrees of damage. Out of these, four were completely destroyed and 90 were damaged. Equipment, furniture, essential medicines and medical supplies were also destroyed. There is limited access to essential health care services at permanent resettlement sites, where families are currently being relocated. The number of displaced people seeking shelter in temporary accommodation sites in Sofala decreased to 2,858 people (943 families) as of 3<sup>rd</sup> June. There are now four accommodation centres in Sofala Province.

Reported cholera cases remain low across all four affected districts of Sofala province. Four new cholera cases were reported during week 21. Since the outbreak began in March, a cumulative 6,766 cases and 8 deaths (case fatality rate: 0.1%) have been reported<sup>1</sup>. Although the malaria burden remains high in cyclone-affected areas, it has not surpassed historical levels. As at 27<sup>th</sup> May, a cumulative 41,205 malaria cases had been reported. Most cases are being reported from Nhamatanda District. However, analysis of the malaria trend at health facility level revealed a significant increase (150-200%) from certain health facilities. Concerns persist regarding the likelihood of increased food insecurity and protection risks. All communities in Manica and 80 percent in Sofala province have reported harvesting less than half of their maize crop due to the cyclone<sup>2</sup>. The resulting displacement has increased protection risks, particularly for women and girls reportedly being forced into sex for money, exposing them to heightened risks of sexually transmitted diseases.

Districts affected by Cholera Outbreak in Sofala Province

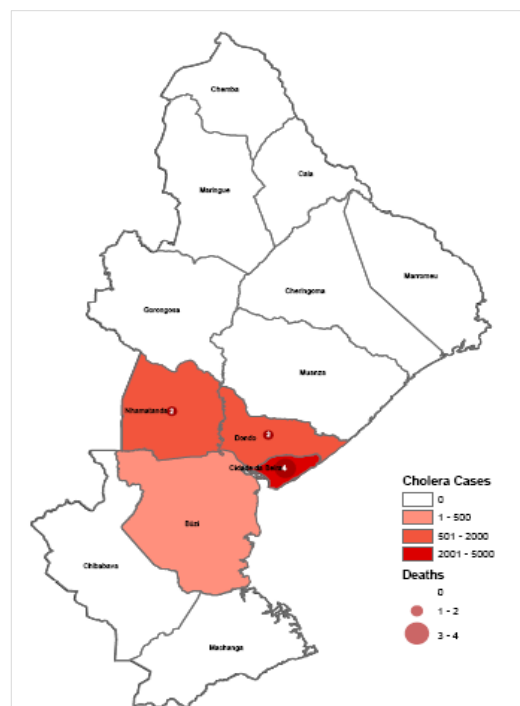
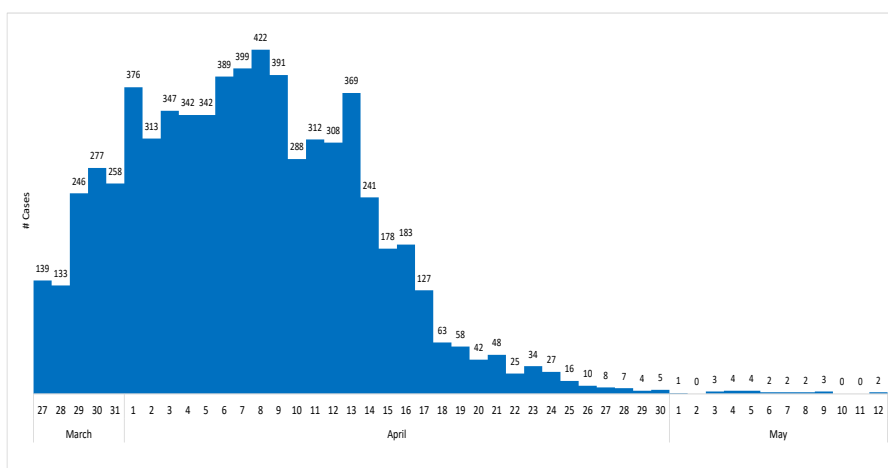


Fig. 1. Cholera Cases by day of Reporting in Sofala (as of week 20)



## Public Health Response

### Cholera outbreak response

- WASH teams are deployed in affected health facilities and in patient households.
- The implementation of the laboratory diagnostic testing strategy for cholera, bloody diarrhoea and other epidemic-prone diseases is ongoing with all specimens from cholera treatment centres being tested using Rapid Diagnostic Tests (RDT).

<sup>1</sup> As of 27<sup>th</sup> May

<sup>2</sup> OCHA Sitrep no. 20, 2019

- Analysis of reports from the alert system indicate most alerts are bloody diarrhoeas and acute febrile illness. Support is being provided to strengthen the rapid confirmation of all febrile cases.

## Malaria

Fig. 2. Historical Comparison: Notification of Malaria Cases (Week 10 to 17 in 2018 and 2019)<sup>3</sup>.

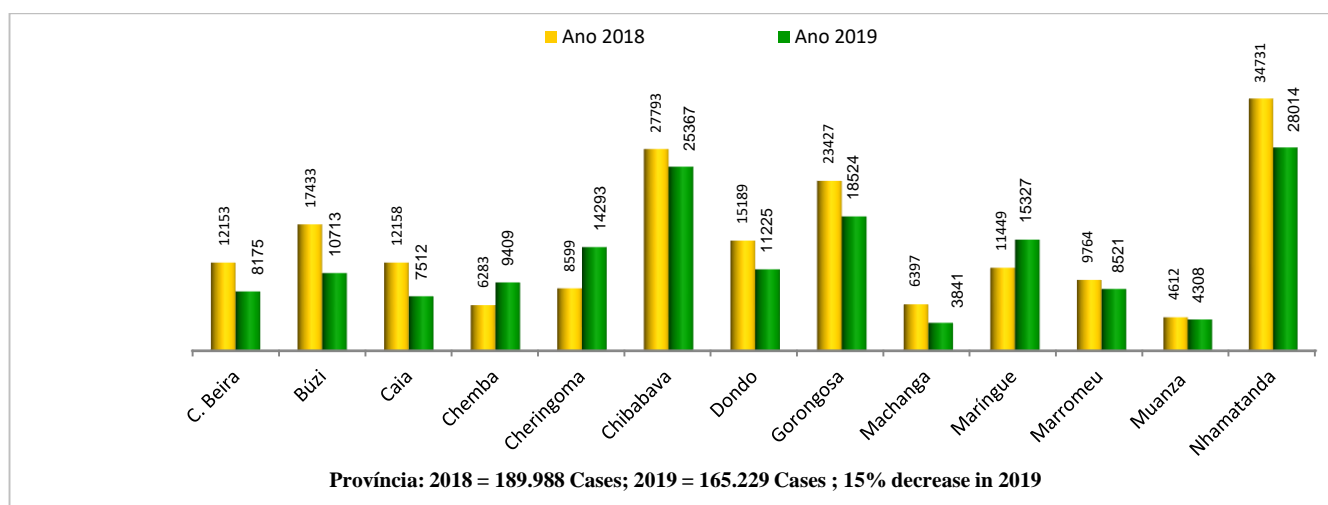
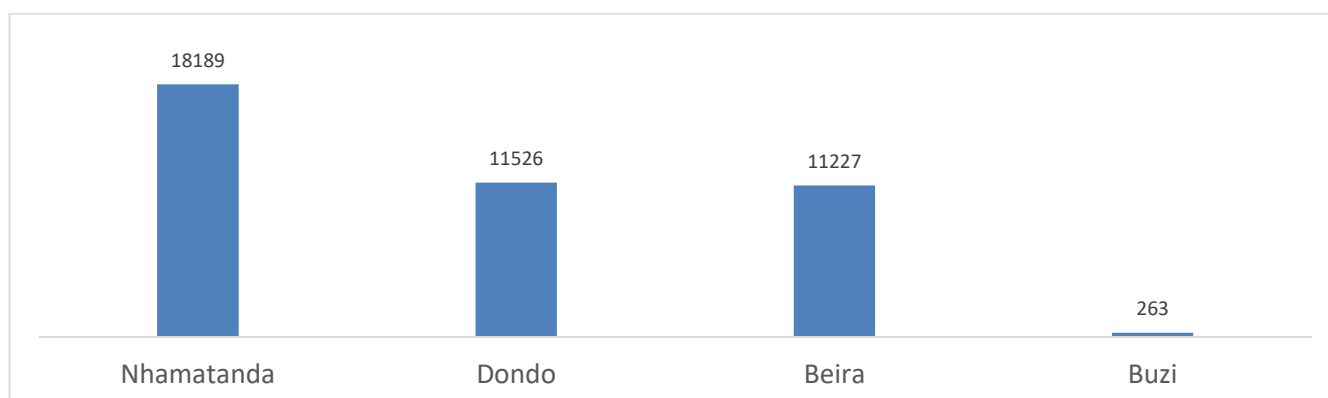


Fig. 3: Distribution of Malaria cases in Sofala province as of 27<sup>th</sup> May 2019.



- In Sofala province, a cumulative 41,205 malaria cases were registered as of 27<sup>th</sup> May, with most cases being reported in Nhamatanda (18,189).
- Monitoring and follow up of health facilities reported elevated cases at specific facilities in Nhamatanda district. In addition, procurement of anti-malarials and RDTs has been conducted by WHO to avoid stock out.
- Nhamatanda, with 18,189 cases, has reported 44 percent of all the cases so far.



IRS Team in Nhamatanda: Photo by WHO.

<sup>3</sup> National Malaria Control Programme (PNCM), 20 May, 2019

## Health Operations

### Vaccination

- The six-day long post-cyclone Idai emergency “Health Week” ended with over 420,000 children vaccinated against polio, over 383,000 vaccinated against measles while over 425,000 received vitamin A supplementation in 12 districts (Beira, Buzi, Caia, Cheringoma, Chibabava, Dondo, Gorongosa, Machanga, Maringue, Marromeu, Muanza and Nhamatanda).

Fig. 4. Health Week Summary<sup>4</sup>

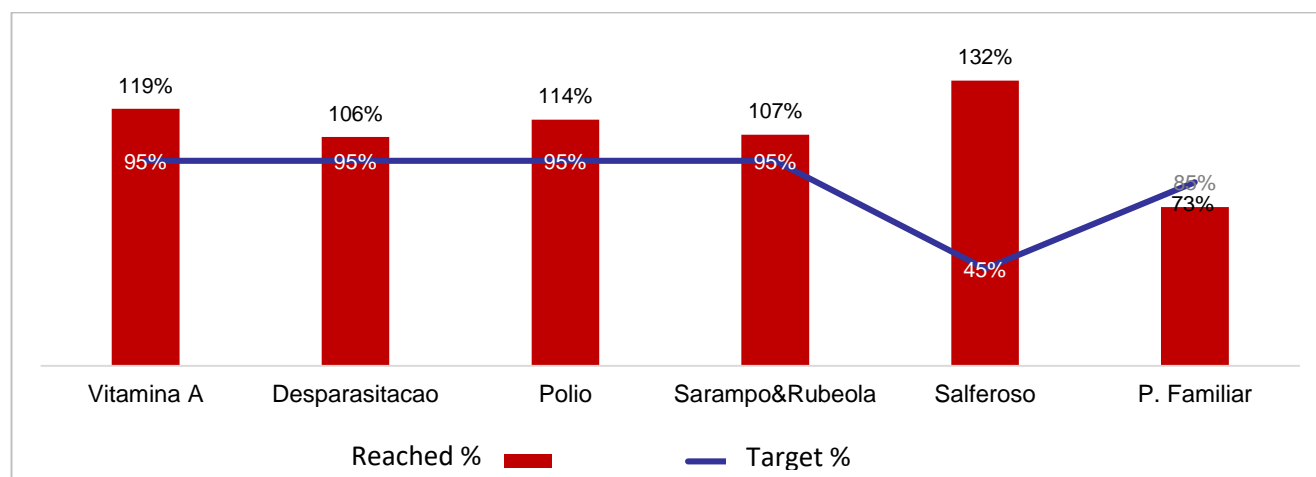


Fig. 5. Other Emergency Health Week Interventions

Interventions	Targeted population	Population reached	Coverage
Massive Treatment of Schistosomiasis: 5-14 years	382.427	697.401	182%
Family planning: 15-49 years	64,757	47,181	73%

### Emergency Medical Teams.

- Since the beginning of the response, a total of 13 Emergency Medical Teams (EMTs) provided surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica.
- Currently, there are three remaining EMTs at Beira Central Hospital, Macurungo Health Centre and Nhamantanda Hospital, working side-by-side with health staff at these facilities.

## Health Cluster Action

### Cluster coordination, Beira

- Coordination of partners supporting the response continue through the health cluster. Health Cluster meetings at Provincial level (Sofala) are conducted once every week at the CIOB and are chaired by the Provincial Health Directorate (DPS). National Health Cluster meetings are conducted every Wednesday in Maputo. There are six technical working groups under the Sofala Health Cluster.

<sup>4</sup> MISAU, 20 May 2019

## Assessments

- The Sofala Provincial Health Directorate (DPS), with support from health partners, led rapid assessments in resettlement areas in Buzi, Nhamatanda, Chibabava and Dondo districts, from 22<sup>nd</sup> to 26<sup>th</sup> May. The main objective of the assessments was to assess the availability of essential health services for people living in resettlement areas as well as in health facilities close to resettlement areas. Preliminary results can be viewed on this link: <https://www.humanitarianresponse.info/en/operations/mozambique/assessment/resettlement-sites-assessment-0>

### IOM/DTM Assessment

- From 2<sup>nd</sup> to 13<sup>th</sup> May, IOM DTM (Displacement Tracking Matrix) teams, in close coordination with Mozambique's National Institute for Disaster Management (INGC), conducted baseline assessments at locality level in four districts namely Beira, Buzi, Dondo and Nhamatanda.

### Findings

- In five out of 58 assessed localities, corresponding to six percent of the affected population (24,448 individuals), there is no access to functioning health facilities.
- In 50 percent of these localities, the main reason for the lack of access to functioning health facilities is distance. Twenty percent reported costs and the remaining 30 percent reported lack of medicines.

WFP, UNICEF and Save the Children conducted a joint field mission to mobile clinic sites attached to Lamego health centre and hard-to-reach communities in Nhamatanda district, to review ongoing services as well as to assess the needs of the people affected by the cyclone. Analysis of the findings is ongoing.

### Training of health staff

- Save the Children provided Infant and Young Child Feeding (IYCF) awareness sessions to 195 Pregnant and Lactating Women (PLW) in Beira city.
- Mentor Initiative conducted a two-day Indoor Residual Spraying (IRS) supervisor training of 38 IRS supervisors at Central Medical Stores (CMAM), Beria. The training was conducted in partnership with the National Malaria Control Programme, with participation from Tsao Taso and Henry Reeve Brigade. The training covered safety, community mobilisation and organisation of sprayers.
- WHO provided technical support to INS/DPS to conduct an EWARS training of 18 health workers in Buzi district to improve reporting from the health facilities.
- Pathfinder International trained 19 HIV activists from Conselho Cristão de Moçambique (CCM), Marromeu district, on ARV adherence for HIV patients.

## Nutrition

Emergency Health Week Results.

Fig. 5.

Indicator	Reached	Percentage
Screened for malnutrition	388,417	-
Children with Severe Acute Malnutrition (SAM)	377	0,1%
Children with Moderate Acute Malnutrition (MAM)	3,464	0.9%



## Reproductive Health

- UNFPA, in close coordination and collaboration with Provincial Health Office (DPS), delivered 196 Reproductive Health (RH) kits to Dondo, Nhamatanda and Buzi districts. The kits will benefit 32,000 people receiving RH services.
- An orientation on the use of RH kits for health providers was conducted on-site. The orientation also included reporting tools and data collection for reproductive health service coverage data.

## Provision of essential drugs and supplies

- World Food Programme dispatched 1 metric tonne of Ready to Use Supplementary Food (RUSF) and 1.9 metric tonnes of improved Corn–Soya Blend (CSB+) in 8 health facilities in Machanga district, Sofala province.



## Funding status

\$43M Requested

\$10M Received

## Health cluster meetings, Beira

Meeting	Day	Time	Venue
Health Cluster Beira	Monday	08:00am to 10:00am	CIOB
Nutrition	Friday	08:00am to 09:00am	DPS
Reproductive Health	Monday	2pm to 3pm	DPS
Cholera	Monday	10:00am to 11.00am	CIOB
Mental Health (MHPSS)	Monday	13:00pm to 14:00pm	DPS
Malaria	Monday	10:00am to 11.00am	CIOB

## Gaps and challenges

- Essential health services provision remains challenging in hard-to-reach areas.
- Expanding EWARS to hard-to-reach areas with no electricity and poor digital cellular network coverage.

## Next steps

- Scale up early recovery and rehabilitation activities based on national infrastructure standards.
- Continue to refine surveillance and improve health workers' knowledge of standard case definitions and finalize EWARS training for health facilities in Buzi district.
- Ensure all identified Severe Acute Malnutrition (SAM) cases are reached with treatment services at facilities and through outreaches and SAM and Moderate Acute Malnutrition (MAM) treatment is part of basic health package for mobile clinics.
- Support confirmation and sound clinical management of all malaria cases as well as focus on prevention measures.
- Finalize the mapping of health service delivery in resettlement areas in the four most affected districts.

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