



# Mozambique

## Cabo Delgado

### Humanitarian Response



Health Cluster joined the inter cluster mission in Mueda

# Health Cluster Bulletin

February - March 2021



**778,640**  
PEOPLE IN NEED OF  
HEALTHCARE



**434,351**  
PEOPLE TARGETED BY  
THE HEALTH SECTOR



**646,802**  
IDPs in Cabo Delgado\*



**17 Districts**  
Of Cabo Delgado

## Highlights

- Training of vaccination teams in preparation for the covid-19 vaccination campaign was conducted in all districts
- Several attacks conducted by NSAG have been reported in some districts of Cabo Delgado including Mueda, Nangade, and Palma.
- Heavy rains created flooding in some areas including the 25 June accommodation centre in Metuge where over 15,000 IDPs are housed. Communal and individual latrines have collapsed due to soil saturation, numbers to be determined as some areas are inaccessible. A survey of the families that were affected by the flood are ongoing.
- The decreasing trend of cholera cases continues to be observed in most of the districts of the Cabo Delgado province.
- 3,127 health workers of a total eligible 4,037 were vaccinated against COVID-19, representing 77% coverage.
- Updated mapping of available health services in the province has started and will provide an overview of available fixed and temporary health structures as well as mobile brigade and mobile clinic services to IDP settlements in the province. The mapping will inform and direct partners to locations where service gaps exist.
- The province continues to face stock-outs of important health products including IV catheters, gloves and injectable antibiotics. Ad hoc donations were realized, structural solutions will need to be found.

## HEALTH SECTOR



**12 HEALTH SECTOR PARTNERS**  
(HRP & NON HRP)

### HEALTH FACILITIES IN CABO DELGADO\*\*



**88 FULLY FUNCTIONING**

**41 NON-FUNCTIONING**

### SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION



**3,367 Cumulative Covid-19 Cases In 13 Districts**

**14 Vaccination posts established in 13 Districts**

**3,334 Cumulative Cholera Cases reported**

---- Cumulative AWD cases reported

## SECTOR FUNDING, HRP 2021



**8.2M (of HRP2021 10.5M)**  
REQUESTED

**0 % FUNDED**

\*Total number of IDPs Cabo Delgado government update 10/04/2021

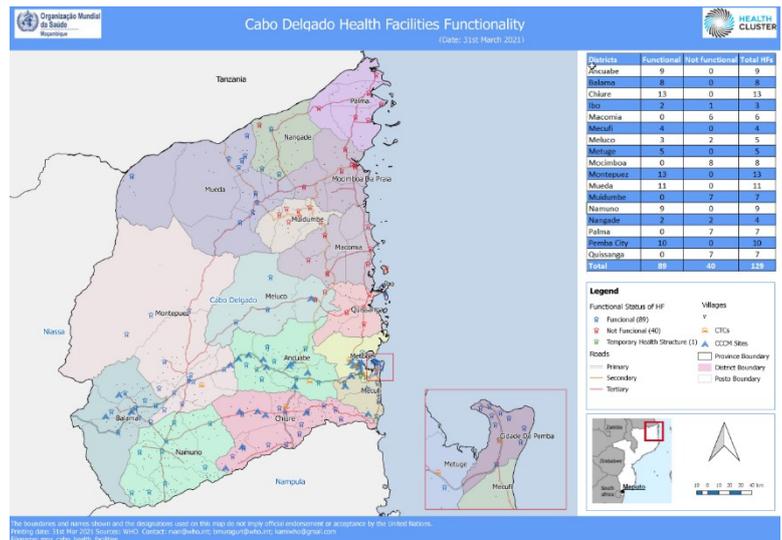
\*\*MoH/Health Dated 2019/2020

## Situation Updates

District Health authorities started community-based surveillance training to community and health facility workers with support of WHO. A total of 4,757 Covid-19 tests have been conducted and a total of 1,318 new positive cases were diagnosed in 13 districts. 1,461 new Cholera cases were reported in 5 districts.

Non-functional health facilities are located in Palma, Namgade, Mocimboa da praia, Muidumbe, Meluco Macomia, Quissanga and Ibo districts.

The health service delivery continues to be hampered by the limited number of functional health structures causing congestion and high workloads to the health staff in those structures.



### Update on security and population movements

Security over the Month of March has remained tense and volatile. On the 24<sup>th</sup> of March groups of non-state armed actors (NSAG) launched a coordinated assault on Palma-sede, Palma district which provoked new displacements of population. A total of 249 movements were recorded: 212 arrivals (13,834 individuals), three transits (165 individuals) and 22 departures (1,035 individuals). A total of 3,000 IDPs arrived in Namgade, Mueda and Montepuez districts in the first week after the attack. Many more in search of security are expected to arrive in April. The attack on Palma left the district without functional health structures as the hospital and health centres were vandalized. Many MoH staff managed to evacuate Palma to Pemba but about 40 of the health teams are still displaced in Palma.

### Success stories

Munassa and her 2 children were diagnosed with HIV. IOM, one of Health Cluster partners supported Munassa and her family to link her and two children to treatment. Through IOM support Munassa and her two children got their cards and now can get their medicines.

After patients restart treatment, IOM provides regular support, as patients often face challenges to adhere to treatment. These follow-up visits serve as a constant reminder of the importance of continuing treatment.



After being displaced, Silvia, a positive TB patient now living in Pemba was unable to continue her treatment she left because of the insecurity where she lived. she moved from Mocimboa da Praia to Mueda by foot where her husband came a few months later and reached to Pemba by car. She was taking her medication but because of this displacement she stopped. IOM identifies, refers and supports patients through its mobile teams to return to treatment and promote its effective completion.

## Surveillance, rapid response teams, and case investigation

### Community-Based Surveillance Training

WHO in conjunction with DPS and the District Health authorities started community based surveillance training to community and health facility workers in Ancuabe, Montepuez and Balama. A total of 46 Community Leaders, 77 Community Health Workers (APEs) and 31 Health Workers were trained for all three districts.



Community-Based Surveillance Training

### COVID-19

Data for 31/03/2021

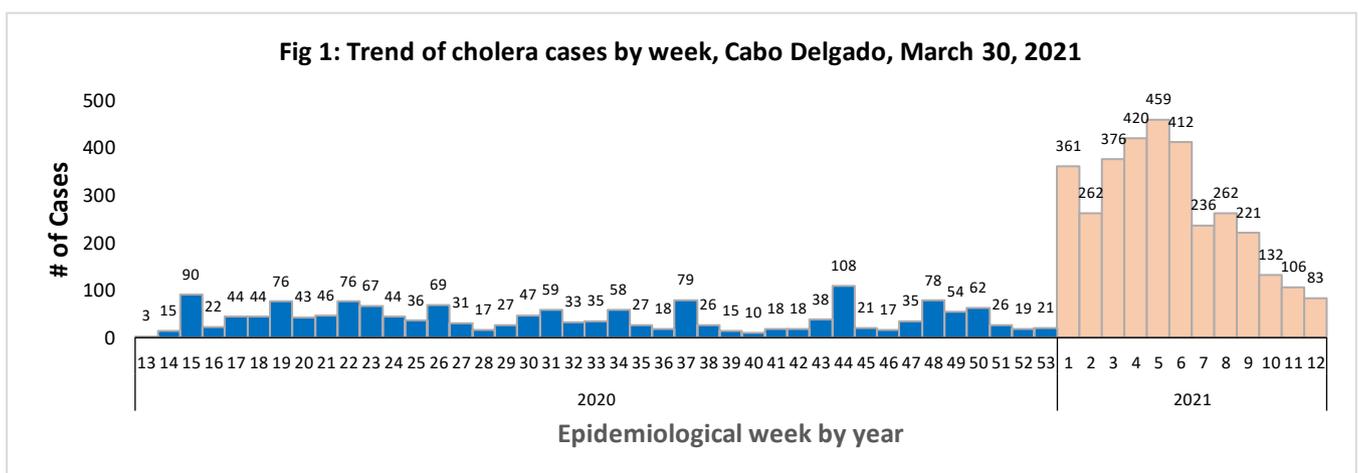
During February and March, a total of 4,757 tests have been conducted and new positive cases were 1,318 in 13 districts (Ibo, Chiure, Pemba, Palma, Motepuez, Mueda, Meluco, Namuno, Ancuabe, Metuge, Balama, Nangade and Mecufi) and 21 deaths (Pemba 17, Palma 2 and Chiure 2). A total of 51 cases are hospitalized. The number of active cases is 79.

Covid 19 Cases	Individuals
Test during the reporting period	4757
Positive Cases	1318
Cumulative Test	23751
Cumulative Positive Cases	3389
Active Cases	79
Hospitalized	51

### CHOLERA

Data for 31/03/2021

- In the period of February to March 2021, a total of 1,461 new cases were reported in 5 districts, Pemba (179 cases), Metuge (541 cases), Montepuez (168 cases), Chiure (440 cases) and Ancuabe (133 cases). This brings the total number of cases to for this outbreak to 5,510 cases (2,176 in 2020 and 3,334 in 2021) and 54 deaths (38 in 2020 and 16 in 2021);



## Laboratories

- Total COVID-19 tests done during the last two months: 4,757
- The cumulative number of COVID-19 tests performed since 2020: 23,751
- Total COVID-19 positive tests: 3,389 (14.3%)
- Sixteen stools samples were collected and 12 of these samples were positive for vibrio choleric in Cabo Delgado province.

## Case management cholera

- Eight (7) CTCs were established in Cabo Delgado and 4 in Nampula province
- The CTCs are operating normally, however, in Nampula province, with an increase in the number of cases, particularly in Nampula City, there is a need for reinforcement in terms of clinicians, health workers and preventive medicine technicians.

## WASH

- WASH activities are being carried out in the homes of all patients and neighbourhoods from where the cases originate. This response is coordinated between WASH and Health cluster partners.

## Risk Communication and Community Engagement

- 3,500 different IEC materials (leaflets and posters) on cholera were printed and distributed to the Pemba, Chiure, Metuge, Ancuabe and Montepuez districts.
- Health Education sessions have been taking place at the CTC level, including for patients when they are discharged. In the neighbourhoods, health education actions are carried out by the field teams in collaboration with the CBOs;
- Community radios are also used to disseminate information and of radio spots on cholera
- Community leaders and mobile units also collaborate to disseminate health education messages.
- Follow-up of Cholera cases in the Community for WASH and health education.
- Press release production was also done during the week.
- During the week, the mobile unit of the Institute for Social Communication was not working due to the lack of a vehicle



## Acute severe malnutrition with medical complications

Following the assessment of management of severe malnourished with medical complications, carried out on the month of March to see the conditions existing in the HF for managing of Severe Acute Malnutrition (SAM), that shows an increase in the demand for cases and the poor level of preparation of Health workers as well as insufficient medical equipment and commodities (scales, altimeters, glucometers, etc.) and medicines (especially first-line antibiotics) for treating these cases, health workers were trained on SAM case management in Chiure and Metuge districts.

## Malaria

Overall, from January to March, malaria registered an increase of 30.3% compared to the same period last year, from 138,160 cases in 2020 to 179,967 cases in 2021. Round 1 of a pilot mass drug administration (MDA) for malaria was carried out in Metuge and Ibo district in February.

## Mental Health

- Partners continued to provide services and technical support to IDPs, technical coordination is ensured through collaboration in the technical working group on MHPSS chaired by IOM, with co-chair AoR Child protection UNICEF and leadership of mental health department of DPS.

## Essential health service delivery

- In selected districts with high numbers of IDPs a health week was carried out, with the objective of maximizing the offering of essential health services with emphasis on (i) Vitamin A supplementation for children aged 6 to 59 months, (ii) de-worming for children aged 6 to 59 months, (iii) Routine immunization and booster immunization against measles for children aged 8 months to 14 years, (iv) Nutritional screening, (v) Family planning, (vi) Cervical and breast cancer screening, (vii) Iron and folic acid supplementation, (viii) Screening for TB in children and (xi) Blood pressure measurement.
- The launching ceremony was addressed by H.E. the Vice-Minister of Health and preliminary data shows of achievement above 100% (used Census population without adding estimated IDPs) of the planned target except for measles vaccination (96%), cervical and breast cancer screening (58%) and child TB screening (88%).

## Support to health service delivery by partners

**WHO** Providing training of Rapid response Teams, Community Based surveillance training, Detection, reporting and responding to outbreaks (cholera, AWD, measles), procurement and distribution of cholera kits & IEHK, Investigating and verifying reported alerts and COVID19 response; deployment of teams to support the cholera response at Churi and Metuge.

**UNICEF** Providing health messages and IEC messages developed and aired/distributed, Outpatient Consultations, Deliveries by skilled attendants

**UNFPA** Training of SMI nurses on maternal and neonatal health, Obstetric fistula treatment, Awareness session of community leaders about the importance of institutional childbirth, gender-based violence, prevention and treatment of obstetric fistula, Assessment of the current situation of IDP's and survey of current needs, Training health facility staff and community health workers on Infection Prevention and Control (IPC), Training health workers on Clinical management of Rape.

**UNAIDS** Identifying PLHIV among the IDPs and host communities and linking them to treatment and care.

## IOM

- Through house-to-house visit, AAPS do not only trace and link back to care the HIV/TB patients enrolled in treatment based on local Health facility patients' list of lost-to-follow up but also, and more importantly, identify the patients who used to be on treatment in their places of origin, and then link them back to care to health facility of their displacement/resettlement area
- Technical assistance to health facilities and districts to ensure displaced patients are registered as 'displaced', identifying their reference HF of origin, and hence avoid double-counting of HIV/TB patients
- AAPS are trained on a range of health topics, and on protection and MHPSS (psychological first aid, GBV, PSEA, trafficking, child protection...etc) and provide integrated services to displaced populations, identifying and referring cases (mental health, social, protection cases) to relevant networks and services.

**CUAMM** Cholera prevention and hygiene practices material i.e. Pamphlets distribution and Mobile Brigades in the communities.

**Ariel Foundation** Implementing mobile health brigades and working on HIV & TB

**AMODEFA** supporting Sexual reproductive health and Family planning in Metuge, Palma, Ancuabe, Mecufi, Chiure, Balama and Montepuze.

**WIWANANA** Implement sexual reproductive health activities

**MSF** provide emergency health services in response to the cholera outbreak, mental health and psychosocial support and essential health services and humanitarian assistance to internally displaced population in the province of Cabo Delgado

**Medicos de Mundo** Start up of mental health and GBV intervention in Montepuez

**ICRC** Triage and referral ambulance services for arrivals in Pemba. Rehabilitation of health structures in Montepuez, Pemba and Ibo.

## Public Health Risks and Gaps

### Health risks

- High risk of COVID-19 spread due to various factors including population living in congested IDP camps, weak surveillance due to insecurity issues, porous international borders, poor compliance in the use of facemask, social distancing, and good hygiene practices by the general public.
- Communicable disease (cholera, AWD) outbreaks due to poor and congested living conditions, poor WASH facilities and practices, continuous population movements, and low vaccination coverage and low literacy levels.
- Conflict and population displacement leading to increased health demands to the facilities, due to new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs.
- Food insecurity and malnutrition, resulting from erratic rains and drought in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions.

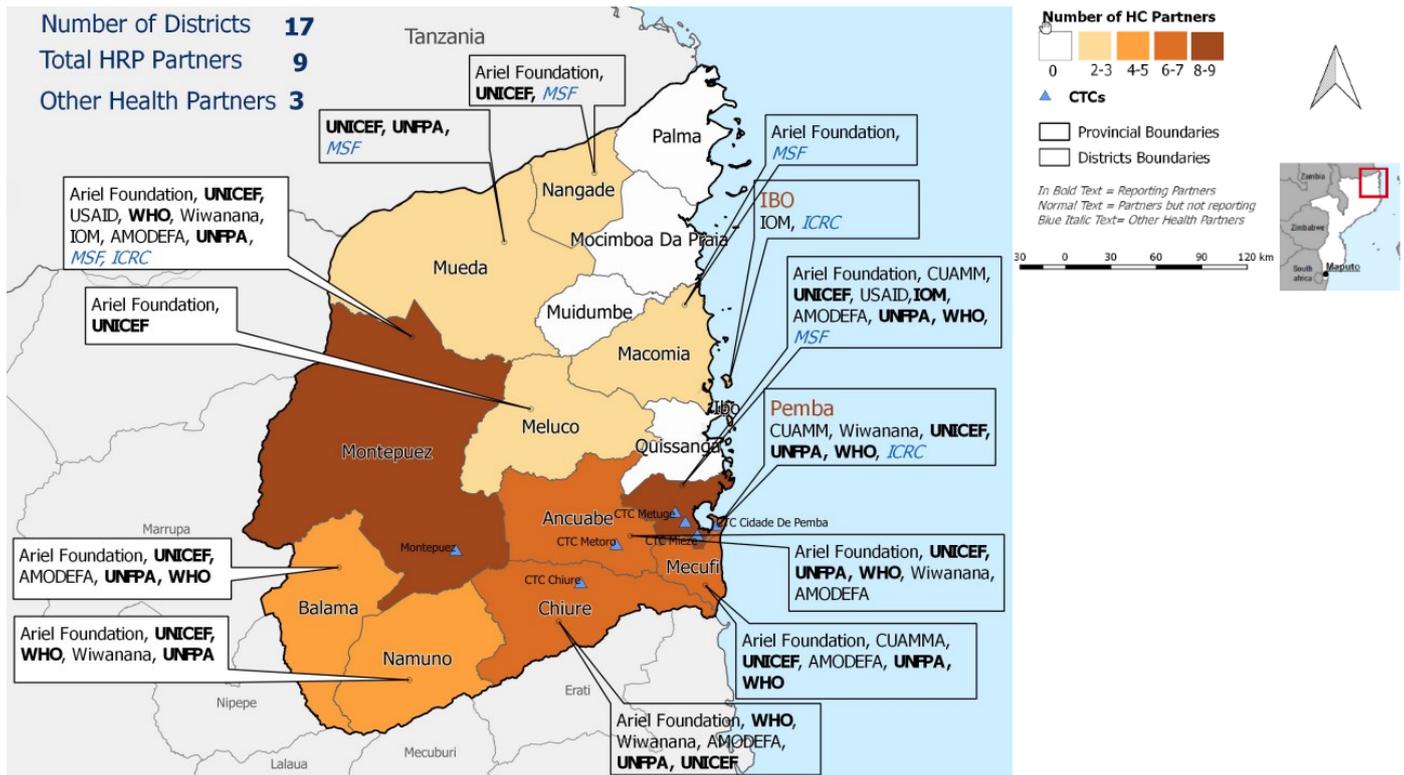
### Challenges

- Continued transmission which is following the IDPs movement leading to continuation of both Cholera & AWD cases
- Community mobilization and engagement in prevention measures needs to be ensured
- Unclear procedures and regulations for the importation of medicines and medical supplies by implementing health partners leading to long delays and partner's stock out.

### Gaps

- Need for clear and consistent mechanism for importation of medicines and medical supplies for the humanitarian health response
- Lack of donor funding to increase access to essential healthcare as well as prevent, detect and respond to potential outbreaks.

## Health Cluster Partner's Presence Map (3W)



## Health Cluster Meeting Partners

At the Cabo Delgado level, weekly coordination meetings continued. These meetings are conducted by the Health authorities and co-chaired by WHO. During the last week of March daily health cluster meetings were held to coordinate the Palma crisis response. All health cluster meetings are conducted online and in Portuguese to ensure full participation of provincial health authorities and provincial technical focal persons.

Technical working groups for MHPSS, HIV&TB, Sexual reproductive health have elaborated terms of reference and established meeting each of them a meeting frequency of every 14 days.

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