



Mozambique:



HEALTH
CLUSTER

Cabo Delgado



Health Cluster Team Visit to Nanlia CTC

Health Cluster Bulletin

January 2021



778,640

PEOPLE IN NEED OF
HEALTHCARE



434,351

PEOPLE TARGETED BY
THE HEALTH SECTOR



381,190

IDPs IN Cabo Delgado



17 Districts

Of Cabo Delgado

Highlights

- On 15 January, health partner attended the 4th Provincial Primary Health Care and 11th Community Involvement meeting, which was led by the Minister of Health, with the participation of the Provincial Governor, District Administrators, SPS Director, DPS Director, Community leaders and partners.
- A joint team of WASH (UNICEF) and Health (WHO) clusters visited Chiúre, Ancuabe and Montepuez districts to assess the level of cholera response
- COVID-19 cases have been on the increase both in the country and in Cabo Delgado province with infection of various staff from UN Agencies, NGOs and the provincial staff while others are in isolation after being in contact with colleagues who turned positive
- Cholera outbreak in Cabo Delgado Province has been going on since Epidemiological Week (WK) 5, 2020 with an increase in the number of cases this year where a total of 1528 cases have been reported from Epi week 1-4 in 2021 from Metuge Montepuze, Chiuri, Pemba and Ancuabe
- During the month of January, 551 Acute watery diarrhea (AWD) Cumulative cases were reported from Pemba, Ancuabe, Namuno & Balama) with 2 deaths

HEALTH SECTOR



09 HEALTH SECTOR PARTNERS
(HRP & NON HRP)



130 FULLY FUNCTIONING

41 NON-FUNCTIONING

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION



1.309 Cumulative Covid-19 Cases In 11 Districts

Active Covid-19 Surveillance on 17 Health facilities

2,952 Cumulative Cholera Cases reported

492 Cumulative AWD cases reported

SECTOR FUNDING, HRP 2021



8.2M(of HRP2021 10.5M)
REQUESTED
0 % FUNDED

*Total number of IDPs Cabo Delgado by IOM DTM XXX

**MoH/Health Dated 2019/2020

Situation Updates

Cholera outbreak has continued in Cabo Delgado with a cumulative total of 3,669 Cholera cases and 40 deaths with 1.7 % CFR by the end of 2020. Cases were initially reported from in five districts namely , Macomia, Mocimboa da Praia , Pemba and Metuge from WK 5 to 51,2020.

The outbreak is still going on in 2021 with a total of 1528 cases reported Metuge, Chiuri, Pemba , Montepuez and Ancuabe from WK 1 to 4 in the month of January.



Cholera treatment center Nanlia

Cases of Acute Watery Diarrhoea were reported from the districts of Quissanga, Palma and Mocimboa in 2020. The districts had cumulative of 870 cases by WK 33, 2020 and since then, they have not reported new cases anymore. However, 4 other districts are currently reporting AWD cases i.e Balama which is new in the list,; Namuno, Ancuabe, Pemba and Balama with a total of 551 cases and 2 deaths by end Of 2020.

Update on the population movement

According to the data provided by IOM from 18-27 January 2021, a total of 76 movements were recorded ; 68 arrivals (6,319 individuals) and 8 departures (462 individuals). Arrivals were recorded at various locations: Palma - 3,223 individuals, Cidade de Pemba -1,670, Montepuez - 517, Ibo - 138 and Mueda a total of 771 individuals. Departures were recorded in Montepuez 200- individuals, Mueda - 174 and Palma a total of 88 individuals.

Security Update

An attack on a truck convoy coming from Nangade and heading to Palma Sede was ambushed near Pundanhar on 17th January. Three trucks were completely destroyed and two were damaged. Reports indicated that three people were killed and five got injuries. The injured were assisted in Palma Sede

Surveillance, rapid response teams, and case investigation

Community-Based Surveillance Training

WHO in conjunction with DPS and the District Health authorities have started community based surveillance training to the community and health facility workers. There are 6 districts targeted; first to be trained were Chiure and Namuno. A total of 31 Community Leaders, 66 Community Health Workers (APEs) and 23 Health Workers were trained from both districts.



Community-Based Surveillance Training

Acute Diarrhea Outbreak (AWD)

Data for 30/01/2021

During the reporting period(Epi week 01- 04) a total of 551 cumulative cases ,2 deaths with a case fatality rate of 0.4% were reported ,where 45 new cases were reported during Epi week 4 , all from Ancuabe district.

COVID-19

Data for 30/01/2021

During the week, 44 new cases were confirmed (44 in Pemba,) totaling 1,415 cumulative cases in 11 districts (Ibo, Chiure, Pemba, Palma, Montepuez, Mueda, Meluco, Namuno, Ancuabe, Metuge and Mecufi). 3 deaths (one not related to COVID-19). Total number of hospitalized cases 2 all from Pemba City, cumulative number of hospitalized cases 19.

Week 04 (25 to 31/01/2021 - data for 30 January 2021)

Districts	Tested		Positive Cases		Recovered Cases		Active Cases	Contents	Hospitalized	Deaths
	W	C	W	C	W	C				
Afunji			0	136	3	133	3	0		
Ancuabe			0	9	0	8	1	9		
Chiure			0	13	0	4	9	7		
Ibo			0	4	0	2	2	0		
Mecufi			0	8	0	5	3	0		
Meluco			0	1	0	1	0	0		
Metuge			0	12	0	6	6	2		
Montepuez			0	164	0	155	9	0		
Montepuez Rubi MRM			0	50	0	35	15	0		
Mueda			0	71	0	70	1	0		
Namuno			0	12	0	5	7	32		
Palma Sede			0	54	0	54	0	0		
Pemba Gdade			0	881	20	728	153	259		
Total	229	18416	44	1415	23	1206	209	309	0	3

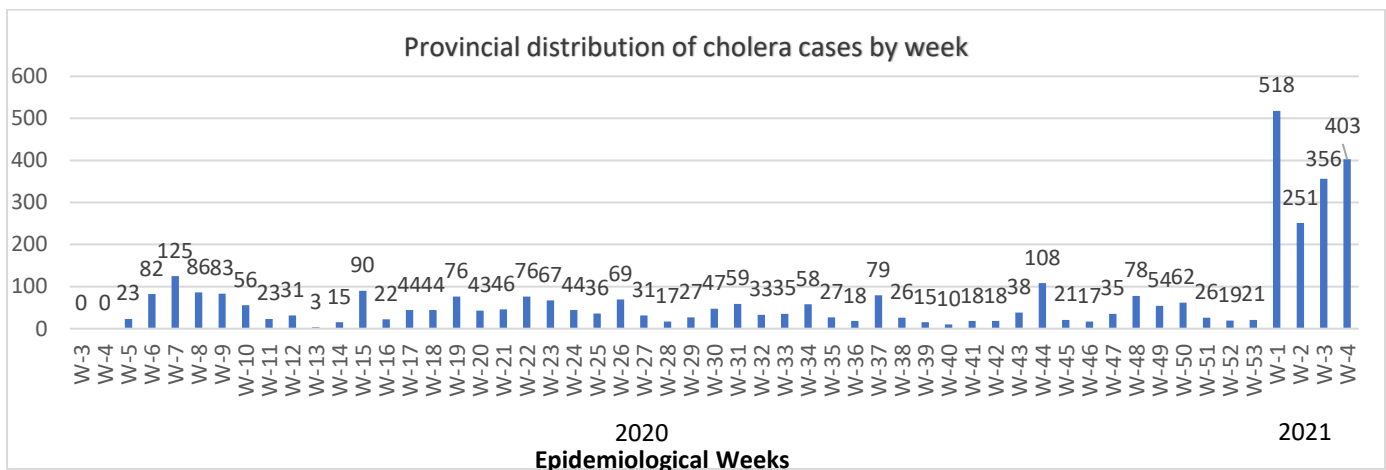
Legend: W = Current Week and C= Cumulative

COVID-19 Active Surveillance: Still in 17 Health Facilities Pemba (Provincial Hospital, Natite) Palma, Chiure (Sede, Chiure Velho and Ocuá) Ancuabe (Sede and Metoro), Montepuez (Sede and Namanhimbire), Namuno, Balama, Mueda, Metuge (Sede and Mize), Mecufi (Sede and Murebue).

CHOLERA

From the beginning of the outbreak in Epi wk5 in 2020 up to Epi wk 04 in 2021, a cumulative total of 3,624 cases and 45 deaths was recorded. From the beginning of 2021 to the end of January a total of 1528 cases were recorded. Response activities continued with WASH and Health clusters collaborating the DPS and the district health authorities to stop the transmission and scale up prevention and control measures. Efforts to strengthen the Cholera Taskforce by pillars i.e. coordination, surveillance/lab, WASH, Risk communication and Community Engagement and logistics/supplies. Health and WASH clusters with UNICEF and WHO on the lead supported replication of the same pillars at the district level .





Acute Watery diarrhea (AWD)

- During the month of January, a total of 551 Acute watery diarrhea (AWD) Cumulative cases were reported as shown in the table below. Ancuabe had the highest number of reported cases while a death was reported from Namuno & Balama districts respectively

AWD Cases for Epi Weeks 1-4(January) 2021			
Districts	Cummulative cases	Cumulative deaths	CFR
Namuno	114	1	0.9
Ancuabe	357	0	0
Balama	65	1	1.5
Macomia	15	0	0
Total	551	2	0.4

Laboratories

- Total COVID-19 tests done during the week: 229
- Total cumulative tests since 2020 COVID-19 performed: 18,416
- Total COVID-19 positive tests: 1,415

Case management

On COVID19, there have been any admissions in the designated facilities but cases continue to be managed at the health facilities designated for that services including the Provincial and district hospital.

Essential health services

Discussions are going on, on establishment of temporary clinics in some IDPs resettlements with an aim of decongesting health facilities as well as bringing the services closer to the IDPs. Health cluster partners continue to support DPC/SPS and the districts to ensure continuity of health services amid the COVID19 pandemic.

Point of Entries

Data for 28/01/2021 (Cumulative data since 2020)

- Total of entries: 71,961
- Total cumulative entries screened: 71,961
- Passengers currently in quarantine: 357

Health Cluster Actions

Strategy and response processes

The Health Cluster partners continue to support Cabo Delgado DPS in the cholera and AWD outbreak response in the following areas:

- Coordination of all partners involved in the response at provincial level
- Case management at CTCs
- Co-chairing of weekly cholera task force and health cluster Coordination meetings with DPS and partners
- Joint field supervisory field visits to affected districts (Ancuabe, Montepuez, Metuge, Chiure, Namuno) for technical support on AWD, cholera investigation and assessment of IDP camps
- Transportation of collected samples to the laboratory for confirmation
- On spot technical capacity building of health personnel in affected districts on AWD and cholera case management and use linelist in CTC including patient assessment and management with ORS and intravenous fluids
- Training and deployment of Rapid Response Teams linking them with WASH cluster
- Technical support to the province team on risk communication and advocacy on prevention of AWD, Cholera and in IDPs camps and other affected neighborhoods
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Health Cluster coordination/Response

- Cholera Taskforce, Health and WASH Clusters meetings have been placed during to discuss the AWD and cholera response
- Additionally, a coordination meeting between DPS and Health Cluster partners was held to develop an action response plan for AWD in the affected districts
- Workshop was held from 10 to 11 December to finalize the humanitarian emergency response plan for the health sector in Cabo Delgado province.
- Communicable diseases control and surveillance

Surveillance and Lab

- Continued support supervision missions to Metuge, Ancuabe, Montepuez, Namuno and Chiure districts to monitor and strengthen capacity for APEs (CHW) to provide health care services, health promotion and disease prevention activities in the communities, in context of the emergency caused by the presence of IDPs, Cholera and AWD outbreaks
- Implementation of the line list and use it as a database;
- Search for retrospective data on the OCV status of cases;
- Support cleaning and data entry in the database;
- Support compilation, indepth analysis to show source of transmission and interpretation of data
- Samples are collected and tested for Cholera in the laboratory when needed
- Rapid reporting system was activated to supply data every 24 hours, (using daily SMS and WhatsApp platforms) in the districts reporting AWD(Ancuabe ,Montepuez,Chiure& Metuge).It has been difficult to get information regularly from Macomia due to inaccessibility

Case management

- Admission of cholera patients continue in all the CTCs in Pemba, Metuge(Nanlia,Mieze and Metuge) and in Ancuabe
- Continued supervision of Cholera Treatment Centers in Ancuabe and Montepuez districts
- MSF have put up a CTC in Montepuez shifting the one put earlier by the district health team due to its vicinity to a public frequented area
- Provision of medical suppliers including oral rehydration salts (ORS), intravenous fluids and WASH supplies (Certeza, soaps)

WASH

- WASH activities (Certeza distribution for water purification and disinfection of people and surfaces in contact with feces and/or vomiting from patients with Cholera).
- Increased water distribution in the Nangua accommodation centre in Metuge,Drilling of more boreholes in Ancuabe

Oral Cholera Vaccination(OCV)

Discussions on whether to conduct OCV campaign in the IDPs sites will take place between WHO.UNICEF,MISAU and DPS/SPS.An OCV campaign was conducted last year ,1st round in September and 2nd round in October 2021

Risk Communication and Community Engagement

- Continued Communication and advocacy meetings with local/traditional, religious, and other leaders to address the misinformation related to the cholera/AWD outbreak in the districts of Ancuabe and Metuge.
- Continued awareness meetings with communities for AWD/cholera preventions and response in the districts of Ancuabe, Namuno & Montepuez and recently Chiure.

Chiure District EOC Meeting:

During the week Health Ops Lead attended the District OC meeting, which was led by the Secretary of State and co-directed by the Chiure District Administrator. The main focus of the meeting was the Cholera outbreak in the district; the main point discussed was the support that partners must give to have a satisfactory response; WHO committed itself to making small repairs to the CTC, as well as providing tents and other materials. It also committed to providing financial support for HR incentives that are scalable full-time at CTC.



Recommendations and Follow up

Draw up a communication plan to tackle misinformation, as well as to raise awareness for the prevention of AWD in the communities, since we are in the eve of the rainy season, a period in which the AWD peak has been registered.

- Mobilization of financial Resources
- Establish community-based disease surveillance
- Reinforce disease prevention& control measures

Provision of essential drugs and supplies

Assess of the situation of the cold chain, human and material resources and others, needed by the routine EPI activities to support the micro-planning of the provincial health week (scheduled for February / 2021);

Update of the inventory of available vaccine stocks and stock outs of vaccines and others supplies;

Analysis of the vaccination coverage of the province in the last 3 years to identify gaps and prioritize interventions to improve the major indicators;

Mental Health

Provided technical support to a planning and implementation of the program activities in response to emergencies and in collaboration with different partners supporting the districts with resettlement centers.

Laboratories

Data for 06/02/2021

- Total COVID-19 tests done during the week: 408
- Total cumulative tests since 2020 COVID-19 performed: 18,824
- Total COVID-19 positive tests: 1,608

Support to health service delivery by partners

WHO & UNICEF

- WHO and UNICEF team visited the districts of Chiúre, Ancuabe and Montepuez to assess the level of response. Chiúre district has difficulties in following up cases due to lack of transport.
- WASH partners, Solidarmed and Helvitasa are working with the WHO surveillance team in community engagement as the surveillance data guides the WASH activities
- Training of Community workers and health workers in Community Based Surveillance, in districts of Chiúre and Namuno, 31 Community Leaders, 66 Community Health Workers (APEs) and 23 Health Workers were trained
- Technical Support to the Montepuez District in the context of cholera response.
- Support to the Health Community Section of Chiúre District Health Services, in the elaboration of a Monthly Plan of Educational Messaging on Diarrhea and Cholera using Chiúre Community Radio and Television;
- Training of community leaders, religious and Agentes Polivalentes Elementares (CHW) on Interpersonal Communication and Health Counseling for the dissemination of key messages on COVID-19, Cholera, AWD, etc. prevention as part of the tasks of the trained Community Based Health Surveillance Point.
- Providing medical consultation at primary health care

UNFPA

- Assessment of the current situation of IDP's and survey of current SRH needs
- Coordination and programming and request for approval of First Quarter activities that includes mobile brigades and training.
- Mobile Brigades in the communities in Dondo and Buzi districts and 153 beneficial assisted

CUAMM

- Assessment of the current situation of IDP's and survey of current needs
- Cholera prevention and hygiene practices material (Pamphlets) mobile brigades and training.
- Mobile Brigades in the communities

Ariel Foundation

- Ariel Foundation Implementing integrated MHBs and working on HIV & TB

IOM

- Spearheading MPHSS interventions in the province as they co-lead the MPHSS Working Group

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

IOM Conducting integrated mobile brigades, family planning, screening

Public Health Risks and Gaps

Health risks

- Communicable disease (cholera, AWD) outbreaks due to low literacy levels, poor and congested living conditions, poor WaSH facilities and practices, mass gatherings and activities, and low vaccination coverage.
- 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 increased number of both Cholera & AWD cases
- Inadequate financial, human and material resources as well as supplies (certeza, peripheral IV giving sets) to respond to the high number of cases
- Misinformation in Ancuabe and Metuge districts aggravating community resistance towards health workers and community leaders resulting to loss of lives and damage of property
- Shortage of chlorine/CERTEZA for water purification, in affected districts
- Weak Rik communication & Community Engagement (RCCE) in prevention/control measures

Gaps

- Lack of adherence to prevention measures for COVID19
- Scarcity of portable water due to overpopulation in all host districts
- Insecurity in Macomia affecting information flow on the outbreak thus hindering response
- Overcrowding and poor living conditions, which are catalysts for continued transmission
- Overstretching of the field staff due to simultaneous/competing events



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