**HIGHLIGHTS**

Mozambique Health Cluster and Nutrition Cluster are supporting 42 Partners who are reporting activities covering 11 provinces predominantly in Sofala province.

The newly constituted surveillance and epidemiology task force chaired by INS (National Institute of Health) addressed issues such as flow of information and data sharing, enhancement of data analysis to target response activities.

The Health cluster and Nutrition cluster 4W compilation process is being updated in order to facilitate the participation of the 42 Health partners in Beira. These maps are updated two times per week. See maps on this link https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics

Collaboration on the Flash Appeal Emergency Response Plan and health priorities to appeal for an urgent $12 million for all implementing health agencies in the next month.

**HEALTH SECTOR**

- **HEALTH CLUSTER PARTNERS**: 42
- **TARGET POPULATION**: 1M
- **DAMAGED HEALTH FACILITIES**: 77
- **VACCINATION AGAINST CHOLERA**: 803 125 PERSONS VACCINATED, 98.6% COVERAGE
- **SURVEILLANCE STAFF TRAINED**: 34
- **FUNDING SUS**
  - RECEIVED (HEALTH AND NUTRITION (FTS*) REQUESTED: 6.3M
  - RELEASED FROM LIFE SAVING CONTINGENCY FUND by WHO: 4.6M

*Financial Tracking System

** According to INGC Daily Sitrep_18th April 2019
**BACKGROUND AND CONTEXT**

On 14 March, Cyclone Idai made landfall in Mozambique, bringing devastation to the port City of Beira and surrounding areas in the central region of the country over 1.85 million people were affected. One month after this devastating event. On the 15th of April, one month after this devastating event the official there were still nearly 1.2 million people in need. The death toll remained at 603 people and the number of houses destroyed or damaged 239,731. The number of displaced people in collective sites at 70,610.

In Mozambique, prior to the cyclone emergency, despite improvements in infant mortality rates and significant improvements in access to PHC (Primary Health Care), health and nutrition indicators were of concern: <5 mortality rate (78.5 per 1000), Maternal mortality ratio (407 per 100 000 live births), 43% of children under five years of age are stunted and 6% are wasted, with no improvement in prevalence over the last 10 years.

The cyclone caused widespread damage to health facilities (with at least 77** health centres damaged or destroyed), while also leaving large numbers of the population cut off or displaced away from their normal health facilities. Sanitation facilities such as latrines were destroyed by the storm and floods, with consequent contamination of wells and boreholes.

The risk of communicable diseases has increased due to stagnant flood water, decreased access to clean water due to the floods, as well as over-crowding in collective centres. Health partners have reported an increase of malaria cases in many affected areas. Other major health risks include: cholera, acute watery diarrhoea, bloody diarrhoea, vector-borne diseases including malaria and dengue as well as other epidemic-prone diseases such as measles malnutrition and.

**HEALTH CLUSTER RESPONSE**

*Health cluster coordination*

The Mozambique Health Cluster is responsible for supporting the Ministry of Health to facilitate and coordinate the engagement of partners to deliver quality programmes and services responding to the affected populations based on the different needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other diversity characteristics such as ethnicity and religion.

The Maputo arm of the Health Cluster focus on strategic support to the Beira Cluster which is the operational hub. The Beira Health Cluster Hub is responsible for the operations of the Mozambique Health Cluster. Methods of Work consist of:

- The Ministry of Health chairs three Health Cluster and Nutrition Cluster Meetings per week (Monday, Wednesday and Friday)
- Representatives from the Ministry of Health Chair the following technical groups:
  - Mental Health and Psychosocial Support Working Group
  - Sexual and Reproductive Health
  - Minimum Package of Services Working Group
  - Infrastructure and rehabilitation task Team
  - As needed, Strategy 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

** According to INGC Daily Sitrep_18th April 2019
Portuguese’s), maps produced and shared the following day. https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics.

- All assessments can be located on the Inter Agency Assessments Registry to allow for further appropriate analysis in coordination with the INGC assessments. https://www.humanitarianresponse.info/en/operations/mozambique/health/infographics.
- A Health Cluster Coordination external google drive 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.

The Health Cluster strives to build upon existent structures making principled health action as local as possible to relieve suffering and save lives in humanitarian emergencies.

PARTNER UPDATES

ASSISTANCIA MEDICA INTERNACIONAL (AMI)

Key Activities
- Provide isolation and initial treatment of acute watery diarrhea and other infectious diseases. Ensuring appropriate referral, if required.
- Transition from EMT to Center of Oral Hydration and Fluid therapy for all diarrhoea cases

Key Achievements
- EMT working closely with Health Center medical team and providing treatment of acute watery diarrhoea since March, 30th;
- Since the beginning of the medical intervention at the Manga Nhanconjo Type 1 Fixed hospital tent, were performed 875 medical appointments, from which, 785 were acute watery diarrhoea and 29 were referred to Cholera Treatment Centre (CTC).

COMMUNITY OF SAINTEGIDIO DREAM.

Key Achievements

Polyvalent Center
- Raising awareness about health care and treatment, emphasizing the prevention of diarrheal diseases and malaria.
- Intensified the distribution of filters and mosquito nets to DREAM patients.
- Sensitized all ARV patients, in the community and nearest accommodation centers.
- Provision of chlorine and CERTEZA for the treatment of water, patients and the general population.
- Supported the city's Health Directorate in the cholera vaccination process, making available DREAM-funded activists and making the polyvalent center available as a fixed vaccination center.

Chingussura Sleeve DREAM Center:
- Dispensed MISAU's clinicians and support staff for strengthening in the center's ward and community work.
- Provided ARVs to 1748 DREAM patients and to 10 non-DREAM patients.
- Intensified the distribution of filters and mosquito nets to DREAM patients.
- Offer gloves for support, Nacl serums, Javel, amoxicillin suspension, mosquito nets and oral rehydration sachets, the attached delivery notes.
- Support the vaccination transportation and collection of medications

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**EMERGENCY MEDICAL TEAMS (EMT)**

- EMTs have been providing surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica, with self-sufficient health teams.
- Each team is committed to the principles and core standards of clinical care delivery and are supported with quality assurance by the EMT coordination team and MoH counterpart.
- The status update of the EMTs across five districts, as of the 16th April is as follows:

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>8</td>
</tr>
<tr>
<td>Deploying</td>
<td>0</td>
</tr>
<tr>
<td>Departed</td>
<td>6</td>
</tr>
</tbody>
</table>

**Key Achievements**

- Ongoing capacity of the EMTs within country to provide operational surge supports to the MoH and will continue as a minimum until the end of the month.
- Scheduled visits are settled to review with the EMT’s the transition plans to ensure responsible exits.
- Flexibility of the standby Type 1 mobile team has allowed good coverage of the most affected districts and the hard to reach or inaccessible areas.

**Identified Challenges**

Ensuring a smooth transition and exit plan for the EMTs that is well coordinated with other partners and activities. This also requires the consideration of the rapid rehabilitation of the health facilities that have been destroyed or partially damaged.

Beira Central Hospital emergency rehabilitation plan is time sensitive due to the scheduled exit of the Type 2 Italian team and the need to ensure emergency surgical capability within the hospital as it is the district referral point for all specialities.

**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**

**Key Activities**

- IOM implements patient assistance, referral and discharge program that is targeting Tuberculosis (TB), HIV and other conditions in cyclone affected communities and accommodation sites. From this end, IOM facilitates the resumption of TB treatment and prevention services, including tracing of cyclone affected TB patients to get them back on treatment.

**Key Achievements**

- IOM conducted the rapid assessment of 13 health facilities and the existing accommodation sites including Samora Machel camp, Sao Pedro Claver camp, IFP Inhamizua camp and Ifapa camp.
- IOM assisted the CS Macurrungo (one of the damaged Health facility) to set up a tent as a temporary communicable disease including TB consultation room.

**According to INGC Daily Sitrep_18th April 2019**
MSF

**Key Activities**
- 17 Oral Rehydration Points, 5 CTC/CTU in Beira, Dondo, Nhamatanda and Buzi.
- 10 ambulances in Beira to refer to CTC.
- Rehabilitation of 8 health facilities in Beira, Dondo, Buzi and Nhamatanda.
- Support to health centers with temporary tents and donation of medicines in Beira, Dondo and Buzi.
- Mobile clinics assessing and screening urban settlements and hotspots in Beira, remote areas in Buzi and Dondo.
- Water distribution in Beira (Chigunssura), 10 water points in Vila do Buzi (Buzi), assessment for water quality in Beira and Dondo.
- Mental Health training for health professionals in Beira, Buzi and Dondo.
- Community engagement activities in Beira, Buzi and Dondo.
- Assessment on isolated areas in terms of medical needs and WASH situation (Muanza cost, Nhampoca/Nhamatanda, Bandua, Guara Guara and Inharongue/Buzi, remote areas in Dondo).

**Key Achievements.**
- Repairing 5 water lines in the Maraza district with FIPAG.
- Distribution of NFI kits in Matope for 1020 households.
- Logistics support to Ministry of Health (MISAU on the transport of drugs from Buzi to Guara Guara, Inharongue and Bandua.
- Small rehabilitation in health centers and installation of tents close by the health centers totally damaged offering technical support in Dondo.
- Rehabilitation of Tica Health Center.
- Explo/mobile clinic in Nhampoca for 2 days.
- Isolation room in Beira Central Hospital – support to management of cholera cases for patients with chronic diseases.
- Water production and distribution for the community in Chingussura and Vila Massana.
- Health promotion in Beira (Chigunssura and Munhava), Dondo (Mafarinha, Nhamayabwe, Canhandula, Mafambisse).

**NUTRITION CLUSTER**

**Key Activities**
- Nutrition strategy includes screening and treatment for acute malnutrition, and provision of Infant and young Child Feeding (IYCF) services to People Living with HIV.
- Mass Mid Upper Arm Circumference (MUAC) screening conducted in five centres in Beira where 1,100 children were reached, 63 children identified with Moderate Acute Malnutrition (MAM) and 2 with Severe Acute Malnutrition (SAM). A total of 10,542 children (6-59 months) have been screened for acute malnutrition at health facility level in the cyclone affected districts. Out of these, 86 and 229 were severely and moderately malnourished.
- Upcoming National Health week with integrated nutrition activities (vitamin A, deworming medication and screening for malnutrition using MUAC).

**Key Achievements**
- Nutrition contingency stock was distributed for cyclone response (nutrition commodities and equipment).
- Nutrition commodities have been delivered to Beira by UNICEF including 1,340 cartons of Ready to Use Therapeutic Food for children with SAM and 4,578 cartons of BP5 targeting PLW with HIV.
- UNICEF has deployed nutrition surge staff to Beira including Community-based Management of Acute Malnutrition (CMAM) specialist and cluster lead.
REPRODUCTIVE HEALTH (UNFPA AND PARTNERS)

Key activities and achievements

- Reproductive Health working group under health cluster has been set up. The Reproductive Health (RH) working group meets weekly at Provincial Health Office (PHO) and is co-chaired by Provincial Health Office and UNFPA.
- Distribution of 8 maternity kits to priority hospitals and health facilities are ongoing, including tent’s distribution and installment for temporary maternity and Reproductive Health (RH) services.
- Members of RH working group continue providing RH services and information in the affected areas including maternal health, family planning, Sexually Transmitted Infection (STI)/AIDS and support for adolescent sexual and reproductive health (ASRH).

Priority needs for Reproductive Health

- To restore data collection and information systems that have been damaged including data on reproductive health
- Some areas have lack of basic equipment for maternity services, possible stockout of contraceptives.
- Problems in referral system including referral for maternal complications cases because of damaged ambulance and infrastructures.

SAMARITAN’S PURSE (SP)

Key Activities
(Emergency Field Hospital- Type I/Type 2 Hybrid)

- Outpatient Services- daily from 9am-4pm.
- Emergency Services- The emergency department is open 24 hours a day for emergency care.
- Inpatient Services- SP have separate male, female and mother/child wards with capacity for about 30- 40 patients total.
- Maternity Services- SP provide labor and delivery care onsite.
- Emergency Obstetric Surgery Care- SP provide emergency obstetric surgical care such as emergency Caesarean-sections.
- Pharmacy- SP have a fully stocked pharmacy for all inpatient, outpatient and surgical patient pharmaceutical needs.
- Laboratory- SP have a laboratory on site that can provide basic testing.
- Blood Bank- SP have the capacity to type/screen patients, test donated blood and administer blood as needed for surgical and/or inpatients as needed.

Key Achievements

- Effectively running an emergency field hospital and providing routine and emergency inpatient, outpatient and surgical care to those in need in the Buzi community.
- Effectively providing acute gap and surge support to the local hospital and hospital staff in order to allow them to focus their efforts on rebuilding and regrouping.
- Successfully addressed a number of acute care needs with the local hospital staff in order to ensure patients in need of higher level care receive that care in Mozambique.
- Assisting with the coordination of medical services in Buzi to ensure all gaps are addressed and needs are met.

** According to INGC Daily Sitrep_18th April 2019
**UNICEF Health Response**

*Key Activities and achievements*

- UNICEF WASH and Communication for Development (C4D) is strongly active and involved in the cholera response targeting the bairros according to the epidemiological data. This is done in collaboration with INS (Instituto Nacional de Saúde).
- 18 water points have been cleaned in Beira, bucket chlorination is ongoing in these water points and 1,000 bottles of CERTEZA distributed to the families in surrounding high risk areas.
- Tents were released to setup temporary clinic and delivery rooms for Centro da Saúde (CS) Gruja and CS Bandua (both in Buzi), CS Chiro (Nhamatanda); CS Wiriquize, CS Sanguzi Muana (both in Muanza); CS Chinacando, Sengo, Bloco 9 (all in Dondo), Beira city, Manica and Zambezia.
- Malaria: Mosquito nets (200,000) from Maputo to Beira have been delivered. The spraying of Beira city, urban areas of Dondo, Nhamatanda and Buzi will start on 25th April 2019.
- A joint assessment of available HIV services was completed in accommodation centers in Nhamatanda and Dondo. Results are being analysed, overall, there seems to be adequate services for HIV in Nhamatanda sede, Tica, Dondo and Mafambisso. There is good progress of work being done by district health authorities and local partners (e.g. FHI360), to restore testing and counselling services and, supplies in accessible health facilities.

*WHO Key Activities*

- WHO continues to work closely with INS and MOH and partners to strengthened surveillance of cholera and other main epidemic-prone diseases or conditions. The roll out of a field data collection tool (EWARS in a box) was completed in all four districts (Beira, Buzi, Nhamatanda and Dondo) at higher risk, allowing to accelerate and streamline the flow, analysis and reporting of data to orient the response.
- Planning for child health week: 4 provinces (Sofala, Inhambane, Manica, Zambezia) covering 21 high risk districts, 3 packages of health to be delivered; <5yr; 15yr-19yrs, 19yr-49yr, health interventions include MR, OPV, VitA, mebendazole, Fefe, MUAC, FP. Tentative dates 2-6 May,
- Progress being made on the Health and Nutrition Strategic Plan, MoH are still yet to launch the plan though acknowledges that there is a plan. WHO supporting MoH to operationalize the plan, with fleshing out; activities, indicators and M&E framework
- Planning for the PDNA is ongoing in Maputo, UNDP and EU will travel to Beira tomorrow (19th) for inception meeting with MoH and WHO with view to planning the PDNA training. PDNA process to be shared with health clusters
- Ongoing support to the INS with essential materials (ISRAEL?)
- Donor engagement is ongoing Karim? updates)

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