Mozambique
Cyclone

1.85M
AFFECTED

130,000K
DISPLACED

1359
SUSPECTED
CHOLERA

1600
INJURED

598
DEATHS

Mozambique Health Cluster is supporting 39 Partners who are reporting activities covering 11 provinces. Work is predominantly in Sofala.

Initial information indicates more than 1million beneficiaries will be reached through current activities.

Cholera vaccination campaign commenced 4 April with initial reports stating good access to the targeted population.
Situation Update

March 2019, the Cyclone Idai weather system brought destruction and damage to Inhambane, Manica, Sofala, Tete and Zambezia provinces. The impact of Cyclone Idai and subsequent flooding, has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection. As of 3 April, the official death toll had risen to 598 people, an increase of 80 since 1 April; with more than 1,600 people injured, according to the Government. The death toll is expected to continue to rise as areas previously cut-off become reachable by road and the full extent of the damage becomes known.

On 22 March, the Inter Agency Standing Committee (IASC) Principles declared a IASC Principals of the “humanitarian system-wide scale upon for a period of 3 months and activated 9 Clusters. WHO Mozambique was designated as the humanitarian Cluster Lead Agency (CLA) of the Health Cluster to provide support to the Ministry of Health.

Public health risks, priorities, needs and gaps

Major Health Risks

- Cholera and other acute watery diarrhea
- Bloody diarrhea
- Vector-borne diseases, including malaria, dengue
- Other epidemic-prone diseases (measles)
- Malnutrition

Communicable Diseases

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.

Reproductive health

An estimated 74,650 women impacted by the cyclone are pregnant and more than 43,000 women in flood-affected areas are estimated to give birth in the next six months, according to UNFPA. Of these, about 7,465 may be at risk of life-threatening complications of pregnancy in the next six months; they will need access to functioning health facilities and care.

Non communicable diseases and mental health

Health partners have reported malaria cases in many affected areas. There is a identified need to have a focus group working on mental health.

Functionality of health facilities

Cyclone Idai caused major damage to health facilities, with at least 45 health centres damaged, as of 4th April. The emergency room of the Beira Central Hospital was extensively damaged during Cyclone Idai’s landfall.

Availability of health staff

Additional human resources needed for surveillance & epi, information management and health operations. Ongoing effort to further structure a group of dedicated people to work on Cholera.
Availability of essential drugs, vaccines and supplies

Poor access to health facilities which have been cut-off by the cyclone and floods, hampering restocking of essential drugs and medical supplies in the health centres.

Communication

There was a poor communication network, which has affected collection and collation of health information.

Surveillance and Information Management

Surveillance information outside of Beira, Dondo, Nhamatanda needs improving. Many organizations are reporting a need for further information management capacity.
Health Cluster Action

Health cluster coordination
The Biera Health Cluster is responsible for the operations of the Mozambique Health Cluster. The Maputo arm of the Health Cluster is established to strategic support to the Beira Cluster.

Methods of Work Biera

- Daily Meeting 1700 VIP Room Beira Airport
- Initially, Health Cluster will meet every day and on an *ad hoc* basis as needed. Minutes will be circulated in a timely manner
- If needed, Technical Working Groups will be established to developed with terms of reference to focus on specific areas of concern.
- Partners commit to updating the 4Ws and to providing 48 hour updates on their activities. All shared information including contacts, assessments, public health and communication material (English and Portuguese’s), maps is available on the shared drive.
- A Mental Health and Psychosocial Support Working Group will be formed under the Health Cluster
- Nutrition Cluster will participate as a sub Cluster actively engaged in the daily meetings and in the 4W.

Methods of Work Maputo

- Initially, Health Cluster will meet twice per week on an *ad hoc* basis as needed. Meeting agendas will be circulated prior to the meeting and minutes will be circulated in a timely manner to all partners;
- If needed, Strategy Advisory Groups, Steering Committees and or Technical Working Groups will be established to developed with terms of reference to focus on specific areas of concern.
- Partners commit to updating the 4Ws and to providing regular updates to the cluster

Assessments
All assessments shared can be located on the Health Cluster Mozambique Drive. All are also being submitted through the drive additionally into the Inter Agency Assessments Registry for further appropriate analysis in coordination with the INGC assessments. Please see details per organisation below of assessments planned and completed.

Support to health service delivery
39 organizations are providing direct health services or support to health facilities in affected areas, please see the 4W maps at the end of this report and on the Shared Drive.

Communication
In support of the cholera campaign, messaging on cholera, malaria prevention as well as HIV/AIDS and gender based violence (GBV) are ongoing through various channels of communication.

The Government Institute of Social Communication has three mobile units – vehicles mounted with megaphones – which are spreading the messages.

UNICEF/MOH are printing more IEC materials to be used and delivered by teams/volunteers in the cholera vaccination campaigns. >1,400 Cholera cases Mozambique Cyclone Idai.
Communicable disease control and surveillance /EWRAN

- Roll out of “EWAR-in-A-box” (field data collection tool developed by WHO) has started. On 3 April, training of trainers of 8 staff MOH, 2 staff MSF, 2 staff CDC. Further roll out starting tomorrow in particular in all CTCs, CTUs, and progressively all health facilities.
- Constitution as of tomorrow of a surveillance and epidemiology task force.
- AWD, ABD, Cholera, Measles, AFP, Acute Jaundice Syndrome, Febrile Illness, Malaria (confirmed).

National level response activities

UNICEF
1. Order of IEHKS (100), malaria (25) kits and tents (20) arrived in country.
2. 20x DDK dispatched to Beira
3. Order of roofing materials and initial cold chain replacement being prepared this week with additional LLINs and vaccines to follow
4. UNICEF as part of Prosaude group supports MISAU to define a package of support to Sofala and other affected HW.
5. Guidance on Nutrition package, BMS, BP5 use, MUAC screening, developed (to ensure proper use and dissemination)
6. UNICEF has put in place key supplies: IEHKS, DDKs, Nutrition commodities and logistics
7. UNICEF in coordination with the MoH mobilized the nutrition contingency stock to respond immediately to the humanitarian needs in the affected provinces
8. Support on nutrition data collection and reporting to monitor nutrition status

Province level response activities

BEIRA

UNICEF
Cyclone in Beira and flood
1. 3 clinic Tents to establish clinical services in two accommodation centers (Escola Samora Machel, Escola Industrial) and in Centro de Saude pontagea
2. Supported with 50,000 bottles of caprification solution distributed in accommodation center and neighborhoods, benefiting 50,000 families.
3. Supported with 2 interagency health emergency kit (IHEK2011), one sent to Buzi (guaraguara ) and another Beira accommodation centers
4. Supported mobilization of first round of 19,000 mosquito nets distributed I accommodation centers (2 mosquito nets per family) so approximately 9,000 families (45,000 people benefited)
5. In process of supporting the transport of 200,000 mosquito nets from Nampula Sofala
6. Supported multimedia
7. Cash released to DPS-Sofala ($50k) for BM and fuel

Cholera in Sofala
1. 6 clinic tents for setting up cholera treatment centers or units in Macurungu, Dondo and Mutua (Dondo and Mutua was in partnership with MSF-)
2. Supplied 100 cholera beds, boots buckets, basins, 10 sprayer pumps, latrine slabs, tarpaulins, gloves, body bags
3. Supported printing of 4000 posters with cholera treatment algorithm
4. Procurement and transport to Beira of 834,957 doses of cholera vaccine (OCV) that arrived in Beira on 02 April to support the OCV vaccination campaign expected to start on 3/4 April.

5. Ongoing support of social mobilization for cholera vaccine and overall emergency response

6. In process of delivery of 10 AWD kits sufficient for treatment of 6,000 cases

CUAMM
Dondo and Nhamatanda

1. Community and outreach activities to raise awareness on HIV (with key focus on putting people back on treatment), STDs, Cholera.

   • 150 activists, belonging to 3 associations CUAMM normally works with, have been further trained and deployed around 12 neighborhood of the city of Beira (where CUAMM normally operates, on a daily basis, before the cyclone hit)
   • 50 more activists have been identified and will be trained and deployed in Dondo, and 50 in Nhamatanda
   • CUAMM has been asked by the DPS to enter some resettlement camps to provide basic health care services. Possibility under evaluation of Beira Referral system

2. 3 ambulances have been located in 3 health care facilities in the city of Beira, aiming at referring pregnant women (with risk of major direct obstetric complications), paediatric cases and cases of severe malaria among adults, in order to refer those patients to the HCB

ASB

1. Conducted assessment of their four health posts and have identified priorities to be a part of their infectious disease training. Training of trainers taking place this weekend. Other health care facilities will be offered training in the coming week.

Red Cross

1. Moving forward with ORPs. Training started for first thirty volunteers. 4 sites assessed in hot spot areas in Beira. 200 volunteers trained from local Red Cross and will train teachers to be supervisors. - HIV Program – Most health facilities they visited did not have RVs. In Nhamatanda, found an accommodation center that was new for them. MoH are following up on assessment findings.

TB Program

1. Working with health facilities and local health centers to make sure there is enough medicines for TB patients. 138 patients identified and now receiving their treatment.

Save the Children


2. Brief needs assessment by hair to locations cut off due to collapsed bridge and heavily damaged road including: Prio farm Metuchira northbank, Bebede, Vinho Health post, Mucheo, Nhampoka, Nhamatanda district.

3. Recruitment and training of local staff to work on x 2 mobile health posts in Dombe and Matarara
Key Achievements
4. Recruitment and training of volunteers to work on the OCV campaign.
5. Distributed high energy biscuits, mosquito nets and capulanas to populations in cut off areas of Nhamtanda identified above.
6. Agreement from DPS to operate two mobile clinics in Sussendenga

Medical Teams International

Key Activities:
1. Logistical support offered (4 vehicle and public health expertise in monitoring and supervision offered) to the OCV campaign for 6 days
2. Support to the Health Cluster with seconded personnel

Key Achievements:
1. RNA in Chibabava and Nhamatanda

MSF (observer to Cluster)

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<tr>
<th>OCs</th>
<th>Geo</th>
<th>Cholera</th>
<th>Emergency response</th>
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<td>OCB</td>
<td>Beira</td>
<td>OCV vaccination</td>
<td>1 CTC 80 beds Marazul 1 CTU 50 beds Munhava Health center 1 CTC 50 beds Shingussura Health centre (space to go to 300 if needed) Decentralized / community ORS-WASH</td>
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<tr>
<td>OCG / OCA</td>
<td>Beira</td>
<td>OCV vaccination</td>
<td>CTC 63 beds with extension to 100 beds in Macurungo Decentralized / community ORS-WASH</td>
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<td>Buzi</td>
<td>OCV Vaccination (Buzi Guaraguara)</td>
<td>CTU 10 beds Buzi</td>
<td>Rehabilitation of health structure Wash (latrines and disinfection of well) in the health structure and in the community HP/mental health in the health center and in the community Perinatal care in the community Mosquito net/Hygiene kit distribution</td>
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<td>Manica</td>
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<td>WASH in Dombe Epi surveillance for Malaria, AWD, Mental health and malnutrition.</td>
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IOM

Key Activities

1. Assisted referrals and discharge – for most vulnerable patients requiring support in safe return or referral from accommodation centres
2. Health and WASH assessment and supports for newly constructed and expanded temporary settlement sites (accommodation centres) in Beira

Key Achievements

1. Referral of populations in accommodation centres to local facilities/MOH medical teams, and coordination of EMTs to provide services where no local service provider is available
2. First round of Site Assessments of Beira town (32 accommodation centres assessed)

Planned assessments:

1. Identify need in Buzi, Muanza (UNICEF)
2. Assessment to Metuchira health post and area. Awaiting information on potential accommodation sites requiring health support. (Save the Children)
3. Ongoing Displacement Tracking Matrix with INGC – of displacement sites, needs and intentions to return. Planned section on health to be included and rolled out (IOM)

Identified gaps:

1. Water purification solution (UNICEF)
2. Cholera beds (UNICEF)
3. Ringer lactate and ORS (UNICEF)
4. Setup of oral rehydration cannisters in health facilities (UNICEF)
5. Referral systems in IDP camps and during the rescue stage (UNICEF)
6. Need to increase no of CTC and ORP kits ordered (Save the Children)
7. Need to identify new sites for programming (Save the Children)
8. CEB in accommodation centres for cholera (IOM)

Identified Challenges:

1. Drug order delayed by MOU process and customs (Save the Children)
2. Still hard to reach and gain approval from all government counterparts – due to competing priorities (IOM)
3. Health cluster coordination was initially challenging by not sharing any information of NGO partner activities to the Inter-cluster coordination 4Ws. This was rapidly resolved with the arrival of the new WHO team headed by David Whittaker and Gabriel Sierra.
4. Some EMTs where not coordinating with the health cluster (also the health cluster were not mapping EMT activities therefore, it was difficult in the first 10 days to identify gaps in the provision of healthcare access. Recommendations – GHC request and/ or accept support from NGO partners who have health cluster coordination experience. MTI have this expertise and it was offered to the previous Health Cluster Coordinator. (MTI)
5. Some EMTs were not aware of the basic essential healthcare service package required for beneficiaries when providing healthcare services. **Recommendations** – only accredited or EMTs seeking accreditation be approved to commence operations. (MTI)

**MANICA**

**UNICEF**

1. Manica Drug warehouse roof repaired
2. UNICEF supported immediate response integrated health and nutrition teams to provide essential care to displaced population in temporary shelters
3. UNICEF supported coordinated the Health and nutrition response sector under the leadership of the provincial health directorate in Manica
4. UNICEF supported the DPS Manica on establishing an ad hoc monitoring system for the primary health and nutrition interventions in dislocated populations.
5. UNICEF organized jointly with WHO the nutrition and health cluster in Chimoio to support the humanitarian response in both sectors.

**Identified gaps:**

1. Water purification solution
2. Cholera beds
3. Ringer lactate and ORS
4. Setup of oral rehydration cannars in health facilities
5. Referral systems in IDP camps and during the rescue stage

**Planned assessment:**

1. Identify need in Buzi, Muanza (UNICEF)

**Emergency Medical Teams (EMT)**

- EMT are groups of health professionals providing direct clinical care to population affected by disasters and other health emergencies as surge capacity to support the local health system
- Activities are conducted in support to the MoH at the Operations Centres in Beira and include: Coordination of the surge response of EMT, Communication with the MoH, Health and other clusters, among EMT and other partners, Quality Assurance and Operational supports to EMT
- As of 3 April, key achievements were the following:
  - Establishment of a Reception Departure Centre (RDC) (23 March)
  - Registration, Tasking and support in information management (contact list, 4W’s) of EMT (23 March – on going)
  - Activation of an Emergency Medical Team Coordination Cell (EMTCC) within the Operations Centre in Beira (25 March)
  - Establishment of Minimum Data Set (MDS) (30 March - ongoing)
  - Production of daily reports: Daily EMT Deployment Report (27 March – ongoing) and Daily MDS report (31 March – ongoing)
  - As of 4 April – 0700 – **10 EMT are operational.**
  - On 2 April, **125 patients had been seen by EMT (partial data from 3 teams)**

There is a limited knowledge about the EMT initiative, EMT standards, EMT MDS by MoH and Partners. Sharing and diffusion of information in a meaningful manner is important to an effective response.
**Nutrition**

**Nutrition 4W**

Please note Nutrition as a Sub Cluster in Beira is being supported in the same activity mapping template (4W).

Please ensure you report on the following main activities.

- Malnutrition screening for children under 5
- Malnutrition screening for pregnant and lactating women (PLW)
- Identification of PLW living with HIV
- Support outpatient treatment of children under 5 and/or PLW identified with acute malnutrition
- Deworming and/or vitamin A supplementation of children under 5
- Counselling on infant and young child feeding (IYCF)
- Monitoring of donations of breastmilk substitutes

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