Mozambique

Cyclone Health Cluster Bulletin 2 (10 April 2019)

306,221 AFFECTED
130,000K DISPLACED
4373 SUSPECTED CHOLERA
1642 INJURED
602 DEATHS

HIGHLIGHTS

Mozambique Health Cluster and Nutrition Cluster are supporting 46 Partners who are reporting activities covering 11 provinces. Work remains predominantly in Sofala.

The roll out of a field data collection tool (EWAR in a box) was completed in all 4 districts at higher risk (Beira, Buzi, Nhamatando and Dondo), allowing to accelerate and streamline the flow, analysis and reporting of data to orient the response.

Cholera vaccination campaign commenced 4 April and has progressed on target in coordination with MoH and partners.

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

Picture: Mosquito net distribution, Dondo. 09April 2019

Heath Sector

46 HEALTH CLUSTER PARTNERS
1M BENEFICIARIES

Health Facilities

55 DAMAGED HEALTH FACILITIES
1562 HEALTH FACILITIES FUNCTIONING

Vaccination Against

CHOLERA
803 125 K PERSONS RECEIVED
98.6 % COVERAGE

EWARN
34 STAFF TRAINED
5 CTC/CTU CENTRES TRAINED

Funding $US

1.5M RECEIVED HEALTH (FTS)
500K RECEIVED NUTRITION (FTS)
4.6 M WHO RELEASED FROM LIFE SAVING CONTINGENCY
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 10 April, the official death toll had risen to 602 people, an increase of 84 since 1 April; with more than 1,641 people injured, according to the Government. Although the majority of areas have now been reached the death toll is expected to continue to rise slightly 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 Accommodation centres. As of April 10th there were 88 Accommodation centers and 73,740K individuals registered.

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 an increase of malaria cases in many affected areas. An identified task force for malaria is meeting regularly, please see Annex A for a map of cases reported to Health Facilities (data accumulative for February 21 to March 21 2019). An identified task force 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 54 health centres damaged, as of 10th April. On going work to assess all Health Facilities is being completed by MoH and partners.

Availability of health staff
Additional human resources needed for information management and health operations. Ongoing effort to further structure a group of dedicated people to work on malaria and mental health.

Drugs and medical Supplies
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.

Health Cluster Action

Health cluster coordination
The Beira 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
- Meetings Monday, Wednesday and Friday 1700 VIP Room Beira Airport
- Minutes will be circulated in a timely manner
- If needed, Technical Working Groups will be established 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 formed under the Health Cluster

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. An overview of all Health Assessments shared against current known activity to ascertain gaps has been shared. Please see details per organisation below of assessments planned and completed.
Support to health service delivery

46 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.

Information being collected into the 4W is not fully reflective of activity but reporting is improving. Activities reported show a total number of organisations working in the following key areas in Sofala.

![Fig. 1 Total number activities ongoing reported by organisations in Sofala](image)

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.

Communicable disease control and surveillance /EWARN

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 (EWAR in a box) was completed in all 4 districts at higher risk (Beira, Buzi, Nhamatando and Dondo), allowing to accelerate and streamline the flow, analysis and reporting of data to orient the response.

The newly constituted surveillance and epidemiology task force chaired by INS meets now every other day and address issues such as flow of information and data sharing, enhancement of data analysis to target response activities, laboratory strategy to monitor the cholera outbreak and rapid investigation and response strategy. This task force is led by INS with the support of WHO and is constituted by national and provincial health authorities, MSF, IFRC and CDC. The data management and analytic team led by INS is being reinforced by assets from WHO and partners. A joint weekly epidemiological bulletin will be produced starting week 15.

Breakdown of staff trained:

- At DPS Sofala level/ COB – 16 provincial level surveillance and data managers
- At Beira – 15 Health facility staff
- Dondo – 13 Health facility staff
- CTC/CTU – 6 centres, 5 Managed by MSF Belgium and 1 by MSF Swiss

Save the Children International update to 07 April 2019

- **Key Activities**
  - Conducted assessments in Mutrichira, Mbiribiri and Marocococha in Nhamatanda and Picoco 1 Accommodation centre, Sofala.
  - Recruitment, induction and training of national health staff to run x 2 mobile clinics in Sussendenga district Manica. (recruitment ongoing for more staff for other clinics).
  - Trained and supported 50 OCV vaccination campaign volunteers to support OCV mobilization in Beira city. Provide logs support to the campaign.

- **Key Achievements**
  - Review GIK drugs from WHO to support the running of the mobile clinics (our drugs stuck in customs).

IOM update to 09 April 2019

- **Key Activities**
  - Assisted referrals and discharge – for most vulnerable patients requiring support in safe return or referral from temporary accommodation centres/sites
  - Health and WASH Assessments and support for newly constructed and expanded temporary relocation sites in Beira (IFP Inhamizu, Ifapa, Sao Pedro, Picoco 1 and Picoco 2 Temporary Relocation Sites)

- **Key Achievements**
  - Referral of populations in temporary accommodation centres/sites to local facilities/MOH medical teams, and coordination of EMTs to provide services where no local service provider is available
  - In coordination with DPS – mapping of health facilities in Beira, Sofala

Team Rubicon, Beira Update to 09 April 2019

- **Key Activities**
  - Tracked and treated 442 patients

- **Key Achievements**
  - Mobilized 54 volunteers from the United States, in support of Cyclone Idai, for Team Rubicon’s first WHO-approved EMT Type-1 Mobile deployment
Americares Update to 09 April 2019

- **Key Activities**
  - Shipment of hygiene kits
  - Assessments conducted at 3 health centers in Sofala Province, 3 health centers in Manica
  - Conversations with community partners about needs/partnership
  - Participation in reproductive health cluster

- **Key Achievements**
  - Shipments

IFRC Update to 08 April 2019

- **Key Activities**
  - Deployment and operation of a Red Cross Emergency Hospital with surgical capacity and CTC capacity
  - Coordination of the Portuguese Red Cross medical team in support to the Macurungo Health center
  - Roll out of a Community Cholera Management strategy based on Oral Rehydration Points
  - Community health and first aid activities
  - PSS strategy based on PFA for all volunteers and Psychosocial activities

- **Key Achievements**
  - **Nhamatanda:**
    - Red Cross Emergency Hospital: reestablish health access for the District of Nhamatanda by direct support to the hospital according to identified needs
    - CTC: Provide emergency care to cholera patients through the installation and operation of a 64 bed (total capacity). Currently only 32 beds are open. 85 patients seen since the beginning of the operation.
  - **Coordinate Portuguese RC medical team supporting Macurungo Health Center**
  - **Community Cholera Management:**
    - 30 volunteers have received basic RC training
    - 62 volunteers have been trained in ORP operation in Beira
    - 4 ORPs are currently dispensing care in Beira
    - 4 sites have been assessed in Beira
    - CBS platform use to create a form to collect ORP real time diarrhea. MSF trained in the platform and will report in the system. Alignment with partners such as MOH, MSF, UNICEF, WHO.
  - **PSS**
    - 2 basic PSS trainings conducted (Psychologic first aid, self care, stress management) in Beira

Community of Sant’Egidio (Dream Program) Update to April 08 2019

- **Key Activities**
  - Two health centres in Manga Chingussura and Praia Nova:
- HIV and TB treatment
- Active case finding of HIV patients in accommodations who were previously in care in our centres
- Viral Load sampling (to be analysed in Nampula)
- Food integration for malnourished patients
- Cholera vaccination (around 8,200 people vaccinated last week by Sant’Egidio team)
- Assessment of infrastructure damage

**MSF (observer to Cluster) updated 04 April**

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<th>OCs</th>
<th>Geo</th>
<th>Cholera</th>
<th>Emergency response</th>
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<tr>
<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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<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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<tr>
<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>OCBA</td>
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Planned assessments: (updated 09 April)

1. Inchinde in Buzi district (Save the Children)
2. All accommodation centres in Nhamatanda (Save the Children)
3. Potential CTC location in Gondala with DPS (Save the Children)
4. Ongoing Displacement Tracking Matrix with INGC – of displacement sites, needs and intentions to return (IOM)
5. On 09 APR, will provide assessments of Inhavininga, Sambanzo, and Ampara via boat and air operations (Team Rubicon)
6. Chibabava – Muxungue (Americares)
7. Affected locations where CVM has branches (IFRC)
8. Nhamatanda district (IFRC)

Identified gaps: (updated 09 April)

1. Support to NTP in rehabilitation of TB services (IOM)
2. Drugs and kit (due to being at customs) (Save the Children)
3. Level of need anticipated from day-1 to current operational period (Team Rubicon)
4. Difficulty getting clarity on the role of different government bodies in approving work (Americares)
5. IPC (Americares)
6. MHPSS (Americares)
7. Coordination with local organizations (Americares)

Identified Challenges:

1. SCI Drugs and kit remain in customs but should be released imminently (Save the Children)
2. Still hard to reach and gain approval from all government counterparts – due to competing priorities (IOM)
3. Planning for relocation sites – inaccurate estimates given on number of persons for housing at temporary relocation sites (IOM)
4. Psychosocial support in temporary accommodation sites and other affected communities (IOM)
5. Needs of the host nation required means of transportation that we hadn't foreseen during the development of our EMT program (specifically use of boats). (Team Rubicon)
6. Difficulties building latrines for the ORPs in swampy areas (IFRC)
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 09 April:

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<thead>
<tr>
<th>Operational</th>
<th>Deploying</th>
<th>Departed</th>
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<tr>
<td>10</td>
<td>0</td>
<td>4</td>
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- **Key Activities**
  WHO have been supporting the Ministry of Health with the establishment and running of an emergency medical team coordination cell (EMTCC) in Beira. This has involved support in a number of areas, including requesting the rapid deployment of specific teams, tasking EMTs to the most effective location for their capacity, supporting teams to establish and maintain their operations without burdening the local health system, and quality assuring teams to ensure they meet the standards of care set by the Ministry of Health.

- **Key Achievements**
  10 EMTs are operational providing surge support to health facilities or mobile outreach to isolated populations in the five worst affected districts. This includes four teams providing Type 2 or equivalent support, 3 Type 1 facilities, 2 Type 1 mobile teams and one specialized wash cell. Teams are providing daily reports using the recently developed EMT Minimum Data Set, which is approved by the Mozambique Ministry of Health and is aligned with the EWARS system.

- **Identified Challenges**
  Engaging with partners to ensure the rapid rehabilitation of key health facilities.
  Ensuring collaborative exit planning and transition between EMTs and the facilities they are attached to.

  Exit strategy of the Italian Type 2 from Beira hospital ongoing. Anticipated handover complex with various factors to take into account including the power set up and some of the clinical kit. Need for work with health cluster and partners to attempt to identify the best organisation to facilitate the rapid repair of part of the roof of the surgical block to allow 2 theatres to reopen before 24th April.

- **Identified Gaps**
  Access to up to date information on the status of a small number of health centre status in the worst affected areas.

- **Planned Assessments**
  The EMTCC continues to work with partners in support of the health cluster to collate and update information on health centre status in isolated areas.
Nutrition

Nutrition 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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