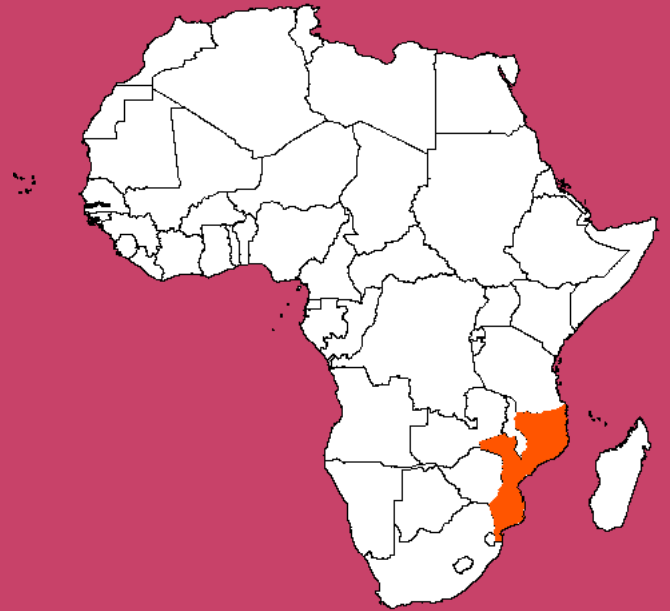


Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 2

17 May

Period covered: 10- 16 May



REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE



1. HIGHLIGHTS

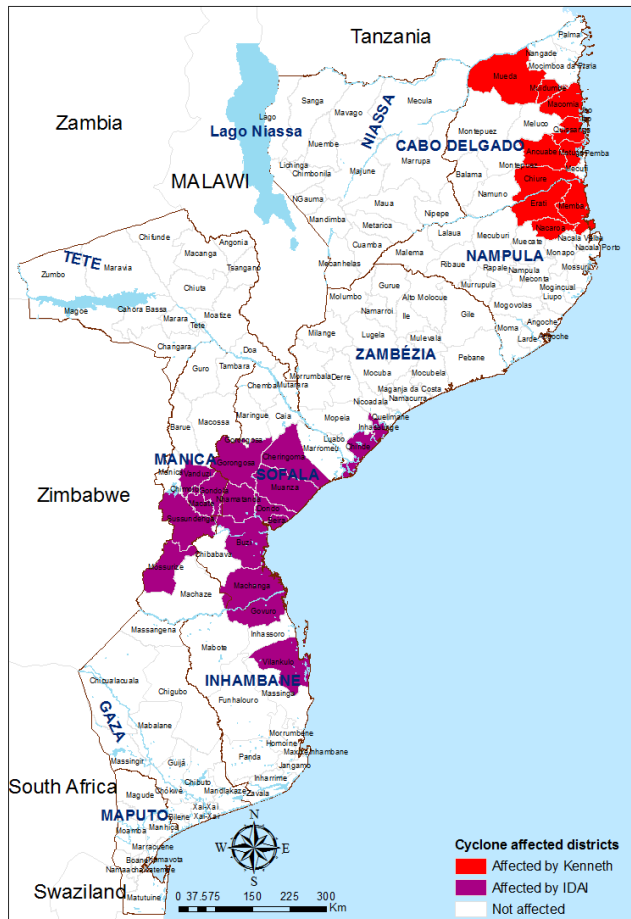


Figure 1. Affected districts by cyclones IDAI and Kenneth

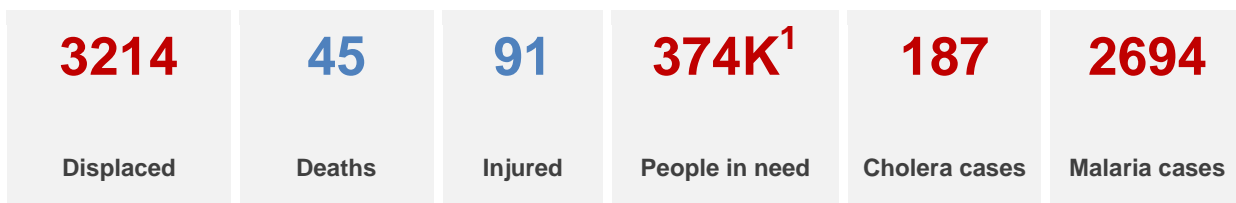
1.1 CYCLONE IDAI



- There are now 11 accommodation centers remaining in Sofala province sheltering 2,987 families representing 13,654 people as of 14 May.
- Health Services provision remains challenging in hard to reach areas with limited access to essential care at the resettlement sites with no access to water or latrines. Restoration of services and rehabilitation of health facilities require more resources and partners commitment.

- The number of reported cholera cases remained low, with sporadic cases reported in all affected districts. In week 19, from 6 May to 12 May, 14 suspect cases and no deaths were reported bringing the number of cumulative cases up to 6,754.
- Malaria cases in Sofala continue to rise, with cumulative 30,780 malaria cases registered as of 15 May, with most cases being reported in Nhamatanda (14,110).
- There are 3 Emergency Medical Team still fully operating with approved exit plan.
- The six-day long health week reached over 400.000 children under five years of age and 1.4 million people with keys interventions. Coverage indicators varie from 70% for Lymphatic Filariasis treatment to 124% for Deworming with Mebendazole.

1.2 CYCLONE KENNETH



- Reported as of 9 May, 374,000 people are in need due to the impact of cyclone Kenneth in Mozambique. A total of 45 people have reportedly died. 19 health facilities have been either partially (15) or totally (4) destroyed.²
- An outbreak of cholera was confirmed on 01 May in Pemba and Mecufi and on 08 May in Metuge districts. From 27 March to 14 May 2019, 187 suspected cases and no deaths were reported in Pemba, Mecúfi, and Metuge districts of Cabo Delgado Province. Daily reported cases remained steady.
- As of May 16, 2694 malaria cases have been reported in Pemba (2348), Macomia (1188), Metuge (552), Mecufi (314), Ibo (15) and Quissanga (251)³.
- A cholera vaccination campaign started on the 16 May which will last from 16-20 May for Pemba City and from 17th to 21st May for Mecufi and Metuge (Metuge village, Nacuta locality) districts. The campaign will target approx. 285, 000 people⁴.

¹ Agreed People in Need Number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8 May 2019

² INGC Situation Report, 9 May 2019

³ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

⁴ Press Release 18 May 2019, <https://www.afro.who.int/news/more-500-000-doses-cholera-vaccine-available-cabo-delgado?country=44&name=Mozambique>

2. BACKGROUND AND CONTEXT UPDATE

2.1 CYCLONE IDAI

In March 2019, the Cyclone Idai weather system brought destruction and damage to Sofala, Manica, Tete, Zambezia and Inhambane 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 8 April, the official death toll had risen to 603 people, with more than 1,641 people injured, according to the Government. More than 400,000 people were displaced with 160,927 people sheltered in 164 collective temporary accommodation centres.

Humanitarian partners continue supporting the population affected by Cyclone Idai in Mozambique shifting gradually from emergency to early recovery interventions. The relocation of families to new resettlement areas is ongoing. The number of displaced people seeking shelter in accommodation sites in Sofala has decreased to 13,654 people (2,987 families) as of 14 May 2019. There are now 11 accommodation centres in Sofala (4 in Beira and 7 in Buzi).

2.2 CYCLONE KENNETH

Only six weeks after Cyclone Idai, on 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. 254,750 people (54,554 families) have been affected by the cyclone in Mozambique as of 9 May 2019. 45 people have died and more than 45,000 houses have been either totally destroyed (22,865) or partially destroyed (22,042).⁵ 84 per cent of which (37,748 houses) are in Cabo Delgado province⁶. Approximately 3130 displaced people were sheltering in accommodation centres as of 12 May.⁷ Access to the affected districts is still conditioned due to the destruction of roads, the telecommunications network and the interruption of electricity.

ANALYSIS OF THE CURRENT SITUATION

2.3 CYCLONE IDAI

2.3.1 ACCESS TO HEALTH SERVICES

Health Services provision remains challenging for communities leaving in remote and hard-to-reach areas.

⁵ UNOCHA Situation Briefing, 12 May 2019

⁶ UNOCHA Situation Briefing, 12 May 2019

⁷ UNOCHA Situation Briefing, 12 May 2019

According to the PDNA assessment, the health sector was severely affected by the passage of cyclone IDAI, particularly in the area of infrastructure where a total of 94 health units suffered various degrees of damages of which 4 were completely destroyed and 90 were partially damaged including their equipment, furniture, essential medicine and medical supplies. It is estimated that 14% of the health infrastructure in the affected provinces suffered the damages. The total need has been estimated to be 202,420, 900 USD. There is also limited access to essential care at the resettlement sites with no access to water.⁸

2.3.2 COMMUNICABLE DISEASES

The risk of communicable diseases remains a humanitarian concern with major health risks including cholera, acute watery diarrhea, bloody diarrhea, malaria and conditions such as malnutrition.

2.3.2.1 CHOLERA

The number of reported cholera cases remained low, with sporadic cases reported in all affected districts. In Week 19, from 6 May to 12 May, 14 suspected cases and no deaths were reported. Since the declaration of the cholera outbreak on 27 March 2019, and up to 14 May 2019, 6,754 suspected cases and 8 deaths were reported (case fatality rate: 0,12%). These were reported from the four districts of Sofala Province originally affected by this outbreak: Beira, Buzi, Dondo and Nhamatanda. The cumulative attack rate since 27 March in Sofala Province is 570 per 100,000 population, with Beira being the most affected district.

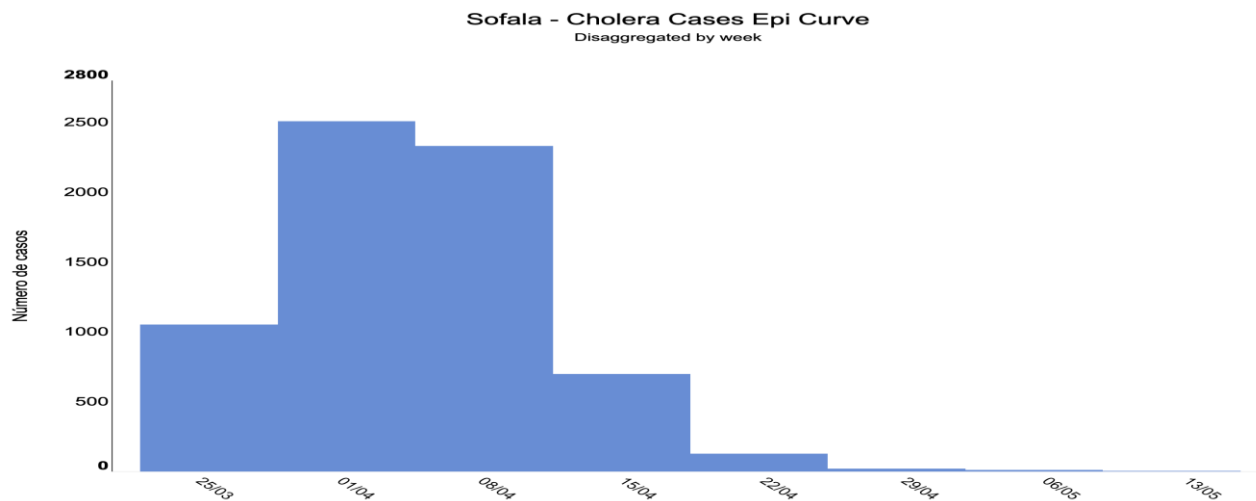


Figure 2: Cholera cases by week in Sofala province from 27 March to 6 May 2019

Table 1: Number of suspect cholera cases, attack rate, deaths and case fatality ratio by district, Sofala Province, (27 March- 14 May 2019)⁹

District	Cases	Population	Deaths	CFR	Attack Rate
Beira	4,741	465,918	4	0.084	1018

⁸ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

⁹ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

Buzi	133	207,631	0	0.0	64
Dondo	1,094	189,259	2	0183	578
Nhamatanda	786	322,511	2	0.254	244
Total	6754	1,185,319	8	0.118	570

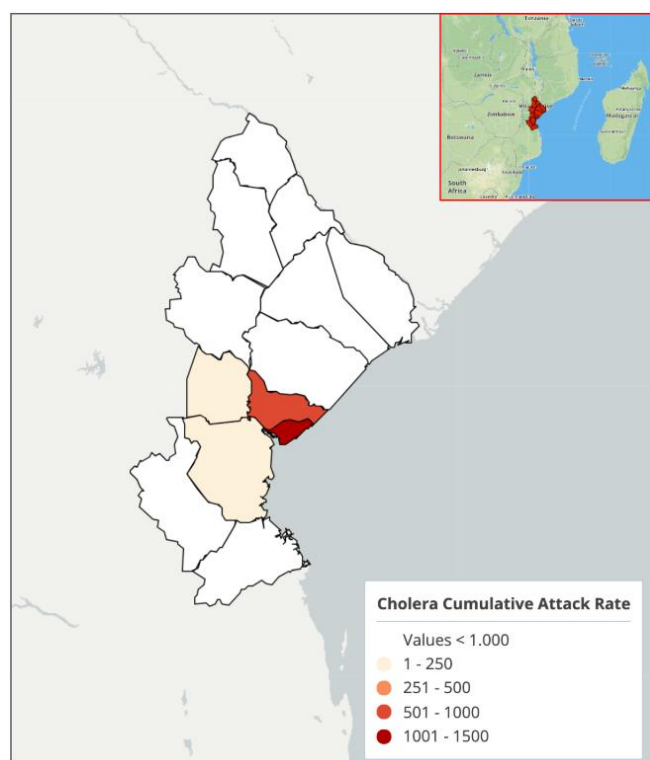


Figure 3: Cholera cumulative attack rate by district, Sofala Province, as of 14 May 2019

2.3.2.2 MALARIA

The number of facilities in the four affected districts reporting daily confirmed malaria cases to the Ministry of Health has increased from one facility on 14 March to a peak of 44 facilities on 24 April. Malaria cases in Sofala continue to rise, with cumulative 30,780 malaria cases registered as of 16 May, with most cases being reported in Nhamatanda (14,110). For week 19, 26 reporting facilities were able to be matched to facility-specific weekly historical surveillance data for the same time of year. Of the 26, 11 reported weekly cases above their facility-specific historical averages (Table 3). Of note, HR Nhamatanda reported 516 cases more than its historical average (180% of its historical average).

Table 2: Cumulative number of malaria cases in Sofala province 27 March- 15 May 2019

District	Confirmed Cases	Population	Attack rate per 100,000
Beira	7985	465918	1,714
Buzi	204	207631	99

Dondo	8481	189259	4,482
Nhamatanda	14110	322511	4,376
Total	30780	1185319	2,597

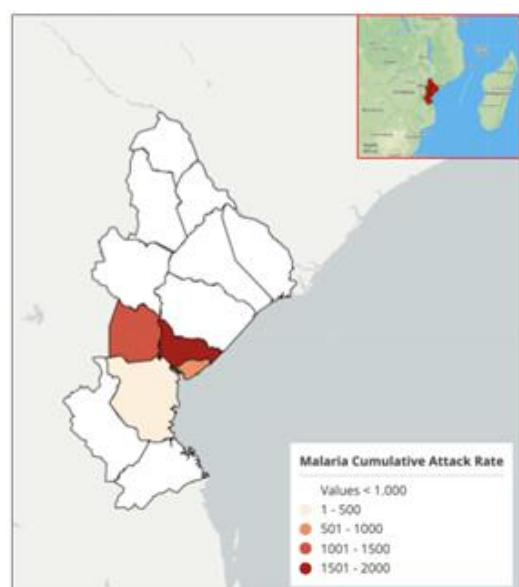


Figure 4: Malaria cumulative attack rate, Sofala province, as of 15 May

Table 3: Facilities reporting elevated weekly malaria cases compared to facility- specific historical average¹⁰

Site	District	Malaria cases (Week 19)	Weekly Historical Average*	% Above Historical Average	Number of Cases Above Historical Average
HR Nhamatanda**	Nhamatanda	1158	641.8	180%	516.2
CS Mutua**	Dondo	295	106.8	156%	106.8
CS M. Mascarenha	Beira	79	58.2	135%	20.8
CS Bloco 9**	Dondo	80	59.4	135%	20.6
HC Beira**	Beira	85	64.0	133%	21.0
CS Macurrungo**	Beira	145	111.7	130%	33.3
CS Samora Machel**	Dondo	74	57.6	128.5	16.4

¹⁰ Post-Idai reporting facilities were matched to their historical weekly reporting (BES/SIS-MA) from 2017 and 2018. Percent above Historical is Week 19 2019 RDT-positive malaria cases as percent of mean of weekly RDT-positive cases for weeks 17-21 of 2017 & 2018 from the same facility. Number of Cases above Historical is difference between 2019 Week 19 and the historical mean. An increase does not necessarily imply an outbreak, but could reflect increased population movement to the facility's catchment area.

**Facilities with weekly cases exceeding the upper 95% confidence interval of historical mean.

CS Munhava	Beira	280	229.4	122%	50.6
CS M. Nhaconjo	Beira	199	184.2	108%	14.8
CS Mafambisse	Dondo	455	425.5	107%	29.5
CS Nhangau	Beira	187	178.2	104%	8.8

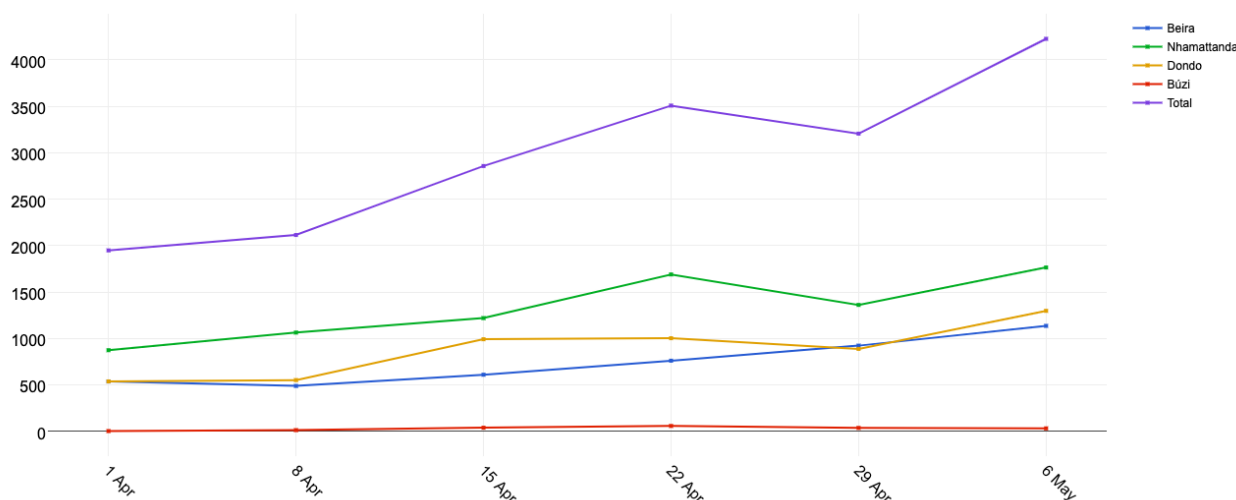


Figure 5: Weekly reported malaria cases at sentinel sites (27 March- 12 May)¹¹

2.4 CYCLONE KENNETH

2.4.1 ACCESS TO HEALTH SERVICES

19 Health Facilities mainly in Cabo Delgado province suffered damages - 3 were completely damaged and 16 partially damaged. According to the PDNA assessment, It is estimated that the health and nutrition sector require about US\$ 33.13 million over 5 years to effectively respond to, and recovery from the cyclone Kenneth disaster.

2.4.2 COMMUNICABLE DISEASES

2.4.2.1 CHOLERA

An outbreak of cholera was confirmed on 1st May 2019 in Pemba and Mecufi and on 08 May in Metuge districts. From 27 March to 14 May 2019, 187 cumulative cases and no deaths were reported in Pemba, Mecúfi, and Metuge districts of Cabo Delgado Province. Daily reported cases remained within Pemba District. In Mecúfi district there were sporadic cases, and in Metuge district an increase until 9 May was followed by a sharp decline in reported cases. The cumulative attack rate in Cabo Delgado Province was 57 per 100 000 population. Pemba district was the most affected district with a cumulative attack rate of 77 cases per 100 000 population.

¹¹ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 14 May 2019.

Sentinel sites are facilities which have reported daily to INS for at least 90% of days since April 1, as well as HR Buzi (the only reporting site in Buzi). Sentinel sites consist of 7 in Beira, 1 in Buzi, 3 in Dondo, and 3 in Nhamatanda

Table 3: Number of suspected cholera cases, attack rate, deaths and case fatality ratio by district, Cabo Delgado Province (27 March- 14 May)¹²

District	Population	Cholera cases	Deaths	Attack rate per 100,000
Cidade de Pemba	238,680	155	0	64.94
Metuge	86,866	21	0	24.20
Mecufi	40,433	11	0	27.21
Total	365,979	187	0	57.10

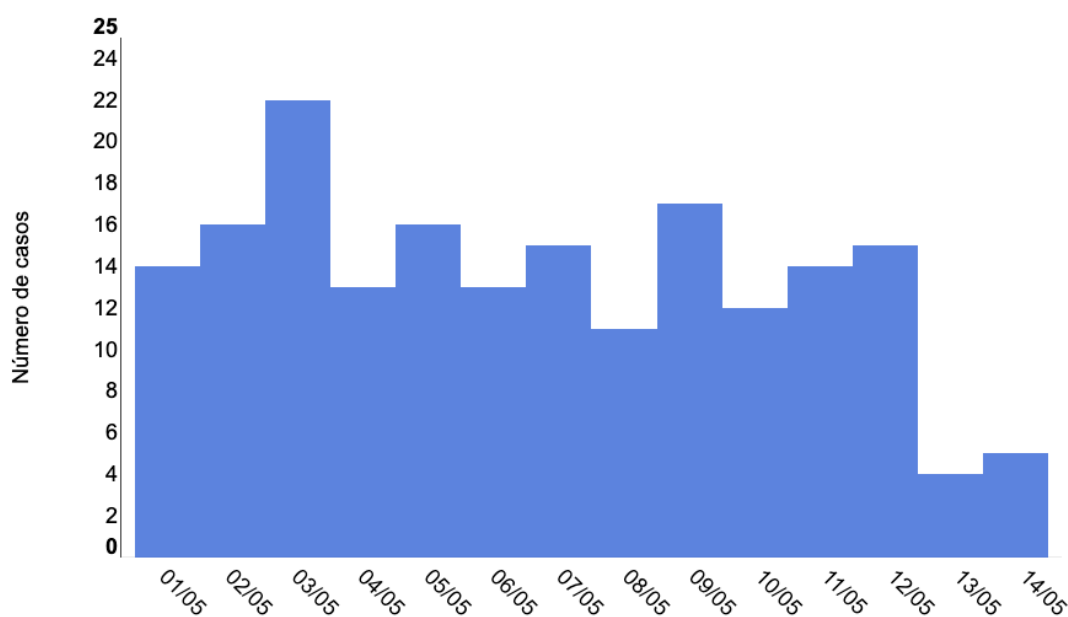


Figure 6: Suspected cholera cases by day of reporting, Cabo Delgado Province (1 May – 14 May 2019) (n = 187)¹³

¹² Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹³ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

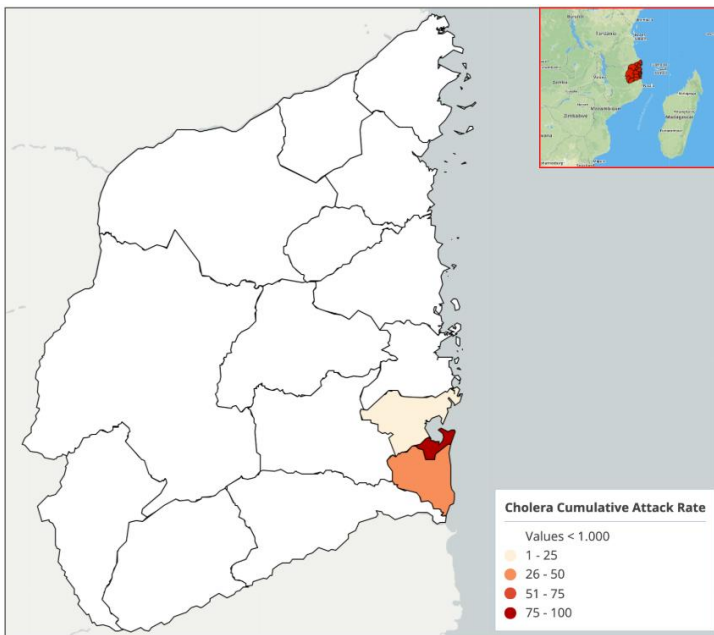


Figure 7: Geographical distribution of cholera cumulative attack rates, Cabo Delgado of 14 May 2019¹⁴

2.4.2.2 MALARIA

Malaria cases in Cabo Delgado continue to rise, with cumulative 4668 malaria cases registered as of 16 May, with most cases being reported in Pemba (2348).

Table 4: Cumulative malaria cases by districts as of 1 May- 15 May 2019¹⁵

Province	District	Confirmed Cases
Cabo Delgado	Pemba	2,348
	Maccomia	1,188
	Metuge	552
	Ibo	15
	Quissanga	251
	Mecufi	314
Total		4668

¹⁴ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹⁵ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

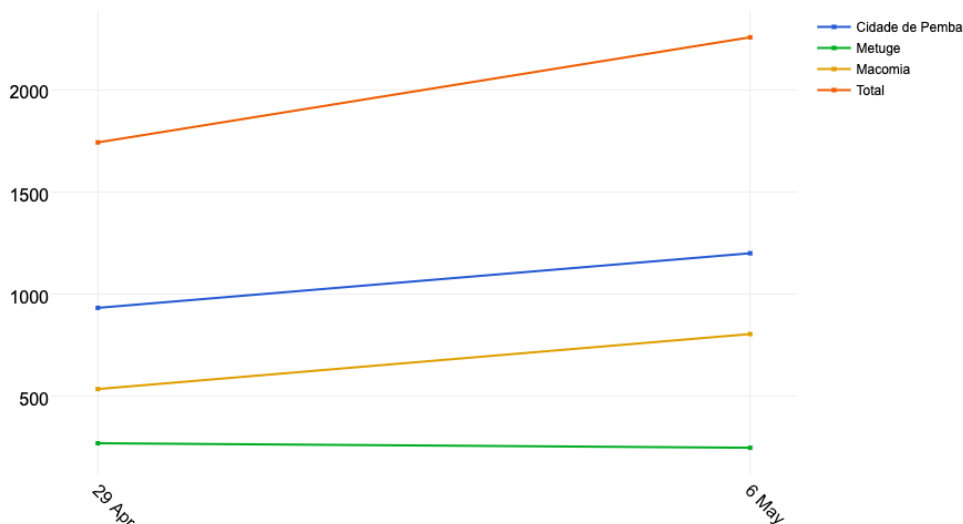


Figure 8: Weekly reported malaria cases at sentinel sites (1 May – 12 May 2019)¹⁶

3. PUBLIC HEALTH RESPONSE

3.1 CYCLONE IDAI

Mozambique Government declared the state of emergency in central region and WHO declared humanitarian situation in Mozambique as a Grade 3 Emergency on 25 March 2019. The Government of Mozambique is coordinating the response to IDAI Cyclone and the health sector response is coordinated by the Ministry of Health. WHO as the Cluster Lead Agency of the Health Cluster is coordinating 43 Partners and 2 observers who are reporting activities covering 11 provinces predominantly in Sofala province.

3.1.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Ministry of Health is coordinating surveillance activities. INS through its Center in Sofala (CIOB) is leading implementation of emergency surveillance strategy in collaboration with WHO, CDC, MSF and Euro-CDC in order to improve case detection and investigation, laboratory diagnosis, active surveillance and data analysis. WHO is facilitating the deployment of WASH teams in affected health centers and in patient’s households.
Surveillance & Laboratory	<ul style="list-style-type: none"> Support from WHO and other partners continues to expansion of Early Warning and Response System (EWARS) reporting from designated reporting sites in Sofala Province

¹⁶ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

	<ul style="list-style-type: none"> • A diagnostic strategy was established to monitor the progress of the outbreak and to monitor the detected strains. All specimens from cholera treatment centers are tested using Rapid Diagnostic Tests (RDT). Two of 18 RDT performed (66%) were positive, and two of nine cultures on RDT-positive samples (22%) were positive with seven pending. • INS and DPS Sofala with support of WHO and US-CDC are running an alert system through a hotline, EWARS and M-Alert. • Strengthening of rapid investigation and sample collection for laboratory testing for cholera, bloody diarrhea and other epidemic-prone diseases are underway under leadership of INS and DPS with support of several partners • INS and DPS are running real time data analysis and producing daily and weekly epidemiological bulletins with support of WHO.
Case Management & IPC	<ul style="list-style-type: none"> • The WHO IPC Intervention Program strategy (implemented in collaboration with Americares, JHPiego and ASB) was based on one-week presence IPC Teams in each health facility, performing training, assessments and technical support, discussing and delivering WHO IPC Recommendations and correcting the gaps found. The identification of targeted health units was made according to the priorities defined by the cholera outbreak epidemiological data. • WHO IPC training program targeted 300 health care workers and started on 22 April. A total of 515 health workers were trained in the four affected districts of Sofala province, as of 10 May 2019. • IPC Assessments were performed in 8 Health Centers in Beira, Dondo and Nhamatanda, 4 Cholera Treatment Centers, 1 Cholera Treatment Unit, 2 National Hospitals, 2 rural Hospitals and 6 Oral Rehydration Centers of the Sofala Province.
Risk Communication & Community Engagement	<ul style="list-style-type: none"> • WHO supported capacity building through the training of 72 community mobilizers on RCCE and Health Promotion in Dondo and Nhamatanda, in partnership with UNFPA. 43 field supervisors and team leaders were trained on RCCE in Beira, in partnership with OCHA and Translators Without Borders. • Technical visits were organized to Guara Guara Accommodation centers, Resettlement Centers and to Buzi Rural Hospital. The RCCE participated to the monitoring of the Health Week in Sofala: Beira (Macurungo,

	<p>Munhava, Chota, Ponta-Gêa, Masacarenhas, Chinguchura, Mangalaforte) Nhamatanda (Escola Herois Moçambicanos, Nhamatanda Health Unit); and in Manica (Chimoio, Mutara).</p> <ul style="list-style-type: none"> • A mission of RCCE team to Manica from 10 to 15 May came out with the following outcomes: 10 Journalists and Media Practitioners from different districts of Manica province trained on RCCE, 4 Community Radio Stations supported technically on RCCE, 1 Working Group on RCCE/C4D organized to coordinate stakeholders, 3 Technical visits to support community engagement activities in the Health Centers of Zembe, Marera and Stanha and monitoring of the Health Week in Manica, Chimoio and Mutara.
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3.1.2 MALARIA RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The malaria task force is active and continued logistic and operational support is being provided to the MoH on key interventions for vector control.
Drugs and Supplies	<ul style="list-style-type: none"> • Following the distribution of more than 474,400 LLINs, the indoors spraying campaign continues with an overall coverage of 23% as of 13 May.

3.1.3 EMERGENCY MEDICAL TEAMS

Since the beginning of the response, a total of 13 EMTs have been providing surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica. WHO is supporting the implementation of exit and transition plans and currently there are 3 EMTs remaining operational (Beira Central Hospital, Macurungo Health Centre, and Nhamantanda Hospital). As part of the transition planning process, keys activities this week include compilation of donations list of all operating EMTs, Supervision of Italy Piemonte EMT at Beira Central Hospital. And mapping of Health service delivery in resettlement areas (and Hard to reach areas) in the 4 most affected districts.

3.2 CYCLONE KENNETH

3.2.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The Health Cluster in Pemba is active and chaired by the MoH with support of the cluster coordinator. The Health cluster Meetings are taking place every day at 8am in DPS. • The 4W collection is updated on a weekly basis, and the information is being shared with UNOCHA and partners. This information is being useful for the updating of working plans.

Surveillance & Laboratory	<ul style="list-style-type: none"> • INS in collaboration with WHO and US-CDC Epi-team replicated a similar emergency surveillance strategy in Cabo Delgado in response to Kenneth Cyclone. Daily and weekly bulletin epi updates through daily and weekly bulletins were also replicated. Laboratory capacity for Cholera outbreak investigation was strengthened. • The EWARS and mAlert system are being set up and multiple training sessions are ongoing on Pemba district. An investigation on fever with not identified causes is now being planned. Strengthening of cholera surveillance at the household level. Is now being planned • INS in collaboration with WHO and US-CDC conducted a rapid outbreak investigation training for 26 participants of the 17 health districts of Cabo Delgado 13- 14 May 2019.
Case Management & IPC	<ul style="list-style-type: none"> • Following the declaration of the Cholera outbreak, a CTC at Eduardo Mondlane Health Center was established with an initial capacity of 45 beds. Further CTCs have been set up in Mecufi and Metuge with capacity of 16 and 20 beds respectively. A CTU was established at Pemba Provincial hospital with a capacity of 10 beds. Next step will be to install 3 ORPs in Pemba city
WASH	<ul style="list-style-type: none"> • The establishment of distribution points is planned and WHO is supporting with the reparation of vehicles of Quissanga health centre used for safe water distribution.
Risk Communication & Community Engagement	<ul style="list-style-type: none"> • Several partners of the health cluster, including WHO, supported the launch of the vaccination campaign in CTC Eduardo Modlane with the participation of the provincial governor, local authorities and mass media. • A mobilization meeting with muslim leaders resulted in the agreement that vaccination will take place in the mosque during Ramadan • On 8 May, 20 journalists and more than 37 community / religious leaders were trained on health promotion and disease prevention in the field of cholera prevention • The messages on the OVC have been translated into 5 languages (Portuguese, Macua, Swahili, Makonde and Mwani), and radio Mozambique started to broadcast them on 14th of May; • 13 journalists have been mobilized to disseminate key messages and provide daily coverage of the OVC. The Journalists mobilized are from Jornal Pemba, ICS, TVM, STV, Radio Mozambique, Radio Wimbe, Radio Mecufi;
Drugs and Supplies	<ul style="list-style-type: none"> • A cholera vaccination campaign started on the 16 May which will last from 16-20 May for Pemba City and from 17th to 21st May for Mecufi and Metuge (Metuge village, Nacuta locality) districts. The campaign will target approx. 285, 000 people¹⁷. 516,000 doses have been confirmed for this campaign.

3.2.2 MALARIA RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The malaria task force is active and continued logistic and operational support is being provided to the MoH on key interventions for vector control.

¹⁷ Press Release 18 May 2019

Case Management	<ul style="list-style-type: none"> On 11th May, 60 Health Workers trained on Malaria Case Management
Drugs and Supplies (bed nets)	<ul style="list-style-type: none"> As of 13th May, 1075 bed nets were distributed in the accommodation Centre, 228 in Ibo, 276 in Metuge , 72 in Mecufi and 550 in Pemba Indoor Spraying was conducted in all accommodation centres. WHO supported the delivery of malaria drugs to Mecufi and Metuge

4. GAPS AND CHALLENGES

4.1 CYCLONE IDAI

- WASH and Shelter capacity remain a critical requirement to meet the demands during relocations.
- Expanding EWARS to health facilities in inaccessible and hard-to-reach areas, with no electricity and poor digital cellular network coverage.
- Capacity building of health workers on standard case definitions of epidemic-prone diseases.
- Lack of partners who were investing in health facility rehabilitation.

4.2 CYCLONE KENNETH

- Access to affected districts continues to be a challenge. Some of the districts can only be accessed by helicopter and boat.
- Support for Improvement of medical supply chain management is necessary to ensure that the medication is available in the health facilities.
- Lack of electricity in 10 health facilities may impact full provision of medical services.
- Difficulty of referral system in particular for pregnant women.
- There are several health workers that were also affected near the damaged health centres, making service provision a challenge.

5. RECOMMENDATIONS AND NEXT STEPS

5.1 CYCLONE IDAI

- Continue to refine surveillance and improve health workers' knowledge of standard case definitions and finalize EWARS training for health facilities in Buzi district.
- Support to proper confirmation and sound management of all malaria cases as well focus on prevention measures in Nhamatanda district and to improve quality of reporting in Buzi.
- Support to the Quality Assessment in the 3 remaining operating EMTs.
- Finalize the mapping of Health service delivery in resettlement areas in the 4 most affected districts
- Continuation of restoration of infra-structures and services in affected areas.

5.2 CYCLONE KENNETH

- There is an urgent need to reinforce referral systems, especially for patients from areas with access problems.

- Supply of electricity in all health structures.
- Emergency accommodation for healthcare workers is needed as repairs of damaged health structures.
- Provision of safe/clean drinking water in affected communities.
- Continuation of restoration of infrastructure and services in affected areas.

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