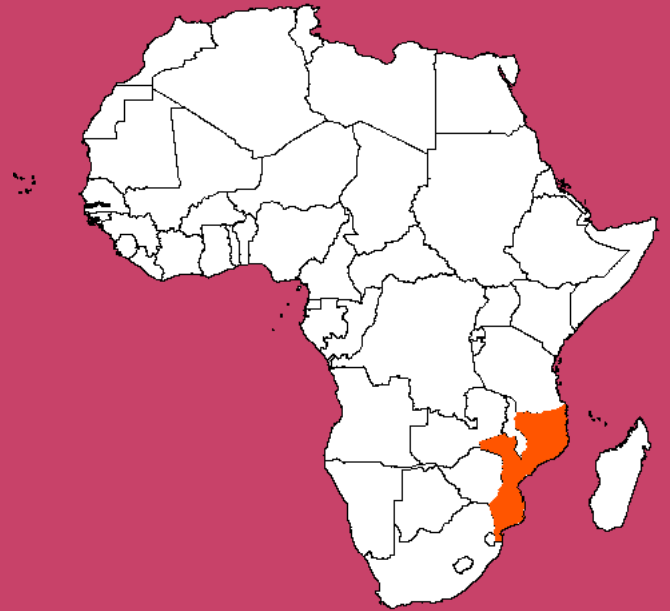


Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 3

24 May

Period covered: 17- 23 May



REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE



1. HIGHLIGHTS

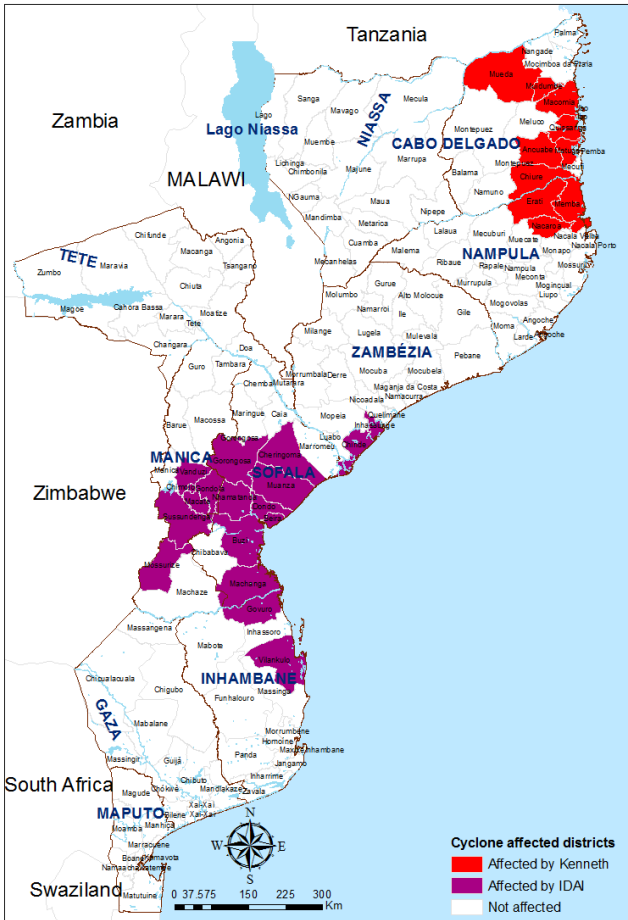


Figure 1: Affected districts by cyclones IDAI and Kenneth

1.1 CYCLONE IDAI

1.85M	400K	603	1641	1.2M	6765	38309
People affected	Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- There are now 9 accommodation centers remaining in Sofala province (Beira-3, Buzi-6) sheltering 2,796 families representing 12,812 people as of 21 May¹.
- Health Services provision remains challenging in hard to reach areas with limited access to essential care at the resettlement sites which also have limited access to safe water and sanitation. Restoration of services and rehabilitation of health facilities require more resources.

¹ INGC Situation Report, 21 May, 2019

- The number of reported cholera cases remained low, with sporadic cases reported in all affected districts. In week 20, from 13 May to 19 May, 12 new suspected cases were reported in Sofala province (Beira 7, Nhamatanda 4, Buzi 1) bringing the number of cumulative cases up to 6,765.
- Malaria cases in Sofala continue to rise, with cumulative 38,309 malaria cases registered as of 21 May, with most cases being reported in Nhamatanda (17,543).
- There are 3 Emergency Medical Team still fully operating with approved exit plan.
- The six-day long post-cyclone Idai emergency health week campaign ended with over 420,000 children vaccinated against polio, over 383,000 vaccinated against measles while over 425,000 received vitamin A supplementation. ²

1.2 CYCLONE KENNETH

3214	45	91	374K³	225	7279
Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- 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.⁴
- A cholera vaccination campaign successfully finished in the target districts with 90.2 % (174,875) in Pemba, 97.2% (47,905) in Mecúfi and 92.7% (29,668) of the target population receiving the first dose of the vaccine. The campaign lasted from 16th - 20th May in Pemba City and from 17th to 21st May in Mecúfi and Metuge (Metuge- Sede and Nacuta villages) districts⁵.
- An outbreak of cholera was confirmed on 1st May 2019 in Pemba and Mecúfi and on 08 May in Metuge districts of Cabo Delgado Province. From 27 March to 21 May 2019, 225 cumulative cases and no deaths were reported in these districts.
- As of May 21, 7279 malaria cases have been reported in Pemba (3458), Macomia (2006), Metuge (948), Mecúfi (544)⁶.

³ Agreed People in Need Number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8 May 2019

⁴ INGC Situation Report, 9 May 2019

⁵ Press Release 18 May 2019

⁶ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

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, Zambézia 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 Government⁷. 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 12,812 people (2,796 families) as of 21 May 2019. There are now 9 accommodation centres remaining in Sofala (3 in Beira and 6 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).⁸ 84 per cent of which (37,748 houses) are in Cabo Delgado province⁹. Approximately 3130 displaced people were sheltering in accommodation centres as of 12 May.¹⁰ 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 living in remote and hard-to-reach areas. According to the Post Disaster Needs Assessment assessment (PDNA), 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 varying degrees of damage. Of these 4 were completely destroyed and 90 were partially damaged. Health equipment, furniture, essential medicine and medical supplies were also destroyed. It is estimated that

⁷ INGC Situation report, 21 May 2019

⁸ UNOCHA Situation Briefing, 12 May 2019

⁹ UNOCHA Situation Briefing, 12 May 2019

¹⁰ UNOCHA Situation Briefing, 12 May 2019

14 percent of the health infrastructure in the affected provinces was damaged. There is also limited access to essential health care, limited or no access to water and sanitary facilities at the resettlement sites. The total financial need is estimated to be \$US 202,420,900.¹¹

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 other vector borne diseases and conditions such as severe acute malnutrition.

2.3.2.1 CHOLERA

The number of reported cholera cases remained low during the reporting period with sporadic cases reported. In week 20, from 13 May to 19 May, 12 new suspected cholera cases were reported (Beira-7, Nhamatanda-4, Buzi-1)¹². Since the declaration of the cholera outbreak on 27 March 2019, and up to 21 May 2019, 6,765 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 571 per 100,000 population, with Beira being the most affected district.

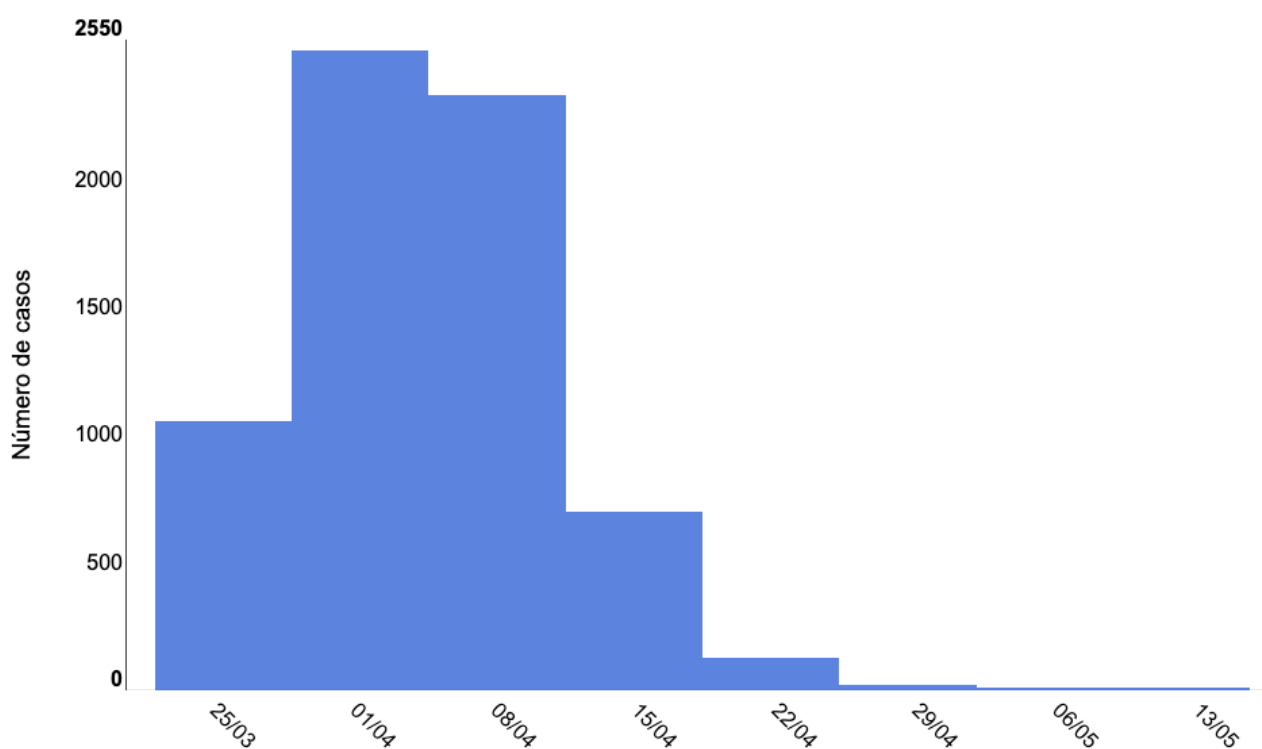


Figure 2: Cholera cases by week in Sofala province from 27 March to 19 May 2019

¹¹ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

¹² Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

Table 1: Number of suspect cholera cases, attack rate, deaths and case fatality ratio by district, Sofala Province, (27 March- 21 May 2019)¹³

District	Cases	Population	Deaths	CFR (%)	Attack Rate
Beira	4,745	465,918	4	0.08	1018.42
Buzi	134	207,631	0	0	64.53
Dondo	1,094	189,259	2	0.18	578.04
Nhamatanda	792	322,511	2	0.25	245.57
Total	6,765	1,185,319	8	0.12	571

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 66 in week 20. The burden of malaria cases in affected areas in Sofala province remains concerning, with cumulative 38,309 malaria cases reported as of 21 May, up from a cumulative 30,780 cases as of 15 May. Most of the cases are being reported in Nhamatanda.

Table 2: Cumulative number of malaria cases in affected districts in Sofala province 27 March- 21 May 2019

District	Confirmed Cases	Population	Attack Rate
Beira	10,087	465918	2,165
Buzi	216	207631	104
Dondo	10,463	189259	5,528
Nhamatanda	17,543	322511	5,439
Total	38,309	1185319	3,232

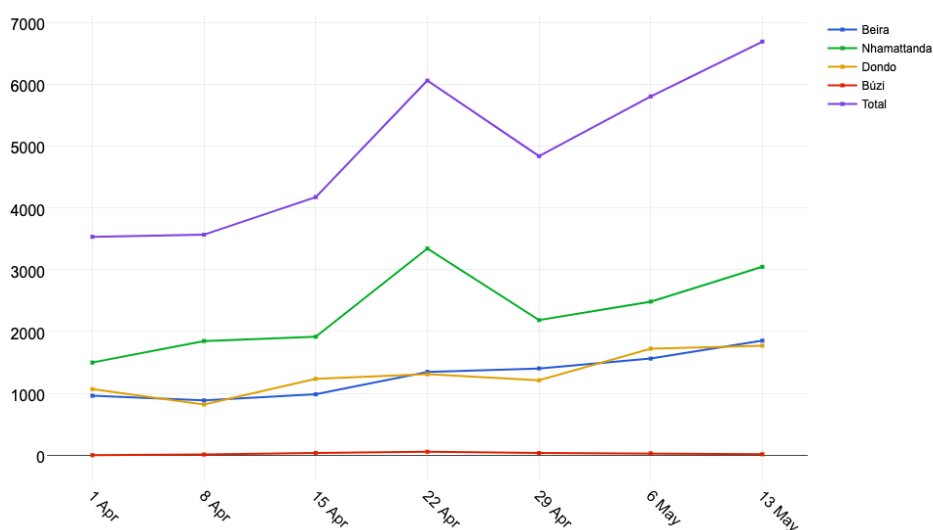


Figure 5: Weekly reported malaria cases at sentinel sites (27 March- 19 May)¹⁴

¹³ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

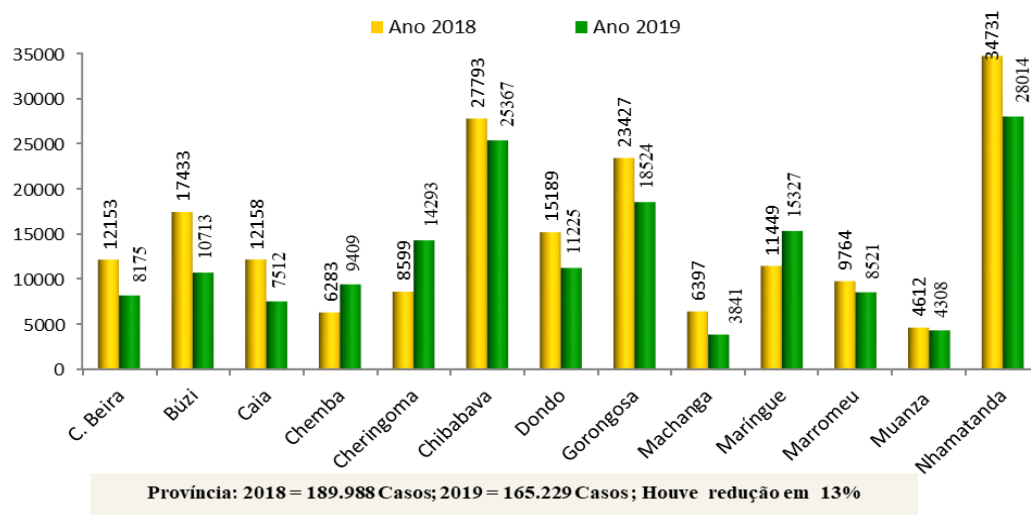


Figure 6: Historical Comparison: Notification of Malaria Cases (Week 10 to 17 in 2018 and 2019)¹⁵

2.4 CYCLONE KENNETH

2.4.1 ACCESS TO HEALTH SERVICES

Nineteen Health Facilities mainly in Cabo Delgado province suffered damages - 3 were completely destroyed 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 Mecúfi and on 08 May in Metuge districts. From 27 March to 21 May 2019, 225 cumulative cases and no deaths were reported in Pemba, Mecúfi, and Metuge districts of Cabo Delgado Province. The cumulative attack rate in Cabo Delgado Province was 69 per 100 000 population. Pemba district was the most affected district with a cumulative attack rate of 87 per 100 000 population.

Table 3: Number of suspected cholera cases, attack rate, deaths and CFR by district, Cabo Delgado Province (1 May- 21 May)¹⁶

District	Population	Cholera cases	Deaths	Attack rate per 100,000
Pemba	200,529	175	0	87.27
Metuge	86,866	33	0	37.99
Mecufi	40,433	17	0	42.05
Total	327,828	225	0	68.63

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

¹⁵ PNCM, 20 May 2019

¹⁶ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

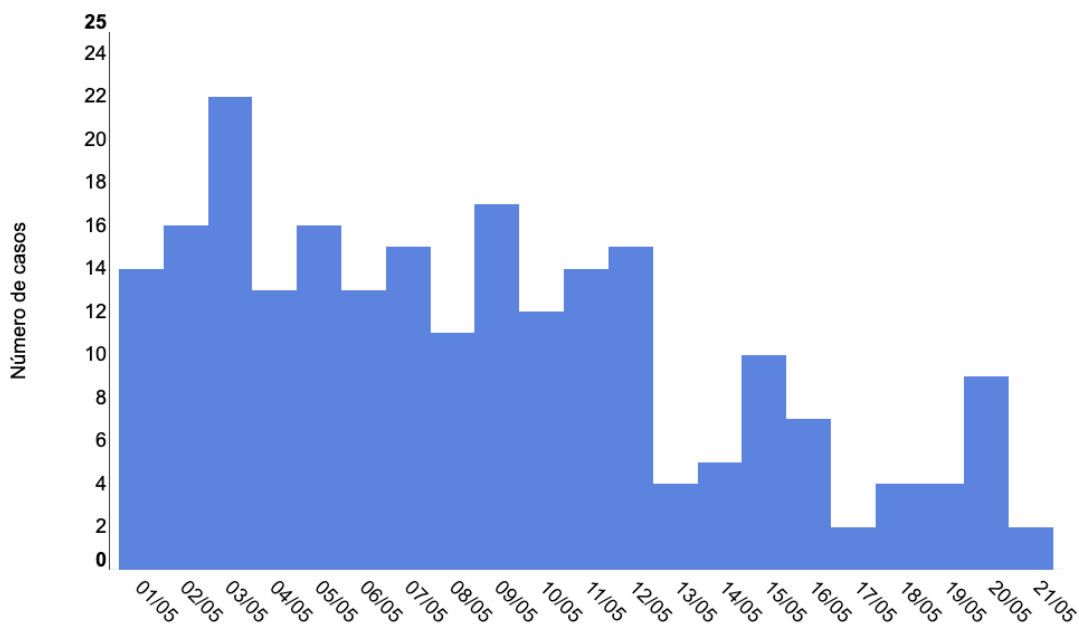


Figure 6: Suspected cholera cases by day of reporting, Cabo Delgado Province (1 May – 21 May 2019) (n = 225)¹⁷

2.4.2.2 MALARIA

Malaria cases in affected areas in Cabo Delgado continue to rise, with cumulative 7279 malaria cases registered as of 21 May, with most cases being reported in Pemba (3458).

Table 4: Cumulative malaria cases by districts as of 1 May- 21 May 2019¹⁸

District	Population	Confirmed Cases	Attack Rate per 100,000
Pemba	200,529	3458	1724.44
Macomia	114,345	2006	1754.34
Metuge	86,866	948	1091.34
Ibo	12,205	15	122.9
Quissanga	50,259	308	612.83
Mecufi	40,433	544	1345.45
Total	504,637	7279	1442.42

¹⁷ Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

¹⁸ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

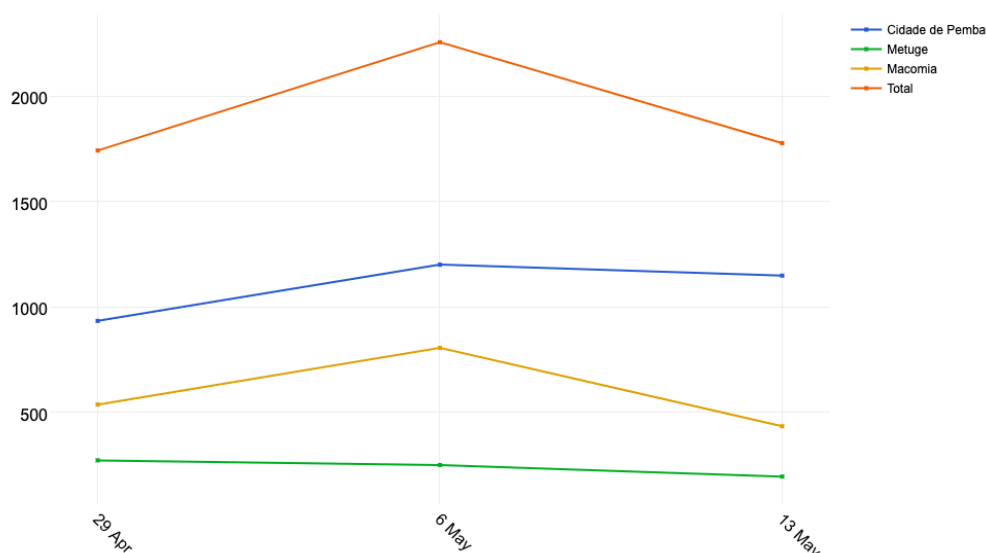


Figure 7: Weekly reported malaria cases at sentinel sites (1 May – 19 May 2019)¹⁹

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 25th 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 have ongoing cyclone Idai response activities 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. Instituto Nacional de Saúde (INS) through its center in Sofala (O Centro de Pesquisa Operacional da Beira-CIOB) is leading the implementation of the emergency surveillance strategy in collaboration with WHO, CDC, MSF and Euro-CDC. The strategy aims 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 patients' households.
Surveillance & Laboratory	<ul style="list-style-type: none"> WHO is providing technical assistance to INS for the development of a laboratory surveillance system for bloody diarrhea and acute febrile illness in response to Idai cyclone. INS is expanding Early Warning and Response System (EWARS) to more health facilities in Sofala province to improve disease outbreak detection with support of WHO. Out of 14 cholera Rapid Diagnostic Tests performed, 11 were positive. Of the 6 tested by culture, 4 were negative and 2 results are pending.

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

	<ul style="list-style-type: none"> • MOH/INS is managing the alert system through a hotline, EWARS and M-Alert, and supporting alerts data analysis and visualization with support of WHO and US- CDC. • WHO provided technical support to INS/DPS to conduct an EWARS training for 18 health workers in Buzi district in order to improve reporting from health facilities. • INS and DPS are conducting real time data analysis and producing daily and weekly epidemiological bulletins with the support of WHO.
Case Management & IPC	<ul style="list-style-type: none"> • WHO, led by DPS and in partnership with health cluster partners, will conduct a joint assessment to assess the availability of health services in resettlement areas and health facilities in the 4 most affected districts of Buzi, Chibabava, Nhamatanda and Dondo from 22nd to 26th May. • Repairs and installations at Nhamatanda hospital nutrition ward to meet the minimum standard of health infrastructure are ongoing.
Risk Communication & Community Engagement	<ul style="list-style-type: none"> • In Manica province, 10 journalists were trained on Risk Communication and Community Engagement (RCCE). In addition, 4 community radio stations received technical support to conduct RCCE. • Three technical visits were conducted to support community engagement activities in health centers in Zembe, Marera and Stanha villages, as well as to monitor the Health Week in Manica, Chimoio and Mutara districts. • WHO, in partnership with UNFPA, OCHA and Translators Without Borders, supported the training of 72 community mobilizers on Risk Communication and Community Engagement (RCCE) and Health Promotion in Dondo and Nhamatanda districts. An additional 43 field supervisors and team leaders were also trained on RCCE in Beira.

3.1.2 MALARIA RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The malaria task force continued providing logistic and operational support to the Ministry of Health on key vector control interventions.
Surveillance	<ul style="list-style-type: none"> • Malaria surveillance and monitoring is ongoing. There is no unusual increase in the number of malaria cases reported in 2019 when compared to the same period in 2018.
Drugs and Supplies	<ul style="list-style-type: none"> • Indoor Residual Spraying (IRS) to reduce malaria transmission is ongoing in Buzi, Nhamatanda, Dondo and Beira. As of 20th May, 43,943 houses out of the targeted 122,800 had been sprayed. • As of 20th May, 216,487 Long-Lasting Insecticidal Nets (LLINs) had been distributed in the four districts most affected by cyclone Idai.

3.1.3 EMERGENCY MEDICAL TEAMS

Since the beginning of the response, a total of 13 EMTs were providing surge emergency clinical care across the most affected districts in Sofala and border districts in Manica. WHO is supporting the implementation of exit and transition plans for the remaining 3 operational EMTs at Beira central hospital, Macurungo health centre and Nhamantanda hospital.

3.1.4 EMERGENCY HEALTH WEEK CAMPAIGN

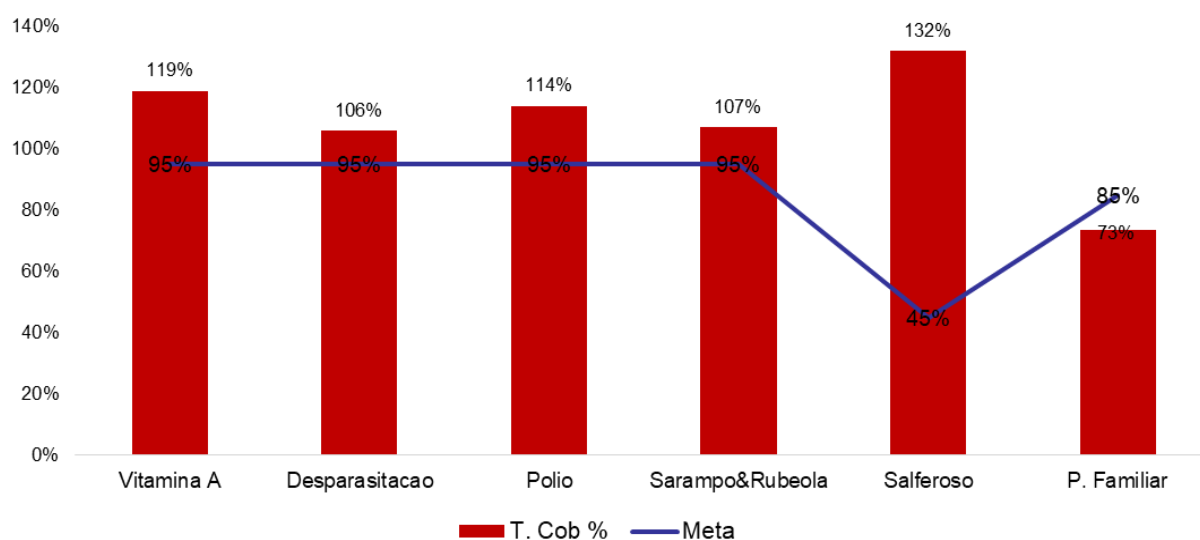


Figure 8: Emergency Health Week Coverage Summary

3.2 CYCLONE KENNETH

3.2.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> The cholera coordination is embedded into the health cluster meetings in DPS offices of Pemba. The meetings are chaired by the MoH with support of the cluster coordinator. Contact directory, organization registry and email distribution mechanisms are in place and available in the website http://bit.ly/healthpemba and all the partners are encouraged to register. The information is available to the members of the health cluster, including the 4W datasets and visuals
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. INS and DPS are rolling out EWARS and mAlert systems with support of WHO and Zenesys.
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"> WHO supported the repair of vehicles of Quissanga health and provided a 1.000 litre water- tank used for safe water provision for the health facility.

<p>Risk Communication & Community Engagement</p>	<p>Training in social mobilization for OCV:</p> <ul style="list-style-type: none"> • 37 technicians (16 Pemba, 05 Mecufi, 02 Metuge and 14 DPS) were trained as OCV campaign supervisors. This training covered vaccine technical information and management including logistics, data management and social mobilization components of vaccination campaigns. • 24 activists (16 Pemba, 04 Mecufi and 04 Metuge) of the WASH Rapid Response were also trained in social mobilization for the OCV; <p>Mobilization Meeting with Régulos:</p> <ul style="list-style-type: none"> • Key OCV key messages were shared with the Régulos. Régulos representing the following areas: Chuiba, Paquite, Ntoma, Alto Gingone, Muaria, in Pemba city attended the meeting. <p>Reinforcement of OCV campaign messages:</p> <ul style="list-style-type: none"> • During the campaign 3 daily debates were aired on Rádio Moçambique, in Portuguese, Macua and Swahili. The debates involved 4 persons, 1 health professional, 1 Muslim religious leader, 1 vaccinated member of the community and 1 person representing the community. • On the 1st day of the campaign there was a live debate on Rádio Wimbe about the OCV campaign with the Provincial Medical Chief. • 3 mobile units from the Social Communication Institute (ICS) and 4 motorcycles, were deployed to Pemba neighborhoods spreading the message about the OCV, also one more vehicle from MSF was used as Mobile Unit in METUGE to mobilize the communities; • An additionally 700 posters were distributed to all vehicles working for the response.
<p>Drugs and Supplies</p>	<ul style="list-style-type: none"> • A cholera vaccination campaign successfully finished in the target districts with 90.2 % (174,875) in Pemba, 97.2% (47,905) in Mecúfi and 92.7% (29,668) of the target population receiving the first dose of the vaccine. The campaign lasted from 16th - 20th May in Pemba City and from 17th to 21st May in Mecúfi and Metuge (Metuge- Sede and Nacuta villages) districts²⁰.

3.2.2 MALARIA RESPONSE

Thematic Area	Response Activities
<p>Coordination</p>	<ul style="list-style-type: none"> • The malaria task force is active; continued logistic and operational support is being provided to the MoH on key interventions for vector control.
<p>Case Management</p>	<ul style="list-style-type: none"> • On 11th May, 60 health workers were trained on Malaria case management.
<p>Drugs and Supplies (bed nets)</p>	<ul style="list-style-type: none"> • As of 13th May, 1075 bed nets were distributed in the accommodation centres, 228 in Ibo, 276 in Metuge , 72 in Mecufi and 550 in Pemba. • Indoor residual spraying was conducted in all accommodation centres. • WHO supported the delivery of malaria drugs to Mecufi and Metuge.

²⁰ Press Release 18 May 2019

4. GAPS AND CHALLENGES

4.1 CYCLONE IDAI

- Lack of partners investing in health facility rehabilitation.
- Transport of specimens in appropriate conditions over long distances to the laboratory.
- Capacity building of health workers on standard case definitions of epidemic-prone diseases.
- WASH and Shelter capacity remain a critical requirement to meet the demands during relocations.
- Nutrition surveillance data is still inadequate.

4.2 CYCLONE KENNETH

- Referral system of patients is still affected due to mobility restrictions and damaged health facilities.
- Damage of Infrastructure (Health Facilities and housing of health workers).
- Communication with districts.
- Provisions of Basic Primary Health Care in affected districts.
- Nutrition surveillance data is still weak.

5. RECOMMENDATIONS AND NEXT STEPS

5.1 CYCLONE IDAI

- Continue to support the Ministry of Health/INS and other partners to monitor EWARS reporting and address remaining barriers, including health workers' knowledge of standard case definitions.
- Continue working with INS/DPS to assess and analyze the situation of malaria, malnutrition, cholera and other epidemic-prone diseases.
- It is recommended to strengthen nutrition surveillance in affected areas.
- Support quality assessment of the 3 remaining operational EMTs.
- Finalize the mapping of Health service delivery in resettlement areas in the 4 most affected districts.
- Continue supporting restoration of health infrastructure and services in affected areas.

5.2 CYCLONE KENNETH

- A targeted response strategy should be developed in particular for areas affected by insecurity and physical access limitations.
- Support needs to be provided to healthcare workers who lost their livelihoods due to the cyclone in order to guarantee continuation of service provision.
- Community healthcare workers (APE) lost their materials and require replacement supplies to continue to provide services in the community.
- It is recommended to strengthening nutrition surveillance in affected areas.
- Community engagement and social mobilization should be continued in order to prepare for the second round of oral cholera vaccination.
- Restoration of the health infrastructure and services in affected areas needs to be supported.

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Website: <https://www.humanitarianresponse.info/en/operations/mozambique/health>