

Tropical Cyclone Idai

Mozambique



Situation Report 02

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1. HIGHLIGHTS

Surveillance

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 (Beira, Buzi, Nhamatando and Dondo). To-date, 32 sites are reporting allowing to accelerate and streamline the flow, analysis and reporting of data to orient the response.

Cholera

As part of the ongoing Cholera response, the Ministry of Health and partners concluded on 10 April 2019 a successful six-day emergency cholera vaccination campaign that reached more than 800 000 people in four districts. The risk of cholera remains very high and needs to be followed up closely multi-sector preparedness and response.

WASH

The risk of communicable diseases continues due to stagnant flood water, continuing limited access to safe water and over-crowding accommodation centers. There are too few implementing partners with the capacity to provide the needed sanitation actives.

Health Cluster

The Mozambique Health Cluster consists of 46 Partners who are implementing activities and supporting the MoH across 11 provinces, predominantly in Sofala. Our understanding on the

Operational Support and Logistics

WHO received a number of health kits including a donation from the Russian Federation which was handed over to the MoH as well as other health kits which were handed to key implementing partners.

2. BACKGROUND AND CONTEXT UPDATE

As of 8 April, the official death toll had risen to 602 people, with more than 1,641 people injured, according to the Government. 400,000 people are displaced with 160,927 people sheltering in 164 collective temporary accommodation centres. These shelters are still being established and do not yet have adequate supplies or services.

3. ANALYSIS OF THE CURRENT SITUATION

The situation for the most affected districts has improved though there are still isolated communities requiring air or boat operations for mobile clinics.

Emergency rehabilitation of health centres has not started on a large scale and remains a serious barrier for people accessing health services. Initial mapping of health facilities by WHO/MoH and partners in 4 worst districts is being completed. The current identified gaps with include health facilities with unknown status are Bura and Burada in Buzi and Jasse Manguena in Nhamatanda. Partners will focus assessments on these facilities over the coming days.

Since the confirmation of cholera in Sofala province on 27 March 2019, a cumulative number of 4 979 cases have been reported with 8 deaths (as of 12 April). Cases have been reported in Beira Nhamatanda, Dondo and Buzi.

Cholera and other acute watery diarrhea, bloody diarrhea, measles, vector-borne diseases, including malaria, dengue, other epidemic-prone diseases and malnutrition remain the major health risks

4. PUBLIC HEALTH RESPONSE

Cholera Outbreak response

The Oral Cholera Vaccination campaign undertaken from 3 to 9 April 2019 in the four most affected districts reached 803125 individuals older than 1 year of age with a coverage of 98.6%. The vaccines were given to communities identified by the Government at highest risk – those without access to safe water and sanitation - in Beira, Dondo, Nhamatanda and Buzi districts. The campaign was supported by around 1200 community volunteers and partners including the World Health Organization (WHO), UNICEF, Médecins Sans Frontières (MSF), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Save the Children.

Surveillance

WHO continues to support MOH and partners in expanding the early warning alert and response system (EWARS), established to rapidly detect disease outbreaks. The system is now fully operational in 3 affected districts; Beira, Dondo and Nhamatanda with over 30 health centres reporting daily to EWARS. The EWARS covers 8 priority epidemic-prone diseases (AWD, ABD, Cholera, Measles, AFP, Febrile illness, Malaria, Acute Jaundice Syndrome).

The surveillance and epidemiology task force chaired by INS with the support of WHO and national and provincial health authorities, MSF, IFRC and CDC, will produce a joint weekly epidemiological bulletin from week 15. WHO has trained over 50 epidemiologist / surveillance officers, health partners, clinicians and data managers at provincial, district level and health centre in support of EWARS.

WASH

Key WASH interventions undertaken by WASH partners include: treated water distribution points at camps; water maintenance service of urban the water utility covering 60% of the urban population in Dondo, Namiza, Manga and Beria; household water treatment distribution at community level; over 93,230 bottles of water treatment distributed; sanitation (latrine) guidelines and standard developed and shared with partners.

Operational Support and Logistics

WHO and partners provided continued support to the OCV campaign. Two field logisticians have been deployed in Sofala and Manica province to undertake a thorough assessment to damaged health structures. A water tank was provided to the Cuban Medical Brigade.

Emergency Medical Teams

Currently, 9 EMTs are operational providing surge support to health facilities or mobile outreach to isolated populations. This includes four teams providing Type 2 or equivalent support, three Type 1 facilities, two Type 1 mobile teams and one specialized wash cell. The EMT Coordination Cell is now focused on quality assurance and transition/exit planning for EMTs. Transition plan for Type 2 EMTs is ongoing. Since 30th March EMTs have treated 4563 patients. Data is revealing a drop off in patients requiring follow up at type 1 facilities. None disaster related patients now constitute a total of 71% of all patients seen.

5. GAPS AND CHALLENGES

Waning international donor interest. The health sector has received little funding required to continue to provide life-saving health interventions. OCHAs' Financial Tracking System reported on 2 million dollars received (6.6%) of funds requested in the Flash Appeal.

Limited access and telecommunications to isolated areas.

6. RECOMENDATIONS AND NEXT STEPS

Priority activities next 7 days:

- Support the preparations of the child health week campaign, 24 to 28 April 2019.
- Further roll out the early warning system (increase the number of sites reporting)
- Establish a forward operating base in Buzi to support the MoH District Medical Team.
- Support the MOH at the launch of the Health and Nutrition Emergency Response Plan.
- Finalize the implementation plan and monitoring framework.
- Fully engage with and influence the PDNA area of work.
- Expand the health assessments outside the four most affected districts ensuring that all information collected is analysed and shared (across all agencies and clusters) in a digestible way that allows MOH and operational agencies to prioritise interventions.
- Ensure the rehabilitation of the Beira hospital roof to ensure two operating theatres are brought back in to service.
- Finalise the minimum package of health services for health posts, centers and mobile clinics for the emergency response.
- Continue to deliver priority interventions to deal with the malaria threat in the four most affected districts.
- Finalise staffing and resource requirements (shrink to fit) for the next two months.
- Intensify fund raising efforts.
- Brief all partners in Maputo on the current situation and operation (one month briefing).
- Ensure effective operations and team cohesion as we start to rotate first phase staff.