

# Tropical Cyclone Idai

Mozambique



## Situation Report 03



19 April 2019



World Health  
Organization

REGIONAL OFFICE FOR

Africa

## 1. HIGHLIGHTS

**1.85M**

People affected

**400K**

Displaced

**603**

Deaths

**1641**

Injured

**>1M**

People in need of basic health services

**335K**

Children affected and still out of school

- More than 70,610 people remain displaced in 69 accommodation sites across Manica (32); Sofala (29); Tete (5) and Zambezia (3), as of 16 April.
- Malaria cases continue to rise, with 12,918 cases reported representing 40% of all consultations in cyclone affected areas as of 15 April. More than 450,000 mosquito nets are currently being distributed in the affected areas.
- Cholera outbreak declared on 27 March has affected more than 6,385 people as of 18 April with 8 deaths (CFR0.1%). A decrease in reported suspect cholera cases was observed across all four affected districts of Sofala Province.
- From 3 to 9 April, a successful six-day emergency cholera vaccination campaign reached more than 800 000 people (98.6% of the targeted population) in four districts.
- The Health Week in the 21 most affected districts of Sofala, Manica, Inhambane and Zambezia is planned for the week of 2 May 2019. The plan targets 810,196 under 5yr children and 313,723 girls and women in reproductive age (15-49yo) years. The intervention package will include measles, rubella and polio vaccines; vitamin A, deworming, nutrition screening, Iron and folic acid supplements, for adolescent, mother and child health, family planning and anti-natal care.
- WHO support continues to Ministry of Health for improvement and expansion of Early Warning and Response System (EWARS).
- WHO has been successfully supporting the Ministry of Health and provincial Directorate of Health to running Health Operations with a focus on prevention and control of outbreaks, and ensuring health service coverage across the main affected areas.
- There are currently 08 Emergency Medical Team Coordination (EMT) fully operating.
- Nutrition screening took place in 5 accommodation centers in Beira and Dondo in collaboration with UNICEF and WFP. A total of 985 children aged 6-59 months were screened



## 2. BACKGROUND AND CONTEXT UPDATE

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 602 people, with more than 1,641 people injured, according to the Government. 400,000 people were 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 of safe water, sanitation, clean food and safe spaces for breastfeeding.

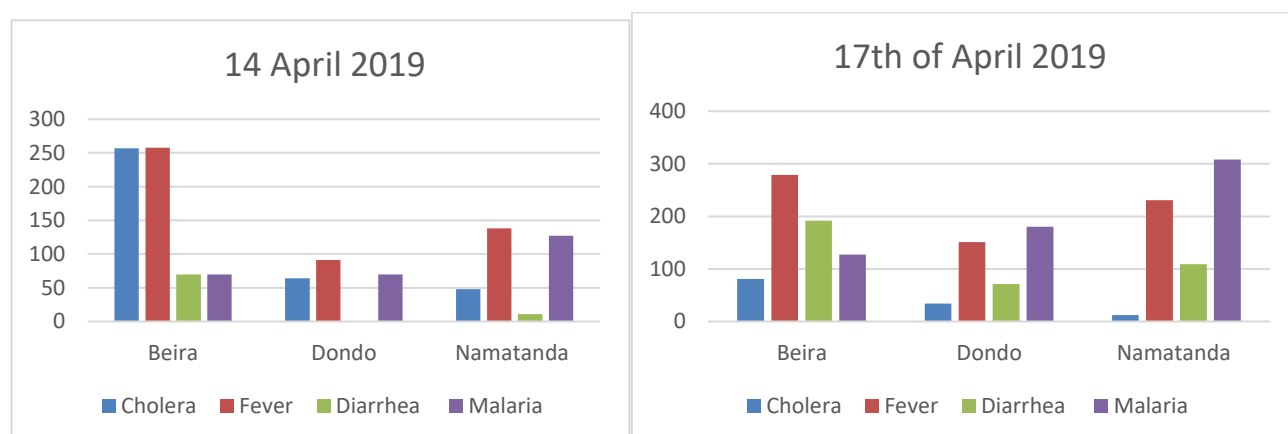
In Mozambique, prior to the cyclone emergency, despite improvements in infant mortality rates

and significant improvements in access to PHC, health and nutrition indicators were of concern: <5 mortality rate (78.5 per 1000), Maternal mortality ratio (407 per 100 000 live births), 43% of children under five years of age are stunted and 6% are wasted, with no improvement in prevalence over the last 10 years. This will likely be negatively impacted in this emergency due to the above-listed factors.

### 3. ANALYSIS OF THE CURRENT SITUATION

The cyclone caused widespread damage to health facilities (with at 93<sup>1</sup> health centres damaged), while also leaving large numbers of the population cut off or displaced away from their normal health facility. Sanitation facilities such as latrines were destroyed by the storm and floods, with consequent contamination of wells and boreholes.

The flooding and stagnation of water has increased the risk of communicable diseases and a favourable ground for breeding of mosquitoes. Major Health Risks are to do with Cholera and other acute watery diarrhea, Bloody diarrhea, Vector-borne diseases, including malaria, dengue, Other epidemic-prone diseases (measles) and Malnutrition. The malaria cases are increasing in the four-main affected districts with an accumulative number of cases reported of 12,918 cases since the explosion of the cyclone. The highest numbers of reported cases are in in Nhamatanda. As of the 11<sup>th</sup> of April, reported cases of malaria represented 40% of all consultations in cyclone affected areas. The graph below shows the comparison of malaria cases in for 14<sup>th</sup> of April and 17<sup>th</sup> of April 2019. A follow up visit on the increased number of cases in Nhamatanda has confirmed that the malaria cases were confirmed through RDT.



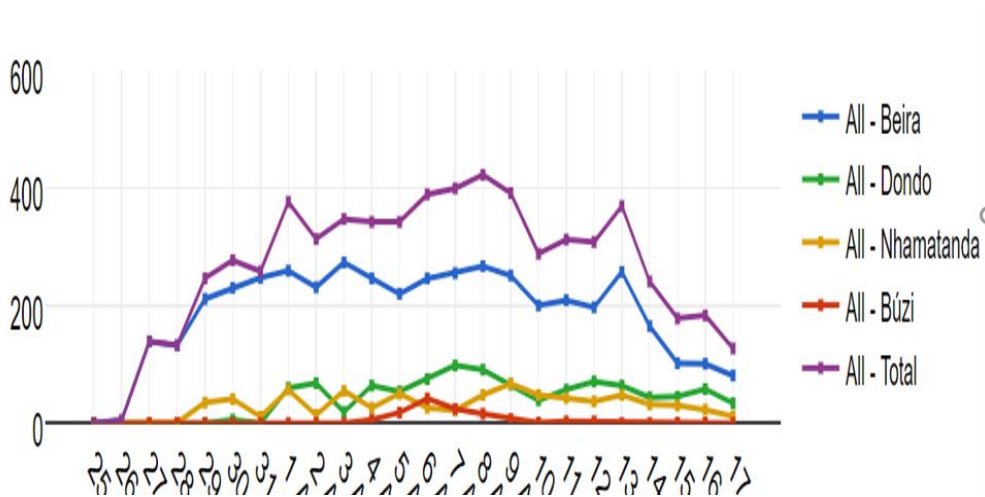
Since the declaration of the cholera outbreak on 27 March 2019, and up to 19 April 2019, 6 385 cases and 8 deaths were reported (case fatality rate: 0,1%), in four districts of Sofala Province: Beira, Buzi, Dondo and Nhamatanda

#### Epidemic curve of cholera cases in the 4 affected districts in Sofala province

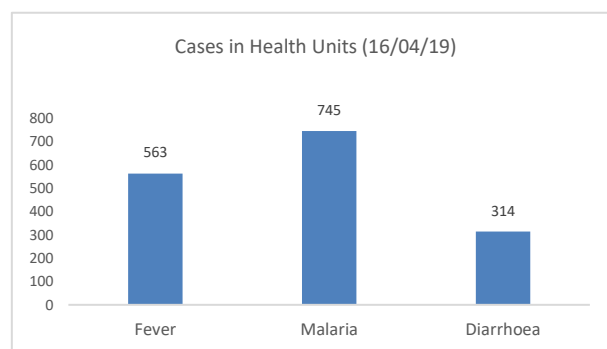
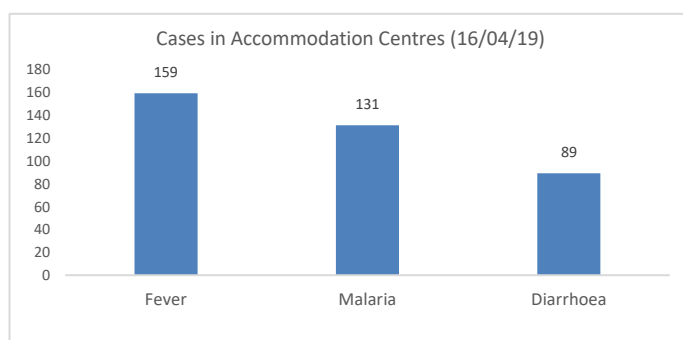
In last week, a significant decrease in reported suspect cholera cases was observed across all four affected districts of Sofala Province.

Beira district continued to be the most affected district with an overall attack rate of 909 cases per 100 000 population, with five neighbourhoods (Beira, Buzi, Dondo, Nhamatanda, and Inharrim) reporting high attack rates.

<sup>1</sup> ING Daily Bulletin 19 April 2019



The major causes of communicable diseases of public health importance reported in health units and camps are as follows<sup>2</sup>



WHO is supporting the MOH on key interventions for vector control including: bed nets distribution to the families in accommodation centers and private residences; training has begun for the indoor spraying of households; funds and supervision support for case management in health facilities.

Support has been given to provide psychological first aid in the accommodation centers, schools and for health staff. Staff and community groups have been training for identification of stress condition and signs violence and sexual exploitation especially in accommodation centers.

#### 4. PUBLIC HEALTH RESPONSE

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

<sup>2</sup> Ponto de situação do ciclone IDAI (18/04/19), República de Moçambique, Ministério da Saúde, Direcção Nacional de Saúde Pública

On 25 March, WHO declared the humanitarian situation in Mozambique as a Grade 3 Emergency under WHO's Emergency Response Framework. As of April 12, more than 10 Staff from the Mozambique office have been repurposed and deployed to Beira and Chimoio to support the response, along with over 30 surge staff from Regions and Headquarters who have been deployed into Mozambique. Further deployments are planned to replace and fill critical response needs over the coming weeks.

### **Cholera Outbreak response**

As part of the ongoing Cholera response, the Ministry of Health has concluded on 10 April 2019 a successful six-day emergency cholera vaccination campaign that reached more than 800,000 people (98% of the targeted population) in four districts. This week, the cholera vaccination targeted newly identified high risk areas communities in Grudja, Chiro, Vinho, Wiriquize, Sanguze Muana and Nhataca.

From 15 April, a cholera diagnostic strategy was implemented to monitoring and track the outbreak and detected strains.

Interventions to strengthen the water and sanitation in the communities, risk communication with community engagement, as well as result of the cholera vaccination were the key determinants for reduction of cases.

### **Health operations and Emergency Medical Teams**

The quality care, case management monitoring visits are being supported with the MoH, to ensure that service provision either by health system providers or clinical partners meet the standards of care set by the Ministry of Health.

There are 08 EMTs fully operational by now (17/4/19). Teams are reporting using the Minimum Data Set, that have been key for analyzing possible issues during the EMT's operations. Most of the EMTs have set the date for ending operations and are working with the health District for donations. EMTs are conscious of the damages in the healthcare facilities, and most of them are donating tents, medical equipment, electromechanical systems, medications, and consumables to the facility they are assisting. The current focus is to ensure a responsible transition, specially, for the follow-up of patients.

### **Surveillance**

WHO is working closely with INS and the MOH partners to improve case detection and investigation, surveillance and data analysis through the deployment and expansion of the Early Warning and Response System (EWARS) to health facilities in Sofala Province and the development of Outbreak Investigation Teams.

WHO is also supporting the production of weekly epidemiological bulletins. Other key achievements include the revision of diagnostic testing strategy, the training of outbreak investigation teams, and standardization of alert management processes with Ministry of Health and other partners.

### **Nutrition**

A 6-month Operational plan (April- September) is drafted to guide the WHO/MOH response to

nutrition emergency. The focus of the plan includes, collaboration with nutrition cluster to harmonize and standardize the emergency nutrition interventions through distribution of norms and standards and training to guide the emergency works.

Nutrition Screening took place in 5 accommodation centers in Beira and Dondo in collaboration with UNICEF, WFP and MoH. A total of 985 children aged 6-59 months were screened and of these 56 children were found to have moderate malnutrition while only one child was identified to have severe acute malnutrition.

WHO is collaborating with nutrition cluster to support the implementation of the intervention during National Health Week that is planned to take place from May 02 – 06, 2019.

### **Communications and Social Mobilization**

WHO is supporting MoH on Risk Communication to deliver effective awareness messages. Activities conducted with MoH and partners, including WHO, of the Social Mobilization task force for Risk communication are to do with:

- Raise awareness of the communities in the prevention of waterborne diseases and malaria
- Support for the control of water quality in the public network, wells and boreholes;
- Distribution of water purifiers (Chlorine and Certeza) and of IEC materials
- Door to Door social mobilization for dissemination of disease prevention messages
- Dissemination of cholera and malaria prevention messages through Radio Mozambique and community radio stations in Portuguese, Ndau and Sena.
- Training of health community workers.

### **Health facilities assessments**

WHO conducted two assessments in health facilities;

- In the area of nutrition, the assessment in Nhamatanda district revealed that the hospital has basic infrastructure, human resource, essential supplies including therapeutic feeds and equipment for the management of severe acute malnutrition. Assessment of knowledge of health workers also found to be satisfactory in terms of providing lifesaving services to stabilize children admitted to hospitals. Gaps in management of malnourished children, in availability of standard anthropometric equipment, second line drugs and water system were noted.
- A rapid situation analysis with focus on health infrastructure damage has been conducted in Manica Province. 8 out of the 18 health facilities were damaged. Key findings show that damage is of considerable importance but did not impede the provision of health care to the populations. Malaria is the disease of major concern in the province. There is high degree of epidemic preparedness at the Province and throughout all the districts visited. Integrated Disease Surveillance and Response is functional at all levels.

## **5. GAPS AND CHALLENGES**

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- To ensure responsible transition of the patients from the EMT's
- Roll out of EWARS to health facilities located in hard-to-reach areas (Buzi) and deployment of EWARS to displaced persons accommodation centres.
- Differential application/ non-adherence to standard case definitions for cholera for reported cases

- Work with INS and other partners to refine the diagnostic strategy for cholera
- Address the availability of routine nutrition data from health facilities.
- Assess and ensure health coverage to the hard to reach communities.

## 6. RECOMMENDATIONS AND NEXT STEPS

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### Public health response

- Secure resources to enable pre-positioned Outbreak Investigation Teams in the districts/provinces: Partners working in the provinces have been requested to contribute to the effort.
- Most EMTs are leaving by the end of the month. There is a need to secure good hand-over / take-over processes. In the following days, the agenda is centered in the review of the exit plans for the EMT's, between the EMTCC and the MoH, and ensure a responsible exit.
- In order to initiate the second phase of the health response develop recovery and rehabilitation strategies of health services, including training of health care workers.
- Reinforcement of alert system for case detection and case investigation and continue to refine surveillance and diagnostic testing strategy.
- Focus on the finalization and approval of the essential package of service.
- Undertaking more field visits to assess more health facilities.
- Planning for training of health workers on management of severe acute malnutrition.
- To include nutrition indicators into existing EWARS to enable health facilities report on the total number of children screened by MUAC, number of children with global acute malnutrition; number of children with moderate malnutrition and severe acute malnutrition separately.
- Finalize the package of essential (to include key nutrition interventions).
- Provide refreshment trainings for the community health workers and community radio producers
- Planning for child health week in 4 provinces (Sofala, Inhambane, Manica, Zambezia) covering 21 high risk districts.
- Provide support to the Post Disaster Needs Assessment (PDNA) process.

### Operational Support and Logistics

- Strengthen logistic support for the bed nets and for availability of indoor spraying material for beginning of campaign on time.

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