

# Tropical Cyclone Idai

Mozambique



## Situation Report 04



26 April 2019

## 1. HIGHLIGHTS

**1.85M**

People affected

**400K**

Displaced

**603**

Deaths

**1641**

Injured

**1.2M**

People in need of basic health services

**6682**

Cholera cases

- The number of internally displaced people living in accommodation centres decreased from 160,927 to 72,793 people across 65 sites, as of 22 April.
- At least 177,000 people are estimated to be in more than 50 communities that are hard-to-reach or inaccessible by road.
- Cholera outbreak declared on 27 March has affected 6,682 people as of 25 April. Following the effective cholera vaccination that reached 98.6% of the targeted population and timely treatment, the cholera outbreak has declined significantly across all affected districts with a low CFR of 0.1%.
- Malaria cases continue to rise, with 15,983 cases reported as of 25 April. To mitigate the impact of malaria, more than 474,400 LLINs has been distributed in the affected areas and the indoor spraying campaign launched.
- There are currently 6 Emergency Medical Team fully operating and providing their services for the affected population reaching more than 6815 patients this week.
- Diagnostic testing strategy for Cholera has been initiated with the support of WHO to ensure proper monitoring of the evolution of the outbreak and document the type of strains involved.
- WHO is supporting the formation of outbreak investigation teams, and standardization of alert management processes with the Ministry of Health and other partners



## 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 floodings, 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. 400,000 people were displaced with 160,927 people sheltered in 164 collective temporary accommodation centres.

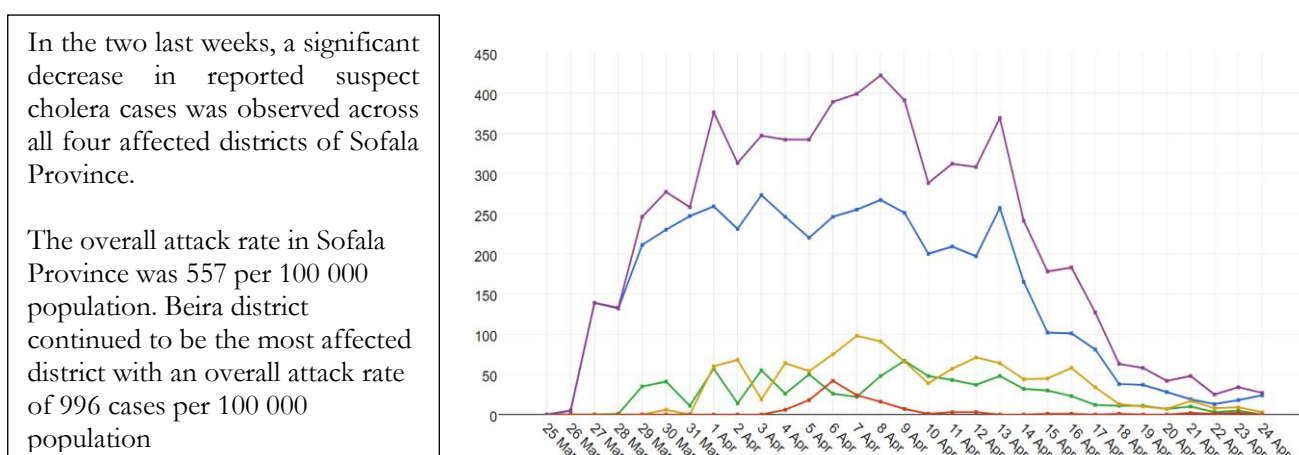
Humanitarian partners continue supporting the population affected by Cyclone Idai in Mozambique. As of the 22 of April, more than one month after this devastating event, there are still nearly 1.2 million people in need. However, the number of internally displaced people living in accommodation centres has decreased to 72,793 people across 65 sites in Manica, Sofala, Tete and Zambezia.

### 3. ANALYSIS OF THE CURRENT SITUATION

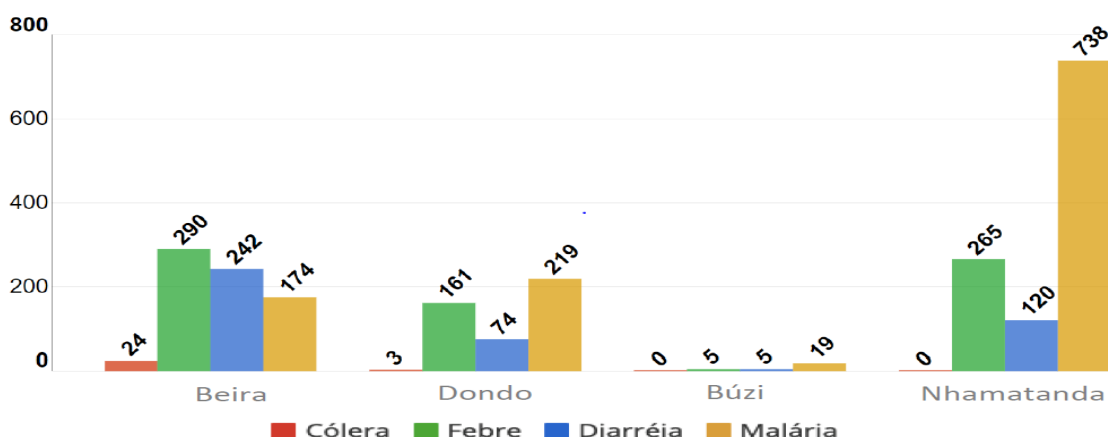
The cyclone caused widespread damage to health facilities (with at least 77 health centres damaged), while also leaving large numbers of the population cut off or displaced away from their normal health facility. Based on the Multi-sectoral rapid assessments<sup>1</sup>, health was found to be one of the main concerns in over half (59%) of assessed locations. At least 177,000 people are estimated to be in more than 50 communities that are hard-to-reach or inaccessible by road, including in Buzi, Chibabava, Nhamatanda and Sussendenga districts.

The risk of communicable diseases remains of humanitarian concern with major health risks including cholera, acute watery diarrhoea (AWD), bloody diarrhoea, malaria, dengue and other water borne diseases. Since the declaration of the cholera outbreak on 27 March in four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province, 6,682 cases and 8 deaths were reported as of 25 April (case fatality rate: 0.1%). However, the number of new reported cholera cases in Sofala Province continues to decline: from 24 April to 25 April 7:00 am, 27 new cases of cholera were reported, down from more than 400 cases reported daily during the peak of the outbreak.

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



The graph below shows the reported number of major causes of communicable diseases of public health importance for 24<sup>th</sup> of April in the 4 affected districts.



Malaria cases in Sofala continue to rise, with cumulative 15,983 malaria cases registered as of 7 a.m. on 25 April, with most cases being reported in Nhamatanda (6,125) since the province was affected by the cyclone. Despite the impression of increase of malaria cases noted from 11th of April, the proportion of reported cases (40% of all consultations) has not changed much since the beginning of the emergency. Further analysis and monitoring is

<sup>1</sup> MRA report in Sofala and Manica province 20 April 2019

ongoing to generate evidence for decision making

## 4. PUBLIC HEALTH RESPONSE

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On 22 March, the Inter Agency Standing Committee(IASC) Principals declared 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 of the Health Cluster to provide support to the Ministry of Health.

On 25 March, WHO declared the humanitarian situation in Mozambique as a Grade 3 Emergency under WHO's Emergency Response Framework. As of April 25, more than 60 Staff from country office, Regions and Headquarters have been repurposed and deployed to Beira and Chimoio to support the response.

Mozambique Health Cluster is supporting 42 Partners who are reporting activities covering 11 provinces predominantly in Sofala province. The health cluster meeting is organized three times a week and is chaired by the Ministry of health.

### Cholera Outbreak response

WHO continues support the cholera response, particularly in early detection and timely treatment. Following the reduction in number of cholera cases across all districts affected, from 15 April, a diagnostic strategy was implemented to allow for (i) monitoring the progress or resolution of the outbreak and (ii) monitoring of detected strains. All specimens from cholera treatment centres/units (CTC/Us) are tested using Rapid Diagnostic Tests (RDT), with culture performed on all positive specimens at the provincial laboratory. From 15 to 21 April, 56 samples were tested with RDT of which 23 (41%) were positive with confirmation by culture pending. Revised diagnostic testing strategy for Cholera started with support of WHO.

From 3 to 9 April, the Ministry of Health conducted a mass vaccination campaign in the four affected districts providing oral cholera vaccination to more than 800 000 individuals older than 1 year of age. Vaccination of high-risk populations has also been completed this week reaching all areas accessible only by helicopters. The overall coverage has remained at greater than 90% of the target population.

### Malaria

As a response to the increasing number of malaria cases, WHO is supporting the MOH on key interventions for vector control. A total of 474,400 Bed nets was distributed to the following districts: Beira (245,000 nets), Dondo (90,500 nets), Nhamatanda (87,800 nets), Búzi (41,100 nets) and Manica (10,000 nets). The Household Spraying Campaign is launched and will take place in the districts of Nhamatanda, Buzi, Beira and Dondo for 30 days.

### Mental Health and Psychosocial Support

Support has been given to provide psychological aid: training of 19 Community leaders on screening for acute stress symptoms, training of 45 teachers in Early Psychological Care and psychosocial support for health workers through group therapy.

### Health operations and Emergency Medical Teams

There are 06 EMT's fully operating currently. Team are reporting using the Minimum Data Set, that have been a key for analyse possible issues during the EMT's operations. More than 6815 patients have benefited from this service this week.

Most of the EMT has set the date for ending operations and working with the District Level in the donations. EMT's are conscious of the damaged in the healthcare facility, and most of them donate tents, medical equipment, electromechanical systems, medications, and consumables to the facility they are assisting and working to have a responsible transition, specially, for the follow up of patients.

Transition and exit plan meetings are going on, with the participation of the MoH, DPS, EMT and EMTCC to discuss all concerns during this phase and scheduled visits are settled to review with the EMT's the transition plans to ensure responsible exits.

## **Surveillance**

WHO works closely with INS and Ministry of Health partners to improve case detection and investigation, active surveillance and data analysis, including analysis to quantify and show trends of Malaria cases. WHO is supporting the formation of outbreak investigation teams, and standardization of alert management processes with the Ministry of Health and other partners

Support continues to Ministry of Health and INS for improvement and expansion of Early Warning and Response System (EWARS) reporting from designated reporting sites. WHO provides support in production of epidemiological bulletins and daily epidemiological updates.

## **Nutrition**

A monitoring visit to the company serving meals to the accommodation centres was conducted this week and provided recommendations to improve food quality and safety.

WHO in collaboration with nutrition cluster has undertaken an assessment of the ongoing outpatient care for malnourished children at health centers in Nhamatanda district. Results are being analyzed to inform areas of gaps for strengthening.

## **Infection Prevention Control**

WHO is working with IPC partners (Americares, JHPiego) to support IPC activities in the 4 districts of Sofala for 3 to 6 months (even more depending on the needs and negotiation), with 4 IPC teams, provision of IPC consumables (based on DPS list). IPC basic training and risk communication in communities.

IPC Training Program targeting health care workers, started on 22nd April under MoH/DPS and WHO coordination and supervision.

Health Care Units IPC Assessments are ongoing and an official IPC Assessment Tool is under development with the objective to standardize information, facilitate understanding of challenges and implement recommendations for IPC conditions improvement.

## **Risk Communication and Community Engagement**

WHO provided technical support for: development and dissemination of IEC materials and key messages on health promotion; mapping and capacity reinforcement of social mobilizers and activists; reactivation of Local Health Committees and field visits for external communication teams.

## **Joint health response monitoring**

Based on the Response Plan, WHO has supported development of a monitoring framework with SMART indicators to measure progress against planned target in the acute emergency phase (3 months). The proposed indicators were shared with partners for inputs. A detailed validation exercise was done with

MISAU (MOH) at the national level with additional feedback from the provincial level. This validation is now almost complete. Methods of data collecting for the indicators were discussed with MISAU at the provincial level (Beira).

The indicators broadly fall into three categories of information: (1) partner activities; (2) health facility service availability; and (3) health system utilization and performance. Wherever possible, data will be collected from existing sources (e.g., bulletins, SISMA), and with partners' contribution for the data. Data collection is already beginning. M&E weekly reports are expected to be issued soon.

### **Operational Support and Logistics**

WHO continues working closely with health partners in the field to facilitate supply of material and/or drugs. Handover of the donation made by the Russian Federation was made to MOH and the Provincial health authorities. The 2nd shipment received from WHO stock in Dubai was also delivered to the MoH (this include basic kits, cholera kit, consumables, drug modules and miscellaneous materials). Part of the material has been handover directly to partners working in the field. In addition, Rapid test for cholera has also been handed over directly to DPS in Beira and Chimoio.

WHO has also received 30MT of ringer lactate from South Africa, and this will be handed over to partners and MoH once we received the infusion sets coming from WHO stocks in Dakar.

With the support of WFP and the logistic cluster of Beira, WHO is supporting the MoH and the Malaria Program for the mosquito net and insecticide storage and distribution.

As part of the rapid assessment on health infrastructure, 10 health facilities have been visited and assessed (5 in Manica Province, 5 in Sofalaprovince) .WHO will facilitate the emergency repairs for at least 5 facilites with the support of IOM. A quick support to the Cuban brigade to fix the water system has also been performed by OSL team.

### **Media Communication**

WHO hosted an inter-agency meeting on communications to boost media awareness through joint stories and press engagement. Other achievements include: social media coverage of indoor spraying launch on World Malaria Day in Nhamatanda; Videos and web stories produced on post-disaster risk assessment and EWARs in-a-box and provision of Cyclone Idai updates and Cyclone Kenneth talking points to AFRO and HQ.

## **5. GAPS AND CHALLENGES**

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- Access to some of the districts affected still remains a major challenge. WHO should continue its support specially for the planned Child Health Week.
- Restoration of the health services is facing several challenges specially the need for rehabilitation and restoration of power to restart the much needed immunization.
- Ensuring a smooth transition and exit plan that is well coordinated with other partners. This also requires the consideration of the rapid rehabilitation of the health facilities that have been destroyed or partially damaged.
- Resupply of pharma and medical consumables to the damaged health facilities is a concern identified by the MoH and requested support with coordination.
- Referral of patients from one facility to another has been an issue for the EMTs, specially for ambulance suppot.

- Resource requirements for the operation of the Outbreak Investigation Teams in the districts/provinces. Partners working in the provinces have been requested to contribute to the effort.
- Differential application/non-adherence to standard case definition for cholera for reported cases.
- Expansion of EWARS to health facilities inaccessible and hard-to-reach areas.
- Weak risk communication capacity of the community health workers, community radio producers and social mobilizers.
- As the acute phase of recovery has passed, international media has departed and attention has turned elsewhere despite remaining needs on the ground.

## 6. RECOMMENDATIONS AND NEXT STEPS

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### Public Health Response

- Transition of patients back to the healthcare facility and training for the personnel from the Healthcare are starting in some teams.
- Support the Ministry of Health/INS and other partners to scale -up EWARS implementation.
- Continue to refine surveillance and implementation of the lab diagnostic testing strategy (cholera and other epidemic-prone diseases).
- Keep working with INS to assess Malaria, Malnutrition and eventually other health conditions
- Continue working with INS to assess and analyze the situation of Malaria, Malnutrition and epidemic-prone diseases.
- Finalize hospital analysis in Buzi district while preparing for training of health workers on management of severe acute malnutrition from the four worst affected districts
- Technical training on Risk Communication and Community Engagement for health workers and communication professionals of community radios
- Maintain a communications presence on the ground to gather stories and audio-visual material to make them easily accessible for international journalists

### Operational Support and Logistics

- An antimalarial and RDTs order is being processed in order to immediately response the increased number of cases.
- Work with the Logistics Cluster and CMAM to facilitate transportations and deliveries of medicines and health equipment to the health facilities, particularly at hard-to-reach areas.
- Provided logistics support for Cyclone Kenneth response in affected areas.

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