

# Tropical Cyclones Idai and Kenneth Mozambique



## National Situation Report 4

**31 May**

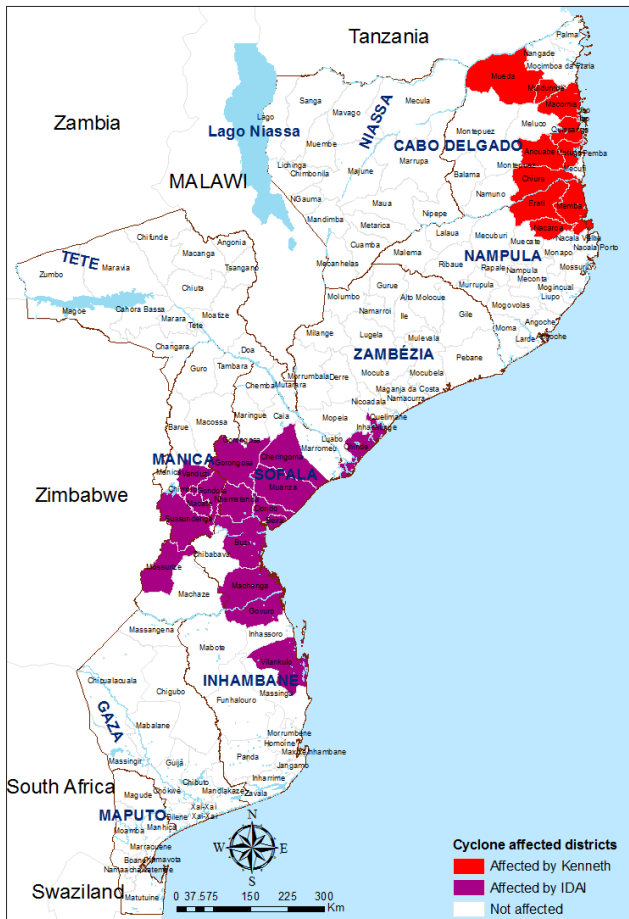
Period covered: 24- 30 May



REPÚBLICA DE MOÇAMBIQUE  
MINISTÉRIO DA SAÚDE



## 1. HIGHLIGHTS



**Figure 1:** Affected districts by cyclones IDAI and Kenneth

### 1.1 CYCLONE IDAI

<b>1.85M</b>	<b>400K</b>	<b>603</b>	<b>1641</b>	<b>1.2M</b>	<b>6766</b>	<b>43556</b>
People affected	Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- As of 23<sup>rd</sup> May, 6 accommodation centers remain in Sofala province (Beira-3, Buzi-3) sheltering 1,146 families representing 4,514 people.<sup>1</sup>
- Health Services provision remains challenging in hard to reach areas with limited access to essential care at the resettlement sites. There is an urgent need for construction of health facilities in districts that already had few health facilities and are now hosting resettled families.

<sup>1</sup> INGC Situation Report, 21 May, 2019

- The number of reported cholera cases remained low, with sporadic cases reported in all affected districts. In week 21, from 20 May to 26 May, 1 new suspected case was reported in Sofala province (Nhamatanda) bringing the number of cumulative cases up to 6,766.
- Malaria cases in Sofala continue to rise, with cumulative 43,556 cases registered as of 28 May, with most cases being reported in Nhamatanda (19,959).
- The International Pledging Conference is scheduled to take place 31 May- 1 June with high level donor and partner organizations representation. The basis for the pledges will be the Post Disaster Needs Assessment which estimates Mozambique health needs to be 202,420,900 million USD for the post- cyclone reconstruction.

## 1.2 CYCLONE KENNETH

<b>3214</b>	<b>45</b>	<b>91</b>	<b>374K<sup>2</sup></b>	<b>254</b>	<b>10765</b>
Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- Reported as of 9 May, 19 health facilities have been either partially (15) or totally (4) destroyed.<sup>3</sup>
- An outbreak of cholera was confirmed on 1<sup>st</sup> May 2019 in Pemba and Mecúfi and on 08 May in Metuge districts of Cabo Delgado Province. From 27 March to 28 May 2019, 254 cumulative cases and no deaths were reported in these districts.
- From May 27<sup>th</sup> to 29<sup>th</sup> COSACA provided a training on cholera case management in Pemba with participation of Nurses from prioritized districts participated in the training in Pemba.
- As of May 28, 10,765 malaria cases have been reported in Pemba (4,619), Macomia (2,136), Metuge (2,446) and Mecúfi (1,108)<sup>4</sup>.

## 2. BACKGROUND AND CONTEXT UPDATE

### 2.1 CYCLONE IDAI

In March 2019, cyclone Idai 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

<sup>2</sup> Agreed People in Need Number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8 May 2019

<sup>3</sup> INGC Situation Report, 9 May 2019

<sup>4</sup> Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19

to 603 people, with more than 1,641 people injured, according to the Government<sup>5</sup>. 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 number of displaced people seeking shelter in accommodation sites in Sofala has decreased to 4,514 people (1,146 families) as of 23 May 2019. There are now 6 accommodation centres remaining in Sofala (3 in Beira and 3 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).<sup>6</sup> 84 per cent of which (37,748 houses) are in Cabo Delgado province<sup>7</sup>. Approximately 3130 displaced people were sheltering in accommodation centres as of 12 May.<sup>8</sup> 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 14 percent of the health infrastructure in the affected provinces was damaged. Health equipment, furniture, essential medicine and medical supplies were also destroyed. The total financial need is estimated to be \$US 202,420,900.<sup>9</sup>

#### 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.

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<sup>5</sup> INGC Situation report, 21 May 2019

<sup>6</sup> UNOCHA Situation Briefing, 12 May 2019

<sup>7</sup> UNOCHA Situation Briefing, 12 May 2019

<sup>8</sup> UNOCHA Situation Briefing, 12 May 2019

<sup>9</sup> Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

### 2.3.2.1 CHOLERA

The number of reported cholera cases remained very low during the reporting period and suspected occurred only sporadically. In Week 21, from 21 May to 26 May, 4 suspected cholera case were reported in Nhamatanda and all were negative by culture<sup>10</sup>. Of remark, over the last two weeks, all results of culture were negative. Since the declaration of the cholera outbreak on 27 March 2019, and up to 28 May 2019, 6,766 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.

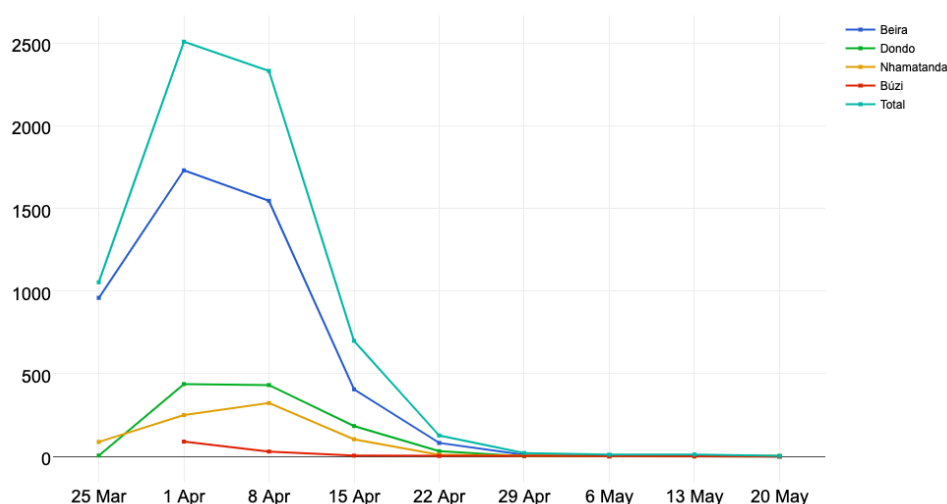


Figure 2: Cholera cases by week in Sofala province from 27 March to 26 May 2019

Table 1: Number of suspect cholera cases, attack rate, deaths and case fatality ratio by district, Sofala Province, (27 March – 28 May 2019)<sup>11</sup>

District	Cases	Population	Deaths	CFR (%)	Attack Rate per 100,000
Beira	4,745	465,918	4	0.08	1018.42
Buzi	134	207,631	0	0.0	64.53
Dondo	1,094	189,259	2	0.18	578.04
Nhamatanda	793	322,511	2	0.25	245.88
<b>Total</b>	<b>6,766</b>	<b>1,185,319</b>	<b>8</b>	<b>0.12</b>	<b>571</b>

<sup>10</sup> Mozambique response to cyclone IDAI Weekly Epi Bulletin, Week 21

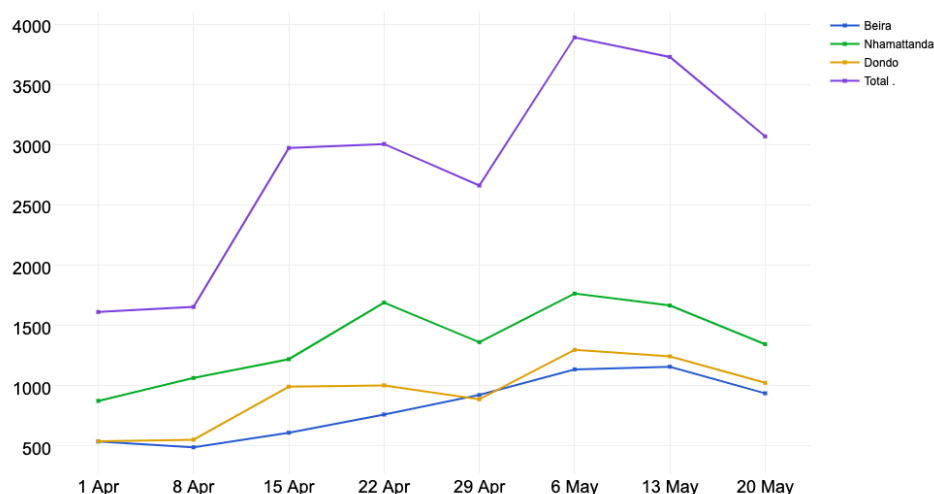
<sup>11</sup> Mozambique response to cyclone IDAI Weekly Epi Bulletin, Week 21

### 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 21. The burden of malaria cases in affected areas in Sofala province remains concerning, with cumulative 43,556 cases reported as of 28 May, up from a cumulative 38,309 cases as of 21 May. Most of the cases are being reported in Nhamatanda. Figure 3 shows that cases of malaria in affected districts declined in the week 21 as compared to previous week.

**Table 2: Cumulative number of malaria cases in affected districts in Sofala province 27 March- 28 May 2019**

District	Confirmed Cases	Population	Attack Rate per 100,000
Beira	11,397	465,918	2,447
Buzi	216	207,631	104
Dondo	11,984	189,259	6,331
Nhamatanda	19,959	322,511	6,189
<b>Total</b>	<b>43,556</b>	<b>1,185,319</b>	<b>3,675</b>



**Figure 3: Weekly reported malaria cases at sentinel sites (27 March – 26 May 2019)<sup>12</sup>**

## 2.4 CYCLONE KENNETH

### 2.4.1 ACCESS TO HEALTH SERVICES

Access to the affected districts is still restricted due to the destruction of roads. Villages in the coastal districts, such as Mucojo and Naundi in the Macomia district, are isolated, not accessible by road and without telecommunication. Access to health services in these villages is limited while being vulnerable to security situation. In Ibo Island (Ibo District) and in Quissanga districts health services are being provided in tents. The situation on the islands of Matemo and Quirimbas still needs evaluation in particular the peripheral health

<sup>12</sup> Sentinel sites are facilities which have reported daily to INS for at least 90% of days since April 1. Sentinel sites consist of 7 in Beira, 3 in Dondo, and 3 in Nhamatanda.

facilities.

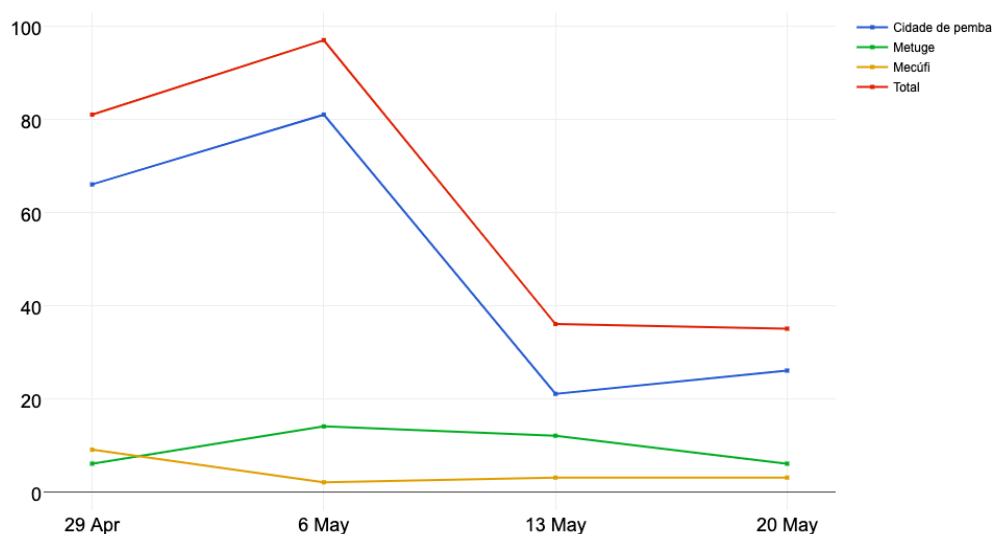
## 2.4.2 COMMUNICABLE DISEASES

### 2.4.2.1 CHOLERA

An outbreak of cholera was confirmed on 1<sup>st</sup> May 2019 in Pemba and Mecúfi and on 08 May in Metuge districts. From 27 March to 28 May 2019, 254 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 77.50 per 100,000 population. Pemba district was the most affected district with a cumulative attack rate of 98.74 per 100,000 population.

**Table 3: Number of suspected cholera cases, attack rate, deaths and CFR by district, Cabo Delgado Province (1 May- 28 May)<sup>13</sup>**

District	Population	Cholera cases	Deaths	Attack rate per 100,000
Pemba	200,529	198	0	98.74
Metuge	86,866	39	0	44.90
Mecufi	40,433	17	0	42.04
<b>Total</b>	<b>327,828</b>	<b>254</b>	<b>0</b>	<b>77.50</b>



**Figure 4: Suspected cholera cases by day of reporting, Cabo Delgado Province (1 May – 26 May 2019) (n = 254)<sup>14</sup>**

### 2.4.2.2 MALARIA

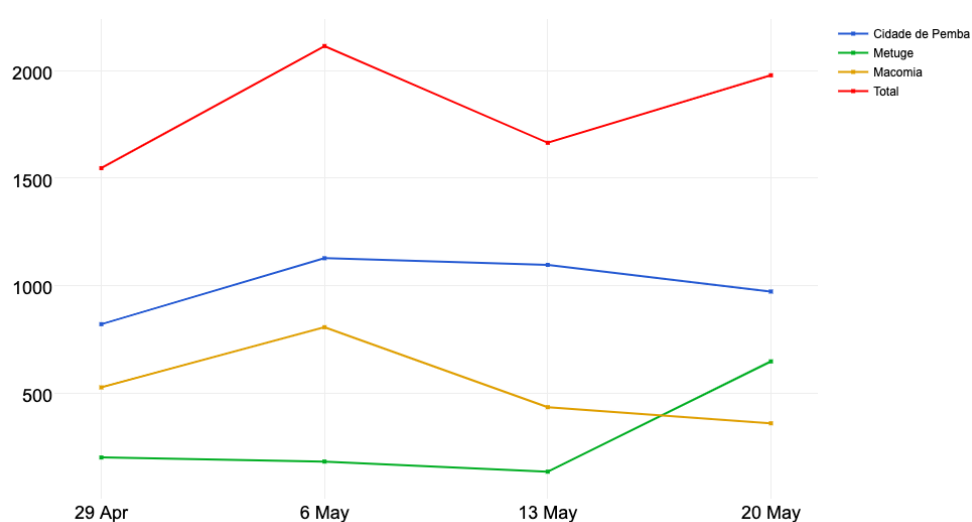
Malaria cases in affected areas in Cabo Delgado continue to rise, with cumulative 10,765 cases registered as of 28 May, with most cases being reported in Pemba (4,619).

<sup>13</sup> Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

<sup>14</sup> Mozambique response to cyclone Idai Weekly Epi Bulletin, week 20

**Table 4: Cumulative malaria cases by districts as of 1 May- 28 May 2019<sup>15</sup>**

District	Population	Confirmed Cases	Attack Rate per 100,000
Pemba	200,529	4,619	2,304
Macomia	114,345	2,136	1,869
Metuge	86,866	2,446	2,816
Ibo	12,205	27	222
Quissanga	50,259	429	95
Mecúfi	40,433	1,108	2,741
<b>Total</b>	<b>504,637</b>	<b>10,765</b>	<b>2,134</b>



**Figure 5: Weekly reported malaria cases at sentinel sites (1 May – 26 May 2019)<sup>16</sup>**

### 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.

<sup>15</sup> Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

<sup>16</sup> Mozambique response to cyclone Idai Weekly Epi Bulletin, week 19



### 3.1.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> <li>Ministry of Health is coordinating surveillance activities. The 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.</li> </ul>
Surveillance & Laboratory	<ul style="list-style-type: none"> <li>Epidemiological support to surveillance and response efforts in districts affected by cyclones Idai continues.</li> <li>INS, with support of WHO, is expanding the Early Warning and Response System (EWARS) to more health facilities in high risk districts with absence of functioning surveillance system in Sofala province to improve disease outbreak detection.</li> <li>WHO (in collaboration with US-CDC) is supporting the MOH/INS in managing an alert system through a hotline, EWARS and M-Alert, and supporting alerts data analysis and visualization.</li> <li>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.</li> </ul>
Case Management & IPC	<ul style="list-style-type: none"> <li>The DPS, with support from WHO, UNICEF and Medicos Del Mundo, led rapid assessments to assess availability of essential health services in resettlement areas in Buzi, Nhamatanda, Chibabava and Dondo districts. Preliminary results on link below:  <a href="https://www.humanitarianresponse.info/en/operations/mozambique/assessment/resettlement-sites-assessment-0">https://www.humanitarianresponse.info/en/operations/mozambique/assessment/resettlement-sites-assessment-0</a></li> </ul>
Risk Communication & Community Engagement	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>

### 3.1.2 MALARIA RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> <li>The malaria task force continued providing logistic and operational support to the Ministry of Health on key vector control interventions.</li> </ul>
Surveillance	<ul style="list-style-type: none"> <li>Malaria surveillance and monitoring is ongoing. Cases of malaria declined in the week 21 and when compared previous years, cases of malaria are within the expected range.</li> <li>In term of Cholera, a total of 26 samples were tested with RDT in the four affected districts in the recent two weeks (9 to 23 May), of which 15 (58%) were positive (Table 2). Of 10 RDT-positive samples tested by culture, none (0%) were positive, and two results are pending. In week</li> </ul>

	21, 2 of 4 RDTs performed (50%) were positive.
Drugs and Supplies	<ul style="list-style-type: none"> <li>Indoor Residual Spraying (IRS) to reduce malaria transmission is ongoing. As of 28th May, 13,230 houses in Buzi, 23,415 in Nhamatanda, 10,836 in Dondo and 22,753 in Beira were sprayed. So far, 70,234 houses out of the targeted 122,800 have been sprayed.</li> </ul>

### 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. A cumulative 13,700 consultations and 1,372 surgeries were conducted by EMTs since the beginning of the emergency response. WHO conducted quality assurance monitoring visits to Italy Piemonte EMT at Beira Central Hospital and IFRC-RC Portugal at Macurungo Health Centre and 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.

## 3.2 CYCLONE KENNETH

As in Sofala, the number of cases of acute watery diarrhea, malaria, acute respiratory infections, febrile syndrome, bloody diarrhea, cholera, acute jaundice, malnutrition and other epidemiological information are being monitored daily using EWARS/m-alert platform.

### 3.2.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> <li>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 and held every Monday, Wednesday and Friday.</li> <li>Contact directory, organization registry and email distribution mechanisms are in place and available in the website <a href="http://bit.ly/healthpemba">http://bit.ly/healthpemba</a>. 4W reporting mechanisms are functioning and most organizations are reporting on a weekly basis.</li> </ul>
Surveillance & Laboratory	<ul style="list-style-type: none"> <li>The EWARS/m-Alert system has been implemented in the province of Cabo Delgado in the priority districts for the response to cyclone Kenneth. To date, 25 technicians from the following districts have been trained: Pemba (12), Metuge (5), Mecufi (4), Ibo (4).</li> <li>As in Cabo Delgado, the number of cases of acute watery diarrhea, malaria, acute respiratory infections, febrile syndrome, bloody diarrhea, cholera, acute jaundice, malnutrition and other epidemiological information are being monitored daily using EWARS/m-Alert platform.</li> </ul>
Case Management & IPC	<ul style="list-style-type: none"> <li>From May 27<sup>th</sup> to 29<sup>th</sup> COSACA held a training on cholera case management. Nurses from prioritized districts participated in the training in Pemba.</li> </ul>
WASH	<ul style="list-style-type: none"> <li>WASH Communication Strengthening: <ul style="list-style-type: none"> <li>✓ Deployment of two mobile units (1 from ICS and 1 from DPS);</li> <li>✓ Advocacy meeting held in Miezi to reinforce messages about Water</li> </ul> </li> </ul>

	(Use of CERTEZA), Sanitation and Hygiene. This meeting was attended by chiefs of the locality, community leaders and members of the health committee. During the meeting 320 CERTEZA bottles were distributed;
Risk Communication & Community Engagement	<ul style="list-style-type: none"> <li>The community engagement plan has been finalized for the 2<sup>nd</sup> round of Vaccination Campaign.</li> </ul>
Drugs and Supplies	<ul style="list-style-type: none"> <li>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 16<sup>th</sup> - 20<sup>th</sup> May in Pemba City and from 17<sup>th</sup> to 21<sup>st</sup> May in Mecúfi and Metuge (Metuge- Sede and Nacuta villages) districts<sup>17</sup>. The planning of the second round for the cholera vaccination campaign has started.</li> </ul>

### 3.2.2 MALARIA RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> <li>The malaria task force is active; continued logistic and operational support is being provided to the MoH on key interventions for vector control.</li> </ul>
Case Management	<ul style="list-style-type: none"> <li>On 11<sup>th</sup> May, 60 health workers were trained on Malaria case management.</li> </ul>
Drugs and Supplies (bed nets)	<ul style="list-style-type: none"> <li>Distribution of nets in Ibo and Quirimba was finalized by COSACA (6012). ICRC to cover Matemo this week. MSF distributed 3100 nets in Mucojo and Naunde (Macomia District).</li> <li>In Quissanga universal distribution registration has started this week with the actual distribution expected to be done in June. 40,000 UNICEF nets are expected in June.</li> </ul>
Surveillance	<ul style="list-style-type: none"> <li>Epidemiologists from WHO are supporting INS and DPS in the analysis of malaria historical data to verify the trends after the occurrence of the cyclone in the priority districts.</li> </ul>

## 4. GAPS AND CHALLENGES

### 4.1 CYCLONE IDAI

- Challenges in provision of health service in resettlement areas.
- Insufficient ambulances to support the referral systems.
- Challenges for transportation of specimens in appropriate conditions over long distances to the laboratory.
- Urgent need of designing a comprehensive system for surveillance of non-malarial acute febrile illnesses
- Capacity building of health workers on standard case definitions of epidemic-prone diseases.
- Nutrition surveillance data is still inadequate.

<sup>17</sup> Press Release 18 May 2019

## 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 due to instability of phone and internet network in some areas.
- Provisions of Basic Primary Health Care in affected districts.
- Nutrition surveillance data is still weak.
- Security issues hamper the conduct of health assessments and free movement of health workers.

## 5. RECOMMENDATIONS AND NEXT STEPS

### 5.1 CYCLONE IDAI

- Continue supporting restoration of health infrastructure and services in affected areas as well as scale up provision of essential health services in resettlement sites.
- Strengthen the implementation of the lab diagnostic testing strategy (cholera, bloody diarrhea, febrile illness and other epidemic-prone diseases).
- Continue to support the INS/Ministry of Health and other partners to monitor EWARS reporting and address remaining barriers, including health workers' knowledge of standard case definitions.
- Finalize with INS/MoH a plan for reporting of nutrition surveillance data.
- Strengthen nutrition surveillance in affected areas.

### 5.2 CYCLONE KENNETH

- A targeted response strategy should be developed in particular for areas affected by 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.
- Support to community healthcare workers (APE) who lost their materials and require replacement supplies to continue to provide services in the community.
- Strengthening of nutrition surveillance in affected areas and to conduct trainings on the management of acute severe malnutrition.
- Restoration of the health infrastructure and services in affected areas needs to be supported.

#### Contacts:

**Deputy Director General of INS:** Eduardo Samo Gudo: [esamogudojr@gmail.com](mailto:esamogudojr@gmail.com)

**Deputy Director of National Directorate of Public Health:** Benigna Matsinhe: [bmaia69@yahoo.com.br](mailto:bmaia69@yahoo.com.br)

**Cabo Delgado Chief Medical Officer:** Magid Sabune: [msabune@gmail.com](mailto:msabune@gmail.com)

**Sofala Chief Medical Officer:** Priscila da Conceição: [priscillafelimone@gmail.com](mailto:priscillafelimone@gmail.com)

**WHO Country Office Representative:** Djamila Cabral: [cabrald@who.int](mailto:cabrald@who.int)

**WHO Country Office Health Emergency Focal Point:** Israel Gebresillassie: [gebresillassiei@who.int](mailto:gebresillassiei@who.int)

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