

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 5

21st June 2019

Period covered: 3rd – 19th June, 2019



REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE



1 Highlights

1.1 CYCLONE IDAI

1.85M People affected	400K Displaced	603 Deaths	1,641 Injured	1.2M People in need	6,768 Cholera cases	61,480 Malaria cases
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- As of 17th June, there were 3 temporary accommodation centres remaining in Sofala¹.
- Health partners including including WHO, UNICEF, UNFPA, FHI360 and CUAMM, Save the Children, Health Alliance International, Cruz Vermelha, Medicos del Mundo and Pathfinder in collaboration with DPS (Provincial Health Directorate) are working on health facility rehabilitation and extension of health services to resettlement sites in the four districts most affected by cyclone Idai.
- 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.
- Between week 23 and 24 there were no new cholera cases reported with cumulative cases remaining the same, up to 6,768 and 8 deaths (case fatality rate: 0,12%)
- Number of weekly malaria cases reported in districts affected by Idai Cyclone are declining, with cumulative 61,480 cases registered as of 19th June, and most cases being reported in Nhamatanda (26,710).

1.2 CYCLONE KENNETH

18,029² Displaced	45 Deaths	91 Injured	374K³ People in need	267 Cholera cases	23,903 Malaria cases
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- As of 9th May, 19 health facilities have been either partially (15) or totally (4) destroyed.⁴
- An outbreak of cholera was confirmed on 1st May 2019 in Pemba and Mecúfi and on 8 May in Metuge districts of Cabo Delgado Province. From 1st May to 19th June 2019, 267 cumulative cases and no deaths were reported.
- As of 19th June, 23,903 malaria cases have been reported in districts affected by Kenneth Cyclone in Cabo Delgado, with Metuge and Mecúfi being the most affected districts.

¹ IOM DTM Mozambique, 17th June² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

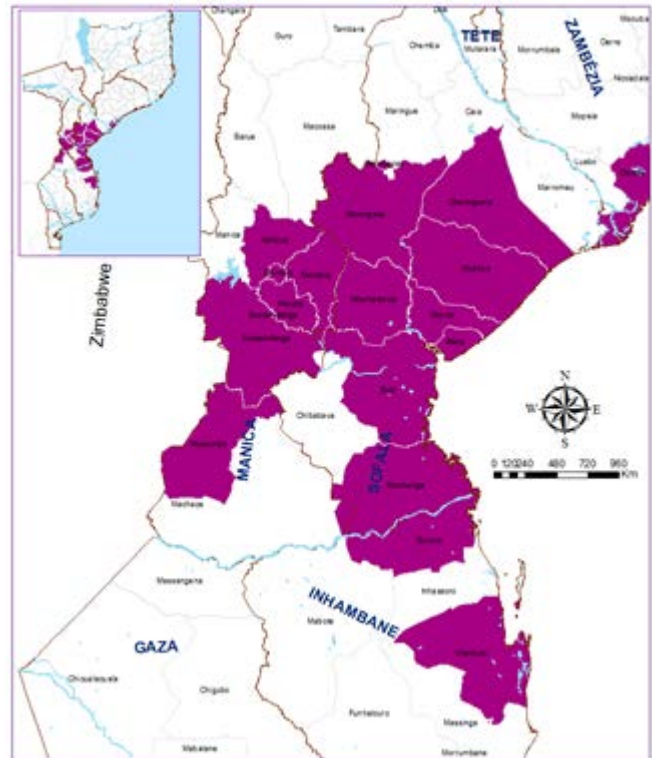
³ Agreed People in Need number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8th May 2019

⁴ INGC Situation Report, 9th May 2019

2 Background and context update

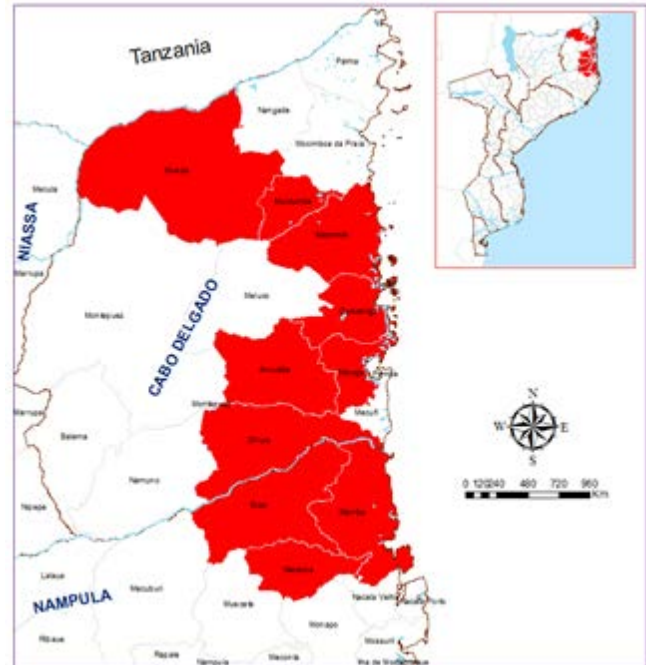
2.1 CYCLONE IDAI

In March 2019, the impact of cyclone Idai and subsequent flooding has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection in Sofala, Manica, Zambézia and Inhambane provinces. As of 8 April, the official death toll had risen to 603 people, with more than 1,641 people injured, according to the Government⁵. More than 400,000 people were displaced with 160,927 people sheltered in 164 collective temporary accommodation centres. Humanitarian partners continue supporting the affected population shifting gradually from emergency to early recovery interventions. The relocation of families to new permanent resettlement areas is ongoing. The number of displaced people seeking shelter in accommodation centres in Sofala has decreased - as of 17th June there are now three accommodation centres remaining in Sofala.



2.2 CYCLONE KENNETH

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. As of 9 May 2019, 254,750 people (54,554 families) have been affected, and 45 people have died, and more than 45,000 houses have been either totally (22,865) or partially destroyed (22,042).⁶ Approximately 18,029 displaced people were sheltering in accommodation centres. Access to the affected districts is still conditioned due to the destruction of roads, the telecommunications networks and the interruption of electricity. During the last week, an explosion occurred in Macomia district (specifically between Muchojo and Quiterajo localities), resulting in more than 10 deaths. This occurred out of the targeting humanitarian actions. It is common to observe such violent incidents without clear motivations or actors in the northern settings of Cabo Delgado Province, but the situation is being followed by UNDSS.



⁵ INGC Situation report, 21 May 2019

⁶ UNOCHA Situation Briefing, 12 May 2019

3 Analysis of the current situation

3.1 CYCLONE IDAI

3.1.1 Access to health services

Health services provision remains challenging for communities living in remote and hard-to-reach areas. The health sector was severely affected, with a total of 94 health facilities suffering varying degrees of damage. Of these, four were destroyed and 90 were partially damaged. Health equipment, furniture, essential medicine and medical supplies were also lost or destroyed. There is currently limited access to essential health care at the resettlement sites. The total financial need is estimated to be \$US 202,420,900.

3.1.2 Communicable Diseases

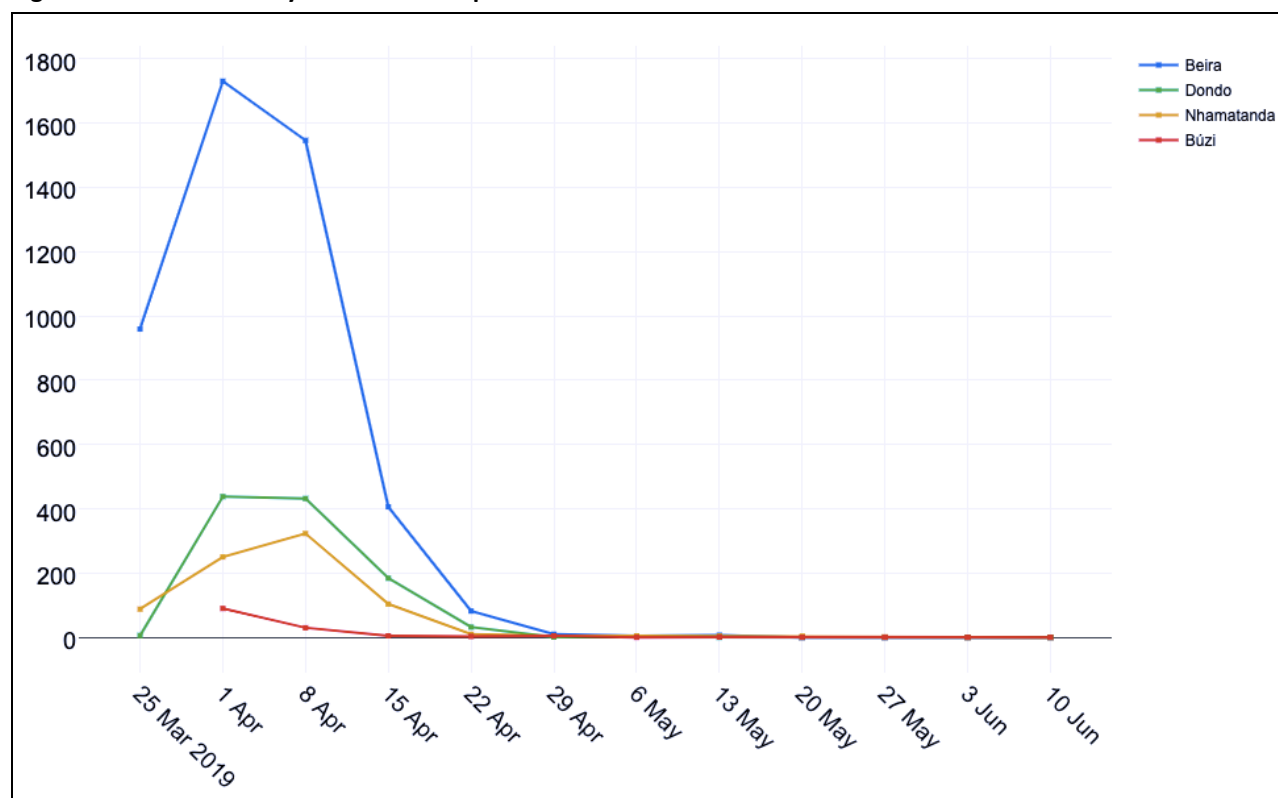
3.1.2.1 Cholera

There are no reported cases of cholera for the last 18 days and based on this evidence, Sofala has met the criteria for declaration of the end of cholera outbreak. During the health cluster meeting held on June 17th, health officials from Sofala confirmed that the province has met this criterion, but reiterate that active cholera surveillance will continue. As of 19th June, 6,768 suspected cases and 8 deaths were reported, with Beira being the most affected district (Table 1).

Table 1: Cholera attack and case fatality rate by district, Sofala, (27 March – 19 June 2019)

District	Cases	Population	Deaths	CFR (%)	Attack Rate per 100,000 Pop.
Beira	4,745	465,918	4	0.08	1,019
Buzi	134	207,631	0	0	65
Dondo	1,094	189,259	2	0.18	579
Nhamatanda	795	322,511	2	0.25	246
Total	6,768	1,185,319	8	0.12	571

Figure 1: Cholera cases by week in Sofala province from 27 March to 16 June 2019



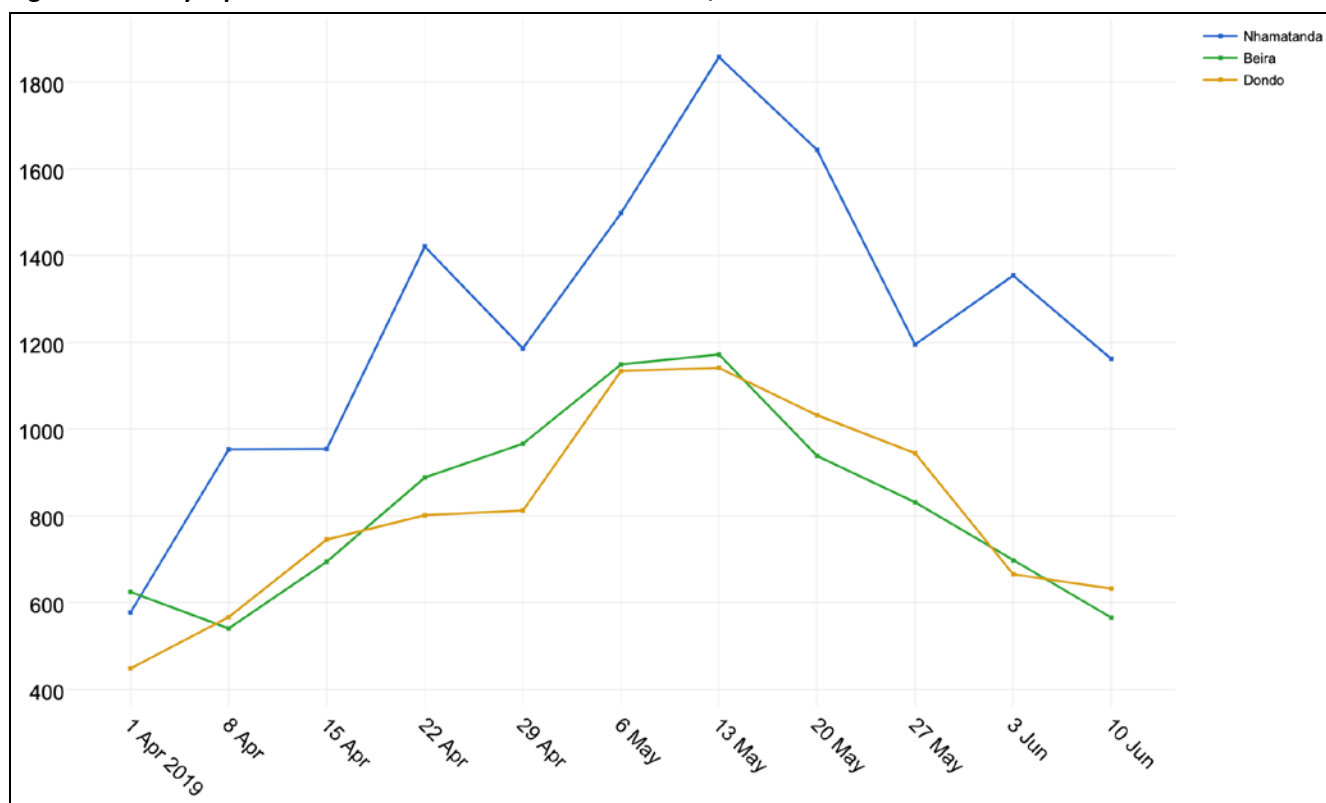
3.1.2.2 Malaria

Weekly number of malaria cases are declining in affected areas in Sofala province, with cumulative 61,480 cases reported as of 19th June, up from a cumulative 51,118 cases from the 4th June. Dondo and Nhamatanda are the most affected districts (Table 2).

Table 2: Malaria cumulative attack rate by district, in Sofala province, 27 March – 19 June 2019

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Beira	14,861	465,918	3,189
Buzi	3609	207,631	1,738
Dondo	16,300	189,259	8,612
Nhamatanda	26,710	322,511	8,281
Total	61,480	1,185,319	5,186

Figure 2: Weekly reported malaria cases at Sofala sentinel sites, 27 March – 16 June 2019⁷



⁷ 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.

3.2 CYCLONE KENNETH

3.2.1 Access to health services

The health sector was affected, with a total of 19 health facilities suffering varying degrees of damage. The extent of the damage in some peripheral health facilities still needs to be assessed. The provision of health care services remains challenging for the remote and hard-to-reach villages, due to the destruction of roads, interruption of communication and electricity. In general, Ibo, Macomia, and Quissanga facilities had damages on the roof, destruction of MCH and HIV register forms, and TB follow-up was disrupted.

3.2.2 Communicable Diseases

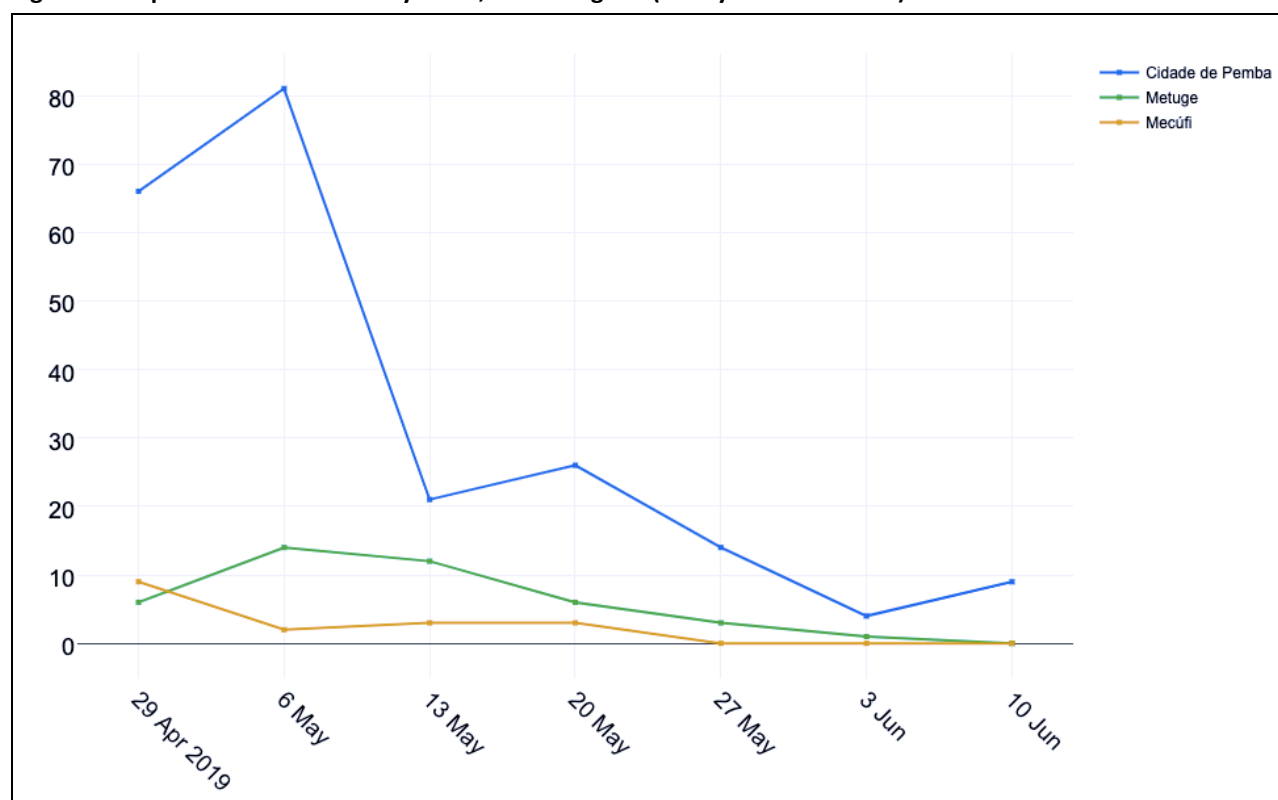
3.2.2.1 Cholera

An outbreak of cholera was confirmed on 1st May 2019 in Pemba and Mecúfi, and on 08 May in Metuge districts. As of 19th June 2019, 283 cases and no deaths were reported in Cabo Delgado Province, with Pemba being the most affected district (Table 3). Number of cholera cases remains very low.

Table 3: Cholera attack and case fatality rate by district, Cabo Delgado (1 May – 19 June)⁸

District	Cases	Population	Deaths	CFR (%)	Attack rate per 100,000 Pop.
Pemba	223	200,529	0	0.0	111
Metuge	43	86,866	0	0.0	49
Mecúfi	17	40,433	0	0.0	42
Ibo	-	12,205	-	-	
Quissanga	-	50,259	-	-	
Macomia	-	114,345	-	-	
Total	283	504,637	0	0.0	56

Figure 3: Suspected cholera cases by week, Cabo Delgado (1 May – 16 June 2019)



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

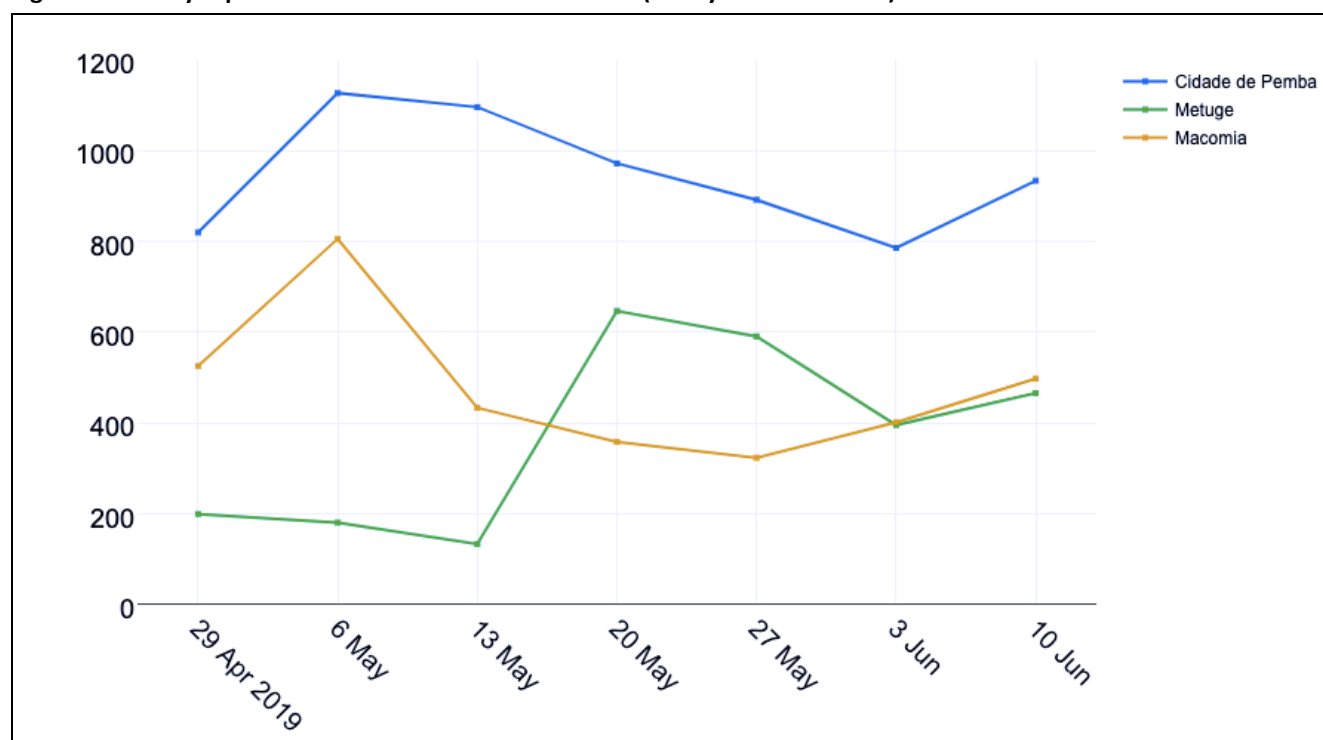
3.2.2.2 Malaria

Malaria cases in affected areas in Cabo Delgado continue steady, with some variations, and a cumulative of 14,030 cases registered as of 4th June, with Mecúfi being the most affected districts (Table 4).

Table 4: Cumulative malaria cases by districts on June 19th 2019⁹

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Pemba	7,623	200,529	3,801
Macomia	4,966	114,345	4,342
Metuge	5,554	86,866	6,278
Ibo	100	12,205	8,547
Quissanga	2,304	50,259	819
Mecúfi	3,456	40,433	8,547
Total	23,903	504,637	4,736

Figure 4: Weekly reported malaria cases at sentinel sites (1 May – 16 June 2019)¹⁰



⁹ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 5 June 2019

¹⁰ Mozambique response to cyclone IDAI Weekly Epi Bulletin, Week 22

4 Public health response

4.1 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 22nd March 2019, state of emergency has been upheld on the 23rd of April. 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.

4.1.1 Cholera outbreak response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Ministry of Health is coordinating surveillance activities. The <i>Instituto Nacional de Saúde (INS)</i> through its center in Sofala (<i>Centro de Investigação Operacional da Beira-CIOB</i>) is leading the implementation of the emergency surveillance strategy in collaboration with WHO. The strategy aims to improve case detection and investigation, laboratory diagnosis, active surveillance and data analysis.
Surveillance & Laboratory	<ul style="list-style-type: none"> WHO is supporting the MoH/INS in managing an alert system through a hotline, EWARS and mAlert, and supporting alerts data analysis and visualization. INS is expanding the number of facilities reporting through EWARS with support of WHO. WHO is providing technical assistance to INS/MoH for the development of laboratory surveillance system for bloody diarrhea and acute febrile illness.
Case Management & IPC	<ul style="list-style-type: none"> 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: https://www.humanitarianresponse.info/en/operations/mozambique/assessment/resettlement-sites-assessment-0 WHO conducted quality assurance monitoring visits to Italy Piemonte EMT at Beira Central Hospital and IFRC-RC Portugal at Macurungo Health Centre. Donation lists and draft transit plans of all EMTs have been updated. DPS/SDSMAS and WHO are conducting assessments aimed at determining functionality and health service accessibility in resettlement sites in their catchment areas in Sofala and Manica provinces.
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.

4.1.2 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"> • Of 49 facilities able to be matched to their historical data for the same time of year, 13 sentinel sites selected for consistent reporting are reporting weekly cases within historical levels with decreases in Beira and Nhamatanda and slight increase in Dondo. Of the 49 facilities that matched to historical data, 11 (23%) reported weekly cases notably above their historical levels. • Epidemiological support to surveillance and response efforts in districts affected by cyclones Idai and Kenneth continues.
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4.1.3 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 2 operational EMTs (1- Beira central hospital, 1- Macurungo health centre). A cumulative 13,700 consultations and 1,372 surgeries have been conducted by Emergency Medical Teams since the beginning of the emergency response.

4.2 CYCLONE KENNETH

4.2.1 Cholera outbreak response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The cholera vaccination campaign second doses planned for June the 17th to 21st is planned. The DPS and health cluster partners are planning activities related to social mobilization, coordination, mobile teams, improvement of processes and support. The campaign will cover the districts of Pemba, Metuge and Mecufi. • The Health Cluster meetings are taking place in DPS, every Monday and Thursday at 8am. Chaired by DPS with support of the health cluster coordination. Regular updates on EPI, health, and nutrition activities are being presented. <p>The partners are reporting their activities in the 4W dataset on a weekly basis. The information is shared with UNOCHA and the partners helping on planning and to avoid the duplications. An interactive data viewer of that information is available in the Health Cluster website: http://bit.ly/healthpemba</p>
Surveillance & Laboratory	<ul style="list-style-type: none"> • An active search is being performed on June 19th in the health facilities of Metuge with focus on AFP, Measles and trypanosomiasis cases. • INS is rolling out EWARS and mAlert with support of WHO. Discussions are in course to implement EWARS in 5 districts at high risk: Ancuabe – 11 , Chiure – 13, Montepuez – 9, Meluco - 5 , Balama - 11 • EPI team is also managing discussion about the implementation of Acute Febrile Illness Surveillance with DPS and INS. A plan was developed by WHO/INS team in Sofala and the idea is to replicate in Cabo Delgado. • A pilot Project for Acute Bloody Diarrhea is being implemented in those health facilities with more cases reported through mAlert based in the experience of Sofala.
Case Management & IPC	<ul style="list-style-type: none"> • WHO prepared an IPC Intervention Program that includes: 1. IPC Units Assessments (based on the IPC Assessment Tool developed to the Cyclone Idai Emergency Response); 2. IPC Training (theoretical and practical); 3. IPC Technical Support, identifying gaps and establishing WHO IPC Recommendations to improve safe and good care practices. Will cover 11 Health Care Units of Cabo Delgado, identified as priority by DPS
Drugs and Supplies	<ul style="list-style-type: none"> • The planning of the second round for the cholera vaccination campaign is ongoing. • COSACA provided 1 cholera kit to Pemba health District and two for the Pemba Provincial Hospital

Risk Communication & Community Engagement	<ul style="list-style-type: none"> • Training of community mobilizers to join the vaccination Teams • Radios spots being aired 3 per day by <i>Radio Moçambique</i>, <i>Radio Sem Fronteiras</i> and <i>Radio Wimbe</i> • Advocacy meetings held with community and religious leaders
Psychosocial support	<ul style="list-style-type: none"> • To fill the gap on Mental Health and Psychosocial Support (MHPSS), IOM is leading an assessment of services and requirements from the partners. The assessment will be happening in different Health facilities and will cover different areas of MHPSS in order to implement supporting projects in that area.

4.2.2 EWARS - The Early Warning, Alert and Response System

Table of health facilities in Cabo Delgado with respective number of reported cases of Acute Bloody Diarrhea since the implementation of EWARS on May 15th.

Health Facilities	Number of Acute Bloody Diarrhea cases reported
CS Natite	127
CS Cariaco	76
Hospital Provincial de Pemba	69
CS Paquite	49
CS Eduardo Mondlane	42
CS Mahate	28
CS Muxara	41
CS 18 de Outubro	31
CS Metuge	75

4.2.3 Malaria response

Thematic Area	Response Activities
Coordination	<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.
Case Management	<ul style="list-style-type: none"> • On 11th May, 60 health workers were trained on Malaria case management.
Drugs and Supplies (bed nets)	<ul style="list-style-type: none"> • 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). • 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.
Surveillance	<ul style="list-style-type: none"> • Epidemiologists from WHO are supporting the analysis of malaria historical data to verify the trends after the occurrence of the cyclone in the priority districts.

5 Gaps and challenges

5.1 CYCLONE IDAI

- Essential health services provision remains challenging in hard-to-reach areas.
- Expanding enhanced surveillance through EWARS to health facilities in hard-to-reach areas, and areas with no electricity, including in Caia, Muanza, Marromeu, and additional districts.
- Lack of ambulances to support referral systems.
- 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.
- Nutrition surveillance data is still inadequate.

5.2 CYCLONE KENNETH

- The process of recovery for the referral system of patients is ongoing but remains as a big challenge due to mobility restrictions and damaged health facilities.
- Damage of Infrastructure (Health Facilities and housing of health workers remains).
- Several health care workers have been working in hard conditions and requires psychosocial support.
- Despite the efforts of ETC Cluster and TELCO, communication with districts is hard, due to instability of phone and internet network in some areas.
- Security issues hamper the conduct of health assessments and free movement of health workers.
- For the alert management, we are facing challenges on outbreak investigation of cases, because the lack of surveillance for specific diseases. Based on that, INS and WHO is trying to implement 2 different surveillance's diseases to support this gap.
- There are same challenges to integrate emergency surveillance, with routine surveillance to develop a work for the transition.

6 Recommendations and Next Steps

6.1 CYCLONE IDAI

- Scale-up health facility rehabilitation activities based on national infrastructure standards.
- Continue to refine surveillance and improve health workers' knowledge of standard case definitions and finalize EWARS training for health facilities in Buzi district.
- Support confirmation and sound clinical management of all malaria cases as well as focus on prevention measures.

6.2 CYCLONE KENNETH

- 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.
- Restoration of the health infrastructure and services in affected areas needs to be supported
- Implement surveillance for AFI and ABD to better diagnose and treat ill patients.
- Transit from emergency response to routine work with the improvements applied during the emergency for surveillance.
- Integrate DPS in the work developed during emergency to improve response and consequently, indicators and information available.
- Train health workers (medical chiefs, technical of preventive medicine, nurses) in the new strategies of surveillance.
- Train community leaders and activists to identify symptoms of priority diseases.

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