

Tropical Cyclones Idai and Kenneth

Mozambique



Situation Report 06



10 May 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

1. HIGHLIGHTS

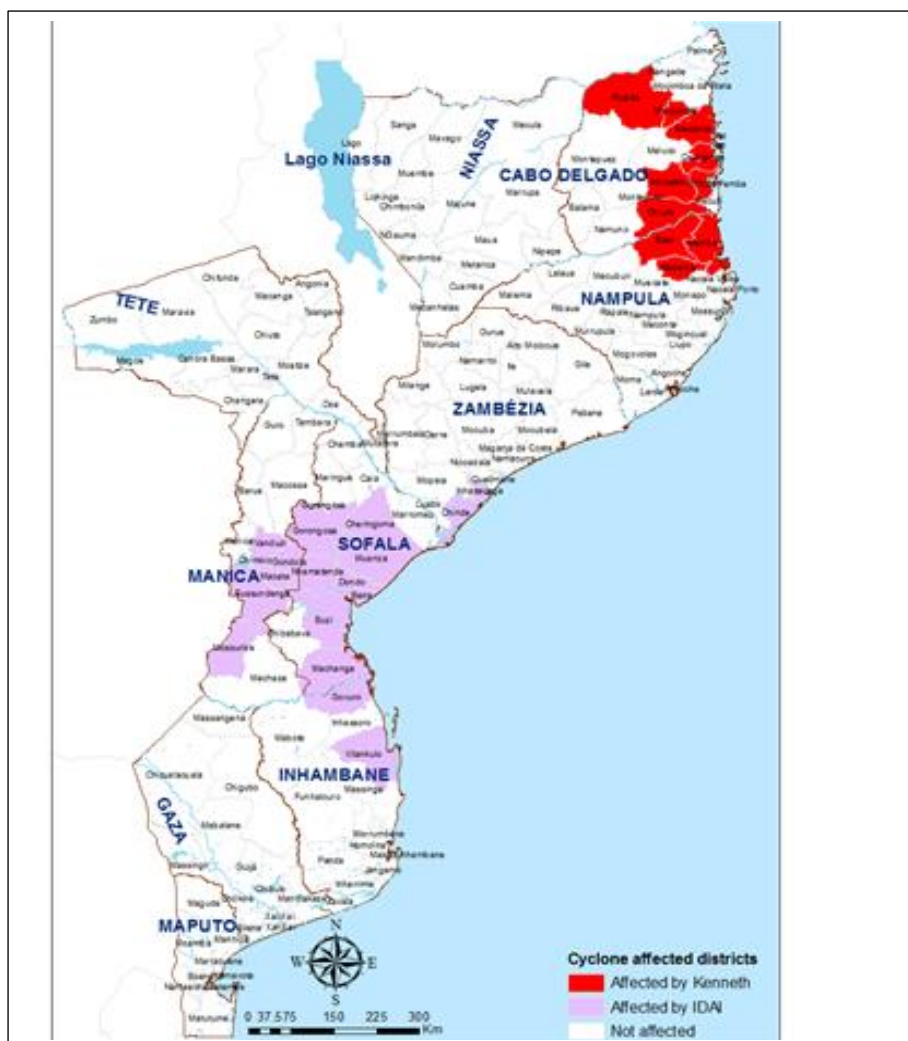


Figure 1- Affected districts by cyclones Idai and Kenneth

1.1 CYCLONE IDAI



- There are still 17 accommodation centers remaining in Sofala province, with 4,914 families representing 21,384 persons, as of 06 May
- Reported suspected cholera cases remain low across all the four affected districts, with Cumulative 6,743 cases and 8 deaths (case fatality rate: 0.1%) reported as of 6 May.
- Malaria cases in Sofala continue to rise, with cumulative 25,758 malaria cases registered as of 6 May, with most cases being reported in Nhamatanda (11,652).

- The Emergency response health week launched with the objective to reduce morbidity and mortality among the vulnerable population targeting 438,243 children under five years and 179,222 women.
- EMTCC closed the Operations phase on Monday 6 May and started transition phase with currently 4 Emergency Medical Team still fully operating.
- Some of the locations are still inaccessible and there is still need for rehabilitation of roads. Restoration of services and rehabilitation of health facilities require more resources.

1.2 CYCLONE KENNETH

3214	45	91	374K¹	109	2694
Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- Reported as of 9 May, 254,750 people have been affected by the impact of cyclone Kenneth in Mozambique. A total of 45 people have reportedly died. 19 health facilities have been either partially or totally destroyed.²
- An outbreak of cholera was confirmed on 01 May in Pemba and Mecufi and on 08 May in Metuge districts. As of May 8, 109 cases of cholera have been reported in Pemba (89) and in the Districts of Mecufi (10) and Metuge (10)³.
- As of May 8, 2694 malaria cases have been reported in Pemba (1423), Macomia (819), Metuge (336), Ibo (14) and Quissanga (102), both in health facilities and accommodation centres⁴.
- Following the declaration of the Cholera outbreak, a CTC at Eduardo Mondlane Health Center was established with an initial capacity of 50 beds. Further CTCs have been set up in Mecufi (16 beds) and Metuge (20 beds).
- A cholera vaccination campaign is planned covering the two high risk districts Pemba and Mecufi. 516,000 doses (enough to cover 2 rounds) have been confirmed for this campaign and a communication strategy for the campaign is currently being developed. Tentative dates are 20-25 May.
- WHO in collaboration with CDC conducted a rapid outbreak investigation training for participants of the 17 health districts of Cabo Delgado 9-10 May 2019. Support is also provided in the implementation of the EWARS system including the organization of a training of surveillance technicians resident in the districts for outbreak investigation.

2. BACKGROUND AND CONTEXT UPDATE

2.1 CYCLONE IDAI

¹ Agreed People in Need Number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8 May 2019

² INGC Situation Report, 9 May 2019

³ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

⁴ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

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. 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. As of 6 May, there are 17 accommodation centers (AC) remaining in Sofala province, with 4,914 families representing 21,384 persons.

The process of returns, relocations and resettlement is ongoing, but the recovery of the displaced population is likely to take long and need close monitoring and more resources. In Buzi, close to 3,212 families continue waiting to be resettled. In Nhamatanda, the process of deactivating ACs is concluded, but some 416 families (John Segredo, Muda Mutamarega and Otcha) are waiting for the resettlement in the Ndeja neighborhood.

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 reported as of 9 May 2019. 45 people have died and more 45,382 houses have been either totally destroyed (18,179) or partially destroyed (27,203).⁵ About 85 per cent of houses in Macomia, Matemo, Metuge and Quissanga districts in Cabo Delgado, are reportedly destroyed, according to the MRA assessment⁶. Approximately 3527 displaced people were sheltering in accommodation centres as of 9 May in Pemba, Mecufi, Ibo and Metuge as well as Erati and Memba.

The level of water has decreased across the river basins in Cabo Delgado but expected rains might keep the provinces on red alert, as water levels remain high and the areas remain inaccessible. The far northeast of Mozambique could see an increased threat of flooding from a period of heavy rainfall later this week. Access to the affected districts is also still conditioned due to the destruction of the roads, the telecommunications network and the interruption of electricity.

This is the first time in recorded history that two strong tropical cyclones have hit Mozambique in the same season.

⁵ INGC Situation Update: Cyclone Kenneth, 9 May 2019

⁶ UNOCH Situation Briefing, 9 May 2019

3. ANALYSIS OF THE CURRENT SITUATION

3.1 CYCLONE IDAI

3.1.1 ACCESS TO HEALTH SERVICES

Access to health services remains challenging for communities living in remote and hard-to-reach areas. There are still critical pockets that are only accessible by helicopter or boat in Buzi and Nhamatanda. This is exacerbated by the heavy damage of health facilities and when families are resettled in areas with limited infrastructures. Support is being provided by 20 partners for rehabilitation of damaged infrastructures. As of 6 May, out of 88 health facilities concerned, 28 emergency rehabilitations are ongoing, 23 are planned and 7 are pending to the availability of resources of partners committed. In 28 health facilities, the assessment of needs is ongoing.

Update on Post Disaster Needs Assessment (PDNA)

As part of the early recovery mechanisms, the Government of Mozambique requested a PDNA which is a process of systematically estimating the extent of a disaster's effects and impact across all sectors and social groups in terms of damages, losses and recovery needs. WHO contributed to this process by providing capacity building as well as technical support as the Lead UN agency for the health and nutrition sector with regards to the estimation of damages, losses and recovery needs of the health and nutrition sector. The preliminary findings have been submitted in respect of cyclone Idai and the Government has approved the estimations. The report is being finalized and results of the PDNA are intended to support discussions and advocacy for donor and technical support for recovery especially at the upcoming donor conference on 31st May and 1st June 2019 in Beira.

3.1.2 COMMUNICABLE DISEASES

The risk of communicable diseases remains a humanitarian concern with major health risks including cholera, acute watery diarrhoea, bloody diarrhoea, malaria and conditions such as malnutrition.

3.1.2.1 CHOLERA

The number of Cholera cases is still declining with only 4 new cases reported from 5 May to 6 May (400 cases were reported daily during the peak of the outbreak declared on 27 March in the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province. Cumulative 6,743 cases and 8 deaths (case fatality rate: 0.1%) were reported as of 6 May.

Figure 2: Epi-curve of cholera outbreak in Sofala province from 27 March to 6 May 2019

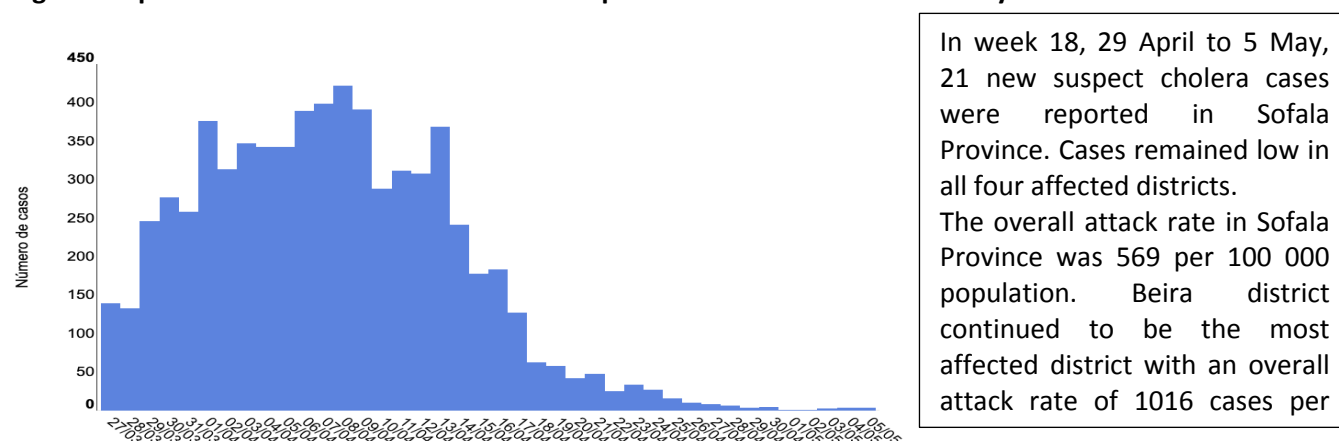


Table 1: Cumulative cholera cases, attack rate, deaths and case fatality ratio by district, Sofala Province, as of 5 May 2019

Province	District	Cases	Population	Deaths	CFR	Attack Rate (per 100,000 population)
Sofala	Beira	4733	465 918	4	0.1%	1016
	Buzi	133	207 631	0	0.2%	64
	Dondo	1093	189 259	2	0.0%	578
	Nhamatanda	778	322 511	2	0.3%	242
Total		6739	1 185 319	8	0.1%	569

Figure 3: Cholera cumulative attack rate by district, Sofala Province, as of 5 May 2019

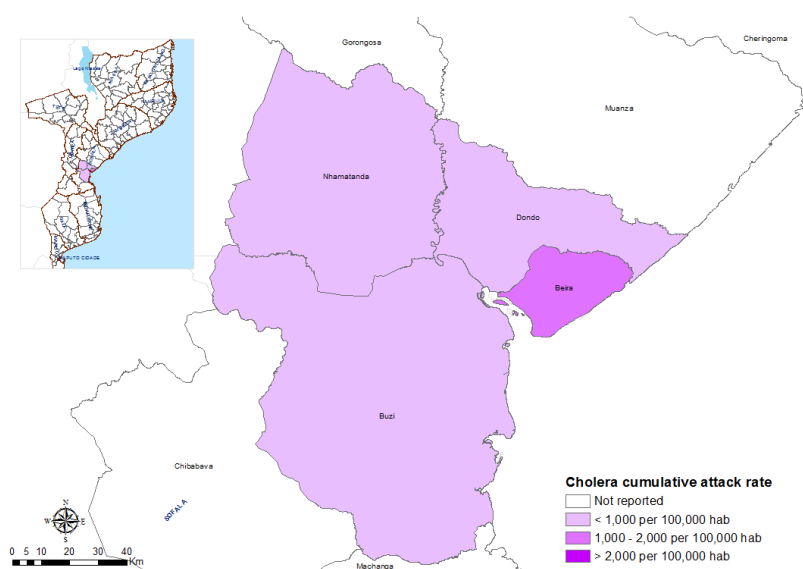


Table 2: Cholera diagnostic testing, Sofala Province, as of 5 May 2019

Site	RDTs Performed	Positive RDTs	Cultures on RDT-positive Samples	Positive Cultures	Cultures Pending
ORP Munhava	13	5	0	N/A	N/A
CTC Macurungo	26	15	15	5	2
ORP Chingussura	4	2	2	1	0
CTU Dondo	12	10	9	6	1
CTU Mafambisse	11	6	5	1	0
ORP Nhaconjo	29	12	11	1	1
CTC Nhamatanda	10	8	4	1	2
CTC Búzi	10	4	4	0	4
TOTAL	115	62	50	15*	10

3.1.2.2 MALARIA

Malaria cases in Sofala continue to rise, with cumulative 25,758 malaria cases registered as of 6 May, with most cases being reported in Nhamatanda (11,652). Nhamatanda is representing 26.5% of the population with 45.24 % of the cumulative number of cases reported. This high burden of Malaria in Nhamatanda is likely due to high transmission area combined with a high transmission period. There is a need to ensure proper confirmation and sound management of all cases as well to focus on prevention measures in this district.

Figure 4: Cumulative number of Malaria cases in Sofala province as of 6 May 2019

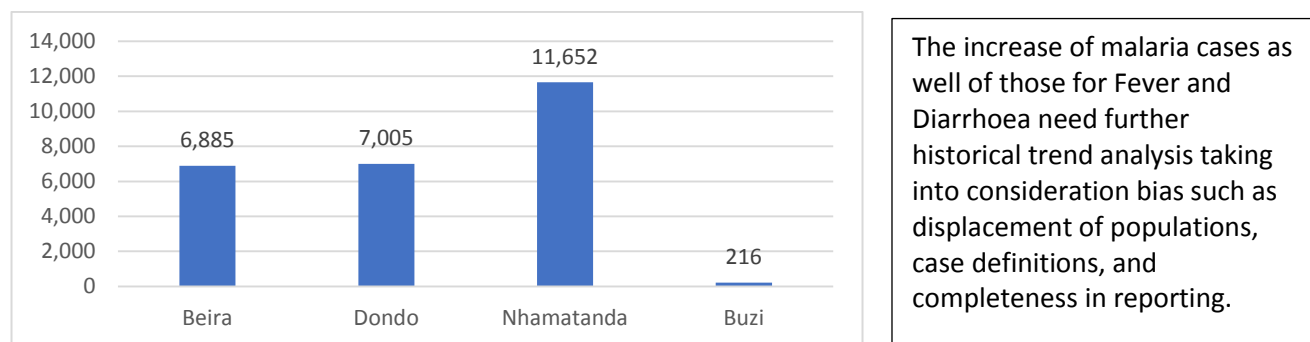
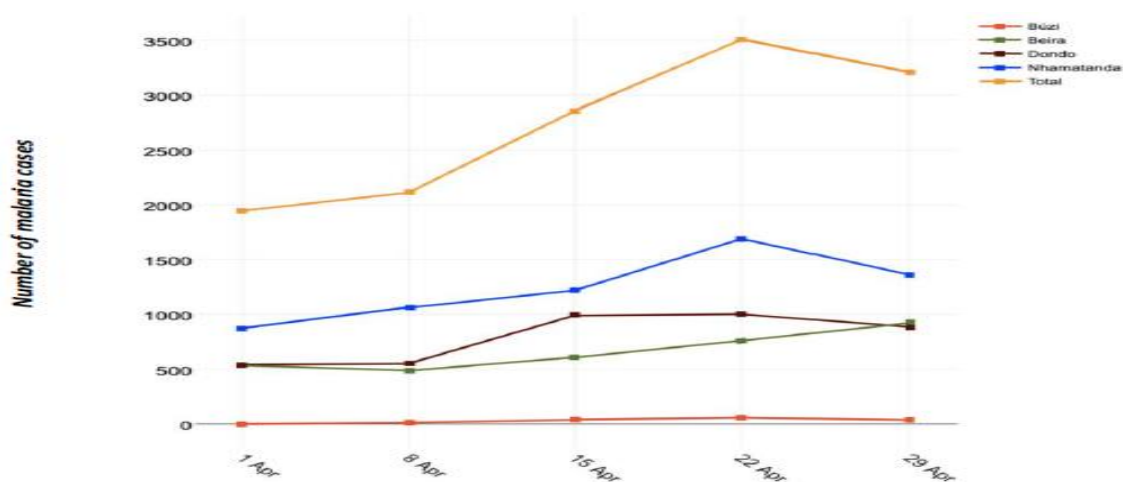


Table 3: Facilities reporting elevated weekly malaria cases compared to facility- specific historical average

Site	District	Malaria Cases Week 18 2019	Weekly Historical Average*	Percent Above Historical	Number of Cases Above Historical
CS Bloco 9	Dondo	72	51.1	141%	21
CS Samora Machel	Dondo	71	53	134%	18
HR Nhamatanda**	Nhamatanda	834	646.8	129%	187.2
CS Chirassicua	Nhamatanda	136	116.1	117%	19.9
CS Nhangau	Beira	190	162.3	117%	27.7
CS Lamego	Nhamatanda	311	297	105%	14
CS Macurrungo	Beira	109	106.9	102%	2.1
CS Manga Mascarenha	Beira	61	59.9	102%	1.1

Figure 5: Weekly reported malaria cases at sentinel sites (27 March- 5 May)⁷



⁷ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

3.2 CYCLONE KENNETH

3.2.1 ACCESS TO HEALTH SERVICES

19 health centres have been recently destroyed by cyclone Kenneth. Preparations are underway to conduct a PDNA assessment with of the impact cyclone Kenneth to be included as an addendum to the cyclone Idai PDNA report.

3.2.2 COMMUNICABLE DISEASES

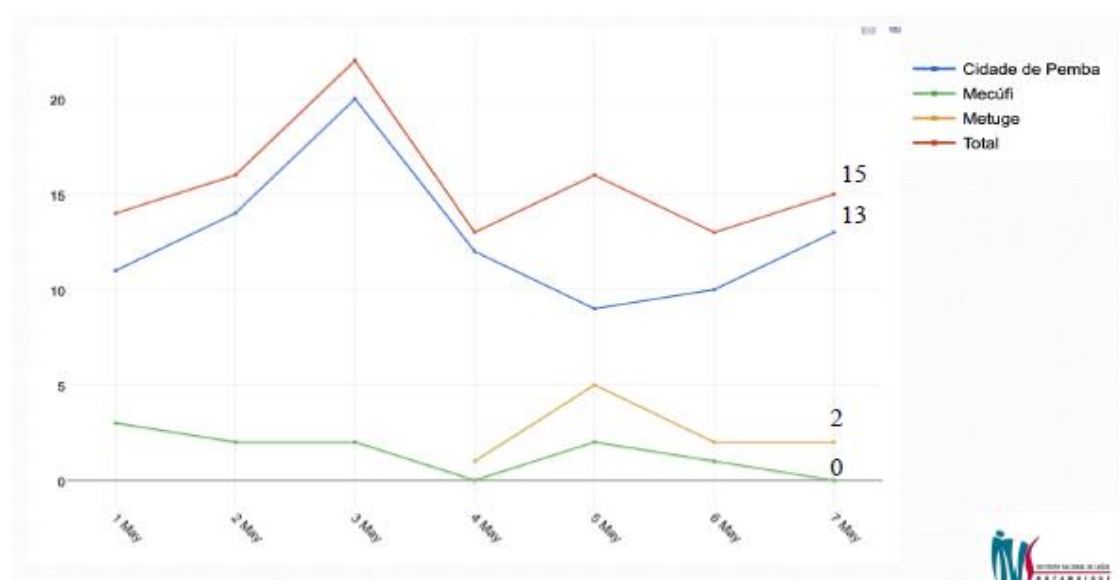
3.2.2.1 CHOLERA

An outbreak of cholera was confirmed on 01 May in Pemba and Mecufi and on 08 May in Metuge districts. As of May 8, 109 cases of cholera have been reported in Pemba (89) and in the Districts of Mecufi (10) and Metuge (10)⁸. Although one more district is affected, the trend of the number of cholera cases, especially in Pemba and Mecufi are stable. These are communities with previous history of cases of cholera in previous years.

Table 3: Cumulative cholera cases by classification and districts as of 8 May 2019⁹

Province	District	Population at risk	Suspected cases	Deaths	Attack rate (per 10.000 inhabitants)
Cabo Delgado	Pemba	238 680	89	0	3,73
	Mecufi	49 410	10	0	2,02
	Metuge	90 158	10	0	1,11
Total			109	0	2,88

Figure 6: Cholera cases by district, Cabo Delgado of 7 May 2019¹⁰

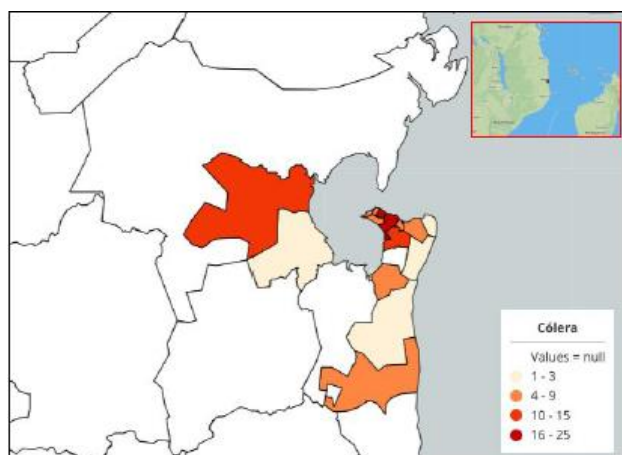


⁸ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

⁹ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹⁰ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

Figure 7: Geographical distribution of cholera cases, Cabo Delgado of 7 May 2019¹¹



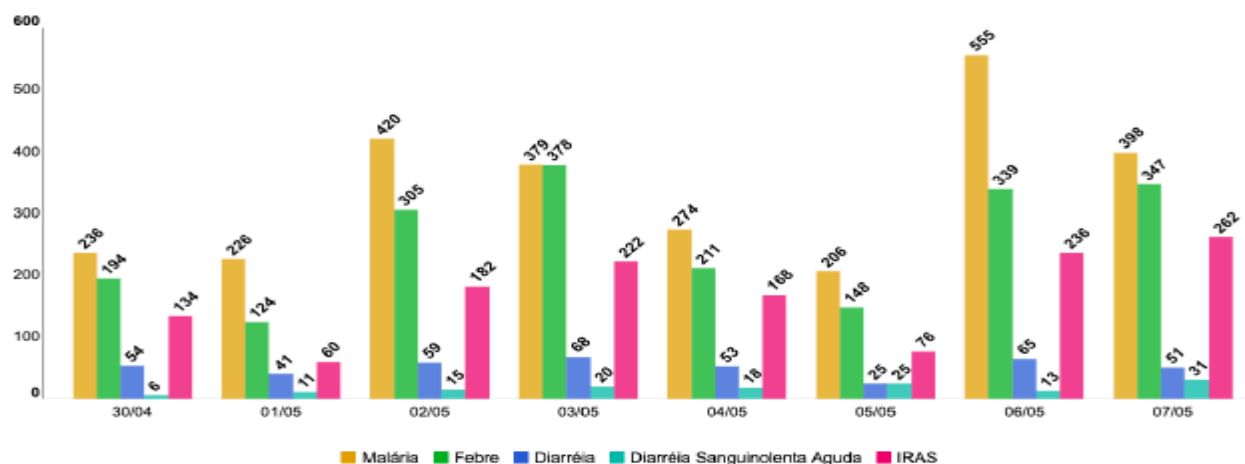
3.2.2.2 MALARIA

Malaria cases in Cabo Delgado continue to rise, with cumulative 2694 malaria cases registered as of 8 May, with most cases being reported in Pemba (1423).

Table 4: Cumulative malaria cases by districts as of 8 May 2019¹²

Province	District	Confirmed Cases	Deaths
Cabo Delgado	Pemba	1423	TBC
	Macomia	819	TBC
	Metuge	336	TBC
	Ibo	14	TBC
	Quissanga	102	TBC
Total		2694	

Figure 8: Notified cases in districts Pemba, Macomia, Metuge, Quissanga and Ibo, 30 April - 7 May 2019¹³



¹¹ Direção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹² Direção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹³ Direção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

4. PUBLIC HEALTH RESPONSE

4.1 CYCLONE IDAI

WHO declared the humanitarian situation in Mozambique as a Grade 3 Emergency on 25 March 2019. WHO as the Cluster Lead Agency of the Health Cluster is coordinating 43 Partners and 2 observers who are reporting activities covering 11 provinces predominantly in Sofala province.

4.1.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> WHO is working closely with INS, Ministry of Health and partners to improve case detection and investigation, laboratory diagnosis, active surveillance and data analysis. Support continues to the Ministry of Health and INS for improvement of disease outbreak detection and expansion of Early Warning and Response System (EWARS) reporting from designated reporting sites in Sofala Province
Surveillance & Laboratory	<ul style="list-style-type: none"> WHO is supporting the implementation of a diagnostic strategy to monitor the progress of the outbreak and to monitor the detected strains. All specimens from cholera treatment centers are tested using Rapid Diagnostic Tests (RDT). Two of 18 RDT performed (66%) were positive, and two of nine cultures on RDT-positive samples (22%) were positive with seven pending. WHO is supporting the deployment of the Early Warning and Response System (EWARS) to health facilities in Sofala Province to improve disease outbreak detection. Completeness of EWARS reporting in the last week is 81% (target -80%). WHO (in collaboration with US-CDC) is supporting the MoH/INS in managing an alert system through a hotline, EWARS and M-Alert. WHO continues supporting rapid investigation and sample collection for laboratory testing for cholera, bloody diarrhea and other epidemic-prone diseases. As well as supporting data analysis and the production of epidemiological bulletins and daily epidemiological updates.
Case Management & IPC	<ul style="list-style-type: none"> WHO IPC Intervention Program in Health Care Units consists of Training, Assessment and Technical Support. IPC Training Program started on 22 April and is performed under WHO and MoH/ DPS coordination and supervision, and directed to health care workers from health units of Beira, Dondo, Nhamatanda and in Buzi. In total 367 health care workers benefited from IPC training. The IPC Team based this week in Munhava, Macurungo and Nhamatanda, Mascarenhas, Chingussura Health Centers, and Beira Central Hospital, performing IPC assessment, discussing and delivering WHO IPC recommendations and correcting the found gaps. IPC Assessments were performed in 16 Health Centers in Beira, Dondo and Nhamatanda, 3 Cholera Treatment Centers, 2 rural Hospitals and 10 Oral Rehydration Centers of the Sofala Province. An IPC Assessment Tool to be use for Health Units assessment with the aim at standardizing the information, facilitating understanding of challenges and planning actions to improve the IPC conditions has been developed and is waiting for approval by MoH/DPS..

Risk Communication & Community Engagement	<ul style="list-style-type: none"> • WHO held a technical meeting for capacity reinforcement and awareness raising of 12 Community Health Committee members in Beira. Awareness raising session has been facilitated for 70 military staff on health care in the area of disease prevention and environmental hygiene in collaboration with JHPiego. • Other key activities this week included technical visit to 2 municipal markets in Beira for health promotion actions, support in community engagement techniques to 2 CTCs and 4 ORPs, field Work in Nhamatanda including meeting Health Committees and SESP, field Work in Dondo for IRS campaign monitoring and technical meeting in Nhamatanda to monitor the social mobilization for the indoor spraying campaign.
---	---

4.1.2 MALARIA OUTBREAK RESPONSE

Following the distribution of more than 474,400 LLINs, the indoors spraying campaign continues with 6259 houses sprayed (2,543 in Buzi, 3,362 in Nhamatanda and 354 in Dondo) out of the total of 67,000 targeted.

4.1.3 MATERNAL AND CHILD HEALTH

4.1.3.1 CHILD HEALTH WEEK

The Emergency response health week was launched on 6 May with the objective to reduce morbidity and mortality among the vulnerable population in the 21 most affected districts. 386 teams are covering 12 districts of Sofala targeting 438,243 children under five years and 179,222 women. Main interventions include measles, rubella and polio vaccination, supplementation with Vitamin A, deworming with Mebendazole, administration of iron and folic acid, counselling and family planning. Contributions advanced from WHO, UNICEF, USAID, and UNFPA to implement the campaign is valued at \$1.2m.

4.1.3.2 NUTRITION

In order to identify strength and gaps of inpatient service delivery to children with severe acute malnutrition (SAM), WHO provided technical support to conduct a cross-sectional assessment of service availability in the 4 hospitals of the most affected districts (Buzi, Beira, Dondo and Nhamatanda). The key findings are as follow:

<p>Major Strengths</p> <ul style="list-style-type: none"> • Hospitals have dedicated rooms for management of children with SAM and a place to prepare feeding except for Buzi. • Infrastructures in place for WASH, but needs repair. • Available human resources cope with the current case load of SAM but need to be beefed up in case of influxes. • Essential medical supplies are available. • All hospitals have inpatient records to track progress of children. 	<p>Key gaps</p> <ul style="list-style-type: none"> • Standard anthropometric equipment not available in Nhamathanda and Buzi hospitalss • The Nhamathanda hospital malnutrition ward does not meet the minimum standard. • Staff knowledge on key areas on management of SAM is sub-optimum. • No activities to promote Infant Youth and Child Feeding.
<p style="text-align: center;">Recommendations</p> <ol style="list-style-type: none"> 1. Promote infant and young child feeding practices in the hospitals. 2. Conduct refresher training to health workers on management of severe acute malnutrition. 3. Procure standard anthropometric equipment for accurate weight measurements. 4. Carry out minor repairs and installations at Nhamatanda hospital to meet the minimum standard for infrastructure. 5. Strengthen infection prevention and control measures among the caregivers and health workers. 6. Provide regular on-site coaching on the management of SAM to improve compliance to the protocols and benefit new staff. 	

4.1.4 EMERGENCY MEDICAL TEAMS

A total of 13 EMTs have provided surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica.

EMTCC closed the Operations phase on Monday 6 May and started transition phase with exit plans being reviewed for the 4 EMTs currently operational (Beira Central Hospital, Macurungo Health Centre, Buzi Hospital and Nhamantanda Hospital).

4.2 CYCLONE KENNETH

4.2.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> The Health Cluster in Pemba is active and chaired by the MoH with support of the cluster coordinator Information for the 4W is being collected
Surveillance & Laboratory	<ul style="list-style-type: none"> The WHO Epi Team is working on the finalization of the plan to strengthen Epi/surveillance in Cabo Delgado in collaboration with INS and DPS. The EWARS system is being set up and a training has been held on 10 May
Case Management & IPC	<ul style="list-style-type: none"> Following the declaration of the Cholera outbreak, a CTC at Eduardo Mondlane Health Center was established with an initial capacity of 50 beds. Further CTCs have been set up in Mecufi and Metuge. WHO in collaboration with CDC conducted a rapid outbreak investigation training for participants of the 17 health districts of Cabo Delgado 9-10 May 2019.
WASH	<ul style="list-style-type: none"> A supply of clean portable water has been installed in Quissanga on 08 May. Distribution points at health centres and in towns will be established as a next step.
Risk Communication & Community Engagement	<ul style="list-style-type: none"> WHO will also provide communication support to the upcoming vaccination campaign in high risk districts of Cabo Delgado to combat rumors as not all risk zones will be covered initially. On 8 May, 20 journalists and 30 community / religious leaders were trained on health promotion and disease prevention in the field of cholera prevention
Drugs and Supplies	<ul style="list-style-type: none"> A cholera vaccination campaign is planned covering the two high risk districts Pemba and Mecuf. Tentative Dates are 20- 25 May. 516,000 doses (for two phases) have been confirmed for this campaign and a communication strategy for the campaign is currently being developed. Macro planning for this event has started.

4.2.2 MALARIA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> The malaria task force is active and continued logistic and operational support are being provided to the MoH on key interventions for vector control.
Drugs and Supplies (bed nets)	<ul style="list-style-type: none"> As of 8 March, 1075 bed nets have been distributed in the accommodation Centre, 228 in Ibo, 276 in Metuge, 72 in Mecufi and 550 in Pemba due to the elimination of accommodation centres

5. GAPS AND CHALLENGES

5.1 CYCLONE IDAI

- There are still critical pockets that face access constraints (Some areas remain accessible only by helicopter or boat.) in Buzi and Nhamatanda: this is exacerbated when families are allocated areas for resettlement with limited infrastructures.
- Remoteness of certain sites of activities leading to limited access for mobile clinics and to long time of travel from bases.
- Inability to launch planned health facilities rehabilitation in Buzi District due to inaccessibility.
- Community mobilization is a big challenge due to lack of awareness and information about the health week as well as on malaria prevention activities.
- Medical evacuation and referrals to Beira are still compromised due to lack of ambulances.
- Restoration of services and rehabilitation of health facilities require more resources.

5.2 CYCLONE KENNETH

- Access to affected districts continues to be a challenge and further rain in affected area is forecasted. Some of the districts can only be accessed by helicopter and boat.
- Limited capacity for the hospitalization of cholera patients in Cabo Delgado due to the difficulty of isolation and large number of cases. The Cabo Delgado DPS is therefore arranging the installation of tents.
- There is a need for training of religious leaders on the vaccination campaign due to the holy month of Ramadan
- Medical supply chain management is necessary to ensure that the medication is available in the health facilities

6. RECOMMENDATIONS AND NEXT STEPS

6.1 CYCLONE IDAI

- There is a need to ensure proper confirmation and sound management of all cases as well to focus on prevention measures in this district.
- Emphasis should be put on maintaining essential health services for early recovery including availability of basic equipment for maternity & SRH services (tents and maternity kits).
- Emergency referral system must be strengthened with support from all partners.
- Need to gradually shift work and technical support from the province to district level.
- IPC team to continue monitoring the ORPs for transition phase.
- To discuss during the Health Cluster Meeting issues and gaps related to Waste management reported in several health facilities.
- Continue to produce and improve epidemiological reports and weekly bulletin.

6.2 CYCLONE KENNETH

- There is a need to follow up on community engagement activities with religious leaders in particular in preparation of the upcoming vaccination campaign.
- To advocate to partners to support the OCV campaign and fill the gaps in the malaria response plan.
- There is an urgent need to put a referral system in place.

Contacts:

WHO Country Office Representative: Djamila Cabral: cabrald@who.int

Incident Manager: Gabriel Novelo: novelog@who.int

Health Cluster Maputo: TBC

Information Management Maputo: Tanja Schmidt schmidtt@who.int

Deputy Incident Manager - Beira: Solomon Woldetsadik: woldetsadiks@who.int

Health Cluster Beira: Luis dos Reis: healthclusterbeira@gmail.com

Information Management Beira: Patrick Kabore: kaborepa@who.int; Stancelous Mverechena: stancello@gmail.com

Team Lead Pemba: Nurbai Calu calun@who.int

Health Cluster Pemba: Erna Van Goor healthpemba@gmail.com

Information Management Pemba: Luis Hernando Aguilar healthpemba@gmail.com Yasser Gulamo gulamoy@who.int

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