

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 9

23th August 2019

Period covered 29th July - 11th August 2019



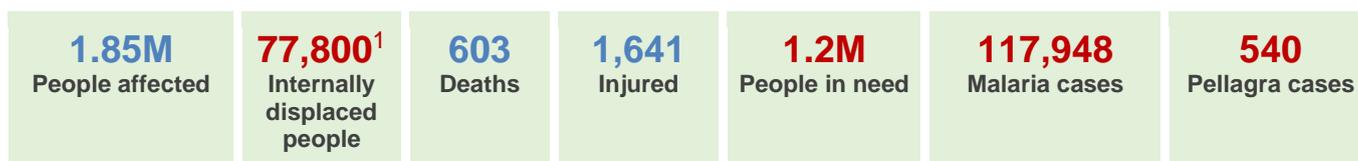
REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE



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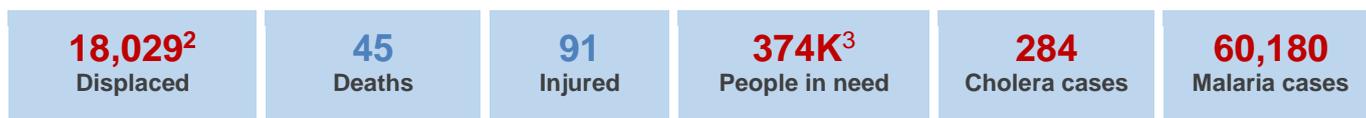
1 Highlights

1.1 CYCLONE IDAI



- There are 68 active resettlement sites in cyclone Idai affected provinces, hosting 77,800 individuals¹.
- For populations in the resettlement areas, vulnerabilities remain in accessing basic health services.
- Severe acute malnutrition and surveillance of pellagra cases are being reported into the EWARS for Sofala province.
- Generally, weekly malaria cases reported in Idai affected districts are decreasing, with cumulative 117,948 cases registered between 27th March - 11th August 2019.

1.2 CYCLONE KENNETH

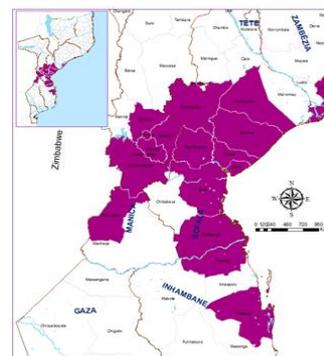


- Basic health services continue to be provided from tents in districts of Ibo, Quissanga, Mucojo and Macomia.
- Generally, weekly malaria cases in cyclone Kenneth affected districts continue to increase, with cumulative 60,180 cases registered as of 11th August 2019.

2 Background

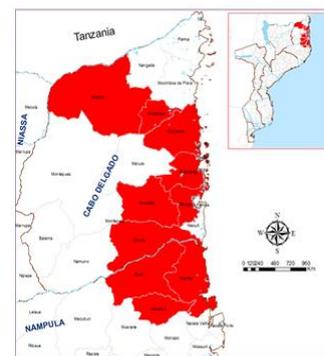
2.1 CYCLONE IDAI

Cyclone Idai hit central Mozambique in March 2019 and subsequent flooding, rain and devastating winds, forced up to 400,000 people to flee their homes. The official death toll reported was 603 people, with more than 1,641 people injured. Latest available data shows a slight increase in displaced population numbers across 68 sites now hosting 16,250 households in sites in Manica, Sofala, and Tete and Zambezia provinces. There are ongoing efforts with government and health partners in coordinating access to basic health services for affected and resettled populations.



2.2 CYCLONE KENNETH

Cyclone Kenneth, a category 3 cyclone, struck the coast of northern Mozambique hitting Cabo Delgado province, and affecting Nampula province. The number of affected people reached 254,750, official death toll reported was 45 people, and more than 45,000 houses affected, partially or totally destroyed.⁵ With health structures damaged, access to health services in the cyclone-affected area remains a challenge. Coordination efforts are ongoing with health infrastructure partners to support health facility rehabilitation in the most affected facilities and ensure provision of basic health services to populations.



3 Analysis of the current situation

3.1 CYCLONE IDAI

3.1.1 Access to health services

Access to health services remains a challenge across some cyclone-affected areas as health structures are damaged or destroyed and reconstruction is still ongoing. There continues to be limited access to basic health services to the population internally displaced across the resettlement areas, with numbers having increased slightly to 68 sites totalling 77,800 people, corresponding to 16,250 households. There are ongoing efforts and coordination with DPS to continue the provision of mobile clinic services, supporting surveillance and addressing provision and availability of basic health services in the resettlement areas.

¹ IOM DTM Mozambique, 15th August

² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

³ Agreed People in Need number, OCHA, Cyclone Kenneth Flash Appeal, May 2019

⁴ INGC Situation report, 21 May 2019

⁵ UNOCHA Situation Briefing, 12 May 2019

3.1.2 Communicable Diseases

3.1.2.1 Cholera

There are no suspect cases of cholera in Epi Week 32, from the 22nd – 11th August. This is the 10th consecutive week without suspect cases reported. A 2nd round of OCV has been completed targeting high-risk communities in Beira, Búzi, Dondo, Nhamatanda, and selected communities in Muanza and Cheringoma.

3.1.2.2 Malaria

Table 1 shows the number of cumulative malaria cases in the affected areas of Sofala province with 117,948 cases reported as of 11th August.

Table 1: Malaria cumulative attack rate by district, in Sofala province, 27th March – 11th August 2019

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Beira	22,571	465,918	4.8
Búzi	24,844	207,631	11.9
Dondo	22,520	189,259	11.8
Nhamatanda	48,013	322,511	14.8
Total	117,948	1,185,319	9.9

3.1.2.3 Nutrition

From 15th April to 11th August, identified cases of acute malnutrition were reported from health facilities of the four districts of Sofala Province. The cumulative cases of acute malnutrition, both moderate and severe totalled 2,323 of the 102,215 screenings performed (2.3%). The number of confirmed cases of severe acute malnutrition (SAM) increased significantly in the district of Dondo, while moderate acute malnutrition numbers increased only in the District of Nhamatanda.

A total of 65 health facilities in Beira, Búzi, Dondo and Nhamatanda reported nutritional screening of children. Of the total of 102,215 of cumulative cases 1,632 were reported as moderate acute malnutrition (MAM) and 691 reported as severe acute malnutrition (SAM).

3.1.2.4 Pellagra

A multi-sectoral group has been established to develop a strategy for pellagra (vitamin B deficiency) response.

- Pellagra surveillance is being notified into the EWARS for the province of Sofala, districts of Nhamatanda, Búzi and Dondo.
- Total of pellagra cases notified for Nhamatanda by Medicus del Mundo for the period of 1st June to 31st June is 130 cases
- A total of 410 cases of pellagra have been reported into EWARS for Sofala.
- Up until the 11th of August, a total 540 pellagra cases have been reported.

3.2 CYCLONE KENNETH

3.2.1 Access to health services

A number of health structures remain damaged and some mobile services are currently being provided through the Provincial Health Directorate in Cabo Delgado with provision of care in areas considered insecure still challenging. A working group on health access and access to insecurity areas has been established.

3.2.2 Communicable Diseases

3.2.2.1 Cholera

An outbreak of cholera was confirmed in May 2019 in three Cabo Delgado districts, (Pemba, Mecúfi and Metuge). As of 11th August 2019, total cases reported stands at 284; marking no reported cholera cases for the last 54 days.

Table 2: Cholera attack and case fatality rate by district, Cabo Delgado (1st May – 11th August 2019)⁶

District	Cases	Population	Deaths	CFR (%)	Attack rate per 100,000 Pop.
Pemba	224	200,529	0	0.0	111
Metuge	43	86,866	0	0.0	49
Mecúfi	17	40,433	0	0.0	42
Total	284	504,637	0	0.0	56

⁶ Provincial Health Directorate in Cabo Delgado, [National Institute of Health \(INS\)](#), 11th August 2019

3.2.2.2 Malaria

Generally, malaria cases in affected areas in Cabo Delgado continue to increase with a total of 60,180 cumulative cases, as of 11th August (Table 3).

Table 3: Cumulative malaria cases by districts as of August 11^h 2019⁷

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Pemba	14,589	200,529	7275.2
Macomia	14,791	114,345	12935.4
Metuge	14,417	86,866	16596.8
Ibo	549	12,205	4498.1
Quissanga	7,312	50,259	14548.6
Mecúfi	8,255	40,433	21076.8
Total	60,180	504,637	11925.4

4 Public health response

4.1 CYCLONE IDAI

With a shift in focus towards the recovery phase, Provincial Health Directorates (DPS), INS and health partners' interventions are prioritising health access for the increasing numbers of affected and displaced populations in resettlement areas. In addition, there is a focus on providing nutrition response to address moderate and severe malnutrition which has only been under surveillance in Sofala province so far.

4.1.1 Cholera

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Assessment for CBS training in Búzi conducted by DPS/DDS with support from WHO. 40 CBS – focal points identified for training from 8 resettlements areas in Búzi during the assessment.
Surveillance & Laboratory	<ul style="list-style-type: none"> Last confirmed cholera case of the outbreak in Sofala was on 30th May 2019 in Nhamatanda district cholera treatment centre. As of 11th August, end of Epi Week 32, there have been no reports of cholera cases for the last 73 days. EWARS surveillance is ongoing with 4 districts covered (Beira, Búzi, Dondo and Nhamatanda).

4.1.2 Malaria

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Provincial Health Directorate are coordinating weekly meetings with active participation of WHO and partners.
Surveillance	<ul style="list-style-type: none"> EWARS surveillance on malaria is ongoing for 4 priority districts. WHO on-the-ground team continues to provide malaria support and activity monitoring and strengthen reporting efforts to enable ongoing monitoring of trends in the priority districts. Service providers at resettlement sites report malaria cases on the rise on some of the resettlement sites in Búzi and Nhamatanda.

4.1.3 Nutrition

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> A pellagra multi-sectorial working group has been set up in Beira, with the Health, Food Security and Nutrition clusters, and with the DPS, and are addressing interventions for surveillance, prevention, case management, social mobilization, monitoring and evaluation and research. WHO are participation in the pellagra technical working group for elaboration of a Pellagra Response Plan with a Communication and Community Engagement component. It has been proposed to produce weekly reporting on pellagra cases for sharing amongst the technical working groups.
Surveillance	<ul style="list-style-type: none"> WHO continues to support INS and DPS with reporting of daily pellagra cases to EWARS. Pellagra is now integrated into EWARS and reporting is available. DPS, INS and WHO continue supporting Health Facilities with nutrition surveillance.

⁷ Provincial Health Directorate in Cabo Delgado, [National Institute of Health \(INS\)](#), 11th August 2019

4.2 CYCLONE KENNETH

4.2.1 Cholera

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• Coordination meetings chaired by the Provincial Health Directorate and partners on health operations continue on a weekly basis.
Surveillance & Laboratory	<ul style="list-style-type: none">• As of 11th August, no suspect cases have been reported for the last 54 days.• Surveillance activities continue; active cholera treatment centres are indicated to collect samples from all suspected cases for laboratory confirmation.

4.2.2 Malaria

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• WHO is supporting INS, DPS and facilities to encourage data submission to address and address incomplete data.• WHO with INS, DPS and partners, are coordinating efforts to resume regular reporting following a drop in data reporting.
Surveillance	<ul style="list-style-type: none">• Malaria cases have generally increased for the past 2 Epi weeks.• Monitoring and analysis of historical data from sentinel sites for trends is ongoing.

5 Gaps and challenges

5.1 CYCLONE IDAI

- There are gaps and challenges in the provision and availability of health services at resettlement sites.
- Pellagra treatment is still a challenge due to shortage of nicotinamide, expected to be available in September 2019 (MoH / UNICEF).
- Funding and implementation of rehabilitation continues to be a priority and needs to be accelerated.
- Data management resourcing and support is a challenge as information on outbreak prone diseases from Health Facilities needs strengthening.
- There are data and information management operational challenges impacting reporting from health facilities and trend analysis which are being addressed.
- Notification of pellagra cases is occurring only within a limited geographic area.

5.2 CYCLONE KENNETH

- Provision and availability of health services for populations in the affected areas outside Pemba due to destruction of health care infrastructures remains a challenge.
- Funding and implementation of rehabilitation continues to be a priority and needs to be accelerated to move services provided in tents back into buildings.
- There are information gaps in identification of specific health facilities that require rehabilitation support and information related to reconstruction status.
- There are data and information management operational challenges impacting reporting from health facilities and the reporting of trend analysis. They are currently being addressed.

6 Recommendations and next steps

6.1 CYCLONE IDAI

1. Ongoing monitoring and analysis of reported severe acute malnutrition cases and continue efforts to ensure completeness of nutrition data, including notified pellagra cases.
2. Continue monitoring the trends in malaria cases.
3. Support monitoring at resettlement areas for availability and delivery of basic health services.
4. Strengthen community-based surveillance mechanisms in affected areas and assure the notification of pellagra cases in other areas of occurrence.
5. Continue ongoing cholera surveillance.
6. Support ongoing restoration efforts with damaged health infrastructure.
7. There is an opportunity to strengthen overall data management activities and resources to support information on outbreak prone diseases from Health Facilities and resettlement sites.

6.2 CYCLONE KENNETH

1. Continue ongoing cholera surveillance in high-risk areas.
2. Continue monitoring trends in malaria cases.
3. Restoration of health infrastructure and providing support to improve availability of basic health services in affected areas needs to continue to be supported.
4. There is an opportunity to strengthen data management activities and resources to support information on outbreak prone diseases at health facility level, and related to displaced population and mobile clinics.

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