

# HUMANITARIAN RESPONSE

## Cabo Delgado

Health Cluster Bulletin No. 2

Month: February 2022

Country: Mozambique



**1.3 M**

People in Need of Health Assistance



**699,416**

(54%) Internally Displaced



**609,185**

People Targeted by Health Cluster



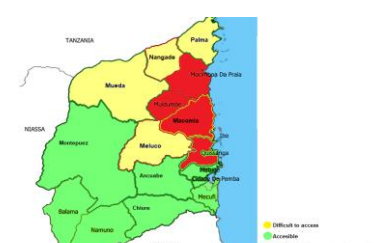
**89** Functional Health Facilities



**30** Health Facilities Destroyed



**886** Health Workers Displaced

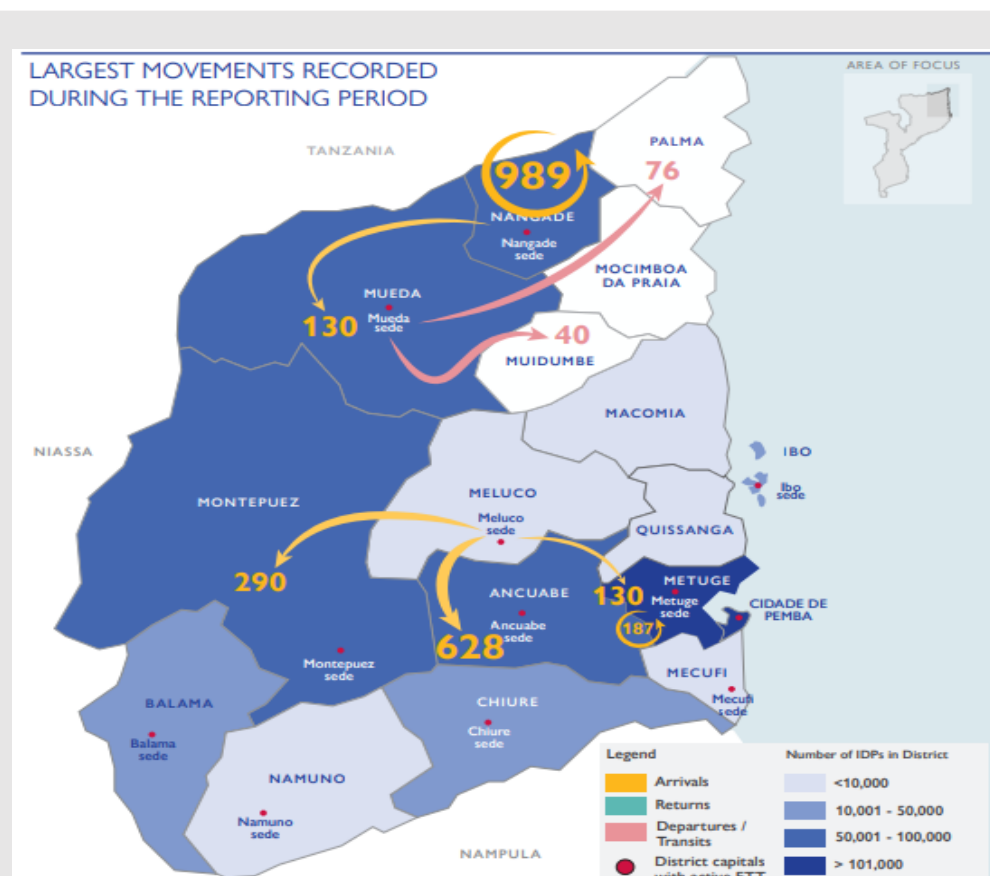


**17** Districts Affected

### Security Update

- Security incidents continued, for example a group of insurgents attacked and looted the village of Namuembe, south of Nangade, where 2 civilians and a pro-government militiamen were killed, and 2 girls were kidnapped
- Nangade, Macomia and Meluco districts have witnessed increased attacks during the two months
- Counterinsurgency offensives by Mozambican and Southern African Development Community's (SADC) Mission in Mozambique (SAMIM) forces continued, and on Friday 25 February 3 insurgents were killed and two hideouts were destroyed by allied air force patrols near Mocimboa do Rovuma village, 18km from the Tanzanian border(ACLED)
- This insecurity continue to pose a serious problem in the delivery of basic humanitarian services in the districts particularly in provision of essential health care services

### Population Movements



50 Movements recorded

45 Arrivals (2,352 Individuals); Largest Arrivals Nangade 989 individuals

Departures (238 Individuals); Largest Departures: Metuge 147 individuals

74 % displaced first time, 26 % IDPs Displaced more than once prior to this latest movement.

Source: IOM ETT Report: No. 145/ 16 - 22 February 2022

### Health Cluster: Key Response Figures

ACTIONS	RESULTS
Coordination	<b>3</b> Health Cluster coordination meetings
Response	<b>19</b> Health Cluster partners implementing health response in 2022 <b>14</b> Health partners oriented on uploading the HRP projects to the humanitarian portal
Essential Supplies	<b>8</b> IEHK delivered to temporary clinics and mobile health teams
Vaccinations	<b>11M</b> people fully vaccinated against COVID-19 in Mozambique
Disease Surveillance	<b>cVDPV2</b> outbreak declared, with 2 cases in Nampula and Cabo Delgado provinces. <b>WPV1</b> Outbreak declared in Lilongwe, Malawi
Trend Analysis	Steady increase in weekly AWD and Malaria cases in Cabo Delgado
Preparedness	<b>2</b> meetings for Outbreaks Taskforce conducted for cholera preparedness and COVID-19 response
Surveillance System For Attacks Against Healthcare (SSA)	<b>30</b> out of <b>135</b> Health facilities in Cabo Delgado province destroyed during the conflict. Government asked displaced health workers to resume work in their duty stations.



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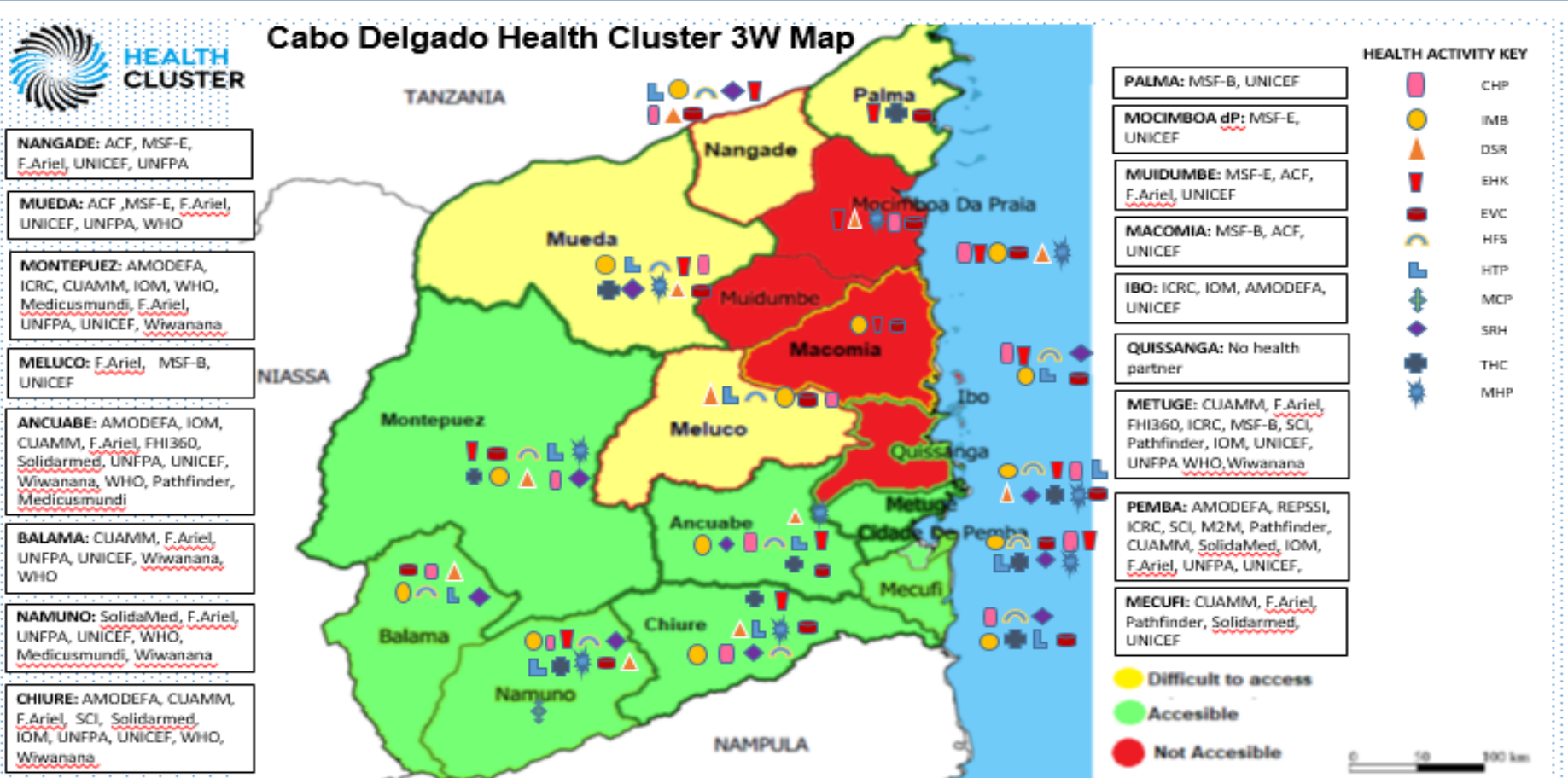
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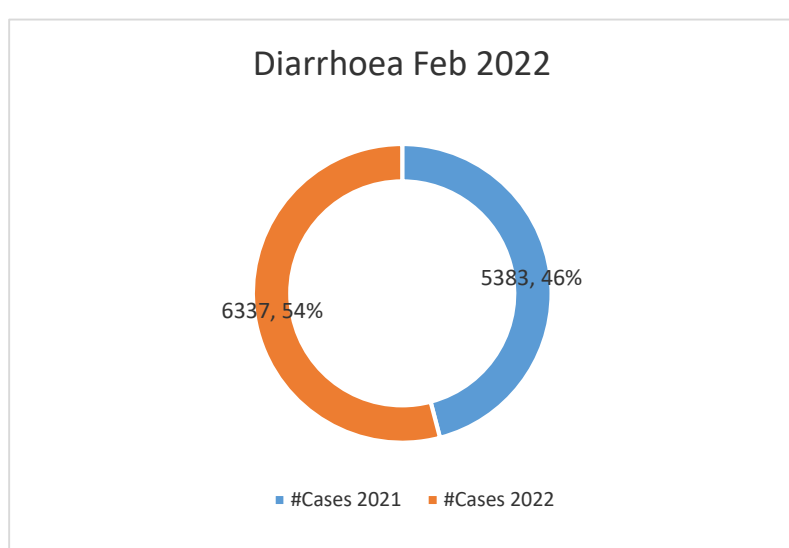
Country: Mozambique



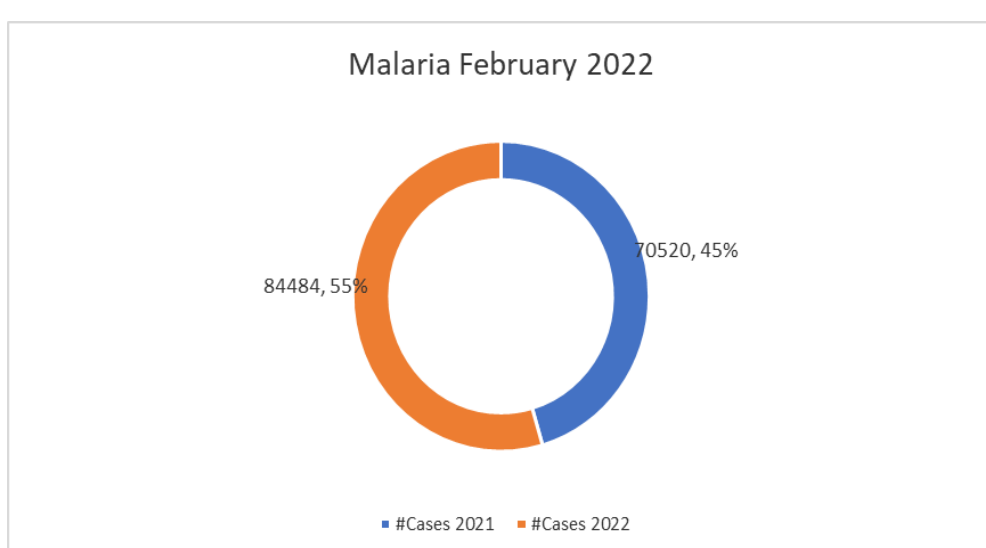
### Health Partners Presence - Cabo Delgado 3W Map (Who, Where, What)



### Diarrhoea Cases February 2022

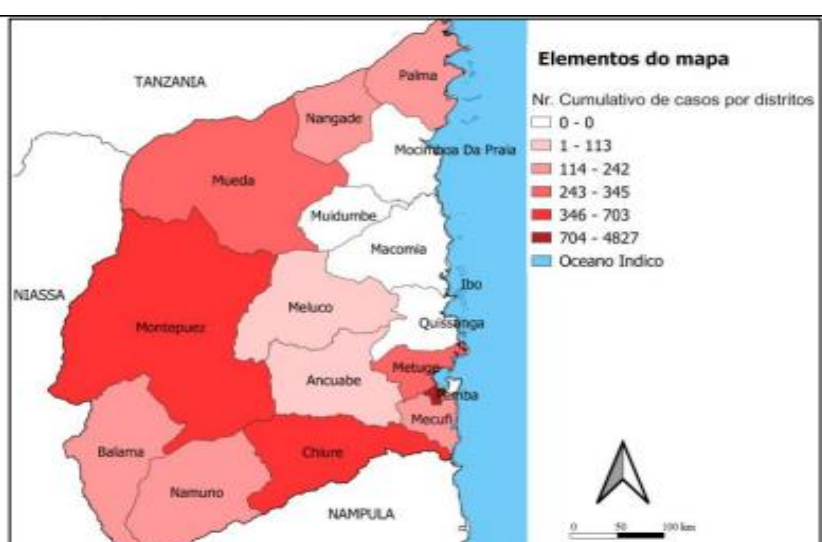


### Malaria February 2022



54% of diarrhoea, reported in 2021 as compared to 46% in 2022. 55% of malaria cases reported in 2021 as compared to 45% in similar period in 2022. Trend of increasing malaria cases reported in Metuge and Chiure.

### COVID-19 Cases in Cabo Delgado February, 2022



This month the number of COVID-19 positive cases decreased from 60 in W6 to 8 in W7. 8,098 confirmed cases reported in 13 districts (Ibo, Chiure, Pemba, Palma, Montepuez, Mueda, Meluco, Namuno, Ancuabe, Metuge, Balama, Nangade and Mecufi). No new deaths were reported, (17 cumulative deaths to date). The cumulative number of COVID-19 tests performed were 62,837 of which 13% were positive. As of the end of February there were 71 active cases in the province all isolated at home.

### Health Cluster Update: Area of Humanitarian Response

Health Cluster Response	Results	Highlights
<b>Determine the Status of Health Resources &amp; Health Services in Cabo Delgado</b>	Health Resources & Services Availability Monitoring System (HeRAMS) completed	<ul style="list-style-type: none"> <li>Collection of data through the HeRAMS platform was completed for 100% of health facilities in the 17 districts of Cabo Delgado</li> <li>Data verification is ongoing. This will be followed by data analysis and dissemination of standard HeRAMS report</li> </ul>
<b>Provision of Integrated Primary life saving and life sustaining interventions</b>	<b>19</b> Health cluster partners continued to provide life saving interventions in the respective districts	<ul style="list-style-type: none"> <li>IDP and host communities reached with health interventions during the month; This include <b>44,551</b> outpatient consultations, <b>937</b> receiving modern contraceptives, <b>9,878</b> reached with IEC messages, <b>1,803</b> PLHIV on ART, 7 GBV survivors receiving clinical care, <b>1,633</b> received MHPSS services</li> </ul>
<b>cVDP2 Polio Outbreak Response</b>	Cvdpv2 polio outbreak declared in Cabo Delgado and Nampula provinces, WPV1 outbreak reported in Malawi	<ul style="list-style-type: none"> <li>4 rounds of synchronized vaccination campaigns to prevent the transmission of WPV1 and cVDPV2 in the country are planned</li> </ul>
<b>COVID-19 Surveillance &amp; Response</b>	COVID-19 cases declining	<ul style="list-style-type: none"> <li>COVID-19 cases reported from 13 districts (Ibo, Chiure, Pemba, Palma, Montepuez, Mueda, Meluco, Namuno, Ancuabe, Metuge, Balama, Nangade and Mecufi)</li> </ul>
<b>Inter-Cluster Coordination (ICCG) meetings</b>	<b>6</b> ICCG meetings; 4 in Pemba and 2 in Maputo	<ul style="list-style-type: none"> <li>Planning for the peer to peer mission held which deliberated on the humanitarian coordination structure and made recommendations to HCT</li> </ul>
<b>Health cluster coordination meetings</b>	<b>3</b> Health cluster coordination meetings; 2 in Pemba and 1 in Maputo	<ul style="list-style-type: none"> <li>Discussions on implementation of HRP interventions, reaching the vulnerable population with speed and flexibility. Outlined best approach to address challenges encountered in the field</li> <li>IOM will target 3 districts in Cabo Delgado and 3 in Nampula with new mobile clinics, to be deployed by March. Procurement for 3 mobile clinics, vehicles and trailers completed and ready to be deployed.</li> </ul>
<b>District coordination meetings</b>	<b>3</b> district health partners coordination meetings held in Ancuabe, Chiure, and Ibo	<ul style="list-style-type: none"> <li>Partners' engaged on continued harmonization of response, expanding coverage areas and reduce duplication.</li> <li>In Ibo IOM already supporting MHPSS needs of IDP following new attacks</li> <li>In Ancuabe CUAMM and FHI360 delivering mobile clinics to new IDP in Nanjua</li> <li>In Chiure there's the need for more preventive WaSH and Nutrition interventions</li> </ul>



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### Health Cluster Actions: Areas of Humanitarian Response

#### Humanitarian Response Plan Indicators 2022 - Targets & Achievement, February 2022

	HRP 2022 Indicators	HRP Target 2022	HRP Monthly Target	Achieved Feb 2022
1	Number of health facilities and mobile teams supported in crises affected locations	76	76	159
2	Number of total OPD consultations	609,000	50,750	98,375
3	Number of normal deliveries attended by skilled birth attendants	12,236	1,020	7,769
4	Number of women in child bearing age receiving modern contraceptives	70,356	5,863	20,015
5	Number of community members receiving health IEC messages	609,000	50,750	51,007
6	Number of assorted emergency medical kits distributed in crises affected locations	1,200	100	8
7	Number of PLHIV on ART traced and linked back to HIV services	45,000	3,750	2,103
8	Number of cases with injuries and disabilities treated and referred for further care	45,689	3,807	35
9	Number of cases receiving mental health and psychosocial support services	67,011	5,584	1,825
10	Number of survivors of GBV receiving clinical care for rape	7,036	586	107
11	% of epidemic prone disease alerts verified and responded to within 48 hour	80%	80%	-
12	Number of cholera cases treated	5,536	461	0
13	Number of children 6 months to 15 years receiving emergency measles vaccination	261,950	21,829	249

#### Humanitarian Response Plan Monitoring 2022 - Partners Reporting, February 2022

Health Partner	Form B HRP Indicators	Bulletin
ACF	No	No
AMODEFA	Yes	Yes
CUAMM	Yes	No
F. Ariel	Yes	Yes
FHI360	Yes	Yes
IOM	Yes	Yes
Johanniter	No	No
REPSSI	No	No
SCI	Yes	No
UNFPA	Yes	No
UNICEF	Yes	Yes
Wiwanana	No	No
WFP	Yes	Yes
WHO	Yes	Yes
Medicusmundi	No	No
Mother 2 Mother	No	No
Pathfinder	No	No
Solidarmed	Yes	Yes
MSF	Yes	No

### Health Cluster Partners Actions In Pictures



**SolidarMed:** As part of ensuring community involvement in preventing GBV, Solidararmed conducting training on GBV for community and religious leaders in Ancuabe, February, 2022.



**FHI360:** IMMU providing integrated primary healthcare services to the community in Message, Metuge district. Health staff and community members after health education session on the use of certeza for water purification, February 2022



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### WHAT?

## Health Cluster Partners Actions: Update on provision of life saving primary health care services

Health Partner	Highlights
<p><b>1 AMODEFA</b></p>  <p><b>AMODEFA:</b> Attending external consultations at the Ntele resettlement centre in Montepuez district</p>	<p>AMODEFA provides primary healthcare services in the districts of Macomia, Meluco, Montepuez and Quissanga. It supports in the resettlement centres in Ancuabe, Chuire and Montepuez</p> <p>Outpatients consultation</p> <ul style="list-style-type: none"> <li>1,182 Out patients consultation were provided in the districts with 702 in Ancuabe (316 Male, 386 Female); Chiure 198 (52 Male, 146 Female) and 282 in Montepuez (170 Male, 112 Female)</li> </ul> <p>SRH/PF services</p> <ul style="list-style-type: none"> <li>1654 clients were provided with SRH/PF services in the districts with 394 in Ancuabe (0 Male, 394 Female); Chiure 310 (0 Male, 310 Female) and 950 in Montepuez (0 Male, 950 Female)</li> </ul>
<p><b>2 World Food Programme (WFP) /Associação Social de Apoio Comunitário (ASAC)</b></p>  <p><b>WFP:</b> Sensitization activities on testing and HIV/TB treatment in Eduardo Mondlane Accommodation Center, Mueda</p>	<p>Project provides support at Mueda (Eduardo Mondlane and Lyanda accommodation center); Montepuez (Ntele, Massace, Upajo, Piloto, Nropa, Mararange, Nacaca).</p> <ul style="list-style-type: none"> <li>1,533 people tested, 84 tested positive</li> <li>210 home visits conducted</li> <li>55 patients screened for tuberculosis, 5 confirmed tuberculosis and started on treatment</li> <li>All TB patients diagnosed with acute malnutrition and referred to the health facility for treatment</li> <li>1,449 patients screened for malnutrition, 7 IDP with malnutrition and HIV registered for food assistance</li> <li>All assisted users were counselled before, during and after testing</li> </ul>
<p><b>3 SolidarMed</b></p>  <p><b>SolidarMed:</b> Integrated mobile brigades providing health interventions in Ancuabe</p>	<p>SolidarMed-Uvona Project- Gender Based Violence support;</p> <p>Training of community and religious leaders on GBV</p> <ul style="list-style-type: none"> <li>Ancuabe District - 18 community and religious leaders and 6 activists sensitized at 5 Resettlement Centres</li> </ul> <p>Integrated Mobile Brigades</p> <ul style="list-style-type: none"> <li>Supported the Integrated Mobile Brigades to provide life saving medical interventions in Chiure district</li> </ul> <p>GBV and PSEA</p> <ul style="list-style-type: none"> <li>SolidarMed is the health cluster's focal point on the gender working group (GWG). Emphasis on streamlining gender in humanitarian response projects, to address specific related to gender-based violence and sexual and reproductive health</li> </ul>
<p><b>4 WHO</b></p>  <p><b>WHO:</b> Provision of medical consultations in the operational temporary clinic of Liandi, Mueda District</p>	<p>Temporary health clinics</p> <ul style="list-style-type: none"> <li>6 temporary clinics are now operational in Mueda, Metuge, Ancuabe districts</li> </ul> <p>Outpatient consultations</p> <ul style="list-style-type: none"> <li>2,340 Outpatient consultations provided in the temporary clinics</li> </ul> <p>District Supervisory Activities</p> <ul style="list-style-type: none"> <li>3 Support Supervisory visits conducted</li> </ul> <p>WASH in health facilities</p> <ul style="list-style-type: none"> <li>Borehole drilling completed in Ancuabe and Metuge Districts</li> <li>Risk assessment and water sampling in health facilities and accommodation centres in 3 districts (Macomia, Mueda and Ibo)</li> </ul> <p>Joint Operational Review(JOR)</p> <ul style="list-style-type: none"> <li>JOR was convened at Pemba with partners participation aimed at identifying best practices so far, and areas that need improvement</li> </ul>
<p><b>5 IOM</b></p>  <p><b>IOM:</b> Presented Cholera IEC materials to the SDSMAS Chiure on Behalf of WHO. 09 February 2022</p>	<p>IOM provide health interventions with integrated mobile brigades in Chiure, Montepuez, Ibo, Memba, Nampula sede districts</p> <p>Medical Consultations</p> <ul style="list-style-type: none"> <li>10,617 beneficiaries reached</li> </ul> <p>COVID-19 Vaccination</p> <ul style="list-style-type: none"> <li>Supported SDSMAS to conduct COVID-19 vaccination. 2,652 beneficiaries vaccinated</li> <li>IOM's community activists conducted awareness on COVID-19, HIV prevention, and sexual and reproductive health rights</li> <li>14,147 people reached in 5 districts of Cabo Delgado</li> </ul> <p>Health Promotion</p> <ul style="list-style-type: none"> <li>IEC materials used to sensitise on COVID-19, HIV Prevention and Sexual reproductive health rights</li> <li>Tracking of Persons living with HIV (PLHIV)</li> <li>Tracking of HIV and TB lost to follow-up patients</li> <li>285 new HIV/TB cases identified in February.</li> </ul>



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### WHAT?

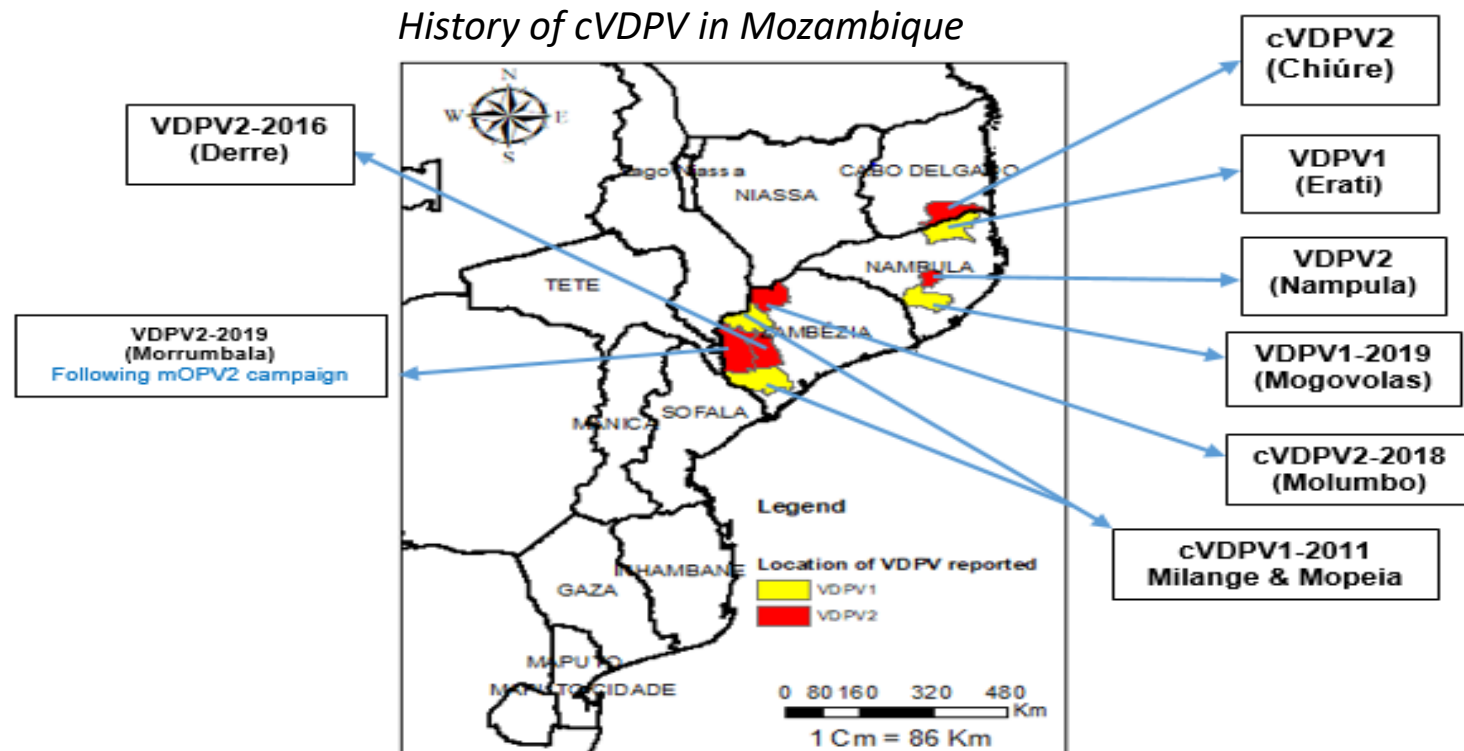
## Health Cluster Partners Actions: Update on provision of life saving primary health care services

Health Partner	Highlights
<p><b>6 UNICEF</b></p>  <p><b>UNICEF:</b> Distribution of mosquito net in Chimoio accommodation transit Center in Montepuez</p>	<ul style="list-style-type: none"> <li>UNICEF support to expansion of health services partnering with CUAMM</li> <li>Support Integrated mobile brigades in the resettlement sites and in host communities</li> <li><b>4,057</b> children under 5 years, <b>1,092</b> pregnant, and <b>258</b> lactating women received health services in Ancuabe, Chiúre, Mecúfi, and Metuge.</li> <li><b>612</b> &lt;15years, immunized for measles and rubella in districts of Ancuabe, Chiúre, Mecúfi, Metuge, and Montepuez.</li> <li>UNICEF through AVSI provided health services to children and women (<b>157</b> children &lt; 2yrs vaccinated, <b>88</b> women receiving antenatal care services</li> <li><b>1,236</b> mosquito nets distributed in the Chimoio Transit Centre to 618 families</li> <li>Supported COVID-19 vaccination with <b>93,214</b> people received 1st dose; <b>24,759</b> people 2nd dose and <b>6,028</b> received a booster dose</li> </ul>
<p><b>7 FHI 360</b></p>  <p><b>FHI360:</b> Providing integrated PHC Services in Metuge District, specifically Health and Protection integrated activities delivering Health Education and GBV sensitization messages</p>	<ul style="list-style-type: none"> <li><b>FHI360</b> Health team reached <b>3,193</b> people, and specifically provided outpatient consultations for <b>3,111</b> people and 82 prenatal consultations through the Mobile Medical Units (MMU)</li> <li><b>FHI360</b> WASH activistas reached <b>4,526</b> individuals through Hygiene Promotion campaigns. <b>4,482</b> people were also reached through water trucking services</li> <li><b>FHI360</b> Protection staff and volunteers reached <b>3,752</b> people through Child Protection (CP) training, Gender-Based Violence (GBV) response services, and Psychosocial support services. GBV prevention awareness trainings reached 200 and 630 Internally Displaced Persons (IDP) in Ancuabe and Metuge, respectively.</li> </ul>
<p><b>8 Ariel Glaser Foundation (F.Ariel)</b></p>  <p><b>Ariel Glaser Foundation(F.Ariel) :</b> Providing integrated PHC Services in Metuge District, specifically Health and Protection integrated activities delivering Health Education and GBV sensitization messages</p>	<ul style="list-style-type: none"> <li>Displacement of the FAG Advisors from the Provincial level (Mobile Brigades, Community Engagement, Monitoring and Evaluation, S&amp;T, Pharmacy, SMI, Laboratory, APSS, GBV, Nutrition) to integrate the team in the activities of the Health Unit.</li> <li>Survey of the Community Profile of Mueda District</li> <li>Conducting the APSS workshop for all lay counsellors of the Mueda Rural Hospital and responsible of the key sectors of the US.</li> <li>Participation in the TARV committee.</li> <li>Elaboration of a micro plan of mobile brigades (until May/22)with the responsible of the EPI and sectors.</li> </ul>

## Polio outbreak in Cabo Delgado and Nampula provinces

- A cVDPV2 polio outbreak was confirmed in Mozambique on 14 February 2022. The first case was in Nampula province, a male child aged 21 months who had 3 doses of oral polio vaccine, and reported acute flaccid paralysis from 29 April 2021
- The last case which is genetically linked to the first case was in Chiure district of Cabo Delgado province, a male child aged 16 months who had two doses of oral polio vaccine, and reported acute flaccid paralysis from 10 December 2021
- A Public Health Emergency was declared on 21 February 2022
- On 17 February 2022, the country learned through the WHO of the notification of a case of wild polio virus type 1 (WPV1 ) in the neighboring Republic of Malawi (Lilongwe)
- Some of the key response actions already taken by MISAU include adherence to IHR protocols, activation of the national polio emergency operations centre, engagement with WHO regional office and headquarters, and a costed response plan
- 4 rounds of synchronized vaccination campaigns to prevent the transmission of WPV1 and cVDPV2 in the country are planned
- Round 1 and 2 will target 4.2 million children under five in all 118 districts of Cabo Delgado, Nampula, Niassa, Zambezia, Sofala, Tete, Manica provinces, while round 3 and 4 will be nationwide
- Round 1 planned is for end of March 2022
- Response to cVDPV2 with a vaccine containing OPV2 will target 1.5 million children under five in all 40 districts of Cabo Delgado and Nampula provinces
- Mozambique has a history of cVDPV type 1 and type 2 events from 2011 to 2021, with the most recent cVDPV2 outbreak reported in 2018 in Zambézia Province

History of cVDPV in Mozambique





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### Public Health Risks and Gaps

#### Health risks

- **Conflict and population displacement;** The unpredictable security situation and continued shift in insurgent fighting in Cabo Delgado pose great threat to access to basic health care. This creates increased demands for health services due to population displacement, destruction and looting of health facilities, physical trauma, poor hygiene and living conditions, new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs
- **Climatic hazards;** This includes occurrence of cyclones and tropical storms which leads to increased risks for waterborne disease. For instance Tropical *Storm Ana* hit Mozambique during the month. Warnings for other cyclones and tropical storms issued from time to time.
- **High risk of COVID-19 spread;** factors including populations living in congested IDP sites, weak surveillance system, porous international borders, poor compliance in implementation of control measures by the general public
- **Communicable disease (cholera, measles, Polio) outbreaks;** due to poor and congested living conditions, limited access to WaSH facilities and poor practices, and low vaccination coverage
- **Food insecurity and malnutrition;** resulting from erratic rains and drought in some locations, which contribute to higher vulnerability of children and other people to infectious diseases and other disease conditions

### Challenges

- 1) Insecurity and continued insurgent attacks denying access to the mostly affected areas for provision of basic health services especially in the Northern districts of Cabo Delgado province
- 2) Most of the health response is happening in the Southern IDP-hosting districts of the province, with minimal to no coverage of the Northern districts, that are becoming more important as the access improves and IDP start to return
- 3) Coordination among partners and sharing of information is sub-optimal in some districts, leading to duplication of effort and gaps in response
- 4) Shortages of essential medicines and medical supplies for health facilities and mobile clinics was reported in some districts

### Recommendations

- 1) Health Partners to ensure that they follow up on actions agreed upon during the health coordination forums convened at each of the respective districts
- 2) Health partners are reminded that monitoring and reporting of the humanitarian response is a requirement for accountability and ensuring that the needs of affected populations are met
- 3) Health partners should be flexible in their projects in order to scale up as need be and expand to cover the Northern districts as IDP returns increase
- 4) Health partners to strengthen and participate in district health coordination meetings where joint planning, scheduling of mobile brigades, and identification of response gaps is conducted
- 5) Considering the difficulties of procuring medicines both internationally and locally, it is important to advocate with donors to support the establishment of emergency health cluster pipeline

### Health Cluster Coordination Meetings

**Participating Partners:** F. Ariel, CUAMM, FHI360, SolidarMed, ICRC, IFRC, MSF-B, MSF-E, MSF-H, ACF, AMODEFA, Pathfinder, CDC, REPSSI, SCI, Johanniter, WHO, UNICEF, IOM, UNFPA, WFP, UNAIDS, DFID, USAID/BHA, Canada.



This bulletin is produced monthly by the health cluster. We acknowledge the support of all government agencies and health partners for their role in providing life-saving primary health services in the affected locations. Equally, we appreciate for all the contributions in terms of reports and sharing of information based on field experiences during the humanitarian response.

Link for cluster bulletins, dashboards and infographics:

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

Other important link:

<https://www.unocha.org/mozambique>

For more information, please contact:

Dr. Wilbert Shihaji  
Health Cluster Coordinator  
Email: shihajiw@who.int  
WhatsApp: +258 87 381 3984

Ms. Amelia Zandamela  
Health Cluster IMO  
Email: zandamelaa@who.int  
WhatsApp: +258 87 699 4448

Mr. Titus Kolongei  
Health Cluster IMO  
Email: Kolongeit@who.int  
WhatsApp: +258 85 849 9192

