Organisation mondiale de la Santé

Ministry of Health

HEALTH CLUSTER REPORT
JANUARY –JUN 2008

MOZAMBIQUE DISASTERS

Maputo 30 November 2008

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SUMMARY

Mozambique and the bordering countries experienced heavy rains from mid December 2007 to mid February 2008 which have flooded the Save, Buzi, Púngoè and Zambezi river basins in central Mozambique and have created flash floods around the Lugenda, Megaruna, Messalo and Montepuez rivers in the North of the country. These floods are the consequence of high levels of rainfall in Mozambique compounded by persistent heavy rains in neighboring countries (Zambia, Zimbabwe and Malawi.

On 03 January 2008, the Government of Mozambique declared a Red Alert – the highest alert level issued for natural disasters – with the objectives of (i) fully activating its Emergency Operation Center (CENOE), (ii) accelerating evacuation operations and (iii) requesting the Humanitarian Country Team (HCT) to activate its cluster mechanisms and revise its response plans in support of their efforts.

The Government of Mozambique's response is coordinated by INGC, under the Ministry of State Administration. Based on lessons learned from the 2000/2001 floods and the effective disaster response of 2007, the INGC has been reinforced and has built a solid structure for coordinating the emergency response. Its first activities focused on search and rescue operations, distribution of basic emergency supplies, and relocation of affected families.

Due to the extent of the identified needs and the Government's limited resources, in-country humanitarian partners have been request by INCG to respond to immediate life-saving humanitarian needs.

A joint CERF request that will include funding for immediate life-saving activities in order to continue the response to the humanitarian emergency was submitted to cover critical needs for which there are currently no Government resources among them pre-positioning supplies including health supplies including mosquito nets and cholera equipment.

The Humanitarian Country Team, in consultation with the Government and the clusters identified five strategic priorities to orientate the humanitarian response, and the clusters responsible for it. Health cluster objective aimed to the Prevention of disease outbreaks and ensuring capacity to respond to health emergencies (Water, Sanitation, and Hygiene [WASH] and Health clusters).

CERF funds were mobilized to provide technical support to the health cluster in the areas related to health needs assessment, coordination and filling critical health gaps. A total amount of 894,358 USD was mobilized in the camp of health response through CERF with the following agencies: WHO: UNICEF, UNFPA/UNAIDS:

On 9 March 2008, the Mozambique Government declared a Red Alert as tropical cyclone "Jokwe" hit the northern Mozambique Nampula Province leaving a trail of destruction as at least 7 people are killed, several injured and thousands homeless. The Government National Institute for Disaster Management (INGC), UN Agencies and other

humanitarian partners in the Cyclone affected areas conducted a rapid needs assessment and providing humanitarian assistance to affected populations.
However, the reduction of rainfall early March, allowed the authorities to stop evacuations and turn their attention towards resettlement centres, despite the concern of cholera outbreaks reported in the districts of Mutarara and Tambara and attracting the response of humanitarian organizations.

The Government of Mozambique has declared the end of the Red Alert as of March 11 for the Hydrometric basins of the central region of the country. These are: Save, Zambeze, Púngue and Búzi.
It is estimated that 113,571 people have been affected by the floods with 20 people reported dead. It is further reported that 18, 518 households (approximately 92,585 people) are in resettlement centers and 3,005 households (approximately 15,025 people) in transit centers. As of 9 February 2008, more than 100,000 people have moved to safe areas, most of them located in 44 Resettlement centers and 9 transit centers. The recovery phase apart of shelter, food, Health services were among the remaining issues to be tackled.

Xenophobia violence with migrants from South Africa.
On 10 May 2008, started in South Africa Republic, Johannesburg, around Alexandre square the xenophobia violence towards migrants among them Mozambicans.
As of 21 May 2008, the Government of Mozambique declared the partially activation of National Centre of operations for emergency (CENOE) and issued the Yellow Alert to address response to displaced from South Africa Xenophobia.
39,969 migrants returned in the country out of 4,445 were supported by the Government of Mozambique and 35,524 with Own support.
Health response was immediate with CVM(Red cross Mozambique) support that provided first aid posts at border and into transit centers of Bulaluene /Matola while MOH set up a temporally health post and WHO provided health promotion guidelines and tools for epidemiological surveillance .

Keys achievements:
Conclusion
More than 80 % of health facilities reported on weekly basis the occurrence of prone epidemic diseases with emphasis on cholera outbreak. More than 80,000 out of 102,486 affected people have access to the first aid posts with service provided essentially by activists (80%). Cascade training of about 263 health workers and 164 activists on epidemiological surveillance and management of common diseases in all affected districts. In addition, support of coordination in caia, strengthening of epidemiological surveillance focused on community level, control of cholera outbreak in Tambara, good

partnership building with resource mobilization, conduction of Indoor Residual Spraying in some resettlement camps.
UNICEF and partners provided a total of 84,050 mosquito nets distributed to district hubs for emergency purposes. Sessions of health promotion involving 100,950 beneficiaries were carried out by World vision and CVM in collaboration with DDS and 200,000 condoms were distributed to the affected population.

Lessons learned:

Cholera outbreaks and malaria drugs stock out constituted the main concern in Floods affected districts. Accordingly to DDS from floods affected districts, the training on emergency management, adoption of new model of notification, community involvement, monitoring of activist activities improved response in the field and including sanitation and safe water contributed to stabilization of health situation.
Efforts made by community, government, partners, DDS and MOH resulted on control of Cholera outbreak in Tambara and Mutarara.
Despite many challenges encountered during the management of this emergency, Health cluster was able to effectively perform all its core functions in emergencies. Coordination of the international response to support the Government encouraged a cooperative ethos between agencies;
The early deployment of staff at CENOE field level, allowing a presence of field staff coordination in Caia, Tete, Morumbala, Mutara, the recruitment of staff, procurement essential supplies and equipment and excellent donor support were some of the factors which enabled the programme to achieve the success.
However, the lack of staff and weakness of epidemiological surveillance in Mozambique, geographical access of affected areas, poor infrastructures constitute a challenge. In addition, there is still a lot to be done if its health indicators are to be brought close to the national average, given the multitude of health system challenges and problems, weakness of health system, inadequate capacity of health workers.

VII. RECOMENDATION

The need of a technical support to the districts to implement key focused life saving health interventions and continuing to offer technical support to the health directorate in emergency health planning, response, monitoring, supervision, coordination and advocating for more support. The early recovery phase within DRR/EPR Joint Programme is an opportunity to address issues on preparedness of emergency management.

II.INTRODUCTION

II.1. Mozambique Overview and historical vulnerability of the country to natural disaster

II.1.1 OVERVIEW:

Mozambique, officially the Republic of Mozambique, is a country in southeastern Africa bordered by the Indian Ocean to the east, Tanzania to the north, Malawi and Zambia to the northwest, Zimbabwe to the west and Swaziland and South Africa to the southwest. It has an area of 799.390 sq km, with a population estimated in 2005 at 19,420,036.

Mozambique still ranks low in the UNDP Human Development Index scale – 171 out 177 – with 69% of the population living below the national poverty line. The majority of its 19 million people live in rural areas with an urban population of only 29%.

Mozambique is very dependant to Donor assistance, with donor assistance in 2006 equivalent to 13% of the gross domestic product.

The Country is prone to flooding and to Indian Ocean cyclones with a limited human resources and capacities.

Health Status

Infant mortality estimated at 109 to 145 per 1,000 live births per year (Between 1995-2003). The under-five mortality rate is 163 per 1,000 live births per year. Maternal mortality is estimated at 1,000 per 10,000 live births per year. The total fertility rate is 5.5, with 40% of all deliveries attended by skilled personnel. The HIV/AIDS epidemic is expanding with an estimated prevalence of 16.2%. The majority of new infections occur among those under 29 years of age. Life expectancy, estimated at 45 years in 2006.

Malaria is the primary cause of mortality among children, causing 15 to 30% of all under-five death. Cholera is endemic in the country.

Tuberculosis case notification rate was 138 per 100,000 in 2002. Mozambique ranks 11th on WHO's list of high-burden TB countries. 41% of children under five stunted and 24% underweight, malnutrition remain a problem.

II.1.2 HISTORICAL VULNERABILITY OF THE COUNTRY TO NATURAL DISASTERS.

Mozambique is prone to a wide range of natural disasters, which regularly cause major damage and set back economic growth in the disaster affected areas. Analysis of natural disasters in the past in Mozambique shows that the country is recurrently hit by droughts, floods and cyclones.

High levels of vulnerability and susceptibility to climate changes has tremendous impact on Mozambique's people, livestock, property,

natural resources and physical infrastructure. The HIV/AIDS pandemic is seen as an emerging disaster with a very slow onset and significant impact that is expected to continue for years and cannot be mitigated against through short-term interventions. In addition, about 36.2 %[1] of the population lives below the poverty line and survives on an estimated average of 1 USD per day. Natural disasters in Mozambique remain a key obstacle to sustainable development and the achievement of the Millennium Developmental Goals (MDGs).

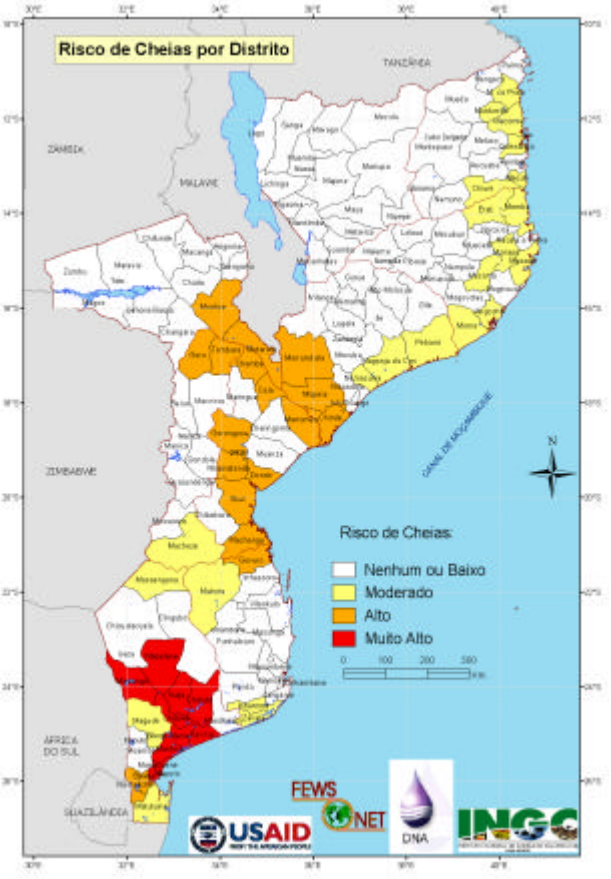
Floods

Localized flooding is common in Mozambique during the southern Africa region rainy season, which lasts from October to March. Meteorological records show that flooding usually occurs during the rainy season between the months of October and April, with some slight variations across the country, affecting principally the low-lying areas of the Zambeze River and low-lying areas where drainage systems are weak or do not exist.

The most likely time for floods to occur is from November to March in the southern region of the country and from January to April in the central and northern regions, due to heavy rains in Mozambique and/or in neighboring countries.

In 2000/2001, Mozambique experienced its worst flooding in 50 years, affecting a total of 570,000 people. In this context the country faced a major flooding in 2000/2001 which led to several hundred thousand people affected. Natural disasters could increase vulnerability to communicable diseases due to the leaving condition of affected population, the changed environment.

In 2007, the threat of floods was created by heavy rains in Mozambique, as well as heavy rains in neighboring countries Zambia and Malawi, which also feed the Zambezi River and tributaries. It was estimated that 285,000 people have been affected by the floods; of these 163,000 were displaced.

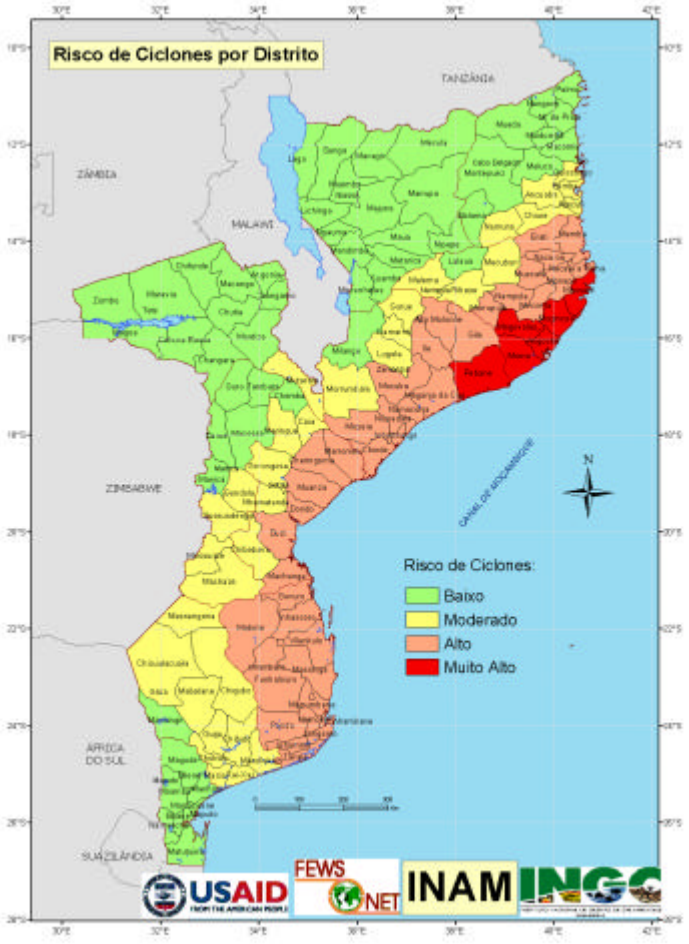


Cyclones

The long coastal area of Mozambique is frequently hit by tropical depressions or cyclones that enter the country from the southwest Indian Ocean. From November to April the provinces most prone to this disaster are Nampula (Angoche), Zambezia (Nicoadala), Sofala (Dondo and Buzi) and Inhambane

(Vilankulos and Massinga). Over the period January to March there is an increased risk that cyclones can occur.

On 22nd February 2007, Mozambique was again affected by another natural disaster when Cyclone Favio stroked the coast affecting Inhambane and Sofala Provinces, mainly the coast of Vilankulos in the province of Inhambane. It was estimated that over 134,000 people were affected by the cyclone.Essential infrastructure (health centres, schools, houses, etc) were severely damaged and thousands of hectares of crops were destroyed. Monitoring of cyclone activity is carried out by the National Meteorological Institute (INAM) and Mozambique has a flag-based warning system for local communities in the event of approaching cyclones.

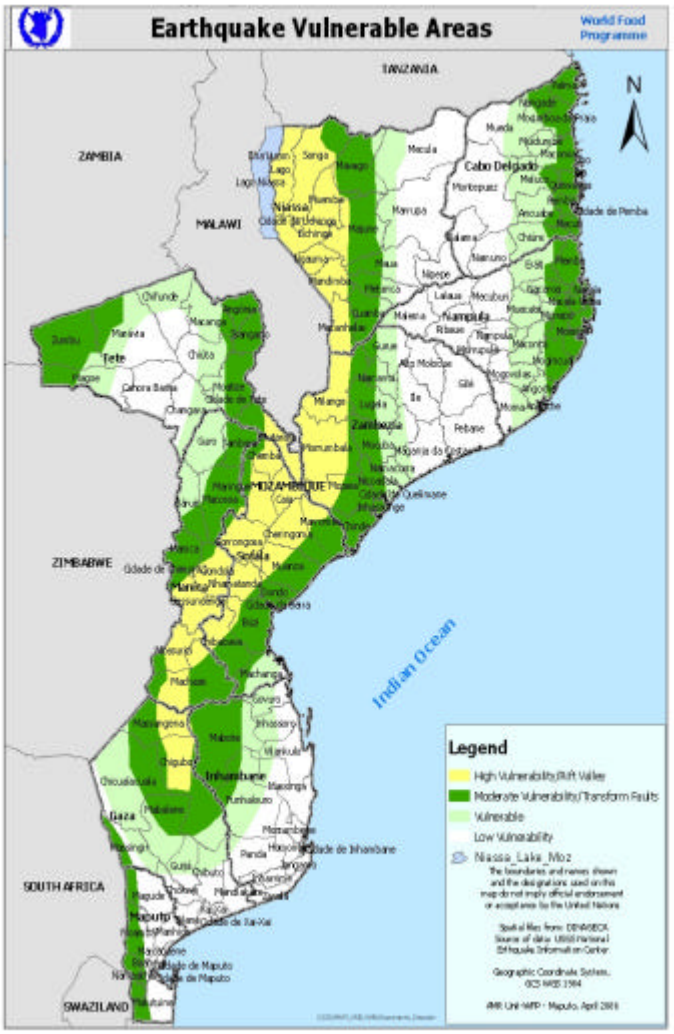


Earthquakes:

Records of cyclones, dating back to 1946, show that they mostly form between the months of October and April, mainly affecting the coastline of Mozambique but occasionally moving in land.
Mozambique is situated on the southern end of the East African Rift Valley (a 50-60 km wide zone of active volcanic fault lines that extend north-south in eastern Africa for more than 3,000 km from Ethiopia in the north to the Zambezi river in the south), although seismic activities are not frequent in this area. This situation turns the country susceptive to Earthquakes and tsunamis. Last earthquake was registered in February 2006 with epicenter in Central province of Manica with a magnitude of 7,5 Richter scale. Cities at high risk of these calamities are Beira, Chimoio, and Dondo. In case of Tsunami, it is very difficult to predict the impact and would depend on magnitude and
INGC has identified the need to consider earthquake preparedness as a priority for

contingency planning since February 2006 when an earthquake measuring 7.2 on the Richer Scale struck central Mozambique on Wednesday, February 23, 2006, 220 km SW of Beira, 235 km South of Chimoio and 530 km North of Maputo, injuring 27 people and damaging infrastructure (health centres, schools and houses) in the Espungabera, Beira and Chimoio areas.

To monitor earthquakes, Mozambique has five seismographic stations in Nampula, Tete, Manica, Lichinga and Changalane. The first three stations have lower coverage estimated at approximately 650 km of ray. However, the Humanitarian Country Team monitors seismic activity in Mozambique.



Drought

Historical references to drought reveal that the country habitually suffers from extremely dry conditions approximately every ten years, mostly affecting inland areas.

High levels of vulnerability and susceptibility to climate changes has tremendous impact on Mozambique's people, livestock, property, natural resources and physical infrastructure. Most households, already vulnerable due to other socio-economic factors including the impact of HIV/AIDS are often too weak to cope with the cumulative shocks caused by droughts. For instance, Mozambique is currently suffering from a severe drought which is forecast to continue until March 2008. Some 520,000 people affected are at risk of food insecurity if agricultural conditions do not improve by the next planting season.

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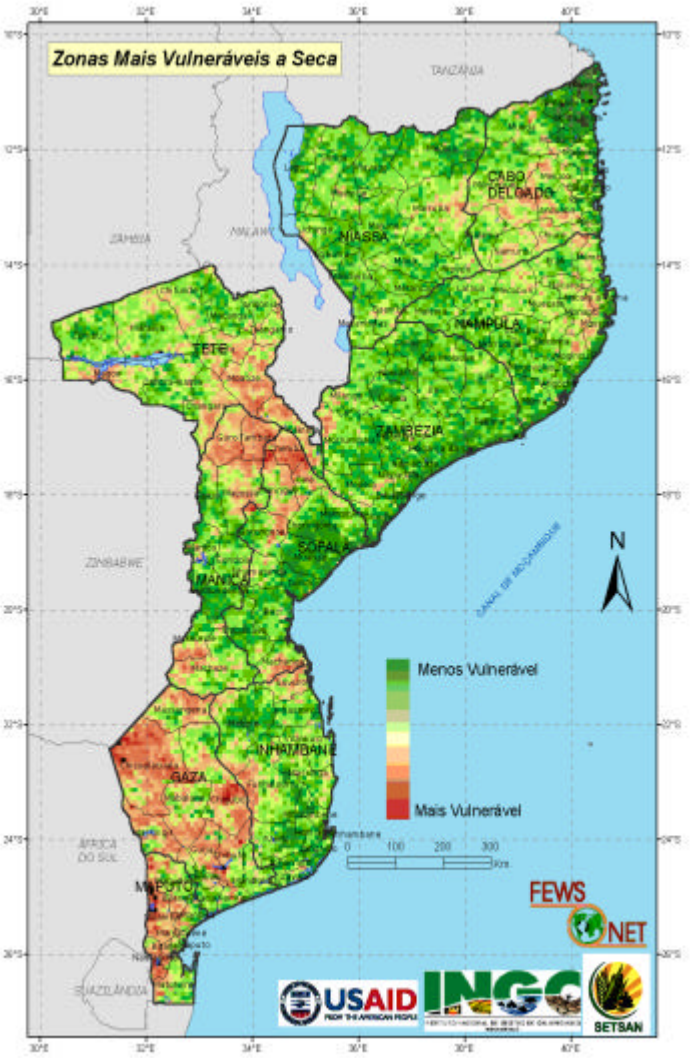


III. PREPAREDNESS

Training of media on the health promotion for the prevention of common diseases as Malaria, AIDS, ATM. Participated 25 journalists from central provinces namely Zambezia, Manica and sofala

WHO supported in October 2007 the training of CVM activists on the management of common diseases.

Training of 11 provincial coordinators on ATM, where diagnostic and new malaria strategies were presented.

IV. 2008 DISASTERS

IV.1. Floods

In early 2008, Mozambique has again experienced one of major flood situation in the centre of the country. These floods are the consequence of high levels of rainfall in Mozambique since late December 2007, compounded by persistent heavy rains in neighboring countries (Zambia, Zimbabwe and Malawi). While the impact is anticipated to be greatest in the Zambezi River basin, the situation is also worsening in the Búzi, Púngue, Save and Licungo basins where the hydrometric levels are rising in the upper zone due to intense rains in the central region and in Zimbabwe.

On 03 January 2008, was declared the by the Government of Mozambique the Red Alert – the highest alert level issued for natural disasters – with the objectives of (i) fully activating its Emergency Operation Center (CENOE), (ii) accelerating evacuation operations and (iii) requesting the Humanitarian Country Team (HCT) [2] to activate its cluster mechanisms and revise its response plans in support of their efforts. On the Zambezi River, national water authorities have had to gradually increase the outflow of water from the Cahora Bassa dam, from about 4,500 cubic meters per second on January 1st to 6,600 cubic meters per second as of 14 January 2008. The increased outflow has pushed the water levels downstream to above alert levels at nearly all monitoring stations.

It is estimated that 113,571 people have been affected by the floods with 20 people reported dead.

Floods in Buzi

IV.2. Cyclone

Category 4 tropical cyclone "Jokwe" hit the northern and central Mozambique in the coastal areas of Mozambique on 9 March, 2008, with winds of up to 170 km/h and torrential rains. "Jokwe" is the 12th cyclone to develop in the Indian Ocean so far.

The Government's National Institute for Disaster Management (INGC), UN Agencies and other humanitarian partners conducted a rapid needs assessment and providing humanitarian assistance to affected populations in the cyclone-affected areas.

As of 9 March, the government declared a Red Alert, the highest level, in the Provinces of Nampula, Zambézia and Sofala on the coastal areas of Districts of Maganja da Costa, Pebane, Moma, Angoche, Mogovolas, Mogincual, Mossuril and Nacala, where medium rainfall has been registered with winds of 50 to 100 km/h; and a lesser, Yellow Alert in the central provinces, specifically in the districts of Inhassunge and Chinde, Marromeu, Chiringoma and Dondo, amid fears the storm will cause more damage. Northern Nampula province is worst-hit, including historic Mozambique Island, the first capital of Mozambique.

According to the *Instituto Nacional de Gestão de Calamidades* (INGC) tropical cyclone "Jokwe" killed 7 people, damaged around 30,000 houses, 200 schoolrooms and dozens of health clinics, prisons and other public buildings. An estimated 41,000 hectares of maize were destroyed.

Cyclone in Nampula

IV.3. Xenophobia violence.

On 10 May 2008, started in South Africa Republic, Johannesburg, around Alexandre square the xenophobia violence towards migrants among them Mozambicans.

As of 21 May 2008, the Government of Mozambique declared the partially the activation of National Centre of operations for emergency(CENOE) and issued the Yellow Alert to address response to displaced affected by Xenophobia in South Africa . 44,000 returned were registered and 22 deaths out of 62 were registered in South Africa.

Xenophobia in South Africa

V. HEALTH CLUSTER RESPONSE

Health cluster objectives aimed to:

- To provide continuous health information and strengthen epidemic prone disease surveillance and response system in flood affected districts and camps.
- To contribute to the coordinated provision of essential primary health services as related to curative, preventive and reproductive health care.
- To build health workers and activists' capacity in order to deliver adequate health service to flood affected population.

V.1. HEALTH INFORMATION

Rapid Health Assessment :

In the framework of rapid multi-sectorial assessment conducted by UN agencies, WHO and Health partners carried out a mission in floods affected areas namely in Sofala, Tete, Zambezia provinces. The principal objective of this rapid assessment was to quickly assess the current health situation; public health threats in the flood affected areas, and also assess response capacity of health partners on the ground and set up an appropriate strategy for health immediate life saving activities. The International Medical Corps (IMC), UNFPA, UNICEF and WHO participated in the mission.
The main findings were the following:

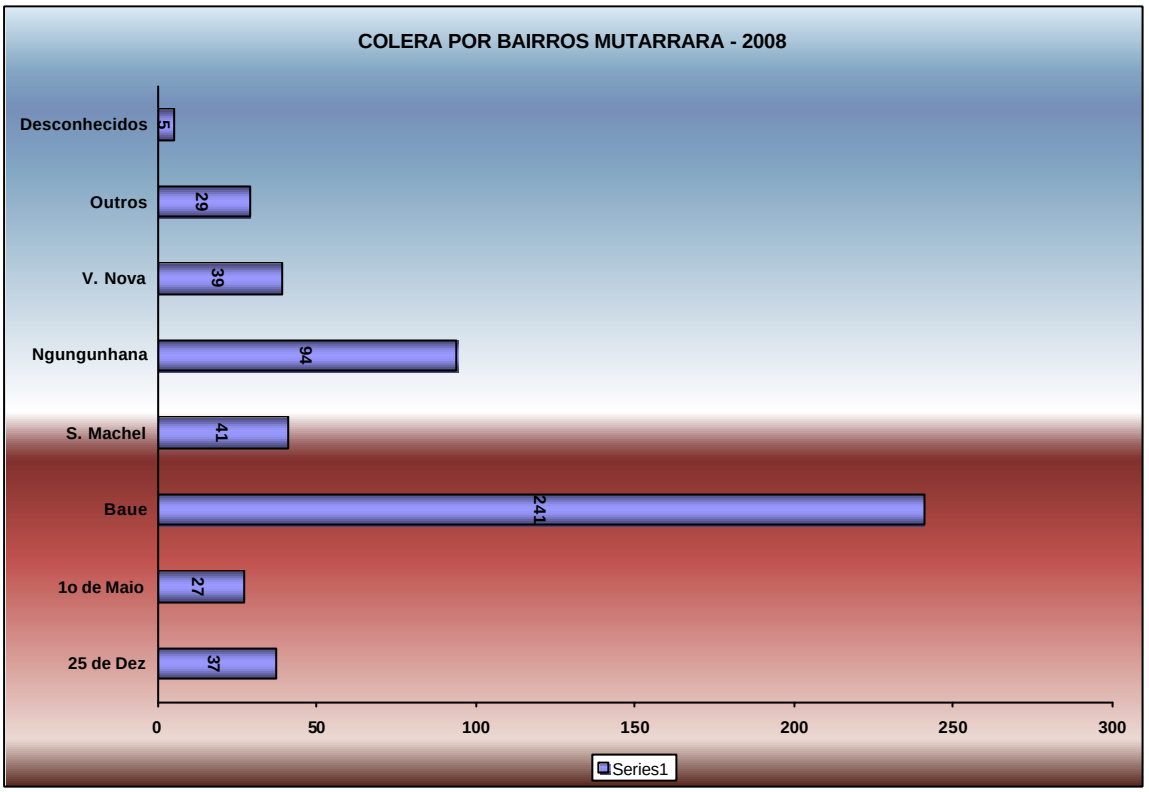
- Epidemiological situation: No outbreak reported in the flood affected population, despite the increase of a number of malaria and diarrhea and the weakness of surveillance system.
- Coordination: weakness of coordination characterized by no specific coordination of the limited number of health actors on the ground and activities and no partners mapping.
- Health care service: lack of basic health services and medical supplies in some camps, a lack of medicine to operate the health posts in some districts.
- Capacity building: Need for refreshing volunteers knowledge in case management, health promotion and surveillance.

Some recommendations were made such as the need to strengthen Coordination with MoH and Health partners.

Health Need Assessment team in a camp in Caia District.
(Picture: WHO Mozambique, 16 Jan 08)

Monitoring of Cholera in floods affected areas as Mutarara and Tambara:

- Health partners including MOH, WHO, UNICEF, CVM, MSF-Swiss and World Vision worked hard to strengthen health emergency response related to the prevention and the control of cholera outbreak in Mutarara District.
- Data collection forms have been elaborated and distributed in Caia areas and Mutarara, Mopeia and Morumbala by MoH and WHO (Focal points in Caia).
- Diarrhea diseases outbreaks rumor has been investigated (by MoH and WHO team) in Sabada (Mutarara district) but no Cholera case was reported

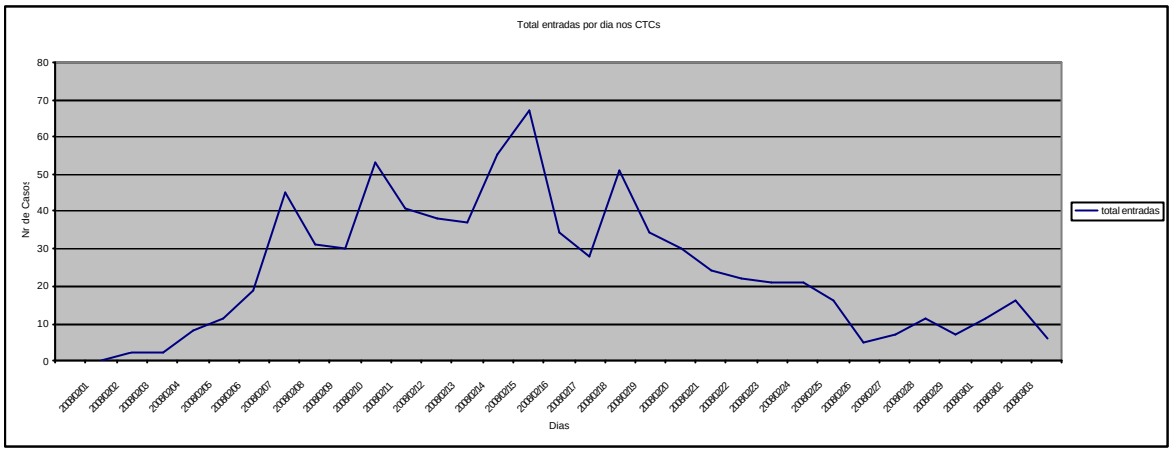


- Monitoring of Cholera in floods affected areas mainly Mutarara and Tambara: A total of 931 cases with 14 deaths have been reported up to 07th March 2008, with the distribution shown in the table 1 bellow.

Table 1: Nr of cholera cases, from 07 hours of 06th March to 07 hours of 07th March 2008 in Mutarara District

Nome do CTC	Entradas				Cumulativos	Obitos	Obitos Cumulativ	Internados
	0-4anos	5-14anos	15 +anos	Total				
Sede	0	1	1	2	392	0	10	4
Bawe	0	0	0	0	236	0	2	1
Charre	1	8	2	11	106	0	0	6
Vila Nova	0	0	0	0	90	0	0	0
Traquino	0	0	0	0	107	0	2	5
Total	**1**	**9**	**3**	**13**	**931**	**0**	**14**	**16**

Figure 1: Data of cholera in all CTC of Mutara 1-2-2008 t0 3-3-2008



V.2. COORDINATION :

Health cluster held regular meetings to address gaps highlighted by the rapid health assessment and to share information on activities carried out in the field. The main action points were: To share information about activities mainly the ones planned to fill the identified gaps, mapping of health cluster members'' '' who is doing What and Where? (W3)" questionnaire. To this regard, health coordination was strengthened in Caia, within the CNOE (Centro Nacional Operativo de Emergência) with the deployment of MoH and WHO focal points. A daily health coordination meeting was held in Caia and a daily health partners meeting was regularly set up in Caia in which participated delegates from MOH, WHO, UNICEF, CVM and District Health Directors from Mutarara, Mopeia, Murrumbala and Chemba.

Table 2: Health Partners mapping summary

Province	Districts	Health
Zambezia	**Nicoadala**	CVM, DDS
	Mopeia	Save the Children, MSF-Swiss; CVM (Red Cross), UNICEF, DDS, CIC (Conselho inter hospitalar de cooperação)
	Morrumbala	Save the Children, IMC, MSF-Swiss, CVM, DDS
	Chinde	MSF-Swiss, DDS
Sofala	**Caia**	WHO & UNICEF (supporting the 5 provinces), CVM,DDS, UNAIDS, MoH, Oxfam, FHI
	Marromeu	CVM, DDS
	Buzi	CVM, DDS

	Chemba	CVM, DDS
	Dondo	CVM, DDS, FHI
	Nhamatanda	CVM, DDS
	Machanga	CVM, DDS
Tete	**Mutarara**	IMC, World Vision , CVM, DDS, MSF – Swiss
Manica	**Tambarara**	CVM, DDS
	Sussundenga	CVM, DDS
Inhambane	**Govuro**	Save the Children, MSF-Swiss, CVM, DDS

V.3 FILING GAPS ON EMERGENCY

Health cluster supported the strengthening of health care provision by supplying essential medicine, clean delivery kits, dignity kits, guidelines and training, and deployment of health workers and activists.

WHO:
To strengthen the surveillance system, WHO trough MOH deployed in Tete province some communication equipment: 10 bases radio VH and 10 radios VHF distributed into 12 districts, namely Angonia, Cahora Bassa, Changara, Chifunde, Macanga, Magoe, Maravia, Mutara, Zumbo, Tsangano, Chuita and Moatze.
As per request by GOM, WHO handed over to MOH 90,000 tablets of antimalaria plus 40000, tablets of Paracetamol for RC as well 500 Health promotion guidelines.?

WHO allocated a total amount of 122,000 USD : Tete (38,000 USD), Sofala(38,000 USD), Zambezia (30,000 USD) ,Manhica(8,000SD), Inhamabne (8000) to support Districts plans on emergency response focused on supervision, refresh training of activists on surveillance and treatment of common diseases and payment of incentives for activities .

Other partners such as Red Cross Mozambique supported the rehabilitation of health posts and more than 600 volunteers were mobilized for the health promotion, immunization mobilization and water chlorination.

Health partners including MSF, UNICEF, and CVM , SC-UK provided medical supplies, and supported the deployment of 4 cholera treatment centers (CTC) in Baue, Chare and Vila Nova de Fronteira. In addition **UNICEF** and partners have provided 84,050 nets directly to families resettled in the affected areas.

Table 3 : LLIN Distribution in flood affected Provinces by UNICEF

Province	LLIN* distributed	Organization Responsible	Source
Inhambane	3,412	DPS	UNICEF
Sofala (Buzi, Dondo, Machaga, Caia, Marromeu)	16,264	FHI,DDSs CVM (in Caia) OXFAM (Marromeu)	UNICEF PSI (Caia)
Tete (Mutarara)	7,077	Wvi/CVM	UNICEF
Zambezia (Mopeia)	16,784	SCF (UK)/SCF	MSF/PSI
Total	**43,513**		

A cholera treatment center in Mutarara District.
(Picture: WHO focal point in Caia

V.4. BUIDING CAPACITY

The improvement of skills knowledge of health workers was considered as one big priority. Health workers and activists' trainings on community-based diseases case management, surveillance and health promotion were carried out at different levels; trough Health clusters members such as CVM, DDS and WHO.

WHO supported a refresh training of 20 trainers on surveillance in the emergency situation from all floods affected districts along Zambezi River basin and their respective provincial surveillance officers .With WHO financial support, the Health cluster conducted a

cascade refresh training in Tambara district(40) including 8 health workers and 32 activists, Mutarara district with 50 health workers and 100 activists; Manhica province with 29 health workers and 32 activists (22 from CVM) and 10 agents from health centres of Nhaholo, Sofala with 85 health workers :Caia(13), Buzi(15), Nhamatanda(16), Dondo (15),Machanga(12),Beira(6),Marromeu(8); Zambezia province with 92 health workers .

V.5 HEALTH CLUSTER RESPONSE TO VICTIMS OF XENOPHOBIA

- CVM set up two first aid posts respectively at border of Resana Garcia and in transit centre (TC) of Beluluane and mobile team were localized at manufacture of racao.
- During the transport from border of Ressano Garcia to Maputo, CVM volunteers and Moamba district health workers treated 137 people out of 123 adults and 14 children for various symptoms as cephalic, flu, diarrheic diseases , injuries .
- MOH/ district Health directorate created a temporarily health post in TC and strengthened epidemiological surveillance given the cholera epidemic occurrence in Moamba district.
- To this regard, WHO handed over health promotion guidelines aimed to prevention of water borne diseases and tools for surveillance at community level.

Transit centres in Bulalueni/Maputo

VI. FINANCIAL RESSOURCES MOBILISATION WITH CERF

Humanitarian Country Team, in consultation with the Government and the clusters has identified the following strategic priorities for the response to the floods: Preventing disease outbreaks and ensuring

capacity to respond to health emergencies (Water, Sanitation, and Hygiene [WASH] and Health clusters);

Under Health cluster, specifics objectives were to:

- Contribute to the provision of life saving health services including curative, preventive care as well as health proportion activities to 282,000 people affected by floods in the Zambezi , Pongue, Save and Buzi basin areas (57,000 targeted by the present proposal).

- Ensure procurement of essential supplies to increase access to health care including the access to essential medication; and ensure that the displaced population has information and means to protect themselves against the most common diseases threatening them including provision of condoms and awareness raising activities.

Cluster Lead: WHO

Partners: WHO, UNICEF, UNFPA, UNAIDS, WORLD VISION, RED CROSS Mozambique, Medicos Do Mundo, IMC, SC-MOZ

Table 4: Projects under CERF funds

Agencies	Projects	Budget
WHO	**Project Title:** Strengthening Epidemic prone disease surveillance and provide continuous situation monitoring and support to coordination in flood affected areas **Objective:** to strengthen Epidemic prone disease surveillance and community early warning system in flood affected population and to provide accurate health information and support coordination **Beneficiaries:** About 160,000 affected people **Partners:** MoH (DPS,DDS)	**300,000**
WHO	**Project Title:** Medical supplies and diseases outbreak emergency kits for health services **Objective:** to contribute in re-establishing basic health services in flood affected areas by supplying essential medical supplies and training health workers. **Beneficiaries:** About 160,000 affected people **Partners:** MoH(DPS,DDS	**200,000**
UNICEF	**Project Title:** Prevention and control of	**550,000**

	Cholera prevention control in flood affected provinces major endemic diseases in flood affected provinces **Objective:** to ensure prevention and control of cholera and malaria, through IEC, strengthening of correct case management, and supply of LLINs, in flood affected provinces **Beneficiaries:** approximately 160,000 flood affected people, including an estimated up to 1,000 cholera patients **Partners:** DPS Sofala, Zambezia, Inhambane, Tete and Manica	
UNICEF	**Project Title:** Strengthening PHC services in flood affected provinces **Objective:** to ensure adequate access to and utilization of quality PHC services in flood affected areas including basic rehabilitation , as required **Beneficiaries:** approximately 160,000 flood affected people **Partners:** DPS Sofala, Zambezia, Inhambane, Tete and Manica	**100,000**
UNFPA	**Project title:** Support health needs of displaced women and support HIV/AIDS awareness in resettlement centres **Objective:** To ensure that the hygienic needs of women in resettlement centres are met, that pregnant women without access to health services have access to clean delivery kits and to ensure that the population in resettlement centres is aware of HIV/AIDS and have access to condoms **Beneficiaries:** approximately 280,000 flood affected people for delivery kits, condoms and HIV/AIDS awareness and approximately 35,000 displaced women will receive dignity kits. **Partners**: UNAIDS, DPMAS, DPS, Geração Biz, CVM	**445,000**
UNAIDS	**Project title:** Mainstreaming HIV/AIDS in the emergency response **Objective**: Train humanitarian workers throughout the response in HIV/AIDS in	**107,500**

	emergency responses to reduce vulnerability due to HIV/AIDS **Beneficiaries**: approximately 280,000 flood affected people **Partners**: UNFPA, CNCS, INGC DPS, Geração Biz, NGO's	
Mozambique Red Cross (CVM)	**Project Title:** Community Based First Aid **Objective:** CVM has improved capacity to reduce incidence and impact of main health problems on the vulnerable affected people in target districts **Beneficiaries:** 45,000 (correspond 9,000 families) **Partners:**	**359,150**
MdM – P	Project Title: Strengthening PHC services in flood affected areas. Objective: to ensure adequate access to and utilization of quality PHC services in flood affected areas and in the resettlement centers of Morrumbala district. Beneficiaries: approximately 15,000 flood affected people in Morrumbala district. Partners: DPS Zambezia, DDS Morrumbala.	**18,000**
TOTAL		**2,079,650**

Based on this request, and in order to ensure a coordinated response to the Government of Mozambique, the HCT agreed to submit a joint CERF request that included funding for immediate life-saving activities from3 January 2008. The life-saving interventions were prioritized by INGC and other UN and non-UN humanitarian actors to cover critical needs for which there were no Government resources. All priorities in the current request were determined jointly within the clusters as life-saving activities to be covered for the initial response to the emergency.

Budget *(CERF component only)*

Cost breakdown(amount in USD)	WHO	UNICEF	UNFPA	UNAIDS	TOTAL
A. Staff Cost salaries and Other entitlements					
Support to coordination (field presence; One epidemiologist for WHO)	60,000		2,500	12,500	75,000
B. Travel					
Continuous Health situation assessment and information dissemination	35,000			5,000	40,000
C. Contractual services					
D. Operations					
Operation cost for field coordination in affected areas (direct support to Health Districts for life saving activities coordination)	35,000				35,000
Disease surveillance, early detection, reporting, case management and health assessments.	35,000				35,000
Procurement and logistics of internal distribution of 20,000 LLINS		140,000			140,000
Procurement and logistics of internal distribution of tents of 72m²		46,916			46,916
Provision and distribution of 300,000 condoms			30,000		30,000
Provision and distribution of safe delivery kits			14,229		14,229

Reproduction and distribution of Health IEC materials and social mobilization activities and trainings including HIV	5,000			15,000	20,000
Programme monitoring and Reporting	19,736			3,250	22,986
E. Acquisitions					
Provision of New Inter-Agency health kits (IEHKS 2006) and others material for Diarrhea diseases management	100,000				100,000
Rapid test and diagnostic materials	7,367				7,367
F. Other					
Capacity building Training for health activists	30,000				30,000
Subtotal	327,103	186,916	46,729	35,750	596,498
G. Indirect programme support costs					
PSC amount (7%)	22,897	13,084	3,271	2,503	41,755
Total Cost	**350,000**	**200,000**	**50,000**	**38,253**	**638,253**

VII: KEYS ACHIEVEMENTS AND LESSONS LEARNEED FROM 2008 FLOODS

After the declaration of Red alert on Floods, Health cluster carried out preliminary health rapid assessment in January 2008 that highlighted gaps in health coordination and health activities monitoring in the field, weak surveillance system in resettlement camps, lack of basic health services and medical supplies in some camps, need for refreshing volunteers knowledge in case management, health promotion and surveillance.

With CERF funds, Health cluster was capable of responding in a timely and effective manner to health emergencies. Support of UN agencies namely WHO, UNICEF, UNFPA and NGO were crucial towards propping up health service delivery.

Keys achievements:

More than 80 % of health facilities reported on weekly basis the occurrence of prone epidemic diseases with emphasis on cholera outbreak. More than 80,000 out of 102,486 affected people have access to the first aid posts with service provided essentially by activists (80%). Cascade training of health workers and activist on epidemiological surveillance and management of common diseases in all affected districts. In addition, support of coordination in caia, strengthening of epidemiological surveillance focused on community level, control of cholera outbreak in Tambara, good partnership building with good results in resource mobilization, conduction of Indoor Residual Spraying in some resettlement camps.

UNICEF and partners provided a total of 84,050 mosquito nets distributed to district hubs for emergency purposes. Sessions of health promotion involving 100,950 beneficiaries were carried out by World vision and CVM in collaboration with DDS. UNFPA distributed 200,000 condoms to the affected population.

Lessons learned

Cholera outbreaks and malaria drugs stock out constituted the main concern in Floods affected districts. Accordingly to DDS from floods affected districts, the training on emergency management, adoption of new model of notification, community involvement, monitoring of activist activities improved response in the field and including sanitation and safe water contributed to stabilization of health situation.

Efforts made by community, government, partners, DDS and MOH resulted on control of Cholera outbreak in Tambara and Mutarara.

Despite many challenges encountered during the management of this emergency, Health cluster was able to effectively perform all its core functions in emergencies. Coordination of the international response to support the Government encouraged a cooperative ethos between agencies;

The early deployment of staff at CENOE field level, allowing a presence of field staff coordination in Caia, Tete, Morumbala, Mutara, the recruitment of staff, procurement essential supplies and equipment and excellent donor support were some of the factors which enabled the programme to achieve the success.
However, the lack of staff and weakness of epidemiological surveillance in Mozambique, geographical access of affected areas, poor infrastructures constitute challenges. In addition, there is still a lot to be done if its health indicators are to be brought close to the national average, given the multitude of health system challenges and problems, weakness of health system, inadequate capacity of health workers.

VIII. RECOMENDATION

The need of a technical support to the districts to implement key focused life saving health interventions and continuing to offer technical support to the health directorate in emergency health planning, response, monitoring, supervision, coordination and advocating for more support. The early recovery phase with DDR/EPR Joint programme is an opportunity to address issues on preparedness of emergency management.