

SUMMARY OF 2008 DISASTERS IN MOZAMBIQUE

I. Floods and Cyclone

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 was 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 was 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.

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) were 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 centres and 9 transit centers

Cyclone

Tropical cyclone “Jokwe” , Category 4 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.

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, Marrromeu, Chiringoma and Dondo.

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.

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.

II. HEALTH CLUSTER RESPONSE

Health cluster objectives aimed :

- 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 flood affected population.
- To build health workers and activists' capacity in order to deliver adequate health service to flood affected population.

II.1. HEALTH INFORMATION

Rapid Health Assessment :

In the framework of rapid multi-sectoral 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, WHO participated in the mission.

The findings were the following:

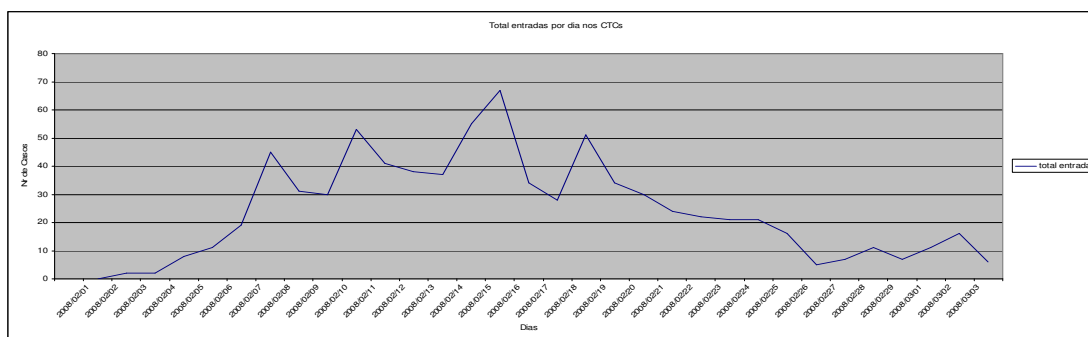
- Epidemiological situation: No outbreak reported in the flood affected population, despite the increase of a number of malaria and diarrhea and the weakness of surveillance system.
- Coordination: weakness of coordination characterized by no specific coordination of the limited number of health actors 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.

Monitoring of Cholera in floods affected areas (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.

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



II.2. COORDINATION:

Health cluster held regular meetings to address gaps highlighted by the rapid health assessment and to share information on ongoing activities on the ground. The main action points were: To share information about ongoing 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 were regularly set up in Caia with the presence of MoH and Who focal point including MOH, WHO, UNICEF, CVM and District Health Directors from Mutarara, Mopeia, Murrumbala and Chemba.

II.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 through 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 105,000 USD for Tete(38,000 USD), Sofala(38,000 USD), Zambezia (30,000 USD) ,Manhica(8,000USD), Inhamitanga (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.

II.4. BUILDING CAPACITY

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

WHO supported the 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 .

III. FINANCIAL RESSOURCES MOBILISATION WITH CERF

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

A joint CERF request that included 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 following agencies: WHO: UNICEF, UNFPA/UNAIDS.

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

IV. LESSONS LEARNED FROM 2008 FLOODS HEALTH CLUSTER RESPONSE

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 about 283 health workers and 164 activists on epidemiological surveillance and management of common diseases in all affected districts. In addition, it was provided support in the coordination of health partners in caia, strengthening of epidemiological surveillance based at community level, control of cholera outbreak in Tambara, 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. In addition, sessions of health promotion involving 100,950 beneficiaries were carried out by World vision and CVM in collaboration with DDS. UNAIDS 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 districts health directorates, training on emergency management, adoption of new model of notification, community involvement and monitoring of activist activities improved the response in the field as well sanitation and safe water contributed to stabilization of health situation. To this regard, efforts made by community, government, partners, DDS and MOH resulted on control of Cholera outbreak in Tambara and Mutara.

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 of 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 constituted a challenge. 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 and inadequate capacity of health workers.

V. RECOMENDATION

The need of a technical support to the districts to implement the 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 was an opportunity to address issues on preparedness of emergency management.