Security Update

- Security incidents continued, for example a group of insurgents attacked and looted the village of Namunje, south of Nangade, where 2 civilians and a pro-government militiaman 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.

Health Cluster: Key Response Figures

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

Diarrhoea Cases February 2022

<table>
<thead>
<tr>
<th>Districts</th>
<th>#Cases 2021</th>
<th>#Cases 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boo</td>
<td>5383</td>
<td>46%</td>
</tr>
<tr>
<td>Chiure</td>
<td>6337</td>
<td>54%</td>
</tr>
</tbody>
</table>

Malaria February 2022

<table>
<thead>
<tr>
<th>Districts</th>
<th>#Cases 2021</th>
<th>#Cases 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boo</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Chiure</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Pemba</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Palma</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Montepuez</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Mueda</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Namuno</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Ancuabe</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Metuge</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Nangade</td>
<td>8,000</td>
<td>6%</td>
</tr>
<tr>
<td>Mecufi</td>
<td>8,000</td>
<td>6%</td>
</tr>
</tbody>
</table>

54% of diarrhoea, reported in 2021 as compared to 46% in 2022. 55% of malaria cases reported in 2021 as compared to 40% in similar period in 2022. Trend of increasing malaria cases reported in Metuge and Chiure.
Collective Action for Better Health outcomes

Health Cluster Actions: Areas of Humanitarian Response

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

<table>
<thead>
<tr>
<th>HRP 2022 Indicators</th>
<th>HRP Target 2022</th>
<th>HRP Monthly Target</th>
<th>Achieved Feb 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Number of health facilities and mobile teams supported in crises affected locations</td>
<td>76</td>
<td>76</td>
<td>159</td>
</tr>
<tr>
<td>2 Number of total OPD consultations</td>
<td>609,000</td>
<td>50,750</td>
<td>98,375</td>
</tr>
<tr>
<td>3 Number of normal deliveries attended by skilled birth attendants</td>
<td>12,236</td>
<td>1,020</td>
<td>7,768</td>
</tr>
<tr>
<td>4 Number of women in child bearing age receiving modern contraceptives</td>
<td>70,356</td>
<td>5,863</td>
<td>20,015</td>
</tr>
<tr>
<td>5 Number of community members receiving health IEC messages</td>
<td>609,000</td>
<td>50,750</td>
<td>51,007</td>
</tr>
<tr>
<td>6 Number of assorted emergency medical kits distributed in crises affected locations</td>
<td>1,200</td>
<td>105</td>
<td>8</td>
</tr>
<tr>
<td>7 Number of FLCHV on ART traced and linked back to HIV services</td>
<td>45,000</td>
<td>3,750</td>
<td>2,103</td>
</tr>
<tr>
<td>8 Number of cases with injuries and disabilities treated and referred for further care</td>
<td>45,689</td>
<td>3,807</td>
<td>35</td>
</tr>
<tr>
<td>9 Number of cases receiving mental health and psychosocial support services</td>
<td>67,011</td>
<td>5,584</td>
<td>1,825</td>
</tr>
<tr>
<td>10 Number of survivors of GBV receiving clinical care for rape</td>
<td>7,036</td>
<td>586</td>
<td>107</td>
</tr>
<tr>
<td>11 % of epidemic prone disease alerts verified and responded to within 48 hour</td>
<td>80%</td>
<td>80%</td>
<td>-</td>
</tr>
<tr>
<td>12 Number of cholera cases treated</td>
<td>5,536</td>
<td>401</td>
<td>0</td>
</tr>
<tr>
<td>13 Number of children 6 months to 15 years receiving emergency measles vaccination</td>
<td>261,950</td>
<td>21,829</td>
<td>249</td>
</tr>
</tbody>
</table>

Health Cluster Partners Actions In Pictures

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

FHI360: IMMU providing integrated primary healthcare services to the community in Messange, Metuge district. Health staff and community members after health education session on the use of certeza for water purification, February 2022.
Health Cluster Partners Actions: Update on provision of life saving primary health care services

1 Health Partner

**AMODEFA**

AMODEFA provides primary healthcare services in the districts of Macomia, Metuge, Montepuez and Quissanga. It supports in the resettlement centres in Ancuabe, Chire and Montepuez.

- Outpatients consultation: 1,182 Out patients consultation were provided in the districts with 702 in Ancuabe / 316 Male, 386 Female; Chire 118 / 52 Male, 146 Female and 283 in Montepuez (170 Male, 113 Female).
- SH/PF services: 1,054 patients were provided with SH/PF services in the districts with 394 in Ancuabe (0 Male, 386 Female); Chire 211 (0 Male, 310 Female) and 950 in Montepuez (0 Male, 950 Female).

2 World Food Programme (WFP)/Associação Social de Apoio Comunitário (ASAC)

Project provides support at Mueda (Eduardo Mondlane and Lyanda accommodation center); Montepuez (Nacaca, Xwamane, Piloto, Xypa, Mafangane, Nacaca).

- 1,513 people tested, 84 tested positive
- 210 home visits conducted
- 15 patients screened for tuberculosis, 5 confirmed tuberculosis and started on treatment
- All TB patients diagnosed with acute malnutrition and referred to the health facility for treatment
- 1,449 patients screened for malnutrition, 7 IDP with malnutrition and HIV registered for food assistance
- All assisted users were counselled before, during and after testing

3 Solidarmed

Solidarmed-Uroka Project: Gender Based Violence support;

- Training of community and religious leaders on GBV
- Support the Integrated Mobile Brigades to provide life saving medical interventions in Chire Districts

4 WHO

WHO: Provision of medical consultations in the operational temporary clinic of Liandi, Ancuabe District

- 6 temporary clinics are now operational in Mueda, Metuge, Ancuabe districts
- Outpatients consultation: 2,340 Outpatients consultations provided in the temporary clinics
- District Supervisory Activities
  - 3 Support Supervisory visits conducted
  - Water in health facilities
  - Borehole drilling completed in Ancuabe and Metuge Districts
- Risk assessment and water sampling in health facilities and accommodation centres in 3 districts (Macomia, Mueda and Ibo)

5 IDOM

IDOM provide health interventions with integrated mobile brigades in Chire, Montepuez, Ibo, Mamba, Nampula sede districts

Medical Consultations

- 8,017 beneficiaries reached
- COVID-19 Vaccination
  - Supported SIDOMAS to conduct COVID-19 vaccination, 2,652 beneficiaries vaccinated
- IDOM's community activities conducted awareness on COVID-19, HIV prevention, and sexual and reproductive health rights
- 14,147 people reached in 5 districts of Cabo Delgado

IDOM-Presented Cholera IEC materials to the SIDOMAS Chire on behalf of WHO, 09 February 2022

Collective Action for Better Health Outcomes
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 16 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, Zambézia, 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 cVDPV outbreak reported in 2018 in Zambezia Province.
Health Cluster Bulletin No. 2

Month: February 2022

Country: Mozambique

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 (shigelas, 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 need as 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


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/sites/operations/mozambique/health

Other important link: https://www.unocha.org/mozambique

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