

**HEALTH RAPID NEEDS ASSESMENT IN
FLOOD AFFECTED AREAS,
Zambezia, 30th January- 4th February 2012**

SUMMARY REPORT



Health cluster

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Introduction

In the framework of multisectoral assessment related to impact of Tropical Cyclone Funso, I participated at Rapid Health needs assessment mission in Zambezia province, as per CTG recommendation and as Health Cluster representative in the field. The following districts were visited namely Pebane, Maganja da Costa, Namacurra, Nicoadala and cidade de Quelimane. The principal objective of this rapid assessment is to quickly assess the current health situation; public health threats in the flood affected areas as well as the response capacity of health partners on the ground .

A- Methodology

Information collection with key informants using the multisectorial assessment questionnaire, review of important registers for surveillance and direct observation.

The following people were met:

- Health authority(DDS) in targeted districts;
- Representative of Red Cross in the field : CVM;
- Visit of transit center in Zampeto, Quelimane;
- Participation at COE daily coordination meetings in Quelimane ;
- Visit in all districtal hospitals.

B- Findings

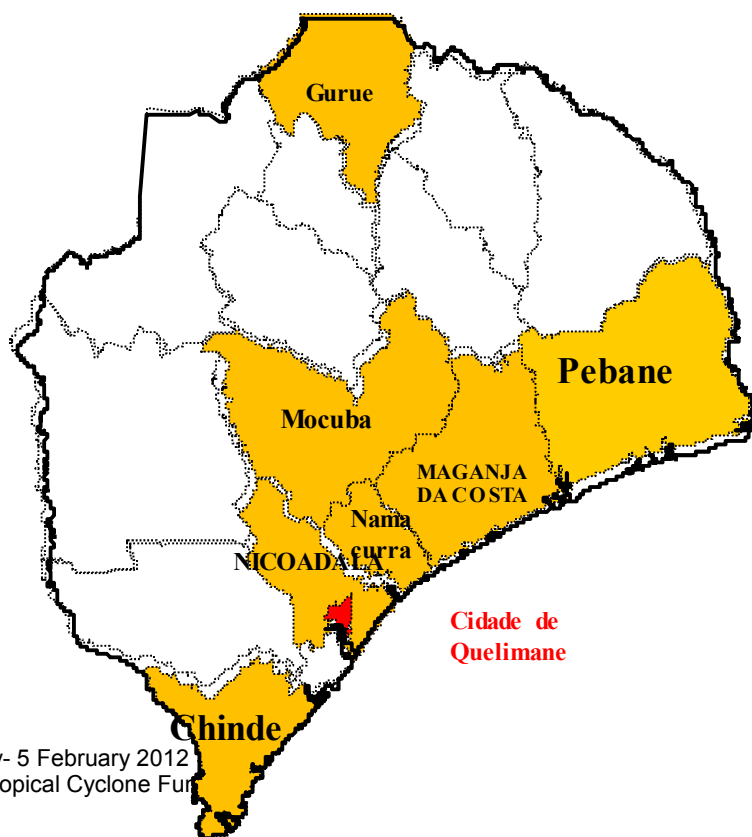
1- General context

During the referred period, 30th January-4th February 2012, Hydrographical basins in Licunga namely Gurue and Mocuba Stations were above the alert level but with trend to decrease in Licungo, Zambeze Púngòè, Búzi and Save.

Localização	População Afectada		Danos em Habitações			
	Nº Famílias	Nº Pessoas	Totalmente	Parcialmente	Inundadas	Obitos
Chinde	3,660	10,302	132	2,357	1,171	1
Nicoadala	2,180	8,870	750	23	1,407	4
Namacurra	1,714	7,603	100	0	1,614	3
Pebane	2,213	7,798	1,085	1,118	0	2
Maganja	5,398	22,789	1,688	3,680	0	10
Mocuba	1,503	7,515	0	438	0	
Gurue	67	334	0	67	0	1
Quelimane	347	1,735	349	1,484	263	
Total Provincia	17,082	66,946	4,104	9,167	4,455	21

DISTRITS	Nº injured	Nº de deaths	Nº de HF destroyed
Nicoadala	8	4	1
Namacura	9	3	
Maganja da Costa	11	10	4
Penabe	5	3	1
Quelimane			
TOTAL	33	20	

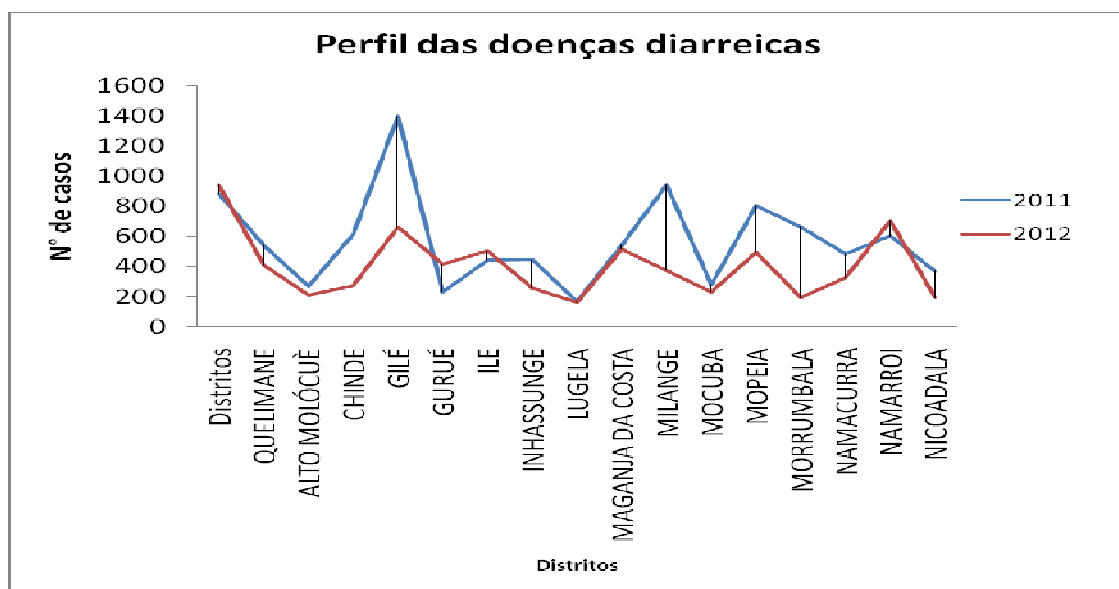
Map 1: Affected districts in Zambezia



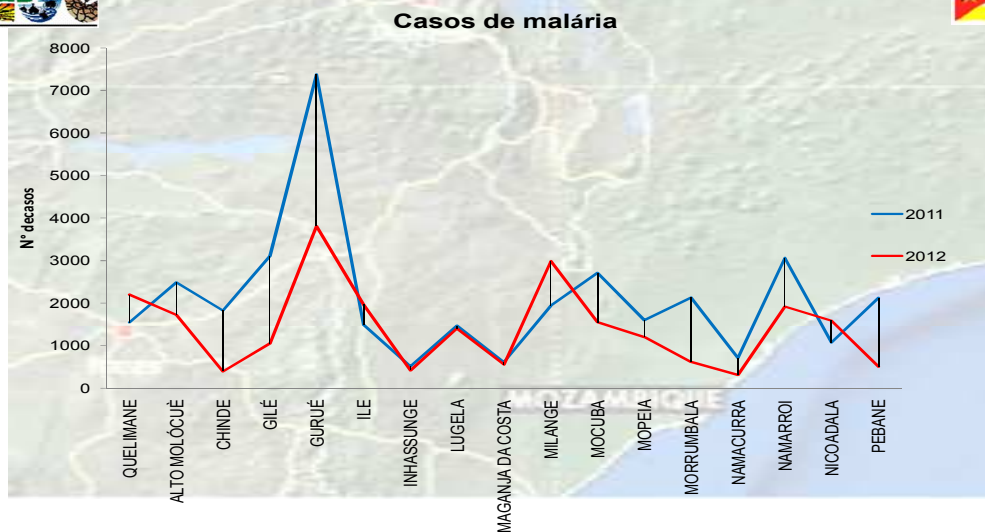
2- Epidemiological situation

The epidemiological situation is currently characterized by the incidence of malaria and diarrheic diseases among them children but with less level compared to 2011 for the same period(Week1-week4) 2012(see *graphic1 and graphic 2*). There is no interruption of any Health facility except the destroyed Health Facilities. This is to note that the main causes of death were due to severe injuries from destruction of infrastructures.

Graphic 1: Profile of diarrheic diseases



Graphic 2: Profile of malaria incidence



All visited HF still maintain their response capacity in line with current health staff as by pre-emergency period and no stock out of drugs was reported. At community level, Health workers in collaboration with CVM activists are working on distribution of chlore and certeza for water purification as well as for hygiene.

Due to flood and existent sanitation conditions as well as community behavior in the use of latrines, those constitute the big risks factors that could potentially increase the transmission of water-borne and vector-borne diseases such as diarrheic diseases, Typhoid fever, malaria, cholera etc. The major risk factor for outbreak associated to flooding should be the contamination of drinking water (pollution) since water sources can be compromised. Flood may indirectly lead to an increase in vector borne diseases through the expansion in the number and range of vector habitats such as standing water as breeding sites for mosquitoes and consequently enhancing the potential for exposure of disaster affected population.

Long lasting nets are being distributed in the field but there was a need of 3781 LLN (long lasting nets) to be distributed as integrated kit for families as advised by DPS Director for a good management.

Community care is essentially limited to environmental health such as IEC on hygiene promotion and water and sanitation and community mobilization for clean up campaign. Primary care on general services, child health, nutrition, communicable diseases, sexual and reproductive health such as STI/HIV/AIDS, maternal & new born health, environmental health and secondary care on Child health, maternal & new born health, non

communicable diseases and communicable diseases are normally functioning as per existent and usual allocated resources.

However, there is an insufficient number of Health workers for example in Maganja da Costa with only two medical doctors as well as a limited coverage in transport. The usual gap of health workers in all the districts could affect health service in the referral centres.

There is currently no accommodation centres except the temporally CA of Zampeto (Quelimane) with 86 families to be deactivated as soon as possible.

3. Response/fulfilling gaps

During our visit of supervision at EPI unity in all health facilities districts, guidance has been provided to reinforce surveillance activities and to monitor trends of Water borne and vector borne diseases for the early detection of any outbreak. This is to note that 20 kg of Chlore and 1600 recipients of 250 ml of certeza(water purificator)have been distributed to targeted districts through DPS in collaboration with CVM.

Given the existence of risk factors linked to Water and sanitation, health workers in collaboration with CVM activists are working together on Community sensitisation for Waterborne and vector-borne diseases prevention, using either chlore or certeza, for water purification, IEC activities for adequate use and building of latrines where possible.

In addition to that, Samaritan , an ONG is working at community level for setting up latrines and reconstruction of boreholes in Maganja da Costa.

4- Coordination

Some NGOs currently on the ground namely CVM, World Vision, IKAP, Oxfam, FGH, and ADRA are part of emergency response committee lead by District administrator and provide support to DDS in a range of emergency response focused on community, but their number is still weak in some districts.

C- Recommendation

Short term

- ❖ Set up and operationalise a response plan as soon as possible that will focus on prevention, surveillance and treatment of water and vector-borne diseases

- ❖ Ensure an uninterrupted provision of safe water as most important preventive measure in order to reduce the risks of any outbreak of water borne diseases, by using water purification such as chlorine and certeza with free distribution.
- ❖ Reinforce of Health education to promote individual and collective hygiene, use of safe water and improved sanitation
- ❖ Early detection of expected increase of diseases by tracking weekly malaria cases based on lab diagnosis with RDT and diarrheic diseases
- ❖ Need to strengthen Coordination with MoH and Health partners at district level and DDSs should be supported for field health activity monitoring.
- ❖ Need to solve and support volunteers (incentives) for community working.
- ❖ There is the need to ensure that the existing ambulances are functional to ensure referral services mainly for Obstetric emergencies.
- ❖ Need to support training (refreshment) of volunteers on basic case management, surveillance and IEC activities.
- ❖ Need to reinforce stockpile of main drugs and materials for prevention and treatment of water-borne and vector-borne diseases.

Long term

Implement a comprehensive plan for safe water at district level including sanitation with community ecological latrines where possible.

Conclusion

Zambezia province as well other flooded areas are at high risk of epidemic prone disease which could unfortunately claim some life. Environmental health conditions compounded by usual community behavior on water and sanitation could facilitate transmission of water and vector borne diseases if no preventive measures are applied.

Prevention of epidemic prone diseases (malaria and diarrhea diseases) should be set up urgently using health posts activists, health worker under the coordination of DDS.

