

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 1

10 May



REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE



1. HIGHLIGHTS

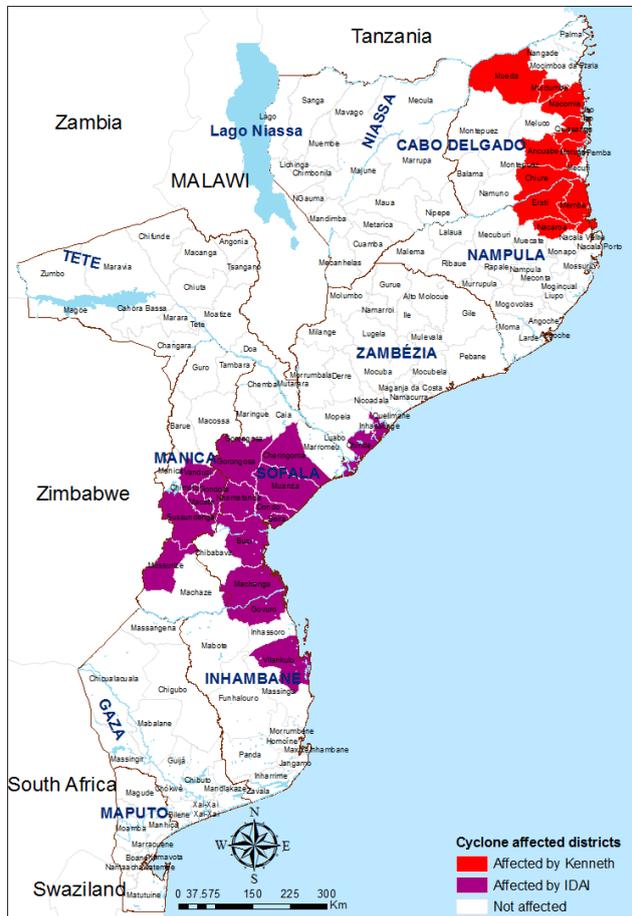


Figure 1. Affected districts by cyclones IDAI and Kenneth

1.1 CYCLONE IDAI

1.85M	400K	603	1641	1.2M	6743	25758
People affected	Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- There are still 17 accommodation centers remaining in Sofala province, with 4,914 families representing 21,384 persons, as of 06 May
- Reported suspected cholera cases remain low across all the four affected districts, with Cumulative 6,743 cases and 8 deaths (case fatality rate: 0.1%) reported as of 6 May.
- Malaria cases in Sofala continue to rise, with cumulative 25,758 malaria cases registered as of 6 May, with most cases being reported in Nhamatanda (11,652).

- The Emergency response health week launched with the objective to reduce morbidity and mortality among the vulnerable population targeting 438,243 children under five years and 179,222 women.
- EMTCC closed the Operations phase on Monday 6 May and started transition phase with currently 4 Emergency Medical Team still fully operating.
- Some of the locations are still inaccessible and there is still need for rehabilitation of roads. Restoration of services and rehabilitation of health facilities require more resources.

1.2 CYCLONE KENNETH

3214	45	91	374K¹	109	2694
Displaced	Deaths	Injured	People in need	Cholera cases	Malaria cases

- Reported as of 9 May, 254,750 people have been affected by the impact of cyclone Kenneth in Mozambique. A total of 45 people have reportedly died. 19 health facilities have been either partially (15) or totally (4) destroyed.²
- An outbreak of cholera was confirmed on 01 May in Pemba and Mecufi and on 08 May in Metuge districts. As of May 8, 109 cases of cholera have been reported in Pemba (89) and in the Districts of Mecufi (10) and Metuge (10)³.
- As of May 8, 2694 malaria cases have been reported in Pemba (1423), Macomia (819), Metuge (336), Ibo (14) and Quissanga (102), both in health facilities and accommodation centres⁴.
- Following the declaration of the Cholera outbreak, a CTC at Eduardo Mondlane Health Center was established with an initial capacity of 50 beds. Further CTCs have been set up in Mecufi (16 beds) and Metuge (20 beds).
- A cholera vaccination campaign is planned covering the two high risk districts Pemba and Mecufi. 516,000 doses (enough to cover 2 rounds) have been confirmed for this campaign and a communication strategy for the campaign is currently being developed. Tentative dates for the first round are 20- 25 May.
- INS in collaboration with WHO and CDC conducted a rapid outbreak investigation training for participants of the 17 health districts of Cabo Delgado 9-10 May 2019. Support is also provided in the implementation of the Early Warning, Alert and response system (EWARS) including the organization of a training of surveillance technicians resident in the districts for outbreak investigation.

¹ Agreed People in Need Number by OCHA which is applicable for all UN Agencies. See: Cyclone Kenneth Flash Appeal, 8 May 2019

² INGC Situation Report, 9 May 2019

³ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

⁴ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

2. BACKGROUND AND CONTEXT UPDATE

2.1 CYCLONE IDAI

In March 2019, the Cyclone Idai weather system brought destruction and damage to Sofala, Manica, Tete, Zambezia and Inhambane provinces. The impact of Cyclone Idai and subsequent floodings, has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection. As of 8 April, the official death toll had risen to 603 people, with more than 1,641 people injured, according to the Government. More than 400,000 people were displaced with 160,927 people sheltered in 164 collective temporary accommodation centres.

Humanitarian partners continue supporting the population affected by Cyclone Idai in Mozambique shifting gradually from emergency to early recovery interventions. As of 6 May, there are 17 accommodation centers (AC) remaining in Sofala province, with 4,914 families representing 21,384 persons.

The process of returns, relocations and resettlement is ongoing, but the recovery of the displaced population is likely to take long and need close monitoring and more resources. In Buzi, close to 3,212 families continue waiting to be resettled. In Nhamatanda, the process of deactivating ACs is concluded, but some 416 families (Jhon Segredo, Muda Mutamarega and Otcha) are waiting for the resettlement in the Ndeja neighborhood.

2.2 CYCLONE KENNETH

Only six weeks after Cyclone Idai, on 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. 254,750 people (54,554 families) have been affected by the cyclone in Mozambique reported as of 9 May 2019. 45 people have died and more 45,382 houses have been either totally destroyed (18,179) or partially destroyed (27,203).⁵ About 85 per cent of houses in Macomia, Matemo, Metuge and Quissanga districts in Cabo Delgado, are reportedly destroyed, according to the MRA assessment⁶. Approximately 3527 displaced people were sheltering in accommodation centres as of 9 May in Pemba, Mecufi, Ibo and Metuge as well as Erati and Memba.

The level of water has decreased across the river basins in Cabo Delgado but expected rains might keep the provinces on red alert, as water levels remain high and the areas remain inaccessible. The far northeast of Mozambique could see an increased threat of flooding from a period of heavy rainfall later this week. Access

⁵ INGC Situation Update: Cyclone Kenneth, 9 May 2019

⁶ UNOCH Situation Briefing, 9 May 2019

to the affected districts is also still conditioned due to the destruction of the roads, the telecommunications network and the interruption of electricity.

This is the first time in recorded history that two strong tropical cyclones have hit Mozambique in the same season.

ANALYSIS OF THE CURRENT SITUATION

2.3 CYCLONE IDAI

2.3.1 ACCESS TO HEALTH SERVICES

Access to health services remains challenging for communities living in remote and hard-to-reach areas. There are still critical pockets that are only accessible by helicopter or boat in Buzi and Nhamatanda. This is exacerbated by the heavy damage of health facilities and when families are resettled in areas with limited infrastructures. Support is being provided by 20 partners for rehabilitation of damaged infrastructures. As of 6 May, out of 88 health facilities concerned, 28 emergency rehabilitations are ongoing, 23 are planned and 7 are pending to the availability of resources of partners committed. In 28 health facilities, the assessment of needs is ongoing.

Update on Post Disaster Needs Assessment (PDNA)

As part of the early recovery mechanisms, the Government of Mozambique requested a PDNA which is a process of systematically estimating the extent of a disaster's effects and impact across all sectors and social groups in terms of damages, losses and recovery needs. WHO contributed to this process by providing capacity building as well as technical support as the Lead UN agency for the health and nutrition sector with regards to the estimation of damages, losses and recovery needs of the health and nutrition sector. The preliminary findings have been submitted in respect of cyclone Idai and the Government has approved the estimations. The report is being finalized and results of the PDNA are intended to support discussions and advocacy for donor and technical support for recovery especially at the upcoming donor conference on 31st May and 1st June 2019 in Beira.

2.3.2 COMMUNICABLE DISEASES

The risk of communicable diseases remains a humanitarian concern with major health risks including cholera, acute watery diarrhea, bloody diarrhea, malaria and conditions such as malnutrition.

2.3.2.1 CHOLERA

The number of Cholera cases is still declining with only 4 new cases reported from 5 May to 6 May (400 cases were reported daily during the peak of the outbreak declared on 27 March in the four districts (Beira, Buzi,

Dondo and Nhamatanda) of Sofala Province. Cumulative 6,743 cases and 8 deaths (case fatality rate: 0.1%) were reported as of 6 May.

Figure 2: Epi-curve of cholera outbreak in Sofala province from 27 March to 6 May 2019

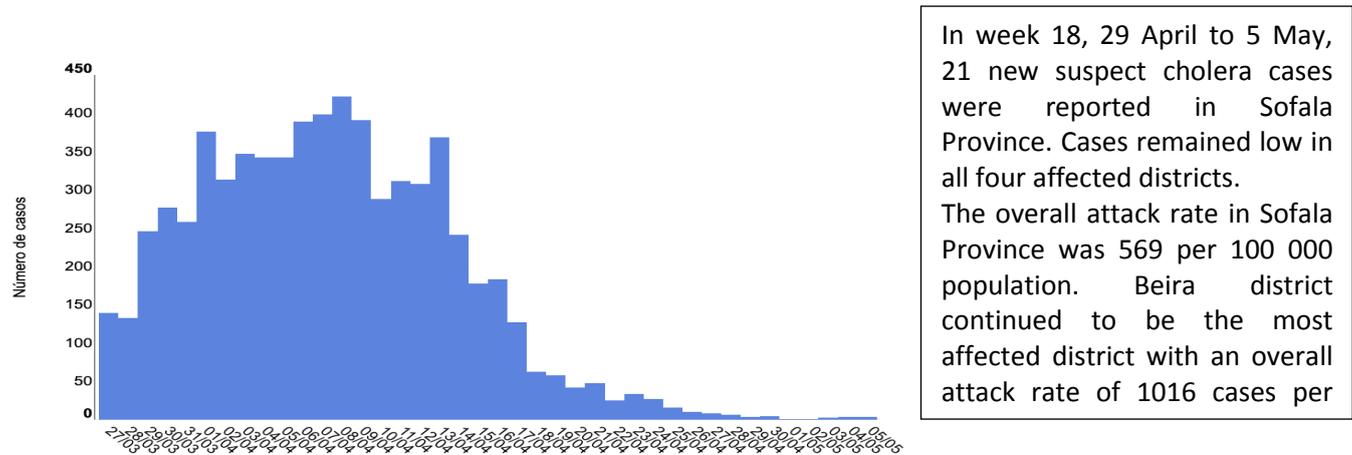


Table 1: Cumulative cholera cases, attack rate, deaths and case fatality ratio by district, Sofala Province, as of 5 May 2019

Province	District	Cases	Population	Deaths	CFR	Attack Rate (per 100,000 population)
Sofala	Beira	4733	465 918	4	0.1%	1016
	Buzi	133	207 631	0	0.2%	64
	Dondo	1093	189 259	2	0.0%	578
	Nhamatanda	778	322 511	2	0.3%	242
Total		6739	1 185 319	8	0.1%	569

Figure 3: Cholera cumulative attack rate by district, Sofala Province, as of 5 May 2019

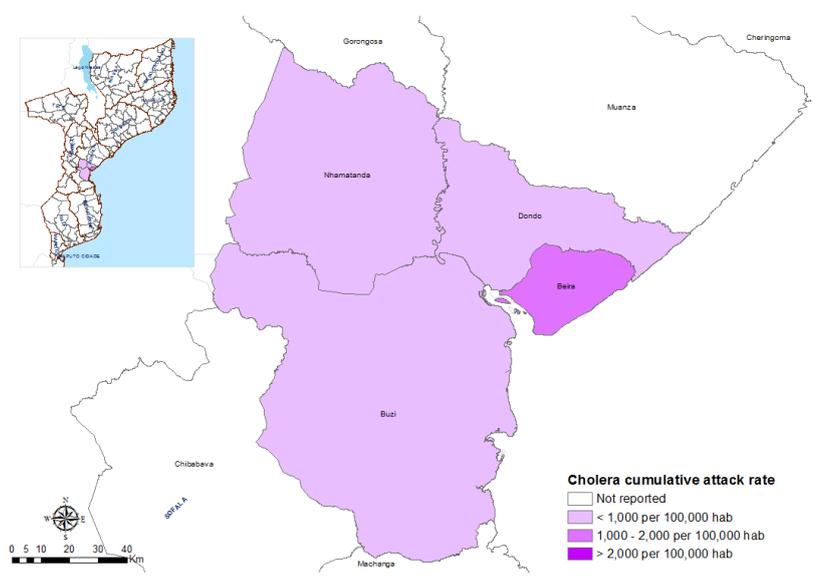


Table 2: Cholera diagnostic testing, Sofala Province, as of 5 May 2019

Site	RDTs Performed	Positive RDTs	Cultures on RDT-positive Samples	Positive Cultures	Cultures Pending
ORP Munhava	13	5	0	N/A	N/A
CTC Macurungo	26	15	15	5	2
ORP Chingussura	4	2	2	1	0
CTU Dondo	12	10	9	6	1
CTU Mafambisse	11	6	5	1	0
ORP Nhaconjo	29	12	11	1	1
CTC Nhamatanda	10	8	4	1	2
CTC Búzi	10	4	4	0	4
TOTAL	115	62	50	15*	10

2.3.2.2 MALARIA

Malaria cases in Sofala continue to rise, with cumulative 25,758 malaria cases registered as of 6 May, with most cases being reported in Nhamatanda (11,652). Nhamatanda is representing 26.5% % of the population with 45.24 % of the cumulative number of cases reported. This high burden of Malaria in Nhamatanda is likely due to high transmission area combined with a high transmission period. There is a need to ensure proper confirmation and sound management of all cases as well to focus on prevention measures in this district.

Figure 4: Cumulative number of Malaria cases in Sofala province as of 6 May 2019

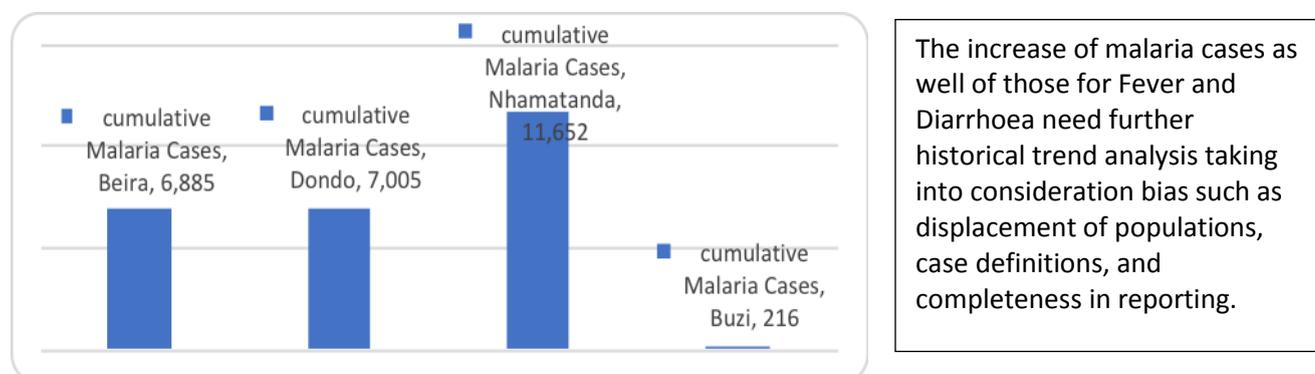
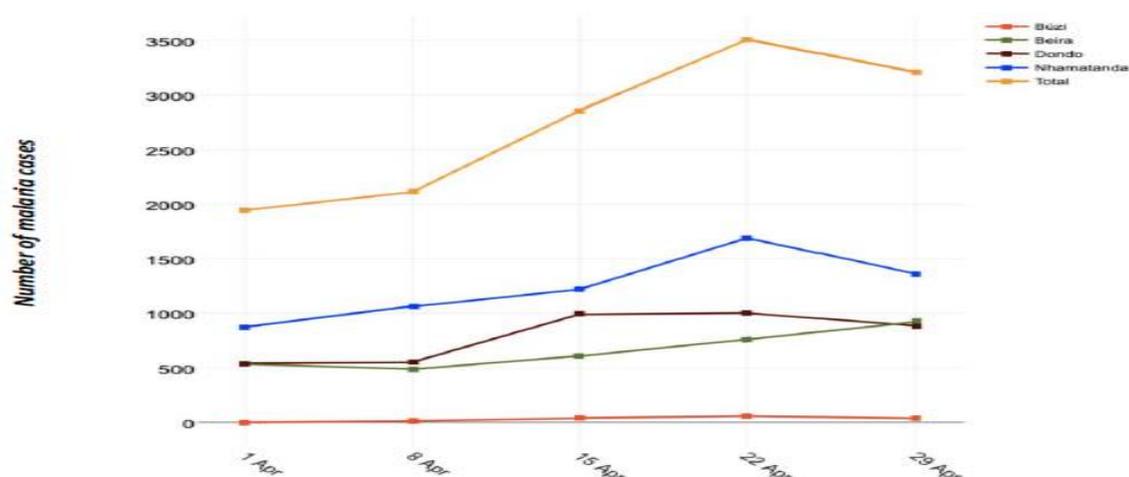


Table 3: Facilities reporting elevated weekly malaria cases compared to facility- specific historical average

Site	District	Malaria Cases Week 18 2019	Weekly Historical Average*	Percent Above Historical	Number of Cases Above Historical
CS Bloco 9	Dondo	72	51.1	141%	21
CS Samora Machel	Dondo	71	53	134%	18
HR Nhamatanda**	Nhamatanda	834	646.8	129%	187.2
CS Chirassicua	Nhamatanda	136	116.1	117%	19.9
CS Nhangau	Beira	190	162.3	117%	27.7
CS Lamego	Nhamatanda	311	297	105%	14
CS Macurrungo	Beira	109	106.9	102%	2.1
CS Manga Mascarenha	Beira	61	59.9	102%	1.1

Figure 5: Weekly reported malaria cases at sentinel sites (27 March- 5 May)⁷



2.4 CYCLONE KENNETH

2.4.1 ACCESS TO HEALTH SERVICES

19 health centres have been recently destroyed by cyclone Kenneth. Preparations are underway to conduct a PDNA assessment with of the impact cyclone Kenneth to be included as an addendum to the cyclone Idai PDNA report.

2.4.2 COMMUNICABLE DISEASES

2.4.2.1 CHOLERA

An outbreak of cholera was confirmed on 01 May in Pemba and Mecufi and on 08 May in Metuge districts. As of May 8, 109 cases of cholera have been reported in Pemba (89) and in the Districts of Mecufi (10) and Metuge (10)⁸. Although one more district is affected, the trend of the number of cholera cases, especially in Pemba and Mecufi are stable. These are communities with previous history of cases of cholera in previous years.

Table 3: Cumulative cholera cases by classification and districts as of 8 May 2019⁹

Province	District	Population at risk	Suspected cases	Deaths	Attack rate (per 10.000 habitants)
Cabo Delgado	Pemba	238 680	89	0	3,73
	Mecufi	49 410	10	0	2,02
	Metuge	90 158	10	0	1,11
Total			109	0	2,88

⁷ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

⁸ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

⁹ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

Figure 6: Cholera cases by district, Cabo Delgado of 7 May 2019¹⁰

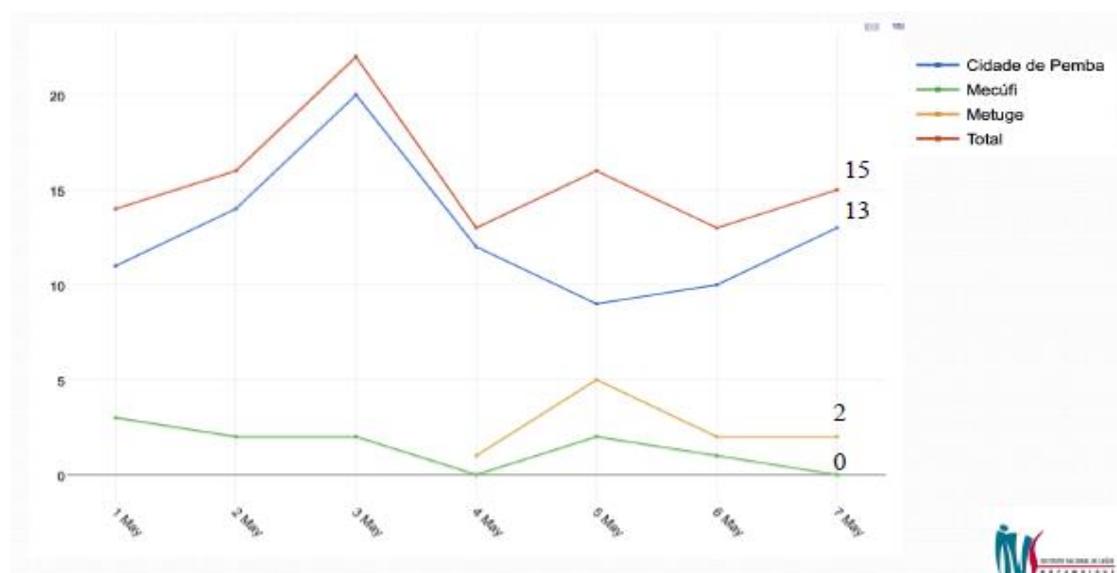
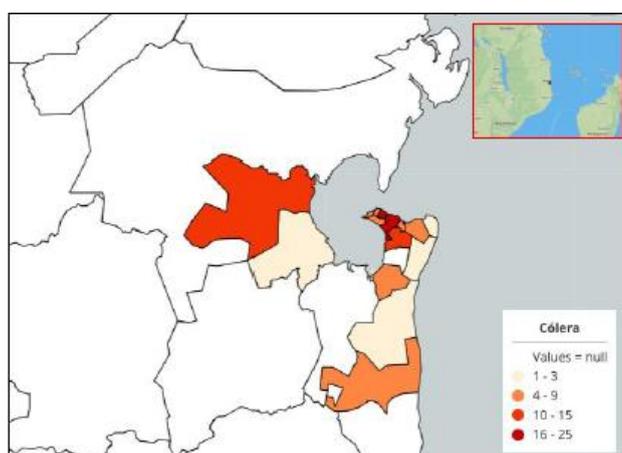


Figure 7: Geographical distribution of cholera cases, Cabo Delgado of 7 May 2019¹¹



2.4.2.2 MALARIA

Malaria cases in Cabo Delgado continue to rise, with cumulative 2694 malaria cases registered as of 8 May, with most cases being reported in Pemba (1423).

Table 4: Cumulative malaria cases by districts as of 8 May 2019¹²

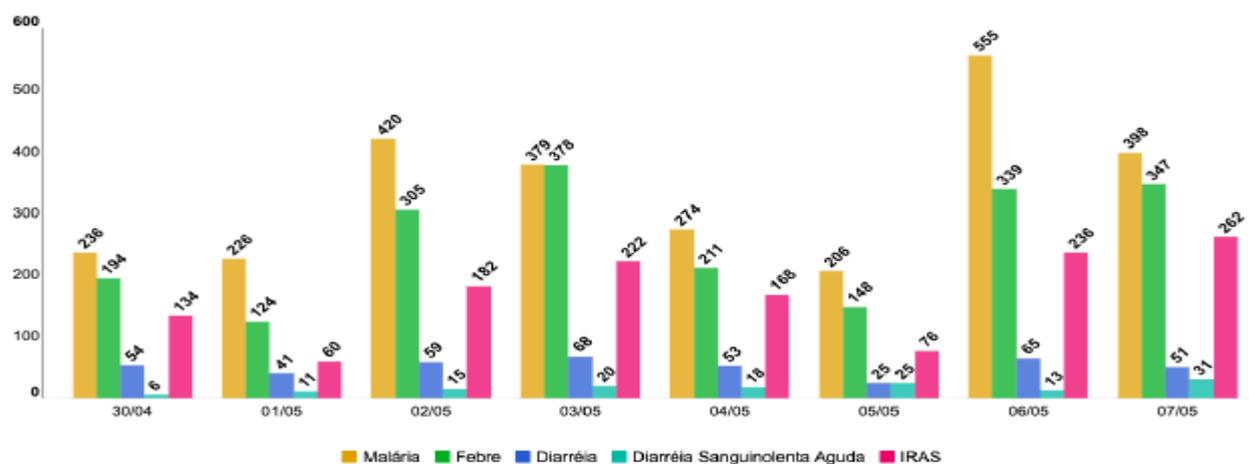
Province	District	Confirmed Cases	Deaths
Cabo Delgado	Pemba	1423	TBC
	Macomia	819	TBC
	Metuge	336	TBC
	Ibo	14	TBC
	Quissanga	102	TBC
Total		2694	

¹⁰ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹¹ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

¹² Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

Figure 8: Notified cases in districts Pemba, Macomia, Metuge, Quissanga and Ibo, 30 April - 7 May 2019¹³



3. PUBLIC HEALTH RESPONSE

3.1 CYCLONE IDAI

Mozambique Government declared the state of emergency in central region and WHO declared humanitarian situation in Mozambique as a Grade 3 Emergency on 25 March 2019. The Government of Mozambique is coordinating the response to IDAI Cyclone and the health sector response is coordinated by the Ministry of Health. WHO as the Cluster Lead Agency of the Health Cluster is coordinating 43 Partners and 2 observers who are reporting activities covering 11 provinces predominantly in Sofala province.

3.1.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Ministry of Health is coordinating surveillance activities. INS through its Center in Sofala (CIOB) is leading implementation of emergency surveillance strategy in collaboration with WHO, CDC, MSF and Euro-CDC in order to improve case detection and investigation, laboratory diagnosis, active surveillance and data analysis. Support from WHO and other partners continues to expansion of Early Warning and Response System (EWARS) reporting from designated reporting sites in Sofala Province
Surveillance & Laboratory	<ul style="list-style-type: none"> A diagnostic strategy was established to monitor the progress of the outbreak and to monitor the detected strains. All specimens from

¹³ Direcção Provincial de Saúde de Cabo Delgado. Instituto Nacional de Saúde, 8 May 2019

	<p>cholera treatment centers are tested using Rapid Diagnostic Tests (RDT). Two of 18 RDT performed (66%) were positive, and two of nine cultures on RDT-positive samples (22%) were positive with seven pending.</p> <ul style="list-style-type: none"> • INS and DPS Sofala with support of WHO and US-CDC are running an alert system through a hotline, EWARS and M-Alert. • Strengthening of rapid investigation and sample collection for laboratory testing for cholera, bloody diarrhea and other epidemic-prone diseases are underway under leadership of INS and DPS with support of several partners • INS and DPS are running real time data analysis and producing daily and weekly epidemiological bulletins with support of WHO.
Case Management & IPC	<ul style="list-style-type: none"> • IPC Intervention Program in Health Care Units (WHO protocol) consists of Training, Assessment and Technical Support. IPC Training Program started on 22 April and is performed under MoH/ DPS coordination and support from WHO. The training is directed to health care workers from health units of Beira, Dondo, Nhamatanda and in Buzi. In total 367 health care workers benefited from IPC training. • The IPC Team based this week in Munhava, Macurungo and Nhaconjo, Mascarenhas, Chingussura Health Centers, and Beira Central Hospital, performing IPC assessment, discussing and delivering WHO IPC recommendations and correcting the found gaps. • IPC Assessments were performed in 16 Health Centers in Beira, Dondo and Nhamatanda, 3 Cholera Treatment Centers, 2 rural Hospitals and 10 Oral Rehydration Centers of the Sofala Province. • An IPC Assessment Tool to be use for Health Units assessment with the aim at standardizing the information, facilitating understanding of challenges and planning actions to improve the IPC conditions has been developed and is waiting for approval by MoH/DPS..
Risk Communication & Community Engagement	<ul style="list-style-type: none"> • WHO held a technical meeting for capacity reinforcement and awareness raising of 12 Community Health Committee members in Beira. Awareness raising session has been facilitated for 70 military staff on health care in the area of disease prevention and environmental hygiene in collaboration with JHPiego. • Other key activities this week included technical visit to 2 municipal markets in Beira for health promotion actions, support in community

	engagement techniques to 2 CTCs and 4 ORPs, field Work in Nhamatanda including meeting Health Committees and SESP, field Work in Dondo for IRS campaign monitoring and technical meeting in Nhamatanda to monitor the social mobilization for the indoor spraying campaign.
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3.1.2 MALARIA OUTBREAK RESPONSE

Several activities under MoH coordination are underway to control malaria. Following the distribution of more than 474,400 LLINs, the indoors spraying campaign continues with 6259 houses sprayed (2,543 in Buzi, 3,362 in Nhamatanda and 354 in Dondo) out of the total of 67,000 targeted.

3.1.3 MATERNAL AND CHILD HEALTH

3.1.3.1 CHILD HEALTH WEEK

MoH organized a health week in response to IDAI Cyclone. The Emergency response health week was launched on 6 May with the objective to reduce morbidity and mortality among the vulnerable population in the 21 most affected districts. 386 teams are covering 12 districts of Sofala targeting 438,243 children under five years and 179,222 women. Main interventions include measles, rubella and polio vaccination, supplementation with Vitamin A, deworming with Mebendazole, administration of iron and folic acid, counselling and family planning.

3.1.3.2 NUTRITION

In order to identify strength and gaps of inpatient service delivery to children with severe acute malnutrition (SAM), WHO provided technical support to conduct a cross-sectional assessment of service availability in the 4 hospitals of the most affected districts (Buzi, Beira, Dondo and Nhamatanda). The key findings are as follow:

Major Strengths <ul style="list-style-type: none"> • Hospitals have dedicated rooms for management of children with SAM and a place to prepare feeding except for Buzi. • Infrastructures in place for WASH, but needs repair. • Available human resources cope with the current case load of SAM but need to be beefed up in case of influxes. • Essential medical supplies are available. • All hospitals have inpatient records to track progress of children. 	Key gaps <ul style="list-style-type: none"> • Standard anthropometric equipment not available in Nhamathanda and Buzi hospitalss • The Nhamathanda hospital malnutrition ward does not meet the minimum standard. • Staff knowledge on key areas on management of SAM is sub-optimum. • No activities to promote Infant Youth and Child Feeding.
Recommendations <ol style="list-style-type: none"> 1. Promote infant and young child feeding practices in the hospitals. 	

2. Conduct refresher training to health workers on management of severe acute malnutrition.
3. Procure standard anthropometric equipment for accurate weight measurements.
4. Carry out repairs and installations at Nhamatanda hospital to meet the minimum standard for infrastructure.
5. Strengthen infection prevention and control measures among the caregivers and health workers.
6. Provide regular on-site coaching on the management of SAM to improve compliance to the protocols and benefit new staff.

3.1.4 EMERGENCY MEDICAL TEAMS

A total of 13 EMTs have provided surge emergency clinical care across the five main affected districts in Sofala and the border districts in Manica.

EMTCC closed the Operations phase on Monday 6 May and started transition phase with exit plans being reviewed for the 4 EMTs currently operational (Beira Central Hospital, Macurungo Health Centre, Buzi Hospital and Nhamantanda Hospital).

3.2 CYCLONE KENNETH

3.2.1 CHOLERA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The Health Cluster in Pemba is active and chaired by the MoH with support of the cluster coordinator • Information for the 4W is being collected
Surveillance & Laboratory	<ul style="list-style-type: none"> • INS in collaboration with WHO and US-CDC Epi-team replicated a similar emergency surveillance strategy in Cabo Delgado in response to Kenneth Cyclone. Daily and weekly bulletin epi updates through daily and weekly bulletins were also replicated. Laboratory capacity for Cholera outbreak investigation was strengthened. • The EWARS and mAlert system are being set up and multiple training sessions are underway. • INS in collaboration with WHO and US-CDC is conducting a rapid outbreak investigation training for participants of the 17 health districts of Cabo Delgado 13- 14 May 2019.
Case Management & IPC	<ul style="list-style-type: none"> • Following the declaration of the Cholera outbreak, a CTC at Eduardo Mondlane Health Center was established with an initial capacity of 50 beds. Further CTCs have been set up in Mecufi and Metuge with capacity of 16 and 20 beds respectively.
WASH	<ul style="list-style-type: none"> • A supply of clean portable water has been installed in Quissanga on 08

	May. Distribution points at health centres and in towns will be established as a next step.
Risk Communication & Community Engagement	<ul style="list-style-type: none"> • Several partners of the health cluster, including WHO, will also provide communication support to the upcoming vaccination campaign in high risk districts of Cabo Delgado to combat rumors as not all risk zones will be covered initially. • On 8 May, 20 journalists and more than 30 community / religious leaders were trained on health promotion and disease prevention in the field of cholera prevention
Drugs and Supplies	<ul style="list-style-type: none"> • A cholera vaccination campaign is planned covering the three high risk districts Pemba, Metuge and Mecuf. Tentative Dates are 20- 25 May. 516,000 doses (for two phases) have been confirmed for this campaign and a communication strategy for the campaign is currently being developed. Macro planning for this event has started.

3.2.2 MALARIA OUTBREAK RESPONSE

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> • The malaria task force is active and continued logistic and operational support are being provided to the MoH on key interventions for vector control.
Drugs and Supplies (bed nets)	<ul style="list-style-type: none"> • As of 8 March, indoor spraying and 1075 bed nets have been distributed in the accommodation Centre, 228 in Ibo, 276 in Metuge, 72 in Mecúfi and 550 in Pemba due to the elimination of accommodation centres

4. GAPS AND CHALLENGES

4.1 CYCLONE IDAI

- There are still critical pockets that face access constraints (Some areas remain accessible only by helicopter or boat.) in Buzi and Nhamatanda: this is exacerbated when families are allocated areas for resettlement with limited infrastructures.
- Remoteness of certain sites of activities leading to limited access for mobile clinics and to long time of travel from bases.
- Inability to launch planned health facilities rehabilitation in Buzi District due to inaccessibility.
- Community mobilization is a big challenge due to lack of awareness and information about the health week as well as on malaria prevention activities.
- Medical evacuation and referrals to Beira are still compromised due to lack of ambulances.

- Restoration of services and rehabilitation of health facilities require more resources.

4.2 CYCLONE KENNETH

- Access to affected districts continues to be a challenge and further rain in affected area is forecasted. Some of the districts can only be accessed by helicopter and boat.
- Limited capacity for the hospitalization of cholera patients in Cabo Delgado due to the difficulty of isolation and a lack of conventional infrastructure. The Cabo Delgado DPS is therefore arranging the installation of tents.
- There is a need for briefings with religious leaders on the vaccination campaign due to the holy month of Ramadan
- Medical supply chain management is necessary to ensure that the medication is available in the health facilities
- Lack of electricity in 10 health facilities MAY hamper the immunization program
- Difficulty of referral system in particular for pregnant women.

5. RECOMMENDATIONS AND NEXT STEPS

5.1 CYCLONE IDAI

- There is a need to ensure proper confirmation and sound management of all cases as well to focus on prevention measures in this district. This requires multisectoral collaboration for environmental sanitation.
- Emphasis should be put on maintaining essential health services for early recovery including availability of basic equipment for maternity & SRH services (tents and maternity kits).
- Emergency referral system must be strengthened with support from all partners.
- Need to gradually shift work and technical support from the province to district level.
- IPC team to continue monitoring the ORPs for transition phase.
- To discuss during the Health Cluster Meeting issues and gaps related to Waste management and sterilization of material reported in several health facilities.
- Continue to produce and improve epidemiological reports and weekly bulletin. This may include replacing the computer system of affected districts and restoring the paper based forms, in order to collect maximum information.

5.2 CYCLONE KENNETH

- There is a need to follow up on community engagement activities with religious leaders in particular in preparation of the upcoming vaccination campaign.
- To advocate to partners to support the OCV campaign and fill the gaps in the malaria response plan.

- There is an urgent need to put a referral system in place.
- There is a need to supply electricity/solar panel in some health centers
- The communities needs supply of more potable water
- Timely payment of subsidies to community health workers who are supporting the upcoming vaccination campaign is needed.
- Need to consider] expanding the vaccination campaign to further districts with a history and high epidemiological potential for cholera outbreak (Chiúre, Montepuez, Ancuabe and Mocímboa).

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