

Health response to current humanitarian crisis

Mozambique Report



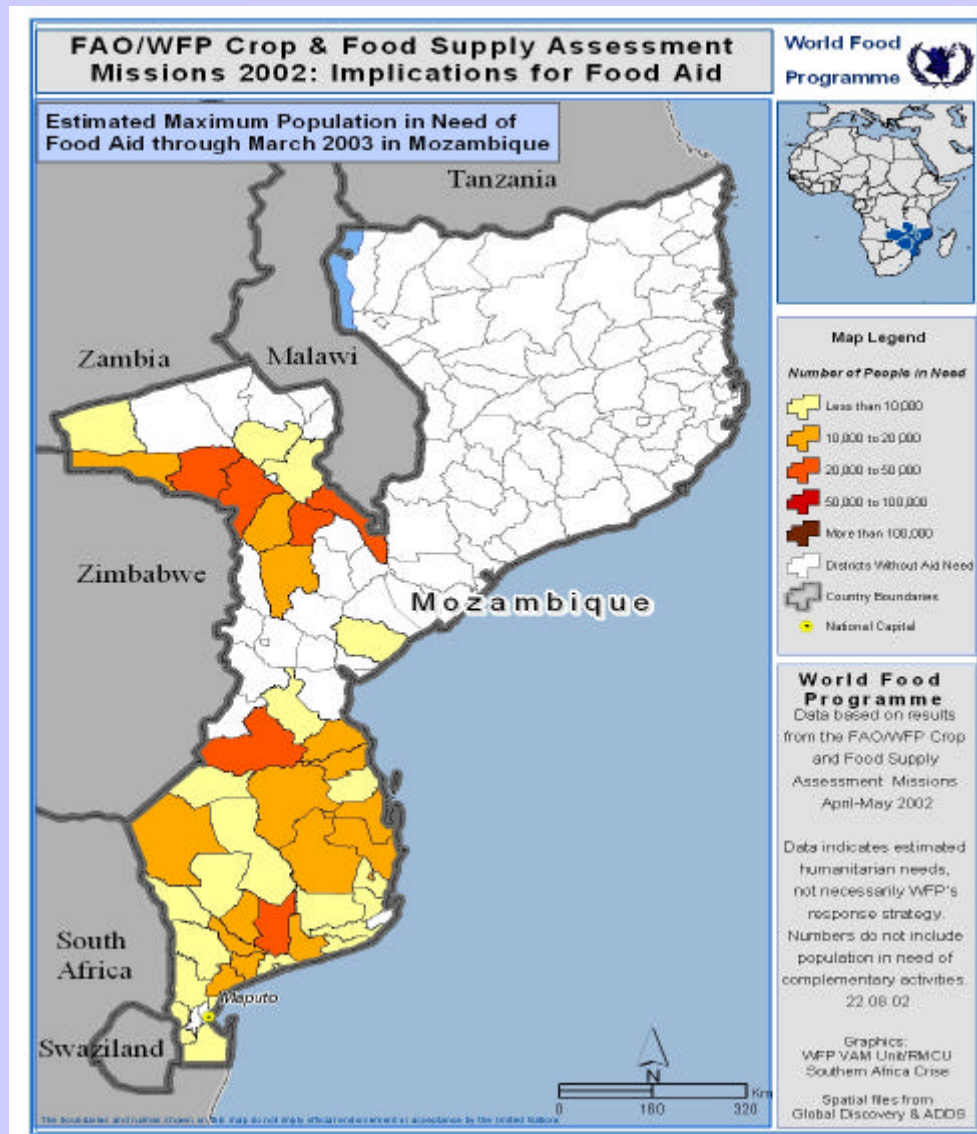
Harare, 26 - 28 August 2002

by: Carina Ismael

José Chivale

Health response to current humanitarian crisis - Mozambique

INTRODUCTION



Health response to current humanitarian crisis - Mozambique

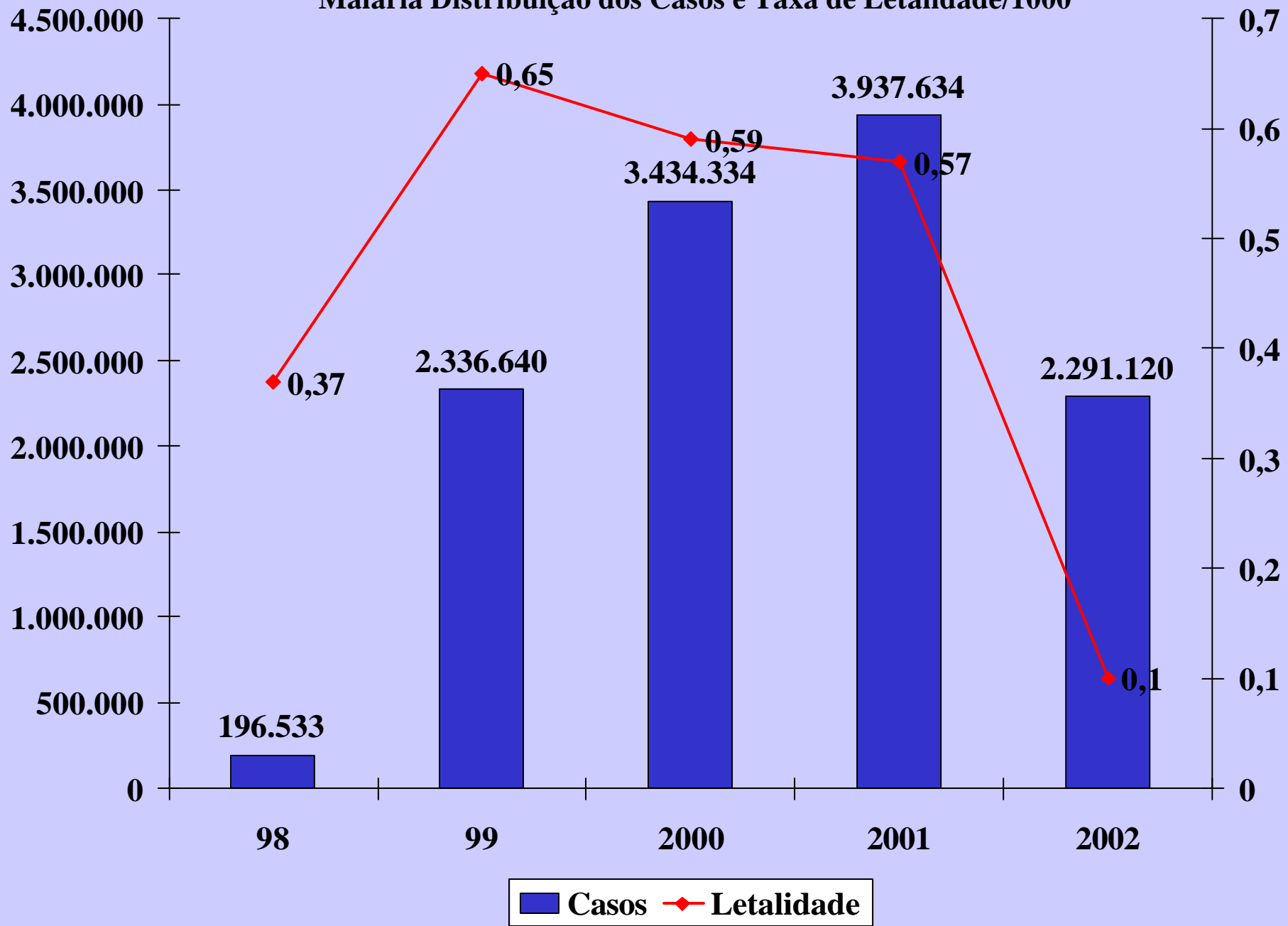
- Major determinants:
 - Although total cereal production has increased 5%, but in the south and centre it is estimated that 60,000 hectares yielded less than 10% of their usual output.
 - Some of the districts were affected by the floods 2000/2001
 - Difficult north - south access

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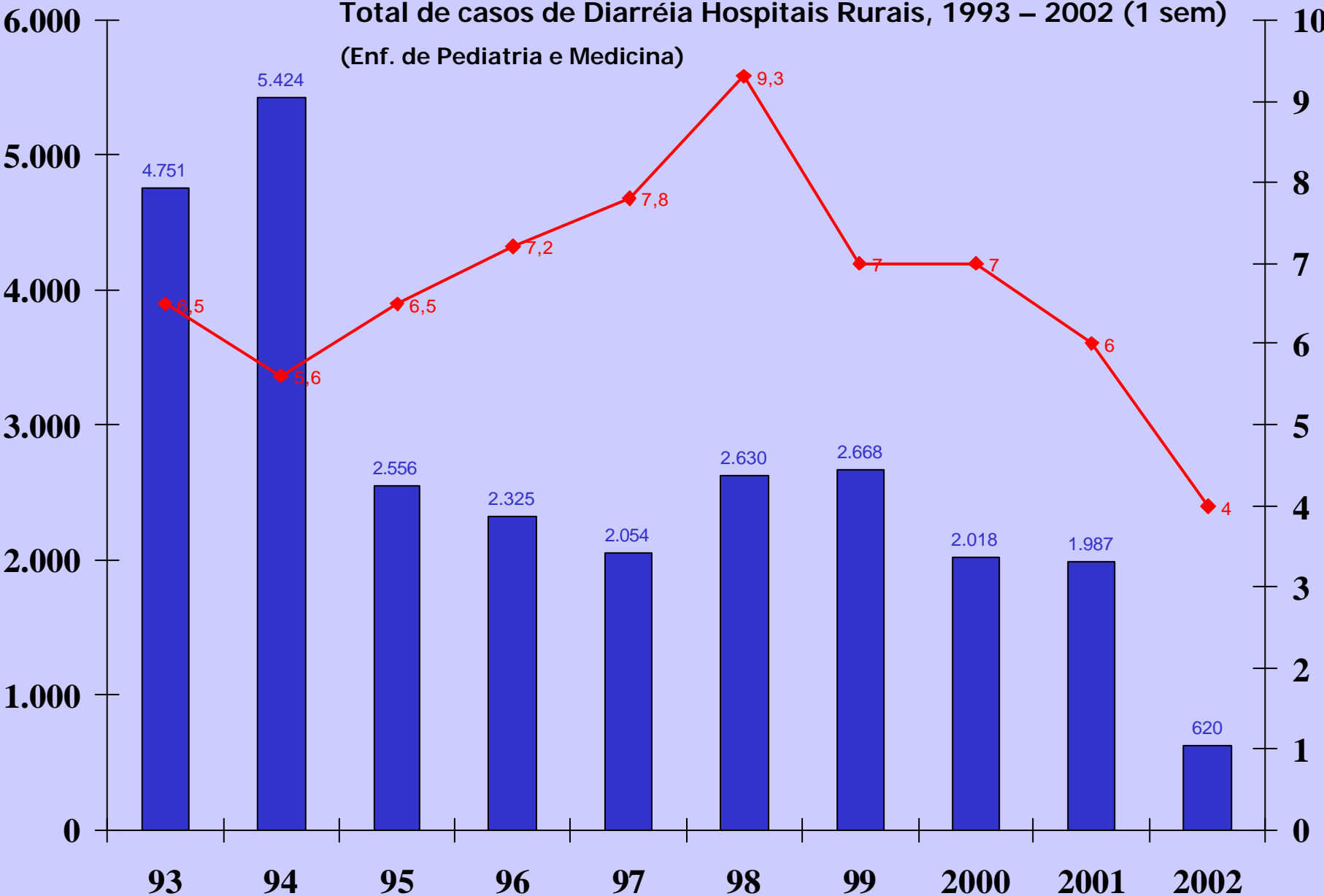
HEALTH IMPACT

- Effects in terms of Morbi/Mortality:
 - Malaria
 - Diarrhoea /Cholera
 - measles
 - Meningitis
 - Plague
 - STD's / HIV- SIDA
 - Tuberculosis
 - Malnutrition

Malaria Distribuição dos Casos e Taxa de Letalidade/1000

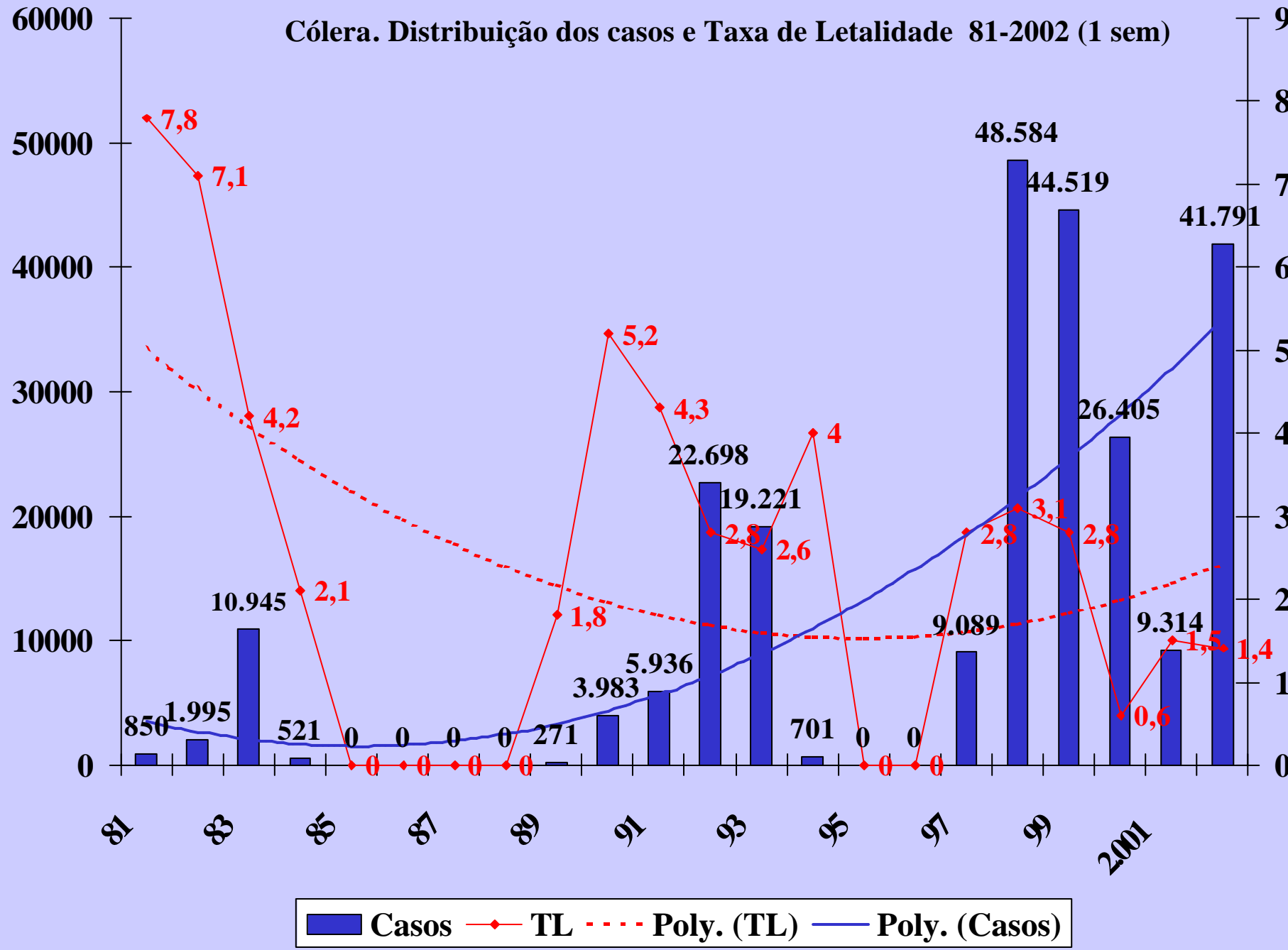


Total de casos de Diarréia Hospitais Rurais, 1993 – 2002 (1 sem)
(Enf. de Pediatria e Medicina)

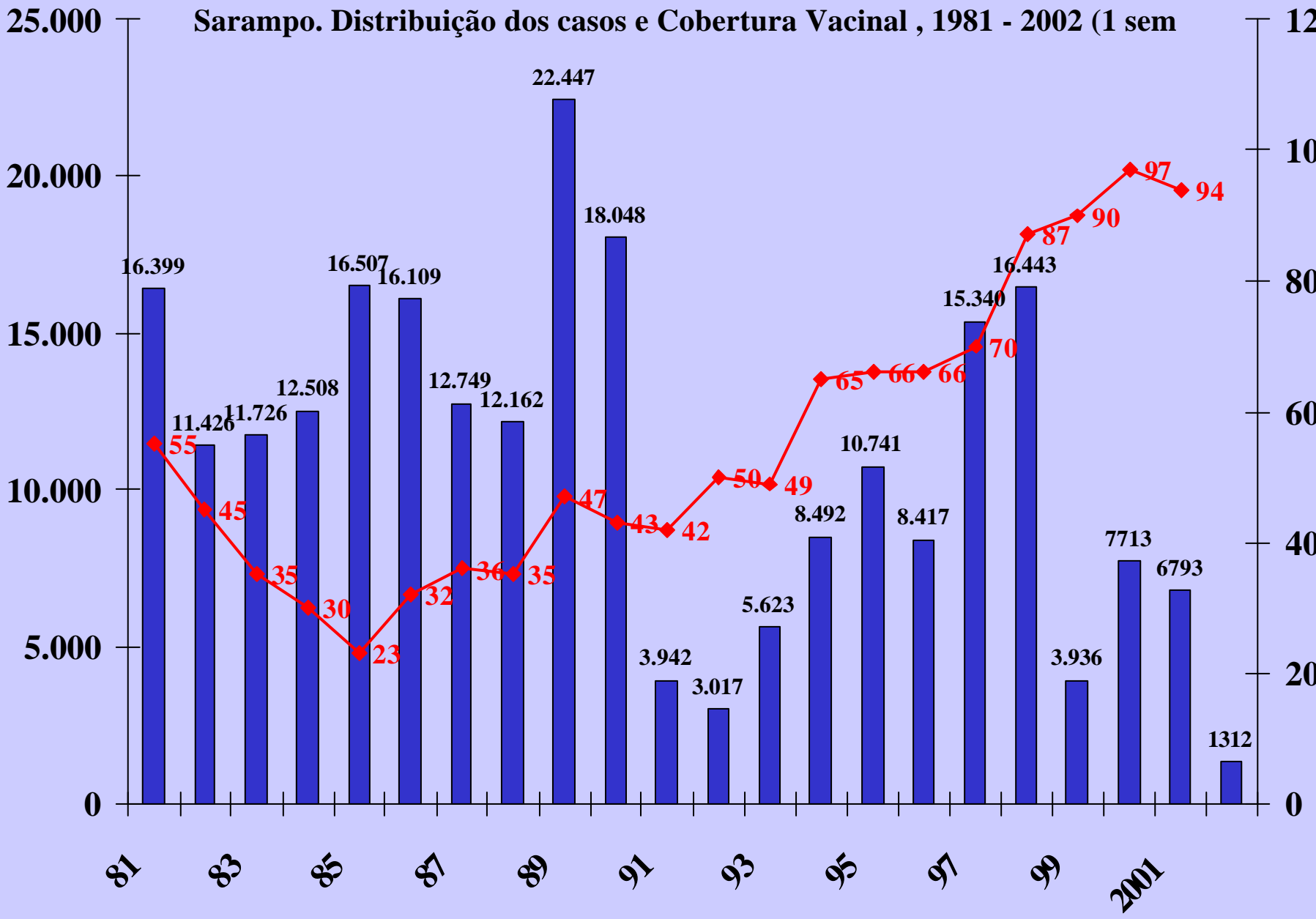


Casos **Letalidade**

Cólera. Distribuição dos casos e Taxa de Letalidade 81-2002 (1 sem)

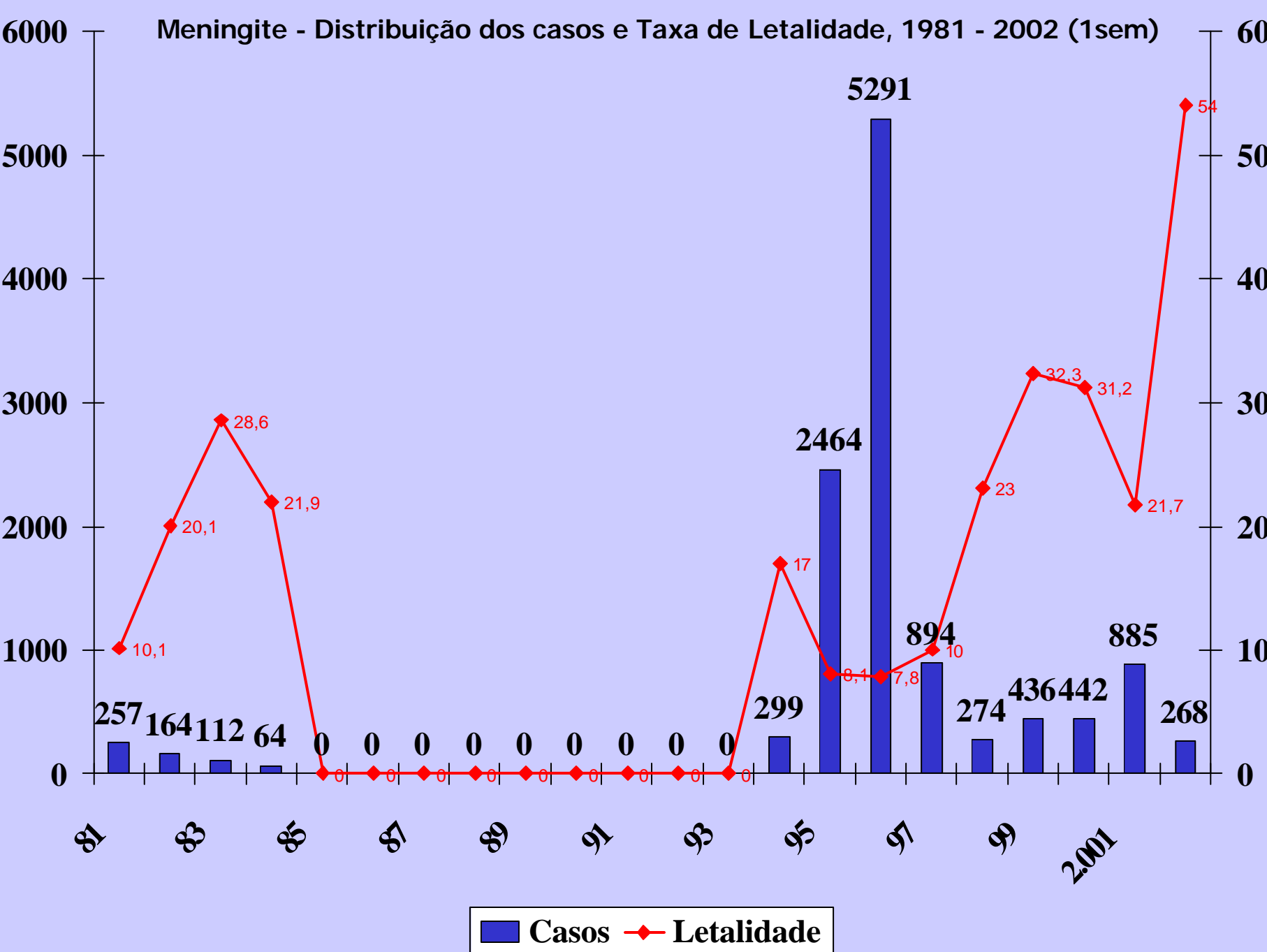


Sarampo. Distribuição dos casos e Cobertura Vacinal , 1981 - 2002 (1 sem)

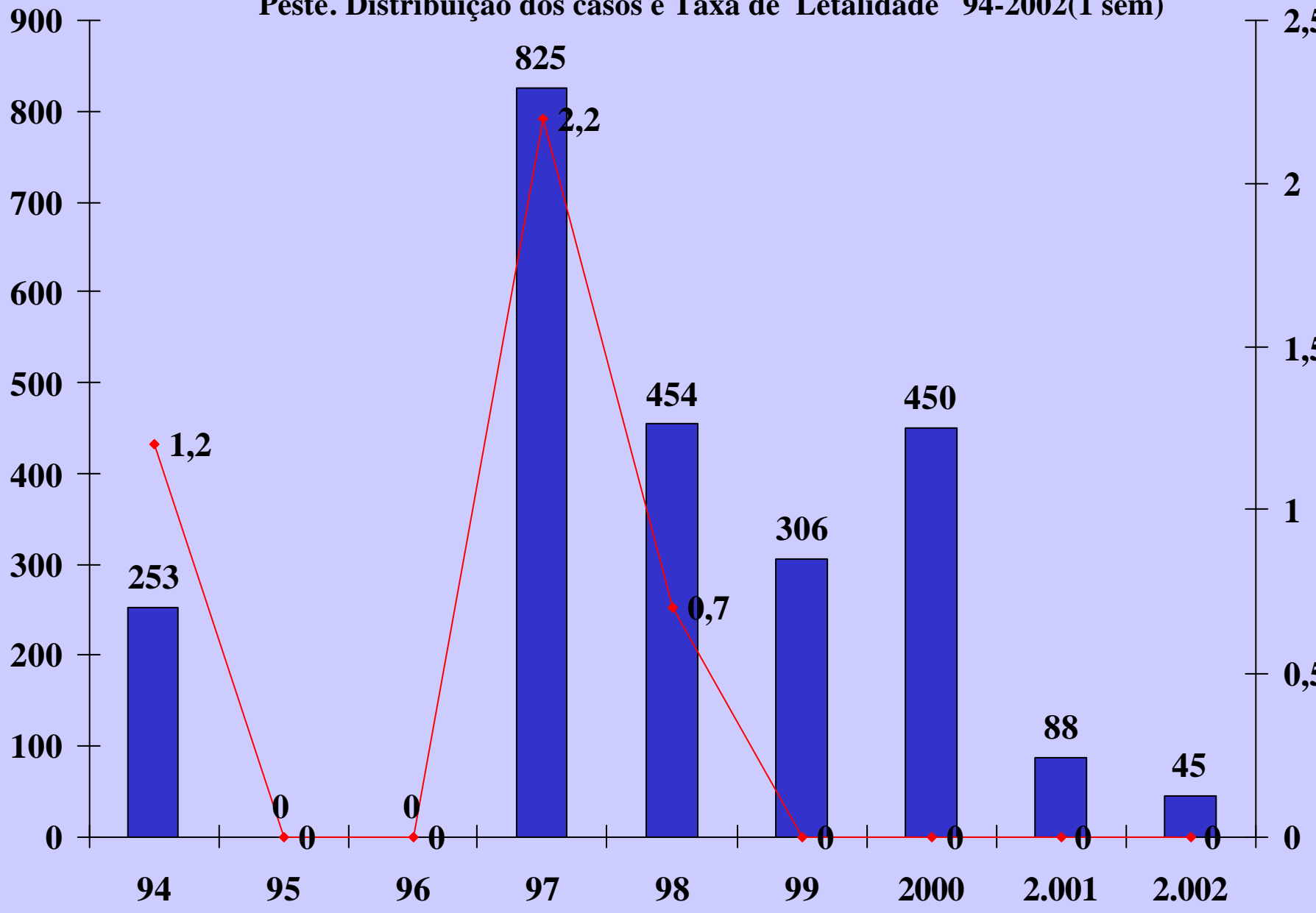


■ Casos ◆ T.Cob.

Meningite - Distribuição dos casos e Taxa de Letalidade, 1981 - 2002 (1sem)

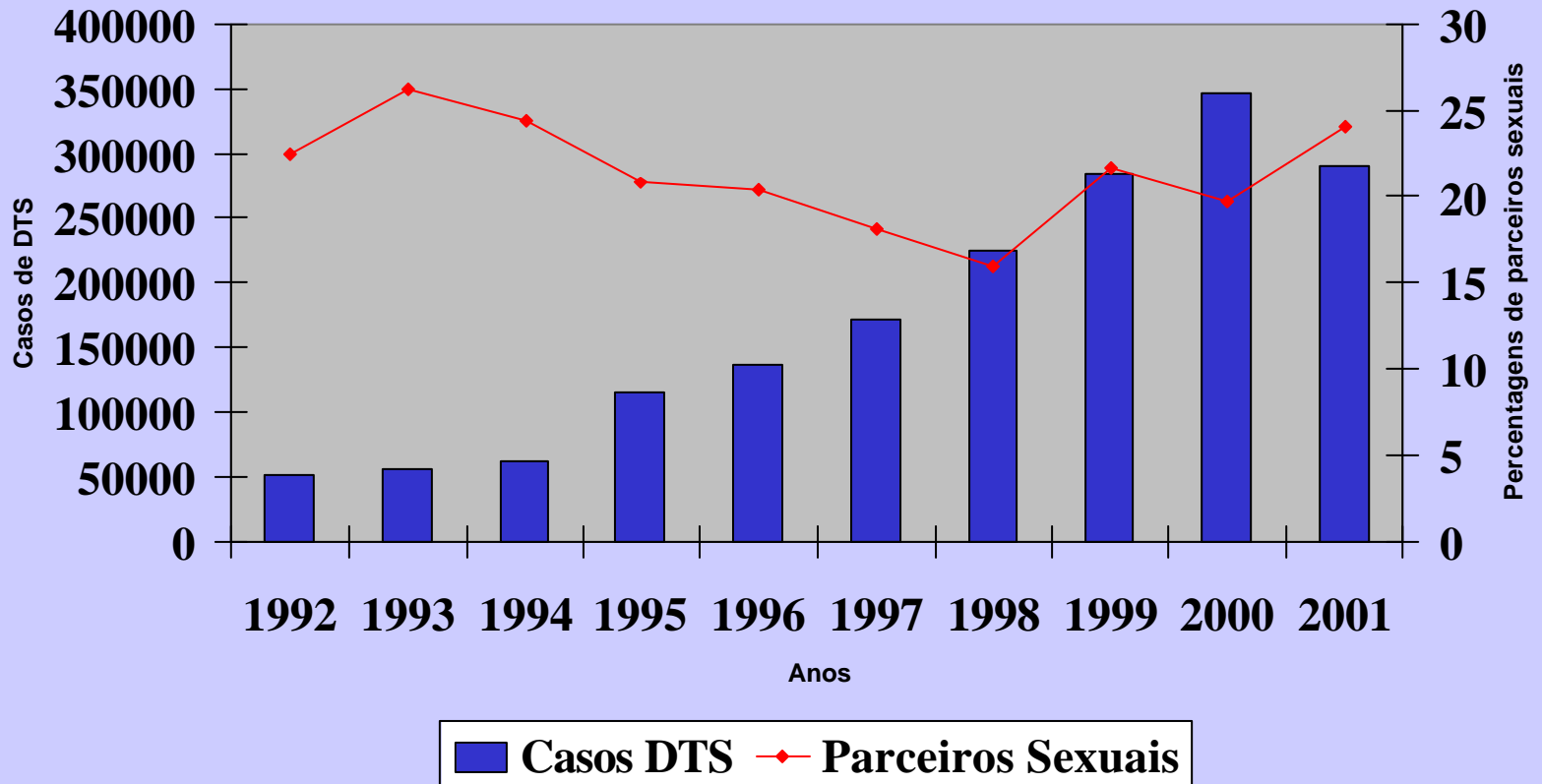


Peste. Distribuição dos casos e Taxa de Letalidade 94-2002(1 sem)

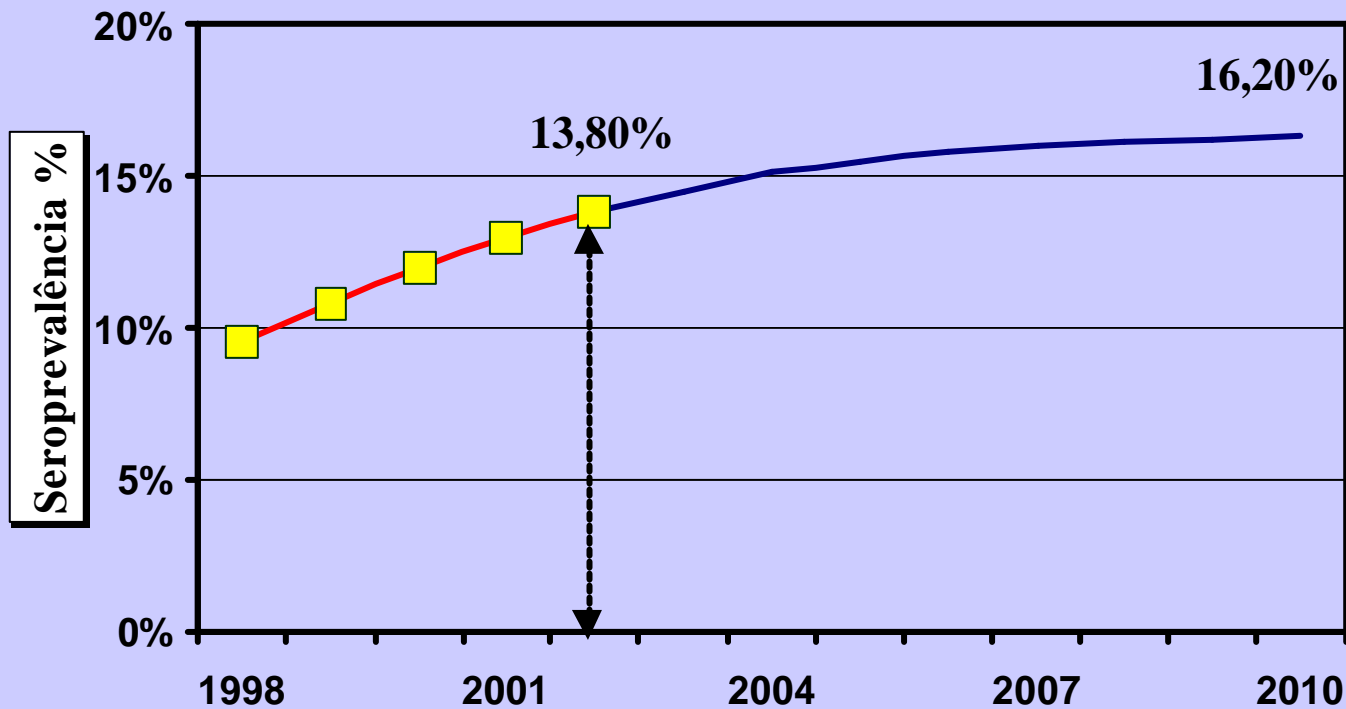


Casos **Letalidade**

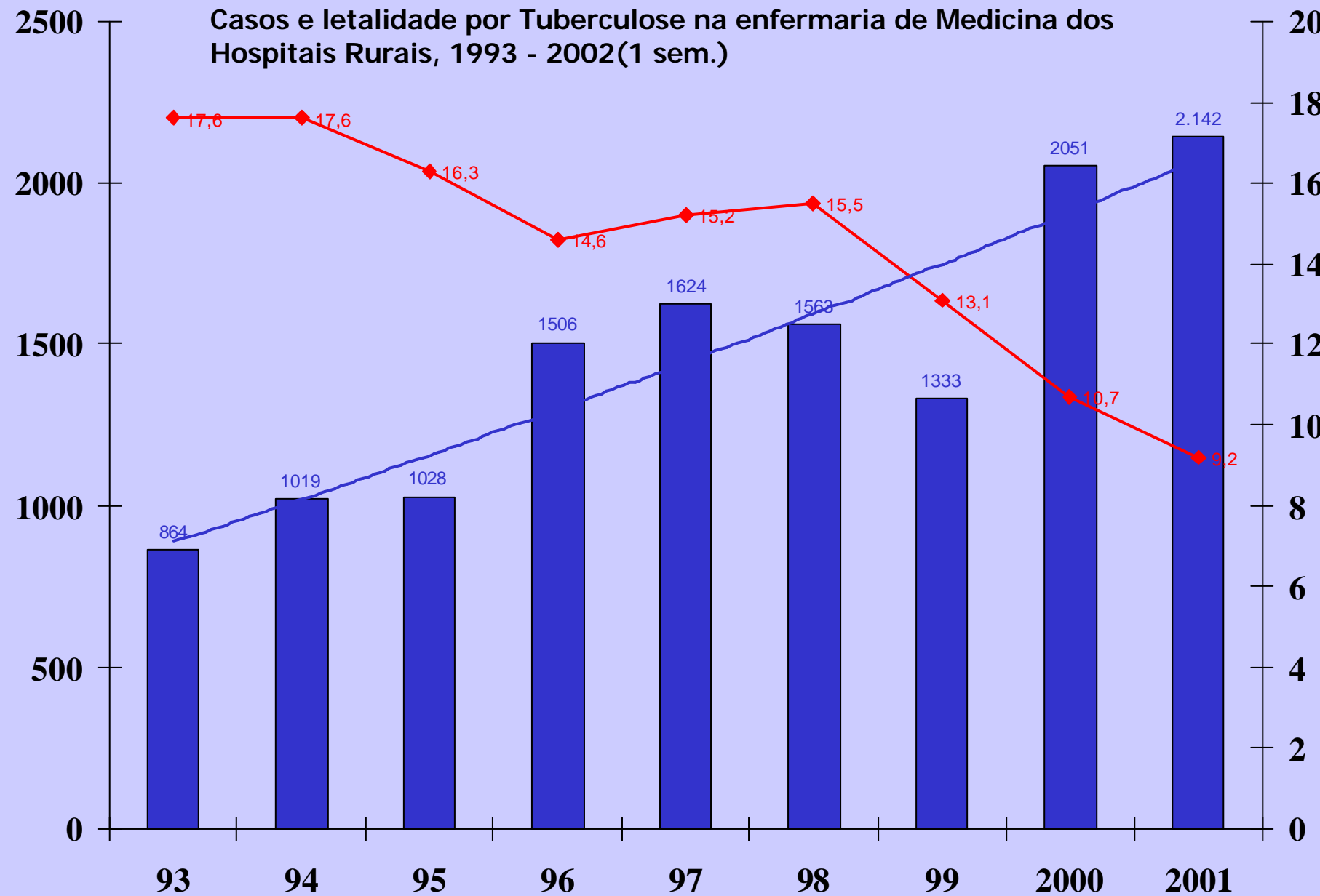
Casos notificados de DTS e Cobertura dos parceiros sexuais, Moçambique, 1992 - 2001



Prevalencia nacional estimada de HIV em adultos (15-49 anos), Moçambique, 1998 - 2010

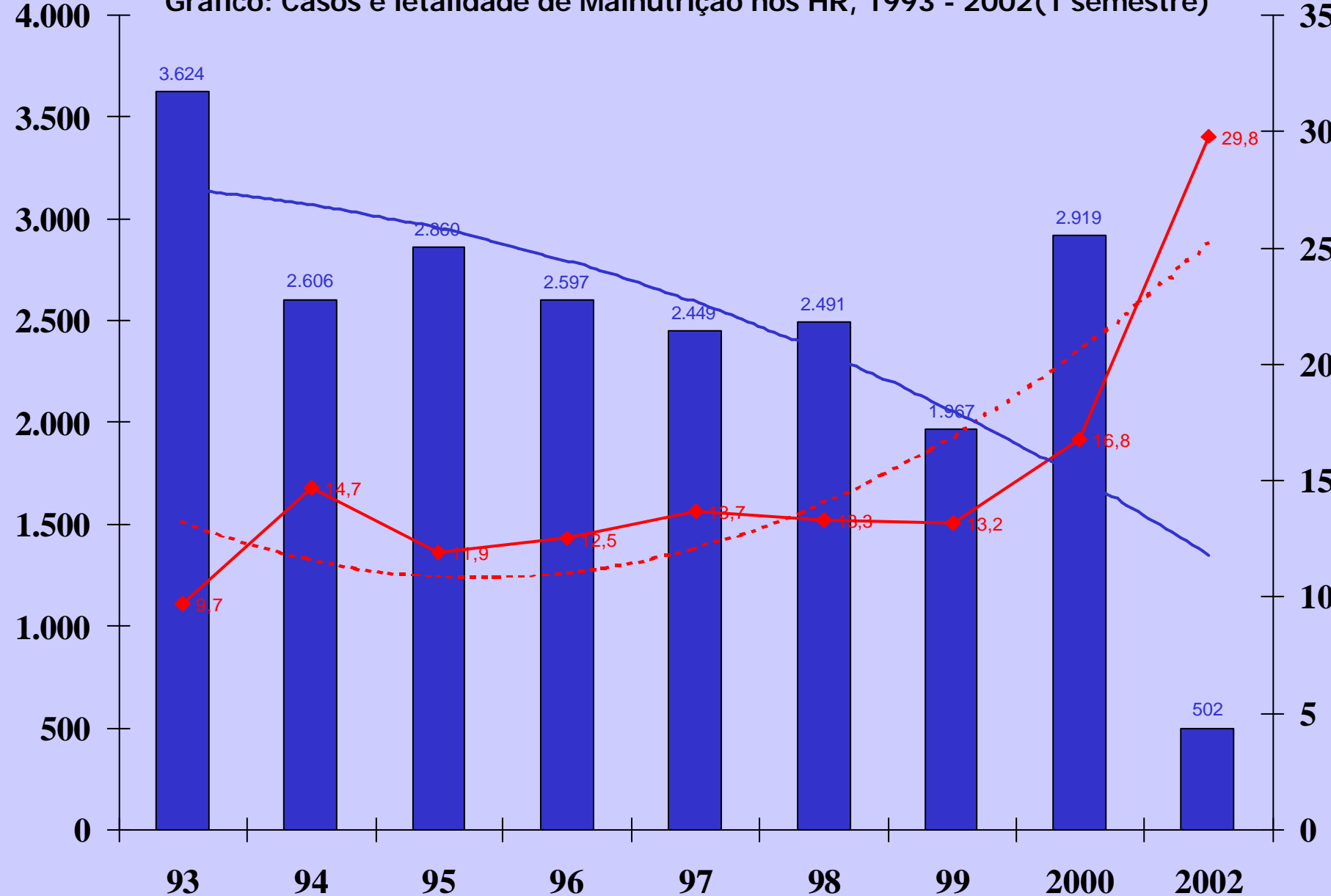


Casos e letalidade por Tuberculose na enfermaria de Medicina dos Hospitais Rurais, 1993 - 2002(1 sem.)



■ Casos ◆ Letalidade — Poly. (Casos)

Gráfico: Casos e letalidade de Malnutrição nos HR, 1993 - 2002(1 semestre)



Casos **Letalidade** **Poly. (Letalidade)** **Poly. (Casos)**

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Nutrition VA results: Children with MUAC <125mm

– Gaza Province

- Massangena - 5.6%
- Mabalane – 7.7%

– Inhambane Province

- **Funhalouro – 17.8%**
- Mabote – 2%

– Tete Province

- Magoe – 8.6%
- Changara – 6.5%

Sofala Province

- Chibabava - 5.3%
- Machanga - 6.0%

Mozambique

COUNTRY RESPONSE

Food Aid Required

- 70,505 tn of food aid needed between now (June, 2002) and April 2003
 - 355,000 identified as highly vulnerable require immediate food aid of 53,250 tn through March 2003
 - 160,000 people considered moderate affected require 16,800 tonnes from September 2002 until March, 2003



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INTERVENTIONS

- Food distribution (food for work)
- Distribution of seeds and other inputs
- CSB distribution (< 5 years + pregnant/lactate women) + Nutrition education
- Preventive actions for plague
- A National Contingency Plan is developed; Health Sector also have a Contingency Plan.
- Exist a strong collaboration and co-ordination with all partners, by INGC.

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PROPOSED ACTIONS

- Alert populations about the risk of toxic products e.g. bitter cassava as they search for alternative foods in light of the food shortage
- Water quality survey to be carried out
- Monitoring of the water quality by periodic analysis
- Estimate no. of families in need of water supply
- Investigate possible means of meeting the water needs of the families / population in need of water

PROPOSED ACTIONS

- For the prevention of epidemics
 - Dissemination of the disease information to all provinces affected and orientations on response
 - Dissemination of prevention norms
 - Reinforce surveillance system (data collected and analysed on a weekly basis)
 - Promote immunisation against “risk” diseases
 - Mobilise resources to respond to outbreaks of epidemics
 - Need for inter-country meeting with Malawi regarding actions for Plague control

PROPOSED ACTIONS

- Medical Assistance
 - Disseminate norms for diagnosis and clinical treatment
 - Reinforce the laboratory capacity for diagnosis
 - Estimate the necessity of medical supply including drugs and guarantee their acquisition
 - Control and register consumption of supplies