The cholera epidemic is now on the wane, but 30 cases per day are still being reported nationwide. Mozambique Red Cross has received widespread acclaim for its role in alleviating the crisis, and will now concentrate on preventive measures.

The context

A cholera outbreak started in Maputo in August 1997 and had caused 822 deaths in nine provinces up to 18 June 1998, when 35,669 cases had been registered. Currently, a progressive decrease of cases and deaths is being observed, although in Zambezia and Sofala, 10 and 12 cases, respectively, are being registered daily without any deaths. About 30 cases daily are registered all over the country.

The epidemic spread to the province of Niassa on 8 May 1998, with 66 cases and eight deaths in a period of six weeks. The plan of action was amended to cover the needs of the provinces of Cabo Delgado, Niassa and Inhambane.

Latest events

During the operation period, Mozambique Red Cross Society (MRCS) reached 235,489 people with treatment and public health messages.

According to the Department of Epidemiology of the Ministry of Health, based on the information recorded from August 1997 to 18 June 1998, the cholera epidemic is now under control, and is decreasing all over the country. However, there is still the possibility of an
outbreak of the epidemic in the provinces of Cabo Delgado and Nampula and the need for continued vigilance and dissemination of preventive measures.

In the central provinces, Beira and Quelimane five MRCS tents and three MSF tents have already been closed down. These tents performed a valuable function, acting as sentinel points for initial diagnosis and rehydration. Serious cases were moved to hospitals where possible. (Each tent is equipped with beds, hygienic material and rehydration fluid).

In Tete, the cholera ward of the Ministry of Health is still functioning with support of three MRCS activists. There is an average of one case per day. In the district of Mechainhelas, province of Niassa, there is one case every two days. In the southern provinces, there are 2-3 cases per week. In general, throughout the country, there are around 400 cases per month, well down on the 1,000 cases per day being registered at the peak of the epidemic.

The Ministry of Health guidelines for all NGOs and communities stress the need of proceeding with preventive measures, and door-to-door visits for information and training.

**Red Cross/Red Crescent action**

MRCS has been working in collaboration with the Ministry of Health since the epidemic broke out in August 1997. Its main objective is to inform, educate and mobilise the community through door to door campaigns about preventive measures, water treatment and the correct use of latrines as outlined in situation report N° 1.

Presently, MRCS has a team of 244 activists in 11 provinces of the country and 11 health technicians (one for every province, working under the supervision of four technicians at central headquarters).

From February to late June field activities were as follows:

- **Community Mobilisation**
  - Meetings with community leaders, religious chiefs, teachers, and the general population to discuss cholera preventive procedures, individual and collective hygiene, and the administration of oral rehydration salts or similar home-made remedies.
  - Home visits for intensive health education.
  - Selection and production of material for the information campaign.

The 244 activists of MRCS carried out 40,566 home visits, covering 154,467 people with health education sessions.

- **Creation and Establishment of Oral Rehydration Sentinel Posts**
  - Of the ten oral rehydration sentinel posts, five were closed (one in Quelimane in Beira), on 4 April and 5 May respectively.
  - The following units are still functioning:
    - 1 in Maputo City (opened in November 1997)
    - 3 in Matola (opened in November 1997)
    - 1 in Tete (opened in March 1998)

Almost 9,000 people received rehydration treatment via MRCS activists and Health Technicians.
Training of Activists
From February to June 1998, 18 training courses for 76 activists were carried out in eight provinces (Sofala, Manica, Tete, Zambezia, Nampula, Niassa, Cabo Delgado and Inhambane).

Referral of Cholera Patients to the Hospitals of the Ministry of Health
1,093 patients were referred in nine provinces.

Cleaning and Chlorine Treatment of Water Sources
88 water sources and 2,554 water buckets were chlorinated, covering 13,922 families.

Construction and Rehabilitation of Water Sources and Latrines
Six VIP latrines were built and one water point was rehabilitated.

Purchasing of Material
- 28 tents were purchased (the last 18 arrived on 30 May 1998). They will be distributed for stock as follows: 2 Maputo City, 2 Maputo Province, 2 Gaza, 1 Inhambane, 3 Sofala, 1 Tete, 2 Zambezia, 2 Nampula, 1 Cabo Delgado, 1 Niassa. Also supplied were:
  - 23 first aid kits.
  - 200 boxes of soap, with 2,472 bars.
  - Incentives for 244 activists.
  - 12 water containers with taps.
  - 12 Aprons.
  - 24 pairs of gloves.
  - 12 pairs of boots.
  - 16 metres of plastic.
  - Petrol and maintenance of 12 vehicles and 11 motorbikes.

Supervision, Co-ordination and Monitoring of Activities
- From central level to the provinces, 17 supervision visits were carried out to the 11 provinces.
- From the provincial level to the field, visits to capital cities were carried out on daily basis and visits to the districts were made fortnightly.

Outstanding needs
Since the cholera epidemic is now under control with evidence of improvement, there will be a further shift of focus from curative to preventive and control activities, involving the creation of a warning system in Nampula and Cabo Delgado. All the activities of assistance and therapy will be reduced to a minimum essential level. However, the Ministry of Health asserts that with the restarting of the rainy season, after the period covered in this appeal, new cases of cholera are expected. In the area of public education, the work of MRCS is vital and the Ministry of Health does not have its own resources.
Due to the need to reimburse 80,000 CHF released from the Disaster Relief Emergency Fund (DREF) to begin the operation, donors are kindly asked to replenish the DREF.

**External relations - Government/UN/NGOs/Media**

The Ministry of Health is still providing ORS for the MRCS centres of oral rehydration and to activists in the door-to-door campaign. MRCS participates in the weekly co-ordination meetings organised by the Ministry of Health in all provinces of the country. It is also supporting the supervision of field activities, training of activists and the production of health education materials.

MSF Spain, Belgium and Switzerland have supported the supervision of the sentinel posts for oral rehydration and the training of activists. Regarding dissemination of information, the improvement in media coverage was notable. Radio Mozambique had daily coverage of the activities carried out in the provinces of Maputo, Gaza, Sofala, Tete, Zambezia and Niassa. In Maputo City, Mozambique Television followed MRCS activities closely.

The activities of MRCS are still being stressed and acknowledged by the government and other institutions. For instance, the Ministry of Health suggested to all the NGOs carrying out door-to-door campaigns, that they use a control card filled in by MRCS activists. This acknowledges MRCS’s standard-setting role in the cholera operation.

**Contributions**

See Annex 1 for details. For more information please contact Helga Leifsdottir, desk officer, on ++4122 7304316.

**Conclusion**

Improvements in hygiene reflect the MRCS’s active participation in the fight against this epidemic. (A total of 18 training courses have been held for 76 activists and more are planned for August.) It is essential to keep and maintain control of these activities for the longer term and to establish warning systems in all the districts of MRCS. Attention must be given to preventive measures and continued capacity building, i.e. refresher courses for the activists who have been participating in the fight against cholera, house-to-house education, posters, pamphlets, drama groups etc.

Peter Rees-Gildea  
Director  
Operations Funding and Reporting Department

Bekele Geleta  
Director  
Africa Department