

# *Mozambique: Cholera Epidemic*

appeal no: 05/98  
25 February 1998

***THIS APPEAL SEEKS CHF 298,000  
IN CASH, KIND AND SERVICES  
FOR SIX MONTHS***

## *Summary*

The cholera epidemic now gripping Mozambique was first identified in the capital Maputo in August 1997. On 7 January an Information Bulletin to donors reported on the spread of the disease and the progress made in containing it, as well as the disbursement of CHF 77,000 made available by the Finnish Red Cross Society to cover the first six months of operations. At the end of those six months Mozambique still faces a national emergency as the epidemic spreads to the provinces of Gaza, Inhambane, Manica and Sofala.

Mozambique Red Cross Society (MRCS) has been working with the Ministry of Health to address the situation which is largely under control in Maputo City. However, the epidemic continues to spread and, as of 17 February, 17,300 cases had been reported throughout the country with 548 deaths.

## *The Disaster*

According to the Department of Epidemiology at the Ministry of Health, between August 1997 and 17 February 1998, the statistics by province are:

<b>Area</b>	<b>Cholera Cases</b>	<b>Deaths</b>
Maputo City	10,096	262
Maputo Province	2,183	60
Gaza Province	778	17
Inhambane Province	2	0
Manica Province	60	4
Sofala Province	4,491	207
<b>Total</b>	<b>17,610</b>	<b>548 (Average Mortality 3.1%)</b>

The rate of infection has slowed in Maputo city, but continues to rise in other areas. The rate of spread in Sofala and its main port, Beira, is particularly alarming.

The big cities have been hardest hit, due to their concentrations of people, poor sanitation and ravaged infrastructure resulting from the long years of civil war. Unusually heavy rains and flooding have also taken their toll.

## *The Response so far*

### **Government Action w**

The Ministry of Health (National Health Service Department) is carrying out:

- { cholera prevention through media education and information programmes;
- { treatment of cholera patients in specially created wards/tents, and at oral re-hydration posts;
- { prohibition of the sale of prepared food in city markets where hygiene conditions are poor;
- { epidemiological surveillance.
- { temporary suspension of classes for nurses so that they might participate in the cholera campaign and requesting retired nurses to join the teams;

### **Red Cross/Red Crescent Action w**

MRCS has worked closely with the Ministry of Health since the outbreak of the epidemic. Since August 1997 MRCS has:

- { created teams of volunteers to carry out cholera education and prevention through door to door visits where cholera was evident, and/or where known contacts had taken place with people who had contracted the disease). Over 25,000 home visits took place between September 1997 and mid-February 1998;
- { opened six oral dehydration posts in residential quarters in Maputo, Xai-Xai and Beira in collaboration with the Ministry of Health;
- { evacuated sick people to hospitals (17 in Maputo and 379 in Beira);.
- { deployed trained activists (44 in Maputo, 41 in Gaza, 15 in Beira, 15 in Zambezia and 10 in Tete). In the first half of February in Maputo alone, these teams made 171 home visits reaching 4,078 people at risk. Materials distributed include 12 tents, ten boxes of ORS (14,400 individual sachets), ten plastic water containers, five cholera kits and 50 kg of chlorine.

These activities were supported by a donation of CHF 77,000 through the Federation from Finnish Red Cross.

### **Other Agencies' Action w**

Other agencies, namely the Christian Council of Mozambique and Médecins Sans Frontières, are also involved in the cholera campaign. The latter has provided personnel to work in the cholera wards.

### **Co-ordination w**

Representatives of the MRCS participate in regular co-ordination meetings convened by the Ministry of Health at both central and provincial level.

## ***The Intended Operation***

### **Assessment of Needs ●**

A survey of needs was made by MRCS provincial technicians and headquarters staff in the first week of February, in light of the rapid spread of cholera in Sofala Province. MRCS's national health officer visited Beira, (which proved to be the main cause for concern) Tete and Quelimane, while the provincial health

officer assessed Gaza, where the situation was found to be stabilising. For the time being Red Cross activities in Beira are concentrating on “sentinel” posts due to the lack of volunteers, but home visits are planned next week.

**Immediate Needs ●**

- { 18 x ten-person tents;
- { 42 kits of basic drugs;
- { 78 plastic containers for water;
- { 200 kg disinfectants and chlorine;
- { 33 boxes of soap bars;
- { 22 pairs of boots, 110 boxes gloves and 50 aprons;
- { Red Cross flags;
- { office supplies, leaflets, petrol/diesel, incentives for volunteers.

**Anticipated Later Needs ●**

- { Mobilisation actions and health education
- { Training of activists
- { Fuel/maintenance of vehicles
- { Expenses for volunteers (activists), technicians and drivers

**Red Cross Objectives ●**

The main operational objective of MRCS for the current cholera campaign is to inform, educate and mobilise the community through door-to-door visits where activists will advise on preventive measures, treatment of water and latrine usage. In addition, MRCS plans to:

- { Print and distribute information pamphlets on preventive measures;
- { Intervene directly through home visits and oral re-hydration for those who are already suffering from diarrhoea, provide ORS at health posts, transport the sick to the hospital;
- { Headquarters staff will supervise and monitor in the provinces of Sofala, Tete, Gaza and Zambezia, participate in co-ordination meetings with the Ministry of Health and others and compile a bi-weekly report for the Regional Delegation in Harare.
- { A Federation Delegate will cover the operation for six months.

## ***National Society/Federation Plan of Action***

**Emergency Phase: August 1997 - February 1998 ●**

MRCS has assisted the Government with preventive measures and the care and treatment of patients from the outset. (See section on Red Cross/Red Crescent Action above).

**Phase Two: February - August 1998 ●**

The plan is to extend the operation, particularly into the provinces of Sofala, Zambezia, Manica, Tete and Nampula. Efforts have to be redoubled to address the need for public education and assistance to the victims. As well as printing pamphlets and posters, 138 activists will be trained in Sofala (30), Zambezia (15), Tete (15), Maputo Province (15), Maputo City (18), Nampula (15), Gaza (15) and Manica (15); and to provide subsidies for activists.

**Capacity of the National Society ●**

The National Society has worked closely with the Ministry of Health — the latter looking to the National Society to provide essential manpower and resources. The Society is restructuring and downsizing after managing a large relief operation over the war years, during which it built up sizeable reserves of experience, but now lacks key resources.

**Present Capacity of the Federation in Mozambique ●**

The Federation's Development Delegate in Maputo will support the Society in administering the operation, while the Regional Delegation in Harare will continue to give technical and logistical support. The Regional Health Delegate visited Mozambique in 1997 when the first request for assistance was formulated and is scheduled to visit Beira in the near future to assist MRCS in implementation of the operation. The Regional Finance and Administration Delegate will support the financial reporting function and any purchasing outside the country will be facilitated by the Regional Delegation.

**Evaluation ●**

The Regional Delegation will assist in monitoring the implementation of the operation and providing regular reports to donors.

## ***Budget summary***

See Annex 1 for details.

The budget and funding for the emergency phase of this operation (CHF 77,000) is included to show the overall situation.

The emergency phase expenditures included ten tents for sentinel rehydration posts at a cost of CHF 19,600, the training of 40 new volunteers and deployment of 83 volunteers, which involved a further commitment of CHF 20,000.

For both phases volunteers' per diems and vehicle costs form a relatively large proportion of the total costs. This is explained by the strategy to deploy only well-trained MRCS personnel to spread public health messages, to monitor the situation and to respond in arranging urgent treatment for suspected cases. Transport is an indispensable element in this strategy.

The budget line for capacity building will enable MRCS to use the opportunity presented by this emergency programme to better meet future emergency needs resulting from the epidemic, and to respond to future emergencies in general.

## ***Conclusion***

The initial intervention by Mozambique Red Cross met the emergency needs when the epidemic first broke in the south of the country. In spite of efforts to control the outbreak it is causing great concern in central provinces, not only in the areas affected but also regarding the future spread of cholera. MRCS is a key player in the co-ordinated campaign to fight the epidemic and has a vital role to play in mobilising the community through its volunteer network. Given the lacklustre economy and huge post-war reconstruction needs in the country, Mozambique Red Cross must rely on international assistance to carry out the extra challenges now facing it.

For more information, please contact Helga Leifsdottir, Desk Officer on ++4122 7304316 (Email:leifsdot@ifrc.org).

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**BUDGET SUMMARY****APPEAL No. 5/98  
IN CHF**

ANNEX 1

**NEEDS IN KIND (OR CASH)**

Tents/Latrines/Rehabilitation of well	63,500.00
Medical supplies	24,500.00

<b>TOTAL NEEDS IN KIND (OR CASH)</b>	<b>88,000.00</b>
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**NEEDS IN CASH**

Transport, storage & vehicle costs	50,500.00
Personnel (1 delegate / 3 months)	30,000.00
Personnel (local staff:technicians/volunteers/drivers)	155,000.00
Travel & communications	3,000.00
Information	12,500.00
Capacity building/National Society	15,000.00
Administrative, office & general expenses	11,000.00
Secretariat operational support	10,000.00

<b>TOTAL NEEDS IN CASH</b>	<b>287,000.00</b>
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<b>TOTAL APPEAL CASH &amp; KIND</b>	<b>375,000.00</b>
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LESS CASH ON HAND (Finnish contribution)	<b>77,000.00</b>
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<b>NET REQUEST CASH &amp; KIND</b>	<b>298,000.00</b>
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