

MOZAMBIQUE: CHOLERA OUTBREAK

7 January 1998

Information Bulletin N° 1

The Disaster

In late August 1997, a cholera outbreak began in Maputo. Information about the outbreak appeared in the press for the first time around mid October. Statistics then were 880 diagnosed cases, all in Maputo city and Maputo province. The latest figures (from mid December) are 5,788 cases in Maputo, 85 cases in Gaza, 2 in Inhambane and 1 in Manica.

Red Cross/Red Crescent Action

At the start of the epidemic, the Ministry of Health (MISAU) called on the Mozambique Red Cross (MRCS) for assistance. The National Society and the Federation office in Maputo drew up a three month Plan of Action and Budget, costing 20,000 USD, which was forwarded to Geneva. As the situation got worse, the plan was revised, with the help of the Regional Health Delegate, to a five month plan, representing 55,000 USD -- money immediately made available by the Finnish Red Cross.

To date, the MRCS has provided assistance and information on cholera to 58,000 beneficiaries and visited 18,130 homes. The skills and preparedness measures of the MRCS teams of health volunteers have been adopted as a model by the Ministry of Health.

The WHO representative from the regional office observed that the MRCS network of volunteers for this type of operation is unique in the region. Nevertheless, the media has given very little coverage to the National Society's operation; MRCS clearly needs to develop its promotional and public relations activities and to reinforce its external and governmental relations.

The main achievements of the MRCS' programme, which is ongoing, are:

- | **Community mobilisation**, including home visits, mobilisation campaigns in Maputo, Tete, Beira, Quelimane and Gaza and field support supervision in Maputo. The MRCS is currently working with 99 volunteers.
- | **Establishment of sentinel oral rehydration units**, including the setting up of cholera clinics, the distribution of oral rehydration salts, the routine evacuation of dehydrated patients to hospitals, the purchase and distribution of cholera kits and the rehabilitation of wells and latrines.
- | **Supervision, co-ordination and epidemic monitoring**, including daily contacts with the Ministry of Health for data information gathering and exchange, as well as for reporting on the development of the epidemic.

Conclusion

The five month plan of the National Society, and its guaranteed financing, means that the MRCS will be able to continue its active support to the Ministry of Health in Mozambique by assisting the most vulnerable during the epidemic for several weeks more. However, the possibility of an extension of the epidemic, which would require further funding, should not be excluded.

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