

## Initial Draft Report on the Rapid Health Assessment in Nhamatanda District by Johanniter International Assistance and ASB

**Dates: 25<sup>th</sup> – 26<sup>th</sup> March 2019**

### Team Composition:

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4. Axel Schmidt (ASB contact: a.schmidt@asb.de)
5. Informal interpreter/driver Filipe Parruque

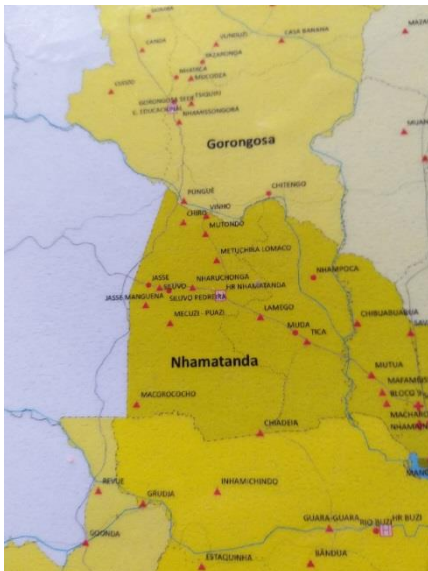
### Methodology used:

1. Key Informant Interview covering information of the Ficha de Avaliacao Rapida Saude/Aqua saneamento of INGC
2. Listening
3. Self-Observation
4. Informal conversation

### Approach:

- Coordination with Government Ministry of Health Sofala Province, Health Cluster and UNDACC
- In the health cluster or from UNDACC no information on Nhamatanda district available – decision for a joint rapid assessment

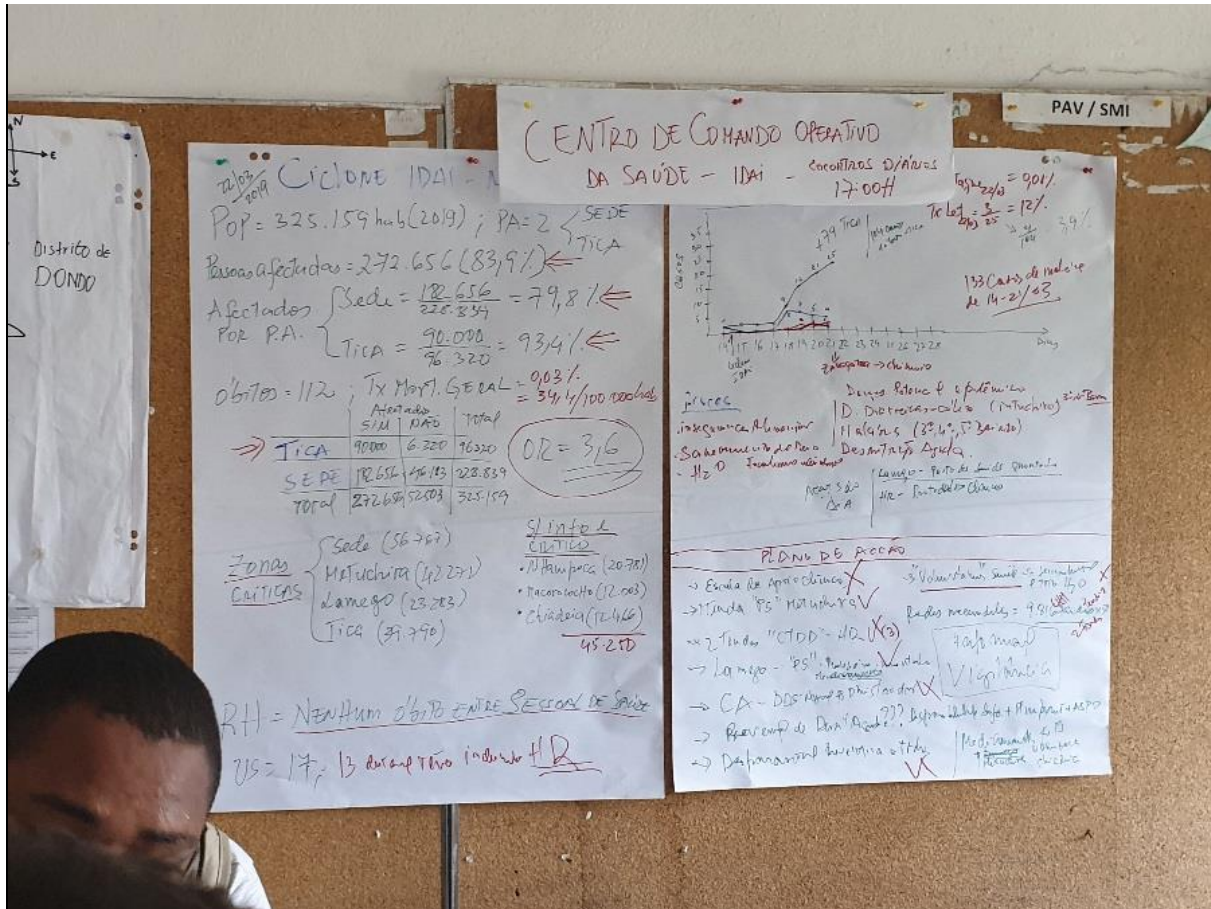
### Place visited: Nhamatanda/Sede and Metucheira



### District Health Office (S19 20.974, E034 21.816)

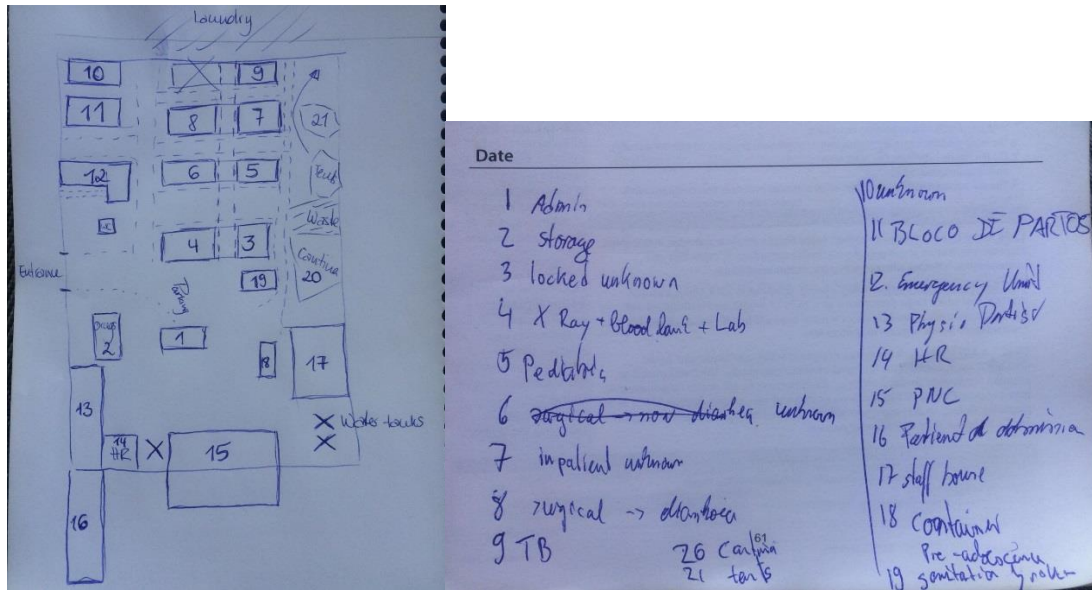
- Meeting in the morning with DHO, Dr Nelson, and his staff
- No other international agencies visited DHO or the hospital before – DHO and team were cooperative, very organised and welcoming

- District Health Team presented their results of their rapid assessment:



- DHO stated that highest health needs are in the district hospital (Rural Hospital of Nhamatanda)
- According to DHO: total population of Nhamatanda district 325,159 (2019) -84% affected: 272,656 persons; major diseases: 1. Malaria 2. Diarrhoea 3. Malnutrition 4. Respiratory Tract Infection; Risks: a) water not clean for drinking b) food c) waste management d) infrastructure (not specified)
- DHO has no information on status of health facilities in "Nhamapoca", "Macorococho and "Chiadeira" zones in Nhamatanda district as they still cannot access due to water levels.
- Direct catchment area of District Health Hospital 56,767 persons, indirectly most of the district, 325,159 persons.
- Hospital is staffed with 3 national medical doctors (specialisation unclear), 30 nurses, 4 certified nurses, 22 midwives.
- MSF arrived also on 25<sup>th</sup> March afternoon for a needs assessment and met DHO
- INGC has some tents near the DHO but we had no contact. We heard that they would receive drugs/consumables by helicopter on 25<sup>th</sup> of March
- District health hospital received at least one doctor from Maputo since 21<sup>st</sup> of March for 10 days, although this has been cut short and he is being moved on 27/3 to another district facility.
- Confirmation of 115 deaths directly from the cyclone event

**Visit of Rural Hospital (next to the District Health Office)**



**General findings:**

- Very busy first impression (approximately 200-300 persons waiting for treatment at around 11am)
- Main diseases: Malaria, Diarrhoea, RTI
- Patient folders, awareness information, vaccination records, chairs were lying outside on the floor to dry since yesterday
- Full level of public information display (see pictures below) including hygiene and basic health care information
- General finding: staff using PPE like masks and full body plastic apron if needed
- Clinic disposal containers present but no incinerator seen – open rubbish site at the back of the hospital was found that showed infectious containers lying around without protection
- Open defaecation found in the hospital area
- Toilets usable, but insufficient and dirty and not flushing
- Buckets with Chlorine solution present
- Buckets with handwashing water and drinking water for patients present but seemed to be insufficient
- Water disinfection with chlorine flasks present
- Water source is by tanker lorry, only once a week.
- General structure is standing but significant evidence of cyclone damage, in addition to the detailed items listed below.
- 10 consultation rooms functioning, 8 rooms not functioning







Rooms visited:

1. Emergency Room/Servicos de Urgencia: a) according to head of unit double the amount of patients at the moment – according to head of division: “most prevalent health problems were mentioned by head nurse to be vomiting diarrhoea and trauma/head injuries b) one room severely damaged roof c) unit itself was working and functioning with all limitations c) no power
2. X-Ray Room/Radiology: a) severely damaged roof b) basic equipment present but no functioning since Idai, reason unknown if damaged or lack of power supply
3. Dressing Room: a) malfunctioning – not assessed
4. Laboratory/Technical Room: a) electronic microscope non-functioning – now using “sunlight-mirror” microscope testing malaria and strips b) HIV test machine device but without power – lab staff present
5. Blood bank/ Banco de sangue: a) blood bank empty b) no power in the room; seems not in use since July 2018
6. Tuberculosis unit/ward: a) roof completely gone, ward with approx. 4 rooms, approx. 10 patients present
7. Laundry building: a) extensively damaged – roof missing b) operational

8. 3 small UK AID tents (roughly 4x3m) for cholera patients' isolation which arrived some days ago through INGC, currently empty
9. Dentist room: no assessed (room part of the physiotherapy ward building)
10. Physiotherapy: according to hospital staff physiotherapy ward (two rooms) is least affected, equipment functioning, physiotherapist present and working
11. HR office block/separate two room building: unusable, roof severely damaged – empty building, heavily contaminated with mould, files lost due to rain
12. Patient admission building with waiting hall and pharmacy room and approx. 4-6 treatment rooms severely damaged – unused and water is still dripping from the ceiling in two rooms -ongoing cleaning
13. Pre and postnatal care ward (separate building with open waiting area and 3 rooms: structure ok, small damages at the roof, approx. 100 women/children waiting at 12am – no child feeding supplementary food available according to staff, vaccinations ongoing, cold chain intact
14. Two staff house buildings severely damaged – not properly assessed
15. Pharmacy store: building fully intact and roof not damaged from first view, stocks not checked, store received first deliveries from INGC to deliver further to health posts

Subsequent meeting on 26<sup>th</sup> March with the Clinical Director of the hospital, confirmed the above and citing additional resource pressure, due to the reduced capacity of the hospital, and the increased number of cases being seen.

#### **Health Care Centre Metuchira (GPS S19 10.053', E034 11.770) visited 5pm 25<sup>th</sup> March 2019**

Access to Metuchira Health Care Centre possible until Metuchira river, bridge destroyed not by Cyclone or flooding but since unknown time, tree barks "ferries" and one small metal 9-seater boat exist since a pre-cyclone time to ship people, bicycles and motorbike to the other side of the river.

Walking time from river to health centre approx. 30min. Area from the river to the health care centre not flooded anymore. River level low and river crossing would be potentially possible on foot. Some of the local "mud-houses" got destroyed but appears that the houses along the path approx. half of the houses (50%) got damaged to various extent, from losing roofs, to being totally destroyed.







General findings during a short 45min rapid assessment with health care staff:

- Catchment area 40,000 persons (referral to District Health Hospital)
- Total staff 13 persons (2 nurses + 2 volunteer/part-time nurses; 3 midwives; +admin and technical staff)
- Building largely intact with minor roof damages but functional as pre-Idai
- Buildings: PNC building, birth place, general ward with admin, pharmacy
- Most common diseases according to staff: 1. Malaria 2. HIV/AIDS 3. TB, 4. Water borne disease (NTD, ascarides was mentioned)
- Priority needs according to health staff: 1. Repair of roof and windows, 2. AC in pharmacy, 3. Fencing
- Health care centre is situated next to a well. System: manual hand pump that had a good enough water quality according to the health staff

#### **26<sup>th</sup> March meeting with Chief Medical Officer for the District**

Across the district there are 17 health facilities, 1 hospital (above) 3 Health Centres and 13 Health Posts, these are staffed by approx. 50 nurses, 1 doctor and 5 health technicians. As mentioned above currently they have no information on 3 centres as they still cannot access.

Throughout the district, latrines have been extensively damaged, also an immediate need for shelter items, food, clothes, blankets.

Access to clean water is also a serious issue

Main issues, increases in cases of diarrhoea, malaria, and respiratory diseases, together with some trauma injuries.

#### **26<sup>th</sup> March meeting with District Health Office "WASH Agent"**

General findings:

- Pre-Idai already a large scale water supply problem, this problem multiplied since Idai
- Water in Nhamatanda is not public water, a private company SDPI (*Servicio District de Plamomento e infrastructura*) provided water to two communities within the whole district before Idai -service stopped
- There is no statistical or official data available on water usage

**Further assessment in two communities will take place on the 27<sup>th</sup> March 2019**