

HUMANITARIAN RESPONSE NORTHERN MOZAMBIQUE

HEALTH CLUSTER BULLETIN

MONTH: July 2024

ISSUE # 007



KEY FIGURES

1.2M

People in Need of Health Assistance
Conflict: 950k
Disaster: 282K
Conflict:



668K

INTERNALLY
DISPLACED-
N/MOZAMBIQUE



603K

People Targeted by Health Cluster
Conflict :467k
Disaster: 137K



\$ 16.36M
Needed

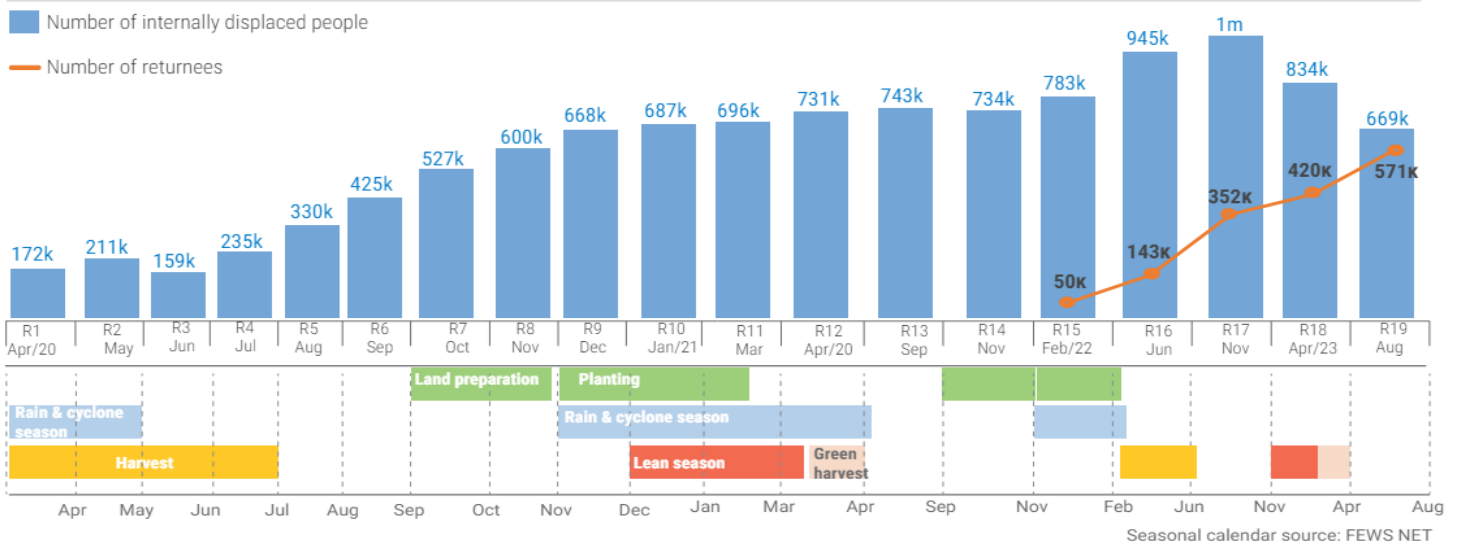


13 (10%) Health Facilities-
Non-functional
Cabo Delgado
20 Health Facilities
Requires Rehabilitation



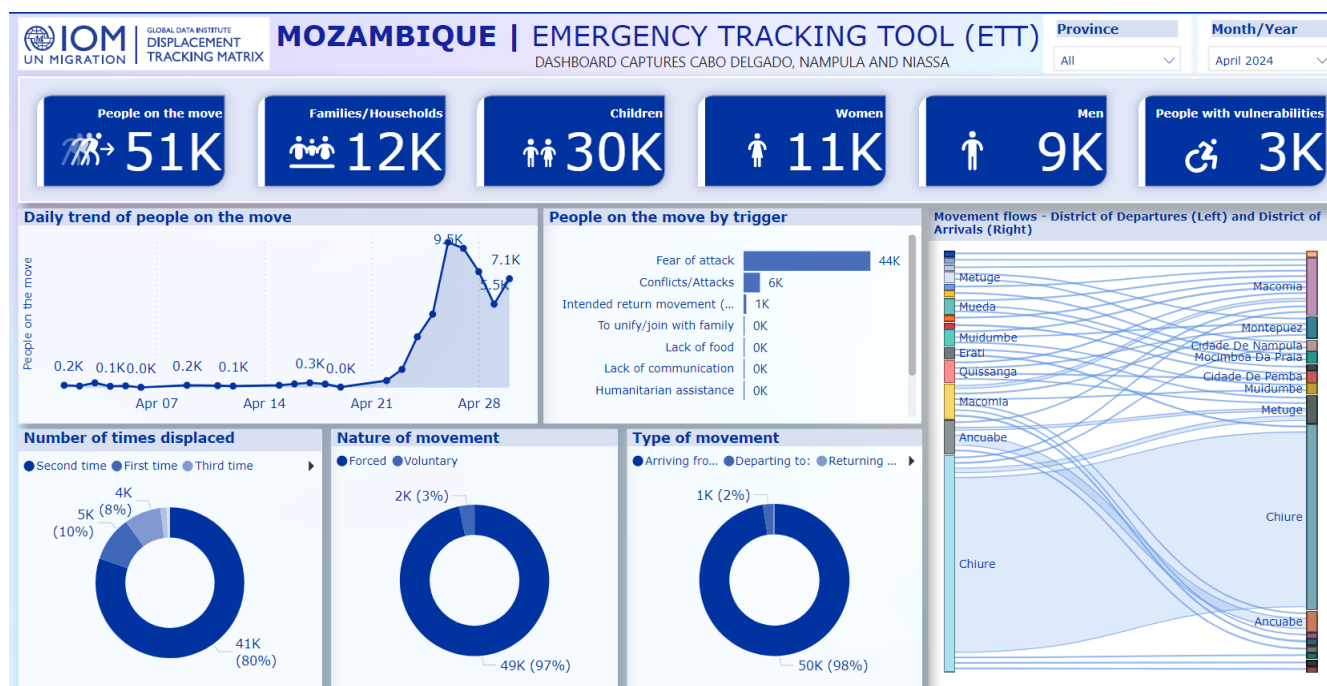
291K
IDPs
368K
Returnees

Displacement trend in Cabo Delgado, Nampula and Niassa provinces



POPULATION DISPLACEMENT AND HEALTH IMPLICATIONS

Fig 1. Population movement Northern Mozambique



Credit Source: IOM/DTM <https://dtm.iom.int/node/25106>

In 2023, after several months of relative calm, the returnee population had increased significantly, reaching 601,866 people by year-end. During the initial quarter of 2024, there has been a surge in violence within the northern districts. This situation has led to a renewed wave of displacement, affecting even those who had previously returned. It also prompted a collective re-evaluation of the Humanitarian situation. Over 51K people on the move affecting 12K households with 30K women, 11k children and 3K people with disabilities being affected. Attacks on the healthcare system in Chiure District, including the burning and looting of health facilities and the consequent displacement of health personnel with the population, have disrupted the provision of health services. The overcrowded health system, along with dreadful living circumstances for IDPs and restricted access of health, water, and sanitation services, results in a significant risk of cholera.

PEOPLE IN NEED AND TARGET POPULATION STRATIFIED BY PROVINCE- 2024

	Female	Male	Children (<1)	Children (<5)	Children (<18)	Adults (18-59)	Elderly (60+)	% with disabilities	PIN	TARGET
	52%	48%	4%	18%	21%	59%	5%	15%		
MOZAMBIQUE	243,068	224,370	18,698	84,139	98,162	275,789	23,372	70,116	950,078	467,438
CABO DELGADO (17)	225,153	207,834	17,319	77,938	90,927	255,462	21,649	64,948	880,055	432,987
NAMPULA (15 DISTRICTS)	15,992	14,762	1,230	5,536	6,458	18,145	1,538	4,613	62,507	30,754
NIASSA (4 DISTRICTS)	1,923	1,775	148	666	777	2,182	185	266	7,516	3,698

Source: HRP 2024-People in Need and Targets Analysis

HEALTH CLUSTER RESPONSE PLAN HIGHLIGHTS

The health cluster objectives are being implemented along with the humanitarian jointly agreed strategic objectives to: Save lives and alleviate suffering through safe, equitable, inclusive, gender-responsive and principled inter-sectoral assistance to the most vulnerable groups, including IDPs, returnees, host communities, and other people in need. The health cluster objectives are;

- 1) To provide accessible essential health services to targeted populations (men, women, girls and boys), focusing on main causes of morbidity and sexual and reproductive health.
- 2) To provide quality care for people (men and women) with physical injuries, disabilities, and mental health needs
- 3) To prepare for, detect and respond to epidemic prone disease outbreaks.

Targets & Prioritization: Health response will aim for maximum integration to influence indicators across different sectors, reducing mortality and morbidity and improving population standards of living. In 2024, the health cluster is intervening in 17 districts in Cabo Delgado, 15 districts in Nampula and 4 Districts in Niassa, the most affected by conflict, aiming to deliver free and effective preventive and curative emergency health services to crisis-affected people. The integrated primary health-care package will be employed, with emphasis on high impact interventions like vaccination, timely treatment of the most common. To facilitate the work of frontline partners, the cluster will strengthen an emergency health pipeline where kits will be available and easily accessible. Activities will be implemented in coordination with the WASH and Nutrition Cluster and all relevant sectors.

Prevention of Sexual Exploitation and Abuse (PSEA) & Mental Health and Psychosocial Support (MHPSS): Protection of people impacted by the crisis against sexual exploitation and abuse is a top priority for authorities and humanitarian partners in northern Mozambique. In collaboration with the inter-cluster MHPSS TWG, the response teams covered this key pillar in delivery of health services to the affected communities within the districts of operations.

Accountability to the Affected Population (AAP): Listening and responding to, as well as including and meaningfully engaging with displaced people and affected communities remains a core tenet of the Mozambique humanitarian response for 2024 in which the health cluster will in close collaboration with other agencies to ensure that affected people have the information they need and that diverse affected community groups participate meaningfully in emergency response decisions. Accountability to Affected Population/ Community Engagement (CE/AAP) working groups were set up in December 2020 at the National (Maputo) and Sub-National (Cabo Delgado) level. This teams are being engaged by the health cluster partners during the assessment and response missions.

Cost of response: The health cluster requires \$16.360.339 to reach 467,438 people targeted with life-saving and essential health services for one year, through partners' projects. Some 30 per cent of the budget will be distributed to procurement, shipment, and distribution of emergency health kits. Around 40 per cent of the funds will be utilized to support the health workforce and ensure that services are available at different points of delivery. Another 30 per cent will pay for support services like logistics and overhead costs.

Figure 1. Humanitarian Response Plan Monitoring - Partners Reporting, July 2024

	HRP PARTNER/MONTH	5W								Grand Totals 5W		Jul-24
		Jan	Feb	Mar	April	May	Jun	Jul	Received	Expected	% Jul	
1	ACF	✗ 0	✓ 1	✓ 1	✓ 1	✓ 1	✗ 0	✗ 0	4	7	57%	
2	Mother to Mother	✓ 1	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✓ 1	3	7	43%	
3	CUAMM	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	0	7	0%	
4	SoliderMed	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	0	7	0%	
5	F.Ariel	✓ 1	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	1	7	14%	
6	Johanniter	✗ 0	✓ 1	✗ 0	✓ 1	✓ 0	✓ 0	✓ 1	3	7	43%	
7	REPSI	✗ 0	✓ 1	✗ 0	✓ 1	✗ 0	✗ 0	✗ 0	2	7	29%	
8	Humanity and Inclusion	✗ 0	✗ 0	✗ 0	✗ 0	✓ 1	✓ 1	✓ 1	3	7	43%	
9	SCI	✓ 1	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	1	7	14%	
10	Wiwana	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	✗ 0	0	7	0%	
11	IOM	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	7	7	100%	
12	UNPFA	✓ 1	✗ 0	✓ 1	✓ 1	✓ 1	✓ 1	✗ 0	5	7	71%	
13	UNICEF	✓ 1	✗ 0	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	6	7	86%	
14	WHO	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	✓ 1	7	7	100%	
	Grand Total	7	5	5	7	6	5	6	42	98	43%	

Source: Health Cluster 5W Matrix Monthly reports

The average reporting rate during the month of July was 43%.

Table 1. Health Cluster Monthly Reporting Summary

HRP 2024 Indicators	HRP Target 2024	HRP Monthly Target 2024	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Total Reached	% Achieved
# of health facilities supported in crises affected locations	364	30	0	1	12	302	0	87	0	402	110%
# of health mobile teams supported in crises affected locations	364	30	0	1	12	302	0	87	68	470	129%
# of total OPD consultations	467438	38953	29531	8217	22612	22073	25952	12343	21488	142216	30%
# of normal deliveries attended by skilled birth attendants	174814	14568	4911	0	3854	11297	6288	8430	0	34780	20%
# of women in childbearing age receiving modern contraceptives	174814	38953	8386	954	7580	22310	19866	20687	59	79842	46%
# of community members receiving health IEC messages	467438	38953	19275	70836	26390	18647	22516	11227	16093	184984	40%
# of assorted emergency medical kits distributed in crises affected locations	950	79	0	17	32	98	0	0	0	147	15%
# of PLHIV on ART screened and linked to HIV services	95008	7917	1028	157	1046	1113	1208	832	21	5405	6%
# of cases with injuries treated and referred for further care	95008	7917	0	0	0	0	0	0	0	0	0%
# of cases with disabilities treated and referred for further care	95008	7917	0	0	0	0	0	0	0	0	0%
# of cases receiving mental health and psychosocial support services	6507	542	15	627	0	0	0	0	0	642	10%
# of survivors of GBV receiving clinical care for rape (revised target figure required to be updated)	174814	1871	355	0	324	498	513	8	0	1698	1%
% of epidemic prone disease alerts verified and responded to within 48 hours	80	80	4	3	2	1	0	0	0	10	13%
# of cholera cases treated (Cabo Delgado, Nampula & Niassa)	9501	791	2479	747	419	490	292	40	0	4467	47%
# of children 6 months to 15 years receiving emergency measles vaccination	129211	8297	215	581	138	89	102	0	0	1125	1%
# of women, men, girls and boys who receive psychosocial services.	174814	15835	0	0	0	130	0	0	14	144	0.1%

Source: Health Cluster 5W Matrix Monthly reports

As of July, 265,977 people had been reached HRP cumulatively, which corresponds to 56% of the target population (463,438)





HEALTH CLUSTER ACTIONS: RESPONSE HIGHLIGHTS

During the period, health cluster partners carried out humanitarian health response activities in close collaboration with the government in various domains (e.g, epidemiological surveillance, vaccination, reproductive health, mental health, WASH, nutrition, medical and drug supplies), support for health service delivery and the health facilities and community level, capacity building of health staff, trauma and injury care, child health including

nutrition, Mental health and psychological support, non-communicable diseases, Emergency obstetric care. Gender-based violence, HIV and sexually transmitted infections, water, sanitation, and hygiene and environmental (WATSAN), referral services and policy decisions, contingency planning, meetings with key government counterparts.

As part of key response efforts health cluster partners supported supported 302 Integrated Mobile Brigades in the northern districts of Mozambique serving host communities and resettlement sites reaching 27,792 beneficiaries, which was an increase compared to march (22,612). Equally continuous identification and tracking of PLHIV defaulters requiring ART treatment and linked to HIV services are still key for humanitarian response. This was achieved with deployment of a network community activists who also conducted Awareness raising on COVID-19, HIV prevention, and sexual and reproductive health rights through IEC materials reaching.

Health Cluster: Key Response Summary July 2024

	Response Areas	Numbers	RESULTS
	Medical Supply	98	Assorted medical items Kits distributed to crisis affected locations; Ibo, Mueda, Mocimboa da Praia and Pemba as part of humanitarian response
	Coordination	2	2 Health Cluster coordination meetings convened (1 Sub-national cluster coordination meeting and 1 National meeting). 2 Humanitarian coordination meetings Humanitarian Partners Coordination Meetings Mocimboa da praia District: The district has a total of 4 health functional units, with the remaining areas being served by mobile brigades. Due to transportation challenges, some islands face difficulties in moving between locations. However, they have successfully devised a plan and have initiated operations in the coastal areas of Malindi and Mocimboa Velha. To facilitate this, they have received assistance from MSF. Transport remains a challenge in the districts with some location such a Mbawe still not accessible. 148 cases of anemia due to inadequate diet/poor nutrition reported Palma District: The rainy season has complicated access routes to some places, such as Quionga. The Namoto road and the Nhica do Rovuma Road are almost impassable, making it difficult to access any services. Malaria predominates, and the districts require more support for mobile brigades to reach remote areas
	Humanitarian Response	21K	21,488 benefited from OPD consultations and treatments provided by Health partners as of July 2024
	Health Emergencies Disease Surveillance		Measeles Outbreak : Outbreak ongoing in Cabo Delgado and Niassa provinces, 03 districts active Nampula City, Larde and Erati). 301 cases and 0 deaths (CFR=0.0%) were reported, as of 30 June 2024



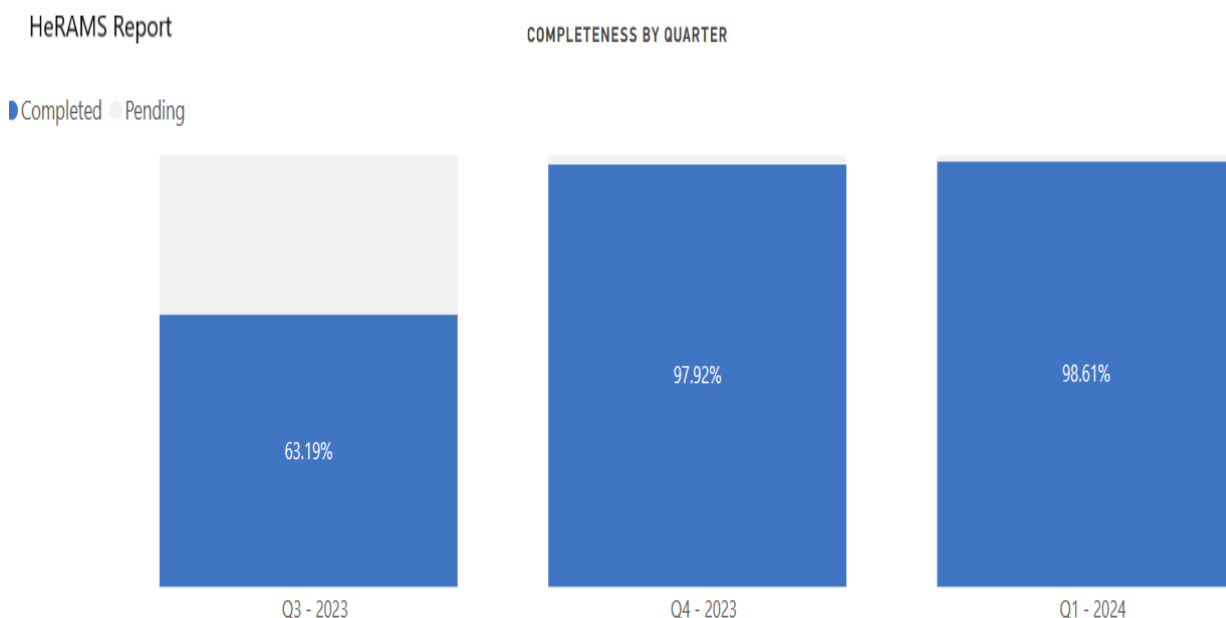
Health Facility Assessments: Health Resource and Health Service Availability Mapping (HeRAMS)

The SPS focal points continued with the activities of monitoring and updating the status of the facilities and services available. The assessment is being implemented in the three provinces of Cabo Delgado, Nampula and Zambezia. In Cabo Delgado a total of 145 health facilities were assessed out of this,101(71%) are not

damaged, 16 (11%) remains fully damaged while 28 (19%) are partially Damaged. 12 out of the 129 (9%) health facilities eligible for assessment are totally non-functional while 17 (13%) are partially functional, 100 (78%) are fully functional. The major causes of non-functionality remain the volatile security situation damage to health facilities, lack of equipment and staff. This report is based on 99% of health facility data updated in quarter 1 2024

HeRAMS REPORT COMPLETENESS BY QUARTER 2023/2024

Figure 2. HeRAMS Report Completeness Cabo Delgado Province



The number of health institutions whose data was updated on the HeRAMS platform by district teams (with coordinated support from provincial teams) increased between QTR3 2023 and Quarter 1 2024.

HEALTH FACILITY STATUS -CABO DELGADO

Figure 3. Health Facility Functionality and Causes of Dysfunctionality in Cabo Delgado –April 2024

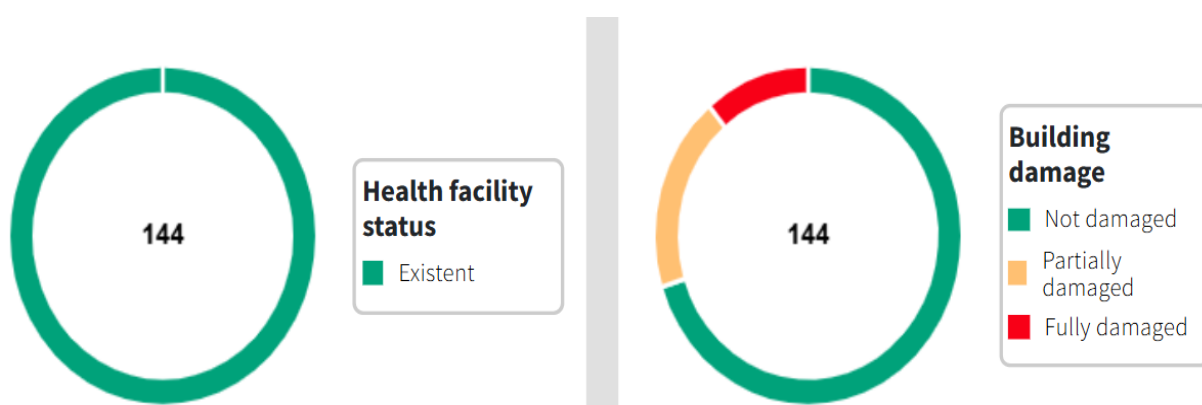
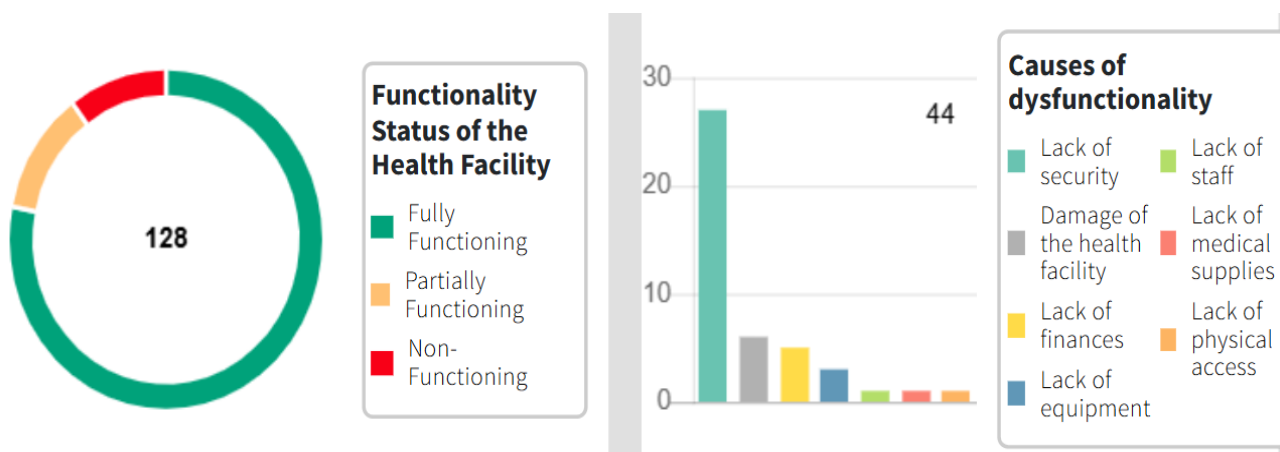


Table 2. Health Service Functionality –Quarter 1 2024-Cabo Delgado

Districts	Fully Functional	Not Functional	Partially Functional	Total	% Fully Functional	% Not Functional	% Partially Functional	% Overall Functionality
Ancuabe	9	0	0	9	100%	0%	0%	100%
Balama	8	0	0	8	100%	0%	0%	68%
Chiure	5	1	5	11	45%	9%	45%	50%
Ibo	1	1	1	3	33%	33%	33%	29%
Macomia	2	5	0	7	29%	71%	0%	29%
Mecufi	4	0	0	4	100%	0%	0%	75%
Meluco	1	0	1	2	50%	0%	50%	100%
Metuge	5	0	0	5	100%	0%	0%	58%
Mocimboa Da Praia	2	1	3	6	33%	17%	50%	100%
Montepuez	16	0	0	16	100%	0%	0%	100%
Mueda	11	0	0	11	100%	0%	0%	63%
Muidumbe	1	0	3	4	25%	0%	75%	94%
Namuno	8	0	1	9	89%	0%	11%	94%
Nangade	2	2	0	4	50%	50%	0%	100%
Palma	7	0	0	7	100%	0%	0%	13%
Pemba	18	0	0	18	100%	0%	0%	100%
Quissanga	0	3	1	4	0%	75%	25%	13%
Total	100	13	15	128	78%	10%	12%	70%

As of the conclusion of the first quarter (January-March 2024), 78% of health facilities in the province were operational, 10% were partially operational, and 12% were non-functional. The average health facility's functionality is 70%. The majority of non-functional health facilities are those affected by the ongoing conflict. The districts with the highest non-functionality remain Quissanga (75%), Macomia (71%), Ibo (33%), and Mocimboa da Praia (17%). The assessment of functionality excludes facilities that were completely damaged.

Figure 4. Status of Health facilities functionality Cabo Delgado

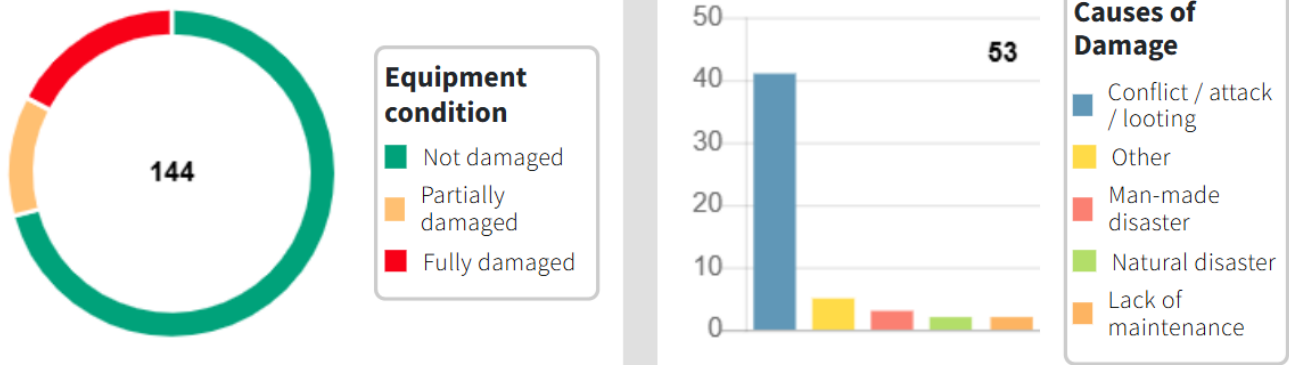


Source: HeRAMS Mozambique

The main causes of non-functionality of health facilities were lack of security, damage to the health facility, and a lack of funds.

HEALTH FACILITY EQUIPMENT STATUS

Figure 5. Health Facility Equipment Status and Causes of Damage

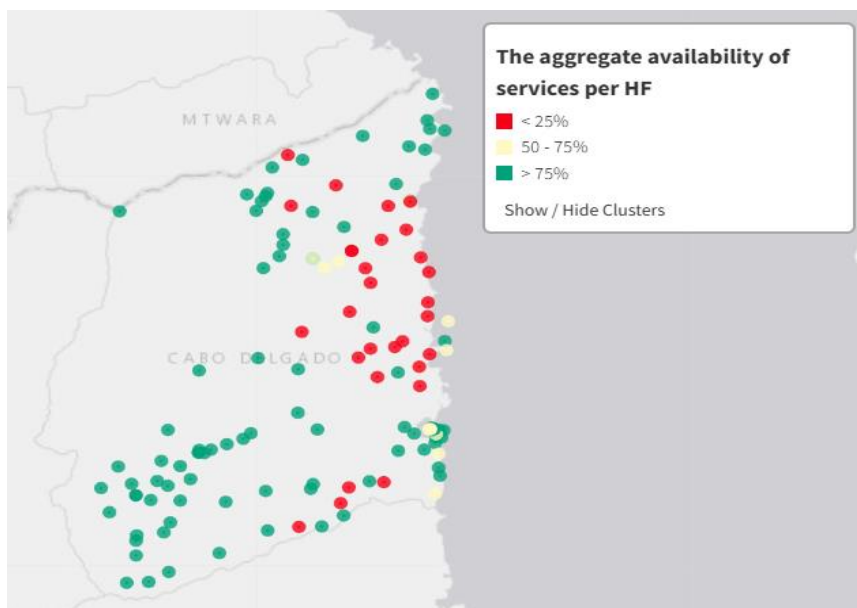


Source: HeRAMS Mozambique

As of end of quarter 1, 71% (102) of health facilities equipment remain undamaged, while 17% (12) are partially damaged while 17% (25) are fully damaged

HEALTH SERVICE AVAILABILITY (AGGRAGRATE OF ALL SERVICES)

Figure 6. Map of Health Service Availability (Aggregate) -QTR 1 2024



The areas with suboptimal availability of health services (<25%) are in the north eastern part of the province where health facilities remain non-functional with health service providers still constrained with security concerns to dully deliver the requisite health services. The districts South of Cabo Delgado Cabo have larger rates of health facilities with higher aggregate on the availability of health services as compared to the those in north

HIGHLIGHTS OF PARTNERS ACTIVITIES JULY 2024

Health Partner

Summary of Key Activities

1 JOHANNITER INTERNATIONAL ASSISTANCE



Johanniter: Delivery of hygiene and office supplies from Mirate



Johanniter: Members of Health committee in Metuge after 5 days training



Johanniter: Theatre session in Metuge District

In Montepuez and Metuge

- Five health facilities in Metuge and Montepuez received assorted medical and non-medical supplies (Plastic Rake, Observation Gloves, Disposable apron, Caps, N95 masks, Blue shoe protector, A4 reams, Pens, Liquid soap, Liquid Dettol, Detergent powder, Screen of 3 dividers, Handy Andy and Medical gowns for mobile brigades). Health facilities that benefited were: Metuge Health Centre, Ntessa Health Centre, Montepuez Rural Hospital, Lindi Health Centre and Mirate in Montepuez district.
- Distributed job aids: Lanterns, blue and black pens, reflector jackets, backpacks, diaries and goggles to 17/28 Community Health Workers (11M, 6F) in Montepuez and Metuge districts.
- Supported mobile brigade activities in 15 communities in Metuge and Montepuez reached 13690 (6171M, 7521F) with integrated services.
- Carried out 15,164 of the 15,280 outpatient consultations and provided 809 of the 3228 hours of technical assistance to the mobile health team
- Health education sessions reached 33,557, the predominant theme this month was nutrition (exclusive breastfeeding and feeding a pregnant woman).
- Conducted 13 theatre performances in Metuge and Montepuez in the month of July, leading to a sum of 305 theatre performances. Key messages about acute malnutrition prevention and early detection measures were disseminated. Reached 4427 people (1948M, 2479F).
- Together with partner, Wiwanana, formed, trained and equipped 10 health committees in Metuge

2. M2M



M2M: Lecture session held at the CCS of CS 25 de Junho, Metuge district.

M2M

- During the period under review, the 2 Resettlement Centres enrolled 2 new HIV+ MG, out of a total of 93 MG tested in the CPN, with a positivity rate of 2.2%. The number of HIV-negative women was 555, including pregnant and breastfeeding women, with the highest number in the Marrupa centre. A total of 322 people took part in the talks held at these two health centres. As for the support groups, a total of 151 people took part during this period.

3 UNICEF



UNICEF:

- UNICEF, in partnership with a non-governmental organization in Cabo Delgado province, has been implementing Integrated Mobile Brigades (IMBs) to deliver health services to remote and access-constrained communities. In July, 68 IMB deployments covered 55 communities in the districts of Ancuabe, Chiúre, Mocimboa da Praia, Ibo, Metuge, and Mecufi, providing health services to 6,428 children under five, 2,664 women, and 13,097 caregivers.
- for HIV screening among internally displaced persons (IDPs) in Erati district, Nampula province.

4 **IOM**



IOM: Data validation in Montepuez, Nanhopo for SRHR data.



IOM: CHW raising awareness on Hygiene in Tratará, Metuge.

NAMPULA PROVINCE:

- The IOM team supported Temporary health clinics in Metuge (25 de Junho and Naminaue), and IOM mobile clinics operating in Mueda and Macomia, reaching host communities and resettlement sites providing a total of 12,166 health consultations.
- Continuous identification of HIV and TB patients and active case finding was done through collaboration with DPS, SDMAS and the HFs, with 469 new HIV/TB cases identified in June 2024, in those cases 32 are new cases tested positive and 32 started the treatment, 437 are new cases of abandonment identified and 257 restarted the treatment.
- IOM's network of community activists conducted Awareness raising on COVID-19, HIV prevention, and sexual and reproductive health right through IEC materials on these issues, with brochures, posters reaching 11,592 people in 7 districts (Chiure, Mueda, Macomia, Ibo, Pemba, Montepuez and Metuge) of Cabo Delgado.
- 637 (Female 355 and Male 281) young vulnerable people, migrants and sex workers reached in Montepuez with comprehensive correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception through sexual and reproductive health programming.

DISEASE SURVEILLANCE AND OUTBREAKS RESPONSE

- ❖ **Measeles Outbreak:** During the month of July, a total of new cases were reported during the period all in Nampula province and tree districts are active (Nampula City, Erati and Larde).

Table 3. Measeles cumulative cases and deaths as of July 2024 Per Province

Source: SPS/ Surveillance weekly updates- July 2024

Public health risks, challenges, gaps and key priorities: The uncertain security situation has led to conflict and population movement, which in turn has created considerable challenges in accessing and providing needed health care. Additionally, there has been a continuous change in the way insurgents are fighting in Cabo Delgado, further exacerbating these concerns. The aforementioned factors, such as population displacement, destruction and looting of health facilities, physical trauma, poor hygiene and living conditions, new and pre-existing conditions and diseases, mental health burden, sexual and gender-based violence, and other unmet health needs, contribute to an increased demand for health services. Climate-related hazards like cyclones and tropical storms pose a heightened risk of waterborne diseases. For instance, the country experienced the impact of tropical cyclone Freddy on two occasions, resulting in significant harm to thousands of people. Frequent alerts are typically issued for other cyclones and tropical storms. The occurrence of flooding and storms is expected to heighten the probability of a cholera epidemic. This would result in the expansion of the outbreak to different locations, prolong the emergency response efforts, and disrupt the provision of water and sanitation services. Population displacement, coupled with drought in certain regions, exacerbates the vulnerability of individuals by impeding their ability to sustain their livelihoods through farming, leading to food insecurity and malnutrition.

Challenges and Gaps: Insecurity and continued shift in insurgent attacks are occasionally reported in the districts creating new challenges and forcing health partners at times to temporarily halt operations thus affecting the provision of basic health services; Access is still a major challenge to the returnee population in the northern districts where health facilities are yet to be fully equipped to provide the essential health services e.g. Meluco (*The health centre does not have an incinerator for managing hospital waste while the pit in use is full*). Cholera outbreak response draining time and other resources, increasing humanitarian demands; Partners' difficulty in sharing information on time. Meeting the additional humanitarian needs for returnees in the Northern district is slow due to the long administrative arrangements health partners must make before responding.

Recommendations and Priority Actions: In addition to refocusing on targeted areas/populations (e.g., areas hosting IDP returnees), the health partners must ensure that their activities are reported in a prompt and correct manner using the information management tools of the health cluster (4Ws/5Ws matrices). Sustain the involvement of health partners by coordination meetings at the district and health cluster levels to tackle the obstacles posed by the ever-changing nature of health response (to include joint planning, mobile brigade scheduling, and identification of response gaps). Support and continued capacity building for the prevention and response to cholera and conjunctivitis.



Financial Tracking Services (FTS)

Table 3. Funding status of humanitarian Response Plan 2024- Health Cluster

	\$
Financial requirements	21.1 M
Funded	3.6 M
% Funded	17.1%

Funding progress by cluster/sector



Cluster/Sector	Required (US\$m)	Funded (US\$m)	Coverage (%)
Camp Coordination and Camp Management (CCCM)	9.6	1.8	18.9%
Coordination and Common Services	9.5	1.5	15.5%
Education	21.3	1.7	7.9%
Food Security and Livelihood	172.6	22.3	12.9%
Health	21.1	3.6	17.1%
Logistics	15.5	3.5	22.6%
Nutrition	15.6	0.3	1.7%
Protection	51.2	5.6	10.9%
Refugee Response	16.0	4.1	25.8%
Shelter/NFIs	41.0	4.5	11.1%
Water, Sanitation and Hygiene (WASH)	40.0	3.1	7.8%
Multiple clusters/sectors (shared)	n/a	0.3	n/a

Source: https://fts.unocha.org/plans/1183/projects?order=project_property_3&sort=asc



Health Cluster Partners

Participating Partners: ACF, Aga Khan, AMODEFFA, AVSI, Cap Anamur, CUAMM, DPS, FDC, DPS, F. Ariel, Helvetas, Humanity Inclusion, Johanniter, Mentor Initiative, Pathfinder,, IOM, MSF-B, SCI, SPS, UNICEF, UNFPA, WHO,M2M, MSF-B, SolidarMed, Helpo, MSF-E, ICRC ,Medicus Mundi, Medicosdelmundo, Mentor Initiative, Wiwanana .

Type of Agency				
INGO	NNGO	Others	UN	Grand Total
17	10	2	5	34

This bulletin is produced monthly by the health cluster. We acknowledge the support of all government agencies and health partners for their role in providing life-saving primary health services in the affected locations. Equally, we appreciate all the contributions of reports and information from field experiences while delivering the humanitarian response

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Health Cluster Links

- 1) [Mozambique: Health | ReliefWeb Response](#)
- 2) Other important links: <https://www.unocha.org/mozambique>
- 3) HeRAMS: <https://herams.org/session/create>