



MOZAMBIQUE

Multi-layers of a nutritional emergency response

GLOBAL NUTRITION CLUSTER ANNUAL MEETING 2019



Photos : Javier Rodriguez



2

CYCLONE KENNETH

25 Apr 2019

COMOROS

Malawi

Mozambique

2 Cyclones hit Mozambique in just 6 weeks

MOZAMBIQUE

1

CYCLONE IDAI

14 Mar 2019

Maputo



Zimbabwe

118 km/hr



AFRICA

Cyclone Idai: The girl who was born in a mango tree, above the floods

Simon Allison 03 Apr 2019 10:51

Mail & Guardian
AFRICA'S BEST READ

Jun 06, 2019

Category 4 hitting highly populated areas



Timeline of Nutrition humanitarian situations in Mozambique

2016
El niño drought
Lean season 2015/2016
HRP: May 2016

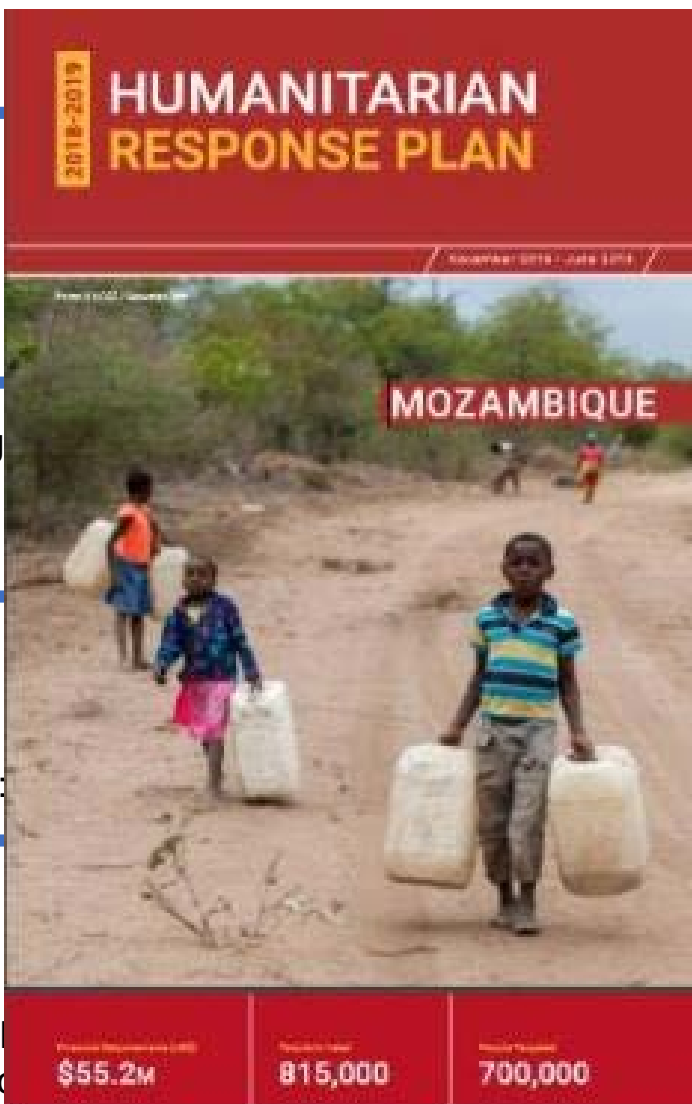
2017
HRP: 45 districts nationwide

2018
Lean season 2017/2018
18 districts

2019
6 months
Lean season 2018/2019
5 districts
Violence in Cabo Delgado

Weak el niño Drought conditions
13 districts
HRP for drought response

Tropical
Idai Cycl
16 districts



h acute malnutrition treated

Violence in Cabo Delgado Oct 2017

an season 2017/2018
districts

an season 2018/2019
districts

system



What happened after Cyclone Idai hit?

Residents of Buzi District, in Sofala province, Mozambique, wait on rooftops for rescue teams after Cyclone Idai, March 19, 2019. © 2019 INGC



A man looks on atop his house after Cyclone Idai in Buzi district outside Beira, Mozambique, March 22. REUTERS/Siphiwe Sibeko

What happened after Cyclone Idai hit?

- ◆ Destruction of Infrastructure
- ◆ Mass Displacement
- ◆ Widespread Floods
- ◆ Access Constraints for the population and Service Providers
- ◆ Disease Outbreaks
- ◆ Supply Chain Disruptions, including for PLWA
- ◆ Micro-Nutrient Deficiencies



A general view of the damage after a cyclone swept through Beira, Mozambique in this aerial drone video taken March 18. IFRC/Red Cross Climate Centre via REUTERS



©UNICEF/UN0291170/de Wet AFP-Services
A family stands in front of a temporary shelter that they built in Beira, Mozambique, after their house was destroyed during Cyclone Idai.



Outbreaks



High food
insecurity



Response is
underfunded in
every sector



Poor
WASH



Poor
hygiene &
sanitation

Nut
Mo
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A
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sr
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practices

Structures that were in place before Idai



PRN (IMAM) program integrated in Health services (30% coverage, **government sole provider**)



Strong Surveillance system, IPC, FEWSNET



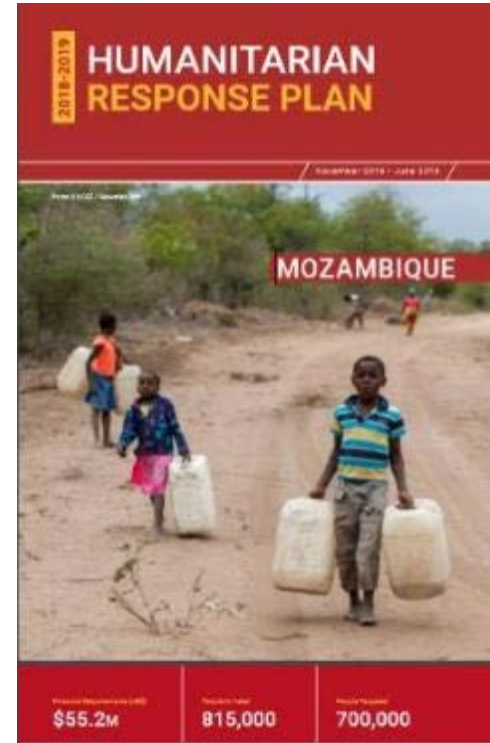
Contingency plan and stocks to treat nearly 5,000 SAM and 15,000 MAM children



Active HRP for Drought response for over 15 Districts



Coordination mechanism led by the Ministry of Health is the lead






Design of the nutrition response



MOZAMBIQUE NUTRITION CLUSTER RESPONSE STRATEGY FOR CYCLONE IDAI RESPONSE, MARCH-JUNE 2019

Cluster Leads: MISAU and United Nations Children's Fund (UNICEF)
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| | | |
|--|--|--|
|  PEOPLE IN NEED 1.85 million |  PEOPLE TARGETED 428,000 |  REQUIREMENTS (US\$) 9.5 million |
|  # OF PARTNERS 14 | | MISAU, UNICEF, WFP, FAO, WHO, Save the Children, World Vision, CHAI, PNG, CEFA, FHI 360, DRD, USAID |

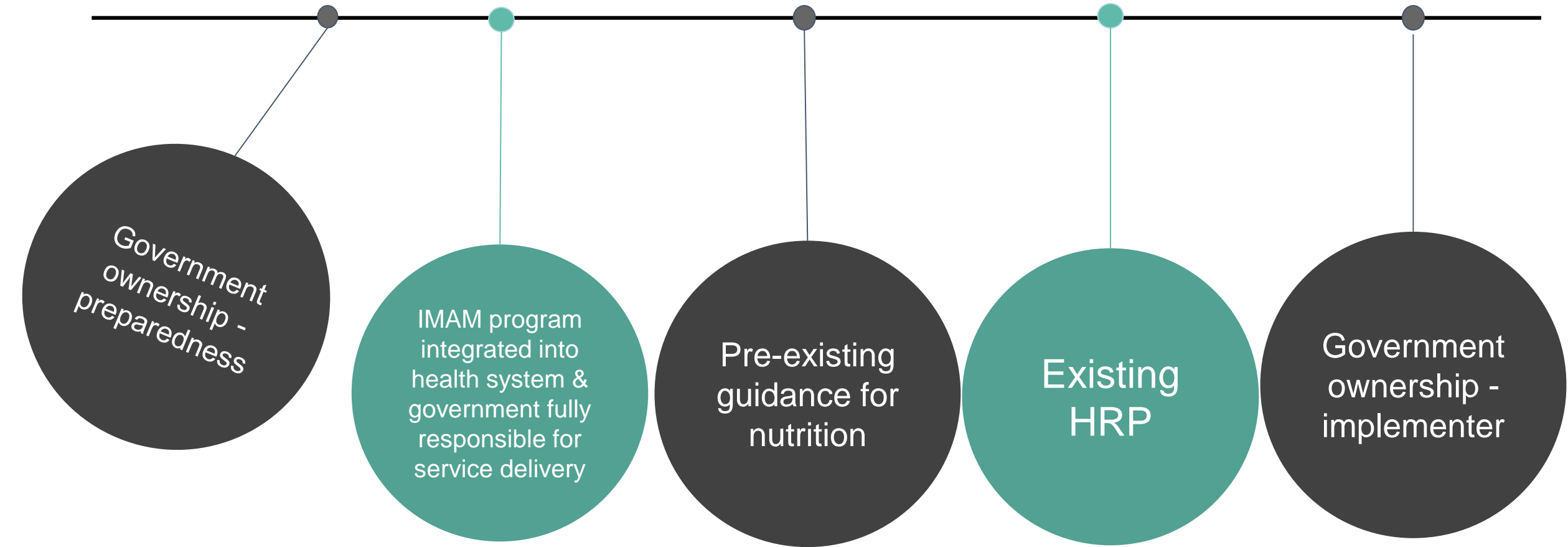
1. Humanitarian Needs Overview

The category 4 tropical cyclone (IDAI) hit the Dondo district on March 14, 2019, in Sofala province. The port city of Beira (500,000 people) was seriously damaged leaving the population isolated, without electricity, water, communication and road access. Before the storm, at least 117,000 people had already been affected by major floods, with 24,000 people displaced in 22 settlement centers in the provinces of Zambézia, Tete, Sofala and Niassa. To date, the Government has reported 602 deaths and approximately 65,000 displaced persons who are housed in more than 100 alternative shelters. At least 53 health units were severely affected (30 in Sofala, 19 in Manica and 4 in Zambézia). It is estimated that 1.8 million people in six (6) provinces and more than 30 districts are in immediate emergency assistance.

Cyclone Idai's wreckage came on top of an already serious food insecurity situation in Mozambique. From September to December 2018, an estimated 1.78 million people (IPC phase 3 and above) were severely food insecure in the country, according to the Integrated Food Security Phase Classification (IPC) analysis conducted by the Technical Secretariat for Food Security and Nutrition (SETSAN) in October 2018. Of these, an estimated 814,700 were severely food insecure people in five provinces – Cabo Delgado, Gaza, Inhambane, Sofala and Tete – across the country were prioritized as being in most urgent need of assistance, with the most affected provinces being Tete (more than 359,300 people) and Gaza (more than 318,200 people). A comparative analysis between November 2015 and March 2016 shows that the proportion of households with proper diet drastically decreased from November 2015 to March 2016. In Tete the percentage fell from 75% to 14% in Manica 91% to 22%, in Sofala 48% to 13% and in Gaza from 46% to 21%.

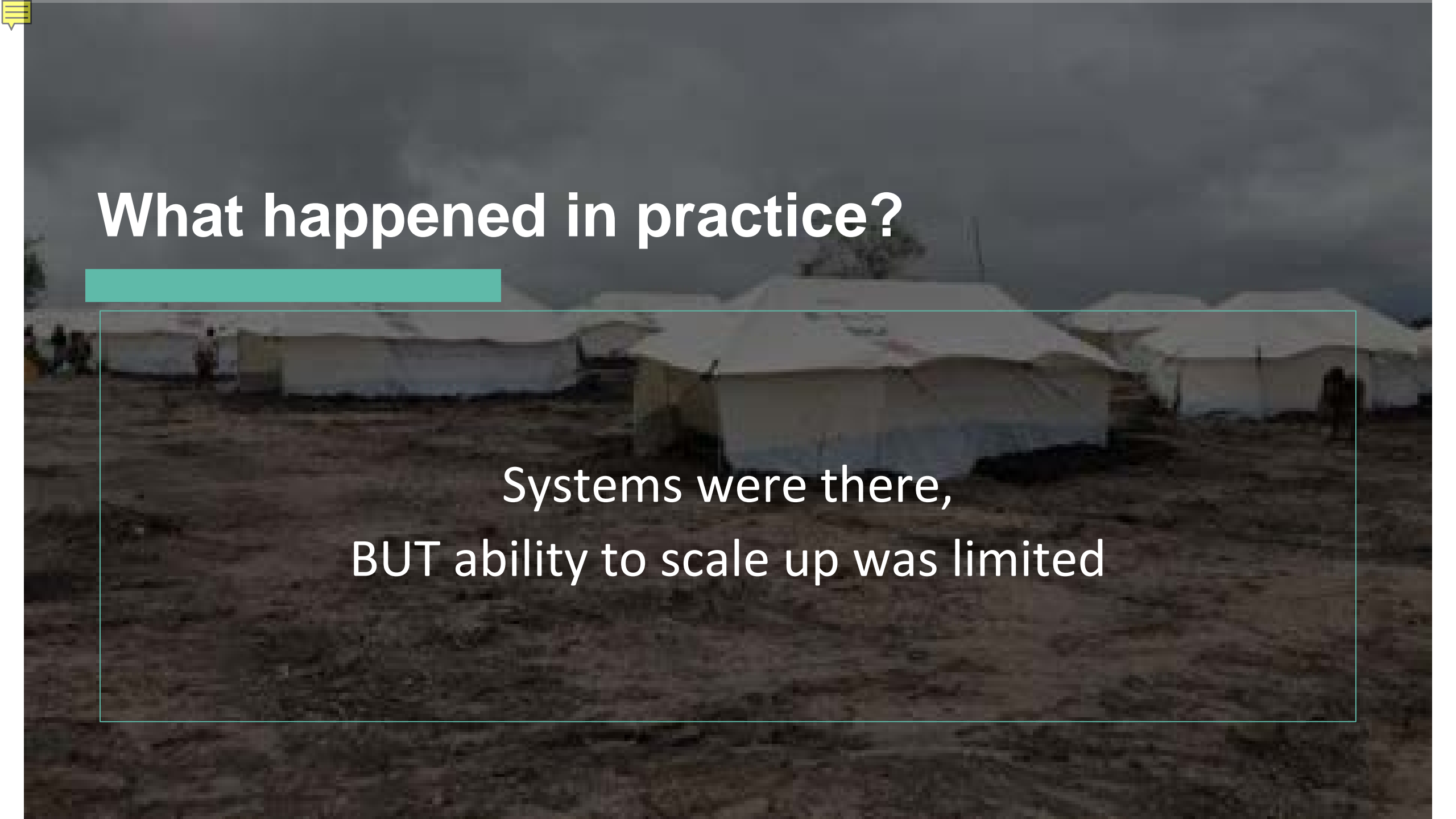


Challenges and enabling factors





What happened in practice?



Systems were there,
BUT ability to scale up was limited



and
IYCF-E?



DECLARAÇÃO CONJUNTA: ALIMENTAÇÃO INFANTIL NO CONTEXTO DE EMERGÊNCIA

Moçambique, 28 de Março de 2019

O Fundo das Nações Unidas para a Infância (UNICEF), a Organização Mundial da Saúde (OMS), o Programa Mundial de Alimentos (PMA), a Save the Children e a Visão Mundial convocam TODOS os intervenientes envolvidos na resposta ao Ciclone Tropical /DAI em Moçambique para fornecer apoio adequado e imediato para a alimentação e cuidados de bebês, crianças e seus cuidadores. Esta intervenção é fundamental no sentido de assegurar a sobrevivência, o crescimento e o desenvolvimento das crianças e prevenir aparecimento de várias doenças como a desnutrição e prevenir da morte. Esta declaração conjunta foi emitida para ajudar a garantir ação imediata, coordenada e multisetorial sobre a alimentação de bebês e crianças pequenas (AI) nesta emergência.

As principais áreas de ação são: apoiar a amamentação e prestar devida assistência aos bebês não amamentados; permitir a alimentação complementar adequada; prevenir e controlar doações e distribuição de substitutos do leite materno (SLM) e outros produtos inapropriados, assegurando assim a saúde das crianças; apoiar o bem-estar materno; e direcionar o apoio para bebês de alto risco, crianças e seus cuidadores.

Nesta emergência, as crianças desde o nascimento até aos dois anos são particularmente vulneráveis à desnutrição, doenças e consequentemente à morte. Globalmente, as práticas recomendadas de Alimentação Infantil (AI), protegem a saúde e o bem-estar das crianças e são especialmente relevantes em situações de emergência. As práticas recomendadas incluem o início atempado da amamentação (colocar o bebê ao peito dentro da primeira hora após o nascimento); aleitamento materno exclusivo nos primeiros seis meses (sem oferecer nenhum outro alimento líquido ou sólido, além do leite materno, nem mesmo água e medicamentos tradicionais); introdução adequada de alimentos seguros e nutricionalmente adequados (alimentos sólidos e semi-sólidos adequados) a partir dos seis meses de idade; e amamentação continuada até aos dois anos ou mais. Essa orientação também se aplica às mulheres vivendo com HIV que precisam de apoio para aderir ao tratamento anti-retroviral, pois elas continuam a amamentar seus bebês de acordo com as recomendações nacionais.

| Apelo a Atenção |
|---|
| 1. Os signatários conjuntos desta declaração exortam todos os intervenientes a identificar as necessidades das mães que amamentam o mais rápido possível e fornecer proteção e apoio adequados |
| 2. Intervenientes são chamados a ajudar a proteger as necessidades de bebês e crianças pequenas que não são amamentadas e a minimizar os riscos a que estão expostas |
| 3. Solicitamos uma ação coletiva imediata para garantir o acesso a quantidades suficientes de alimentos adequados, seguros e complementares, juntamente com as informações e os meios necessários para alimentar com segurança bebês e crianças pequenas |
| 4. De acordo com as diretrizes internacionalmente e o Código Nacional de Comercialização de Substitutos do Leite Materno Moçambique 2005, todas as partes interessadas são aconselhadas a NÃO pedir, apoiar, aceitar ou distribuir doações de SLM (incluindo fórmulas infantis), outros produtos lácteos, alimentos complementares e equipamentos de alimentação. (como biberons, chuchas e tetinas). |
| 5. Não incluir suprimentos comprados ou doados de substitutos do leite materno (como fórmulas infantis), produtos lácteos (como leite em pó), biberons e chuchas como parte de uma distribuição geral ou geral para a população afetada de emergência. |
| 6. Apelamos aos profissionais envolvidos na resposta a emergência, para garantir que mulheres grávidas e lactantes (MGL) tenham acesso a alimentos nutritivos, água tratada, abrigo, assistência médica e medicamentos anti-retrovirais para pessoas vivendo com HIV, proteção, apoio psicossocial e outras intervenções para atender às necessidades essenciais. |



JOINT STATEMENT: INFANT AND YOUNG CHILD FEEDING in EMERGENCIES

Mozambique, March 27, 2019

UNICEF, World Health Organization (WHO), World Food Programme (WFP), Save the Children and World Vision International call for ALL involved in the response to Tropical Cyclone Idai in Mozambique to provide appropriate, prompt support for the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to avoid malnutrition, illness and death. This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in this emergency.

Key areas for action are to actively support breastfeeding and responsibly provide assistance to non-breastfed infants; to enable appropriate complementary feeding; to prevent donations and uncontrolled distribution of breastmilk substitutes¹ (BMS) and other inappropriate products to reduce risks to infants; to support maternal wellbeing; and to target support to higher risk infants, children and their caregivers.

In this emergency, children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices**² include **early initiation of breastfeeding** (putting baby to the breast within one hour of birth); **exclusive breastfeeding** for the first six months (no food or liquid other than breastmilk, not even water); introduction of safe and nutritionally adequate **complementary foods** (suitable solid and semi-solid foods) from six months of age; and **continued breastfeeding** for two years and beyond. This guidance also applies for women living with HIV who need support to adhere to their antiretroviral treatment as they continue to breastfeed their infants according to national protocols.

| Calls for Attention: |
|--|
| 1. The joint signatories of this statement urge all responders to identify the needs of breastfeeding mothers as soon as possible and provide adequate protection and support |
| 2. Responders are called upon to help protect the needs of infant and young children who are not breastfed and to minimize the risks they are exposed to |
| 3. We call for prompt, collective action to ensure access to sufficient amounts of appropriate, safe, complementary foods ³ alongside the information and means required to safely feed older infants and young children |
| 4. In accordance with internationally accepted guidelines and the <i>National Breast Milk Substitutes Marketing Code Mozambique 2005</i> , all stakeholders are advised NOT to call for, support, accept or distribute donations of BMS (including infant formula), other milk products, complementary foods, and feeding equipment (such as bottles and teats). |
| 5. Do not include purchased or donated supplies of breastmilk substitutes (such as infant formula), milk products (such as powdered milk), bottles and teats as part of a general or blanket distribution to the emergency affected population |
| 6. We call upon responders to ensure pregnant and lactating women (PLW) have access to nutritious food, water, shelter, health care, and antiretroviral medicines for those living with HIV, protection, psychosocial support and other interventions to meet essential needs. |
| 7. We urge responders to identify the nature and location of higher risk infants, children and mothers and to respond to their needs. |

What is this year going to bring?

- Widespread food insecurity has been forecasted
- Malnutrition rates are escalating
- The response has moved to early recovery
- Funding Constraints

Overall Challenges

💡 Preparedness planning did not anticipate such a huge disaster

💡 Fluency in Portuguese essential for working with government. No pool of Portuguese speaking nutritionists.

💡 External support winding down just as the nutrition situation is likely to get worse due to the move to early recovery.

💡 Lack of global guiding documents in Portuguese.

💡 Lack of understanding about the importance of nutrition in the context of low GAM rates.

💡 Even though a deterioration is forecast (IPC), funding not being provided for preparedness.

💡 Service delivery done solely through Government is both an enabling factor and a challenge



Key Questions

How do we
package Infant
and Young Child
Feeding in
Emergencies
better so it moves
up on the priority
list

How do we ensure
that we do not
drop critical life
saving
interventions if
shift away from
emergency is
premature?

THANK YOU!