On the night between 14 and 15 March 2019, tropical Cyclone Idai struck the city of Beira, capital of Sofala Province in central Mozambique, with horrific consequences for the local population of about 600,000. Some 239,682 homes were destroyed or severely damaged, and approximately 142,327 displaced people were housed at disaster accommodation centers.

In the initial stages of the crisis four main forms of direct damage were identified:

1) Destruction and interruption of the water supply in addition to massive damage to sanitation facilities, with the lack of clean water putting the population at risk of contracting water-borne diseases including cholera;

2) Destruction of homes and loss of personal property and non-food items as well as further material damages, putting the population at risk of indefinite displacement and even greater personal insecurity, especially with regard to the most vulnerable population groups such as women and children;

3) Damages to health facilities including loss of supplies and other materials. According to local authorities, at least 24 health units were impacted in the Sofala, Manica, Zambezia and Inhambane Provinces, suspending health services for patients with acute, chronic and/or other conditions necessitating medium- to long-term care (e.g. tuberculosis and HIV);

4) Damage to agricultural production both in the short term, with crop losses and food shortages in local markets, and medium- to long-term, with damage to the agricultural substrate and potential damage for upcoming harvests.

An international humanitarian response was launched in the immediate aftermath of the cyclone, with materials and emergency teams being sent in from all over the world through the only entry point available, Beira Airport. As material and human resources continued to accumulate, it became critical to find the most efficient ways to reach and distribute the aid to cyclone-affected communities. In the initial phase of the crisis, people remained trapped in their (often damaged) homes or in accommodation camps and centers. Thus Doctors with Africa CUAMM’s activities focused on reactivating three community groups: Kuplumussana, Anandjira and Associação Geração Sau-davel (AGS).

Themselves impacted by the cyclone, these groups had previously worked with CUAMM to implement a program for the education, counseling, testing and support of HIV patients. Their in-depth familiarity with Beira and ability to reach people and identify the worst situations made them ideal partnering networks with which to respond to the local population’s needs as quickly and efficiently as possible.

We therefore decided to “reactivate” the three community groups by securing their offices and providing them with basic livelihood necessities and communication means. Within 48 hours, working together with local health authorities and the national humanitarian response unit, came the development of an intensive training course on WASH (water, sanitation and hygiene), nutrition, water purification and psychosocial support for minors and their families. Each activist was then given a kit containing posters, data-collection materials, disposable items and so forth, as well as a coordinator-supervised work plan.

This intervention made it possible to get 143 activists – 32 from Kuplumussana, 70 from Anandjira and 41 from AGS – to local communities in Beira in the immediate aftermath of the cyclone, individuals who then not only ensured the delivery of HIV services to affected individuals, but also went house to house and into camps and centers to identify those worst affected by the cyclone. They carried out prevention work, identifying cases of cholera, at-risk minors and families with immediate needs and providing basic humanitarian kits. A few days later, we used the same scheme in the rural districts of Dondo and Nhamatanda, training 94 activists and sending them to the field.

From the moment the cyclone hit on through June 2019, these activists were able to reach 45,874 families in the city of Beira,
BUILDING MORE RESILIENT COMMUNITIES

Improving infrastructure, roads and residences, but also investing in human resources to help communities prepare for increasingly harsh environmental disasters and learn how to face emergency situations. Creating synergies between the two is the only way to ensure effective responses to such crises. Some reflections on Cyclone Idai in Mozambique.

TEXT BY / ANDREA ATZORI / DOCTORS WITH AFRICA CUAMM

On 14 March 2019 Cyclone Idai pummeled Mozambique with torrential rains and maximum sustained winds of 195 km/h, causing floods and landslides and demolishing crops, roads and the lives and the lives of over a thousand people. The worst-affected city was Beira, where approximately 80% of public and private health facilities and homes were destroyed. Accustomed to heavy rains, the city’s residents initially took Idai for just another storm during cyclone season. Unfortunately this was not the case. Here are some of the reasons why:

- The rise in average temperatures led to a massive accumulation of condensed water vapor in storm clouds, bringing a year’s worth of lashing rain in a matter of days;
- The drought that had affected the region for several years left parched soil unable to absorb rainwater, which exacerbated the flooding and its consequences;
- The already rising sea level heightened the risk of flooding, hampering the discharge into the sea of the urban water network and bringing the water back to land to flood coastal and port areas.

Mozambique’s long coastline is highly susceptible to flooding, especially by the Indian Ocean. The dire impact of Cyclone Idai on Beira underscored the fragility of its infrastructure; studying it will make it possible to come up with actions to build a more resilient city. Roads will need to be built higher to avoid flooding, and homes reinforced to withstand the power of cyclones (their roofs in particular, 80% of which were blown off or destroyed by Idai). Schools and other public facilities will need to be built on raised surfaces so as to not be immediately deluged in the event of floods, thus making them suitable to double as disaster shelters. An alert system will need to be developed and civil protection units equipped to handle emergencies. Although such steps may be new to Mozambique, they have already been taken in countries like Bangladesh.

Key investments must also be made in human resources. While the cyclone brought massive damages, it also saw intense civic mobilization. Volunteer teams got busy saving lives and cleaning roads, most medical personnel got back to work straight away, and community activists played a critical role in providing relief and preventing potential epidemics. Thus investments in infrastructure must clearly go hand in hand with those in human resources (or better yet in the training of the latter, e.g. teachers, nurses, police officers, firefighters and so forth) to enable them to be ready for climate disasters and to know how to respond immediately and effectively. Raising climate disaster awareness among individuals will also strengthen the broader community’s resilience to them.

RESILIENT COMMUNITY NETWORKS

Our intervention in Beira shows how community networks in Africa, many of which already play roles in carrying out programs (nutrition, HIV activism, etc.) for local populations, can also prove a critical resource in crises, with the use of human and material resources already “on the ground” to build resilient communities able to withstand disaster-related damages.

The ability of the three community groups (Kuplumussana, Anandjira and AGS) to respond effectively to the crisis generated by Cyclone Idai underscores the utility of leveraging such networks to provide regular material stocks and, most importantly, make available training courses and programs (vocational and otherwise) without creating vertical structures that can be very costly to create and maintain.