

Mozambique Cyclone Idai (March 14-15, 2019): Challenges and successes with prioritizing malaria within humanitarian response

Landfall in central Mozambique

1.8 million people affected



29 official IDP camps established with over 100,000 people

93 health centers totally or partially destroyed

Interventions: LLINs



Above: LLINs for IDPs

Below: LLIN emergency distribution

Side: LLIN Helicopter distribution



- A Massive hurricane hit Beira city, in central Mozambique, and traveled through a populated corridor.
- Whole villages were under water and washed away, including houses, crops and personal goods. IDP camps were set up on high ground and helicopter rescue was the focus of the first days post cyclone
- The NMCP, with assistance from PMI, mobilized stores of LLIN kept for routine distribution to be trucked in from across the country.
- Priority distribution for IDP camps and areas cut off from road access.
- OVER 400,000 LLINs were distributed in one month

Interventions: IRS



Above:
temporary
soak pit area

Below:
equipment
checking

- IRS insecticides and spray materials were gathered from stores around the country and from South Africa with assistance from PMI and Goodbye Malaria.
- Storage for insecticides and other materials were secured though it was challenging.
- IRS training areas and teams were mobilized with AIRS/PMI and Goodbye malaria including temporary soak pits
- 30 days after landfall, IRS campaigns begun, focused on rebuilt structures in populated areas.
- OVER 150,000 STRUCTURES were sprayed within one month (over 500,000 people protected)

Districts	Houses			Population		
	Planned	Sprayed	% Cover	Planned	Proteted	% Pop
Beira	55,200	54,741	99%	276,000	216,397	78%
Buzi	15,600	14,199	91%	78,000	59,190	76%
Dondo	16,000	15,325	96%	84,000	62,242	74%
Nhamatanda	36,000	32,417	99%	180,000	154,477	86%
Total	122,800	112,447	95%	618,000	471,728	80%

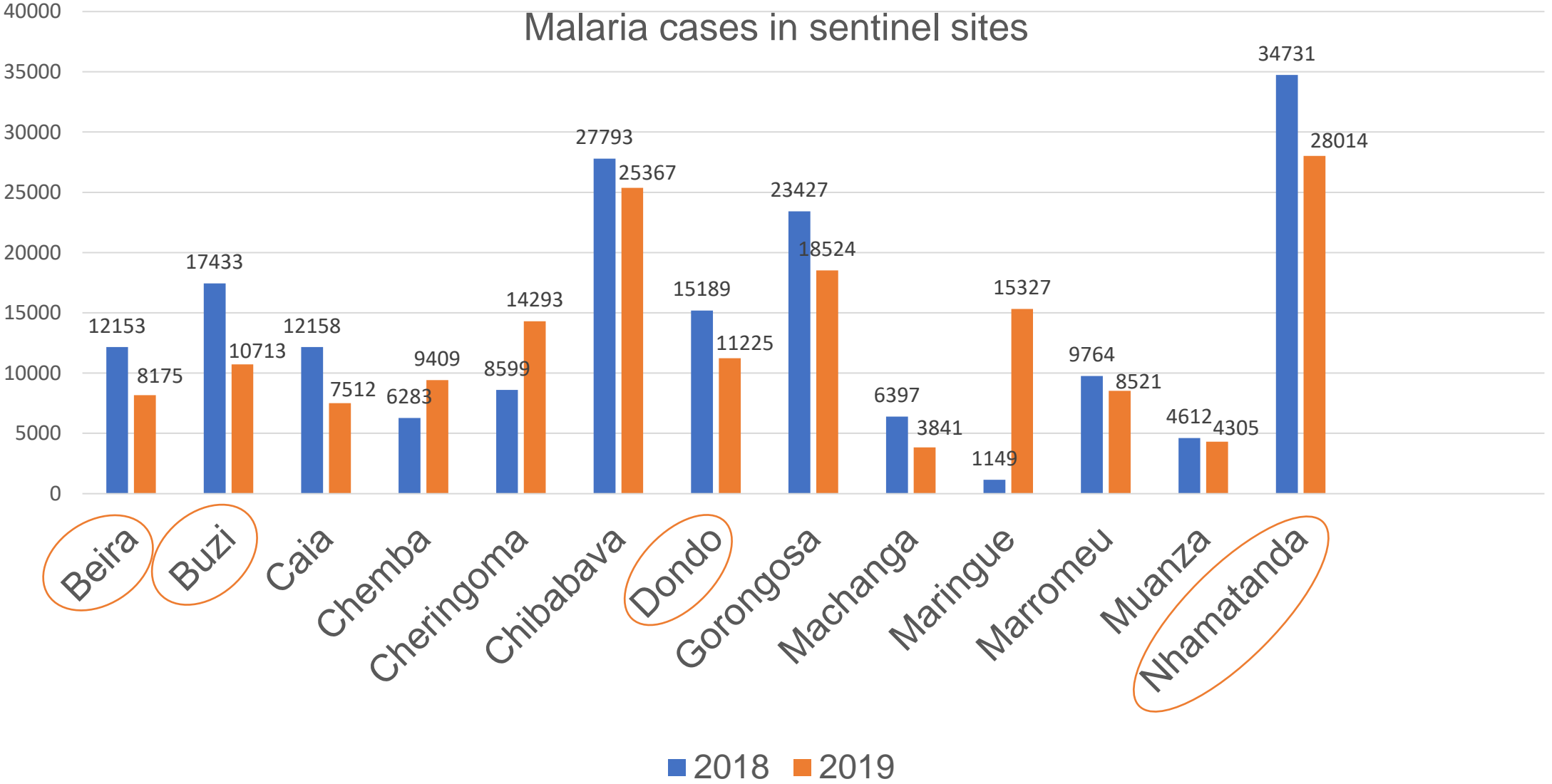


Challenges and Successes

- Delayed recognition of NMCPs lead in the response
 - Cluster system delay in recognizing the importance of vector control including particularities in warehousing and shipping
 - Initial resistance to coordination with other programs
 - Populations needed food distribution over bednets
 - Partners were available for larviciding efforts but it became clear that it was impossible given the extent of the flooding
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- Partners worked through the NMCP through the Malaria Taskforce
 - Funds to partners were pooled and in-line with NMCP strategies
 - 500,000 LLINs mobilized, IRS in 4 districts
 - Drone mapping of areas of rehabilitation for IRS planning
 - Coordination with the cholera vaccine campaign and food distribution



Malaria case – Sofala Province





Suggestions for Vector Control Response in the Health Cluster

- Develop a malaria response manual for natural disasters in endemic areas.
- Elevation of the importance of vector control response in emergencies where vector control protection is dramatically reduced. Access to satellite imagery and drone imagery.
- Clear guidance on calculation of space and weight for ITNs in helicopters and other emergency response transportation.
- Clear guidance and recognition of needs for storage and transportation requirements of ITN and IRS insecticides.
- Effort to secure adequate storage space prioritized in the logistic cluster.
- Sample forms and communications available, including post-drop distribution orders in places where communication is difficult.
- Clear guidance on prioritization of vector control (ie. ITNs and larvicide in IDP camp, IRS in urban areas and as rebuilding progresses) within the health cluster.



Thank you