When Disaster Strikes: PIH's Response to Cyclone Freddy

June 12, 2023

Partners In Health transcript for the virtual webinar *When Disaster Strikes: PIH's Response to Cyclone Freddy* with Dr. Joia Mukherjee, PIH chief medical officer; Dr. Luckson Dullie, executive director of Abwenzi Pa Za Umoyo (APZU), as PIH is known in Malawi; and Dr. Chiyembekezo (Chembe) Kachimanga, APZU chief medical officer. This transcript is off the record.

Leslie Friday:
[00:00:00]

Welcome to today. This is Partners In Health's webinar for the Leadership Giving Society and it's entitled *When Disaster Strikes: PIH's Response to Cyclone Freddy* in Malawi. I'm Leslie Friday, I'm the senior director of content on the marketing and communications team. It's great to have you all here, and I feel so lucky because I get to sit with some wonderful people who are experts in all of this and more. So we'll do an introduction in just a moment and then launch into our conversation.

But a bit of housekeeping before we do. You'll see we're in a Zoom meeting, so all the same rules apply, but if you do want to have closed caption, you can hover at the bottom. You'll see show captions, when you click that, there should be an option for CC live transcript and just hit the either show subtitle or view full transcript section. You should be able to enjoy that, that way. If you'd like to ask a question of our panelists, you can add that in the chat section down below. I'll be monitoring and our staff will be monitoring questions so that at the end of the presentation we can dive into those questions. We do have some pre-submitted questions too. And as I mentioned in the very beginning, this is being recorded so it will be sent out, the full recording, shortly after our webinar concludes today. So without further ado, I'm going to pass the mic here. First of all, an introduction. Dr. Joia Mukherjee is our Chief Medical Officer at Partners In Health. Welcome, Joia.

Dr. Joia Mukherjee:
[00:01:42]

Thank you, Leslie.

Leslie Friday:
[00:01:44]

We have Dr. Luckson Dullie, our executive director in Malawi. Partners In Health Malawi is known as Abwenzi Pa Za Umoyo, APZU. Welcome, Luckson.

Dr. Luckson Dullie:
[00:01:54]

Thank you so much, and it is great to join everybody here.

Leslie Friday:
[00:01:57]

Great to have you. And we have Dr. Chembe Kachimanga who's our Chief Medical Officer, also in Malawi, Abwenzi Pa Za Umoyo. Welcome, Chembe, it's great to have you here today.

Dr. Chiyembekezo Kachimanga:
[00:02:10]

Thank you very much.

Leslie Friday:
[00:02:12]

Great, let's start the conversation after a brief video. We do have a video that gives us, I think, a good snapshot of our Cyclone Freddy response. And this was recorded just a week or so after our response began in March and really tells a bit of the story of the devastation in the communities where we work and beyond, and our response to the needs present in the communities at that time. So, I will allow the team to start that now.

[Partners In Health Cyclone Freddy Response plays with captions. View here: https://www.youtube.com/watch?v=W_Bj8spvaQc]
[00:02:49]

Madock Masina:
[00:02:55]

We are at Somo camp in Chikwawa, and what we are seeing here, these are the sleeping sites. The waters came during the night while they were asleep so they could just hear the noise. And when they came out they found out that water is rushing towards their homes, and they had to rush, leaving everything behind, including the household properties that they had. They have lost their animals. Their crops have been washed away. They have lost everything.

Dr. Chiyembekezo Kachimanga:
[00:03:35]

So, Malawi is one of the countries in the world that is very vulnerable to climate-related disasters and is one of the countries that has been impacted by Cyclone Freddy. For the people that are living in camps, they have lost properties, equipment, household items, and they do not have a lot while living at the camps.

Madock Masina:
[00:04:17]

So, this is Somo Village. As you can see, it's like the whole village, there is no house surviving. These are the shelters which some of the people that are at the camp have come back and reconstructed because they're afraid of the cholera outbreak. Since the population is just too high, the camp can't accommodate all of them. So some of them have come back here, and they raised up these temporary shelters.

Dr. Chiyembekezo Kachimanga:
[00:04:50]

APZU wanted to help the ministry in responding to this disaster in Neno as well as other districts. We supported nationally by participating at the Emergency Operations Center to do assessments in different districts as well as help formulate the national response to this cyclone. And we are also supporting the district to conduct mobile outreach clinics to camps. We are providing medication and supplies to be used at the camps and at the health facilities. APZU has also decided to provide immediate social support in terms of food packages comprised of maize flour, beans, cooking oil, and other food items to the people that are living in the camps.

Over the past four years, we have had three major cyclone-related disasters. In 2019, we had Cyclone Idai. In 2021, we had Cyclone Anna. Now we have Cyclone Freddy. Therefore, as a country, we need strategies to be able to prepare for emergencies like this. We need to continue, and we will continue, as APZU, to support the national ministry, to support the provision of care at the facilities. And for the communities, we need to continue advocating [for] them to ensure that they introduce strategies that can make the community be resilient and be able to respond to this. We are really planning to be there and support them during this time.

[Video ends]
[00:07:12]

Leslie Friday:
[00:07:14]

Thank you so much for that, and I think that sets a nice stage for us and gives maybe to some people here a first look at what it looks like in Malawi, right, especially in a post-cyclone state. So, Joia, I'd love to hand you the mic first to set the stage for us, and then we'll go along to Dr. Luckson and Dr. Chembe. Go ahead, Joia.

Dr. Joia Mukherjee:
[00:07:39]

Thanks, Leslie, and you know what a beautiful video. So, thanks also to the communications team in Malawi and in Boston. Trying to convey those stories is so important because it's heart, heartbreaking, but at the same time it's hopeful. And I think that's one of the amazing things about APZU. Malawi is the poorest country that Partners In Health works in and yet it is the place where we see the strongest sort of solidarity-based team. People are ready to really spring into action. I shouldn't say strongest, so many of our teams are based in solidarity. But I think the work in Neno is important in that Malawi is at the forefront of climate change. People are living in great precarity. Most are farmers who own a hectare or less of land if they own land at all, and even a bad flood can destroy people's crops and therefore futures for a year or more.

And so, this history now of hurricanes and cyclones, their cyclones coming from that direction, really has a profound impact on the population. And Chembe says it beautifully, people have lost property, they've lost livestock, everything and seeds. That's the other thing that people's planting and their seeds get washed away. And so, I think one of the things we've thought about for many years now at Partners In Health is the notion of health system strengthening. What is that? It's really building up the staff, the supply chain, the staff, stuff, space, systems and social support, all of those things to assure that people can get care. One of those things, just medicines [are] not enough, just staff [is] not enough. And what we see is we built these systems really on the backs of the AIDS movement, on trying to get people on antiretroviral therapy. We've used them for non-communicable disease, these systems, we've used it for even things like care for disabled children.

But now what we're seeing is that same system strengthening approach is critical to respond to the climate catastrophe because it's unpredictable, because it can be massive in its scale and it's very localized. And so to have a team that can swing into action, that has people who are trained in day-to-day medical care, but also have experience now in emergency response, having a flexible and nimble supply chain and really being able to quickly pivot to this emergency, all the while continuing the day-to-day work of the hospital and the health system in Neno.

And so, I'm just so proud to be part, a small part, of the APZU team, and I really think that this is one of the best examples I've seen in the world of how the Partners In Health approach of staff stuff, space, systems and social support really helps us respond to climatic threats. And so, I would just love to hear more from my colleagues who have led the response and have been on the ground now for multiple cyclones and several terrible floods and really have gotten this down to the science of sort of climate resiliency or climate response, let's say, and also the art of really solidarity and caring for others. So, I think I'm going to go to my friend, Dr. Chiyembekezo Kachimanga, our Chief Medical Officer at Partners In Health, and back to you Leslie as well.

Leslie Friday:
[00:12:02]

Thank you, Joia, and I'm going to switch a little bit. So, Luckson, we'll go to you.

Dr. Joia Mukherjee:
[00:12:07]

Oh sorry, I'm bad.

Leslie Friday:
[00:12:10]

We'll all get to speak and so I

Dr. Joia Mukherjee:
[00:12:12]

I just wanted to say Chembe's name, sorry.

Leslie Friday:
[00:12:15]

Yeah, you did. I love it. All right, Luckson, your turn. I know you were going to talk a bit more about Malawi in general, our work there, but also diving a bit deeper right into Cyclone Freddy.

Dr. Luckson Dullie:
[00:12:31]

Thank you so much, Leslie, and thank you, Joia, for setting the scene from where we're coming from. And yes, I'd like to just give a little bit of context to our work in Malawi because I think that as we are talking about our work, our response in the Cyclone Freddy disaster, it exemplifies in reality that true concept of accompaniment, a special accompaniment of our patients. So, we started our work in Malawi in 2007 back then in a district called Neno. So, Malawi currently has a population of around 20 million, and we're divided into 29 districts. So, Neno, where we're working, is in the southern part of the country, southwest border in Mozambique, and we have a district, and our catchment population is currently around 160,000.

When we started our working, it was, as we know Partners In Health, we go to the most rural, most vulnerable populations. And so, Neno was one of those districts that did not have a district hospital at that time. And because it was part of another district, they divided one district into two and essentially took out the most rural part of the regional district to create Neno as a district on its own. So, it did not have any health infrastructure, health system, which was really the perfect setting for the kind of places that we're working.

And then if we go back in 2007 too, we're also looking at the very peak of an HIV pandemic. And at that time the country had just started rolling out HIV treatment and care and decentralizing it. And the districts that had been set and established a little bit more ahead had clinics that were running out of the district hospital, but also other clinics. But for Neno, which was, as I said, a pretty new district without the needed systems, there was virtually no care at all. And so, it's not surprising that when we first came, our focus was HIV and related infections such as TB. It was very important, and we quickly started off from a handful of patients to currently our numbers are close to 15,000 people that are on care and doing very well. And we see those numbers even in the national statistics. Over time we have evolved as we have needed to.

[Dr. Luckson Dullie freezes at 00:15:31 until 00:15:34].

So, HIV was an entry point, and TB care, but now as we established our program, we've gone on to include maternal [and] neonatal childcare as well, and lately more and more NCDs, including mental health. We have integrated mental health and NCD care and as well as HIV, and it's a program that also has helped us to demonstrate what is possible, out of where we started off in Neno, to incorporating the lessons that we have learned from Neno into the national program. So, we support the Ministry of Health, directly in the end, for non-communicable disease care, which has taken us out of the district, out of Neno where we first started. So, if we look at our non-communicable disease care platform, we're essentially in all the districts in the country supporting district hospitals to set up platforms of care. And we also have another part of the extensions of the non-communicable platform looking at more advanced diseases in the non-communicable disease cohorts, which where's taken us to now currently five districts.

And then we know that we will go to more, which allows us to be able to treat more advanced patients. And that would not only be referred to central hospitals, but now we're able to treat them at a district hospital, and using this district as learning platforms for the districts around them. So, this work will also continue. But coming back to what we have seen over the past few years around climate change related disasters, we have seen more and more frequent and tropical storms. And just to give a little bit of a background as we saw in the video, this is a third severe tropical storm in the last four or so years. In 2019 and '21 and '23, we've had these severe storms. And in fact, in 2022, it was not only one, it was multiple heavy rain episodes in one season. And as we look back, if we look at the period from like 1950 to the year 2000, throughout that whole span in the Southern African region that there had only been four severe tropical storms.

And to have three in a span of four years just speaks to the frequency and the severity that we are beginning to experience. And this is particularly important especially because we are, as they expressed earlier, we're looking at populations that are really, they're very vulnerable to beginning, they have very little reserves. And so as we saw in the scale of devastation in Cyclone Freddy that affected the entire southern region of the country, 14 districts, over 2 million people that are affected, over 500,000 were completely displaced and this meant that they had lost and their houses, their household items and practically everything that they had owned, their lifelong investments in terms of their housing and whatever property that they

held. But these were people that were scattered and displaced. We ended up with over 500 camps for displaced people across the southern region.

And it was even in the sheer severity of it, and just yesterday, I traveled for today on southeastern part of the country where we have the Mulanje Mountain. So, these storms are coming in from the Mozambican channel across from the Indian Ocean, so as they land in Malawi, they're hitting us from the southeastern region. So, I traveled there, and you can see the devastation even to date that you see the ropes that were strewn down but coming scattered down from the hills and the remains of villages that have been destroyed. And these storms coming at this level of frequency leaves no space at all for people to recover, because, in every cyclone, people will lose everything, and we do not have the capacity, even as we support them, to be able to provide to any measure at all what people would've lost. So, essentially people will leave the camps with nothing and go back to nothing. And then in a matter of months they're hit again, and we go back over and over again.

What we're looking at is deepening vulnerability and just this level of exposure to worsening poverty and the risk of disease and all its consequences. And I say that this represents to a degree our philosophy in accompanying patients because particularly seen in Cyclone Freddy, although all the districts in the southern region were affected, but Neno, where we're actually based for the large part of our implementation platform, was relatively spared. So, we're talking about just a few hundred households that were affected and most of them were able to be managed within the communities, so we didn't have the same level of damage that we had seen in the years past. So, it was actually the districts outside of where we're working in that were affected now. But because we are looking at the people that have been affected, we felt compelled that we join in and to mention that we had to support the national response platform in planning and doing the assessments and just the coordination of the response.

And then we had the actual response that I know Chembe is going to go further into details. But I think that it has also sparked a conversation that we need to be considering because we are committed to patients, we're committed to vulnerable people, and so we are not necessarily just committed to the people of Neno. In this setting, we are committed to people in need and we're looking at wherever that has happened and the feeling that need that we join part of the response. So, I'll hand over to Chembe who will go a little bit more detail into the actual response and how we responded. Thank you, Leslie.

Dr. Chiyembekezo Kachimanga:
[00:23:38]

All right, thank you very much, Luckson, and thank you very much, Joia. I think, throughout their presentation, they have touched on some key concepts that I would describe how we operationalize them. I think they had discussed about accompaniment. We talk about how we accompanied the patient, but also how we accompanied the local ministries of health in three districts as well as the national ministry. And then we would also touch base around how we

provided the comprehensive care to victims of the Cyclone Freddy. I'll talk about activities in three districts. I'll talk about activities in Neno, whereas Luckson mentioned, we do a lot of the implementation work. But seeing the needs in the other districts, we had to respond by going to two extra districts, Chikwawa and Nsanje. So, I'll talk about those districts as well.

So, I think our response really started a few days prior to the actual heavy rains. There had been warnings, as you know, Cyclone Freddy is the longest. It had started in the Indian Ocean, went to Southern African countries to Mozambique, and then it went back, at that time it hadn't reached Malawi. And then it turned back to southern region, Southern Africa, and then it went to Malawi. So, there were definitely some warnings from the meteorological services about the potential impact. A lot of the warnings were as you might have imagined, circulating on social media, plenty media, probably the radio. For some remote areas it might have been very challenging for them to receive these warnings. But for us, I think a few days before, we had sat down as Partners In Health and think through what are we going to do if we are heavily affected by this. And we had to formulate an incident command team within the team. This was a small team, that had team members from the clinical team, the communication, logistics and operations.

And the idea of this team was to coordinate the response and make sure that there is proper coordination if our districts is affected. And through this incident command team, we had seen that we were really able to respond quite quickly. So, I think this is one of the lessons that we learned that prior to having a disaster force, it's good to really sit down and think through what can you do? And create a team that can coordinate the activities of the disaster. And then within two days when we had that heavy rains from the cyclone, this is the command team was able to meet to assess the situation and think through what can we do to actually help. So on one end, I'll talk about the things that we had done in general through the incident command team and the rest of [the] PIH team.

So, the first thing that we had to do was to actually support the Ministry of Health and the government in responding and planning for the response. So, we had our team that went to the Emergency Operations Center, and within that there were definitely a lot of partners, a lot of ministry agencies that were sitting and thinking through how they can respond. And part of it, we had helped the ministry in developing the response plan, but we also had also helped the ministry in developing a healthy response plan like, what's the best way to provide health services during disasters like this? And by sitting in the Emergency Operations Center, we're also able to assess the situation and actually know where we need to go. And within the first week after the disaster, we were able to assess that we need to go to Chikwawa and Nsanje to help, while we are also helping the individuals that were affected within Neno.

So, our response to Chikwawa and Nsanje was also comprehensive, and we had discussed with the local ministry on what they think their needs are. We did not want just to implement without really talking to the team and thinking through what their needs are. And based on that, we're able to work on a plan that can actually help the district respond better to the disaster. So, I think one of the things that we needed to do was to make sure that we support

with medications that the districts would need. This was definitely flagged because we needed medication and supplies to run the clinics. The facilities in Chikwawa and Nsanje were cut off; therefore, they did not have enough medication and supplies. So, we decided that we would support with medication and supplies for them to actually respond.

Oxygen was a very, very big need, and I think using our oxygen plant in Neno we were able to generate oxygen and transport immediately to Chikwawa and Nsanje to support. The other challenges you might have imagined is these facilities did not really have power because the disaster had destroyed electric lines and they needed to keep the service running. So, fuel was the biggest need, and we were able to come in to support with fuel for the generator so that we can keep the facilities running. And we are also able to use some fuel for the vehicles so that the essential services at the hospital can continue, and we can facilitate patient transfers and we can run outreach services.

We also supported with medical outreach services. We had a lot of people that were displaced. For others that have been on with chronic conditions, they had lost their medication, and they need medication refilled. We had others that required acute medical care including mental health support during that time. So, we actually organized a team within Partners In Health to go there and work with the team on the ground. And we conducted a lot of medical outreach services, where we were providing direct patient care. The districts didn't have a lot of staff so we had hired extra staff that were supporting the outreach services, they're working at the hospital to make sure that the services continues. And we had a trained district in terms of how to run these outreach services.

Transport was a very big issue because for these districts they did not have well maintained cars. So, for one district we were able to support with tires to use on their cars and then for Neno and Nsanje, we were actually able to adjust, maintain some of their ambulances so that they can be on the road and they can operate. So, these are some of the things that we actually had done. I think we'll go through just a few pictures, just see some of the work on the ground, so probably can go to the next picture. So, this is one of the very first camps, and this is the pharmacy team that were dispersing the medications. You can go to the next slide. And this is one of the camps where we are running our outreach, medical outreach services. You can go to the next slide. And this is the camp in action. You would see that in these camps there wasn't adequate space to conduct the services, but we were at least able to reorganize the team so that we are able to provide the services.

Go to the next slide. And then this is our mental health clinician who was administering a test to diagnose acute stress disorder and providing psychological first aid, and we realized that mental health was one of the key services we needed her to provide. Next slide. So, I think one of the key things that the people needed was social support. A lot of the materials have been destroyed, so within three weeks we were able to mobilize resources, procure items, and distribute social support to about 1,300 households, and then we repeated the exercise a few weeks later. And the social support consisted of basic items, so this is blankets, cooking oil,

sugar, and a few other things. And this was something that was very helpful because they needed this during their stay at the camps.

And I want to show a few slides around some of the impact that we had reached to date. So we can go to the slides. So, I think within Chikwawa district we're able to visit 59 camps and we were able to make 170 camp visits within two months. Next slide. And just in that district alone, we're able to see closer to 20,000 people in the camps. And you could see that a lot of them had acute illnesses and they needed support. But we are also able to see a lot of clients with gender-based violence and non-communicable disease, mental health and other conditions. Next slide.

And then with our social support, we're able to reach out to 2,232 households, a population of about 11,000 people that were living in three camps. So, this is the population that we reached with social support. Next slide. And as mentioned, the social support was a variety of things. Maize flour which we use here to make the main staple food, cooking oil, beans, soy pieces. Next slide. You can go to the next slide. And then I think for the other district in Nsanje, we were able to visit 63 camps, see over 24,000 people who needed an acute care while they're living in the camps.

So, I think these are just some of the achievements that we had achieved. Currently, it's now closer to, it's about two and a half to three months since the cyclone. A lot of the camps have been decommissioned, and people have now moved back to their houses. And we are thinking about how to build resilience moving forward. We have some vulnerable houses, some vulnerable staff, especially in Neno, where we want to construct houses for them because the houses were destroyed. And we have also been thinking about towards the beginning of the rainy season, November, December, what's the best way to work with these districts to make sure that they prepare for the disaster if it happens at the next rainy season? I think I would stop there and hand back to Leslie.

Leslie Friday:
[00:37:52]

Thank you, Chembe, and Luckson, and Joia. And this has been really great, very helpful and thank you for sharing all the information, the photos and then the data too to the end just really shows the impact in a short period of time. And so now I want to open it up to any questions that our listeners have here. So, just drop in any questions you might have in the chat, and I'll be able to see them and the team will see them when we can offer them up to our panelists. One question, a couple questions that were pre-submitted, I think maybe this one I would ask Luckson and Joia to respond to. This one is from Monique, and she wanted to know, "Are there any lessons from Cyclone Freddy that have improved PIH's protocols for rendering much needed assistance to families?". Just thinking of what you had said about three cyclones since 2019, I'm sure there are lessons we've learned. Maybe, Luckson, if you don't mind first?

Dr. Luckson Dullie:

[00:39:02]

Sure, thanks so much and thanks so much for that question. I think it's very important as we speak to the frequency at which these disasters are happening. Yes, there have been lessons. I think one of the things that clearly we have, we've been doing, and the lessons are two levels that I'll speak to. The first lesson is within our team, our local team here. And we've seen that, as Chembe started to mention there, that we started to think about how we would organize ourselves even before the disaster itself happened. So, we listened to the warnings that were happening, and the projections that were being made. And so, we needed to set ourselves up even before the disaster came so that we can then respond appropriately and efficiently, quickly.

We also use, actually in this second response, we used a lot of the information and systems processes that we had developed in the two previous responses. So, for example, if we want to know what's the kind of response that has 3,000 households, what would they need? We made projections from our response in previous years. So, we would quickly run those numbers whether it was in terms of social support, whether it was in medications and other forms.

The other part of the response was also medical. So, how do we set up our teams in order to be able to do mobile clinics and things? So yes, there've been a lot of lessons that we have applied from our previous responses that helped us to be more efficient even in terms of interacting with the government officials. I think that's also another lesson that we've seen locally.

But there was also another lesson at a wider organizational level because as this is happening, it's also not just happening in Malawi, we are also seeing these disasters in other countries where we're working in. And so, we can use the lessons in terms of how we organize ourselves as a global organization in terms of the teams that we need to put together. What are some of the processes that we need to put together? What are some of the things that we need to make sure that we already have in anticipation for a response such as this? So, we are seeing that yes, there are lessons we're learning through the disasters, improving systems and processes in the local teams as well as in our global organization.

Thank you so much for that question.

Leslie Friday:
[00:41:52]

Thank you. And I think that's a great jumping point too for Joia. Thinking about that global right, from where you sit, Joia knowing that Malawi is particularly devastated by cyclones and other natural disasters, but this replicates sadly in other places. So, I don't know if you would like to add?

Dr. Joia Mukherjee:
[00:42:11]

I mean, and I think Chembe can also talk more about lessons learned because we have been at this rodeo a few times. But I would just like to say, pivot to Haiti, pivot to Rwanda, Sierra Leone, in each place that we've handled these disasters, whether climatic or political or just accidents, multi-trauma accidents. What has allowed PIH to respond to emergencies is that we're already there, we already have a large staff who speaks the language, who can easily get to the ground, can really do that shoe leather work that's needed. And so we used to always say we're not a disaster relief organization, I think we've got to stop saying that and rather to say if you strengthen the health system, it gives you the capacity. So, of course for our donors and supporters, what that means is we need more money, we need some flexible money so that we can have enough staff, we can have some buffer stock, so we can have vehicles that can get to these sites, but we can respond and do respond to a variety of disasters because we have that ground truth.

And just to remind people who are listening in, Partners In Health has 19,000 employees and all but about 150 are in the communities they work and serve are local to those places. And so, that's the kind of disaster response that is a horizontal part of the health system. And thinking back at the terrible Boston Marathon bombing, for example, where a handful of people died but because there were medical providers on the scene and hospitals that are working that could minimize the casualty. So, that's the response we're trying to build. Not specific for specific emergencies, but well imbued in a system of trained people who understand what protocols can be used in a disaster. But I'd love to also hear Dr. Chembe's response about lessons learned.

Dr. Chiyembekezo Kachimanga:
[00:44:38]

Thanks so much, Joia. I think a lot of the lessons have been mentioned by Luckson, I think the biggest part that we had also learned the last two years is how do we figure out where the impact is and who do we talk to, to be on the ground? I think during the previous response, I think we are on the ground I think after three, four weeks. But with this response we were able to be on the ground in a matter of days, two to three days.

But a lot of it is that we had learned how to connect with the districts where we want to implement the national ministry. And then I think the other biggest thing we had is, as you said, a lot of our staff are living and working with us in the district, and they're the same people that responded during the previous disaster. And they have been well-trained to know what to think about, what to take when they're going for medical outreach, what logistics, what operations do we need. So, there has also been a lot of capacity building within the team due to the frequency of the disasters. Thank you.

Leslie Friday:
[00:46:03]

Thank you so much for that, Chembe. And I think what you had just mentioned too about just knowing where to go and being in such close contact with the government leads into a question that Waleed had mentioned in the chat, “How is the government of Malawi contributing to rehabilitation of internally displaced people?”. I'm sure multiple people could respond there, but maybe, Luckson, if you wouldn't mind starting? How are we partnering? How are we working together with them or how is the government independently responding to this?

Dr. Luckson Dullie:
[00:46:38]

Thanks so much. And that's another great question as well. I think one of the most significant changes or responses that we have seen through Cyclone Freddy has actually been legislative. So, we had to review our act, our disaster response act, which was very, very outdated. I think it was definitely like 30 years plus. And the old act never really spoke to preparation, it was always a response after the fact. And so, even from a government agency and perspective, what we have as the department for disaster preparedness and management was always hand strung in that by law their response was only supposed to be after the disaster happened.

So Chembe mentioned that Cyclone Freddy was one of the longest. We had warnings for over a month, but really the system was limited in what could do. So, one of the things that's really happened now is that the legislative structure that's in place allows the government to really move in, even in advance, in preparation for that disaster that would be looming. So, hopefully this would help the government to be able to coordinate better because that's another key role that we've seen them playing.

To be honest, we're looking at a government that is incorporated in itself. There is no money in the government. I remember that when we did the data, a whole response plan, the budgets that I came up with was I think around a hundred million. And this was just in the emergency response, but the government was only able to put in five million, which was five out of the needed hundred million. But what they've been able to do is to coordinate and mobilize from other sources that we have seen that's also different from previous responses in that even now we're seeing efforts to actually rebuild people's homes. And I think this is also a significant difference that we haven't seen before. So, although very small scale compared to the actual numbers of people affected. So we think that these are efforts in the right direction that now calls for partners like ourselves and others to step up and join hands with the government in its efforts to support the people that have been affected. Thank you.

Leslie Friday:
[00:49:49]

Would-

Dr. Joia Mukherjee:
[00:49:50]

Yeah, I just-

Leslie Friday:
[00:49:51]`

Go ahead.

Dr. Joia Mukherjee:
[00:49:54]

I'd just like to add what Dr. Luckson is saying, which is that part of our model at PIH is accompaniment of the government, and we work with the public sector, we work with local government, with national government, wherever we are. And I think that allows us also to advocate because it's very likely and I don't know, but I would guess that the government of Malawi cannot get to some of these places. They often don't have fuel for their vehicles, they often don't have the reach and so we can help them to understand what the needs are on the ground.

So in terms of advocating for policy, it's not only standing outside and saying we demand this or that, but really helping the government to understand the scale and the scope. And I know we've played that role before, but I think really our eyes and ears can be the government's eyes and ears because we can let them know. So, I'm sure that when we have a legislative plan as Luckson has outlined for us, that we've had something to do with crafting that, which is one of our aspects of government accompaniment.

Leslie Friday:
[00:51:11]

Thank you both. Waleed appreciates your response too, I saw him chime in on the chat, so feel free to drop more questions if you have them there. Bruce also added a question that I think, Chembe, maybe you could address first is really this question of communications. How do you handle or did you handle communications in this event? So maybe thinking from a couple angles, people live in very remote locations, how do we communicate with them potentially about this? How do we communicate in general, even among ourselves as we're responding?

Dr. Chiyembekezo Kachimanga:
[00:51:51]

Thanks so much. That's definitely a great question because I mean to be able to respond in a matter of days and to be able to do all this in two months requires very well coordinated communication within the team and outside the team. As I mentioned, I think we had responded this through the incident command team, which was a small team that was delegated to formulate a plan and implement and meet regularly and within that team

communicate externally. So, within the first few weeks this team was pretty much meeting every day to assess the things that have happened the previous day, what needs to happen. And then from there we were able to create situation reports. These situation reports were circulated with all staff here, and it was also circulated with the organization as a whole. And it really allowed everybody to be on the same page to know exactly what is happening and what needs to happen next.

And that's one thing that we learned that by just having this situation reports being released regularly, it really helped everybody to be on the same page. We had also designed a report that we were sending to the government. I think we had sent two reports where we would detail what we would like to actually do. And then we within the cluster in Malawi and within the disaster team in general, we're also in contact with them through the different committees that they had created.

I think for our staff, especially here during the first few days, we had created a hotline, which was a number that a dedicated individual had a day and night where people call if they have any emergencies. And for the districts where we were implementing, we were part of the health cluster, which was a group of all the ministry and all other implementing partners, and they were meeting regularly. And we actually helped them to formulate these health cluster meetings at the district level. We supported them to make sure that they're meeting and they're coordinating the partners. So we had several avenues, but a lot of it came through the coordination by the incident command team.

Leslie Friday:
[00:55:01]

Thank you, Chembe. And I see another question here from Kamana, who knows quite a bit it seems about how APZU works in Malawi, and was wondering specifically about PIH if it's in a position to partner with other entities locally to address the issue of housing? And Luckson, maybe you can talk to this, I know through our POSER program and social support we do provide housing for particularly vulnerable families. But have we ever thought about partnering on a larger scale for this issue?

Dr. Luckson Dullie:
[00:55:42]

Thanks, Leslie, and thanks, Kamana, for that question. We know that the lack of housing is such an important social determinant of health, and it's a very reason that we have a program on social and economic rights and many times it looks at housing. To be honest, we know that we just need to do more through POSER. There's a lot more that we can do and a lot more that we can do with regards to housing as well. Our limitation has always been the resources that available for such kind of work and so that we would appreciate so much knowing that it would be a very important intervention to the people that we are accompany in these settings that we're working in.

And so, I think we would welcome to explore options on how we could partner with people that are available for such kind of intervention. It's so important. Like I said before, and as we have seen, not just these people, that people [who] have been affected in this way, they will never really be able to get back to where they were. And so, they will continue to remain exposed through other disasters as they come. And so, when we provide an intervention such as housing, we really are setting people up to protect them in a very important way. Thank you.

Leslie Friday:
[00:57:32]

That's great. And I see Sime also, who we all know and love, is adding a comment about CHWs and their ability to really assess a situation and provide recommendations for how to respond. I see our time is tight, so I have one last question for each of you. I think in these types of moments we often feel we, being folks who are not there doing the work, what can we do? How can we help? And I'm wondering if you each could provide a little bit of advice in that arena and possibly Chembe if you wanted to go first and then Luckson and Joia.

Dr. Chiyembekezo Kachimanga:
[00:58:14]

Thank you, Leslie, for that question. I think one of the main cutting themes has been, we may continue facing these disasters, and definitely we might have a similar situation next year. I think all this was possible because we were able to mobilize the resources that we needed because we needed to be on the ground. So, I know we have got supporters from PIH, people that help support PIH. I would like to continue encouraging them to support our work. And then when we have these disasters, they can mobilize resources quickly so that we are able to respond. Thank you.

Leslie Friday:
[00:59:15]

Luckson. Go ahead. Love to hear what you'd say.

Dr. Luckson Dullie:
[00:59:18]

I agree with Chembe. I think resources enable us to do more on the ground. I think we totally appreciate the partners and our donors that support because we sit here just as channels of those resources, so the people that need them on and on the ground, it allows us to be able to reach those people that need it quickly, but also allows us to do the accompaniment of the government and building the systems and therefore helping us to be part of looking forward in the process. I think we also just need, as Joia mentioned this, that we often don't want to think ourselves as a disaster kind of organization, but I think we were able to do that when the

disasters were only coming like one every 30 years. But currently I think the people that we work with basically need it, and there's no way that we would just watch and not respond. So I think that more resources can enable us to get to the people quickly and more adequately. Thank you.

Leslie Friday:
[1:00:37]

Go ahead, Joia.

Dr. Joia Mukherjee:
[1:00:40]

Yeah, I just want to say our donors are more than donors, they're supporters of many kinds. Whether it's people who know about construction who end up starting their own NGOs like Build Health International or whether it's partners who really understand about supply chain who can support us. We need more people to fall in love with Malawi. Malawi is known as the warm heart of Africa for a great reason. It is a beautiful, welcoming, safe place. We would invite people to come, whether it's to come and do some work with us or really just to come and see the work. We need more people who specifically have Malawi on their mind because it is a country that needs a lot of support and we need more money, but we need more people who care about the country.

And I'll be going and seeing my great friends in a couple of weeks. And every time I go, I'm just blown away by how much the Neno team does, not only in Neno but around the country changing protocols for non-communicable disease, for example, being the model for HIV in a country that still has a very high prevalence of the disease and then responding to these disasters. It is small a but extremely mighty team, and we would love, we invite some of you to really fall in love with Malawi and be with us in this long journey to provide health as a basic human right.

Leslie Friday:
[1:02:19]

Thank you. I love that. The warm heart of Africa. What a great, great way to be known. Thank you so much Luckson and Chembe and Joia, thank you to everyone watching. Please share this recording afterwards. And if you do want to support in any way multiple different ways, please visit us at pih.org and following us on social media. But thanks everyone again, I know it's late Malawi. Have a lovely evening everyone and take good care. Bye now.