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Emergency appeal operation update

Madagascar: Tropical storms

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRMG008

GLIDE n° [TC-2012-000020-MDG](#) & [TC-2012-000036-MDG](#)

29 May 2012

Period covered by this Ops Update: 17

February to 21 March, 2012. This update represents the first month summary of the operation (cumulative narrative and financial).

Appeal target: CHF 831,512 [<click here to view the attached interim financial report>](#)

Appeal coverage: ~22%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

This Emergency Appeal was initially launched on 22 March to support the Madagascar Red Cross Society (MRCS) to assist 5,000 households (approximately 25,000 beneficiaries) for nine months.



MRCS volunteers help erect tents for use by affected families.
Photo: MRCS

Disaster Relief Emergency Fund (DREF): CHF 278,536 was allocated from the International Federation of Red Cross and Red Crescent's (IFRC) Disaster Relief Emergency Fund (DREF) to immediately respond to the needs of 2,000 affected households.

This operation update covers this DREF period, before the issuance of the Emergency Appeal. An additional forthcoming update will describe progress from the start of the emergency appeal period.

Summary: Using DREF funds, the Malagasy Red Cross Society (MRCS) set up its national disaster response team (NDRT) and set up 5 warehouses for prepositioned non-food items. The MRCS mobilized volunteers to manage IDP camps, practice first aid and has carried out damage and needs assessments. During the initial DREF period, MRCS was able to:

- Provide emergency assistance to 10,000 people (2,000 cyclone-affected households) in the district of Brickaville, Vatomandry and Antananarivo for one month;
- Reduce the risk of water-borne and water-related diseases through the provision of adequate sanitation facilities and hygiene promotion to 2,000 families for 3 months
- Provide shelter during the emergency period to 2,000 affected households.

The situation

Since mid-February Madagascar has been affected consecutively by Intense Tropical Cyclone (ITC) Giovanna, followed by severe Tropical Storm (TS) Irina and then an Inter-Tropical Convergence Zone (ITCZ) which both brought heavy rains. Giovanna damaged homes in the eastern and central part of the island due to 230 km/h winds. Irina and the ITCZ resulted in massive floods and landslides in the south-east. A total of 112 deaths and more than 300,000 affected persons were reported.

The DREF period targeted the areas hit by Giovanna, which affected some 250,000 people in the districts of Brickaville, Vatomaniry and Antananarivo.

Most houses in Brickaville and Vatomaniry were destroyed. They are made of mainly vegetal materials that could not resist the heavy wind and rain. Homeless families lost kitchen materials as well as basic hygiene materials necessary for normal daily life. Some wells were destroyed. Other wells were flooded and water became non-potable, bringing a high risk of water-related disease in several villages. Even when these wells are treated, they must be protected against the next floods. MRCS has this experience in Morondava, Mananjary and Nosy Varika during cyclone Fanele in 2009. Lastly, sensitization is needed in all these affected districts because of high risk of disease outbreak.

Coordination and partnerships

The national disaster management office BNGRC (*Bureau National de Gestion des Risques et des Catastrophes*) is coordinating the activities of response actors (including ministries, NGOs, UN agencies and the Malagasy Red Cross Society (MRCS)), and deployed its staff to support affected regions in disaster management. CPC (civil protection) has implemented an advanced office in this area to support the population in case of evacuation. Some 20 MRCS volunteers are ready for first aid activities.

Meetings between stakeholders are held regularly in the district office to coordinate activities at the district level. These meetings were attended by local and regional authorities, as well as NGOs and organizations involved in emergency relief (UNICEF, CARE, Medair, St Gabriel, Médecins du Monde, MRC, CRS, Shelter Box).

The cluster approach with the UN agencies helped to improve coordination of the actions among the different NGOs and others stakeholders. The MRCS is a member of three (3) clusters: Water/sanitation/ hygiene (WASH), shelter and health.

As MRCS is the only entity that can reach the 120 districts of Madagascar, BNGRC is requesting special collaboration with MRCS in terms of data collection, and it is agreed that MRCS and BNGRC meet before each coordination meeting in order to compare data, correct them and prepare the meeting together.

In watsan, cooperation with UNICEF in wells rehabilitation has been initiated. A Regional Disaster Response Team (RDRT) member from Comoros supported MRCS in watsan activities in Vatomaniry for a period of one month.

Red Cross and Red Crescent action

Related MRCS actions began before the disaster began. As part of emergency preparedness, MRCS conducted a disaster management simulation exercise in Brickaville in January. The exercise simulated situations and actions before, during and after a cyclone.

In advance of cyclone, regional and local volunteers informed and sensitized the at-risk populations of the status of the cyclone and help them prepare.

Overview

Once the disaster struck, MRCS activated its contingency plan and mobilized 300 volunteers to assist 2,000 of the most vulnerable and affected families with water and sanitation, health and emergency shelter. Pre-

positioned stocks were transported from Antsohihy and Maevatanana to targeted areas. Families affected were registered and IFRC criteria used to identify vulnerable families.

National disaster response teams led damage and needs assessment in all affected districts. One of the MRC's challenges in its strategic plan is that, with its branch network and free telephone, MRCS has become the first port of call for data collection for IASC and for BNGRC's database.

MRCS implemented structures to ensure the realization and coordination of the operations:

- Regional Coordinator: a permanent person of the MRCS in each region. During this cyclone season, he supports the local teams.
- Zone leader: collects data in each area of intervention and evaluates damage and needs. Coordinates activities in the field, including financial management. Sends daily reports to the head of the operation, and prepares weekly reports.
- Local branches of MRC: They work closely with the zone leaders. They act as facilitators of the implementation activities.
- Physician: a volunteer of MRCS Brickaville. Treats people affected without charge.
- Regional Disaster Response Team (RDRT): from Comoros. Supports MRCS in watsan activities.
- Relief officer: Leads the distribution of NFIs and trains volunteers on distribution
- Two (2) watsan technicians, 1 in Brickaville and 1 in Vatomandry: In charge of treatment and distribution of drinking water with the help of volunteers. They followed a capacity building training provided by the RDRT on water treatment and disinfection of wells. Able to maintain and to repair equipment.
- Three hundred (300) volunteers involved: ensure the implementation of all field activities. Work under the supervision of the zone leaders.
- Two (2) drivers: ensure the transport of materials and kits, as well as water from springs to the villages.

Progress towards outcomes

The DREF period addressed a reduced set of outcomes for a smaller affected population. During that initial period, the project was devoted to the assistance of cyclone-affected persons.

In general, the goals were reached. The presence of volunteers on the field is the primary asset of the MRC. Volunteer action before, during and after the cyclone allowed MRCS to give first assistance to cyclone-affected persons. At the same time, prepositioned NFIs and water-treatment tablets were transported to targeted areas from Tamatave and Antananarivo. One day after the cyclone passage, MRCS volunteers had started distributing stoves, drinking water and plastic sheeting. The IDP sites were set up; volunteers could provide emergency health to wounded persons and psychological support to affected families. Ten days after the cyclone passage, MRCS received NFI from PIROI at Tamatave port. At once, they were transported to targeted areas: Vatomandry, Brickaville and Antananarivo.

Relief distributions (basic non-food items) and emergency shelter

Outcome 1: 5,000 affected households are provided with emergency assistance (one-off ration) for a period of nine months with on-going evaluations to determine if further assistance is required.	
Outputs (expected results)	Activities planned
5,000 households are provided with appropriate non-food items.	<p>NDRT conducted detailed emergency needs and capacity assessments in Antananarivo, Brickaville, Vatomandry, Ifanadiana, Vohipeno, Farafangana and Vangaindrano districts and start up relief operation.</p> <p>RDRT deployed to support MRCS with multi-sector assessments and coordination.</p> <p>Develop beneficiary targeting strategy and a family registration system to deliver intended assistance.</p> <p>Procure and distribute NFI (Kitchen sets, School sets and stoves) to 5,000 affected households (25,000 beneficiaries).</p> <p>Monitor and evaluate the relief activities and provide reporting on relief distributions.</p> <p>Conduct continuous detailed assessment.</p>

Outcome 2: Emergency shelter assistance is provided to 2,000 households in Brickaville, Vatomandry and Antananarivo districts.	
Outputs (expected results)	Activities planned
2,000 households are provided with temporary shelter.	Sectoral assessment on emergency shelter. Assist families in 40 emergency centres with appropriate interventions (refer to technical sectors). Deployment of prepositioned family tents to cover the needs of most vulnerable households (based on IFRC vulnerability criteria: elder persons, single headed family, disabled persons) Procurement of emergency shelter kits (toolkits and tarpaulins) to cover the needs of 2,000 households. Distribution of stoves to cover the needs of 300 most vulnerable households To provide community based material support for the construction and rehabilitation of houses for the most vulnerable people.

DREF OUTCOME 1: 10,000 people (2,000 households) cyclone-affected persons in the district of Brickaville, Vatomandry and Antananarivo are provided with emergency assistance for a period of one month

DREF OUTCOME 3: 2,000 affected households are provided with adequate shelter during the emergency period

Achievements during reporting period (relief)

- 8 NDRT deployed in 3 Districts as district operation leaders, training volunteers.
- 300 volunteers identified, trained and ready for distribution. Equality of gender respected.
- Communes to be targeted identified with local authorities.
- List of beneficiaries elaborated and validated with local authorities
- Targeted communities informed by local branches.
- Prepositioned NFIs transported to targeted area.
- 1,000 families received kitchen sets in Brickaville, 300 in Vatomandry, 475 in Antananarivo, with distribution held with local authority.
- 159 families received stoves in Brickaville and 300 in Vatomandry

Impacts

- Nutrition of 2,000 beneficiary families in Antananarivo, Brickaville and Vatomandry is improved because of kitchen sets that allow them to have well cooked food.

Challenges:

- There were an insufficient number of kits compared to the numbers of victims. So MRCS had to:
- Prioritize the most vulnerable families (widows, single mothers, pregnant women, infants and young children).
- Make use of law enforcement to ensure distribution of kits

Achievements during reporting period (shelter)

- 12 tented camps set up in Brickaville, 19 in Vatomandry and 45 in Antananarivo. One IDP site could shelter 4 families so approximately 20 people. Each IDP site was turnover managed by six to eight volunteers;
- 1,000 shelter kits were distributed in Brickaville, 300 in Vatomandry and 500 in Antananarivo
- 2300 plastic sheets were distributed in Brickaville, 735 in Vatomandry and 965 in Antananarivo
- 60 childbirth kits distributed in Antananarivo camp

Impacts

- Distribution of shelter tool kits have facilitated village rebuilding
- Due to the support provided by volunteers to affected families in reconstruction of houses, some families could move back to their houses

Challenges:

- The principle that one tent for one family was not respected. There was a lack of space, and the number of the tents was not sufficient. In order to face this problem, it was necessary to separate men and women, children, pregnant and handicapped.
- Some affected persons needed to be referred to hospital due to lack of medicine.

Emergency health and care

Outcome: The risk of deaths, illnesses and impact from diseases is reduced among affected communities through the provision of preventive measures at community-level and curative services to 500 households (2,500 beneficiaries) in the districts of Brickaville and Antananarivo.

Outputs (expected results)	Activities planned
First aid and rescue provided to those affected by the disaster.	<ul style="list-style-type: none"> • Provide the first aid and rescue and refer those affected to health facilities. • Provide first aid in emergency centres.
Health services are supported on the primary and possibly secondary levels to meet the health needs and fill the health service gaps resulting from the emergency.	<ul style="list-style-type: none"> • Provide medical consultations in emergency centres and distribute basic medicines donated by a public supplier under the coordination of Health Authorities. • Refer affected people who require more treatment to health facilities. • Distribute 60 clean delivery kits donated by UNFPA to pregnant women in emergency centres in Antananarivo in coordination with health authorities. • Distribute 36,000 condoms donated by UNFPA in emergency centres in Antananarivo in coordination with health authorities.
The scope and quality of the MRCS health and care services are improved.	<ul style="list-style-type: none"> • RDRT Health support to train and coordinate on ECV. • Conduct a ToT on epidemic control for volunteers (ECV) for 5 volunteers. • Conduct 5 trainings on ECV for 100 volunteers already trained in CBHFA in five flood-prone and mosquito prone districts: Brickaville, Vatomandry, Vohipeno, Farafangana, Vangaindrano. • Monitor epidemics for six months.
Psychosocial support is provided to persons in need.	<ul style="list-style-type: none"> • Provide psychosocial support to affected persons in 40 emergency centres

Outcome not part of original DREF and not undertaken during DREF period. However, through the volunteer physician provided, 626 benefited from free consultations in Brickaville.

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, adequate sanitation as well as hygiene promotion to 5,000 households (or 25,000 beneficiaries) in Antananarivo, Brickaville, Vatomandry, Ifanadiana, Vohipeno, Farafangana and Vangaindrano districts for six months.

Outputs (expected results)	Activities planned
Safe water is provided to 5,000 households as damaged systems are restored.	<ul style="list-style-type: none"> • A water and sanitation RDRT member is deployed to support MRCS. • Training of 300 volunteers in water and sanitation activities. • Distribution of potable water to 2,000 families in Brickaville and Vatomandry. • Conduct water quality testing. • Procurement and distribution of 5,000 family kits consisting of 1 bucket, 1 jerry can, 2 soap bars and 2 bottles of Sur'eau (equivalent to water purification sachets) for water treatment. • Disinfection of 550 wells in the affected districts.

	<ul style="list-style-type: none"> Rehabilitation of 40 wells in Brickaville, Vatomandry, Ifanadiana, Vohipeno, Farafangana and Vangaindrano districts.
Appropriate sanitation including waste disposal and drainage, is provided to the target households.	<ul style="list-style-type: none"> Train 150 volunteers in vector control. Conduct vector control campaigns in five mosquito-prone coastal districts: Brickaville, Vatomandry, Vohipeno, Farafangana, Vangaindrano Conduct promotion activities on waste disposal and drainage systems.
The health status of the population is improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> Train 300 of community-based volunteers on PHAST/IFRC water and sanitation software. Initiate a hygiene promotion campaign within the affected population focusing on behaviour change and targeting 5,000 households (25,000 people) in 7 districts, focusing on prevention of communicable and water borne diseases and safe use of water treatment chemicals. Families accomodated in 40 emergency centres are provided with potable water.

DREF OUTCOME 2: The risk of water-borne and water-related diseases is reduced through the provision of adequate sanitation facilities and hygiene promotion to 2,000 families for 3 months

Achievements during reporting period:

- Training of 20 volunteers on water treatment
- Training of 150 volunteers on use of PHAST methodology in emergencies
- Distribution of 20 m3 of drinking water per day to 1,300 families in Brickaville and 20 m3 in Vatomandry to 2,011 families during one month (17th February- 17th March)
- Identification of affected wells
- 50 wells treated in Vatomandry and 140 wells treated in Brickaville
- Awareness campaigns on prevention of communicable and waterborne diseases carried out in Brickaville with 11 373 targeted families, in Vatomandry with 651 targeted families and in Antananarivo with 27 500 targeted families.
- Distribution of WASH kits to 1,000 families in Brickaville to 300 families in Vatomandry and to 700 families in Antananarivo
- Affected people become aware of hygiene, attitude change is already perceived
- Capacity building of volunteers and NDRT in term of emergency assistance and water treatment is improving quality of services delivered by MRCS to affected people.

Challenges:

Many wells don't respect standards, so MRCS has had to sensitize population on water treatment.

Disaster risk reduction

Outcome: Floods and water related diseases and landslide risk is reduced for targeted communities in Ifanadiana and Vohipeno districts.	
Outputs (expected results)	Activities planned
Flood and landslide affected communities are better prepared to predict, respond and recover to disasters.	<ul style="list-style-type: none"> • Train 50 volunteers on Vulnerability Capacity Assessment (VCA) guidelines and tools. • Conduct VCA with communities in targeted districts. • Conduct Sphere training. • Develop community hazard maps for each of the communities • Develop Standard Operation procedures (SoPs), community contingency plans and community based early warning systems • Develop mitigation micro projects in targeted communities based on VCA findings • Conduct public awareness and public education for DRR activities, complementing the distribution of the schools kits.

	<ul style="list-style-type: none"> Raise awareness on future impact of climate change, particularly with regard to increased number of extreme events and sea level rise
The scope and quality of the MRCS shelter capacity is improved.	<ul style="list-style-type: none"> Conduct basic trainings targeting local MRCS staff and volunteers and local committees of disaster management in shelter techniques (shelter kit trainings and low-cost improved local techniques) with PASSA approach Advocacy on sustainable construction and safe shelter and settlement to government institutions and humanitarian agencies through the national Shelter cluster

Outcome not part of original DREF and not undertaken during DREF period.

Communications – Advocacy and public information

Outcome: Regular credible and reliable information to the public is provided.	
Outputs (expected results)	Activities planned
A steady flow of timely and accurate information between field and other stakeholders both internal and external is maintained.	<ul style="list-style-type: none"> Organise media tours to the places of intervention by MRCS. Support field staff in producing regular updates for sharing with stakeholders Facilitate the development/adaptation or reproduction of information, education and communication materials Prepare and develop press materials to support the visibility of activities by MRCS. Support fundraising operations. Collect and prepare stories, pictures and other visual materials. Strengthen the communications capacity of the National Society's communications unit.

Achievements during reporting period:

- Update DMIS on FedNet on February
- Volunteers and members kept informed by sms
- Organized national media visits to the field on February to cover the reception ceremony of the NFI sent by PIROI
- Organized media in areas of intervention (Brickaville, Vatomandry, Antananarivo and Itasy) for new activities, such as distribution of NFIs, treatment of wells, etc. to help inform beneficiaries on what MRCS was doing
- One web story in French and one in English on the IFRC website (February), as well as web stories available on the web site www.croix-rouge-malagasy.org
- Add information and photos on social media: Facebook and Twitter
- Situation reports and the field reports shared via mailing to donors, PNS, Media, authorities, NS governance, other NGOs
- Press releases about actions taken by NS sent. Some 37 articles in newspapers since the beginning of operation.
- One partner meeting organized to share information and to maintain partnership, April 19th; 10 partners and donors represented
- Field reports available on www.croix-rouge-malagasy.org

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

MDRMG008 - Madagascar - TC Giovanna

Appeal Launch Date: 23 mar 12

Appeal Timeframe: 21 feb 12 to 30 nov 12

Interim Report

Selected Parameters	
Reporting Timeframe	2012/2-2012/3
Budget Timeframe	2012/2-2012/11
Appeal	MDRMG008
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	831,512					831,512	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>The Canadian Red Cross Society</i>	45,780					45,780	
<i>The Netherlands Red Cross</i>	30,157					30,157	
<i>VERF/WHO Voluntary Emergency Relief</i>	300					300	
C1. Cash contributions	76,237					76,237	
<u>Other Income</u>							
<i>DREF Allocations</i>	278,536					278,536	
C4. Other Income	278,536					278,536	
C. Total Income = SUM(C1..C4)	354,773					354,773	
D. Total Funding = B + C	354,773					354,773	
Coverage = D/A	43%					43%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	354,773					354,773	
E. Expenditure	-213,294					-213,294	
F. Closing Balance = (B + C + E)	141,480					141,480	

Selected Parameters	
Reporting Timeframe	2012/2-2012/3
Budget Timeframe	2012/2-2012/11
Appeal	MDRMG008
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		831,512					831,512	
Relief items, Construction, Supplies								
Shelter - Relief	190,500						190,500	
Water, Sanitation & Hygiene	158,362	33,507				33,507	124,855	
Teaching Materials	35,556						35,556	
Utensils & Tools	111,111	33,333				33,333	77,778	
Other Supplies & Services	8,056						8,056	
Total Relief items, Construction, Su	503,584	66,840				66,840	436,744	
Logistics, Transport & Storage								
Storage	4,333	278				278	4,055	
Distribution & Monitoring	13,333	3,978				3,978	9,355	
Transport & Vehicles Costs	34,250	4,951				4,951	29,299	
Total Logistics, Transport & Storage	51,917	9,207				9,207	42,710	
Personnel								
International Staff	94,900	1,363				1,363	93,538	
National Society Staff	17,950	10,072				10,072	7,878	
Volunteers	38,461						38,461	
Total Personnel	151,311	11,435				11,435	139,877	
Consultants & Professional Fees								
Consultants	7,500						7,500	
Total Consultants & Professional Fe	7,500						7,500	
Workshops & Training								
Workshops & Training	18,611						18,611	
Total Workshops & Training	18,611						18,611	
General Expenditure								
Travel	20,472	2,612				2,612	17,861	
Information & Public Relations	8,333	713				713	7,620	
Office Costs	8,889	215				215	8,674	
Communications	8,944	187				187	8,758	
Financial Charges	1,200	13,460				13,460	-12,260	
Total General Expenditure	47,839	17,187				17,187	30,652	
Operational Provisions								
Operational Provisions		95,608				95,608	-95,608	
Total Operational Provisions		95,608				95,608	-95,608	
Indirect Costs								
Programme & Services Support Recov	50,750	13,018				13,018	37,732	
Total Indirect Costs	50,750	13,018				13,018	37,732	
TOTAL EXPENDITURE (D)	831,512	213,294				213,294	618,218	
VARIANCE (C - D)		618,218				618,218		