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Emergency appeal final report

Madagascar: Tropical Storms

 International Federation
of Red Cross and Red Crescent Societies

Final report

Emergency appeal n° MDRMG008
GLIDE n° TC-2012-000020-MDG & TC-2012-000036-MDG
8 November, 2013

Period covered by this Final Report:
21/02/2012 to 22/12/2012

Appeal target (current): CHF 831,512.

Appeal coverage: 60% [<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- This **Emergency Appeal** was initially launched on 22 March 2012 to support the Madagascar Red Cross Society (MRCS) to assist 5,000 households (approximately 25,000 beneficiaries) for nine months.
- **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.
- **Operations update n° 1:** issued on 29 May 2012 reported on progress during the initial DREF period.
- **Operations update n° 2:** issued on 11 June gave progress achieved during the emergency appeal operation



MRCS volunteers in a clean up exercise/Photo MRCS

Summary:

On 14 February 2012, Madagascar was hit successively by an intense tropical cyclone Giovanna, followed by a severe tropical storm (TS) Irina causing heavy rains. While Giovanna had caused extensive damage to homes in the eastern and central part of the island due to strong winds of up to 230 km/h, TS Irina caused massive flooding and landslides in the south-east resulting to 112 deaths, 299 injured and 54,000 displaced and more than 300,000 people affected (source National Bureau of Disaster Risk Management - BNGRC). Malagasy Red Cross Society mobilized 300 volunteers to provide first aid and casualty evacuation. With DREF funds, MRCS responded promptly by conducting a rapid assessment of damages and needs together with distribution of non-food items from its pre-positioned stocks on the ground. The DREF enabled:

- Provision of emergency assistance to 10,000 people in the districts of Brickaville, Vatomandry and Antananarivo for a month
- Reduction of the risk of waterborne diseases through the provision of adequate sanitation and hygiene promotion to 2,000 families for three months and provide the first aid services to the

affected families.

- Provision of temporary shelter for 2,000 households

Based on the Emergency Appeal's plan of action, the MRCS completed the following activities:

- Non-food items were distributed to 2,000 households
- MRCS treated and distributed water to 3,000 people in emergency centres for one month in the two most affected districts of Brickaville and Vatomandry
- 300 MRCS volunteers were trained in water and sanitation activities by RDRT and 8 NDRTs
- Hygiene promotion activities and sensitization to 11,000 households
- 190 wells were treated while 10 wells were rehabilitated - 7 in Brickaville and 3 in Vatomandry
- Volunteers worked in 76 IDP camps, ensuring registration, hygiene and psychological support

The IFRC, on behalf of MRCS, would like to thank the following donors for their support to the appeal: DG ECHO, the Japanese Red Cross Society, the Red Cross of Monaco, the Swedish Red Cross, the Canadian Red Cross Society and the Canadian government, the Netherlands Red Cross and VERF/WHO Voluntary Emergency Relief.

The situation

On 14 February 2012, Intense Tropical Cyclone Giovanna hit the eastern coast of Madagascar and destroyed the districts of Brickaville and Vatomandry and parts of suburban in Central highlands. Up to 7,000 families were accommodated in temporary shelters. Then 12 days later, severe Tropical Storm Irina struck the north-eastern coast of the country which caused limited damage locally, but was accompanied by an active inter-tropical convergence Zone (ITCZ) which brought heavy rains in the south-eastern parts of Madagascar. More than 10,000 families were displaced.

On 6 March 2012, the government officially declared a state of emergency in the country with the National Disaster Management Office, known as BNGRC (*Bureau National de Gestion des Risques et des Catastrophes*) coordinating response by the various organizations involved. From the end of March, the situation stabilised with no further cyclones affecting the country. The affected families in most parts of the country then started to repair their houses and also working to improve their food security status. To date no epidemics have been reported. Affected families in the south east of Madagascar, however, continued to suffer from poor hygiene conditions and struggle restore their livelihood streams due to low donor support in this region.

MRCS volunteers, supported by NDRT distributed shelter toolkits and kitchen sets and assessed the situation in the districts of Ifanadiana, Vohipeno, Farafangana and Vangaindrano in order to update the plan of action. They also supported in the rehabilitation of wells in Brickaville and Vatomandry districts.

The MRCS established a memorandum of understanding (MoU) with COI (Indian Ocean Commission) and the Ministry of Health to support the Epidemic Control for Volunteers (ECV) portion of the appeal (epidemic survey, community first aid and care, alert, sensitization). According to the MoU, COI was to fund the activities, the Ministry of Health was to give technical support and the Comoros and Madagascar health RDRT would train the trainers.

Red Cross and Red Crescent action

MRCS immediately responded to the initial cyclone by activating its national contingency plan, which included early warnings for evacuations and immediately after the cyclone, providing first aid, conducting hygiene sensitization campaigns, managing IDP sites, and carrying out rapid assessments. A DREF was

subsequently approved to provide emergency assistance to 2,000 families in Brickaville, Vatomandry and Antananarivo. Within the initial DREF operation and in coordination with IFRC, French Red Cross/PIROI (Platform for Disaster Response in the Indian Ocean) delivered 2,000 shelter kits and 150 family tents from Reunion with support from the French navy. These items were distributed within three weeks in Brickaville, Vatomandry and Antananarivo districts.

While MRCS's operations were ongoing in the eastern and central districts, an additional rapid assessment revealed that 3,000 more households urgently required relief assistance in the south-east of Madagascar. As a result, the MRCS has extended its relief activities in four more districts, to include Ifanadiana where landslides had caused 48 deaths, Vohipeno, Farafangana and Vangaindrano; which are highly exposed to floods and where MRCS had previously intervened after TS Hubert in 2010.

IFRC's country representative and the Africa zone disaster management coordinator provided technical support for the implementation and follow up of the response operation. At regional level, in coordination with the IFRC zone office, French Red Cross/PIROI (Platform for Disaster Response in the Indian Ocean) funded by IFRC's DREF deployed its disaster management coordinator to support the National Society in preparing the Emergency Appeal. PIROI also facilitated the deployment of a Regional Disaster Response Team (RDRT) water and sanitation member from Comoros to assist in the ongoing operations. The RDRT was based in Vatomandry and supported the WatSan activities in this area. He also trained the volunteers in Brickaville and reinforced the capacity of NDRT and the local branch in terms of a community-based approach.

The final financial report indicates over expenditures on a number of budget lines including national society staff, volunteer costs, water and sanitation as well as financial charges, which is as a result of under-estimating the cost at the budgeting stage. On the other hand, there was less expenditure than budgeted on the shelter -relief, teaching materials, utensils and tools budget lines, which relates to the fact that the government policy allowed specific activities relating to disaster response to be carried out for 3 months, thus some activities initially planned could not be carried out following the lapse of the 3 months.

The balance of CHF 58,257 at the close of the operation will be returned to the DREF as partial repayment of the DREF start up loan.

Achievements against outcomes

Relief distributions (food and basic non-food items)	
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
<ul style="list-style-type: none"> 5,000 households are provided with appropriate non-food items. 	<ul style="list-style-type: none"> NDRT conducted detailed emergency needs and capacity assessments in Antananarivo, Brickaville, Vatomandry, Ifanadiana, Vohipeno, Farafangana and Vangaindrano districts and start up relief operation. RDRT deployed to support CRM with multi-sector assessments and coordination. Develop beneficiary targeting strategy and a family registration system to deliver intended assistance. Procure and distribute NFI (Kitchen sets, School sets and stoves) to 5,000 affected households (25,000 beneficiaries). Monitor and evaluate the relief activities and provide reporting on relief distributions. Conduct continuous detailed assessment.

Impacts: A multi-sectoral rapid assessment was conducted in the districts of Antananarivo, Brickaville, Vatomandry, Ifanadiana, Vohipeno, Vangaindrano and Farafangana with continuous assessments done in the early phases of the operation. Staff deployment was done as follows:

- 1 DM (PIROI) was deployed to support the national society in the first phase of the emergency and in the development of DREF.
- 1 Operations Manager deployed by IFRC to support coordination with the national society
- An intervention team comprising of a project manager, a finance assistant and driver
- 300 volunteers were mobilized in the operation
- 4 WatSan technicians

Procurement and distribution of 2,000 kitchen kits to 2,000 households that had their belongings damaged was done although the population affected was around 15,000. Distribution of 324 kerosene stoves was done in Brickaville and Vatomandry.

A total of 300 volunteers were trained in rapid assessment techniques, distribution, education and psychological support. Monitoring and regular evaluation of relief process was done with reports produced at a regular interval on all districts covered by the operation.



Distribution of kitchen kits and tarpaulins in Antananarivo/Photo MRCS

Challenges: Although distribution had been planned for 5000 households over a period of 9 months, this was suspended 3 months after the disaster.

Analysis and recommendations

Response was immediate in the very first moments of the emergency operation despite orders from the state regulatory authorities suspending distribution in the third month of the emergency. Nevertheless, 60% of the 5,000 targeted households were reached and the action had significantly improved the lives of the affected families. In terms of impact, the distribution of aid improved the nutritional situation of these families, having enough to prepare their food. In future, it is desirable to initiate discussions within the shelter cluster in which the state would be consulted to find deviations in certain regulations applied during emergency situations. The desire to preposition stocks in vulnerable areas will be an added advantage in the early hours of an emergency operation.

Outcome 2: Emergency shelter assistance is provided to 2,000 households in Brickaville, Vatomandry and Antananarivo districts.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • 2,000 households are provided with temporary shelter. 	<ul style="list-style-type: none"> • 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: elderly 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.

Impacts: Following an assessment of damage and needs conducted by MRCS volunteers, there was installation and management of 40 temporary accommodation sites in Antananarivo, Brickaville and Vantomandry for a month where 76 tents were installed. A total of 300 volunteers were mobilized to help with installation of the temporary shelters and rehabilitation of the damaged shelters. Priority was given to the most vulnerable (single mothers, people with disabilities, unaccompanied children and the elderly). In addition, distribution of 4,000 tarpaulins to 2,000 affected households, 2,000 toolkits for building shelter to 2,000 households whose houses were completely destroyed and 1,000 households whose houses were partially damaged was done.

Coordination of shelter cluster members was done in order to define roles and responsibilities of each actor. MRCS, with the support of the IFRC continued to strengthen its capacity in this area to consolidate its leading position in shelter.



Volunteers assisting in construction of temporary shelters Brickaville/Photo MRCS

Challenge: The amount of stock and tool kits available was inadequate due to the high number of victims in the early hours of the emergency.

Analysis and recommendations

Malagasy Red Cross, as a shelter cluster leader at the national level, should position itself well in this sector for future success. Other than the 2,000 households targeted, another 1,000 benefited from the assistance of volunteers and toolkits for rehabilitation. This increased the number of households that benefitted from construction of temporary shelter or rehabilitation of partially damaged shelters. The necessity of tents and tarpaulins being prepositioned for future emergencies will go a long way in enhancing response. The capacity building of volunteers through practical simulations in this sector is also important in improving their skills.

Emergency health

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.	
1. Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • First aid and rescue provided to those affected by the disaster. • 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. • The scope and quality of the MRCS health and care services are improved. • Psychosocial support is provided to persons in need. 	<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. • 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. • RDRT Health support to train and coordinate on ECV. • Conduct a ToT on epidemic control for volunteers (ECV) for 5 volunteers.

	<ul style="list-style-type: none"> • 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. • Provide psychosocial support to affected persons in 40 emergency centres
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Impacts: First aid and rescue services were provided by 300 volunteers from MRCS to the affected populations in all 7 districts and evacuation of sick people to specialized health centres in collaboration with the CPC (Civil Protection Company) done. A total of 626 free medical consultations were conducted by 1 medical volunteer from MRCS for a month in Brickaville.

Distribution of 60 birthing kits was done with UNFPA giving support to pregnant women in the accommodation sites in Antananarivo in coordination with health authorities. Additionally, 36,000 condoms donated by UNFPA were distributed in temporary accommodation sites in Antananarivo in coordination with the health authorities. Psychosocial support was provided in Brickaville and Antananarivo for the affected people.

Challenge: There were inadequate drug stocks for use in emergency care.



Free medical treatment
Brickaville/MRCS



Rehabilitation of wells by volunteers
Vangaindrano/MRCS

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
<ul style="list-style-type: none"> • 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. • Rehabilitation of 40 wells in Brickaville, Vatomandry, Ifanadiana, Vohipeno, Farafangana and Vangaindrano districts.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • The health status of the population is improved through behaviour change and hygiene promotion 	<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

activities.	<p>water borne diseases and safe use of water treatment chemicals.</p> <ul style="list-style-type: none"> Families accommodated in 40 emergency centres are provided with potable water.
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Impacts: A RDRT WatSan from Comoros was deployed to support MRCS during the emergency phase and 300 volunteers trained in WatSan activities. A total of 735,000 litres of drinking water was processed and distributed to 3,000 households in Brickaville and Vatomandry. A total of 2,000 family kits were distributed, comprising of 1 bucket, 1 jerry can, 2 bars of soap and 2 bottles of Sur'eau (equivalent to water purification sachets) for water treatment. Disinfection of 550 wells in 6 of the 7 affected districts was carried out and 40 wells rehabilitated in Brickaville, Vatomandry, Ifanadiana, Vohipeno, and Farafangana Vangaindrano districts 30 of which were equipped with India Mark pumps.



Enhanced drinking water in Brickaville/MRCS

A total of 150 volunteers were trained in vector control after which 60 vector control campaigns were conducted in five coastal districts of Brickaville, Vatomandry, Vohipeno, Farafangana and Vangaindrano. A total of 249 training sessions on waste disposal and cleaning of canals and drainage waters were also done. A training on PHAST techniques for 300 community volunteers on was carried out and these volunteers were then able to conduct 7,200 promotion campaigns focused on health behaviour change in 5000 affected households (or 25,000 people in the 7 districts). Additionally, 118 briefings focusing on prevention and or reduction of water borne diseases, promoting the use of water treatment products and improved hygiene were done. Development and production of 1,500 posters and 36,000 A3 flyers on hygiene and sanitation was done and the same distributed to the targeted communities.

Approximately 80 percent of targeted beneficiaries have their access to clean drinking water, sanitation and hygienic conditions improved. The SPHERE standards on water and sanitation provision were met particularly in the camps. This is due to the community-based approach which saw the participation of beneficiaries in cleaning their own living environment. The populations of these targeted districts generally face problems of access to drinking water and sanitation even outside hurricane seasons. The intervention of the MRCS has improved their living condition by treating wells and rehabilitation of water points equipped with hand pumps (India Mark Pump). The awareness campaigns were important in changing future behaviour and practices. There is however a need to reposition a WatSan kit and water processing unit in these areas to reduce any potential risks.

Disaster Risk Reduction

Outcome: Floods and water related diseases and landslide risk is reduced for targeted communities in Ifanadiana and Vohipeno districts.

<ul style="list-style-type: none"> 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. Raise awareness on future impact of climate change, particularly with regard to increased number of extreme events and sea level rise
<ul style="list-style-type: none"> 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

	<ul style="list-style-type: none"> • Advocacy on sustainable construction and safe shelter and settlement to government institutions and humanitarian agencies through the national Shelter cluster
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Impacts: Training of 6 volunteer trainers in vulnerability capacity assessment (VCA) was done. A study of vulnerability in Fokontany, Andranofolahana and Andranovolo was conducted which will be used to develop disaster risk reduction projects. A total of 5 awareness sessions and public education activities for risk reduction carried out in each of the districts of operation. Following these public awareness session, environmental protection and cultivation of vetiver (type of grass to prevent against the erosion) was done.

A training session for volunteers in disaster management focussing on advocacy for building sustainable, safe shelters was made to the government institutions and humanitarian agencies through the National Shelter Cluster.

Challenge: It was noted that teams involved in the operation found it difficult to adequately reduce risks and implement operations faster in view of the evolving risk situation at the beginning of the emergency. In view of this, training volunteers in VCA is important in the first instance after the occurrence of an emergency. Also, there is need to develop projects to prepare communities to mitigate and reduce risks in disasters.

Communications – Advocacy and Public Information

Outcome: Regular credible and reliable information to the public is provided.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • 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.

Impacts: A plan of communication, outreach and public information for the emergency was developed and shared on Fed Net and the DMIS with updates also posted on the Facebook page and on Twitter. A web story in French and English versions was published on the IFRC website in February 2012 and is also available on the MRCS website. Status reports were routinely shared via email to donors, the National Society partners, media, authorities, the government and other NGOs.

Since the beginning of the operation, a total of 37 press releases have been published. These articles helped to give regular info on the activities of the NS. There was also media coverage of the reception ceremony of the BSS in Toamasina and field activities in the targeted districts (Brickaville, Vatomandry, Vohipeno, Antananarivo Itasy). A partnership meeting was held to share information and request for partner/donor participation in financing of the emergency on April 19, as a result, 10 partners and donors responded to the appeal.

The presence of volunteers on the ground is the main asset of the Malagasy Red Cross, availability in terms of preparation before, during and after the cyclone and access to the necessary information in real time and quickly is an important factor to the success of an operation. It is noteworthy that through the use of the Malagasy Red Cross mobile phones, staff were able to quickly communicate and give updates on the field operations. In order to keep volunteers mobilized and ready to be deployed, an internal system of information sharing and communication dubbed "SMS PUSH" was created. To enhance the visibility of the NS, visibility jackets, t-shirts, caps and flags were produced.

Challenge: Only one person was responsible for both emergency communications and other MRCS project communication and was based at MRCS headquarters. This made travel to the affected districts to gather information difficult and as a result the MRCS head of communication had to rely on volunteers to provide photos on the operation. As some were using mobile phones and had no good command on the use of cameras (for those who had), the photos produced were not of desirable quality. In addition, communication

with beneficiaries was insufficient because it was managed from the headquarters by the head of communications.

Analysis and recommendation

For improved and better communication during operations, it is recommended that MRCS deploy a communications volunteer as part of the NDRT, who will be responsible for communication and sharing information with the headquarters. The volunteer would then be able to carry out several field missions, get relevant information, stories, good quality photos and also communicate with beneficiaries in the intervention areas.

Contact information

For further information specifically related to this operation please contact:

- **Malagasy Red Cross:** Ratsimbazafy Fanja, Secretary General, email: secgen.crm@gmail.com, phone: +261.34.14.221.01
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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.
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Disaster Response Financial Report

MDRMG008 - Madagascar - TC Giovanna

Timeframe: 21 Feb 12 to 30 Nov 12

Appeal Launch Date: 23 Mar 12

Final Report

Selected Parameters

Reporting Timeframe	2012/2-2013/	Programme	MDRMG008
Budget Timeframe	2012/2-2012/	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		831,512				831,512	
B. Opening Balance		0				0	
Income							
Cash contributions							
<i>European Commission - DG ECHO</i>		138,494				138,494	
<i>Japanese Red Cross Society</i>		27,400				27,400	
<i>Red Cross of Monaco</i>		12,019				12,019	
<i>Swedish Red Cross</i>		66,079				66,079	
<i>The Canadian Red Cross Society</i>		27,502				27,502	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		45,853				45,853	
<i>The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)</i>		30,157				30,157	
<i>VERFWHO Voluntary Emergency Relief</i>		300				300	
C1. Cash contributions		347,803				347,803	
Other Income							
<i>Balance Reallocation</i>		106,500				106,500	
<i>DREF Allocations</i>		278,536				278,536	
C4. Other Income		385,036				385,036	
C. Total Income = SUM(C1..C4)		732,839				732,839	
D. Total Funding = B + C		732,839				732,839	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		732,839				732,839	
E. Expenditure		-674,582				-674,582	
F. Closing Balance = (B + C + E)		58,257				58,257	

Disaster Response Financial Report

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Budget Timeframe	2012/2-2012/	Budget	APPROVED
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All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			831,512			831,512		
Relief items, Construction, Supplies								
Shelter - Relief	190,500		68,587			68,587	121,913	
Water, Sanitation & Hygiene	158,362		186,083			186,083	-27,721	
Teaching Materials	35,556		4,421			4,421	31,135	
Utensils & Tools	111,111		33,333			33,333	77,778	
Other Supplies & Services	8,056						8,056	
Total Relief items, Construction, Sup	503,584		292,424			292,424	211,161	
Land, vehicles & equipment								
Computers & Telecom			1,150			1,150	-1,150	
Total Land, vehicles & equipment			1,150			1,150	-1,150	
Logistics, Transport & Storage								
Storage	4,333		4,945			4,945	-611	
Distribution & Monitoring	13,333		4,645			4,645	8,689	
Transport & Vehicles Costs	34,250		56,861			56,861	-22,611	
Total Logistics, Transport & Storage	51,917		66,450			66,450	-14,533	
Personnel								
International Staff	94,900		49,329			49,329	45,571	
National Staff			722			722	-722	
National Society Staff	17,950		47,196			47,196	-29,246	
Volunteers	38,461		53,333			53,333	-14,872	
Total Personnel	151,311		150,581			150,581	730	
Consultants & Professional Fees								
Consultants	7,500						7,500	
Total Consultants & Professional Fees	7,500						7,500	
Workshops & Training								
Workshops & Training	18,611		15,425			15,425	3,186	
Total Workshops & Training	18,611		15,425			15,425	3,186	
General Expenditure								
Travel	20,472		48,889			48,889	-28,417	
Information & Public Relations	8,333		12,379			12,379	-4,045	
Office Costs	8,889		8,368			8,368	521	
Communications	8,944		9,962			9,962	-1,018	
Financial Charges	1,200		25,554			25,554	-24,354	
Other General Expenses			36			36	-36	
Shared Office and Services Costs			140			140	-140	
Total General Expenditure	47,839		105,328			105,328	-57,489	
Indirect Costs								
Programme & Services Support Recover	50,750		41,038			41,038	9,711	
Total Indirect Costs	50,750		41,038			41,038	9,711	
Pledge Specific Costs								
Pledge Earmarking Fee			1,287			1,287	-1,287	
Pledge Reporting Fees			900			900	-900	
Total Pledge Specific Costs			2,187			2,187	-2,187	
TOTAL EXPENDITURE (D)	831,512		674,582			674,582	156,930	
VARIANCE (C - D)			156,930			156,930		

Disaster Response Financial Report

MDRMG008 - Madagascar - TC Giovanna

Timeframe: 21 Feb 12 to 30 Nov 12

Appeal Launch Date: 23 Mar 12

Final Report

Selected Parameters

Reporting Timeframe	2012/2-2013/	Programme	MDRMG008
Budget Timeframe	2012/2-2012/	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	831,512	0	732,839	732,839	674,582	58,257	
Subtotal BL2	831,512	0	732,839	732,839	674,582	58,257	
GRAND TOTAL	831,512	0	732,839	732,839	674,582	58,257	