

DREF Operation Update

Madagascar: Tropical cyclone Haruna

DREF operation n° MDRMG009
GLIDE n° [TC-2013-000022-MDG](#)
1 October 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 28 February to 30 July 2013.

Summary: CHF 298,747 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 28 February 2013 to support the National Society in delivering assistance to some 10,000 beneficiaries (2000 vulnerable households) affected by the Tropical cyclone Haruna.

The DREF operation has enabled the Malagasy RC (MRCS) to respond to the emergency needs of 2000 families, affected by the disaster, through the distribution of shelter and non-food items, potable water and health and hygiene promotion activities.

This DREF operations update provides an overview of the key activities implemented up to end of July, as more detailed reporting will be made in the final report

This update specifically informs of the approval made to extend the operation with one month until end of August, allowing the MRCS to finalize the implementation of activities. With the extension, the operation ended on the 31 August, 2013. A final report will be issued three months after the end of the operation (by end of November 2013).

The Canadian Red Cross and government, Netherlands Red Cross and government, European Commission Humanitarian Aid and Civil Protection (DG ECHO) as well as Italian and Korean governments contributed to the replenishment of the DREF allocation made for this operation.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

The IFRC, on behalf of MRCS, would like to extend thanks to all for their generous contributions.

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Malagasy RC providing Potable water in Ankatsakatsa Sakaraha. Photo: Malagasy RC

The situation

Tropical cyclone Haruna brought heavy rains to the west coast of Madagascar for several days before the landfall on 22 February, 2013. It struck Toliary and Sakaraha, and with decreased strength, traversed the southern part of Madagascar and exited at Tolanaro. Prior to landfall, the cyclone maintained for several days in the Mozambique Channel, resulting in heavy rainfall in the west coast of Madagascar. People were injured, displaced, and several persons died. Houses, infrastructure, and livelihoods were also destroyed. Floods waters receded in May allowing families to return to their homes, and the internally displaced persons' (IDPs) camps were gradually closed.

Coordination and partnerships

The District Assembly coordinated the flood response at District level, while at national level it was the responsibility of the Department of Disaster Management (DoDMA). MRCS participated at both these levels, with the branch at District level and the Headquarters at national level.

MRCS coordinated closely with other agencies during the rescue and implementation phase. The main agencies included MDF, the Ministry of Health and Water Department, Save the Children, and Médecin Sans Frontières (MSF). The joint rapid situation and needs assessment was carried out by a joint team involving World Bank (WB), DoDMA, United Nations Population Fund (UNFPA), MRCS Mangochi Branch, and Minister of Housing. The assessment was financed by UNDP and included three teams assessing the three districts.

French Red Cross through the Regional Intervention Platform for the Indian Ocean (PIROI) supported MRCS intervention with 1,500 shelter tool kits (shelter kits), 3,000 plastics sheeting (tarpaulin) and three water treatment units. The Norwegian Red Cross provided one water treatment unit, while the Red Crescent Society of the United Arab Emirates and Axius Humanity provided food support (rice, oil, sugar, salt), soap, candles, school materials, shelter construction materials etc.

The MRCS team cooperated closely with the United Nations Children's Fund (UNICEF), the police, local administration and social services in regards to protection and Sexual and Gender Based Violence (SGBV), which was included for the first time in their response operation.

Other donations in terms of shelter material, food support, clothing, water treatment, soap were made from Axius Humanity Prince Dubai, Galana, and Savonnerie Tropicale.

Red Cross and Red Crescent action

At the start of the operations, IFRC supported MRCS through this DREF as well as in coordinating available partner support. Close cooperation with the French Red Cross through its Platform for Disaster Response in the Indian Ocean (PIROI) enabled the quick deployment of relief items and water kits, with logistics for these items supported by the French government. In addition, IFRC also coordinated with the Norwegian Red Cross in the deployment of a full kit 5 which includes a sanitation component in the kit, accompanied by a Norwegian Red Cross water and sanitation delegate in the first month of the operation.

The joint rapid situation and needs assessment was carried out by a joint team involving WB, DoDMA, UNFPA, MRCS Mangochi Branch, and Minister of Housing, which informed the planning of the intervention. Other assessments were carried during the course of the operation, which enabled the revision and prioritization of activities. The MRCS, PIROI and Norwegian RC carried out these assessments. The suggested revisions included repair of wells, additional support costs related to increased health and hygiene promotion activities, as well as the increased timeframe for the deployment of RDRT specialists to support the MRCS in monitoring and implementing the operation.

The emergency response of the Malagasy Red Cross has included:

- Rapid assessment and comprehensive survey of the numbers and needs of affected families and damage caused by the cyclone
- Management of temporary shelter and NFI distributions for displaced persons.
- Water, Sanitation and hygiene interventions,
- Health services and health and hygiene awareness raising
- Social protection and psychosocial support

- Recovery support to affected families.

IFRC supported the MRCS response with launching a DREF and providing coordination, technical support, and monitoring during the operation. Also, Regional Disaster Response Teams (RDRTs) were deployed to assist implementation and monitoring of the operation. A review of the operation is planned; however it will be carried out outside the operation not utilizing DREF funds.

Progress towards outcomes

Shelter, settlement and non-food items
<p>Outcome: The vulnerability of 2,000 flood-affected families is reduced through the provision of basic household and emergency shelter items.</p>
<p>Output: Up to 2,000 families receive non-food items including kitchen sets, shelter tool kits and tarpaulins according to assessment and selection criteria.</p>
<p>Activities planned:</p> <ul style="list-style-type: none"> • Train 200 volunteers for assessment and distribution • Conduct needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Distribute relief supplies to 2,000 families and control supply movements from point of dispatch to end user. • Monitor and evaluate the distribution activities and report on these distributions. • Develop an exit strategy.

Progress:

Needs assessments were undertaken in the districts of Toliary I, Toliary II, Sakaraha and Morombe. Two types of assessments were conducted by volunteers of which the first was the rapid assessment to identify needs and areas for intervention. The second assessment was more in-depth for enabling more detailed planning of the intervention.

A beneficiary target strategy was developed and agreed between the involved actors. The criteria for identifying the most vulnerable individuals and households for assistance included:

- Households with children under five
- Households with a pregnant woman
- Households with elderly
- Households with persons with disabilities

A total of 200 MRCS volunteers were trained on relief and distribution. The volunteers distributed 1,500 toolkits, 3,000 tarpaulins, and non-food items to 2,000 families in Sakaraha, Toliary I, Toliary II and Morombe, in coordination with other actors.

The MRCS staff and volunteers were providing key services in the displaced camps during the operation, including temporary shelter, water and sanitation facilities, medical consultation and psychosocial support, and support for waste management. MRCS also assisted families to return to their homes once the flood waters receded.

Challenges:

- There were some challenges experienced in working with some of the local authorities that lacked experience in emergency management.
- Changes in administrative structures delayed validation of data for beneficiary identification.
- Some community leaders advocated for special benefits for them and their families during the emergency operation, which had to be handled in a careful manner.
- Destroyed infrastructure had a negative impact on options for communication, which posed a challenge in particular between the three affected districts.
- Financial transactions were delayed.
- Some of the affected populations were already in difficult and vulnerable situations which complicated the emergency operation.

Emergency health and care

Outcome: The health risks related to cyclone and flooding is reduced through community-based referral and sensitization activities for 2,000 families in 5 areas for 4 months

Out puts:

2,000 families (10,000 people) have been reached through sensitization campaign
Adequate first aid and referral has been provided in the targeted areas.
Vulnerable groups and individuals have received support in physical access to health services.

Activities planned:

- Induction/refresher for 200 volunteers in basic first aid and health education.
- Community based health and flood risk awareness campaign in villages and makeshift camps.
Support evacuation of population in high risk areas.
- Accompany pregnant and lactating women to safe areas in camps and affected areas.
- Monitor health situation in affected areas and refer cases to health facilities when necessary.
- Assist existing health facilities in affected areas.

Progress:

MRCS volunteers managed the IDP temporary camps in the affected zones and sensitized populations on health, especially on diarrhoea and respiratory infections. Additionally, with the support of local partners, MRCS undertook mass medical consultation and referral activities.

A total of 11 mobile clinics with MRCS doctors and volunteers provided support to the affected population in Sakaraha, Toliary I and Toliary II. The situation with chronic vulnerabilities in many of the communities was identified during the medical consultations.

Table 1: Summary of number of medical consultations in Tulear

Dates / March	10	11	12	13	14	15	16	17	18	19	20	21	Total
Total Besakoa patients		87	91	92	78	86	77	27	73	33	65	55	764
Wireless total patients		78	73	130	62	53	35	26	50	41	40		588
Total patients Betania	15	68	64	72	80	73	97	29	65	55	42	30	690
Number tot patients Mahavatse I Kiambe		78	70	62	60	52	39	26	33	32	40	12	504
Total patients Camp RM5 Tanambao		27	6	212	115	169	190	117	73	115	150	90	1593
Total MiaryTulear II patients		70	66	110	73	81	76	24	53	41	37		631
TOTAL													4770

Additionally, MRCS volunteers provided psychosocial support to affected families and individuals. Two tents with two health staff were set up in the camp RM5 for psychosocial support. During the operation 48 persons contacted MRCS on a helpline set up. Most of the persons (aged 22 to 67 years) were traumatized because of shock after the cyclone and the loss of their belongings. Among the 48 persons, three were referred to the Trano Aro zone centers for support and recovery.

The MRCS team included a protection component in their programming, and in particular worked with sexual and gender based violence (SGBV) through their volunteer network and psychosocial support team. This work was carried out through the protection cluster in cooperation with UNICEF, police, social services local administration. The work of the MRCS in relation to this included, monitoring the situation in the IDP camps, including this in the psychosocial support, and sensitizing the affected population in the IDP camps on SGBV, child protection, and reproductive health issues.

Challenges:

- Some of the affected populations were already in difficult and vulnerable situations, with health implications, which complicated the emergency operation.
- Lack of understanding among some partners on the importance of mainstreaming psycho-social support, SGBV and protection issues in relief operations.
- Lack of sufficiently trained staff and volunteers in psychosocial support, SGBV and protection issues.

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water-related diseases has been reduced through the provision of safe water and hygiene promotion to 2,000 families in 5 areas for 4 months.

Outputs and activities planned:

- Conduct training for Red Cross volunteers on hygiene promotion and the safe use of water treatment products
- Assess the existing coverage with a view of ensuring availability of an adequate water supply
- Conduct hygiene promotion in five regions including training/information on use of water treatment products and safe water storage and handling.
- Identify and rehabilitate 20 damaged wells.
- Distribute potable water for up to 300 families who may not have access to water points, through household water treatment.
- Provide safe water to 2000 families through water treatment

Progress:

The cyclone Haruna polluted many of the existing wells and the infrastructure for supplying water for the population was damaged by the flood waters. Seven units of the water treatment equipment were deployed during the emergency phase providing potable water to the affected population.

Training of volunteers and distribution of potable water was completed in Sakaraha, Toliary I, Toliary II and Morombe, 14 wells were rehabilitated, and 52 wells were cleaned for the benefit of over 10,000 persons. Volunteers sensitized the population in the affected area on hygiene and sanitation. The water Kit 5 was deployed with support from the Norwegian Red Cross.

Table 2: Drinking water sites and surrounding fokontany

Drinking water	Produced / amount m3/unit/J	Water treatment unit	Beneficiary households
Toliara I and II	15	3	1,650
Sakaraha	20	2	700
Morombe	20	2	1,800
Total	55	7	4,150

The MRCS provided training to their volunteers on water related diseases, the sphere standards, the use and composition of water Kit 5 etc. The trained volunteers undertook activities to promote hygiene in the IDP camps and sanitation materials were distributed.

The MRCS, with support from the Norwegian Red Cross, built four temporary showers (two for men and two for women) in one of the IDP camps.

In addition, several general sanitation disinfection campaigns have been undertaken in the IDP camps. The campaigns, led by the MRCS volunteers, involved general cleaning, vector control, management of latrines and showers etc. Some of these activities were carried out twice a week. Similarly, the volunteers led sanitation campaigns in the communities.

The MRCS volunteers noted a decrease in open defecation in the communities, and several latrines were built by the communities themselves following the sensitization campaigns on hygiene and health awareness.

Table 3: Summary of awareness creation

District	Activities	Number family visited	Numbers of people present	Numbers water purifiers distributed
Toliara II	- Construction and use of household latrines; - Hand washing and use of soap;	2,600	8,400	100,000
Sakaraha	- water treatment system demonstration and utilisation of water purification items;	2,300	6,600	50,000
TOTAL		4,900	15,000	150,000

Challenges:

- The lack of trucks for transport posed a challenge for the water trucking activities and caused some delays.
- Lack of material support to communities for construction of latrines etc.
- Insecurity in the area delayed work with rehabilitation of wells.
- The need for comprehensive rehabilitation of water points, which could not be part of the emergency operation.

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.