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## Emergency Plan of Action final report

### Madagascar: Cyclone Chezda



<b>DREF Operation: MDRMG011</b>	<b>Glide n°</b> <a href="#">TC-2015-000004-MDG</a>
<b>Final Report ; 1 January 2016</b>	<b>Timeframe covered by this update:</b> 6 Months
<b>Operation start date:</b> 30 January, 2015	<b>Operation timeframe:</b> 30 January, 2015 - 16 June, 2015
<b>Overall operation budget:</b> CHF 452,887	<b>N° of people being assisted:</b> 100,930
<b>National Society:</b> Malagasy Red Cross Society	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> Malagasy Red Cross Society (CRM), International Federation of the Red Cross and Red Crescent Societies, Platform of Regional Intervention Indian Ocean (PIROI), French Red Cross, Norwegian Red Cross, German Red Cross	
<b>Other partner organizations actively involved in the operation:</b> Government of Madagascar, Bureau National de Gestion des Risques et des Catastrophes ( BNGRC), UNICEF, WFP, FAO, UNOCHA.	

**This final report has been reissued due to a transaction adjustment done on the final financial report. The balance of CHF 38,148 will be returned to the DREF.**

## A. Situation analysis

### Description of the disaster

Madagascar is within the Regional Inter Tropical Convergence Zone (ITCZ) and on January/12/2015, pressure in the zone resulted in unreasonably high amounts of rain in the city of Antananarivo. The city is an area prone to flooding, with two thirds of the city classified as a flood plain, which leads to a chronic annual cycle of flooding emergencies, displacement, injury and loss of life.

During 2010-2013, illegal houses were constructed within the capital city without authorization in the so-called prohibited areas such as drainage canals, dykes and flood zones, where flood water and waste water are known to drain from. Such factors make the flood contingency plan of Antananarivo obsolete and the authorities are yet to deal with the unauthorized housing development in the risk areas.

On 16 January 2015, the tropical cyclone Chezda hit Madagascar, which caused the Antananarivo pumping station (used to drain rain and waste water from the city) to break down, causing the levels of surrounding rivers to rise. This led to the government issuing a red alert in the capital city. The flood caused considerable damage within Madagascar's central region (Analamanga) central, southern region (Menabe), southeast (Vatovavy Fitovinany and Atsimo Atsinanana), as well as western parts of the island.

As of 30 January 2015, according to preliminary assessments by the Malagasy Red Cross Society (CRM), 80,000 people had been affected, with more than 20,000 living in temporary shelters throughout the country including more than 16,000 in Antananarivo. According to the UN Office for the Coordination of Humanitarian Affairs (UNOCHA), 68 people were killed.

On 2 February 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) released CHF 262,902 from the Disaster Response Emergency Fund (DREF) to support CRM to meet the immediate needs of 3,000 households (15,000 people) in the sectors of emergency shelter, non-food items (NFIs), water, sanitation and hygiene, for a period of three months. As of 5 February 2015, the final official statement of the Malagasy disaster management office (Bureau National de Gestion des Risques et des Catastrophes, BNGRC) reported that 173,970 people were

affected, 80 killed and 9 missing. With the exception of Antananarivo, most of those who had been displaced were gradually returning to their homes by early February.

From 14 February 2015, rainfall increased yet again and significantly affected the regions of Alaotra Mangoro, Analamanga (including the capital, Antananarivo) and Vakinankaratra, causing landslides and 26 more people were killed. After the failure of river banks to protect the Sisaony river, flooding in the greater Antananarivo worsened, and again on 27 February 2015, a red alert was declared. On 9 March 2015, it was reported that 93,000 people were affected and 40,000 displaced (BNGRC). In Antananarivo, 36,000 people were displaced and 1,831 houses flooded or destroyed. In addition, nearly 13,100 hectares of rice fields were flooded, and many schools remained closed with others being used as temporary shelters.

On 6 March 2015, the Prime Minister decided to gather all of those displaced in Antananarivo in a large camp within Andohatapenaka, which was the city's former slaughterhouse. The site was originally set up to accommodate up to 24,000 displaced people. The movement of people to the camp began in an ad hoc and informal manner, when neither proper infrastructure nor a registration system was in place. The government of Madagascar (GoM) planned to keep this site open for three months and, in May offered the families who had nowhere to return to a resettlement program in Ankazobe, 140km north of the capital. About 100 families took the offer and have since moved there.

On 23 March 2015, an operations update was issued extending the operation by an additional 2 months at the request of CRM with an increased DREF allocation of CHF 189,985 (totalling CHF 452,887 for the full 5 month operation) to allow for the expansion of the activities to support an additional 2,000 households (10,000 people) which were affected by the floods, and who were living in camps in the city of Antananarivo. A total of 5,000 households (25,000 people) have been targeted for assistance by the CRM.

This DREF was replenished by the Canadian Red Cross / Government, DG ECHO, Italian Government, Korean Government and Netherlands Red Cross / Silent Emergencies Fund. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich and other corporate and private donors.

The IFRC, on behalf of the Malagasy Red Cross Society would like to extend its thanks to all partners for their generous contributions.

## Summary of response

### Overview of Host National Society

In preparation for the arrival of the Chedza cyclone, the CRM activated its contingency plan and raised awareness regarding the impending storm and potential flooding. After the cyclone hit in January, the CRM initiated an immediate search and rescue and first aid response for people in flooded areas. The response was rolled out in the following sequence:

- Activation of the National Disaster Response Team (NDRT) to conduct rapid assessments in Antananarivo and the surrounding communities
- Mobilization of volunteers, CRM, NDRT staff for Shelter and WASH (recently trained by IFRC with support from Norwegian Red Cross in December 2013).
- Training of 81 volunteers for building temporary shelters, and a WASH awareness training (3 key messages on Hygiene promotion)
- Training conducted for installation and operation of emergency water treatment units and production of safe drinking water in the regions.
- Construction of temporary shelters (collective shelters: 4m x 12m / Family Shelter: 4m x3 m). CRM lead the shelter sector and was the only actor working in the field with the BNGRC during the initial response.
- Provision of psycho-social support to IDPs, in partnership with the Ministry of Population.
- Distribution of food, in partnership with the United Nations World Food Programme (WFP).
- Mobilisation of pre-positioned stocks for distribution in the Menabe, Atsimo, Atsinanana, Vatovavy Fitovinany regions and in Antananarivo.
- Distribution of non-food items, shelter (plastic sheeting, tool kits), and hygiene kits.
- Four (4) Water treatment units deployed and the distribution of drinking water, disinfection of wells and hygiene promotion campaigns in all sites for 1 month.

From January to April 2015, the CRM responded successfully to the needs of thousands affected by the strong winds and heavy rainfall in different regions of Madagascar. Five thousand (5,000) displaced families received various types of assistance, meeting their most urgent needs in water supply, sanitation and hygiene, and shelter and settlements.

CRM intervened in four regions of the country, including the capital Antananarivo. Although CRM staff and volunteers gained valuable experience during the response, CRM efforts were recognized by humanitarian partners, it was very difficult to respond in remote areas and at times also within an urban environment. The contingency plan has been updated and lessons learned applied to improve the capacity of the CRM and emergency services to the beneficiaries.

One of the response activities by CRM included the distribution of prepositioned stocks (prepared with the support of the PIROI) for 2,000 families. This stock was essential to serving the immediate needs of the affected population in the different regions in the country. The first items to be mobilized and distributed were tarpaulins and shelter kits. According to the emergency plan for cyclones and floods, and the observed needs, the CRM response focused on water, sanitation and shelter. CRM distributed tents, and built shelters on higher ground for the displaced population. Meals were prepared by the different groups, religious actors, private actors and NGOs and distributed mainly by volunteers from the Red Cross, who also assisted the WFP with food distribution.

The CRM relied on its vast network of volunteers. Assessments were done at the beginning of the disaster, during the response, and the findings were used to plan activities, target response, and have also been used by the authorities to assess needs and to have accurate and detailed information.

The response followed two different models during the crisis:

- one for the regions (Menabe, Atsimo Atsinanana and Vatovavy Fitovinany)
- One for the capital (Analamanga region) Antananarivo.

**Regional Response:** From the preliminary results of the evaluations, immediate response activities were planned. The NFI distribution lasted three - four weeks, due to the extreme remoteness of some villages affected. The villages are small and scattered, spread over a large area, and separated by flooded rivers. The water level was indeed very high (up to 3-4 meters above normal levels) in some areas, altering the normal movement, and communities had to cope in creative ways (e.g. using carts pulled by zebu cattle / cows) to reach distribution sites and return the items to their locations. Besides first aid, shelter and NFI distribution, CRM activities also included the provision of safe drinking water with the mobilization of four water purification units. The units were deployed after two weeks and delivered potable water for one month to affected communities at the SPHERE standard of 15 litres of potable water per person per day. According to all recipients met in May / June by the CRM director of operations, this was a much needed and appreciated service. CRM was able to meet the urgent drinking water needs for one month, however no other organization was able to take over this activity following the one month of support. CRM conducted extensive hygiene promotion activities throughout the one month period, with the intention of providing families with sufficient information to meet their own hygiene and WASH needs after one month.

**Urban Response (Antananarivo):** With stocks pre-positioned in Antananarivo, the response was much faster in terms of mobilizing tents and shelter kits. The challenge, however, was to identify suitable sites to install temporary shelters in densely populated urban areas. The owners of small plots available were not always keen on hosting the displaced population. It is important to note that the affected population did not want to move away from their homes for economic and social reasons. For example, many people who earn their income on a daily basis feared they would not be able to find work in other districts or that their children would not be able to attend school. Due to crime family member (usually a man) would often choose to stay behind to protect property, or the rest of the house. This meant that the camps were mainly inhabited by women, children and elderly.

The CRM played a crucial role in negotiating acquiring some of the sites on behalf of the beneficiaries and supporting the displaced people in the construction of temporary shelters. Of the 100 sites (totalling more than 380 shelters, excluding Andohatapenaka camp), 78 were managed by the CRM (which built 235 shelters), housing about 4,000 families.

At a coordination meeting held 12 March 2015 regarding the Andohatapenaka camp, (when the GoM attempted to gather IDPs from several small camps into a single large camp), the CRM convinced the GoM to limit the number of households in the camp to 2,500 and accelerate the provision of necessary building materials. The CRM has retained an advisory role in camp management (assigned by BNGRC) to ensure that conditions in the camp are in compliance with recognized humanitarian standards (i.e. SPHERE, HAP, etc.). CRM also designed the camp layout and provided materials, expertise and volunteers to build 118 shelters in the camp. Besides construction, the expertise of the CRM included security management, registration of persons entering and leaving the camp, gender, child protection, access for people with disability and camp management.

The coordination of the intervention was under the authority of BNGRC, with the support of the OCHA. CRM participated at all levels, regionally and in the capital. The decision to bring together the IDPs into a single camp (Andohatapenaka) was a surprise to CRM and was not shared in a timely manner with partners. Regarding urban constraints and social challenges of the affected population, this decision was difficult to manage. The intervention of the CRM is a key factor that ensured a minimum level of quality of service for beneficiaries.

## Overview of Red Cross Red Crescent Movement in country

The IFRC, through its regional representation for Eastern Africa and Indian Ocean Islands (EAIOI) and the Platform of Regional Intervention Indian Ocean (PIROI) sponsored by the French Red Cross, monitored the situation and were in regular communication with the CRM. In addition to providing remote technical support, PIROI mobilized the distribution of shelter kits (including tools and plastic tarps) from its warehouse in Antananarivo (details in section below). From March 9 to 13 2015, in close coordination with the PIROI, IFRC regional office deployed a disaster management coordinator from PIROI to support CRM in the assessment and revision of the DREF operation.

The PIROI team and IFRC operations managers were present in the capital Antananarivo and direct support was offered to CRM throughout the operation. The CRM was able to mobilize the prepositioned regional stock of PIROI during the first response, which facilitated the operations in the capital and in regions especially in terms of potable water, shelter. In total, 2,000 shelter kits and 5,000 tarps were dispatched from the PIROI warehouse in Reunion to Madagascar (delivered by sea in 4 days), the cost of these items were then reimbursed by CRM through the DREF allocation. Before the DREF allocation was approved PIROI also allowed CRM to release 1,000 shelter kits and 1000 tarps from the PIROI warehouse in Tana (thanks to Région Reunion). Most of these shelter items were distributed by CRM during the first phase of the DREF operation. During the second phase of the DREF operation, PIROI supported an additional shipment of tents and emergency latrines, to the main Tana camp, from Reunion (with support from Mairie de Paris, French Government, Conseil Général de Mayotte) to assist with the second phase of flooding in February/March 2015. The two month DREF extension was also supported by an RDRT the IFRC EAIOI office, as well as an IFRC operations manager following the DREF to support the final evaluation and report writing.

The Norwegian Red Cross, which is supporting a disaster recovery project funded by ECHO since April 2015 also, supports CRM with a WASH project focusing on the rehabilitation of wells and hygiene promotion in regions Atsimo Atsinanana, Vatovay and Menabe. The German Red Cross also has projects under disaster risk reduction (DRR) in Madagascar and provided LTTN mosquito nets, a support based on the needs of the population, and existing gaps. Regular coordination was conducted in the field with all partners to avoid potential overlaps of activities planned as part of this operation DREF.

### **Overview of non-RCRC actors in country**

The BNGRC coordinated the response with support from UNOCHA and the Humanitarian Country Team (HCT) including the CRM. On the 28 January 2015, the Government of Madagascar (GoM), which had just been sworn in a day before Tropical Cyclone Chedza hit the country, requested international assistance. In response to the floods, the Government declared a state of national disaster on 27 February 2015 and renewed its call for international assistance. In Antananarivo, in addition to BNGRC, the Communauté Urbaine d'Antananarivo (CUA) set up its own operational centre to coordinate the flood operation. Roles and responsibilities of the two entities were overlapping sometimes since CUA was coordinating the response in Antananarivo only while BNGRC was coordinating the response nationally. Local authorities did organized scattered food distribution without coordinating with actors on the ground. United Nations agencies including the United Nations Children's Fund (UNICEF) and UNOCHA dispatched pre-positioned stocks in response to Chedza, which have since been depleted.

With the coordination of the National Risk Management Office (BNGRC), UNICEF worked with the Malagasy Red Cross to support the distribution of WASH kits in places that were not targeted by the Malagasy Red Cross. Similarly other United Nations agencies were involved, such as WFP for the distribution of energy biscuits, and the FAO for the distribution of food rations and daily meals in the hosting sites.

## **Needs analysis and scenario planning**

### ***Needs Analysis***

The CRM contingency plan reflects the most likely needs of the population and the foreseen scenarios reflected the pattern of actual interventions during the cyclone Chedza. The needs were in fact chronic and recurring as per the risk analysis of the country and affected areas. The three key recurring needs in Madagascar throughout seasonal flooding included shelter, WASH, and health. Assessments in late January by CRM confirmed that these same needs were indeed the most urgent following cyclone Chedza.

At the onset of this DREF operation, the agreed EPoA included immediate interventions to support 3,000 households (15,000 people) in the areas of emergency shelter, water and sanitation and hygiene promotion, as well as to carry out more in depth multi sectorial assessments. In the south eastern and western regions, most of the planned activities were carried out as per schedule and are being closed, however the situation in and around Antananarivo has been particularly complex because of the additional floods and landslides since mid-February 2015.

In Madagascar, much of the country's population of approximately 22 million live in extreme poverty. Madagascar ranks 155 on 187 in the human development index, as of November 2013; while the World Bank estimates that 92 % of the population lives under the poverty line. Antananarivo is the country's capital and economic hub. The city lacks urban planning and 80 per cent of residential buildings don't meet construction standards in terms of technical quality and are located in unsafe flood-prone areas.

Since mid-February 2015, the number of people displaced following Tropical Cyclone Chedza reduced significantly. Chedza caused flood waters to reach levels not seen in over 55 years (since 1959). Moreover, the rains caused around 50 landslides on the hills of Antananarivo, and an assessment carried out by the government identified 1,000 persons exposed to immediate risk of rock falls. Displaced people in the Fokontany Ambolokandrina and Avaratr'Ankatso centres were evacuated and hosted temporarily on the University of Antananarivo campus. More assessments were conducted on several sites (Ambatomaro, Ambohidempona, Ambohijanahary and Manjakamiadana hills) and local authorities planned mitigation actions and continued to evacuate people at risk. In Antananarivo, the CRM conducted a detailed registration of all displaced people in 72 sites where volunteers assisted local authorities to manage the camp.

### **Risk Analysis**

In some regions, the rainy season was 3 times above normal precipitation levels. Water level in the Antananarivo plains decreased slowly. Moreover, erratic functioning of pumping stations belonging to the Authority for Protection against Flooding of the Plain of Antananarivo (APIPA) also promoted the risk of further flooding in Antananarivo. Additionally, the slow response of the GoM and lack of coordination made other partners relatively slow to respond except for a few small activities.

Because of the very high density on the hills around City Centre and the rapidly growing population, a lot of houses have been built (without permission) in low areas on former rice fields, and are vulnerable to floods during the rainy season and water borne diseases including diarrhoea and other infectious diseases are common. Recently, plague cases were reported in areas that were flooded. Moreover, insecurity is a challenge to the already difficult environment most of the population are living in.

Other risk factors included:

- Chaotic coordination by the government in a volatile political context.
- More heavy rains or new storm/cyclone could increase the flooding or slow down the receding of water and keep displaced people in camps for a longer period.
- A risk of waterborne and infectious diseases in flooded inhabited areas and in displaced sites
- Increased poverty and insecurity in an urban context could challenge the identification process of beneficiaries and the distribution of food and NFIs.
- The National Society is the only organization currently active in the displaced camps, carrying all activities while the responsibilities of local authorities should be more effective.
- Food insecurity may arise in the coming months if the rice harvest is lost because of the floods.

## **B. Operational strategy and plan**

### **Overall Objective**

The cyclone and flood affected population's survival and immediate needs are met through the provision of essential emergency relief, shelter items, water, sanitation and hygiene promotion assistance, targeting a total of 5,000 households (25,000 people) in four regions of Madagascar.

As per the agreed strategy, the following activities were prioritized within this DREF operation:

- Carry out a multi sectorial needs assessment and analysis for validation of the needs of the cyclone-affected population, with the intention of modifying the operation as required. The CRM multi sectorial assessment and the census tool have become a national reference methodology and resulting data has been used by all partners. CRM has its Contingency Plan and tools for Risk and Disaster Management. Several workshops and training courses have been done to validate these tools that have been used and tested in previous emergency responses; also they have been just updated this year by harmonizing them with other humanitarian actors' tools.
- Mobilization of emergency water treatment and distribution units in three locations, which will provide clean safe water for consumption/household use. CRM volunteers will be deployed to each location (six per location) to support the water distribution activities for thirty days across the three month operation.
- Distribution of hygiene kits (cups, buckets, jerry cans and soap) which are in accordance with the agreed national standards of Madagascar (not IFRC standard). CRM volunteers will be deployed to each location (15 volunteers per location) to support the distribution of the hygiene kits for ten days.
- CRM volunteers will be deployed to carry out hygiene promotion campaigns, including advocacy on the importance of environmental sanitation at community and household level (45 volunteers per location) for thirty days across the three month operation.

- Distribution of NFIs: 3,000 kitchen sets (local specification), 15,000 spoons, 3,000 bowls, 15,000 plates, 3,000 knives, 15,000 cups and 15,000 ladles. Please note that the NFIs will be distributed across 12 sites within the three target locations to ensure households are able to receive the items in a safe and secure environment.
- Distribution of temporary shelter: 5,000 plastic sheeting: 5,000 pieces of plastic sheeting, 3,000 shelter tool kits. CRM volunteers will be trained in construction (60) and deployed to the three locations to support households when building their shelters. Volunteers will be posted at shelter sites to manage them and to improve accountability. CRM volunteers deployed to support temporary shelter activities will produce report every three days (at the beginning of emergency) and weekly after.

Following the revision and extension of this DREF, the following activities were added:

- Distribution of an additional 2,000 pieces plastic sheeting (7,000 in total) and 1,000 shelter kits (4,000 in total) to support the construction of temporary shelter in the camps. An additional 20 CRM volunteers will be trained in construction (80 in total), to assist with building shelters, as well as set-up of tents, which have been donated by the GoM. In the other regions targeted through this DREF operation, 3,000 shelter kits (one shelter tool kit and two pieces of plastic sheeting) have been distributed to households, however in the Andohatapenaka camp, no distributions are planned at household level. Instead, plastic sheeting and shelter kits will be used to support the construction of temporary shelters that are adapted to the context, the available space, and size of the households. Additional materials (wood, tools etc.) that are required will be supplied by the GoM.
- Distribution of an additional 2,000 kitchen sets (5,000 in total), along with an 10,000 spoons (25,000 in total), 2,000 bowls (5,000 in total), 10,000 plates (25,000 in total), 2,000 knives (5,000 in total), 10,000 cups (25,000 in total) and 7,000 ladles (reduced from 15,000), will be done in the camp or to those that are able to return to their homes - an assessment will be carried out prior to this distribution
- Construction of “rapid” emergency latrines (100) using use pre-positioned squatting plates and tarpaulins, as well as emergency showers (50). The GoM will provide wood materials and a waste tank. The estimated latrine per person ratio is expected to be 1:25, which is within the SPHERE standards for emergency response (1:50).
- Drainage improvement and solid waste management activities (latrine cleaning etc.), which will be carried out by the displaced people, with assistance provided by CRM volunteers.
- Additional CRM volunteers will be deployed to carry out hygiene promotion campaigns in the camp.
- Distribution of an additional 2,000 hygiene kits (5,000 in total) consisting of a bucket, jerry can, small plastic glass and soap (one per household) - an assessment will be carried out prior to this distribution. All activities planned within the WASH sector are being coordinated with other actors which are also present in the camp, including UNICEF, which is constructing additional rapid latrines, and Jiro sy rano Malagasy (JIRAMA national water company), which is providing safe water supply.

### Beneficiary Selection

Beneficiary satisfaction surveys were carried out to assess the appropriateness of the NFI and shelter assistance that is provided, which will be used to inform future operations. Beneficiaries targeting has been based on the following criteria:

- Household headed by women,
- Household with children under 5 years
- Household with pregnant or lactating women,
- Household with dependent persons (people living with disabilities, sick and/or elderly persons)

District targeting has been based on the following:

- Chronic vulnerability in districts,
- Chronic flood risk,
- Precarious standard of living and livelihoods of the affected population
- High epidemic risk (cholera and plague)
- Difficulty of intervention
- CRM intervention capacity

### Strategy for Shelter

The CRM has mobilized the stock of pre-positioning of shelter kits for Tana city and continue to do so based on the emergency needs, especially within schools, which continue to house IDPs. The shelter strategy of CRM is based on SPHERE standards, and the following factors are considered:

- The construction of temporary shelters for affected population currently staying in schools
- Areas where there are many affected and vulnerable people
- Temporary shelters for the provision of medical consultations and psychosocial support.
- Construction of latrines to allow the promotion of good sanitation and hygiene practices

- The choice of new housing and latrine sites is done in consultation with the affected populations and local authorities
- A community approach is used, whereby the affected population is trained to build temporary shelters through the support of CRM volunteers to promote the importance of hygiene and sanitation.

### **Strategy for Water, sanitation and hygiene:**

From the analysis of assessments, CRM prioritized the most affected districts where basic needs included the lack of availability of drinking water and high levels of acute watery diarrhoea and other waterborne illnesses. CRM's approach to WASH involved the following:

- 2 WASH teams initially sent to Menabe region, in the districts of Morondava and Belo sur Tsiribihana.
- 1 water treatment unit per district
- Training community volunteers on the treatment of household water, hygiene promotion messages and the construction of latrines.
- Hygiene promotion in affected villages
- Implementation based on ongoing discussions with village members and leaders
- Send daily reports to the CRM headquarters in Tana

### **Strategy for Health and Care**

The health needs were partially met by CRM within the Tana districts city through distribution of free medicine. These health activities were supported by UNICEF, and not from the DREF allocation. The health strategy for CRM includes:

- On-going evaluations, which showed diarrhoea and malaria as the most common illnesses with 15% of those affected by the cyclone falling ill during the 20 days after the disaster.
- Mass consultations within the affected, along with the distribution of free medicine
- Coordination with the Regional Health Directorate and District Public Service in the target areas.
- Epidemiological surveillance comparing the number of patients before/after the disaster.
- Depending on the SGBV needs, the CRM volunteers offered psychosocial support to the 15 most vulnerable locations.

## **Operational support services**

### **Human resources (HR)**

Human resources mobilized from the Chedza cyclone response:

- Logistics, Finance Communication, DM, OD and PMER departments of CRM
  - 4 members of staff to support the implementation of the DREF operation for a period of five months, including: a designated project officer (100 per cent), disaster management officer (50 per cent), finance officer (50 per cent) and logistics officer (50 per cent)
- Networks of NDRT, BDRT and volunteers (340)
  - 320 volunteers (from communities and villages) to carry out distributions, assessments loading, offloading, hygiene promotion, and shelter construction. An additional 20 volunteers are being mobilized to support the expansion of the DREF operation
  - 50 staff members including shelter and WASH NDRTs and Branch Disaster Response Team (BDRT) (trained in 2014/2015) have also been mobilized to support assessments.
- Partners, including Partner National Societies, BNGRC, OCHA & clusters, UN, Regional Directorate,
  - The PIROI disaster management coordinator was deployed from 9–13 March 2015 (one week) to support the CRM in revising the DREF operation. Other support missions could be requested by the CRM
  - An IFRC operations coordinator was recruited for the remainder of the DREF operation (two months). He supported the CRM project officers

### **Logistics and supply chain**

CRM has its own financial and administrative procedures, which were followed for all procurement during the Chedza response. CRM maintains a warehouse with support of the PIROI network, which adheres to IFRC standards. Most procurement for the Chedza response was done locally, except for tarpaulins and fastening tools that do not exist in the local market.

A robust Logistics plan was put in place to ensure a smooth operation:

- PIROI is supporting international procurement and shipping of NFIs and shelter materials in accordance with the agreed IFRC logistics standards.
- Warehouse and storage plans: Procured items were stored at CRM main warehouse for one month. At all times a paper trail of relevant documentation was kept to account and track stocks during distribution activities.
- Transport and fleet needs: The CRM rented trucks and vans to support the mobilization of water purification units, NFIs and shelter items. The CRM also rented a vehicle to support monitoring of the operation by staff. Fuel costs were covered for this DREF operation.

## Communications

CRM used a number of media channels to convey key messages publically and internally throughout the response. These mechanisms included: Situation reports, DMIS, SMS announcements, CRM and IFRC and PIROI websites, Social Networks (Face book, Twitter, etc.), Newspapers and TV /Radio.

## Security

CRM monitored security in both urban and rural intervention areas. While the urban security environment fluctuated, with the predictable risks of urban living, the rural areas were generally calm throughout the Chedza response.

The security cluster was activated to meet the security needs for the stakeholders in the intervention areas. This cluster worked in close collaboration with the Ministry of Population and the Ministry of Interior. Particular attention was applied in all interventions in Antananarivo, especially in the Andohatapenaka camp where local authorities have reinforced security around the site.

## Planning, monitoring, evaluation and reporting (PMER)

The CRM has a PMER manual and applied this policy throughout the response to Chedza through the DREF operation. Five members of staff carried out monitoring visits (for seven days) to ensure implementation of the DREF. At the end of the intervention, operational review/lessons learned workshop was also organized, involving participants from the IFRC EAIOI office and a shelter specialist from the Luxembourg Red Cross Society. A shelter report comprising recommendations for future responses was prepared; while the operational review report is in the process of being finalised.

## C. DETAILED OPERATIONAL PLAN

### Quality of the program / Common elements to all sectors

#### Needs Assessment

Since the activation of the Contingency Plan, the NDRT training was one of the key preparedness activities which supported the CRM DM team throughout the Chedza response. The NDRT is the core of CRM's Disaster Management capacities, including organizational preparations, assessments and disaster-related responses. Only the volunteer training in targeted areas of the Cyclone and flood is funded by the DREF.

Every year, the contingency plan schedules volunteer training for needs assessments relating to cyclones and floods in vulnerable districts. This DREF has funded most of the volunteer training for damage assessments in the target areas of cyclone Chedza. Assessments provide raw data to allow the selection of the most vulnerable areas and individuals under the IFRC criteria. The assessment data following the Chedza cyclone enabled CRM to draft the DREF and also helped guide the actions of other stakeholders. CRM plays a key role as the Shelter Cluster lead, but also as a specialist organization in Watsan and assessments.

**Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation**



Output 1.1 Emergency Plan of Action is informed by multi-sectorial needs assessment; and coordination with other partners

Activities:

- Preparation workshop for multi sectorial assessment
- Preparation of training modules for National Disaster Response Team (NDRT)
- Purchase visibility materials for volunteers
- Conduct multi-sectorial needs assessment
- Data analysis based on multi sectorial assessment; and actions of others to avoid duplication.
- Logistics assessment
- Coordination meetings with partners; including IFRC and PIROI
- Preparation of EPoA based on consultation with beneficiaries, assessment and analysis

Output 1.2 Monitoring of DREF operation informs revisions to the Emergency Plan of Action

Activities:

- Monitoring and reporting on activities
- Lessons learned / review

### Achievements

In the DREF target areas, all volunteer training was completed, which allowed CRM to identify the most urgent beneficiary needs and select the most affected areas. For the Analamanga Region, three evaluations have been conducted. The first was done at the beginning of the flooding in the capital; the second was done before writing the DREF and the third evaluation was done during the Intertropical Convergence, which resulted in severe flooding in Tana.

A lesson learned workshop was followed by CRM updating the contingency plan. This lesson learned workshop allowed CRM to analyse progress of each DREF activity and to accurately update of the contingency plan to help guide future actions.

### Challenges

One key challenge was the minimal funding for the disaster preparedness training of volunteers before the hurricane season and flooding to better prepare the assessments and response. The CRM relies on volunteer systems for the preparation of response teams at the district and regional levels. The second challenge is the influence of political pressure on volunteers to guide assessment data. Political pressure can sometimes disrupt the ground-level organization where NDRT personnel would be beneficial to the operation.

Another challenge was related to the accessibility of some areas to allow the NDRT to conduct training and provide feedback afterwards. This also made information sharing (particularly sharing data from the Early Warning assessments) difficult between the districts and the capital.

At times it was also difficult for volunteers to access remote areas, which delayed the response in minor ways

### Lessons learned

In early May, the CRM conducted a four-day lessons learned workshop, including management staff, CRM governance and volunteers (NDRT) of all affected areas. While recognizing the importance of pre-positioned elements it was noted that the lack of regional storage space was a problem. The wide and strong network of volunteers has also proved to be a great asset, but a more precise knowledge of the volunteer capacity was needed. The coordination with different actors proved difficult, especially with the GoM

The volunteer network of NDRT was able to train a high number of volunteers, especially in the Analamanga Region where the majority of volunteers had already received basic training. The lesson learned workshop allowed CRM to discover important recommendations for updating the Contingency Plan and adapting the training modules for NDRT/BDRT. The capacity building planning in 2014 greatly helped CRM to respond more effectively to the Chedza cyclone and flooding in 2015.

CRM also learned that they were effective in gathering preliminary needs and information from the affected communities, and CRM was respected amongst humanitarian actors for having current and accurate information. The role of volunteers is essential for both gathering and disseminating information within the community.

## Water, Sanitation and Hygiene Promotion

**Needs analysis:** The most urgent WASH needs, particularly in the rural districts included the provision of drinking water and hygiene promotion considering the damage and contamination of drinking water sources in the District of Belo on Tsiribihina, Vohipeno Farafangana. The Malagasy Red Cross decided to install emergency water treatment units to supply safe drinking water for two weeks at each site (later extended to 4 weeks). In the capital the central water system (JIRALA) was operational. This allowed CRM to focus the interventions more on hygiene

promotion and construction and maintenance of sanitation facilities in the camp. Urban drinking was taken care by the central water system (JIRALA), which continued to operate.

**Population to be assisted:** In total, over 25,000 persons was targeted during the DREF, these people received WASH kits and safe drinking Water.

<b>Water, Sanitation and Hygiene Promotion</b>
<p><b>Outcome: Immediate risk of waterborne disease is reduced through the provision of safe water supply, sanitation facilities and hygiene promoting to the communicates affected by cyclone in Madagascar over a period of five of month</b></p>
<p>Output 1.1 Target population in cyclone-affected areas is Provided with access to safe drinking water supply in according with WHO and SPHERE standards (target: 5,000 Households / 25,000 people)</p> <p>Output 1.2 Target population in cyclone-affected areas is Provided with adequate environmental sanitation facilities (target: 5,000 Households / 25,000 people)</p> <p>Output 1.3 Target population in the cyclone-affected areas are Provided with hygiene promotional activities, according to SPHERE standards (target: 5,000 Households / 25,000 people)</p> <p>Activities:</p> <ul style="list-style-type: none"> <li>• Identification and verification of water sources in the cyclone affected areas</li> <li>• Mobilization of emergency water treatment and distribution units (target: One water distribution unit per location)</li> <li>• Distribution drinking water in target districts</li> <li>• Local purchase of sanitation materials according to the needs and delivery to cyclone affected areas</li> <li>• Distribution of hygiene kits (target: 5,000 kits)</li> <li>• Construction of emergency latrines (target: 100 emergency latrines)</li> <li>• Construction of emergency showers (target: 50 emergency showers)</li> <li>• Promotion of environmental sanitation at community and household level</li> <li>• Meeting with the Regional Directorate of Health and the district authorities</li> <li>• Conduct Hygiene Promotion Campaigns</li> </ul>
<p><b>Achievements</b></p>
<ul style="list-style-type: none"> <li>• CRM installed emergency water treatment unit in 4 different location and treated about 1000m3 of drinking water was distributed over the period 3-4 weeks* (offering 15 litres of potable water per person per day) in February. The locations where selected based in the assessment carried out by the team. To increase access to clean water and exit strategy from emergency water treatment and distribution, the CRM also disinfected 110 wells with chlorine after the flood water receded.</li> <li>• 5,049 families received hygiene kits, in 40 sites throughout the four regions (1,049 families at 9 sites in the regions and 4000 families in 32 sites in the capital). Hygiene kits included: one bar of soap, one jerry can, one bucket, one cup, 15 aqua tabs for household water treatment.</li> <li>• Hygiene kits were especially appreciated because access to water was difficult and jerry cans and buckets provided transport clean water and storage. Water quality was also problematic, and soap was highlighted by some beneficiaries as important</li> <li>• Approximately 12,000 families were visited by CRM volunteers with hygiene and sanitation messages, at home or in groups for distribution operations in 126 locations in four different regions</li> <li>• CRM received 130 latrine slabs and 15 rapid latrines (donations PIROI). The last slabs to be distributed were sent immediately to Andohatapenaka camp and the IDP settlement in Ankazobe.</li> <li>• Accordingly, and in order to fill the gaps, the CRM has set up eight emergency latrines in the camps and 7 to Andohatapenaka Ankazobe.</li> <li>• The training of volunteers in psychosocial support was conducted in order to support those families who had lost property, documents and savings during the cyclone and flooding. The trainings were funded by UNFPA for the city of Antananarivo. Volunteer doctors were sent with partners to complete the mass consultations carried out in the city of Antananarivo with the Ministry of Health with funding from UNICEF</li> </ul>
<p>*Note that some of the achievements listed above surpass the targets of the DREF, as minor adjustments were made to some activities based on changing needs: While CRM planned to distribute water for two weeks, this was later expanded to four weeks given the persistent needs; Also the district of Vohipeno was added later (with the two month DREF extension);</p>
<p><b>Challenges</b></p>

The latrines and showers provided for the camps were not built during the 4th month of the DREF because it was impossible to build latrines in small camps on private land (there were disagreements with landowners, and also the ground of the camp was the concrete slab of the old slaughterhouse). CRM adapted to this challenge by building a total of 15 latrines (and showers) in Andohatapenaka (8 latrines) and in Ankazobe (7 latrines). CRM covered the per diems for volunteers to construct these latrines, as well as the supplies needed to build and maintain them.

#### Lessons learned

The amount of soap in the hygiene kits was limited and should be increased for future disasters, particularly in rural and remote areas where access to hygiene materials can be difficult at all times, and especially challenging during an emergency.

**Outcome: Immediate risk of waterborne disease is reduced through the provision of safe water supply, sanitation facilities and hygiene promoting cyclone-affected areas in Madagascar over a period of five months**

**Table 1: Water, sanitation, and hygiene promoting activities**

Regions / locations		Well Cleaning	Water Distribution (l. / day)	Hygiene Kit	Hygiene Sensitization (families)	Latrines
MENABE	Belo Tsiribihina-sur-	29	5,000l. / Day 4 weeks	340	1.453 (5/17 fokontany *)	-
			12,000l. / Day 2 weeks			
	Morondava	30		160	3,100 (fokontany 18/18)	-
Vatovavy Fitovinany	Manakara	9		295	1.178 (12/18 fokontany)	-
	Vohipeno	5	20,000l. / Day 4 weeks	-	1,040 (fokontany 11/32)	-
ATSIMO Atsinanana	Farafangana	37	5,000l. / Day 3 weeks	254	1,014 (fokontany 13/22)	-
Analamanga	Antananarivo (78 websites)	-	-	4,000 (32 sites)	2,582 (32 sites)	-
	Andohatapenaka (camp 1)	-	-	-	2,100 + 3 mass sensitizations	8 in camp (+ 7 in Ankazobe)
<b>TOTAL</b>		<b>110</b>	<b>4 treatment units ≈ 1,000m<sup>3</sup></b>	<b>5,049</b>	<b>12.467 ≈ 60,000 people.</b>	<b>15</b>

## Shelter and Settlements

**Needs analysis:** Two thirds of Antananarivo is classified as a flood zone, where the waters do not recede quickly and can remain in the plains for up to one month. The only course of action is to drain this water safely to secure areas, which the Malagasy government is not equipped to do quickly. The Antananarivo pumping station (used to drain rain and waste water from the city) also broke down at the onset of the Tropical Cyclone.

**Population to be assisted:** Population living in the flood plains.

#### Shelter and Settlements

**Outcome: Immediate shelter and settlement needs of the target population in cyclone-affected areas of Madagascar are met over a period of five months.**

Output 1.1 Distribution of NFIs and emergency shelter items Undertaken to meet the needs of the target population in flood- affected areas (target: 25,000 people / 5,000 Households)

Activities:

- Identification and validation of shelter needs in the cyclone affected areas
- Meeting with the national shelter cluster with the Malagasy Red Cross as the lead
- Local purchase of materials according to the needs; and cyclone affected areas to delivery
- Train volunteers in shelter building (target: 80 volunteers)
- Distribution of emergency shelter items and NFIs (target: 7,000 plastic sheeting, 3,000 shelter tool kits, 5,000 kitchen sets (local specification), 25,000 spoons, bowls 5,000, 25,000 plates, 5,000 knives, 25,000 cups and ladles 7,000)
- Construction of emergency shelters and sensitization of the population

### Achievements

General:

- 3,650 plastic sheets and 1,195 toolkits needed for the construction of 1,350 shelters for 3,400 families (17,000 people) over 4 regions. Tool kit includes: one shovel, one hammer, one saw, one machete, a hoe, one serrated knife, 30m of rope, 1 roll of wire, nails 3 kg (different sizes). CRM distributed fewer plastic sheets and toolkits than planned because CRM had to adapt its distribution methodology to the varying contexts of the rural regions and the city, following detailed assessments of both areas. In the rural areas, it was possible to distribute two plastic sheets and one tool kit per family, since these families were not living in camps and simply needed to rebuild their own temporary and individual homes. In the urban areas, however, where the affected families lived in camps, there were a number of complicating factors: first, multiple agencies made tarps available to the affected families; second, space was limited, so two to four families would group together to build a single (and smaller) shelter together.
- 5,049 families received kitchen utensils, distributed in more than 40 sites on four areas. Cooking items included: 1 saucepan, one bowl, one ladle, one knife, five spoons, five plates, and five cups. The DREF allocation replenished this stock for CRM.
- 64 volunteers trained in shelter construction (as team leaders). The 64 trained volunteers and 5 deployed NDRT (2 Analamanga, one Menabe one Vatovavy Fitovinany and one Atsimo Atsinanana) trained more volunteers: 60 in the regions (more targeted activities on the distribution), 200 in the capital (plus activities focused on the construction).
- Food was also distributed by CRM volunteers in all areas, which was donated by other actors including WFP. The WFP ration was 10 kg of rice, 1.5 kg of beans, oil and sugar. This was once distributed in Antananarivo, and a second distribution of rice and beans was organized only in some places. None of these costs were covered by CRM

Regions:

- 1,013 shelter kits (+ 2 toolkits and 2 plastic sheeting) distributed to the villages for over 1,000 families. Distributions on central sites were more accessible (less damaged) for the villagers to collect and transport the NFIs to their location. 1 demonstration shelter was built by volunteers on each of the distribution sites.
- 1,049 families received kitchen utensils distributed in 9 sites on three regions: 32 sites were selected for the distribution of kitchen sets because of government constraints and their central position, but the distribution lists were based on CRM assessments and reached all people in 78 sites.

Antananarivo:

- CRM volunteers warned the population of the coming flooding, and directed them to the pre-selected sites, such as schools, stadiums, temporary shelters. The CRM played an important role to identify and negotiate the sites on behalf of the beneficiaries.
- Of the over 100 small safe sites, 78 were managed by CRM with 235 shelters built by CRM and community volunteers. The GoM tried in a second phase to manage this complex environment by consolidating many displaced in one big camp Andohatapenaka. Around 2,100 families are displaced, and 118 shelters for 600 families (and 10 administrative structures) were built by CRM. BNGRC and others provided more tents and / or shelters.
- 382 tool kits + 1552 plastic sheeting were used to build 353 shelters and 10 other structures for 2,400 families (12,000 people) across over 79 different sites.

### Challenges

**Stock:**

- During the first months of the DREF operation, the stock of plastic sheeting did not cover all affected families, especially in the large city

**Environment:**

- Many of the affected villages are scattered in inaccessible areas along the lowlands near the river banks. Many homes completely destroyed or seriously damaged, with the water level up to 3m above normal.
- Available land is very limited, not enough shelters could be built to meet SPHERE standards. 4000 families were initially planned (with BNGRC coordination meetings) to live in temporary shelters, but mostly because of lack of space and the reluctance of some people to move away from their areas, many families have had to be accommodated in schools, stadium and other places.

**Response:**

- It was not possible to distribute the shelter kits for people to build shelters in the city. Instead, CRM built shelters, larger than the original shelters planned, which can accommodate more families inside.
- Difficult to identify suitable sites to install temporary shelters in densely populated urban areas. The owners of small plots available are not always keen on hosting the displaced population. It is important to note that the affected population did not want to move away from their homes for economic and social reasons

**Coordination**

- The decision to bring together the IDPs into a single camp (Andohatapenaka) surprised CRM and was not shared in a timely manner with partners. Regarding urban constraints and social challenges of the affected population, this decision was difficult to manage.

**Lessons learned**

CRM learned that when flooding occurs, people will normally move to higher ground and it is essential to educate vulnerable communities about the location of preselected sites, such as schools or government buildings. Temporary shelters are needed to support shelter needs (if the water stays for a long time), and to help people who return to their villages have temporary shelter as they start rebuilding their homes.

**Outcome: Immediate shelter and settlement needs of the target population in cyclone-affected areas of Madagascar are met over a period of five months.**

**Table 2: Emergency Shelter and others**

		Kitchen set	Tool kit	Plastic sheeting	Shelter Construction by CRM	Other
MENABE	Belo Tsiribihina-sur-	340	340	680	4 distribution sites	PSS
	Morondava	160	124	320	1 Distribution Site	PSS
Vatovavy Fitovinany	Manakara	295	295	590	2 distribution sites	PSS
	Vohipeno	-	-	-	-	
ATSIMO Atsinanana	Farafangana	254	254	508	2 distribution sites	PSS 900 bed net (PAR Éproject)
Analamanga	Antananarivo (78 sites)	4,000 (32 sites)	100	940	235 (78 sites) ≈ 1,800 families	<ul style="list-style-type: none"> <li>PSS</li> <li>Cooked food for 3 000pers / day 30 days (ONN * / WFP)</li> </ul>
	Andohatapenaka (camp 1)	-	282	612	118 (+ 10 Admin) ≈ 600 families	
	<i>Total</i>	79 sites	382	1,552	353 ≈ 2,400 families	
<b>TOTAL</b>		<b>5,049</b>	<b>1,195</b>	<b>3,650</b>	<b>≈ 3,400 families</b>	

## 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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Saving lives, changing minds.



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

## Disaster Response Financial Report

## MDRMG011 - Madagascar - Cyclone Chedza

Timeframe: 30 Jan 15 to 16 Jun 15

Appeal Launch Date: 30 Jan 15

Final Report

## Selected Parameters

Reporting Timeframe	2015/1-2016/1	Programme	MDRMG011
Budget Timeframe	2015/1-2016/1	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

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
<b>A. Budget</b>		<b>452,887</b>				<b>452,887</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Inkind Personnel</u>							
<i>Canadian Red Cross</i>		30,400				30,400	
<b>C3. Inkind Personnel</b>		<b>30,400</b>				<b>30,400</b>	
<u>Other Income</u>							
<i>DREF Allocations</i>		452,887				452,887	
<b>C4. Other Income</b>		<b>452,887</b>				<b>452,887</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>483,287</b>				<b>483,287</b>	
<b>D. Total Funding = B + C</b>		<b>483,287</b>				<b>483,287</b>	

\* 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>B. Opening Balance</b>							
<b>C. Income</b>		483,287				483,287	
<b>E. Expenditure</b>		-445,139				-445,139	
<b>F. Closing Balance = (B + C + E)</b>		<b>38,148</b>				<b>38,148</b>	

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Split by funding source	Y	Project	*
Subsector:	*		

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## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		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	
<b>BUDGET (C)</b>			<b>452,887</b>			<b>452,887</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	114,000		126,275			126,275	-12,275	
Shelter - Transitional	85,000		84,056			84,056	944	
Water, Sanitation & Hygiene	23,175		17,966			17,966	5,209	
Teaching Materials	6,432		2,235			2,235	4,197	
Utensils & Tools	78,358		49,388			49,388	28,971	
<b>Total Relief items, Construction, Sup</b>	<b>306,965</b>		<b>279,920</b>			<b>279,920</b>	<b>27,046</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	284		157			157	127	
Distribution & Monitoring	14,000		13,546			13,546	455	
Transport & Vehicles Costs	27,106		14,227			14,227	12,879	
<b>Total Logistics, Transport &amp; Storage</b>	<b>41,390</b>		<b>27,930</b>			<b>27,930</b>	<b>13,460</b>	
<b>Personnel</b>								
International Staff	24,000		30,400			30,400	-6,400	
National Society Staff	7,988		10,602			10,602	-2,614	
Volunteers	21,326		27,189			27,189	-5,863	
<b>Total Personnel</b>	<b>53,313</b>		<b>68,191</b>			<b>68,191</b>	<b>-14,878</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	6,274		4,465			4,465	1,809	
<b>Total Workshops &amp; Training</b>	<b>6,274</b>		<b>4,465</b>			<b>4,465</b>	<b>1,809</b>	
<b>General Expenditure</b>								
Travel	7,500		3,153			3,153	4,347	
Information & Public Relations	192		202			202	-10	
Office Costs	5,012		4,562			4,562	450	
Communications	3,300		848			848	2,452	
Financial Charges	1,300		30,556			30,556	-29,256	
<b>Total General Expenditure</b>	<b>17,304</b>		<b>39,321</b>			<b>39,321</b>	<b>-22,017</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	27,641		25,313			25,313	2,328	
<b>Total Indirect Costs</b>	<b>27,641</b>		<b>25,313</b>			<b>25,313</b>	<b>2,328</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>452,887</b>		<b>445,139</b>			<b>445,139</b>	<b>7,748</b>	
<b>VARIANCE (C - D)</b>			<b>7,748</b>			<b>7,748</b>		



**Disaster Response Financial Report****MDRMG011 - Madagascar - Cyclone Chedza**

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Split by funding source	Y	Project	*
Subsector:	*		

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
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	452,887		483,287	483,287	445,139	38,148	
Subtotal BL2	452,887		483,287	483,287	445,139	38,148	
<b>GRAND TOTAL</b>	<b>452,887</b>		<b>483,287</b>	<b>483,287</b>	<b>445,139</b>	<b>38,148</b>	