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## Emergency Plan of Action 6-month update

### Madagascar: Cyclone Enawo

 International Federation  
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMG012	GLIDE n° TC-2017-00023-MDG
EPoA update n° 1; 04 April 2017	Timeframe covered by this update: 7 March to 31 October 2017
Operation start date: 12 March 2017	Operation timeframe: 8 months. 11 February 2018
Overall operation budget: CHF 688,412	DREF amount initially allocated: CHF 150,000
N° of people being assisted: 25'000	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, French RC's PIROI, Norwegian RC, Danish RC, German RC, Italian RC	
Other partner organizations actively involved in the operation: UN cluster, OCHA, WFP, UNICEF, WHO, IOM, UNFPA, UNDP; CARE, Handicap International, ADRA, CRS, Medair; Malagasy Government agencies*: Bureau national de gestion des risques et des catastrophes (BNGRC), Office national de nutrition (ONN), Ministère de la population, de la protection sociale et de la promotion de la femme (MPPSPF), Comité de réflexion des intervenants en catastrophes (CRIC), Cellule de gestion et de prévention des urgences (CPGU).	

#### Summary of major revisions made to emergency plan of action:

The plan of action will be extended for two months, with no cost extension, to allow the National Society to complete the activities in the EPOA. The new end date is 11 February 2018. The logistic constraint of the project areas was the main cause of the delay in the implementation of the activities.

## A. Situation analysis

### Description of the disaster

On 3 March 2017, Tropical storm Enawo formed in the southern Indian Ocean. As of 7 March, the wind surge had reached speeds up to 300km/h near the center. Enawo was upgraded to a Category 4 hurricane. Tropical cyclone Enawo made landfall on Tuesday 7 March at 8.30 UTC (11.30 local time) between Antalaha and Sambava on the north-east coast. Enawo subsequently moved southwards across the highlands. After battering Sava and Analanjirofo regions, the cyclone crossed Madagascar from North to South for two days, lashing heavy rains on all the country including the capital Antananarivo, home to more than two million people, resulting in flooding that displaced thousands of people in several regions. According to *Bureau National de Gestion des Risques et des Catastrophes* (BNGRC), more than 400,000 people have been affected in eight regions, with the North-East being mostly impacted.

The three districts of Antalaha, Andapa (Sava) and Maroantsetra (Analanjirofo) in the North-East compose the "vanilla triangle", an economically important region in Madagascar. Access to the region is however difficult even in normal times, with no national paved roads between the central capital state and Analanjirofo or Sava regions. Access by sea is the preferred option, and there is an airport in Sambava (Sava). The roads have been impacted by the debris and heavy rains. Within a week of the disaster, it was estimated that 80'000 people were displaced, about half in the North-East regions alone. The Government of Madagascar declared a National situation of emergency on 14 March 2017.

69	205	14,012	18,871	13,799	162,660	35,949
deceased	Injured people	Destroyed houses	Flooded houses	Damaged houses	Affected people	Affected household

## Summary of current response

### Overview of Host National Society

The Malagasy Red Cross Society (MRCS) mobilised 24 National Disaster Response Team (NDRT) members, 120 Branch Disaster Response Team (BDRT) members and 895 volunteers as Enawo approached. While the total number of volunteers who have supported the response to date is 895 the National Society (NS) has currently 726 active volunteers working on activities related to the operation. The NDRTs, BDRTs and volunteers supported the NS to carry out community sensitisation before the cyclone made landfall as well as rapid needs assessments, first aid and psychosocial support (PSS) activities after the cyclone hit Madagascar. PSS and first aid support was provided to displaced people in evacuation centres in the capital of Antananarivo, as well as medical consultations.

The NDRTs deployed on 12 March for advanced assessments in Maroansetra and Antalaha had WASH and Shelter capacities/specialisation. MRCS also mobilized its prepositioned NFI and WASH stocks (supported by PIROI) from its warehouse in Antananarivo. The stocks were increased with French Red Cross *Plateforme d'Intervention Régionale de l'Océan Indien* (PIROI) support from la Réunion.

All staff at the headquarters and 22 Branch Coordinators were mobilized to support the response and cyclone preparedness. At the peak of the response MRCS was convening coordination meetings together with the National Disaster Response Agency (BNGRC). MRCS took part in a joint aerial assessment organized by the Government on 13 March.

The NS started its response immediately after the disaster with distribution of shelter kits commencing on March 27, 2017. More stocks were received in early April 2017. MRCS continues to monitor the situation and produce regular SITREPs. MRCS is the lead for the Shelter Cluster on a National level.

### Overview of Red Cross Red Crescent Movement in country

The IFRC has an in-country Operations Manager supporting MRCS implement the Emergency Appeal. The IFRC also deployed a FACT Team Leader on the 13<sup>th</sup> of March to work with MRCS in developing a response plan. On 12 March 2017, IFRC launched an Emergency Appeal with a DREF allocation of 150,000 Swiss francs at the request of MRCS. To support the implementation of the operation a shelter coordinator and IM specialist were deployed by the IFRC working with the National Society between 18 and 21 March.

The NS is also supported by PNSs who are in-country i.e. Norwegian, Danish, German and Italian Red Cross. The Belgian RC recently set up a programme in Madagascar. The ICRC Regional Office for the Indian Ocean is in Madagascar. A RCRC movement DRR consortium with Danish, German and Norwegian RC DRR mobilised funds from their ECHO supported DRR project to support the initial response (ECHO "Crisis Modifier"). PIROI deployed a Disaster specialist to support the MRCS on the 9<sup>th</sup> of March.

### Overview of non-RCRC actors in country

The Government of Madagascar (GoM) coordinates disaster response activities through the *Bureau National de Gestion des Risques et des Catastrophes* (BNGRC). The BNGRC monitors activities and meets with implementing agencies (UN and INGOs) regularly.

The UN activated the cluster system to coordinate the ENAWO response complementing the already existing National cluster system in Madagascar. MRCS has the lead on the shelter cluster on a National level. The other humanitarian agencies working in Madagascar and responding include UN: OCHA, UNICEF, PAM, WHO, UNFPA, UNDP, IOM, WFP;

NGO: CARE, HI, ADRA, CRS, Medair; Civil society, business partners: Telma on NFI distributions, businesses from Sava/Analangiforo on infrastructures (roads) cleanup and rehabilitation.

## Needs analysis and scenario planning

Enawo moved west-south-west and reached the coasts of Madagascar between Antalaha and Cap Masoala on the North-East. Enawo subsequently moved southwards across the highlands, including the capital Antananarivo. The cyclone brought a lot of rain, during its passage through the regions. A peak of rainfall was experienced in the eastern slopes of Madagascar. Enawo crossed the Island through the regions of Sava, Analanjirofo, Alaotra Mangoro, Atsinanana, Analamanga, Vakinankaratra, Bongolava, Itasy, Ihombre, Amoron'i Mania, Haute Matsiatra, and Vatovavy Fitovinany.

At landfall, the cyclone brought destruction by strong winds (up to 290km/h), and as it moved inland, the storm weakened, and heavy rains impacted the communities on its way south. As a result, the level of houses' destruction is particularly important around Antalaha, Sava region. In Analangirofo, extensive flooding has displaced thousands, and destroyed roads and bridges (source: UNDAC, MRCS, BNGRC assessment reports).

As a direct effect of the wind and heavy rain, people have lost their houses, basic life-supporting belongings (tools, household's items, personal belongings). The water wells have been contaminated by floods and sanitation facilities have been damaged, immediately threatening the health of the population. The impact on livelihood (crops destroyed) puts vulnerable population at risk of malnutrition, especially when the limited coping mechanism will be exhausted, used to fill the immediate needs for food, water and shelter.

Needs by sector are identified below:

### Health and Care

- There are poor and precarious living conditions in temporary resettlement zones, with slow receding and/or stagnant water.
- The population that has been displaced has a lack of access to basic sanitation and safe drinking water, which put the affected population at high risk of communicable diseases.

### WASH

- The passage of Enawo has destroyed or severely damaged infrastructures, water collection point, and sanitation systems, contaminating wells and seriously impacting access to safe water.
- The lack of access to sanitation increases potential contamination of water sources, resulting in high risk of water born diseases (WBD).
- 124,000 persons have been displaced and have lost part or all of the basic belongings such as water containers and soap.

### Shelter and settlements

- The passage of Enawo has destroyed entirely about 11,000 houses, severely damaged (meaning loss of roofs).
- More than 15,000 houses are flooded in 8 districts.
- The population can quickly return and rebuild, but the quality of construction is certainly lower and much needed resources must be redirected to this activity.

### Risk Analysis

<b>Risk</b>	<b>Impact</b>
Meteorological	Deterioration of the general situation: exacerbation of floods and/or new flooded areas, landslides, reconstruction delayed/prevented, deterioration of health (hygiene and sanitation)
Infrastructure	Destruction of bridges and roads makes access difficult. Speed of the rehabilitation of roads and bridges will impact the access to affected populations.
Health	Risk of diseases outbreaks due to water point contamination and sanitation facilities destruction
Community tension / Criminality	Loss of property and Impact on livelihood can exacerbate tensions/criminality (report of vanilla plant theft, UNDAC)

Mitigation measures currently in place:

- The **weather** is closely monitored by the BNGRC and weather forecast agency in Madagascar and the region (La Réunion meteorological services). Updates and alerts shared in coordination meeting.

- Creative use of resources to **reach the remote communities**. Beside planes and cars, pirogues, donkey carts or other means of transportation are used to access communities, and by communities to access goods and services.
- **Health monitoring** by Ministry of Health (with UNICEF support). MRCS volunteers are trained in health promotion messages and use the ongoing assessments as an opportunity to address issues and to report suspected cases. Volunteers are present in most Fokontany and the population can pass messages through the network to alert on a specific situation.
- A well-coordinated response will **minimize the risk of community tension** by assuring an equal, transparent and appropriate distribution of the resources. MRCS leads the shelter cluster at a National level, with IFRC support during this crisis as the international cluster system has been activated.

## B. Operational strategy and plan

### Overall Objective

The overall objective of this appeal is to meet the immediate needs of 25,000 people affected by the cyclone in the worst hit regions (Sava, Analanjirofo and Atsinanana) through improved access to water, hygiene and sanitation, shelter (including non-food items). In addition, provision of health services (psychosocial support and first aid, health promotion) will be carried out in Antananarivo.

### Proposed strategy

MRCS has conducted in-depth needs assessment in all affected communities. The format is a comprehensive list including household composition, disaggregation by gender and age, special vulnerabilities, and records the various impacts such as loss of belongings (food, basic material, school equipment, etc.), damage to the house (destruction, damage), and the special needs of the affected households. MRCS has an extensive experience in needs assessment. A refresher training is organized prior to the deployment of the teams. Staff and volunteers with special training and skills are integrated to the assessment and intervention teams, NDRT and BDRT with skills in WASH, Shelter and needs assessments.

Based on the assessment, the strategy focuses on emergency needs and reducing immediate vulnerabilities, and is developed on the following sectors:



WASH

Hygiene kits distribution (buckets, jerrycans, soap, water purifiers)  
Hygiene sensitization and promotion  
Wells disinfection  
Wells rehabilitation/reconstruction



Shelter/NFI

Shelter tool kits distribution (tools, 2x plastic sheeting)  
Support households for reconstruction with key messages on good building practices  
Kitchen sets distribution (cooking pots, plates, bowls, spoons, etc.)  
PASSA Training of Trainers and roll out for 5 communities



Health

First aid and health promotion  
Basic health consultation for displaced population in Antananarivo  
Community-Based Surveillance (CBS) system in 2 regions

The activities are targeting the most affected areas, mostly Sava and Analanjirofo regions. Some 5,000 displaced households are targeted, about 20% of the affected displaced population (27'393 households displaced).


Current programmes with PNSs also offer opportunities to develop other activities:

- The Danish RC supported a pilot CTP project, to support the recovery of displaced population in Antananarivo in an area where Danish RC is already active. This concurred to help the most affected households and build a new response capacity for MRCS. The project targets about 500 households with unconditional cash grant for 2 months, with a mixed modality of cash in hands and mobile phone cash transfer.
- A community-based surveillance (CBS) system has been piloted on a small scale by Norwegian RC in 2016. The system aimed to train communities to recognize and report common diseases. The system is phone-based, with data collection via SMS. The surveillance focuses in water borne diseases and malaria. Community members doing the reporting will be identified among MRCS volunteers. Surveillance in this

response will target 2 areas in Brickaville (Atsinanana) and Maroantsetra (Analanjirifo), based on MRCS implementation capacity, to explore its potential in emergency and potentially expand its use in the future.

## Operational support services

### Human resources

	Volunteers	Volunteers Specialist*	MRCS staff**
 Pre- and during cyclone	889	188	148
Post- cyclone (evaluation – PSS – sensitization)	895	196	27
Current Operation	726	39	27

\* specialists are NDRT, BDRT members trained on specific topics, WASH, shelter, needs assessment

\*\* staff include operations and support services staff involved full-time in the response (branch coordinator, DRM staff, finance, logistic, project managers)

MRCS will appoint/recruit a full-time project manager and a finance manager for the operation. In addition, 5 specialists were deployed for 3 months to support the operations. (2 shelter NDRT and 3 WASH NDRTs) will be deployed full-time

The scale of the operations justifies the IFRC support with international staff:

1 FACT TL deployment

1 Operations Manager has been recruited to accompany the operation until its completion

1 Shelter Coordination specialist

1 IM specialist to support the operation and coordination effort

1 PMER officer for 2 months

1 Disaster Response specialist from PIROI deployed under IFRC umbrella at the early stage of the operation

2 logisticians from PIROI to support rapid clearance and dispatch of prepositioned stocks deployed from la Réunion



## Logistics and supply chain

Logistics operations stretches from branches to regional levels.

### Warehousing/supply:

- 1 warehouse at the capital level with prepositioned stocks (PIROI and MRCS).
- 6 Regional Branches have containers for temporary warehousing at the office level (**Sava, Atsinanana, Sofia, Betsiboka, Alaotra Mangoro, Vatovavy**).
- The Logistics cluster has been activated and MRCS participates in the meeting and requests when feasible assistance for transport of goods from the capital or Toamasina to the affected regions.
- Procurement for replenishment of stock through PIROI (for PIROI stocks)

### Transport:

- As some of the main regions of operations are inaccessible by road, air transport is used via Air Madagascar.

### Vehicles:

- Mobilisation of 10 motorbikes and six land cruisers before the cyclone to reach population and spread preparedness messages (vehicles from DRR projects in Menabe, Atsimo Atsinanana, Sofia, Analamanga, Atsinanana).
- Four ambulances mobilized to deliver primary health care in temporarily displaced camps in Antananarivo

**Table of mobilized kits and tools available for the response**

ORIGIN (warehouse)	Plastic sheeting	Tool kits	Kitchen sets	Hygiene kits	Other
TOAMASINA	800	-	-	-	2 generators 2 pumps (kit)
LA REUNION – PIROI	6,000	3,000	-	-	3 chlorine kits
ANTANANARIVO	3,100	1,950	2,000	2,000	1 generator 25 kg chlorine 2 WTU
<b>TOTAL</b>	<b>9,900</b>	<b>4,950</b>	<b>2,000</b>	<b>5,000</b>	
GAP* (target 5'000 families)	100	50	3,000	3,000	

\* The gap of 3,000 kitchen sets and 3,000 Hygiene kits will be dependant on funding and managed through local purchases.

\* The 50 STK and plastic sheeting gap will be filled in coordination with other shelter actors and assessed as the response unfold, depending on the remaining needs.

### Quick links

- [Emergency Items Catalogue 2009](#)
- [Logistics Standards Online](#)
- [Procurement Portal](#)

### Information technologies (IT)

The IT infrastructure in Antananarivo allows internet, communications and mobile network (including 4G) to function regularly. In the field locations, the Emergency Telecom Cluster (ETC) hosted by WFP has set up VSAT infrastructure to allow access to internet connectivity via satellite connection. Partners, including the CRM are invited and allowed to benefit from this service.

SIMS activated for the operation and IFRC staff deployed as part of SIMS for a 4 weeks' support mission, starting 21 March 2017. Information Management supports both the Shelter Cluster and MRCS operation.

Information Management standards will be adopted to ensure a smooth data collection process, through the 3W (Who does What, Where) database in addition of updating IM coordination tools such as contact lists, dashboards, maps, infographics and keeping up to date the Shelter Cluster website.

This will be a good field case study to test and pilot the roll out of Go for the National Society.

In addition to these operational aspects an important component of this IM deployment is to support and build IM technical capacity within the CRM to streamline their willingness in improving their internal capacity and data literacy.

### Communications

Communication material (photos and videos) of the operation are shared with the Communications department to disseminate them through social media platforms.

### Security

There were security and safety-related threats in Madagascar, including crime, road safety, and health. The National Society and the IFRC must work together, to assess security and safety-related risks, and to develop and implement adequate risk mitigation measures. All IFRC personnel, including national society personnel, involved in the operations must completed the relevant online security and safety trainings (Stay Safe Personal Security, Security Management, or Volunteer Security). To mitigate security and safety-related risks, risk management were adequately planned and incorporated in the activities and funding plans.

The interventions were targeted areas with limited accessibility due to weather and climatic conditions particularly Maroantsetra and Brickaville districts. Where access is difficult due to bad weather conditions the IFRC and NS followed-up on activities and field intervention teams remotely using phone and e-mail. Two inter-departmental meetings were organized by the department to share communication and information during the emergency phase. At present, the monitoring of activities became more important to consolidate the achievements of the response. The focus was mainly done on the reorganization of the activities according to the finance and technical aspects.

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

The operation is underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analysis to inform the design and ongoing implementation of the programme
- Ongoing process of adjustment based on these assessments
- The establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people.
- A lesson learned workshop was organized with all the humanitarian actor's active in the response during the month of July. The steps of the responses have been analyzed highlighting challenges, constraint and success.

Several monitoring visits were done by the IFRC Ops manager and the RCMS project officer and others are planned, including from the MRCS governance and IFRC specialists. A Final Evaluation will be conducted from now till the to ensure the completion of the activities.

## Administration and Finance

MRCS used a dedicated bank account to manage the funds allocated to the emergency operation.

All procedures were in place to guarantee accountability and transparency in the financial management of the operations. The challenges to work in a remote environment with limited access to banking infrastructures are mitigated in several ways:

- Use of mobile cash transfer, system Mvola (Telma operator) or Orange Money or Airtel Money
- Bank transfer if available
- Cheques

## C. Detailed Operational Plan

### Early warning & emergency response preparedness

*(Remove this if not part of initial operational plan)*

Early warning & emergency response preparedness			
Outcome 1 Communities and National Society are better prepared to respond to the disasters	Outputs		% of achievement
		<b>Output 1.1:</b> Initial data collection by volunteers on the ground for rapid assessment <b>Output 1.2:</b> Refresher training of volunteers to conduct rapid assessment	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Mobilise 600 volunteers over 8 regions, provided with visibility material and basic equipment (boots and phone credit)	X		100
Prepare assessment forms in 8 regions	X		100
Organise refresher training on rapid assessment for 600 volunteers in 8 regions	X		100
Progress towards outcomes			
MRCS mobilized 889 volunteers (at the peak of the response operation the number of volunteers reached 895 and is currently 726) to sensitize the communities ahead of the cyclone and conduct rapid assessment in the regions.			
Two specialized teams (RDRTs and NDRTs members trained in WASH and Shelter) were deployed on 12 March for advanced assessments in Maroansetra and Antalaha MRCS also took part in a joint aerial assessment organized by the Government on 13 March. Field assessment more detailed carried out during the month of April in the 3 targeted districts as Maroansetra, Brickaville and Antalaha about the wash, shelter and health sectors.			

## **Programming / Areas Common to all Sectors**

The interventions were targeted in areas with limited accessibility due to weather and climatic conditions particularly Maroantsetra and Brickaville districts. Where access is difficult due to bad weather conditions the IFRC and NS follow-up on activities and field intervention teams remotely using phone and e-mail. Two inter-departmental meetings were organized by the department to share communication and information during the emergency phase. At present, the monitoring of activities becomes more important to consolidate the achievements of the response. The focus was mainly done on the reorganization of the activities according to the finance and technical aspects.

To ensure quality programming the following monitoring plan is being implemented:

- 1 visit per month: Head of department
- 1 logistic visit: one time before the end of the operation
- 1 visit per month: Operation manager with the CRM and operation

Programme Common to all Sectors			
Outcome 2: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
		<b>Output 2.1 Initial needs assessment are conducted.</b>  <b>Output 2.2:</b> Management of the operation is informed by a comprehensive monitoring and evaluation system which include regular perceptions surveys and a feedback mechanism	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Inception Meeting with key stakeholders	X		100
Participate in joint assessments	X		100
Undertake joint rapid assessments	X		100
Conduct orientation on EPoA tools and templates to meet standard compliance requirement for the operation	X		100
Develop a monitoring and evaluation plan for this operation	X		100
Conduct an after-action review after the operation	X		100
Conduct monthly internal coordination meetings with programme department	X		100
Set up a system for collection of feedback and regular monitoring of people perceptions in relation to RC services and programme to inform programmatic decisions and community engagement and Accountability (CEA) approach	X		100
Review beneficiary communication, complaints and feedback reports	X		100
Conduct an (external) evaluation and lessons learnt for the cyclone response	X		100
Progress towards outcomes			
<p>Meeting was held with the Head of the 3 districts of Maroansetra, Antalaha and Brickaville with the aim to compare the available data about wash, shelter and health and also to evaluate the capacity response available in terms of Human resources, Materials and equipment. The MRCS worked in collaboration with the municipalities of the 3 districts to coordinate and divided the work of the different partner according to the sector and for fokontany. The MRCS is part of the WASH, SHELTER and HEALTH CLUSTER which plans the activities and updates implemented activities by each partner.</p> <p>2 specialized teams (RDRTs and NDRTs trained in WASH and Shelter) were deployed on 12 March for advanced assessments in Maroansetra and Antalaha MRCS also took part in a joint aerial assessment organized by the Government on 13 March. The operation manager was deployed on the 17 June to follow the operations and to support the MRCS. He provided leadership and guidance for the relief and recovery operation for the Emergency Appeal Operation (Cyclone Enawo) in support of the Host National Society. The key role was to support the NS to effectively implement the operation, ensuring efficient functioning, consistent service delivery and smooth transition from the immediate relief phase in line with the evolving context.</p>			

## Health & care

**Needs analysis:** In the capital Antananarivo, about 20,000 people living in flood-prone areas have been displaced as a preventive measure. In the coastal and rural areas that have been hardly hit by the cyclone, population have also been displaced, and many lost basic items. The poor and precarious living conditions in temporary resettlement zones, the slow receding and/or stagnant water, the loss of property and general lack of access to basic sanitation and access to safe drinker water put the affected population at high risk of communicable diseases.

**Population to be assisted:** The operation targets 10,000 people temporarily displaced in the capital. The health activities are conducted in resettlement locations, targeting in priority the displaced. Where health care is provided, the health need is the main criteria for consultation. In addition, Community-based surveillance (CBS) targets the populations of 18 fokontany in 2 regions (Analanjirofo and Atsinanana), for a period of 2 months, until the end of the rainy season. This CBS is a pilot system and results will be analyzed to inform the rolling out of a wider-scale CBS in the future.

MRCS through this emergency appeal revision will scale up and expand the community based surveillance activities including conducting volunteer and community level trainings. MRCS is also collaborating with UNICEF in an interpersonal communication project on Nutrition, DRR, Health and WASH.

Health & care			
Outcome 3 The immediate and medium-term risks to the health of at least 10,000 displaced people in the capital of Antananarivo are reduced Outcome 4 Health surveillance in the targeted communities	Outputs		% of achievement
		<b>Output 3.1:</b> Psychosocial needs of the affected populations are met <b>Output 3.2:</b> First aid and health promotion are provided to at least 10,000 displaced people in the capital of Antananarivo <b>Output 4.1:</b> The health situation and immediate risks are assessed using agreed guidelines in 18 local government levels in Analanjirofo and Atsinanana (plus analysis and evaluation)	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Provide adequate equipment to 36 volunteers	X		100
Provide psychosocial support to displaced people in evacuation centres	X		100
Mobilize community health volunteers as facilitators of community-based disease prevention, epidemic control and prevention activities, and health promotion activities	X		100
Conduct community-based disease prevention activities, using the Community-based Health and First Aid (CBHFA) approach and epidemic control for volunteers in 18 communities around the capital	X		100
Train 180 volunteers (10*18 local government level) on community based surveillance system and the use of the mobile device	X		55
Procure the adequate materials, phones and phone credit	X		100
Compile surveillance data and analyse information	X		80
Conduct a project evaluation	X		0
Progress towards outcomes			
<p>MRCS provided adequate equipment to 36 volunteers and provided psychological support to displaced people in evacuation centres</p> <p>MRCS mobilized 24 NDRTs, 120 BDRT members and 889 volunteers on the ground to sensitize the communities ahead of the cyclone and conduct rapid assessment in six regions. First aid and psychosocial support, as well as medical consultation was provided to displaced people in evacuation centres in the capital of Antananarivo</p> <p>Establishment of 17 community structures composed of MRCS coordinator per fokontany. The fokontany is subdivided into subgroup of 87 volunteers in total that covered 17 fokontany working directly in coordination with the Basic Health Centre at common level in the area most at risk of epidemic.</p> <p>To enable completion of all planned activities a 3 month-timeframe extension is being requested through this operations update. MRCS and IFRC will also do a Revision of the Emergency Appeal to align the activity plan with received funding.</p> <p>The collected data are automatically recorded in the "ZEGERBA" platform. As soon as the volunteers record data, the latter is automatically compiled to give an alert index first for the RCMS and also for the health authorities.</p>			

## Water, sanitation, and hygiene promotion

**Needs analysis:** The passage of Enawo has destroyed or severely damaged infrastructures, water collection point, and sanitation systems, contaminating wells and seriously impacting access to safe water. The lack of access to sanitation increases negative practices and increases potential contamination of water sources, resulting in high risk of water born diseases (WBD). 124,000 persons have been displaced and lost part or all the basic belongings such as water containers and soap.

**Population to be assisted:** The intervention targeted 5'000 displaced households among the most badly affected and most vulnerable families, approximately 20% of the severely affected population who has lost houses and belongings.

MRC's NDRTs carried out an assessment to identify wells for rehabilitation. The assessment determined that 20 (number increased to 28 pumps to buy due to increase of funds) out of the 30 wells targeted require and will be equipped with manual pumps. The targeted wells require extensive work as most are not protected due to the impact of the cyclone. Volunteer trainings in sensitisations and well disinfection have been conducted, MRCS will however through this revision extend implementation timeframe for well disinfection and community sensitization activities.

Water, sanitation, and hygiene promotion				
Outcome 5 The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outcome 6 The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outputs		% of achievement
		<b>Output 5.1</b> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population (water treatment) <b>Output 5.2</b> Hygiene promotion activities which meet Sphere standards in terms of identification provided to target population <b>Output 5.3</b> Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population (rehabilitation of wells) <b>Output 6.1:</b> Rehabilitation of community wells in targeted communities <b>Output 6.2:</b> Knowledge, attitude and practice of hygiene is improved in target population		53
Activities	Is implementation on time?		% progress (estimate)	
	Yes (x)	No (x)		
Distribution of safe water where gaps are identified in 2 districts using prepositioned water treatment units	X		100	
Distribution of Hygiene kits to 5,000 families	X		60	
Stock replenishment of WASH Kits		X	0	
Hygiene promotion activities to 5,000 families	X		100	
Cleaning and disinfection of wells in 3 regions (Sava, Analanjirofo, Atsinanana)	X		100	
Rehabilitation of 30 community water sources in 3 regions; Sava and Analanjirofo (20 already done)		X	70	
Participatory Hygiene and Sanitation Transformation (PHAST) trainings	X		100	
Progress towards outcomes				
Following a mapping exercise to identify interventions and coverage by partners, MRCS reviewed downwards the number of WASH kits to be distributed from 5,000 families to 2,000 families in Antalaha district. MRCS will pre-position the remaining 3,000 kits in Antalaha district as part of its preparedness stocks covering communities' northeast of Madagascar.				
More precisely in the Brickaville district and through the use of the Water Treatment Units, 10,000 litres of drinking water (for about 2,986 households per day) were distributed daily to cover 2 communes for 8 weeks after the passage of the cyclone.				

The hygiene promotion was conducted by the volunteers 48 hours after the cyclone and for about 45 days in the districts of Maroantsetra, Brickaville and Antalaha. Since that time, 82,705 people (corresponding to 16,000 families) have been sensitized for the 3 key messages Wash and also to the hygiene promotion with mass sensitization and door to door visits.

Cleaning and disinfection of wells was conducted for 45 days in the three districts. At the end of the disinfection operation, there were 592 wells for about 21,032 households that were made drinkable and sanitized during this period. The disinfection of these wells has been coordinated directly with the regional water department due to the fact there were other organizations that worked in the same area. The specific target for disinfection of the Malagasy Red Cross were the community wells.

Twenty (20) community wells identified in the Brickaville, Maroantsetra and Antalaha districts are being rehabilitated and 30 water point management committees are being re activated in the management and maintenance of water points in the 23 targeted fokontany. It is estimated that more than 1157 families will be direct beneficiaries of these 30 rehabilitations.

A total of 30 committees are trained and sensitized in PHAST methodology and are able to conduct training to their neighbours.

## Shelter and settlements

**Needs analysis:** The passage of Enawo has destroyed entirely about 11,000 houses, severely damaged (roof gone) 10,000 houses and flooded more than 15,000 houses in 8 districts. The houses in the rural areas are typically built with local material. Population can quickly return and rebuild, but the quality of construction is certainly lower and much needed resources must be redirected to this activity.

**Population to be assisted:** The intervention targets 5,000 among the most badly affected and most vulnerable families in 2 districts (Sava and Analanjifofo), approximately 20% of the severely affected population who has lost houses and belongings.

The timeframe extension of the operation will enable MRCS to complete monitoring of PASSA activities and evaluation of the shelter kits distribution. MRCS faced challenges in accessing the affected in SAVA Region and Analanjifofo during the emergency response. To ensure timely response in future disasters MRCS will pre-position 1,200 kits. The 1,200 kits will be stored in Antalaha RCMS warehouse (SAVA REGION) and the rest among Tamatave and Tananarivo.

Shelter and settlements			
Outcome 7 The immediate household, shelter and settlement needs of 3,900 families are met	Outputs		% of achievement
		<b>Output 7.1</b> 5,000 families are provided with essential household (non-food) items <b>Output 7.2</b> Target populations are provided with emergency shelter materials (shelter tool kits and tarpaulins) <b>Output 7.3 Targeted</b> households whose houses were totally damaged or partially damaged supported to build back better or repair their dwelling	50
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Distribution of kitchen sets to 2,000 families	X		100
Replenishment of 5,000 kitchen sets		X	0
Distribution of shelter tool kits and tarpaulins to 5,000 families	X		98
Awareness sessions on the best use of tarpaulins for 5,000 families	X		100
Shelter Tool Kit evaluation	X		100

Conduct Participatory Approach for Safe Shelter Awareness (PASSA) training of trainers for 20 volunteers and staff	X		100
Awareness sessions and guidance for 5 communities on safe shelter construction techniques using PASSA	X		100
Community project post-PASSA and monitoring	X		100
<b>Progress towards outcomes</b>			
<p>Distribution of 2000 kitchen kits in the districts of Antalaha, and Maroantsetra was not done since the damage in kitchen equipment were not very serious in these two districts and also because they were also covered by other organizations. 3900 kits are planning to be replenished in total and 1200 kits will be stored in the SAVA region to respond more quickly to the next emergency</p> <p>The timeframe extension of the operation will enable MRCS to complete monitoring of PASSA activities as well as evaluation of the shelter kits. The number of kitchen kits to be procured will be reviewed from 5,000 to 2,000 to align with the actual targeted beneficiaries. MRCS faced challenges in accessing the affected in SAVA Region and Analanjirofo during the emergency response. To ensure timely response in future disasters MRC will pre-position 1,200 kits in Sava Region and the rest in the warehouse of Tamatave and Antananarivo</p> <p>9900 tarpaulins and 4950 tool kits were distributed in total.</p> <p>a) 1,250 households in Maroantsetra (2 tarpaulins and 1 tool kit per family)</p> <p>b) 7,400 for Antalaha (1 tarp / families and 1 tool kit / 2 families)</p> <p>In total were reached 8650 households.</p> <p>For the case of Antalaha, the distribution of 1 tarpaulin/family was a great discussion at the level of the cluster as is not according to the sphere standard. However, according to the context in the district of Antalaha, the people affected were able to rebuild their house in a week after the cyclone and this forced to review the initial assessment. A further needs assessment was then carried out by the shelter cluster to define the quantity to be distributed.</p> <p>For the 8,650 tool kits beneficiaries, 10% of the households were surveyed on the use of the kits, the quality of these kits, and their comments with respect to the MRCS response regarding the distribution of tarpaulins and tool kit. The 75% of the surveyed household gave positive comments about the utility and the use of the kits.</p> <p>The PASSA training took place in the district of Maroantsetra, an area that is taken as an example for the geographic and climatic context. 16 volunteers were selected in the two districts of Maroantsetra and Antalaha and 3 staff received training in PASSA methodologies in June 2017. The PASSA training was then implemented in 10 communities in the districts of Maroantsetra and Brickaville by these newly trained.</p>			

Although capacity building is not considered as a distinct aspect of this operations, some operational decisions should be mentioned:

- Deployment of the Shelter Coordination Team, in support of MRCS for the shelter cluster coordination. Delegate works closely with MRCS counterpart, exchanging tools and experience. Basic coordination costs are included in the budget under National Society operation support costs.
- Deployment of IM specialist, who works in close collaboration with MRCS Communications/PMER/GIS experts. The tools developed are prepared in collaboration and all opportunities are sought to transfer knowledge and expertise.

Two opportunities have been created in this response:

1. CTP project with Danish Red Cross, to have a first direct experience of the modality and develop knowledge and capacity with MRCS
2. Use of CBS system in emergency that will strengthen MRCS experience in CBS and help extend the tool to more communities in Madagascar in the future.

## **D. Budget**

**For further information specifically related to this operation please contact:**

**In the National Society**

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**For IFRC Resource Mobilization and Pledges support:**

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**For In-Kind donations and Mobilization table support:**

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- **Fiona Gatere,** PMER Coordinator, phone: +254 20 283 5185; email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org)

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable healthy  
and safe living.



Promote social inclusion  
and a culture of  
non-violence and peace.



## Disaster Response Financial Report

## MDRMG012 - Madagascar - Tropical Cyclone Erawo

Timeframe: 12 Mar 17 to 11 Nov 17

Appeal Launch Date: 12 Mar 17

Interim Report

## Selected Parameters

Reporting Timeframe	2017/3-2017/10	Programme	MDRMG012
Budget Timeframe	2017/3-2017/11	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>577,592</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>		150,924				150,924	
<i>Italian Government Bilateral Emergency Fund</i>		214,492				214,492	
<i>Japanese Red Cross Society</i>		29,400				29,400	
<i>Red Cross of Monaco</i>		46,222				46,222	
<i>Swedish Red Cross</i>		116,515				116,515	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		25,309				25,309	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		93,090				93,090	
<i>Turkish Red Crescent Society</i>		9,877				9,877	
<i>United States - Private Donors</i>		1,852				1,852	
<i>VERF/WHO Voluntary Emergency Relief</i>		1,000				1,000	
<b>C1. Cash contributions</b>		<b>688,681</b>				<b>688,681</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>688,681</b>				<b>688,681</b>	
<b>D. Total Funding = B + C</b>		<b>688,681</b>				<b>688,681</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>		688,681				688,681	
<b>E. Expenditure</b>		-394,117				-394,117	
<b>F. Closing Balance = (B + C + E)</b>		294,563				294,563	

## Disaster Response Financial Report

## MDRMG012 - Madagascar - Tropical Cyclone Enawo

Timeframe: 12 Mar 17 to 11 Nov 17

Appeal Launch Date: 12 Mar 17

## Interim Report

## Selected Parameters

Reporting Timeframe	2017/3-2017/10	Programme	MDRMG012
Budget Timeframe	2017/3-2017/11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## 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>577,592</b>			<b>577,592</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	95,200						95,200	
Clothing & Textiles			3,513			3,513	-3,513	
Water, Sanitation & Hygiene	89,634		3,333			3,333	86,301	
Medical & First Aid	0						0	
Teaching Materials	3,871						3,871	
Utensils & Tools	137,726		2,563			2,563	135,163	
<b>Total Relief items, Construction, Sup</b>	<b>326,430</b>		<b>9,408</b>			<b>9,408</b>	<b>317,022</b>	
<b>Land, vehicles &amp; equipment</b>								
Office & Household Equipment	0						0	
<b>Total Land, vehicles &amp; equipment</b>	<b>0</b>						<b>0</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	0						0	
Distribution & Monitoring	0		5,882			5,882	-5,882	
Transport & Vehicles Costs	12,890		7,107			7,107	5,783	
<b>Total Logistics, Transport &amp; Storage</b>	<b>12,890</b>		<b>12,989</b>			<b>12,989</b>	<b>-98</b>	
<b>Personnel</b>								
International Staff	60,000		34,893			34,893	25,107	
National Staff	5,816		5,982			5,982	-166	
National Society Staff	23,129		12,644			12,644	10,485	
Volunteers	40,648		44,947			44,947	-4,298	
<b>Total Personnel</b>	<b>129,593</b>		<b>98,465</b>			<b>98,465</b>	<b>31,128</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants			314			314	-314	
Professional Fees	3,000						3,000	
<b>Total Consultants &amp; Professional Fees</b>	<b>3,000</b>		<b>314</b>			<b>314</b>	<b>2,686</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	36,690		14,257			14,257	22,434	
<b>Total Workshops &amp; Training</b>	<b>36,690</b>		<b>14,257</b>			<b>14,257</b>	<b>22,434</b>	
<b>General Expenditure</b>								
Travel	7,500		20,401			20,401	-12,901	
Information & Public Relations	7,613		10,513			10,513	-2,900	
Office Costs	6,968		1,438			1,438	5,530	
Communications	3,523		4,798			4,798	-1,276	
Financial Charges	3,548		1,456			1,456	2,093	
Other General Expenses	800		16			16	784	
Shared Office and Services Costs	3,784		13,628			13,628	-9,844	
<b>Total General Expenditure</b>	<b>33,736</b>		<b>52,249</b>			<b>52,249</b>	<b>-18,513</b>	
<b>Operational Provisions</b>								
Operational Provisions			180,934			180,934	-180,934	
<b>Total Operational Provisions</b>			<b>180,934</b>			<b>180,934</b>	<b>-180,934</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	35,252		23,832			23,832	11,420	
<b>Total Indirect Costs</b>	<b>35,252</b>		<b>23,832</b>			<b>23,832</b>	<b>11,420</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			970			970	-970	

**Disaster Response Financial Report****MDRMG012 - Madagascar - Tropical Cyclone Enawo**

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**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>577,592</b>			<b>577,592</b>		
Pledge Reporting Fees			700			700	-700	
<b>Total Pledge Specific Costs</b>			<b>1,670</b>			<b>1,670</b>	<b>-1,670</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>577,592</b>		<b>394,117</b>			<b>394,117</b>	<b>183,475</b>	
<b>VARIANCE (C - D)</b>			<b>183,475</b>			<b>183,475</b>		

**Disaster Response Financial Report****MDRMG012 - Madagascar - Tropical Cyclone Enawo**

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Split by funding source	Y	Project	*
Subsector:	*		

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**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 management	577,592		688,681	688,681	394,117	294,563	
Subtotal BL2	577,592		688,681	688,681	394,117	294,563	
<b>GRAND TOTAL</b>	<b>577,592</b>		<b>688,681</b>	<b>688,681</b>	<b>394,117</b>	<b>294,563</b>	