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## Emergency Plan of Action (EPoA)

### Madagascar: Food Insecurity

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation / n°</b>	<b>MDRMG017</b>	<b>Glide n°:</b>	<b><a href="#">DR-2020-000231-MDG</a></b>
<b>Date of issue:</b>	<b>01 December 2020</b>	<b>Expected timeframe:</b>	<b>3 months</b>
		<b>Expected end date</b>	<b>28 February 2021</b>
<b>Category allocated to the of the disaster or crisis: Yellow</b>			
<b>DREF allocated: CHF 249,900</b>			
<b>Total number of people affected:</b>	<b>725 620 persons in 3 affected Provinces</b>	<b>Number of people to be assisted:</b>	<b>10,000 from Ambatoabo commune</b>
<b>Region:</b>	<b>Regions of Anosy, Androy, Atsimo, Andrefana.</b>	<b>Commune targeted:</b>	<b>Ambatoabo (Anosy Region)</b>
<b>Host National Society presence (n° of volunteers, staff, branches): 50 volunteers mobilized, 08 staff</b>			
<b>Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, German RC, Luxembourg RC, PIROI</b>			
<b>Other partner organizations actively involved in the operation: UNICEF, WPF, ACF, CRS, SOS, National Office for Disaster Risk (BNGRC) and the Government of Madagascar.</b>			

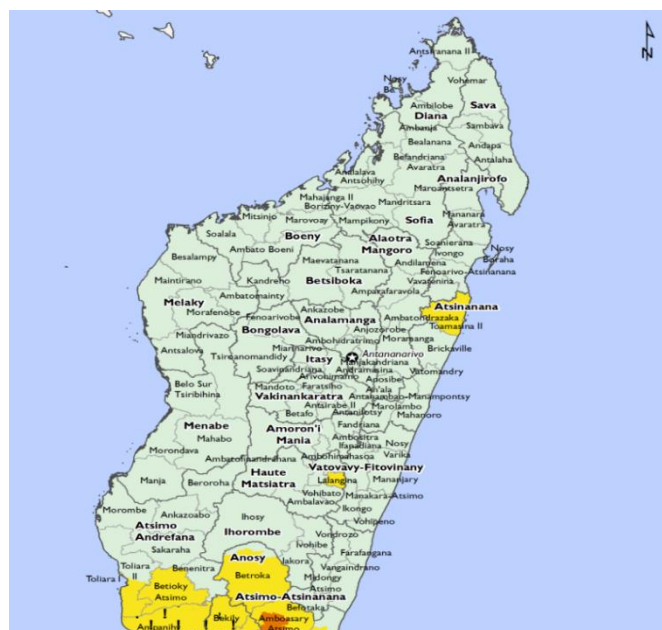
<Please click [here](#) for the contacts and click [here](#) for the budget>

## A. Situation analysis

### Description of the disaster

On 14 November 2020, the President of the Republic, following an alarming increase of IPC 3 and 4 areas in Madagascar, called for an international [appeal](#) to all humanitarian actors to join the Government efforts in assisting the affected population in the Great South<sup>1</sup> of Madagascar, comprised of Androy, Anosy and Atsimo Andrefana with a population of 3,535,783 million people to prevent the situation from deteriorating. Indeed, FewNet, in its [October 2020 to January 2021 Food Security Outlook](#) (see map on right), anticipates an atypically severe upcoming lean season in the Great South. Please refer to the adjacent FEWS NET map IPC 3 (Yellow) and 4 areas (Orange).

In October 2020, MRCS and Malagasy Government, conducted an assessment of the situation, which highlighted that an overall 725,620 people are currently affected by the drought and food insecurity in 10 most impacted districts of the Great South as highlighted in the table below by the Nutrition Cluster of this assessment mission.



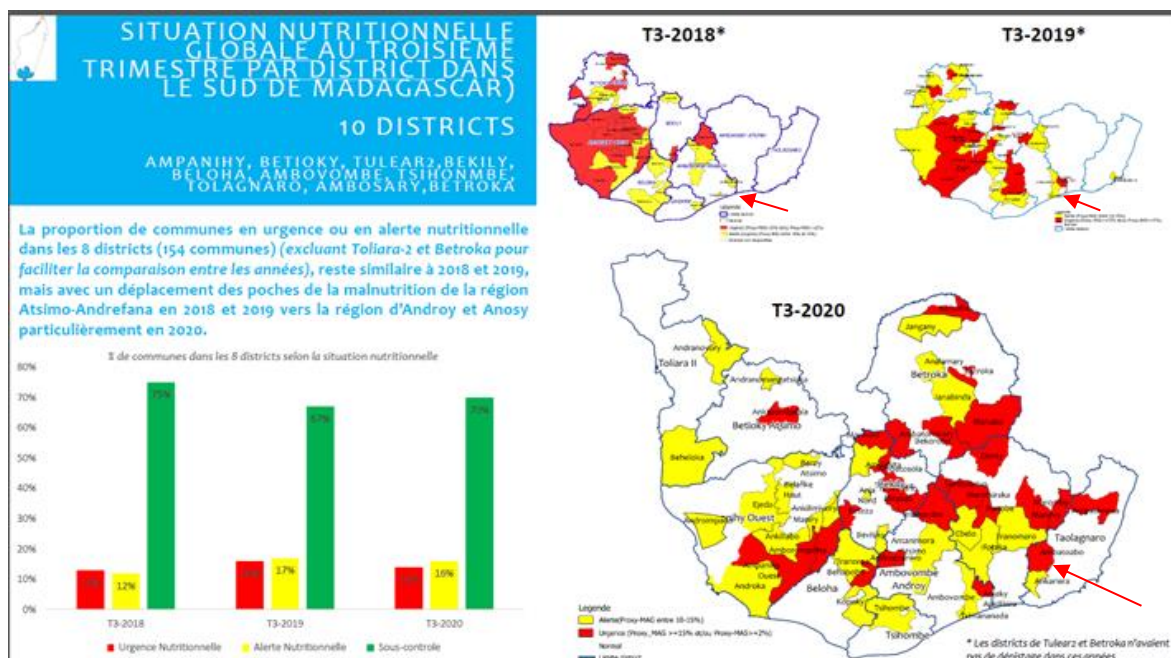
Madagascar, October 2020 to January 2021 Food Security Outlook  
©FEWS NET

<sup>1</sup> Referring to southern provinces of Madagascar

District	Hommes	Femmes	Enfants (<18 ans)		Adultes (18-60 ans)		Personnes âgées (60 ans)		TOTAL Actuel
			M	F	M	F	M	F	
Ampanihy	97 446	104 514	48 723	52 257	45 312	48 599	3 411	3 658	201 960
Betroka	35 962	38 648	17 981	19 324	17 969	19 311	12	13	74 610
Tsihombe	18 714	21 836	9 357	10 918	9 349	10 909	8	10	40 550
Beloha	24 766	28 899	12 383	14 449	12 372	14 436	11	13	53 665
Bekily	30 934	36 096	15 467	18 048	15 455	18 033	12	15	67 030
Betioky	12 169	13 051	6 084	6 526	6 080	6 521	4	5	25 220
Ambovombe	53 013	61 857	26 506	30 929	26 484	30 903	22	26	114 870
Amboasary	43 833	47 107	21 917	23 553	21 899	23 535	17	19	90 940
Taolagnaro	12 879	13 841	6 440	6 920	6 434	6 915	5	6	26 720
Tuléar 2	14 502	15 553	7 251	7 777	6 716	7 203	535	574	30 055
<b>TOTAL</b>	<b>344 217</b>	<b>381 403</b>	<b>172 109</b>	<b>190 701</b>	<b>168 070</b>	<b>186 365</b>	<b>4 039</b>	<b>4 337</b>	<b>725 620</b>

Source: Nutrition Cluster, Screening Result Q3, 2020

During the above-mentioned mission, it was also found that the Commune of Ambatoabo, located in district of Taolagnaro in Anosy Region, with its 10,000 inhabitants (2,000 households) is one of the most affected districts classified as being in emergency phase. Indeed, according to the humanitarian coordination, the commune of Ambatoabo remains among those which have not received any assistance so far, which has worsened its situation since from being under control in 2018 to an emergency in 2020 as seen in below images from the assessment report (see red arrows).



Comparative analysis of Ambatoabo food security situation in Q3 from 2018 to 2020  
©Q3 2020 Report on Nutritional Surveillance.

According to the [Global Hunger Index 2020](#), published in October 2020, Madagascar ranks 105<sup>th</sup> out of 107 countries, with a score of 36.0 out of 50, indicating the country is in an alarming food security situation. Indeed, Madagascar has been facing recurrent drought for several years, with a devastating impact on access to food for communities. This situation in the Great South has continued to worsen, leading to a period of prolonged and exceptional drought, which is the most severe in decades. This is also a direct consequence of the El Niño phenomenon, which has caused a rainfall deficit, leading to a reduction in agricultural productivity, loss of seeds and the deterioration of crops. In a country where 80% of the population are dependent on agriculture, this exerts additional pressure on the very lean resources available and has led to a deterioration in the nutritional situation, especially for the most vulnerable such as pregnant and lactating women, children under 5 years old, members of female-headed houses with limited resources and the elderly. The chronic crisis deteriorated from September 2020 into an acute crisis in the southern districts of the Anosy province which was also classified as being in alert but some districts and communes were already in emergency phase.

Echoing the call from Head of State, [WFP](#) on 18 November 2020, alerted in an analysis that approximately 1.5 million people in southern Madagascar are in dire need of emergency food and nutrition assistance, including 75,000 pregnant and breastfeeding women. This is in addition to the population facing the compounding effects of COVID-19 Pandemic, which coincides with an early dry season and the [Croplands Water Requirement Satisfaction Index](#) (WRSI) reporting below normal cumulative rainfall average with the deficit potentially reaching up to 34% in several places. COVID-19

preventive measures also led to the reduction of daily activity and prohibition of intra-regional movements. As such, people could not move to other regions to get jobs and the prolonged drought has dried most plants. It has been observed in many areas that the population has been eating and drinking water from cactus leaves because it is the only plant resistant to the drought

## Summary of the current response

### Overview of Host National Society Response Action

Between October and November 2020, the Ministry of Health conducted an assessment in which Malagasy Red Cross Society (MRCS) 22 volunteers were mobilized to collect data on the situation across affected parts of the country. They equally undertook an assessment on the mid-upper arm circumference (MUAC) measurement, in the District of Amboasary, Commune Ifotaka, and organized the distribution of food to 500 households in the Commune of Behara. These responses were led by the Presidency of the Republic and the Ministry of Population. A field mission for rapid assessment in the targeted commune is expected from 01 – 05 December 2020 and will provide further information on the current situation but also inform on the medium/longer term response strategy to the drought/food insecurity situation, into which a Red Cross response will fit well.

The Malagasy Red Cross Society (MRCS) has extensive experience in managing food and nutrition crisis related to livelihoods through previous projects. Since 2017, the MRCS has worked alongside other Partner National Societies and under the coordination of the IFRC, to strengthen its operational capacity and has drawn on experience in the management of operations, in particular in the diversification of response strategies and tools for food security. This has been the case with the Cash strategy, which has been introduced to NS response options depending on the feasibility of the modality with the systematic involvement of affected/recipient communities.

MRCS, being an auxiliary to public authorities is part of the following Clusters: SAMS -Food Security and Livelihoods, WASH and Health-Nutrition, and leads in the Shelter Cluster led by the National Office for Disaster Management (BNGRC) as part of the disaster risk management. The NS participated in developing Government's response strategy for this emergency phase of the response, to which this DREF operation is aligned. However, the NS with its Movement partners will work on identifying long term strategies to be advocated for assistance.

### Lessons learnt from previous Food Security operations

In 2015 –2017, MRCS implemented a Food security, WASH and nutrition project in Amboasary District (Tranomaro and Marotsiraka communes). The final evaluation of the project showed significant success in reducing child malnutrition, increased crop productivity and incomes for the targeted households, which are elements the NS will capitalize on for current intervention, within the framework of the DREF. The below are key lessons drawn from this project:

- The communities were happy to learn from diverse agricultural techniques
- The project enhanced the Red Cross visibility and community acceptability
- The southern part needs an intensive support in Livelihoods diversification to stabilise their economic situation
- Providing an integrated approach to response ensures a comprehensive assistance as it tackles at the same time water, food, nutrition, health issues.
- The involvement of local authorities in the whole process is crucial as it ensures ownership of response by communities for sustainability
- Setting up community committees in charge of associating people for ownership and community led solutions.

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

The IFRC Indian Ocean Islands Country Cluster Support Team (IOI CCST) provides financial and technical support to the MRCS from its office based in Antananarivo. In recent months, Malagasy RC has implemented operations for floods and COVID-19 response with support from IFRC. IFRC will support and facilitate any initiative from PNS or/and other partners to the NS. Following the call for support from presidency, the NS requested support from IFRC, which set up operational calls between IFRC, the NS and PNSs to discuss situation and explore ways to support the NS need to this call from the helm of the nation.

The French Red Cross, via PIROI (Plateforme d'Intervention Regionale Ocean Indien), is supporting MRCS through a disaster preparedness and response project in Boeny and Atsimo Atsinanana Regions. In close coordination with member National Societies, PIROI manages seven prepositioned warehouses across the South West Indian Ocean Island, including two prepositioned warehouses in Madagascar (warehouses of Tamatave (Atsinanana region) and Ambohimambola (Analamanga region). French Red Cross will support the National Society by providing non-food items from the warehouse of Analamanga region. The items are composed of kitchen kits (1 pot, 5 spoons, 5 plates, 1 knife, 5 coffee cups, 1 plastic cup, 1 ladle) and WASH kits (2000 buckets, 2000 jerrycans, 10 000 cups, 4,000 bar of soaps, Through the DREF reusable face masks, dignity kits and Aquatabs) will also be procured. The French Red Cross, via PIROI to this effect will be complementing the support being provided by the IFRC through the DREF. This will

enable MRCS to expand the support they are providing in this response; and maximize all Movement resources available to them as effectively and efficiently as possible. These items will be of great importance as selling of household items has been reported negative coping mechanisms within the affected communities.

Luxembourg Red Cross is implementing a shelter project in the North of Madagascar and facilitating/ participating in the Shelter Cluster within BNGRC during the coordination meeting. For this situation, Luxembourg RC has no funding to support.

The German Red Cross is implementing a project on disaster risk reduction in informal urban settlements of Antananarivo and would not be possible for the moment to support the NS in this context.

### Overview of other actors' actions in country

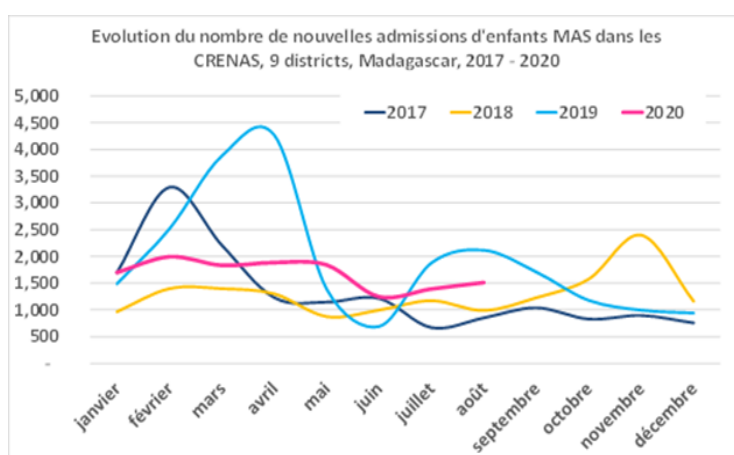
According to the Government, the Humanitarian Country Team (HCT) was able to mobilize approximately USD 30.85 million by August 2020 to support the response thanks to which a total of 35,364 children under 5 years benefited from a nutritional support. Almost 13,000 people benefited from support on access to drinking water through truck deliveries, and 75,000 people benefited from free health care since July 2020. In addition, 667,500 people have benefited from food assistance in end of October, and 70,000 in the north of Amboasary. This assistance is jointly being provided by the Government and humanitarian actors such UNICEF, WPF, SOS, ACF, FAO, CRS. The NS, with the support from IFRC, will explore potential funding opportunities from partners to the Government (USAID, EU, World Bank) for medium/longer term assistance. The Government has set up a cereal bank that will serve the affected people from 18 communes of Amboasary.

Regular coordination meetings are being held at national and field levels to exchange on the progress of the response, share experiences and ensure that interventions are being implemented in different areas; so as to avoid overlap or any potential gaps. The Malagasy Red Cross has been assigned Ambatoabo; while partner organisations will focus on other affected areas of the country. This will also inform the targeting strategy in the respective areas, with organisations support in some instances the entirety of the affected population.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Regarding the Nutrition Surveillance System, an exhaustive mass screening was carried out in 9 districts during the third quarter of 2020 (see graph below). Results revealed that out of 436,338 children aged from 6 to 59 months screened (98 % screening coverage), 0.8% (3,610) suffered from severe malnutrition and 7.1% (30,908) from moderate malnutrition. About 12.8% (26) of the communes were classified in emergency and 14.3% (29) in alert phases. Even though these results are slightly lower compared to data of the third quarter of 2019, the districts of Amboasary, Ampanihy, Bekily and some communes of Taolagnaro report a rate of severe malnutrition above 10% with aggravating factors.



Evolution of the number of SAM children in Nutritional Rehabilitation Centres for treatment of moderate and severe acute malnutrition,

The report of the GIEWS (Global Information and Early Warning System) highlights that the southern Regions suffered significant cereal losses due to climatic factors, coupled with the damage caused by Legionary caterpillars which caused significant damage on corn productions. The average infestation rate is 53% and yield losses on corn crops are estimated at 47%<sup>2</sup>. Other main crops such as cassava and vegetable also recorded very low production. In addition, the price of water and cooking wood has increased both in rural and urban areas since the beginning of the year, particularly since the drought was declared in February 2020 in the region of Androy. The table below indicates price increase since February up to November 2020 in Malagasy Ariary, the national currency:

Commodity	February 2020	November 2020
Corn(kg)	2,400	3,800
Cassava	1,500	2,500 (when available)

<sup>2</sup> Source: report from the Ministry of Agriculture, situation analysis before COVID-19

Rice (local)	3,000	4,000
Water (20liter)	1,250	2,250
Cooking wood (bundle of 50kg)	6,000	10,000

The poverty rate in these regions reaches more than 90% of the population. According to WHO, there is a decrease in the use of health centres in the Great South as, not only 73% of the population are 5km away from the health centres, but the lack of information on COVID-19 in terms of prevention measures and the need for the continuity of essential services also leads to a decline in attendance at health centres for fear of getting infected by the disease. The impact of the COVID-19 pandemic, extends beyond a public health emergency, considerably affecting people's lives and livelihoods. Global food insecurity analysis is suggesting extent to which food insecurity will be exacerbated in many countries. With the outbreak not over in Madagascar, and effects being felt on peoples access to their livelihoods due to restrictions in place, the situation could threaten to worsen considerably.

Currently, a joint multi-sectoral assessment is still underway in which the MRCS is involved, while, the current interventions are based on the results of screening (IPC quarter 3) carried out in October 2020 by the Nutrition Cluster which identified 725,620 people affected from 10 districts (Taolagnaro included). Besides, the results of the IPC quarter 4 will be available by the beginning of December and will provide update information to consider. The community needs are identified as follows:

- **Food security / livelihoods:** Food consumption in the South is critical with at least 65% of households taking half a ration during meals, a fairly significant proportion of households (between 15 to 38%) adopt as crisis strategy the squandering of productive assets such as the sale of productive cattle in particular (around 10% of households recorded having decapitalized their cattle herd). Food insecurity is a major contributory factor to acute malnutrition, combined with insufficient food intake, low dietary diversity among children and women, high prevalence of diseases (diarrhoea, ARI, malaria) linked to limited access to health services, and finally the COVID-19 epidemic, which was an unusual shock exacerbating acute malnutrition, with severe disruption to food and health systems. Thus, the priorities are: i) to provide adequate food consumption for a period of 07 months (November 2020 to May 2021), ii) to support the protection and restoration of livelihoods with at least 150,000 households in the Emergency, Alert, Under Control phases. Ongoing assistance from the Government and other actors has started with the 9 districts categorized as severe acute malnutrition (SAM), but the gaps are still observed in 4 districts including Taolagnaro, where Ambatoabo (NS zone of intervention) is located.
- **Health / Nutrition:** Based on information obtained from nutritional screening and paediatricians from hospitals in 9 districts where these screenings were conducted, it was demonstrated that the management of severe acute malnutrition continues at the level of health centres and at community level for moderate malnutrition. These gaps were also highlighted in the district of Taolagnaro, particularly for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). Recommendations for actions to be taken focused on the continuity of nutritional care while respecting the care protocol and restrictive measures against COVID-19, and ensuring the availability of inputs, strengthening of preventive measures and integrated management of early childhood diseases, the identification of new communication strategies, awareness and distribution of micronutrients and immunization in order to limit the impact of COVID-19 on coverage rates, strengthening of the health system and quality of primary care services (adaptation of IMCI and PECMA protocols with COVID-19 prevention measures), and strengthening of the routine and surveillance system, as well as the management of diarrhoea, fever, malaria and respiratory infections.
- **Water, Hygiene and Sanitation:** The result of the rapid assessment survey carried out in September 2020 in the regions of Androy and Anosy showed that 64% of the population consume less than 10 litres of water per person per day and only 6.3% of the population consumes more than 20 litres of water per person per day (Sphere standards). Access to water (lack and high price) is a major concern for the population. The prices of water always depend on the sources of drinking water available in each community. Cases of diarrhoea are high in communes with less access to water and latrines.

## Targeting

**Geographical targeting:** According to data obtained from the Nutrition Cluster, some **725,620 people** (see table below) have been registered as needing urgent support in the Great South. In agreement with partners (ACF, Cash Working Group, UNICEF and WFP) and Government, MRCS will target the Commune of Ambatoabo, located 100 km from the District of city of Tolagnaro in Anosy Region. Indeed, although Tolagnaro is considered "under control" with 90% of its commune stressed (IPC 2), 7% are in a crisis situation (IPC 3), and 3% are in emergency (IPC 4), according to Government. Ambatoabo commune falls into the category in emergency (IPC 4).

**Number of people:** Based on the above, MRCS is positioning itself to support **10,000 people** (100% of the target area population) in Ambatoabo Commune. This is because more vulnerable households could face severe outcomes (IPC 5) in the absence of this assistance. Out of this number, 1,5000 children with moderate acute malnutrition or/and recovered from severe acute malnutrition will be targeted. Covering the full percentile of affected people in Ambatoabo is because it is deemed that the entire commune is in a dire situation which requires an intervention and this targeting has been agreed in close coordination with the partners and the Government. Pregnant and breastfeeding women will be considered as being at high risk of severe malnutrition during the identification of recipients.

The identification and selection of the targeted population will then be carried out based on participatory approach conventionally adopted by mutual agreement of the stakeholders. Faced with the situation of poverty, and the situation of vulnerability to food insecurity in the Great South, the government and the BNGRC recommended that all people are considered vulnerable and should be considered by all partners when planning a response. Though all affected population in Ambatoabo will be targeted through this intervention, the application of community engagement and accountability measures will ensure that people from other neighbouring communes will be registered in error.

### Scenario planning

Scenario	Humanitarian consequence	Potential Response
<b>Scenario 1:</b> Albeit late, rainfall is recorded in sufficient quantity in the next six weeks.	Access to water improves People are able to grow crops to reduce food insecurity and malnutrition	Response will be limited to the current DREF operation within a four-month timeframe to ensure that community is set on the path to recovery.
<b>Scenario 2:</b> The crisis persists and worsens within next 2 months	More malnutrition cases are recorded WASH situation deteriorates due to insufficient or lack of water Population movements to other regions for food starts being recorded Increased pressure is exerted on host communities which are already stressed or in crisis themselves.	More emergency and recovery assistance will be required, hence the NS and CCST will invest more in longer term programs through Pan African Food Security initiatives.  The DREF operation could also be extended to accommodate medium term emergency response activities, with a possible second allocation to the operation.
<b>Scenario 3:</b> The chronic crisis persists and a cholera outbreak emerges due to poor WASH conditions, in addition to already raging COVID-19 pandemic.	Death toll rises Malnutrition cases surge High risk of famine (IPC 5)	A large mobilization of resources to save lives and protect human dignity through an Emergency Appeal, while pursuing long-term recovery and resilience actions through the Pan-African Food Security Initiatives.

Based on above, the NS will be responding to scenario 1 as the Commune of Ambatoabo has already been highlighted to be in emergency.

### Operation Risk Assessment

The current DREF operation is exposed to several risks as highlighted below, for which NS and CCST have discussed mitigation measures to ensure targeted communities receive the needed support.

#### 1- Security Risks (and Mitigation measures):

Access from Ambatoabo to Taolagnaro is difficult due to bad roads, and at 100 km distance. The commune is located over 100km from the District city of Taolagnaro with difficult accessible roads. The population of Ambatoabo is estimated to 10,000 people, all impacted by the food crisis.

Security in the area of intervention could present potential risks during travel, which could block implementation but local authorities will provide information on the situation in the area and accompany the NS volunteers in the field if necessary. Another security risk is linked to the need to distribute the cash in envelopes due to the absence of cash points and telephone network, which exposes the FSP/staff/volunteers distributing the cash.

To mitigate such incidents during the operation, all security measures of both the Movement and the Government will be strictly adhered to by all volunteers and staff involved in the operation to reduce risks.

The security management as part of this operation will be based on the RCRC Fundamental Principles and humanitarian values. In addition, the following actions related to security will be implemented:

- These measures include the respect of visibility through the wearing of jackets and regular communication on all the movements.
- Regular briefings will be organized to remind volunteers and staff on their behaviour and Safer Access.
- Coordination will be maintained between the NS and IFRC to ensure that all security measures are respected.
- Constant communication check-in measures with base by all operation staff will be sustained.
- The use of two vehicle convoy, compliance with speed limits and other regulations.
- Regular security updates will be organized, and information disseminated.
- Real time monitoring of field activities through the NRCS information management system.
- The use of other IT means of contact system to ensure communications during follow-up missions.
- Risks associated with the money transfer process due to the absence of cash points and poor telephone network, but direct Cash distribution will be applied where no network.

Volunteers will be trained on proper handwashing and use of alcohol-based sanitizers to keep safe while carrying out activities to minimize the risk of COVID-19 infection. Face masks will also be provided to volunteers and other Personal Protective Equipment like rubber boots and hand gloves for use during vector control to destroy mosquito breeding sites and clear drainages.

**All staff and volunteers must have undergone the Stay Safe security course and abide by the Code of conduct.**

## 2- Risks of Inflation

High prices of foodstuffs are likely to inflate due to the lean season and the importation of the majority of basic necessities (PPN), but Ns will advocate for support from the Regional Directorate of Commerce for price verification on the markets. This advocacy will include maintaining the Cash value to ensure that the basic needs of the population are met.

## 3- COVID-19 Pandemic

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to [Africa CDC](#), as of 23 November 2020, out of a sample of 93,734, a total 17,341 COVID 19 cases have been registered with 251 deaths and 16,657 recoveries. To date, the following measures have been taken to curb the spread of the disease: mandatory mask wearing, set up of proximity screening sites, set up of treatment centres; risk communication, providing updated information on the COVID-19 situation.

National Society responses to COVID-19 are supported through the IFRC [global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and [regional Emergency Plan of Action](#) for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. This means that the NS will ensure, even as it responds to the food insecurity crisis, COVID-19 prevention measures are adhered to, in line with regional plan of action and its national COVID-19 country plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items, procurement issues, and movement of NS volunteers and staff as well as international staff. For more information please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how MRCS will respond to the situation in the event COVID 19 mitigation measures are made more stringent.

COVID-19 measures	Standard epidemic control measures	Temporary lockdown of society (schools, shops, public functions)	Complete lockdown and restriction of movement during implementation period
Likelihood	High	Moderate	Low
Impact on operation	No impact on MRCS operation will ensure to adhere to epidemic control measures in place.	The impact will be relatively low on this operation, as Government has opened its borders and the	MRCS is ensured to be able to carry on its activities as it is part of the presidential taskforce and has been given full access to move

		temporary lockdown has been lifted.  NRCS is also assured to be able to implement operation's response activities even in the event of temporary lockdown is imposed.	during any lockdown. The unlikely event of a complete lockdown is only possible if there is a drastic increase in the number of COVID-19 cases in the country.
<b>Mitigation measures</b>	As the epidemic control measures were already in place before crisis, the operation is designed to adhere to the measures.  Trainings will be conducted in small groups with due respect to social distancing measures  Distribution and awareness raising exercises will ensure that physical distancing norms will be adhered to.	Same as under standard epidemic control measures. In addition, some delays might be experienced with procurements for of some items. If this happens, a timeframe extension may be requested.	Health and hygiene promotion activities will be adjusted in line with any new measures that might come up, while relief through cash and voucher assistance will be provided.

## B. Operational strategy<sup>3</sup>

### Overall Operational objective:

The overall objective of this operation is to contribute to improving the nutritional and food security conditions of 10,000 people (2,000 households) in Ambatoabo, Taolagnaro district (Anosy Region), through a harmonized emergency response while protecting their safety, wellbeing and dignity. Given the possibility of vulnerable groups resorting to negative coping mechanisms, pregnant and breastfeeding women, children under 5 years and other socio vulnerable will be a focus. Operational timeframe will last 3 months with end date on 28 February 2021.

### Proposed Strategy:

This DREF focuses on the urgency addressing the issue of food insecurity and malnutrition in the targeted community. These emergency actions will make it possible to follow up with a view to a long-term continuation with resilience activities by mobilizing the necessary resources through upcoming Pan-African Food Security initiatives. In line with these efforts, the Indian Ocean Islands CCST has engaged discussion with the Italian Red Cross East Africa office on potential support to medium -longer term interventions through multilateral cooperation with IFRC and MRCS. French Red Cross will also look at possibilities to advocate the medium – longer term activities related to this assistance. All along this DREF operation, Covid-19 preventive measures will be applied to avoid any risk of exposure both to the volunteers and the population. Training and mobilisations sessions, distribution activities will all follow risk prevention measures (wearing a mask, respecting physical distance, ensure regular hand washing, etc).

MRCS response strategy will focus on the below three areas of intervention:

#### 1. Livelihoods and Basic Needs (Target: 10,000 people or 2,000 households)

Activities implemented under this AOF will cover assessments as well as respond to food and nutrition crisis: Respond to the immediate food and non-food needs of 2 000 households in Ambatoabo through the cash transfer.

##### a) Assessment

Conduct continuous in-depth assessments of the situation through field activities. This will enable to prioritize actions to be carried out within the communities and help to better define the programme, considering the short, medium- and longer-term aspects of the response. The in-depth assessment will focus on needs related to food insecurity recognizing that these will be diverse and allow for prioritization of those that are most acute, and where MRCS has value added in terms of addressing them. This will equally inform any strategic revision of this DREF operation and prepare the NS for an exit to medium/longer term strategy to address the chronic nature of the food insecurity situation. Questions on the affected community's information needs, most trusted communication channels and preferences for raising complaints and asking questions will be integrated into the assessment in order to guide community engagement and accountability

<sup>3</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

related activities. The analysis of this assessment will focus on an integrated approach in food security, nutrition, WASH, livelihoods and health. The recommendations of the assessment will allow MRCS to better focus its actions for more efficiency and effectiveness.

#### b) Basic needs,

Cash distribution is the preferred option as this approach is an effective way for the NS to respond immediately to various needs, while preserving the dignity of targeted community. This also allows the targeted population the opportunity to make choices on spending the cash received based on their needs, to support local markets hence, restarting the recovery of the local economy.

The NS has signed a two-year contract with a Financial Service Provider (Telma) that will implement the cash distribution according to the appropriate modality in 2 tranches covering two months. An additional one month transfer of the same amount will be considered during the course of the intervention based on post distribution monitoring; and needs of the affected population as the situation evolves. In Ambatoabo commune, the network coverage is either weak or inexistant, hence, Telma and Malagasy RC will organise a quick assessment and produce a coverage mapping in the area. Where there is no Telma coverage, the FSP will propose an alternative appropriate solution. Prior to the cash transfer activity, the NS will carry out a market assessment to ascertain the functionality of the markets in the targeted area. This will also consider the availability of sufficient food to meet the needs of the targeted people, especially those of the malnourished and will be done monthly, to ensure there is no change in prices.

Transfer value of 30CHF (MGA 127,150) for 5 persons per household in 30 days									
No	Food (30 days)	Grams/ day/ pers	KC/day /pers	Grams/ HH/day	Grams/ HH/ 30days	Kg/HH / 30 days	Price /Kg	Price/HH/ 30 days	Total in CHF
1	Cereals (Rice, Maize)	150	540	750	22,500	22.5	1,500	33,750	7.94
2	Tubers (potatoes, cassava,...)	100	137	500	15,000	15	1,000	15,000	3.53
3	White beans	75	255	375	11,250	11.25	3,000	33,750	7.94
4	Meat	100	210	500	10,000	10	-	-	-
5	Sugar	10	39	50	1,500	1.5	3,000	4,500	1.06
6	Oil	20	177	100	3,000	3	5,000	15,000	3.53
7	Salt	5		25	750	0.75	200	150	0.04
	<b>Total 1</b>		<b>1,358</b>					<b>102,150</b>	<b>24.04</b>
No	Non Food	Unity		Quantity	Quantity/ HH		Price Unit	Total Price	
1	Cooking wood	hh		ff	1		10,000	10,000	2.35
2	Water	hh		ff	1		15,000	15,000	3.53
	<b>Total 2</b>							<b>25,000</b>	<b>5.88</b>
	<b>TOTAL 1+2</b>							<b>127,150</b>	<b>29.918</b>

*Calculation of minimum expenditure basket covering overall food and non-food needs per household per month*

The cash transfer value will be based on the Minimum Expenditure Basket as calculated by the Cash Working Group and the National office for Disaster Management (BNGRC). The amount overall is set at MGA 127,150 per month per household, which is equivalent to CHF 29.9. To ease calculus, we shall round up figure to CHF 30, to be received in two tranches, for two months.

In addition, kitchen kits (1 pot, 5 spoons, 5 plates, 1 knife, 5 coffee cups, 1 plastic cup, 1 ladle) will be provided to the same identified people. These items will be provided by PIROI as it is available in their warehouse in Madagascar, upon request from NS. The NS would like to use opportunity of this DREF operation to cover for transportation from the warehouse to the field. No replenishment will be required for these items.

## 2. Health (Target: 10,000 people or 2,000 households)

Overall targeted population will be provided with health promotion and care activities. Of these numbers, at least 1,500 children under 5 years with moderate acute malnutrition and/or recovered from severe acute malnutrition will be provided with Koba Aina supplementary food (locally produced). The supplement consists of a mixture of maize & soy flour, rice, peanuts, oil, salt and sugar according to protocols from the Ministry of Health and UNICEF, based on the child's nutritional status. This will be given to children with moderate acute malnutrition and children recovering from severe acute malnutrition.

It will be important to strengthen community surveillance to facilitate early detection, investigation as well as early and rapid care aiming to mitigate the negative impact of diseases and epidemics at the community level. As such, a community-based surveillance system (CBS) will be set up and 50 volunteers trained in CBS and Vulnerability Capacity Assessment (VCA) to prevent and respond to epidemics, including Covid-19. This will be a good platform for the sharing of real-time information to enhance prompt action and response. A good referral system will be set up to facilitate communication with the appropriate health facility.

## 3. Water, Sanitation and Hygiene (WASH) (Target: 10,000 people or 2,000 households)

This package will be backed by activities that promote good hygiene and health as well as social mobilization and effective education at the community level, incorporating COVID-19 mitigation awareness. This will be done through trusted two-way communication channels to ensure that communities act on the health information being shared.

Hygiene promotion will be accompanied by the provision of WASH kits (1 bucket, 1 jerrycan, 2 soap bars, 2 cups, and 1 water purifier) and set up of hands washing points. Like with the household items mentioned under Livelihoods and

basic needs section, these WASH items will be provided by PIROI as it is available in their warehouse, and the DREF operation will only cover for transportation. No replenishment will be required for these items.

During the operation, a detailed assessment will be conducted availability of water. Access to safe water being a major concern, the operation will explore possibility of rehabilitating some water wells/points in the identified areas. The assessment will determine the number of water points and target localities in accordance with the Ministry of Water, Sanitation and Hygiene (for quality test and certification), for advocacy to ensure the provision of this essential service through future long-term operations. In the meantime, the households will be provided with water treatment products (aquatabs/waterguard) and trained on safe water storage and safe use of water treatment products.

Dignity kits will be provided to 1,500 women and girls of childbearing age in the targeted community for three month. During the assessment, the type of products to be provided will be discussed with the targeted women to ensure that items provided are useful.

### **Protection, Gender and Inclusion**

PGI will be mainstreamed throughout the intervention to ensure communities dignity, access, participation, and safety. Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay particular attention to protection and inclusion of vulnerable groups and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in hygiene promotion activities. As part of the needs assessment and analysis, gender and diversity related questions will be included in all assessments in Livelihoods, WASH, Health to understand how different groups have been affected, which will inform the operational strategy. All sectors will seek to meet the IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies. All staff and volunteers involved in the operation will be briefed on Code of Conduct, prevention of sexual exploitation and abuse, SGBV and ensure that they have all signed the Code of conduct. Reusable sanitary napkins will also be provided to the women and girls in childbearing age.

### **Community Engagement and Accountability**

In the framework of the Operation, community members will be considered as full stakeholders. Management committees (selection criteria and community targeting, implementation, monitoring, coordination, etc.) will be involved and their responsibilities will be formally committed to the execution of activities. This will allow target communities to engage and take ownership of the programme. MRCS has been strengthening its capacity in CEA through adopting participatory approaches to the design and implementation of programmes and by establishing a feedback mechanism (including a hotline which was established during the Covid-19 response), which will be used to guide decision making within the response. In all cases, covid-19 preventive measures will be applied to volunteers, staff and community members and the volunteers and staff will be afforded necessary protective equipment (PPE).

### **Exit Strategy:**

Acknowledging that this DREF operation is time bound and can only focus on emergency actions, MRCS and IFRC CCST will work on ensuring that there is a transfer of competence on the skills learnt during this project, to ensure sustainability of the impact on community.

In addition, CCST and NS will carry out advocacy to all relevant partners through upcoming Africa Regional Pan African Food Security Initiatives to ensure the NS has a medium to long-term strategy to address the chronic nature of the food insecurity situation in Madagascar. In line with these efforts, IOI CCST has engaged discussions with the Italian Red Cross East Africa office on potential support to recovery actions through a multilateral cooperation with IFRC and MRCS.

## **Operation support services**

### **Human resources**

Malagasy Red Cross Society has competent and experienced staff and volunteers in responding to food and nutrition insecurity. As for the long-term programs, the National Society has experienced and capitalized on the lessons learnt from the operations implemented in the past.

For this operation, the NS will involve 50 volunteers, 1 NDRT and 8 staff (1 Health, 1DM, 1CEA, 1 Finance, 1PMER, 1 Logistics and 2 drivers), to ensure efficient implementation of the operation. One NDRT will be deployed to the field to coordinate the work of the volunteers and support the deployed IFRC Surge members. The cost for the NDRT will be included to this budget. In addition, NS will ensure monitoring of activities by deploying two of its staff once a month, while provision if made for an NS coordination mission during implementation.

The IFRC will provide technical support to the NS by deploying one operations/cash surge member to support implementation. This will coordinate all cash distributions and oversee operation coordination to provide necessary assistance to the NS and ensure that the operation respects the DREF norms. The surge surge will also support NS in

all strategic discussions to ensure that it capitalizes on the opportunity of this operation to mobilize resources for longer-term actions.

### **Logistics and Supply Chain**

The logistic and supply chain for this operation will focus on:

- Assessment of potential suppliers at local level with delivery protocols and payment terms established for supplementary food, Aquatabs, dignity kits and face masks.
- The warehousing and storage of NFI will be rent at local level before delivery (NFIs from PIROI).
- For this operation, the DREF will mobilise 2 vehicles to support the National Society in implementation and monitoring of the activities.

**NB: The local procurement will respect IFRC standard.**

### **Information Technologies (ITs)**

For data collection, the NS has a number telephones as needed to undertake the activity.

### **Communication**

Communication materials, advocacy and community outreach will be developed to make the National Society and IFRC humanitarian activities visible. This will include the production and realization of articles, press releases, testimonials, brochures, photos and videos. The media will be involved to ensure coverage of the key activities carried out as part of the operation. Social media will be used to maximize the visibility of Red Cross activities and its partners. Emphasis will also be placed on advocacy for protection, dignity, rights and respect for communities.

### **Security**

There are no particular security concerns in Madagascar. Minimal security risks are recorded in some remote areas of intervention. To prevent potential risks during travel, the local authorities will provide information on the situation in the area and accompany the NS volunteers and staff in the field if necessary. The volunteers and staff intervening at field level will regularly be briefed on security measures and will have to comply with.

### **Planning, Monitoring, Evaluation and Reporting (PMER)**

The NS will implement a regular monitoring/evaluation plan to ensure effectiveness and the implementation of programs. Required reports will be produced by the NS with the support from IFRC and be shared to partners. A workshop on lessons learnt will be held in by the end of the operation to analyse success, challenges, best practices and recommendations to capture and apply in future interventions. IFRC CCST will support the NS in PMER capacity-building activities and through periodical monitoring mission to the field to assess the progress of the response.

### **Administration and finance**

The NS has a finance and administration department. IFRC's financial staff enhance capacity building for the Finance Department of the National Society and the staff involved in the operation to ensure the proper use of financial resources in accordance with the Plan of action.

## C. Detailed Operational Plan



### Livelihoods and basic needs

People targeted: 10 000

Male: 4 900

Female: 5 100

Requirements (CHF): 136,100

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods	% of targeted households reached with Cash Assistance for food (Target: 100% or 2,000 households)															
	Livelihoods and basic needs Output 1.1: Households are provided with unconditional/multipurpose cash grants to address their basic needs	<ul style="list-style-type: none"> <li># of households assisted with cash for food</li> <li># of volunteers briefed and involved in the cash for food activities (Target: 50 volunteers)</li> <li># of market assessments conducted (Target: 2 monthly assessments)</li> <li>% of community feedback acted upon (Target: at least 60%)</li> <li>% of target population aware of how to interact with RCRC and its feedback mechanism (Target: At least 60% or 7,200 people)</li> <li># of PDM conducted (Target: 2 PDMs)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP008	Conduct market assessment																
AP008	Carry out cash recipient targeting in consultation with representative community committees																
AP008	Setting up community feedback system for CVA, by strengthening existing NS feedback mechanisms and collaborating with other sectors. Advertise the system to communities through trusted communication channels, put in place a community feedback committee, collect, analyse and act upon community feedback																
AP008	Carry out community engagement and accountability activities through community volunteers and community committees to respond to community suggestions, beliefs, rumours and misperceptions																
AP081	Unconditional/multipurpose cash distributions for 2 months																
AP008	Packaging, transport and storage of kitchen kits. These will be supported by French Red Cross via PIROI																

	Distribution of kitchen kits to 2 000 households																	
AP008	Conduct a post distribution monitoring-PDM for all distributions done in the operation (Cash, NFIs)																	



## Health

People targeted: 10,000

Male: 4 900

Female: 5 100

Requirements (CHF): 40,668

P&B Output Code	Health Outcome 5: Less severe cases of disease or malnutrition are treated in the community, with referral pathways for severe cases established	% of people reached by nutrition activities (Target: 100% or 10 000)															
	Health Output 5.1: Acute malnutrition cases are managed in the community, with referral established for severe cases.	<ul style="list-style-type: none"> <li># of volunteers trained in CBHFA and nutrition (Target: 50 volunteers)</li> <li># of people reached by CMAM (Target 10 000)</li> <li>% of children screened and referred (20% of children under 5yrs from targeted communities)</li> <li># of children provided with supplementary food (Target 1,500 children)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP014	Train volunteers in CBHFA and nutrition - maintaining the Covid 19 protocols or social distancing , avoiding crowds, maintaining hand hygiene /washing hands frequently and wearing a face mask at all times when interacting and conducting the training sessions																
AP014	Implement community management of acute malnutrition (CMAM) maintaining the Covid 19 protocols																
AP014	Implement MUAC screening and referrals activities while maintaining minimum distance , hand hygiene and wearing a face mask as well diligently using the MUAC tape																
AP014	Provide supplementary food to acute malnourished children under 5 years while maintaining distance , avoiding crowded venues , wearing face masks and washing hands frequently																
AP014	Conduct monitoring/follow up assessment of nutritional status of recipient children of supplementary food																



## Water, sanitation and hygiene

People targeted: 10 000

Male: 4 900

Female: 5 100

Requirements (CHF): 18,280

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	% of targeted people reached with hygiene promotion (Target: 100% or 10,000 people)															
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	<ul style="list-style-type: none"> <li># of volunteers trained in hygiene promotion (Target: 50 volunteers)</li> <li># of assessment conducted (Target 1)</li> <li># coordination meetings (Target: 5)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Conduct training for RC volunteers on carrying out water, sanitation, and hygiene assessments maintaining Covid 19 safety protocols (social distancing, hand washing and wearing a face mask at all times of interactions )																
AP026	Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities maintaining the Covid 19 protocols																
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities - maintaining distance, wearing mask and practicing hand hygiene																
AP026	Coordinate with other WatSan actors on target group needs and appropriate response with an eye to the Covid 19 response																
P&B Output Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> <li># of households provided with safe according to SPHERE standards (Target 2 000)</li> <li># of treatment product tablets distributed</li> <li>% of target population with knowledge on safe water storage and safe use of water treatment products (Target: 100%)</li> </ul>															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP026	Distribute 120 000 household water treatment products tablets sufficient for 60 days, to 2 000 households.																
AP026	Train population of targeted communities on safe water storage, on safe use of water treatment products.																

AP026	Monitoring targeted communities application of safe water storage and water treatment products; including dissemination of reinforcing messages if required.																		
P&B Output Code	<b>WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>	<ul style="list-style-type: none"> <li># of hygiene promotion sessions conducted during the implementation period (Target: 24 sessions)</li> <li># of IEC materials produced and distributed</li> <li>% of targeted population reached by hygiene promotion sessions (Target: at least 100% of target beneficiaries)</li> </ul>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP030	Conduct needs assessment: define hygiene issues and assess capacity to address the problem.																		
AP030	Conduct hygiene promotion activities in the community including maintaining social distancing, wearing face masks and washing hands frequently																		
AP030	Design/Print IEC materials and plan and implement relevant behaviour change communication activities based on trusted/preferred channels of communication																		
AP030	Support construction and maintenance of handwashing facilities in targeted communities.																		
P&B Output Code	<b>WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population</b>	<ul style="list-style-type: none"> <li># of households provided with WASH kits (Target 2 000)</li> <li># of reusable face masks distributed (Target: 10,000)</li> <li># of months during which 1,500 women and girls receive dignity kits (Target: 3 months)</li> </ul>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP030	Carry out WASH kit recipient targeting, in consultation with representative community committees																		
AP030	Procure (locally) and distribute reusable face masks to all targeted people																		
AP030	Packaging, transport and storage of WASH kits (2000 buckets, 2000 jerrycans, 10 000 cups, 4,000 bar of soaps, 10 000 reusable face masks, reusable sanitary napkins) to be distributed. These will be partially supported by French Red Cross via PIROI; and partially through the DREF.																		
AP030	Procure and distribute 4,500 dignity kits to 1,500 women and girls for 3 months.																		
AP030	Conduct a PDM to ensure that feedback collected on recipients satisfaction with regards to distributions and services provided																		

## Strategies for Implementation

Requirements (CHF): 38,900

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	# of volunteers involved in the operation (Target: 50)															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers insured and briefed on their roles and risk control															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	50 Volunteers insurance																
AP040	Provide complete briefings on volunteers' roles and the risks they face and PPE																
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	Percentage ratio of people supported versus people affected (Target: 100% percent or 10,000 people)															
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	<ul style="list-style-type: none"> <li># of conducted monitoring missions (Target:2)</li> <li># of surge deployed for support (Target:1)</li> <li># of lessons learned workshop (Target:1)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Lessons learned workshop																
AP046	Produce lessons learned workshop report																
AP046	Surge deployment (CASH/Operations Coordination)																
AP046	IFRC monitoring missions																
AP046	MRCS monitoring missions																

## **Funding Requirements**

The overall amount required to implement this plan of action is CHF 249,900 as detailed in attached budget.

**DREF OPERATION**

MDRMG017 - MADAGASCAR - FOOD INSECURITY

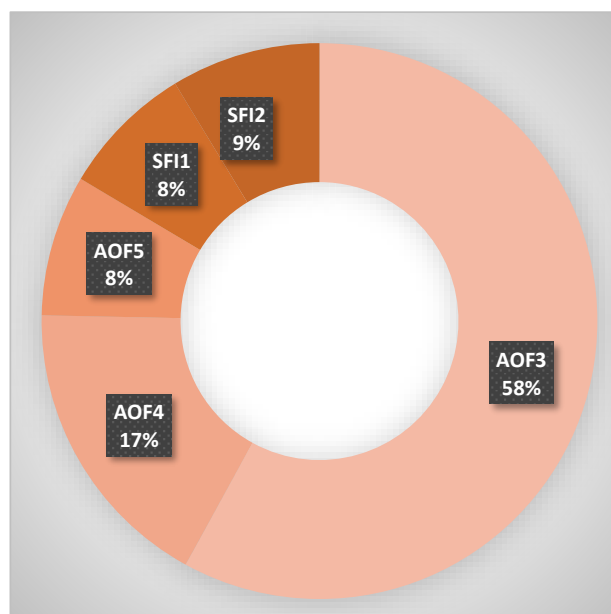
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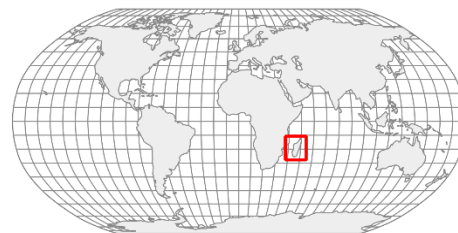
**Budget by Resource**

Budget Group	Budget
Food	37,500
Water, Sanitation & Hygiene	12,500
Teaching Materials	1,000
Cash Disbursement	130,600
<b>Relief items, Construction, Supplies</b>	<b>181,600</b>
Medical Equipment	1,000
<b>Land, vehicles &amp; equipment</b>	<b>1,000</b>
Storage	2,750
Transport & Vehicles Costs	4,500
<b>Logistics, Transport &amp; Storage</b>	<b>7,250</b>
International Staff	16,500
National Society Staff	5,400
Volunteers	15,748
<b>Personnel</b>	<b>37,648</b>
Workshops & Training	3,900
<b>Workshops &amp; Training</b>	<b>3,900</b>
Travel	1,500
Office Costs	750
Communications	500
Financial Charges	500
<b>General Expenditure</b>	<b>3,250</b>
DIRECT COSTS	234,648
INDIRECT COSTS	15,252
<b>TOTAL BUDGET</b>	<b>249,900</b>

**Budget by Area of Intervention**

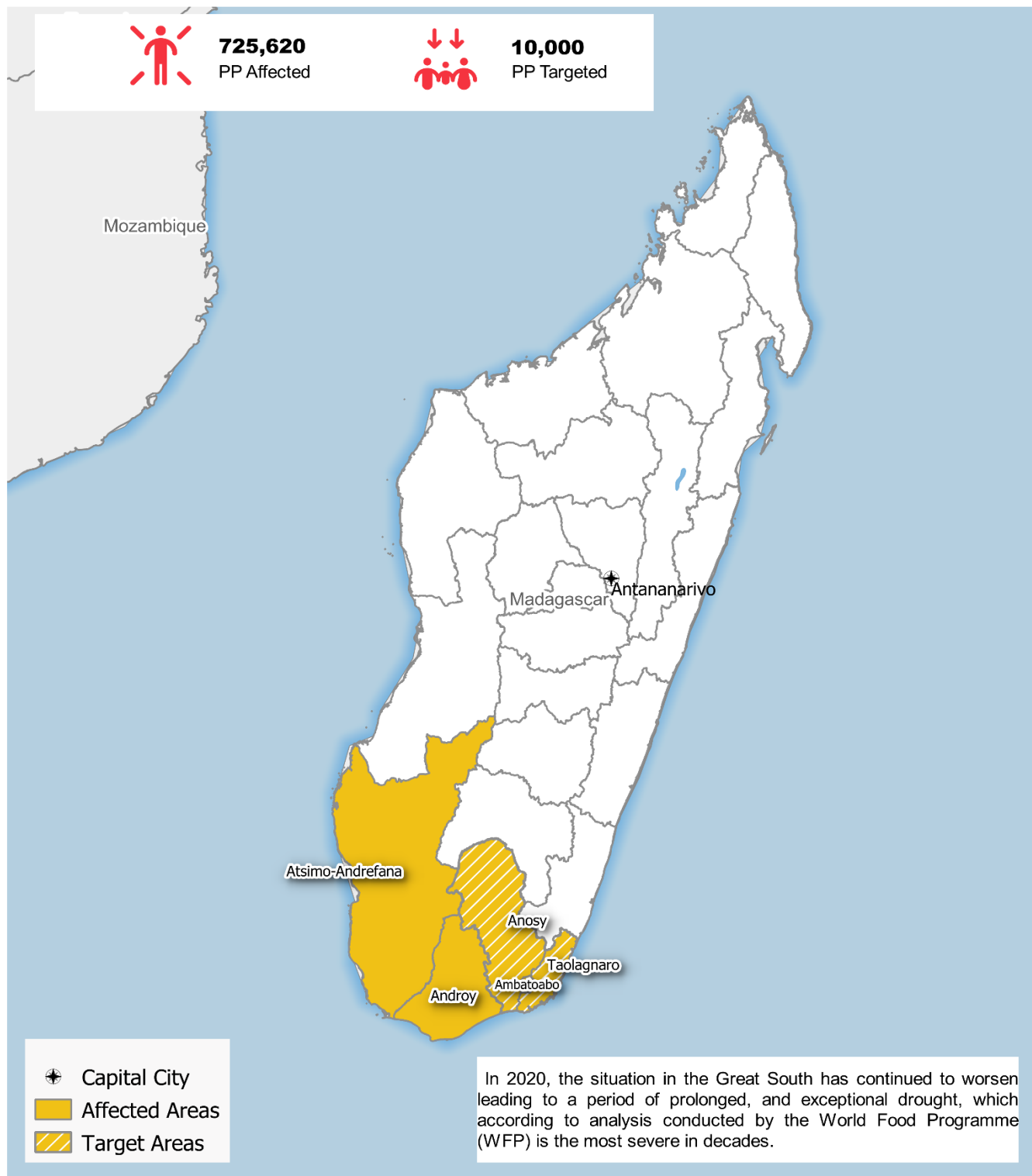
AOF3	Livelihoods and Basic Needs	144,947
AOF4	Health	43,311
AOF5	Water, Sanitation and Hygiene	20,533
SF11	Strengthen National Societies	19,383
SF12	Effective International Disaster Management	21,726
<b>TOTAL</b>		<b>249,900</b>



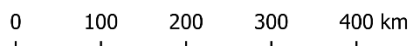


## Madagascar : Drought & Food Insecurity

23 November 2020 • MDRGM017 • DR-2020-000231-MDG



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Map data sources: GADM, Madagascar RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



## Reference documents



Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

**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 (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.

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.