

www.ifrc.org
Saving lives,
changing minds.

Final report

Madagascar: Food Insecurity

 International Federation
of Red Cross and Red Crescent Societies

| | |
|--|---|
| Operation DREF | Operation MDRMG017 |
| Date of issue: 17 September 2021 | Grate Number: DR-2020-000231-MDG |
| Start date of the operation: 29 November 2020 | End date of the operation: 30 April 2021 |
| National Host Society: Malagasy Red Cross | Operation budget: CHF 249,900 |
| Number of people affected: 725,620 people in 3 affected provinces | Number of people assisted: 10,000 people from the commune of Ambatoabo |
| Partners of the Red Cross and Red Crescent Movement currently actively involved in the operation: IFRC, German RC, PIROI. | |
| Other partner organizations actively involved in the operation: UNICEF, WPF, UNDP, FAO, ACF, CRS, ASOS, SOS, WHH, Office national de gestion des risques de catastrophe (BNGRC) and the Government of Madagascar. | |

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

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Malagasy Red Cross Society (MRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

The Government of Madagascar launched a flash appeal in November 2020, requesting support to address food insecurity in the great South of Madagascar, which includes the regions of Androy, Anosy and Atsimo Andrefana. Indeed, the area is characterized by poor rains, high food prices and unresolved economic instability. This is in addition to the effects of the COVID-19 pandemic and the various related restrictive measures which have a devastating effect on the food distributions and accentuated the effects of food insecurity on the population. According to Integrated Food Security Phase Classification for the period from October to December 2020, 1.06 million people identified or 27% of the population screened, including 204,000 people were in emergency situations (IPC Phase 4) and 859,000 in were in Crisis (IPC Phase 3).



Cash distribution to the most affected households ©MRCS

The Malagasy Red Cross Society (MRCS) and the Malagasy Government in October 2020 carried out an assessment to ascertain the specific localities most affected by food insecurity. The findings from the assessment mission revealed that the Commune of Ambatoabo, located in the district of Taolagnaro in Anosy Region, with its 10,000 inhabitants (2,000 households) was one of the most affected districts classified as being in emergency phase. In addition, per the

humanitarian coordination, the commune of Ambatoabo had not received any assistance, which worsened its situation from being under control in 2018 to an emergency in 2020.

In response, MRCS with support from IFRC Disaster Emergency Fund (DREF) launched a CHF 249,900 [DREF Operation](#) in November 2020 to support the 2,000 households of the commune of Ambatoabo through cash for food as well as nutrition activities. In February 2021, an [Operation Update](#) was published, extending the timeframe of the operation by two months, for an overall timeframe of 5 months. This extension was justified by the delay in implementing the plan of action for which the timeframe was three months (from 29 November 2020 to 28 February 2021). Indeed, the procurement of the items (food supplement, sanitary napkins and panties for dignity kit, face masks, Aqua tabs for water purification and tools for nutritional monitoring) was launched according to the NS's procurement and financial procedures. Unfortunately, due to the end-of-year holidays and the deterioration of COVID-19 context, several of the calls for tender launched were unsuccessful and had to be relaunched, taking almost two months. This delay thus affected the implementation of some key activities, including the target registration, which is a key to any distribution activity, and even the care for moderately acutely malnourished children which was planned.

This DREF operation enabled the MRCS to provide basic needs for 1,961 households through cash, administer a community-based acute malnutrition management model (CMAM) to 6,800 people as well as train 7,725 people on good water, sanitation and hygiene practices to reduce their vulnerability and risk of disease. The operation also helped conduct a market assessment, trained 22 volunteers on the principles and promotion of humanitarian values and reached 62.23% of the target population (10,000) through these principles and humanitarian values promotion sessions. A total of eleven (11) CEA committees were established and a CEA training of 33 community members was held. To note, the distribution of WASH and dignity kits was canceled due to the lack of quality and the high cost on the market compared to the planned items.

The French Red Cross/PIROI and the Operational Command Centre (CCO-K) /Government contributed to this operation and supported the implementation of operation DREF. To link the emergency and medium -term needs identified in the target area, the activities started in this operation will continue thanks to funds received from the Taiwan Red Cross Organisation via IFRC. The German Red Cross are also supporting MRCS by complementing to this operation an assistance through cash for emergency and construction of water points.

Summary of response

Overview of Operating National Society Response

The MRCS deployed efforts in response to the government's appeal via the Disaster Relief Emergency Fund (DREF) of the International Federation of the Red Cross (IFRC) on 29 November 2020. IFRC supported the NS to respond to the urgent needs of the population in Ambatoabo commune based on the activities set in the EPoA. A team was setup jointly by IFRC Cluster Delegation and MRCS, which included staff and NRDT members, to ensure planning, implementation, monitoring and evaluation of activities and coordination with partners in the field. The Ministry of Population remained the lead in response activities for the overall food insecurity intervention.



Awareness session on agent promotion, ©MRCS

To ensure an efficient response, the National Society mobilized 49 volunteers, trained on the following topics:

- CEA activities (22 volunteers) - total of 11 CEA committees were set up to better manage assignment and implementation of activities
- WASH activities (49 volunteers)
- Nutrition activities (22 volunteers)
- Distribution activities (49 volunteers).

These volunteers were also involved in assessments conducted from 1st to 5th December 2020 with the Ministry of Health (MoH) prior to the DREF operation with funding from MoH. This assessment enabled MRCS to refine the EPoA according to the identified needs based on data collected. In addition to this assessment, volunteers conducted the mid-upper arm circumference (MUAC) measurement in Ifotaka commune and carried out food distributions for 500 households of the commune of Behara, still with MoH funding.

In partnership with the Operational Commandment Centre - Kere (CCO-K), the MRCS was able to carry out the registration of beneficiaries to determine the target households in the zone of intervention. The distribution of cash for food/basic needs and of NFIs were based on this registration. It has to be reminded that all the community households present in the zone of intervention were considered.

Under this DREF operation, the Malagasy Red Cross Society implemented the distribution of non-food items (kitchen kit, reusable masks and water treatment products) and cash for food and basic needs, as well as supplement food for malnourished children under five years after being screened.

Overview of the Red Cross and Red Crescent Movement in the country

The French Red Cross planned to support the NS by providing non-food items including WASH kits and kitchen kits. Unfortunately, the WASH kits were finally not provided because they were not available in stock. The dignity kits planned and covered by the DREF operation were equally not distributed because the required quality of sanitary pads and underwear were not available and the lower quality ones available were very expensive (compared to the available budget). Through the DREF, the 9,670 reusable face masks and a total of 5,802 tablets for 1,933HH in 90 days water treatment product (Aqua tabs), were locally procured and distributed together with the kitchen kits provided by PIROI.

The IFRC has closely technically supported the NS at the field level through the permanent mobilization of a surge staff deployed in the field as an operations manager.

Overview of actors' actions in the country

The Government has set up a programme called "Caravane du Sud", through which 1,160 tons of rice, 28,800 litres of oil, 700 tons of vegetables and water were distributed to 60,000 families.

The Ministry of Population, Social Protection and Promotion of Women and the United States Agency for International Development (USAID) through the Bureau of Humanitarian Assistance (BHA) and the Catholics Relief Services (CRS) also set up a programme called "Maharo", to provide 3,000,000 Ariary (Malagasy currency), approx. CHF 700, to each of 55,880 households for 5 years as a means to boost their income-generating activities.

A post-drought cash transfer assistance programme called "Toseke Vonje Aigne" funded by the World Bank (up to 13,3 million dollars) and implemented by the Development Intervention Fund (FID), under the coordination of the Ministry of Population and the BNGRC, was relaunched on 22 January 2021, aiming at providing cash to 70,000 vulnerable households for five months at a rate of 80,000 Ariary (approx. CHF 20) per month.

The Emergency Prevention and Management Unit (unit under the supervision of the Prime Minister's office) has benefited from an insurance indemnity of USD 2,126,803 from the Pan-African Insurance Company ARC. A part of the fund designated to the National Nutrition Office (ONN), enabling 16,000 most vulnerable families to receive food assistance, to facilitate nutritional care for 2,000 children under five years and 1,000 pregnant and breastfeeding women, the supply of drinking water for 100,000 households, the construction/rehabilitation of two nutritional and medical centres in Ambovombe and Amboasary and the provision of medicines to the various health centres covering the affected area.

Interagency Coordination

A partnership was established with the Operational Commandment Centre (CCO-K) to support the operation in the census/registration of beneficiaries. Regular coordination meetings were held at national and field levels as following:

- A weekly meeting of the WASH and Food security & livelihood clusters,
- A meeting once every two weeks for the Cash Working Group.
- At local level, a fortnightly meeting of partners involved in the WASH sector was also set up.

These regular coordination meetings aimed at exchanging on the progress of the response, share experiences and ensure to avoid overlaps and potential gaps in interventions being implemented in different areas. The Malagasy Red Cross was assigned to intervene in Ambatoabo commune, while partner organisations focused on other affected areas of the country. This also informed the targeting strategy in the respective areas, with organizations supporting in some instances, the entirety of the affected population, as was the case for this DREF operation.

Needs analysis and scenario planning

Needs analysis.

The needs remain the same as those indicated in the [DREF EPoA](#) summarized as follows:

1. **Access** to food and basic needs/livelihoods
2. **Health / Nutrition**
3. **Water, sanitation, and hygiene** with a focus on access to drinking water, which was a real problem in the targeted commune (Ambatoabo).

According to the Integrated Food Security Phase Classification (IPC), the period from January to April 2021 corresponded to the peak of the hunger gap in the Great South of Madagascar and the preparation period for the main agricultural season. Inflation in the prices of imported staple foods (rice, oil, sugar) was expected due to the devaluation

of the Ariary (the local currency), which made access to the market more difficult for all the communities across in target zones. Due to a sharp deterioration in food security because of the depletion of household food reserves and poor access to food, an increase in acute malnutrition cases was expected from January onwards, reaching a peak in the first quarter of 2021, with aggravating factors such as an upsurge in cases of fever/malaria, diarrhoea and very worrying levels of mortality cases in some localities, where access to basic healthcare is practically non-existent.

Due to the rainfall forecasts, which range from normal to above normal for the months of January to March, support in terms of agricultural inputs (adapted short-cycle seeds, phytosanitary products) was also an important need identified to accompany the population in the recovery and protection of their livelihood to enable households in rebuilding their assets.

Targeting and Scenario planning

Please refer to [EPoA](#) for details on targeting and scenario planning.

Operation Risk Assessment

This DREF operation was exposed to several risks (**Security Risks, Risks of Inflation, COVID-19 Pandemic**) as highlighted in the [EPoA](#) and for which mitigation measures were set in place to ensure targeted communities received the needed support. All the stakeholders were informed and involved to the mitigation measures and ensured that they were respected.

As an exit strategy from the DREF response and to ensure continuity of the intervention, IFRC in partnership with Taiwan Red Cross Organisation will continue supporting the Malagasy Red Cross Society to provide emergency and medium-term assistance to the same affected communities. The German Red Cross has also committed to support in emergency needs through multipurpose cash assistance and construction of water points. Both supports will be implemented by Malagasy Red Cross in a well-coordinated manner.

B. OPERATIONAL STRATEGY

Overall operational objective:

The overall objective of this operation was to contribute to improving the nutritional and food security conditions of 10,000 people (2,000 households) in Ambatoabo commune, Taolagnaro district (Anosy Region), through a harmonized emergency response while protecting their safety, wellbeing, and dignity.

Given the potentiality for vulnerable groups resorting to negative coping mechanisms, pregnant and lactating women, children under 5 years and other socio-vulnerable persons will be the focus of attention. The operational timeframe lasted 5 months and ended on 30 April 2021.

Proposed strategy:

This intervention focused on addressing the emergency needs on food insecurity and malnutrition in the targeted communities. It also enabled the National Society to initiate medium-term actions, setting the path for resilience activities by mobilizing the necessary funds, through its linkage to the Pan-African food security initiative. Indeed, the actions engaged through this DREF operation gave the IFRC Cluster Delegation for the Indian Ocean Islands countries the basis for initiating discussions with the Taiwan Red Cross Organisation on potential support for medium-term interventions through multilateral cooperation with the IFRC and the MRCS.

COVID-19 preventive measures were respected throughout this DREF operation to avoid any risk of exposure both for volunteers and the population. Training, awareness sessions and distribution activities were conducted in line with the containment measures prescribed by MoH and WHO, including wearing masks (provided through the operation), respecting physical distancing, regular hand washing, etc.

The first situation assessment mission led by a joint delegation of the NS and the IFRC Delegation was an opportunity to meet the authorities at different levels, to better understand the needs and to present the context and objectives of the Red Cross intervention. The assessment confirmed the needs listed above with a focus on access to a minimum food basket, livelihoods, and safe drinking water.

The impact of the intervention strategy (see [EPoA](#) for details) is two-fold as detailed below:

Impact on communities:

- The dignity of community members was restored through access to food and basic needs (no begging, no displacement to neighbouring areas, etc)
- Increase of life expectancy for children under five years who were affected by malnutrition
- The implementation of cash as a response mechanism helped to revamp the local economy
- Support in the Government's COVID-19 containment strategy as people could buy and wear masks, respect distance, apply hygiene, etc.

Impact on MRCS

- The Malagasy RC linked the emergency with a mid - term initiative, which resulted in additional funds for the National Society to address structural issues related to food insecurity.
- The National Society accessed more funds through Taiwan RC Organisation, Seychelles RC and German RC Societies, which have also shown solidarity with Madagascar's needs by launching their own emergency appeals to mobilize funds for their sister National Society.
- An increase of the Government recognition of Malagasy Red Cross as a main partner in both emergency and mid-term assistance.
- This DREF operation had boosted MRCS's confidence to meet the domestic donors and partners for a scale up of the response to the acute hunger crisis affecting the southern part of the country, as well as increased community credibility and trust in their National Society.

The key achievements of this intervention are highlighted in section C – Detailed Operational Plan below.

C. DETAILED OPERATIONAL PLAN

| Indicators | Target | Actual |
|--|----------------------------|---------------------------|
| Percentage of targeted households reached with Cash Assistance for food and basic needs | 100% | 98% |
| Number of households assisted with cash for food | 2,000 HH or 10,000 persons | 1,961 HH or 9,805 persons |
| Number of volunteers trained and involved in cash assistance activities | 50 | 49 |
| Number of market assessments completed | 2 | 2 |
| Percentage of community complaints addressed | 60% | 79% |
| Percentage of target population who know how to interact with the RCRC and its feedback mechanism | 60% | 62,23% |
| Number of PDM completed | 2 | 2 |
| Narrative description of achievements | | |
| <ul style="list-style-type: none"> • The needs of the affected population were assessed during the mission organized for this purpose. During this mission and through other ongoing activities, it was revealed that food and livelihood needs were the major concern, with a high probability that the situation could worsen during the lean season (January to April 2021). The registration of the population, was organized with support from the CCO-K. As cash was the preferred assistance modality, the registered households received a cash grant. Out of 2,000 registered households, a total of 1,961 were assisted (98% of the target) receiving CHF 60 in three disbursements. This was the amount set by the Government and approved by the Cash Working Group. The remaining 2% of targeted households was not reached due to wrong/double registration or because the families had moved to other areas during the intervention period. The cash assistance was conducted by a Financial Service Provider (Telma) who has an official contract with the National Society until 2022. • Though there was a slight delay in cash distribution due to the registration process which took long, this gave enough time to mobilise, train and deploy the volunteers to implement cash assistance activities. Of the 50 planned volunteers, only one missed the training at the last minute due to personal issues. As such, 49 volunteers (11 females and 38 males) were trained and deployed for activities. • During the intervention timeframe, 2 market assessments were carried out by 22 volunteers trained on market assessment and data collection. The main findings observed were the increase of commodity prices due to the deteriorating economic situation and COVID-19 context. Ambatoabo is located at more than 23km from the main road linking major cities and the goods provision was always difficult due to the low purchase capacity and logistics challenges. With the first assessment, the local market was very poor in goods, but the second assessment revealed an increase in goods due to the purchase capacity of the community increasing due to cash grants. The local market is open once a week and goods are from the big markets of the zone. | | |

- A two-way feedback system was set up, with **79% of complaints received addressed**. The main complaints were related to the beneficiary's registration, the distance between some localities and distribution sites, and some households which had more members than the average five persons per household considered for this response. The effectiveness of the feedback mechanism was facilitated thanks to the training of 3 persons from each of 11 localities of Ambatoabo, in addition to setting up 11 CEA committees in all 11 localities, and the organization of community sessions (1 per locality).
- Throughout the implementation, community members progressively learnt **how to interact with the RCRC as well as how to use its feedback mechanism**. **A total of 6,300 people** (approximately 63 per cent of the target population) confirmed their knowledge of RCRC humanitarian principles and values as well as the feedback mechanism.
- **A total of 2 PDM sessions** were conducted in the community, mainly after the cash distribution. The main finding from both sessions was that the communities were satisfied by the operation as their major needs in food and basic needs were addressed.

Challenges

The following challenges were highlighted during implementation:

- Isolation and poor accessibility of the area,
- Low assimilation capacity of volunteers due to limited exposure to humanitarian actions,
- Language barrier with volunteers as they mainly spoke the local dialects,
- The procurement procedures which proved to be challenging for the National Society,
- The non-availability of certain items on the local market, and
- The big size of some households (some households were made of about 10 members).

Lessons learnt

- The implementation of the operation was facilitated through courtesy visits and involvement of local authorities and Government.
- The setting up of 11 committee through each locality amongst the local population helped address high community sensitivity and supported to gain their full involvement in implementation of activities.
- The fact that the action targeted all households in the commune helped to minimize the risk of insecurity related to *Dahalo* (cattle thieves) attacks during the implementation of the operation.
- Cash allowed the beneficiaries to meet different basic needs including paying the debts contracted and respecting COVID-19 containment measures.
- Future operations in the area will consider the larger family sizes to limit complaints
- National Society's capacity was strengthened in procurement, although more needs to be done.



Health

People reached: 6,800

Men: 748

Female: 6,052

| Indicators: | Target | Actual |
|---|---|--------|
| Percentage of people reached by nutrition activities | 100% | 68% |
| Number of volunteers trained in CBHFA and nutrition | 50 | 49 |
| Number of people reached by CMAM (Community-based management of acute malnutrition) | 10,000 | 6,800 |
| Percentage of children screened and referred | 20% of children under 5 in targeted communities | 54% |

Narrative description of achievements

- To ensure Community-based Health and First Aid (CBHFA) and nutrition, 49 volunteers (30 men and 19 women) were trained on CBHFA for 3 days. After training, the volunteers were deployed into the concerned communities to conduct CBHFA activities and provide nutrition support through screening the malnourished children, promoting good nutritional practices, establishing community-based surveillance system and providing supplementary food to the detected MAM/SAM. This intervention also strengthened the collaboration between health structures and the community, where trained volunteers acted as an important bridge for the detection and reporting of health events or risks within the community, by proposing the appropriate measures to be taken.
- The overall health intervention in this response focused on the families with malnourished children. The in-depth assessments carried out and the IPC data confirmed the urgent needs for nutritional support (initially identified). In

Ambatoabo, the number of children identified as malnourished after the screening was much lower than anticipated. The overall screening reported 1,269 children aged 6 to 59 months, of whom 486 were suffering from acute malnutrition, as shown in the table below. To note, the operation had planned to assist 1,500 MAM/SAM.

- The children identified as malnourished were assisted with a supplementary food called "Koba Aina" for a period of two months, during which the mothers of these children gathered in their respective community to prepare that food, which was consumed on site by the children, under the supervision of volunteers dedicated to this activity. A bi-weekly follow-up program was carried out to assess their recovery status. At the first follow-up (15 days after nutritional provision), 43.73% of the MAM had improved (with more than 125 mm of MUAC).
- It should be noted that at the beginning of the project, Ambatoabo Basic Health Centre did not have enough nutritional supplements, which was the reason why MRCS also decided to assist the children with SAM.
- Upon request of the Regional Bureau of Nutrition and the Regional Health Authority, 449 children aged between 6 and 59 from the neighbouring communes of Ankariera and Analapatsy, suffering from Global Acute Malnutrition (GAM), were also assisted with the available nutritional supplement.
- In addition, 32 water filters were distributed to the communities, 3 per village to ensure that parents of malnourished children have access to safe drinking water for cooking food supplements.
- By including the above-mentioned communes, a total of 1,718 children aged 6 to 59 months, of whom 935 were suffering from moderate acute malnutrition and 69 cases severe acute malnutrition were screened. To note, no case was referred as they were directly treated within the community by the volunteers in collaboration with community nutritional focal points.



Volunteers conducting the mid-upper arm circumference (MUAC) measurement
©MRCS/IFRC

Distribution of children aged 6 to 59 months screened and assisted with the supplementary food (Koba Aina)

| Commune | Total of children aged 6-59 months screened | Total of children affected by Global Acute Malnutrition | Total of children aged 6-9 months screened MAM and cared for | Total children aged 10-59 months screened MAM and cared for | Total of children aged 6-9 months screened SAM and cared for | Total children aged 10-59 months screened SAM and cared for |
|--------------|---|---|--|---|--|---|
| Ambatoabo | 1,269 | 486 | 37 | 380 | 16 | 53 |
| Ankariera | 29 | 29 | 9 | 12 | 2 | 6 |
| Analapatsy | 420 | 420 | 51 | 337 | 9 | 23 |
| Total | 1,718 | 935 | 97 | 729 | 27 | 82 |

Challenges

The challenges encountered here are mainly related to the delay in registering beneficiaries and the acquisition of food supplements due to the lack of suppliers available on the market. Indeed, because of the geographical context, it took a long distance for some of the needed supplements to reach the location of the communal kitchens, requiring volunteers to closely follow up with them to avoid discouragement.

Lessons learnt

- The collaboration between the Ministry of Health and the Red Cross as an auxiliary of the public authorities allowed to perform the assessment and the distribution in an efficient way.
- Organising the screening for all the children allowed the operation to assist all children without leaving any of them aside. The involvement of the community nutritional agents also reinforced the trust of community, increasing the motivation of parents, as well as their involvement in the activities.
- Combining multipurpose cash grants and communal kitchens under the supervision of the volunteers contributed to avoiding misuse of nutritional supplement for MAM/SAM.



Water, Sanitation and Hygiene

People reached: 7,725

Men: 3,591

Female: 4,134

| Indicators | Target | Real |
|---|---------|---------|
| Percentage of targeted people reached with hygiene promotion | 100% | 77,25% |
| Number of volunteers trained in hygiene promotion | 50 | 49 |
| Number of evaluations completed | 1 | 1 |
| Number of coordination meetings | 5 | 14 |
| Number of treatment product tablets distributed | 120,000 | 115,980 |
| Percentage of target population with knowledge of safe water storage and safe use of water treatment products | 100% | 77,25% |
| Number of hygiene promotion sessions held during the implementation period | 24 | 24 |
| Number of IEC documents produced and distributed | 20 | 20 |
| Number of households equipped with WASH kits | 2,000 | 0 |
| Number of reusable face masks distributed | 10,000 | 9,670 |
| Number of months during which 1,500 women and girls receive dignity kits | 3 | 0 |

Narrative description of achievements

- A total of 49 volunteers were trained in WASH to mobilize the community on good practices in water, sanitation and hygiene. However, the implementation of some good practices has been hampered by the unavailability of water, which required adaptation of hygiene promotion messages.
- As planned, one evaluation session has been conducted. According to the evaluation's results, water, hygiene and sanitation needs remain as anticipated, with a focus on the lack of access to safe drinking water. The 11 localities of the commune have practically no drinking water points, which is a real problem for the population and risk to their health.
- Bi-weekly coordination meetings were held at national level (10 meetings attended by the NS WASH officer). At local level, occasional meetings (1 by month) among partners involved in the WASH sector were held. Those meetings aimed to exchange on the progress of the response, share experiences and ensure that interventions are being implemented in different areas as planned; to avoid overlap or any potential gaps.
- A total number of 115,980 aqua tablets has been distributed to 1,933 HH to be used within 60 days. Each household received 60 tablets (1 tablet per day to be used in 15liters of drinking water). To ensure the efficient use of the aqua tabs, demonstration sessions were conducted in front of the communities and households follow-up were conducted by the trained volunteers.
- Awareness sessions take place in 11 localities by 49 volunteers through door-to-door visits, focus groups and mass awareness-raising campaigns. During the door-to-door visits, it was recorded that around 77% of the population knew the importance of safe water storage (although some do not have water storage containers) and also know how to use the water treatment products (aqua-tabs).
- To ensure that hygiene promotion is efficiently organized, two sessions were held weekly, making 24 sessions in 3 months. This progressively transformed the community behaviour in terms of hygiene and sanitation. It could be observed through household visits that some families began to set up handwashing devices (sharp tap) at household level. In total, 77,25% (7,725 people) were reached with hygiene promotion sessions.



Community awareness on use of Aquatabs ©MRCS/IFRC

- A total of 20 image boxes and leaflets were distributed for the volunteers and the community. The only challenge was that the operation timeframe and COVID-19 context did not allow to translate the IEC documents in the community dialect. Another issue was that most community members have low level of French literacy and were not able to exploit the IEC documents. The MRCS was obliged to adapt the IEC documents and translated them to local language (Malagasy). The WASH kits were promised by PIROI to contribute to this operation but were finally not provided as there was not enough items in the PIROI warehouse located in Madagascar. The items which were in the warehouse have been kept for cyclone and floods preparedness and the cyclones and flood season was approaching.
- A total of 9,670 reusable masks was distributed to 1,933 households to contribute to containing the spread of the Covid-19 pandemic and ensure the safety of beneficiaries.
- Dignity kits were not distributed as they were not qualitatively available on the market. Only one provider met the desired technical specifications, but the proposed cost was higher than the planned budget and there was no window for adjustment. To resume the tender process (according to the NS procedures would also have required an additional month. Another reason was that the beneficiaries were not very much interested in the kits (due to cultural aspects which would request a longer period to sensitize them).

Challenges

- Difficult access to qualitative and quantitative drinking water in community.
- Poor access to some localities made it difficult for volunteers to reach all the target population.
- Community behaviours change within a short and emergency period.
- Unavailability on local market of needed dignity kits.

Lessons learnt

- It has been noted that when planning for water assistance, combining the water treatment products with water storage containers facilitates the water treatment at the household level.
- According to the level of knowledge and practices in hygiene and sanitation of the target communities, it would be better to combine WASH activities with the distribution of soaps to allow the households implement and apply the learnt practices during the awareness. Some do not even understand the importance to buy and use soap for hygiene purposes.

Strengthening National Society

| Indicators | Target | Real |
|---|--------|------|
| Number of volunteers involved in the operation | 50 | 49 |
| Number of volunteers insured and informed of their roles and risk control | 50 | 49 |
| Percentage of people supported versus affected | 100% | 98% |
| Number of monitoring missions carried out | 2 | 3 |
| Number of Rapid Response personnel deployed for support | 1 | 1 |
| Number of lessons learned workshops | 1 | 2 |

Narrative description of achievements

- Of the planned 50 volunteers, 49 were mobilized and trained to support the implementation of activities. They were trained on all sectors, thus able to support all areas of intervention of the operation.
- All volunteers were insured and briefed on their roles, Code of Conduct and risk controls.
- A total of 1,961 households (98%) were reached with implemented activities.
- A total of three monitoring missions were carried out. Although two were planned, the additional monitoring mission was conducted by the Governing Board to assess the operation success and to conduct more advocacy.
- A Rapid Response personnel was deployed as an Operations manager for four (4) months to support and coordinate the implementation of the operation.
- Two lessons learnt workshop were organised. One at field level and comprising all the field actors (NS branch, volunteers, local authorities, and beneficiaries' representatives). Another workshop was organised at national level, bringing together NS staff and Governing Board, and IFRC staff. The major learnings from this exercise were to enhance volunteers' capacity in assessment, data collection, capacity strengthening in operational and financial procedures. It has been observed that engaging the community in all stages of project implementation resulted to positive and qualitative impact of the project.

Challenges

- MRCS had no volunteers in these localities prior to the intervention. As it was not possible to deploy volunteers from other areas, the NS mobilised and trained the available volunteers, but these required more efforts to train them because their literacy level was low.
- The local volunteers were also affected by the crisis, and this was difficult for them to be at the same time a beneficiary and an assistance provider.
- COVID-19 context with flights limitations, restrictive measures, etc.

Lessons learnt

- To have a preparedness plan in the at-risk areas, with existence of the branches and volunteers.
- Targeting the entire community allowed the NS to smoothly implement the activities without any security risk because the population themselves were committed and actively involved in the operation implementation.
- Organising the lessons learnt workshops at local and national level allowed to exchange more, identify the challenges and take the improvement measures for the future.

D. Financial Report

The overall budget for this operation was CHF 249,900 of which CHF 243,350 (97%) was spent. A balance of CHF 6,550 will be returned to the DREF.

The main variances on planned expenditure are explained below:

| Expenditure Category/ Group | Budget | Expenditure | Variance in CHF | Explanation |
|--------------------------------|--------|-------------|------------------|--|
| Land, vehicles and equipment | 1,000 | 1,513 | -513 (51.3%) | Budget line overspent because costs related to field office and equipment were not initially budgeted. The rental of an office and related equipment was essential to allow the project managers (Rapid Response and NS Staff) to efficiently provide support and coordination to the operation because of the distance between the implementation area and Antananarivo is huge (more than 2,000 km). |
| Logistics, Transport & Storage | 9,750 | 15,331 | -5,581 (57.2%) | Due to COVID-19 context, the number of comings and goings of vehicles was doubled to comply with the instructions limiting only 3 passengers in a vehicle. |
| Personnel | 44,348 | 22,995 | 21,353 (48.1%) | Due to covid-19 restrictions, the movements to the field were significantly reduced, leading to savings on this line. |
| Workshops and training | 4,900 | 3,272 | 1,628 (33.2%) | Workshops and training were limited given the COVID-19 context. |
| General Expenditure | 4,750 | 14,195 | -9,445 (198.84%) | Information & Public Relations costs were not budgeted but spent to respect the various health restrictions during COVID-19. Communication costs increased to ensure the efficiency of the activities where physical movements could not be applied. |

Reference documents



Click here to:

- [Operation Update](#)
- [Emergency Action Plan \(EPoA\)](#)

For more information, particularly with respect to this transaction, please contact:

In the Malagasy Red Cross Society

- **Secretary General:** Ando Ratsimamanga Secretary General, email: andoniaina.ratsimamanga@crmada.org; phone: 261 32 04 194 02
- **Operational coordination:** Herizo Vololontsalama, email: coordo_grc@crmada.org; phone: +261 34 54 463 44

In IFRC IOI Cluster Delegation

- Maria MARTINEZ, Interim Head of Country Cluster, email: maria.martinez@ifrc.org
- Denis BARIYANGA, Operations Coordinator; email: denis.bariyanga@ifrc.org; phone: +261 32 11 326 15

In IFRC Africa Regional Office:

- **IFRC Regional Office for Africa Region:** Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254731067489; email: adesh.tripathee@ifrc.org

In IFRC Geneva

- Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: Nicolas.boyrie@ifrc.org
- Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

To support IFRC resource mobilization and pledges:

- Louise DAINTREY, Head of Partnership and Resource Development, Nairobi, email: Louise.DAINTREY@ifrc.org

For in-kind donations and support to the mobilization table:

- Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For performance and accountability support (requests for information on planning, monitoring, evaluation and reporting)

- Philip Komo Kahuho; PMER Manager, Email: Philip.kahuho@ifrc.org; Phone: +254 732 203 081.

How we work

All IFRC assistance is aimed at complying with the **Code of Conduct** of the International Red Cross and Red Crescent Movement and non-governmental organizations (NGOs) for disaster relief, as well as the Humanitarian Charter and the Minimum Standards for Humanitarian Response (**Sphere**) for the provision of assistance to the most vulnerable. The vision of the IFRC is to **inspire, encourage, facilitate and promote at all times all forms of humanitarian activities** of National Societies, with a view to **preventing and alleviating human suffering**, thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org

Saving lives, changing minds.



The ifrc's work is guided by the 2020 Strategy, which highlights three strategic objectives:

1. Saving lives, protecting livelihoods and strengthening post-disaster and crisis recovery.
2. Promote healthy and safe living.
3. Promoting social inclusion and a culture of non-violence and peace

DREF Operation

| Selected Parameters | | | |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2020/11-2021/8 | Operation | MDRMG017 |
| Budget Timeframe | 2020/11-2021/04 | Budget | APPROVED |

FINAL FINANCIAL REPORT

Prepared on 17/Sep/2021

All figures are in Swiss Francs (CHF)

MDRMG017 - Madagascar - Food Insecurity

Operating Timeframe: 29 Nov 2020 to 30 Apr 2021

I. Summary

| | |
|---------------------------------|-----------------|
| Opening Balance | 0 |
| Funds & Other Income | 249,900 |
| DREF Allocations | 249,900 |
| Expenditure | -243,350 |
| Closing Balance | 6,550 |

II. Expenditure by area of focus / strategies for implementation

| Description | Budget | Expenditure | Variance |
|---|----------------|----------------|-----------------|
| AOF1 - Disaster risk reduction | | | 0 |
| AOF2 - Shelter | | 29 | -29 |
| AOF3 - Livelihoods and basic needs | 137,279 | 46,712 | 90,566 |
| AOF4 - Health | 43,311 | 4,873 | 38,439 |
| AOF5 - Water, sanitation and hygiene | 15,102 | 12,910 | 2,192 |
| AOF6 - Protection, Gender & Inclusion | | | 0 |
| AOF7 - Migration | | | 0 |
| Area of focus Total | 195,692 | 64,523 | 131,168 |
| SFI1 - Strengthen National Societies | 31,205 | 170,861 | -139,657 |
| SFI2 - Effective international disaster management | 23,004 | 7,966 | 15,038 |
| SFI3 - Influence others as leading strategic partners | | | 0 |
| SFI4 - Ensure a strong IFRC | | | 0 |
| Strategy for implementation Total | 54,209 | 178,827 | -124,618 |
| Grand Total | 249,900 | 243,350 | 6,550 |

DREF Operation

| Selected Parameters | | | |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2020/11-2021/8 | Operation | MDRMG017 |
| Budget Timeframe | 2020/11-2021/04 | Budget | APPROVED |

FINAL FINANCIAL REPORT

Prepared on 17/Sep/2021

All figures are in Swiss Francs (CHF)

MDRMG017 - Madagascar - Food Insecurity

Operating Timeframe: 29 Nov 2020 to 30 Apr 2021

III. Expenditure by budget category & group

| Description | Budget | Expenditure | Variance |
|---|----------------|----------------|---------------|
| Relief items, Construction, Supplies | 169,900 | 171,191 | -1,291 |
| Food | 37,500 | 37,713 | -213 |
| Water, Sanitation & Hygiene | 8,000 | 5,043 | 2,957 |
| Teaching Materials | 1,000 | 1,349 | -349 |
| Other Supplies & Services | | 124 | -124 |
| Cash Disbursement | 123,400 | 126,963 | -3,563 |
| Land, vehicles & equipment | 1,000 | 1,513 | -513 |
| Office & Household Equipment | | 571 | -571 |
| Medical Equipment | 1,000 | 942 | 58 |
| Logistics, Transport & Storage | 9,750 | 15,331 | -5,581 |
| Storage | 3,000 | | 3,000 |
| Distribution & Monitoring | | 732 | -732 |
| Transport & Vehicles Costs | 6,750 | 14,599 | -7,849 |
| Personnel | 44,348 | 22,995 | 21,353 |
| International Staff | 16,500 | 6,103 | 10,397 |
| National Staff | | 75 | -75 |
| National Society Staff | 9,500 | 11,491 | -1,991 |
| Volunteers | 18,348 | 5,326 | 13,022 |
| Workshops & Training | 4,900 | 3,272 | 1,628 |
| Workshops & Training | 4,900 | 3,272 | 1,628 |
| General Expenditure | 4,750 | 14,195 | -9,445 |
| Travel | 3,000 | 1,089 | 1,911 |
| Information & Public Relations | | 1,013 | -1,013 |
| Office Costs | 750 | 8,855 | -8,105 |
| Communications | 500 | 3,128 | -2,628 |
| Financial Charges | 500 | 94 | 406 |
| Other General Expenses | | 16 | -16 |
| Indirect Costs | 15,252 | 14,852 | 400 |
| Programme & Services Support Recover | 15,252 | 14,852 | 400 |
| Grand Total | 249,900 | 243,350 | 6,550 |