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**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT  
BUREAU FOR HUMANITARIAN RESPONSE  
OFFICE OF FOREIGN DISASTER ASSISTANCE**

**MADAGASCAR**

**DISASTER PREPAREDNESS ASSESSMENT MISSION**

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## EXECUTIVE SUMMARY

Madagascar is particularly vulnerable to cyclones. Almost every year from November to March, cyclones damage homes, food crops and infrastructure, sometimes causing death. The USAID Mission in Madagascar requested the assistance of the USAID Bureau for Humanitarian Response (BHR)/Office of Foreign Disaster Assistance (OFDA) to assess the state of disaster preparedness of the Mission and its partners, before the cyclone season. A two-person OFDA team traveled to Madagascar August 13-23, 1996.

The USAID/Madagascar Mission is well prepared to manage future cyclone disasters. The Mission Disaster Relief Plan is comprehensive and the team has completed a revised draft with new information obtained during its assessment. Members of the Mission's Disaster Response Team possess relevant technical expertise and experience to make sound judgements on disaster relief funding proposals. The OFDA team has provided the Mission with reference materials which will assist staff in evaluating assessments and making broad determinations of needs and levels of response. With the Ambassador's Disaster Declaration Authority of \$25,000 and an emergency food reserve of 1,000 metric tons within the Mission's in-country regular food aid program stocks, the Mission has at its disposal sufficient resources to help address immediate needs arising from all but the most severe cyclone disasters, in collaboration with other donors with considerable resources available for disaster relief in Madagascar.

There are competent NGO and U.N. partners with good disaster response capacity through which the Mission's emergency assistance may be channeled. The Mission and its partners are increasingly interested in disaster preparedness, with a particular focus on local capacity building. The Madagascar Government's primary disaster relief unit, the Conseil National de Secours (CNS), works in close collaboration with the international partners. Despite limited financial and human resources at its disposal for disaster response, the CNS plays an important role in coordination of response and preparedness planning. In this report, the OFDA team makes specific recommendations for ways to strengthen disaster coordination. Stronger coordination will most certainly result in more effective response, mitigating the effects of disaster on stricken communities. The team encourages active Mission participation in response and preparedness coordination efforts.

In Madagascar, as in much of Africa, it is extremely difficult to distinguish between chronic and emergency needs. The Mission is faced with a difficult challenge in determining whether disaster assistance funds are truly warranted. Disaster assistance is not the right means for addressing chronic problems and needs; that is the role of development assistance. Mission staff are sensitive to these difficult issues and the OFDA team is confident they will make sound judgements in determining appropriate levels of assistance.



## I. INTRODUCTION

Almost every year from November to March, Madagascar is hit by cyclones, causing extensive damage to buildings, food crops and infrastructure. The USAID/Madagascar Mission requested the assistance of the USAID Bureau for Humanitarian Response (BHR)/Office of Foreign Disaster Assistance (OFDA), before the cyclone season, to assess the preparedness of the Mission and its partners to respond to disasters and to recommend areas where improvements were needed. A two-person OFDA team traveled to Madagascar August 13-23, 1996, to conduct the assessment. The team's scope of work included: review past responses (Cyclones Geralda '94 and Bonita '96) and lessons learned; provide overview to USAID staff on techniques for conducting preliminary disaster assessments and evaluating assessment reports prepared by others; assess the capacity of organizations in country (NGOs, U.N., donors, host government) to respond to quick-onset needs; provide Mission staff with recommendations for improved USAID and NGO preparedness, and update Mission Disaster Relief Plan.

The team met with representatives from international NGOs (CARE, CRS, ADRA, MSF), U.N. agencies (UNDP, UNICEF, WFP), donors (European Union, French Cooperation, Swiss Cooperation) and the Government of Madagascar in Antananarivo (hereafter referred to as Tana). The team visited several towns on the east coast which are usually hardest hit by cyclones. The assessment mission concluded with a presentation at the USAID office, attended by the agencies mentioned above, in which the team summarized its findings and recommendations.

It should be noted that the team's assessment was limited to cyclone disasters. Madagascar is prone to other disasters -- primarily drought, but also earthquakes, floods, and brush fires. Cyclones pose by far the greatest and most regular threat, however. Although the findings of this report will help guide the Mission's response in any disaster, the information obtained and presented here focuses specifically on cyclones.

## II. BACKGROUND

Madagascar is one of the poorest nations in the world. Annual per capita income is \$200, according to the 1996 World Bank development report. Of every 1,000 births, 163 children die before their fifth birthday -- one of the world's highest infant mortality rates. At the same time, the estimated population of 14 million is expected to double within the next 25 years. The economy is in disarray, recovering from 17 years of incompetent socialist rule. The national infrastructure, including roads and an ancient narrow-gauge railroad, requires extensive repair. The government is currently paralyzed, due to a protracted effort by parliament to impeach the president. The World Bank and International Monetary Fund have spent the past year considering a large adjustment loan but have yet to announce a decision.

These indicators obviously affect the ability of the Government of Madagascar (GRM) to

cope with disasters; it clearly has few resources at its disposal. Foreign donors are relied upon to a great extent to provide essential disaster relief to affected populations. USAID is one of a relatively large number of donors assisting in disasters in Madagascar.

The USAID Mission faces a difficult task in determining how limited resources are best spent in a country facing enormous development needs. When disaster strikes, it is extremely difficult to distinguish between emergency and chronic needs. The distinction is, however, important with respect to USAID funding mechanisms. Disaster assistance available through OFDA is intended to address immediate relief and rehabilitation needs of disaster-affected populations. OFDA assistance is not the appropriate tool to address chronic problems; that is the role of USAID development assistance. Yet when cyclones strike Madagascar, the line between emergency and chronic needs blurs.

The problem is compounded by the fact that cyclone season corresponds with the traditional "hunger period" just before the March harvest. When cyclones strike, poor communities are already under stress and the nutritional status of vulnerable groups already shows signs of decline. Even in the absence of cyclones it is normal to see more malnourished children admitted to emergency feeding centers during January and February. If a cyclone struck then, it would be nearly impossible to prove whether increased attendance at feeding centers was the result of the cyclone or generally poor food security. Consequently, a strong case for disaster assistance would be hard to make.

During the cyclone season, the Mission will need to make the most responsible decision it can based on available information. Ideally, of course, formal assessments are conducted, producing quantitative data and making technical analysis possible. Often, however, formal assessments are not feasible in the immediate aftermath of a disaster and the Mission will have to make initial decisions based on preliminary information. An initial emergency response should not wait for all the data to be collected and analyzed.

An early judgement call will be required. The Mission already possesses substantial technical expertise to help do so. The OFDA assessment team has also made available to the Mission some reference materials, general guidelines, and methods that outline internationally accepted standards and assessment techniques. These tools will assist the Mission in making initial, broad determinations of the extent of damage and needs and level of required response, while more accurate information is being obtained. Excerpts from some of these reference materials can be found in Annexes A-C.

The references are intended to guide the Mission's decision-making process. However, standard techniques and disaster assessment guidelines must always be adapted to the local context. The OFDA team noticed, for example, that the traditional list of priorities in most disasters (in order of importance) -- water, food, measles immunizations, health, sanitation, shelter -- appear almost reversed in the context of Madagascar cyclones. The most immediate need of the majority of those affected by cyclones has tended to be temporary shelter. Procurement of plastic sheeting may be the Mission's most appropriate first response, as it

was in the past two major cyclones. Potable water, generally considered the most critical emergency need, is not regarded by most of the affected population as critical because most obtain their water from rivers and lakes. Indeed, heavy rains accompanying cyclones might provide the population with a better potable water source than in normal times. The Mission should therefore consider procuring plastic water containers for households to collect rain water. Food aid may be needed in extreme cases, but should be temporary and carefully targeted. Timing is especially important since cyclone season corresponds to the main harvest and it is not advisable to conduct general food distributions at harvest time. Emergency health needs, so critical in most disasters, do not appear to be of particular concern. Following past major cyclones there was no outbreak of cholera or measles or noticeable increase in other infectious diseases. Standard assessment guidelines are thus useful as a broad measurement but must be adjusted to local context. The Mission is well placed to make these determinations.

### III. PAST RESPONSES AND LESSONS LEARNED

#### A. Cyclone Geralda

Cyclone Geralda struck the eastern coast in and around the main port of Tamatave on February 2, 1994, and drove inland during the next two days. Damage was severe, including the near-total destruction of the country's oil refinery outside Tamatave, numerous cuts on the railroad and highway between Tamatave and Antananarivo, and flooding that damaged crops and housing from coastal towns to large sections of the capital. An estimated 350,000 people were affected. Based on Mission recommendations, BHR/OFDA provided \$300,000 to purchase shelter materials and support emergency food distribution and health care.

After Geralda, the government created an executive committee of the Conseil National de Secours (National Assistance Council, known by the French acronym: CNS), originally created in 1970 to respond to emergencies. The executive committee was to establish better coordination between ministries, local and international NGOs, and donors. Given the magnitude of damage and needs created by Geralda, the government was quickly overwhelmed and the committee's effectiveness was severely limited by lack of resources. The UNDP Resident Representative was asked by the government to take responsibility for disaster coordination among donors.

The Mission drew important lessons from Geralda. These included the importance of distinguishing between flood and wind damage, the need to allow local communities to establish their own means of responding to a disaster, the importance of mobility -- involving the use of helicopters and Zodiac boats for surveys and deliveries, the establishment of early preparation by the Mission, and the need for better coordination between the GRM and the donor-NGO community in developing a response strategy.

## B. Cyclone Bonita

Although the severity of Geralda left the GRM and the international community determined to improve coordination in disaster preparedness and response, Cyclone Bonita (January 10-12, 1996) revealed enduring weaknesses. The UNDP's ability to coordinate response was hampered by the Resident Representative's absence from Madagascar when Bonita struck. The CNS, hampered by limited funding and influence, remained relatively ineffectual. CARE, with its large branch office in Tamatave, became the most important agent in the delivery of humanitarian assistance.

In response to the GRM's declaration of a national disaster, Ambassador Vicki Huddleston invoked her authority to release \$25,000 for the procurement and distribution of plastic sheeting to aid victims. Upon request, BHR/OFDA issued a further payment of \$17,000 to MSF/France for administering medical assistance. In addition, the Mission and BHR/Food for Peace (FFP) authorized the diversion of 100 MT of food commodities (corn-soya-blend/CSB) from in-country regular Title II food stocks, administered by CRS, to CARE for distribution to cyclone victims.

Bonita, while causing four deaths and considerable suffering among coastal communities, was minor compared to Geralda. Ironically, the relative mildness of its impact led to disagreements among donors and NGOs about the extent of damage and the subsequent estimates of response. The absence of commonly agreed-upon baseline data for gauging the health and food needs of the population affected by Bonita led to misunderstandings between several of the major NGOs whose involvement in any disaster is crucial to rapid and effective response. Some members of the international community have frankly stated that an intensive feeding unit set up in Tamatave was unnecessary, and that food distribution came too late to have helped the cyclone victims. If determination to help the cyclone victims characterized the fortunate aspect of Bonita, lack of effective coordination was an area for improvement noted by all.

## C. Post-Bonita Efforts

Since Bonita, NGOs, donors, and the GRM have shown a marked determination to establish sound coordination in disaster preparedness and response. From recent coordination meetings, there is a general realization that the CNS must become more closely involved on the local level, involving local government and local NGOs, if it is to be truly involved in preparedness and response. The CNS must also provide greater impetus in mobilizing national sources of assistance, such as the armed forces and the gendarmerie. As a follow-up to a UNDP-sponsored conference on local government capacity building for disaster management held in June 1996, the UNDP plans to bring in a consultant to help the CNS develop a disaster preparedness strategy.

Another lesson learned was the importance of commonly accepted baseline data, standardized survey and assessment methodology, and a mechanism for interpreting data and reaching

consensus on the level of needs and required responses. As a first step in applying these lessons, NGOs have agreed to compile a list of available baseline data. True progress may elude these efforts, however, unless the international NGOs agree to avoid the rivalry that arose during the Bonita response.

Last, Bonita stressed the importance of equity in food distribution. Arguments over the validity of establishing feeding programs for cyclone victims, at the expense of regular food aid programs, led to damaging perceptions of inequity. In an effort to avoid this problem in the future, the Mission has requested 1,000 MT of Emergency Title II food (CSB) in FY97, to supplement its regular Title II stock. This will serve as an emergency reserve to be distributed in the event of food needs arising from cyclone disasters. The additional stock will be managed by CRS and distributed to disaster victims, if required, by CRS and other international and local NGOs.

#### IV. INTERNATIONAL NGOS

A number of competent international NGOs in Madagascar can serve as implementing partners for the Mission. The team met with four international NGOs: CARE, CRS, MSF, and ADRA. Detailed notes from these meetings, outlining each NGO's overall development program and specific emergency response capacity, are in Annex D. Generally, the team considers each of these NGOs to be an effective partner in emergency response and a viable mechanism for channeling USAID emergency funding. Furthermore, the team has concluded that each NGO offers its own particular comparative advantage, as outlined below, and recommends that assistance should be channeled with this in mind. The team emphasizes, however, that emergency assistance provided through international NGOs should be carefully defined, targeted, and short-term. The focus of attention and resources for NGOs and donors should remain on the long term, chronic development issues.

##### A. CARE International

CARE/International was established in Madagascar in 1992. Despite its new presence, CARE is by far the largest of the four NGOs, with a core staff of four expatriates and 125 nationals (more hired during emergencies), a wide network of projects across the country, and a broad donor base. CARE's current annual budget is \$3 million, which includes programs in natural resource management (mostly USAID funded), rehabilitation of schools and health posts damaged by cyclones (EU funded), agricultural rehabilitation in the south (multi-donor), health care in Tana (USAID funding), and water, sanitation, and urban works in Tana (French and Norwegian Government funding).

CARE's involvement and capacity in emergency response is considerable. CARE's annual emergency budget is \$1 million, including a \$100,000 emergency reserve from the German Government. CARE can launch a large-scale relief effort, particularly in the cyclone-prone

areas along the east coast. CARE's sub-office in Tamatave is well-equipped with vehicles, computers, telephones and a HF radio. CARE's primary warehouse in Tana is currently well stocked with emergency supplies (plastic sheeting, nails, Zodiac boats, motorbikes, generators, electric saws, and medical kits) some of which will be pre-positioned in Tamatave before the cyclone season. CARE was the most prominent player in both Geralda '94 and Bonita '96 cyclone disaster response and served as the primary conduit for bilateral donor emergency funding.

*CARE's comparative advantage is its strong emergency response capability, particularly in communications, logistics, and distribution of relief supplies.*

#### B. Catholic Relief Services (CRS)

CRS is implementing a USAID-funded Title II food aid program (as part of USAID's Child Survival Program) which works through the Catholic Church network of 13 diocese across the country. CRS's primary local partner has been Caritas, though CRS is attempting to form closer links with a wider group of local NGOs. The food aid program totals 7,000 MT/year of rice, oil, and CSB, targeting 125,000 beneficiaries, and is comprised of three components: 1) maternal/child health (MCH) centers, which account for 75% of the total food; 2) school feeding, 10% of the total; and 3) social welfare programs, such as orphanages and centers for elderly and handicapped, 15% of the total. CRS has warehouses in Tamatave and Tana, each with ample storage capacity.

CRS responded to both the Geralda '94 and Bonita '96 cyclones by diverting food from its regular program stocks for distribution to cyclone affected communities. As mentioned, this diversion caused problems and perceptions of inequity among beneficiaries. CRS's regular food aid program is to some extent already focused on vulnerable groups. It is not wise to divert food from this group to address the needs of another vulnerable group affected by disaster. A solution would be to obtain an emergency food reserve to be used in case of disaster. For FY97, USAID/Madagascar has requested 1,000 MT of Emergency Title II CSB which will supplement the regular CRS-administered Title II program. In the event of a disaster and justified emergency food needs, CRS would be able to distribute this food quickly to target populations through its own network, or with the assistance of other international and local NGOs. The team supports this position and strongly recommends that BHR/FFP approve the additional 1,000 MT of emergency food.

*CRS's comparative advantage is its established food aid system. Its strength is on the side of commodity tracking and administration; it is weaker in distribution and logistics.*

#### C. Medecins sans Frontieres (MSF)

Although traditionally an emergency response agency, MSF is becoming increasingly involved worldwide in long-term development activities directed at children ("Programme Enfants"). MSF was established in Madagascar in 1986, based in Tana, and currently

operates with a staff of three expatriates and 47 nationals. MSF's program focuses on health and nutrition assistance to street children. MSF works in partnership with local physicians, pharmacists and health centers to provide health care for 3,500 street kids. Another 800 children are assisted through 20 "social centers", where both health and nutrition assistance are provided; three of the centers serve severely malnourished children, with a capacity of 3,000 children/year. Regular program funding comes from MSF private resources, UNICEF, and the Japanese Government. Additional emergency response funding has come from USAID and UNDP.

MSF has played a key role in emergency response in Madagascar. During the 1991-92 drought in the south, MSF provided substantial health and nutrition assistance. In the Geralda '94 and Bonita '96 cyclones, MSF was active in health, nutrition, water and sanitation. MSF's field hospital and therapeutic feeding center set up following the Bonita cyclone was an extremely effective, professionally-run operation.

*MSF's comparative advantage is its technical expertise in health and nutrition (including nutritional assessment) and its institutional experience in emergency response.*

#### D. Adventist Development Relief Agency (ADRA)

ADRA was established in Madagascar in 1991, registered both as ADRA/International and the local chapter, ADRA/Madagascar. For ADRA/International, the office in Tana serves as the Indian Ocean Regional Office, covering Madagascar, Comoros, Reunion, Mauritius and Seychelles. An expatriate director has recently arrived after a one-year hiatus following the departure of the previous director. The local ADRA has six national program staff and dozens of support staff. The ADRA program is quite small: annual operating costs run about \$43,000 and project costs run about \$120,000. Current operations include support to three health centers (one in the South, one in Tana, and one in the Northwest) and an agricultural training center in Fianarantsoa. ADRA is also involved in two resettlement projects, in collaboration with local authorities. Future plans include establishment of a hospital in Brickaville, a university in Moramanga, and a women's training center in Tana.

To date ADRA has been marginally involved in emergency response, providing some medical and very limited food assistance post-Geralda '94, although they have indicated an interest and ability to become more involved in the future. ADRA is thinking of ways to increase its emergency response capacity. The hospital in Brickaville (heart of cyclone-prone area) will be a focal point of assistance in the event of a disaster. ADRA is also considering the establishment of four warehouses along the east coast, to position emergency supplies, as a disaster preparedness measure. In Tana, ADRA has two 5-ton trucks, used in the resettlement program, which can be used for disaster response. Furthermore, ADRA intends to capitalize upon its small yet cohesive and socially active Adventist Church network (40,000 members across the country) to increase response capacity. ADRA will attempt to incorporate disaster preparedness and response training into its work at the community level.

*ADRA's comparative advantage is its expertise in health and its church network at the community level. It has limited human resource and logistical capacity at present, but can be helpful in organizing communities and targeting distribution of relief supplies.*

## V. U.N. AGENCIES

Five specialized U.N. agencies implement development programs in Madagascar: UNDP; UNICEF; WFP; WHO, and FAO. The size and scope of each of these programs varies. Detailed notes from the team's meetings with UNDP, UNICEF, and WFP, outlining each agency's country program and specific emergency capacity, are in Annex E.

The two U.N. agencies which play a key role in disaster relief are UNDP and UNICEF. The UNDP Resident Representative assumes his traditional role as disaster coordinator within the donor community. The UNDP has also been a significant source of funding for disaster response, both in drought and cyclone emergencies. The UNDP Rep has a \$50,000 "standing authority" to use at his discretion in the event of a disaster. For the Geralda '94 and Bonita '96 cyclones, UNDP funds were primarily channeled through CARE. UNDP has also made an effort to develop local capacity for disaster preparedness and has established a counterpart relationship with the GRM's disaster unit, the Conseil National de Secours (CNS).

UNICEF's involvement is greatest at the operational level. Since UNICEF already has an ongoing health, nutrition and food security program in the cyclone-prone east coast provinces, it has access to a community-based network. Through this network, UNICEF is working to strengthen both preparedness and response capacity at the local level. UNICEF is collaborating with CARE on what may become a joint-proposal to assess and strengthen communities' disaster preparedness along a 400 km stretch of east coast.

## VI. OTHER DONORS

A large group of bi-lateral and multi-lateral donor agencies in Madagascar support a wide range of development activities. The donors most involved in disaster relief are the French, European Union (EU), and USAID. Other donors that contribute significant funding for disaster relief are the Swiss, Japanese, and Germans. Notes from the team's meetings with representatives from the EU, French Cooperation, and Swiss Cooperation are in Annex F.

A certain complementarity exists among donor resources, though not necessarily by design. The French Government, through its aid program and its military, has an extraordinary disaster response capacity. French military resources based in Reunion can be immediately dispatched to Madagascar in a disaster. Heavy equipment and technical expertise can quickly help to repair damage to city power, water, and communication systems. The EU and USAID have access to emergency funds through ECHO and OFDA. The EU has also provided substantial funding for rehabilitation that is required long after the initial disaster.

The Germans and Japanese have provided unconditional, flexible emergency funding to international NGOs which has proven useful in covering costs that other donors will cannot cover, i.e. operational costs and emergency reserves. The Swiss can provide technical expertise and funding for major infrastructure repairs, especially roads. Thus, to some extent each donor has a comparative advantage which serves well in disaster response.

While ample donor resources are available for disaster response, there appears to be a void when it comes to funding for disaster preparedness. The team's view is this void is not the result of a lack of interest or appreciation in preparedness; it is due to a lack of effective options for supporting specific preparedness activities. The only obvious option, at present, is to provide direct support to CNS. Donors are understandably reluctant to simply give material resources to CNS, creating yet another dependency. Identification of alternative options for channeling preparedness funding is required. This will take time. Until donors are presented with concrete proposals to support specific, clearly defined preparedness efforts, funding will remain scarce.

## VII. LOCAL CAPACITY

The GRM's Meteorological Service has ready access to meteorological data through METEOSAT (a French satellite company). Frequently updated satellite imagery is also available through the Internet. With respect to disaster preparedness, the GRM's ability to accurately track the evolution of cyclones posing a threat to Madagascar is not at issue.

The GRM's capacity in other aspects of disaster management is limited. There is effectively only one government entity directly concerned with disaster preparedness and response: the Conseil National de Secours (CNS). On paper, the CNS was created under the National Disaster Plan established by a 1970 decree. In reality, no national plan has ever existed and CNS became only marginally active in 1994, after Cyclone Geralda. The CNS is chaired by the Minister of Interior and Decentralization. There are reportedly 12 staff working in the Permanent Secretariat of CNS but apparently only two individuals devote their time exclusively to CNS business. The CNS is charged with coordinating disaster response for the initial six-month period; responsibility for rehabilitation assistance required beyond the initial six months falls to the Comite National de Coordination (CNC) des Travaux de Rehabilitation des Degats causes par les Cataclysmes. The CNS operates with no fixed budget, although it does have access to a special emergency fund (no figure available). Not surprisingly, the capacity of CNS is extremely limited.

The scope of CNS's involvement in disasters does not appear to reach beyond central coordination. Although CNS claims to be decentralized, with regional and local committees, the team saw no evidence to support this claim. More likely, the process of CNS decentralization is tied to the larger national political system and is highly sensitive at present. Now, amid impeachment proceedings, may not be an appropriate time to push the issue of decentralization. In addition, decentralization of CNS will require a substantial

commitment of funds from the national government, something that is not likely to happen soon, given other pressing national needs.

International agencies have expressed great interest in local capacity building; all agencies are anxious to be seen supporting CNS. The fact remains, however, that no agency is prepared to step in with substantial material support for CNS, nor should they, as this would deflect responsibility from the State and create further donor dependency. This does not mean more lip service being paid to the idea of local capacity building; it means the international community lacks a clear sense of how to provide appropriate, specific assistance to strengthen CNS. The team recommends that international agencies clarify the meaning of local capacity building vis-a-vis CNS. What should be the nature of support to CNS? Have the roles and responsibilities of CNS been clearly defined? What are its limitations?

CNS should not be overburdened with too broad a mandate or unrealistic expectations that it would function at all levels. The team believes that CNS has an important role to play in coordination, strategic planning and policy. The UNDP is best placed to help strengthen this role. The UNDP began this process by organizing a week-long capacity building workshop in Antsirabe in June '96 for CNS and other partners, and intends to hire a consultant for 6-12 months to assist CNS in the development of a national strategy. The team does not believe that CNS at present can play a strong operational role. Until CNS's role in operations increases, the team recommends that operational agencies, such as NGOs, limit their direct involvement with CNS and focus more attention on strengthening other local partnerships at the community level.

An assessment of local NGO capacity was beyond the team's scope of work so it cannot make specific recommendations. However, even in the absence of a detailed assessment, it is clear that local NGOs have a critical role to play in disaster preparedness and response. Until the CNS structure effectively decentralizes, local NGOs will remain the de facto operational partners. We recommended that international NGOs form stronger links with these local groups at the community level, perhaps establishing formal partnerships. The first step would be to find out which local NGOs exist, what their capacities are, and what their preparedness and response needs are. UNICEF and CARE have already begun to explore this issue of community level preparedness and response capacity.

## VIII. COORDINATION

In most disasters, coordination is usually the most critical element in an effective response. Coordination saves lives. At the same time, coordination is often the most problematic element in a response. Disaster preparedness planning can alleviate coordination problems which arise in the disaster response phase. Great emphasis should therefore be placed on developing methods for effective coordination.

Effective coordination is essential in Madagascar where many different agencies are involved in emergency response. Fortunately, some form of coordination has already been established

and all players clearly want to strengthen coordination and work together.

A fairly effective coordination mechanism was established immediately following Cyclone Geralda in 1994. UNDP was asked by the GRM -- a new administration at the time with no experience in disasters -- to coordinate the response. UNDP staff were also new but did a good job of quickly calling together all the major donors-NGOs and setting up an ad hoc structure of sectoral committees, with different agencies playing a lead role on each of the committees. This donor coordination group met once or twice a week in the early days of the cyclone and coordination was fairly good. In 1996, the same structure was again revived by UNDP, at the GRM's request, and the level of coordination was higher than in 1994.

Until recently, this coordination mechanism was mobilized only after the disaster had occurred and focused exclusively on disaster response. Within the past few months, however, a shift in focus to disaster preparedness has taken place and a new coordination mechanism is evolving. Following the UNDP-sponsored workshop in June 1996, an informal "interim coordination group" was established. The group, which has met twice since June, currently consists of GRM/CNS, UNDP, UNICEF, USAID, CARE and MSF. The mandate and scope of work of this interim group is still unclear.

The team recommends that the composition and terms of reference for this group be determined and formalized. A suggested title for the group is "Disaster Preparedness and Response Coordination Unit." The composition of the unit should be as inclusive as possible, though agencies participating in the unit should be aware that a significant commitment of time and energy will be required. Consideration should be given to establishing membership on a rotational basis.

The initial terms of reference must address a number of critical issues and the workload will be substantial. It may therefore be best to split the unit into two committees: a "Policy Committee," dealing with strategic planning and longer term tasks, such as the development of a national disaster plan; and a "Operational Committee," dealing with the more immediate requirements of preparedness and response. A tension often arises between different members within a group: there are those who are oriented more towards policy (i.e., GRM and UNDP) and those who are oriented more towards operations, anxious to proceed with the immediate tasks at hand (i.e., NGOs). Dividing the unit into two committees may help. A mechanism should be established for relationship and coordination between the two committees.

The committees will need to break down further into working groups. The operational level working groups should be sectoral: health/nutrition; water/sanitation; food/agriculture; shelter; infrastructure; communications/logistics. The policy working groups will need to address mechanics and procedures. Methods should be developed to determine: who will participate in initial assessment mission; which agencies offer expertise in particular areas (consolidated list of each agency's available resources); how consensus will be reached on extent of damage, needs and appropriate levels of response; how initial information will be

collated and disseminated; what government and private resources exist to address immediate needs and, subsequently, where gaps exist to be filled by donors; whether or not proposals for disaster response should be channeled through and vetted in this centralized coordination unit before going out to donors, perhaps in the form of a consolidated appeal, and what funding mechanisms are available.

A particularly important working group, perhaps the first to be established, should be "data collection and analysis." This group must determine: standard sets of baseline data; standard questionnaires, survey and assessment methodology, and a mechanism for data analysis. If the group can reach consensus on these three critical areas before the next cyclone season, coordination and effective response will be greatly enhanced. Simply put, if all parties are reading from the same script, there will be little room for widely different interpretations of disaster response needs, as occurred after Cyclone Bonita.

The OFDA team offers a cautionary note about coordination. The structure described above is based on coordination in large-scale disasters. There may not be need for such an elaborate coordination mechanism in most cyclone disaster in Madagascar. Coordination is not the goal. More effective delivery of assistance to disaster victims is the goal. Coordination is the tool.

Finally, the importance of the GRM's role in all of the areas above cannot be overestimated. Despite its serious financial limitations, the GRM still has the primary and ultimate responsibility for disaster preparedness and response and does in fact have substantial human and capital resources to contribute. Particularly in the area of data collection and analysis, the GRM should be actively engaged and be expected to provide technical expertise from the relevant Ministries.

## IX. RECOMMENDATIONS TO USAID/MADAGASCAR MISSION

The Mission's core disaster response team was restructured in June 1996. Each member of the team has been involved in past cyclone relief efforts. Through these team members, and other Mission staff, USAID/Madagascar has a great deal of technical expertise to contribute to the process of strengthening coordination and effectiveness of disaster response.

The Mission's Disaster Relief Plan (MDRP) is comprehensive and the OFDA team has completed a revised draft with new information obtained during its assessment. The Mission's state of preparedness is fairly strong. To increase the level of preparedness further, the OFDA team offers the following recommendations to the Mission.

1. *Clarify individual roles and responsibilities of the Mission's core disaster team members.*

The Mission disaster team was recently restructured. Specific roles and responsibilities of individual members are not yet clear. Briefly, the OFDA team suggests: Mission Disaster Relief Officer (MDRO), Carol Payne, and Alternate MDRO, Jean-Paul Paddack -- coordinate overall assessment of disaster relief needs and delivery of USG assistance; Food Aid Assistant, Riri Ranaivojaona -- assess emergency food needs and appropriate level of response; liaise with CRS to obtain detailed information on food stocks and distribution mechanisms; Technical Officer, Monique Rafidiarisoa -- assess field operations of implementing partners.

2. *Send a letter to CNS (and perhaps other donors, as appropriate) outlining Mission Disaster Relief Plan and individual disaster team member names, contact numbers, and roles.*
3. *Arrange a meeting for members of Mission Disaster Team in Nov/Dec '96 to review mobilization plan, individual roles and responsibilities, and disaster preparedness and response activities of other agencies.*
4. *Encourage formation of a more structured disaster coordination mechanism.*
5. *Encourage Mission participation in the disaster coordination unit (if formed).*

Assuming the current "interim disaster coordination group" adopts a more formal structure, the Mission should play a key role in several working groups. The OFDA team suggests: 1) baseline data collection and analysis: Carol Payne and Jim Allman, who have technical expertise in this area; 2) health and nutrition: Carol Payne and/or another representative of the HPN office, to see how emergency health/nutrition activities might complement the Mission's Child Survival program; 3) policy committee/strengthening capacity of CNS: Jean-Paul Paddack, who has followed the evolution of CNS in recent years.

6. *The Ambassador's \$25,000 Disaster Declaration Authority should form the basis of the Mission's disaster response.*

Unless a disaster of immense proportion occurs, the Ambassador's \$25,000 DAA should suffice to address immediate needs not covered by other donors. A relatively large group of donors and emergency resources are available in Madagascar. USAID's comparative advantage is its immediate access to \$25,000 (while other donors mobilize funding). This fund should be used for local procurement of non-food supplies, such as plastic sheeting, to address immediate needs.

7. *Additional funds requested from OFDA beyond the \$25,000, in the case of severe disasters, should be for carefully targeted activities of 30-90 day duration.*

This recommendation is in light of the potential danger of trying to use OFDA emergency resources to address chronic problems better addressed by the USAID development program.

Particularly in the case of emergency feeding programs, activities must be carefully targeted to meet the needs of a clearly defined vulnerable group (i.e., children measuring less than 80% of median weight-for-height). Special attention must be paid to the timing and duration of food aid interventions. General food distributions should not be conducted at harvest time, unless absolutely necessary, to avoid having a detrimental impact on local markets/prices.

8. *Establish a 1,000 MT emergency food reserve within the regular Title II program.*

Another USAID comparative advantage over other donors is the in-country stock of Title II food which can be made available in emergencies. However, to avoid the problem that arose in previous cyclone responses (detailed under Lessons Learned, III.) regular Title II food stocks should be supplemented by an emergency reserve. An Emergency Title II food allotment of 1,000 MT (CSB) is recommended. CRS should remain the sole conduit for USAID food commodities. However, CRS's distribution network is limited so other agencies (CARE, ADRA, local NGOs) will need to assist in the distribution of emergency stocks in the event of a large-scale disaster.

9. *Seek guidance and clarification from BHR/FFP and OFDA on the ITSH issue.*

Questions remain unanswered regarding Internal Transport, Shipping and Handling (ITSH) costs provided through BHR/FFP, along with food commodities. The Mission requires clarification of ITSH funding regulations. If BHR/FFP does not provide sufficient funds to cover ITSH costs, especially in emergencies, proposals to cover operational costs of food distribution may need to be directed to BHR/OFDA.

10. *Consider the establishment of a pilot monetization program.*

The Mission and BHR/FFP should explore the feasibility of introducing a pilot monetization program. Commodities could come from the Emergency Title II program and be sold through public tender to small traders in Madagascar. Local currency generated from sales could be used to fund disaster preparedness and response, especially rehabilitation of buildings and infrastructure damaged by cyclones. Such projects would also provide short-term employment and inject income into disaster-affected communities, giving people greater resources with which to cope in times of stress.

Oil is recommended as the commodity of choice, as oil tends to be in short supply at certain times throughout the year, sending prices soaring. The sale of oil at strategic times may stabilize supply and price, thereby increasing access. Tamatave is the recommended location, being the nation's port city and center of the cyclone-prone zone. In Tamatave there are many small traders, mostly women. [NOTE: The EU, French Cooperation, and WFP have substantial, ongoing monetization programs (wheat flour), primarily in and around the capital.]

Consideration should be given to forming a joint monetization program -- a collaborative

effort by two or three NGOs. No one NGO appears to have the capacity to manage the entire program. CRS would be the best conduit for the commodities as it has the experience and logistics network already in place. CARE and ADRA, two NGOs with considerable experience in monetization programs in other African countries, have both expressed interest in monetization. Either or both of these NGOs could administer and manage the sales and rehabilitation projects. A joint structure would enable wider coverage. The Joint Monetization Program funded by USAID/Somalia (1993-96), administered by CARE, with food channeled through WFP, might serve as a useful structural model.

11. *Explore with BHR/OFDA/PMPP the possibility of funding for strengthening the host country disaster relief agency (CNS).*

It is premature to consider the provision of funds to CNS. However, UNDP is now working closely with CNS on capacity building and there may come a time in the medium-term (1-2 years) when a limited contribution of donor funds for specific material resources and/or training will prove instrumental in strengthening CNS's role. The Mission may then want to provide limited assistance, perhaps a "buy-in" to UNDP's program with CNS. This would be an appropriate preparedness activity for consideration under the BHR/OFDA/Prevention, Mitigation, Preparedness and Planning (PMPP) fund.

## ANNEX A

### **Field Guide on Rapid Nutritional Assessment in Emergencies WHO Regional Office for Eastern Mediterranean, 1995**

This manual outlines a set of standardized procedures for conducting rapid nutritional assessments in emergencies based on a collaborative effort undertaken in 1992 by WHO, UNICEF, UNHCR, FAO, CDC/Atlanta, and SCF/UK. Major excerpts:

- \* In a rapid assessment of nutritional status in emergencies, weight-for-height is the indicator of choice.
- \* Information on nutritional status will be of practical use only within the framework of the general situation in the country in which the emergency occurs. Existing knowledge on demography, mortality and morbidity, previous nutritional status, etc. should be collected before embarking on a rapid assessment of nutritional status. Recent data on mortality are especially important for the interpretation of nutritional status.
- \* Target group for the survey: Age 6-59 months or Height 60-100 cm. Rapid nutritional assessments should be for children 6-59 months. Children in this age group will be the first to show signs of undernutrition and their nutritional status reflects that of the general population. These children are generally highly vulnerable and in times of nutritional crisis may show increased morbidity and mortality. Children under 6 months of age - or about 60-66 cm long - are often still breast fed and thus satisfactorily nourished. The upper limit of 59 months corresponds to approx 100-110 cm in height of the reference population. Because children in many developing countries are significantly stunted, it is recommended to use 100 cm as the cut-off point.
- \* For a valid estimate, all children must have the same chance to be part of the sample. If an estimate of malnutrition is needed for a relatively small group of children, it is best to examine all of them. In a small population of, say, 2,000-3,000 people - of whom 18-20% may be children below 5 years of age (400-500) - all eligible children should be examined. In larger populations it is usually easier to examine and analyze only a sample of children to draw conclusions on the probable proportion of malnourished children in the total population.
- \* For emergency assessments several type of sampling are available: simple random sampling (ideal but usually not practical); systematic random sampling (450 children); cluster sampling (30 clusters of 30 children = 900 children).
- \* Other topics include: Training and Supervision; Data Recording; Data Analysis;

## Interpreting Results and Reporting Findings.

**ANNEX B**  
**Field Operations Guide for Disaster Assessment and Response**  
**USAID Office of Foreign Disaster Assistance, 1995**

The first priority in an emergency is to provide the organizational capacity required to meet the needs of the emergency. The local government, NGOs, U.N., and donors must be mobilized within the framework of a plan for immediate action. Coordination is critical.

Once the organizational capacity has been established, the immediate needs of the affected population must be met. The following is a list of needs in the order of their importance.

Water

Protect existing water sources from pollution. Establish maximum storage capacity with the simplest available means. Transport water to sites if the need cannot otherwise be met.

Food

Ensure that at least the minimum need for energy is met. A full ration can follow. Set up special feeding programs if there are clear indications of malnutrition. Establish storage facilities.

Immunizations for Measles

The first preventative health measure to be taken in any large displaced person situation is to institute a measles immunization program for all children between 6-59 months, even when resources are scarce. If significant malnutrition is present, it is absolutely essential to implement a vaccination program as soon as possible. After diarrhea, measles is the highest cause of death among children under 5 in displaced person situations.

Health Care

Provide the necessary organizational assistance, health personnel, basic drugs, and equipment in close consultation with national and local health authorities. Although the immediate need and demand may be curative care, preventative and environmental health measures should not be neglected.

After the primary needs have been addressed, the focus will be on providing for secondary needs:

Emergency Shelter

Use local supplies whenever possible to meet shelter needs for roofing and other materials. Only request outside (imported) supplies if absolutely necessary.

Sanitation

Isolate human excreta from sources of water and shelter.

Promote self-sufficiency in the affected population from the start. Involve disaster victims in

the planning for their welfare to increase effectiveness of response and help them begin to recover from the psychological effects of their ordeal.

## ANNEX C

### Initial Determination of Food Needs WFP Food Emergency Manual, Working Draft, 1976

For most populations in need of food in a famine situation, the need is variable, often ranging from some people who need full rations to some who need none at all. Since food, and the ability to distribute it, is usually limited in famine situations, it is necessary to feed selectively so the available food may be sufficient for the relative need. This need is best determined by objective nutritional and agricultural surveys, which are essential for realistic program planning and evaluation of program effectiveness. If such objective data is lacking, it is necessary to make reasonable value judgements from the available data and to employ certain rules for determining food needs.

In the absence of hard data on actual food shortages, the following rough estimate of food requirements for a hypothetical population of 1,000 can be assumed:

For every 1,000 people in such a population -

100 will require	full	ration
200 "	half	"
400 "	one-quarter	"
300 "	no	"

Since 500 gm per person per day for most relief foods - the greater proportion of which may be grain - is a generous allowance for full feeding for persons of all ages, the following necessary amounts of food may be assumed, in this same population of 1,000:

100 persons	x 500 gm	= 50 kg
200 "	x 250 gm	= 50 kg
400 "	x 125 gm	= 50 kg
300 "	x 0 gm	= 0 kg

The mean daily amount for 1,000 persons x 150 gm = 150 kg.

The required weekly amount for these 1,000 persons will be  
150 kg x 7 = 1,050 or 1.05 metric tons (MT).

1 MT per week can thus be taken as the amount of food which should be distributed selectively amongst 1,000 persons in need, when no accurate data on exact or relative need is available.

Using this factor as a guide, the initial determination of approximate food need can be made.

As soon as possible, more accurate assessment of need and surveillance should be undertaken.

**ANNEX D**  
**Notes from Meetings with International NGOs**

**1. CARE INTERNATIONAL**

CARE International was established in Madagascar in 1992. It has an annual budget of \$3 million, and \$1 million earmarked specifically for emergencies. CARE has a permanent staff of four expatriates and 125 local staff, which can grow in an emergency. It has regional offices in Tamatave, Diego Suarez, and Maswala.

CARE's country program consists of four programs:

1. National Resource Management, comprised of a USAID-funded wildlife park in Maswala, and a crop-improvement program in the Diego Suarez area.
2. Rehabilitation/reconstruction of schools and health posts in the Tamatave/Fenerive area, funded by EU, begun after Geralda and continuing today.
3. Agricultural rehabilitation in the South.
4. Health program in Tana, just started and funded by USAID. The French Government is also funding a CARE sanitation program in the capital.

CARE's emergency capacity is the best of NGOs in Madagascar. It launched large relief efforts in response to Geralda in 1994 and Bonita in 1996, involving the general distribution of food, targeted feeding to malnourished, and the rehabilitation of roads and health posts. CARE has stockpiled 4X4 vehicles, trucks, motorbikes, portable generators, and Zodiac boats in Tamatave. In Tana it has stockpiled 20 tons of plastic sheeting, nails, rope, blankets, Rubhall tents, and additional vehicles and motorbikes. CARE also has a reserve fund that has allowed it to conduct rapid responses after assessments are made. After Bonita, CARE, UNICEF, and MSF undertook initial assessments but disagreed over needs and the appropriate response. CARE pursued its own assessment, thanks to \$100,000 in German Government funds that were left over from Geralda, and \$50,000 of its own funding. CARE used the \$100,000 to buy local materials and order plastic sheeting. CARE has complained that the USG delayed the release of \$50,000 in ITSH funding from FFP for three months after Bonita.

CARE wields great leverage in disaster response in Madagascar. It represents the main channel for emergency assistance, and it possesses a broader mandate than other NGOs in the country. As CARE demonstrated during Geralda and Bonita, it responds rapidly and extensively. The organization possesses logistical expertise in the distribution of food and other supplies. It is also involved in rehabilitation, involving seeds and tools distribution, and the reconstruction of water and sanitary facilities.

CARE's long-range strategy includes:

1. A market creation project in the Diego Garcia region, consisting of training program for improved agriculture and fisheries.
2. Drought mitigation in the South, involving seeds and tools in an area the organization characterizes as "great need but little potential."
3. A cash-for-work program in Tana, addressing urban poverty.

CARE's specialties are: rapid response, logistical expertise in distributing food and other supplies, its experience in rehabilitation work, such as seeds and tools distribution, and reconstructing water and sanitary facilities.

## **2. CATHOLIC RELIEF SERVICES (CRS)**

CRS has operated in Madagascar for 34 years. Its staff consists of two expatriates and 31 local employees. It works through the 13 Catholic Church diocese in the country.

CRS implements a USAID Title II food aid program, consisting of 7,000 MT of rice, corn-soya-blend (CSB) and oil per year. The food is normally distributed through CARITAS, although CRS is now exploring partnerships with other organizations. The program is aimed at 125,000 persons and has three components:

1. Maternal/child health (MCH) centers, which account for 75% of the food,
2. School feeding, accounting for 10% of the food,
3. School welfare programs, such as orphanages and centers for the elderly and handicapped, which account for 15% of the assistance.

CRS maintains warehouses with large storage capacities, in Tana and Tamatave.

During Geralda and Bonita, CRS diverted food for emergency programs. To avoid the dangerous consequences of diversions in future emergencies, USAID/Madagascar for FY 1997 requested an additional 1,000 MT of CSB from BHR/FFP to serve as an emergency reserve.

CRS is experienced in commodity tracking and administration. It is weak in distribution and logistics. Its senior staff agree on the need for a common mechanism for establishing the extent of disaster needs, and they have shown interest in becoming more closely involved with donors and other NGOs in disaster preparedness procedures. They have also expressed interest in establishing a food monetization program.

## **3. ADVENTIST DEVELOPMENT AND RELIEF AGENCY (ADRA)**

ADRA was established in Madagascar in 1991, both as ADRA/International, covering the Indian Ocean Region, and as ADRA/Madagascar. In 1996 its operations budget is approximately \$43,000, and its projects budget is about \$120,000. It has an expatriate staff of two, who arrived this year after a one-year hiatus following the departure of the last expatriate director. The national program staff is six persons, including three in Tana. In an emergency, ADRA also counts on the potential voluntary services of members of the Adventist Church in Madagascar, numbering 40,000.

ADRA's country program involves:

1. Health: three dispensaries, in the Northwest, the Center, and the South. The dispensaries sell drugs at cost and offer consultations and immunizations. The Tana center provides growth monitoring, family planning services, birth control, and various information services.
  2. Agriculture: ADRA operates a training center in Fianarantsoa.
  3. Education: ADRA plans to build a university in Moramanga.
- Emergency response: ADRA is considering how to become more involved.

After Geralda, ADRA provided medical assistance and limited food distribution. It made two five-ton trucks available for relief efforts.

Today, ADRA is studying the feasibility of establishing warehouses, and of providing training in disaster response. ADRA is also considering stocking warehouses, and in participating in coordination meetings with other donors.

With its limited capacity ADRA nevertheless can dispatch its trucks to convey relief supplies. It has the advantage of a base of support among church members.

#### **4. MEDECINS SANS FRONTIERS (MSF)**

MSF was established in Madagascar in 1986. It has a staff of two expatriates, one Malagasy with French citizenship, and 47 local staff. Program funding comes through MSF private resources, UNICEF, Japanese Government, USAID and UNDP.

MSF's program in Tana focuses on health and nutrition assistance to street children. Working with local physicians, pharmacists, and health centers, MSF provides care for 3,500 children. Another 800 receive assistance through 20 social centers, where health and nutritional services are available. Three of the centers serve severely malnourished children (measured at less than 70% WFH), which have the capacity to handle 3,000 children annually.

MSF has been an important participant in emergency disaster relief. During the drought in the South in 1991-1992, MSF provided critical health and nutritional services. In the Geralda and Bonita cyclones, MSF was involved in health, nutrition, water, and sanitation. Its field hospital and therapeutic feeding centers, erected after Bonita, were notably effective.

MSF offers technical expertise in health and nutrition, and great experience in emergency response.

**ANNEX E**  
**Notes from Meetings with U.N. Agencies**

**1. UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)**

Since 1994, the UNDP has been the coordinator between the GRM and the international community during emergencies. The Resident Representative has standing authority to spend \$50,000 at his discretion in emergency response. After Cyclone Bonita in 1996, the ResRep authorized \$50,000 to CARE for relief activities, and it mobilized \$30,000 to MSF for a nutritional center.

In the wake of shortcomings that arose in gauging the correct response to Bonita, the UNDP in June sponsored a preparedness seminar. It was attended by CRS, UNICEF, UN/DHA, and USAID. The seminar led to an informal steering group, comprised of CNS, the UN agencies, USAID, and several NGOs. The purpose of the group is to help CNS establish a national policy in disaster preparedness, and devise specific operational measures for responding to cyclones. A consultant is expected to be hired by UNDP to oversee project proposals.

Although the steering committee was in its infancy during the OFDA team visit to Madagascar, the UNDP recognized the importance of propelling the agenda to specific objectives; as it was, the meetings appeared too open-ended and without a structure. Second, the UNDP realized the importance of involving the GRM in preparedness deliberations, however weak the CNS was in resources.

**2. UNICEF**

UNICEF is the UN agency most involved in operational matters during a disaster. The representative stressed the need for improving cyclone preparedness, especially in the area of local community involvement. UNICEF identified the following areas that require attention on the local level on the east coast: identifying preparedness measures and local resources, developing protocols to enable local authorities to devise needs assessments, identifying possible cyclone-safe crops, and the importance of strengthening the CNS's ability to establish protocols for assessments of communities' nutritional status.

UNICEF was concerned that the foreign community had to do more than pay lip service to the idea of working with the CNS. UNICEF hoped that eventually, the CNS would gain the ability to facilitate the most appropriate response to disasters, through the UN agencies or the international NGOs.

Current UNICEF work in cyclone preparedness involves a poster project, involving the distribution of illustrated explanations of where families should store their possessions, and

where they should hide. It is also helping to train local government personnel, and working with the CNS in establishing an effective regional network.

### 3. WORLD FOOD PROGRAM (WFP)

WFP has a small operation in Madagascar run with 3 expatriate and 20 local staff. Main office is in Tana with a sub-office in Fort Dauphin. Two development programs:

- o SECALINE (funded by World Bank) 1994-98: WFP's participation in this project has four components: 1) Provision of food-for-work to clear irrigation/drainage channels in southern region; implementing partner is ILO; 2) cash from monetization of wheat flour used to buy supplies for the above activity; 3) nutritional education and supplementary rations for malnourished children in southern regions; 4) food assistance to social centers in Tana targeting 6,000 beneficiaries. To support the SECALINE project in 1996, WFP/Madagascar requested from WFP/Rome cash funds and/or commodities in the amount of: 2100 MT rice; 48 MT vegoil; 79 MT pulses; 21 MT DSM; 8 MT sugar. [NOTE: WFP/Madagascar gets most of its funding in cash because it prefers to buy the commodities, especially rice, locally].

- o School Feeding: Provision of rations for daily meal in schools primarily in the south and also in Mujanga (though Mujangà will phase out at end of '97); implementing partners are local NGOs and community groups. To support the school feeding program in 1996, WFP/Madagascar has requested from WFP/Rome cash funds and/or commodities in the amount of: 815 MT rice; 122 MT pulses; 70 MT sugar; 115 MT canned meat and fish; 140 MT CSB; 81 MT vegoil.

All WFP commodities arrive into Tamatave port. Main warehouses are in Tana and Fort Dauphin, with 4-5 transit warehouses between Tamatave and project sites.

WFP is interested in drought mitigation in the south. In Oct-Nov 1995 a WFP/Rome team came to explore the possibility of introducing Vulnerability Assessment Mapping (VAM) in Madagascar. The team found that the EU's SAP project (early warning) was already doing some of these activities and the EU planned to hire a consultant for 12 months to further develop the project. WFP determined it would be a duplication of effort to pursue VAM. WFP's involvement in drought mitigation is the regular collection of market price data from across the country, and sharing this information with the EU/SAP.

In 1995, WFP initiated a local procurement project in the drought-prone south by which local corn was purchased (800 tons) right after the harvest when prices were low and was later sold during the lean period just before the harvest when prices soar in an attempt to bring the price down thereby increasing access.

WFP also has an ongoing monetization program. In the past two years approx. 2,500 MT of wheat flour has been monetized (at first sold to GRM monopoly but now through public tender). The EU and French Govt also monetize wheat flour (7,000 MT and 5,000 MT, respectively, in 1995).

WFP does not have a special structure set up for emergency response. However, WFP did provide some food aid during the '90s drought and the '94 Geralda cyclone. WFP did not provide assistance in '96 Bonita cyclone because other donors were quick to meet the needs. WFP has participated in donor disaster coordination meetings.

## **ANNEX F**

### **Notes from Meetings with Donors**

#### **1. European Union (Represented by the Delegation of the European Commission)**

The Commission has a staff of 30 expatriates, who work in structural adjustment, health and communications, and rural development programs.

Emergency aid, such as response to a cyclone, is channeled through ECHO, which in turn directs aid through NGOs. An EC representative who met with the OFDA team expressed skepticism toward several aspects of disaster preparedness and response in Madagascar.

The counsellor recognized the need for the GRM and the international community to devise a common disaster preparedness strategy but also pointed out weaknesses that threaten near-term planning. Government ministries remain so poorly funded and staffed that NGOs end up doing their work during a disaster. The GRM is so ill-equipped to absorb aid that items such as medicine have piled up, undistributed. The international response to Bonita was out of proportion to the severity of the damage caused. Nationally, the counsellor claimed, chronic poverty is so severe that a month after Bonita struck, health indicators in the affected area were no worse than in the rest of the country.

#### **2. Cooperation Suisse au Developpement**

The Swiss offer emergency response funding as needed. They have two development projects that have turned into emergency response efforts. One is an reforestation program on the west coast after it was struck by Cyclone Cynthia. The Swiss channelled funding toward irrigation repairs, in an effort to discourage Malagasy from abandoning their flooded farms and start slash-and-burning in nearby forests. The second involved repairs, followed by rehabilitation, of a mountainous section of the Tana-Tamatave highway after Geralda damaged it in 1994. Cooperation Suisse was the implementing agency for \$2,875,000 that was channeled to the government, in cooperation with a Swiss NGO that specialized in road construction. Part of the funding was devoted to reforestation on the side of the highway, to prevent future damage.

During Bonita, the Swiss contributed what they called a "symbolic amount" of food to CARE. Swiss Cooperation maintains, through Caritas in Tana, an emergency relief stockpile of 80 MT of rice and pulses, bought locally.

#### **3. Cooperation Francaise**

French influence in Madagascar has remained strong since independence in 1959. The

French aid mission is the largest on the island, and from Reunion, a nearby French territory, logistical and technical assistance from the military base is available.

Reunion provides meteorological data during the cyclone season. After it became clear that the GRM was incapable of responding effectively to Geralda in 1994, the French dispatched an airplane and helicopter for damage assessment overflights. They also provided expertise in repairing the Tamatave-Tana pipeline.

As a donor, France channels its aid through NGOs, such as CARE and MSF.

The French Cooperation believes the CNS must improve its ability to provide reliable information. It also believes that if donors provided material assistance to CNS, the agency would become dependent on foreign aid instead of developing its own capacity to deal with the issues of disaster preparedness and response.