



Rapid Response Fund

Approval

Project Code RRF 06/2026
Project Name Emergency response to cyclones FYTIA and GEZANI

The ACT Secretariat has approved the use of **USD 145,670** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep (<i>one month after approval</i>)	23 Mar 2026
Final Reports (narrative and financial)	23 Jul 2026
Audit Report (<i>for projects >USD50,000</i>)	23 Aug 2026

For further information please contact:

National Forum Convenor
ACT Regional Representative
ACT Humanitarian Programme Coordinator

Approved By the RRF review Panel
on **February 23, 2026**



Rapid Response Fund Project Proposal

Do you have an EPRP	YES
When was the last update?	October 2025
Do you have a Needs Assessment for this response?	YES

Please submit this form to the Humanitarian Coordinators in your region

Date submitted to ACT Secretariat

20.02.2026

Section 1 Project Data

Project Information

Project Name	Emergency Response to effects of cyclone FYTIA and GEZANY
Project Code	06/2026
Country Forum	Madagascar
ACT Requesting Member	Sampan'Asa momban'ny Fampandrosoana eo anivon'ny FJKM SAF/FJKM
Name of person leading the project	Fenitra JEREMIAH
Job Title	Technical Director
Email	fenitra@saf-fjkm.org ; saf@moov.org
Location(s) of project (city / province)	For GEZANY: district of Toamasina II, Antsinanana region, Madagascar For FYTIA
Project start date (dd/mm/yyyy)	23.Feb.26
Project end date (dd/mm/yyyy)	23.May.26

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	SAF/FJKLM		Member 2 <i>(please write the name of your organisation)</i>		Member 3 <i>(please write the name of your organisation)</i>	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers	4707	4877				
Food						
Health						
Household items						
Livelihood						
Psychosocial						
Shelter						
Dignity kits		4877				
Children under 2 kits	140	140				
WASH	4707	4877				

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project *(extend rows 43, 44 and 45 if more space is needed)*

The beginning of 2026 was marked by particularly intense and devastating cyclonic activity in Madagascar, characterized by the successive passage of two major systems within two weeks :

- Tropical Cyclone FYTIA formed in the Mozambique Channel on January 30, 2026, and made landfall on January 31 in the district of Soalala (Boeny Region). At the time of impact, the system was extremely dangerous, with sustained winds of 150 km/h and gusts reaching 210 km/h. Moving east-southeast at a speed of 18 km/h, FYTIA swept across the Central Highlands of Madagascar.

- Intense Tropical Cyclone GEZANI is classified as a major Category 3 tropical cyclone, with sustained winds of nearly 124 mph and gusts estimated at 155 mph. GEZANI made landfall with extreme violence in the city of Toamasina on February 11. The impact was characterized by severe weather conditions, with sustained winds of 180 km/h and devastating gusts reaching 250 km/h near its centre. According to trajectory forecasts, the system is beginning a cross-country journey from east to west across the Central Highlands, before making landfall in the Mozambique Channel.

According to official data's from the BNGRC (National Office for Disaster Risk Management), in total, 52 people lost their lives, 434 were injured, 334,175 were affected and displaced, and 73,209 homes were damaged or destroyed.

The rapid succession of the FYTIA and GEZANI has increased the vulnerability of communities. Shortcomings have been reported in terms of food security, shelter, water, sanitation, and hygiene (WASH), and the spread of serious diseases is suspected due to sanitation issues. We note that mpox is currently under close surveillance by the Department of Public Health.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

Affected communities face multiple interconnected barriers preventing access to the essential needs. Economically, cyclones Fytia and Gezani has destroyed their livelihoods/crops, fishing equipment, livestock, and small businesses, eliminating income sources while simultaneously damaging or closing banks and markets, leaving families without purchasing power even where goods are available. Physically, critical infrastructure including roads, water systems, shops, and pharmacies has been damaged or destroyed, disrupting supply chains and making essential items unavailable locally.

Socially and culturally, certain needs remain unmet due to stigma, particularly around menstrual hygiene, which prevents women from openly requesting dignity items in mixed settings, while emergency responses often overlook these gender-specific necessities. Past experience has shown that sanitary pads are often difficult to find during disasters. Another aspect that is often overlooked is children's hygiene needs, as households' priorities focus on food and shelter.

The combination of lost income, inflated prices, destroyed infrastructure, and limited availability of specialized items like WASH and dignity products creates a situation where families cannot meet their basic needs through normal market mechanisms, making direct humanitarian assistance absolutely critical for survival and dignity.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.

The organization is currently contacting partners to help with the crisis, but no other funding has yet been secured.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis and the length of time needed to respond. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The proposed humanitarian response addresses the immediate and critical needs identified by crisis-affected communities through

complementary interventions:

- Cash Transfers about 140,000 ariary (32 USD) per month for around 9,625 people, because affected households have clearly articulated their urgent need for flexible financial assistance. This modality enables families to purchase food, medicine, and essential items according to their own priorities, respecting their autonomy and decision-making capacity. This activity will be implemented not later than 3 weeks after the arrival of the fund. For Ambato Boeny, there will be one transfer recommended by the BNGRC, following a meeting on January 6. And for Toamasina II, there will be two transfers at once, in accordance with the decisions taken by a group of humanitarian actors on February 14 2026.
- WASH Kits Distribution responds to the critical public health emergency created by contaminated water sources and destroyed sanitation infrastructure. Without access to clean water and basic hygiene materials, communities face immediate and life-threatening risks from waterborne diseases including cholera, diarrheal, and typhoid fever. Distribution will include : bucket, cup, water dispenser, soap, gel and basins/cans for around 9625 people and will be implemented two weeks after the cash distribution.
- Dignity Kit Distribution (sanitary pads, standard cotton panty, soap) for 4877 women and girls for addresses the specific and often overlooked needs, who represent a particularly vulnerable group within the crisis-affected population.
- Children kits for 240 children under two years old consisting of diapers and formula/food supplements.
- Sensitization on PSEA, complaint mechanism and safeguarding

The project duration is 3 months

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

SAF/FJKM works closely with local authorities and other stakeholders and has strong roots in the proposed areas. Discussions with all stakeholders are already underway to ensure coordination and the collection of data essential to the interventions. At the beginning , a community meeting will be held to inform communities about the interventions and related procedures, followed by the targeting of beneficiaries. Once the list of beneficiaries has been approved at the community level, cash distribution can begin.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

Coordination is essential to ensure effective, complementary, and non-duplicative humanitarian response:

At the national level, we maintain close coordination with the Bureau National de Gestion des Risks et des Catastrophes (BNGRC), which provides strategic guidance on geographic positioning and helps prevent overlap between different humanitarian actors operating in affected zones, ensuring that our interventions complement rather than duplicate existing efforts.

At the local level, we collaborate directly with local authorities including district administrators, commune leaders, and community representatives who possess critical knowledge of affected populations, access routes, and security conditions, enabling us to identify the most vulnerable households and establish trusted distribution mechanisms.

We actively participate in relevant humanitarian clusters—particularly the WASH, Protection (including the Gender-Based Violence sub-cluster), Nutrition, Anticipatory Actions, and Cash Working Group—where we share real-time information on our activities, beneficiary numbers, and geographic coverage while receiving updates on gaps, standards, and best practices from other responding organizations. This multi-layered coordination approach with BNGRC, local authorities, clusters, and field actors ensures our response is strategically aligned, operationally efficient, avoids duplication of services, and maximizes the impact of limited humanitarian resources for crisis-affected communities.

At the field we will collaborate with other humanitarian actors : UNICEF, WFP, Red Cross.

As a faith-based organization, we also coordinate our actions with pastors and scouts from the FJKM in order to mutually reinforce our actions and optimize impact and resources.

SAF/FJKM will be in charge of the implementation of the project and will share information and report to ACT Alliance.

4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for small businesses.*

Locally or within the affected areas	X	Nationally	X	Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

Yes, we have a procurement policy.

Procurement will be done at SAF/FJKM headquarters and transported to the field. All tasks related to procurement and contracting are governed by the procurement manual and will be handled directly by the Logistics Coordinator at the SAF/FJKM's headquarters. Procurement planning will be done in such a way as to ensure compliance with the project implementation

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the participants of this project? For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.

The interventions in the Ambato Boeny and Toamasina II Districts will be as follows:

Per the official data, 1 household includes an average of 5.5 people.

In total, 2500 HH for cash response X 5.5 = 13,750.

	Ambatoboeny	Toamasina
Cash per HH	500	2,000
WASH Kits per person -	500	1,000
Dignity Kits per person-	1,128	2,256
Children's Kit per person	240	320

Total - 21,694 persons.

3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

The target population has been centrally involved in shaping this intervention from as our rapid needs assessment process prioritized data from the field including most urgent priorities—specifically requesting cash transfers for flexibility in meeting diverse household needs, WASH kits to address contaminated water sources and sanitation gaps, and dignity kits identified by women and adolescent girls themselves as critical for maintaining their health and dignity during displacement.

During the implementation phase, beneficiaries will participate in the design of distribution modalities through community feedback sessions that determine appropriate distribution points, scheduling that accommodates women's safety and mobility constraints, and culturally sensitive approaches to dignity kit provision.

We will establish community-based complaint and feedback mechanisms including suggestion boxes and regular community meetings where beneficiaries can report concerns, suggest improvements, and hold our organization accountable for quality and timeliness of assistance. Community volunteers selected from within affected populations will serve as key intermediaries in beneficiary registration, distribution support, and post-distribution monitoring, ensuring that interventions remain responsive to evolving needs.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

The intervention focuses primarily on addressing the humanitarian needs of communities affected by cyclones Fytia and Gezani. The three proposed activities are therefore aimed at providing humanitarian assistance to these communities.

- Cash distribution will support communities to improve food security and ability to meet their priority needs with an amount of USD 32 (140,000 ariary) per month for 2 months as recommended by the Cash Working Group ;
- WASH supplies distributions will help for water treatment and handwashing practices, avoiding waterborne diseases such as cholera or diarrheal in targeted communities during the intervention period ;
- For women and girls, expressing that dignity kits have enabled them to manage menstruation safely and maintain their participation in community activities without shame or health complications.
- Children under two whose needs are often neglected during a crisis will receive children kits.

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

Key risks include access constraints that prevent teams from reaching affected populations, which we will mitigate by coordinating closely with local authorities and BNGRC for identifying alternative access routes or distribution points in safer locations.

Community tensions or exclusion errors during beneficiary selection could undermine project acceptance, so we will use transparent vulnerability criteria, involve community leaders in verification processes, and establish accessible complaint mechanisms to address grievances promptly.

Weather conditions such as continued flooding may disrupt distributions, which we will manage through flexible scheduling, decentralized distribution points, and contingency plans for mobile teams to reach isolated communities.

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

To ensure the monitoring system, SAF/FJKM will form a project monitoring team that will be led by the MEAL coordinator in Antananarivo. The MEAL coordinator will work closely with the MEAL field officer. During implementation, the project team with the support of local volunteers will implement the various activities proposed. They will fill in and manage the evidences of all the achievements in the field. After verification and validation by the Project Coordinator, the evidences will be sent to the MEAL team, who will record the information provided in the project database. The data will be disaggregated by age group and gender to have more details on the populations affected by the project. The data will be cleaned and verified to ensure that the data is reliable and usable.

The MEAL staff will organize field visits and make suggestions for improvement based on the situation observed in the field. After data analysis, the MEAL team will share with the project team the progress on the project, in relation to time, indicators and project objectives. The MEAL team and the project team will work together to hold weekly coordination and monitoring meetings either online or face-to-face. Based on the information provided, it will be easy to make decisions to accelerate or adjust the targets. The challenges mentioned in the minutes of the coordination meetings will be raised to the project implementation team. For evaluation, a post distribution monitoring survey will be conducted after each distribution to assess that the project met its objectives.

The post distribution monitoring survey will also be used to collect feedback which will be used to improve the project activities. Questionnaires will be developed in advance. The team will digitize the questionnaires on Water or Kobo toolbox to facilitate data analysis after the survey.

At the end of the project, the team will organize an After-Action Review and closing workshop with the participation of local authorities, community representatives and other potential stakeholders. This system ensures that the lessons

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

As a member of ACT Alliance, SAF/FJKM complies to the Code of Conduct of ACT Alliance. Also, SAF/FJKM has its own code of conduct, and the organization ensures that all the staff involved in the project implementation and all the volunteers sign it. A training is provided to the team at the beginning of the project to build their capacity to follow the principle of humanitarian actions and to properly work in line with the policies of SAF/FJKM and ACT Alliance. SAF/FJKM also obtained a CHS certificate last year after undergoing a capacity-building and self-assessment process.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5 

SAF/FJKM has a proper accountability mechanisms, which has 04 components:

Complaints boxes: The project will install complaints boxes and providing papers where beneficiaries can write their feedback at each distribution. The boxes will ensure that once the paper is dropped it cannot be retrieved. For those who cannot read or write, there will be the option of having community focal points to listen and record the feedback in a logbook.

Phone numbers: Phone numbers will be shared to enable communities that have access to a telephone to contact the project staff or the HQ if necessary.

Mail address: The mail address for receiving complaints : recrutement@saf-fjkm.org

Hotline: 930 is a shared hotline for all humanitarian and development actors for PSEA cases

The information will be communicated at a community meeting and posted in the fokontany (village) offices. Comments on the implementation of the project will be forwarded to the project team and discussed at coordination meetings. Complaints will be forwarded to the relevant officials at headquarters for processing.



Rapid Response Fund

Consolidated Budget and Financial Report

Project Code

Project Name

Budget Exchange rate (local currency to 1 USD) 0.000228601 46069

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: <http://www.floatrates.com/historical-exchange->

	Approved Budget				Reported Expenses				Unspent Amount	Burn Rate		
	SAF/FJKM	Member 2	Member 3	Total Budget	SAF/FJKM	Member 2	Member 3	Total Expenditure				
1	Total Project Staff Costs	17'008	-	-	17'008	-	-	-	-	17'008	0%	12%
2	Project Activities	103'698	-	-	103'698	-	-	-	-	103'698	0%	71%
2.1	Cash/Vouchers	81'455	-	-	81'455	-	-	-	-	81'455	0%	
2.2	Food/Nutrition	-	-	-	-	-	-	-	-	-	0%	
2.3	Household items	-	-	-	-	-	-	-	-	-	0%	
2.4	Water, Sanitation, and Hygiene (WASH)	22'243	-	-	22'243	-	-	-	-	22'243	0%	
2.5	Shelter	-	-	-	-	-	-	-	-	-	0%	
2.6	Disaster Risk Reduction (Max 10% of the budget)	-	-	-	-	-	-	-	-	-	0%	
2.7	Mental Health and Psychosocial Support	-	-	-	-	-	-	-	-	-	0%	
2.8		-	-	-	-	-	-	-	-	-	0%	
2.9		-	-	-	-	-	-	-	-	-	0%	
2.10		-	-	-	-	-	-	-	-	-	0%	
3	Project Implementation	3'933	-	-	3'933	-	-	-	-	3'933	0%	3%
4	Quality and Accountability	4'961	-	-	4'961	-	-	-	-	4'961	0%	3%
5	Logistics	2'828	-	-	2'828	-	-	-	-	2'828	0%	2%
6	Assets and Equipment	-	-	-	-	-	-	-	-	-	0%	
Direct Costs		132'427	-	-	132'427	-	-	-	-	132'427	0%	
Overhead Costs		13'243	-	-	13'243	-	-	-	-	13'243	0%	9%
Total Budget		145'670	-	-	145'670	-	-	-	-	145'670	0%	