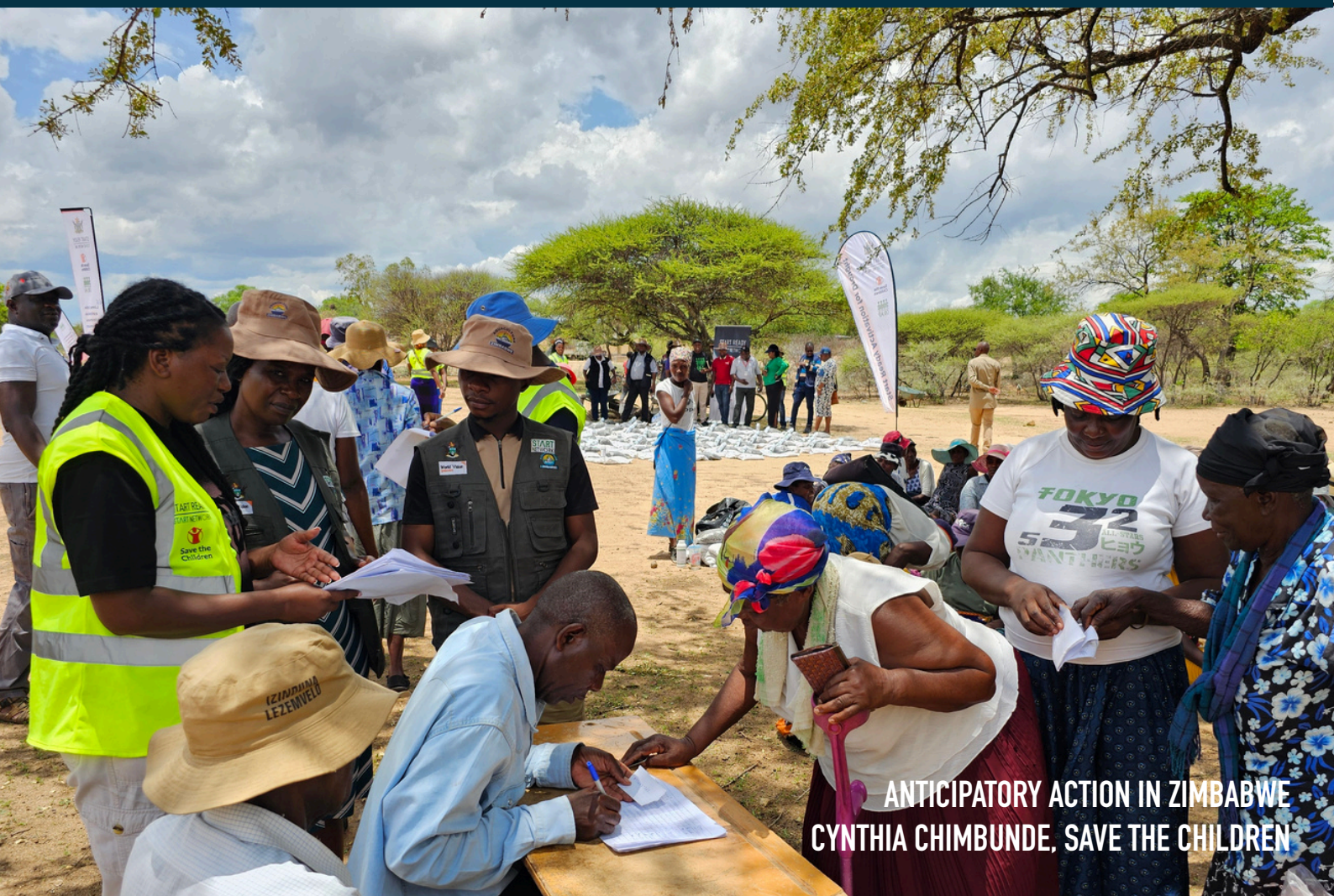
START NETWORK

CHALLENGES AND OPPORTUNITIES FOR ANTICIPATORY ACTION

LESSONS FROM MADAGASCAR AND ZIMBABWE



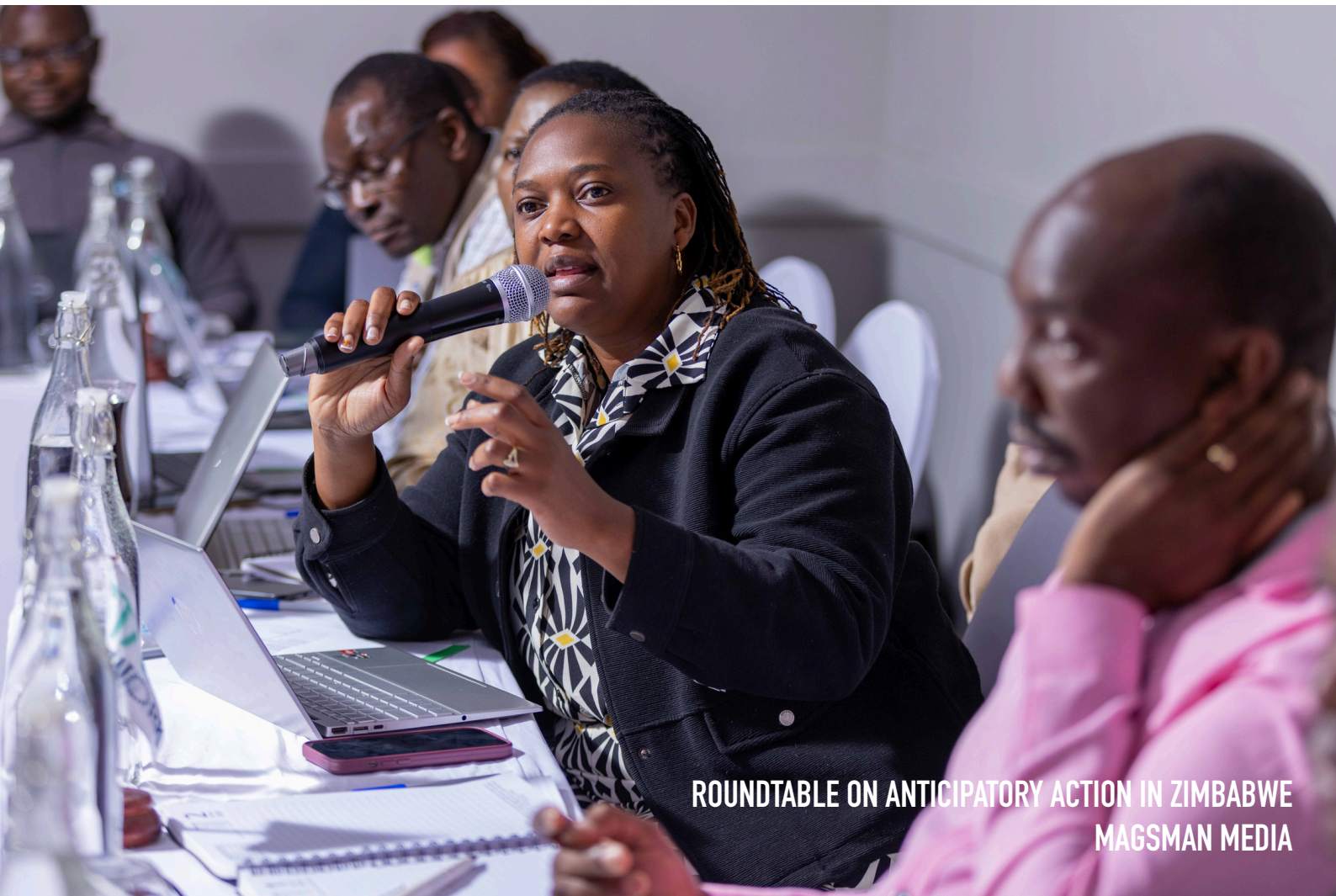
ANTICIPATORY ACTION IN ZIMBABWE
CYNTHIA CHIMBUNDE, SAVE THE CHILDREN

ACKNOWLEDGEMENTS

This report was written by Heather Brown based on roundtable reports from Madagascar and Zimbabwe. Thank you to Radio Asistana, Magsman Media, Newsday and Ms. Sitraka Rakotosolofo, Start Network teams in Madagascar (Antonny Ratsimbazafy) and Zimbabwe (Nelly Maonde, Sandisiwe Dube and Tariro Mugoni) for coordinating these roundtables and for reporting. Thank you to all the humanitarian actors that fed into the contents of this report as part of joint efforts towards scaling up effective anticipatory action.

Participating agencies in Madagascar included: Action Against Hunger (ACF), Catholic Relief Services (CRS), Development Department of the Church of Jesus Christ in Madagascar (SAF-FJKM), Doctors of the World (Médecins du Monde), Emergency Management Prevention and Support Unit (CPGU), General Directorate of Meteorology (DGM), Humanity and Inclusion (HI), National Bureau for Risk and Disaster Management (BNGRC), Platform for Accelerated Local Development (SAHI Manampisoa), Red Cross Malagasy, Save the Children, Welthungerhilfe (WHH).

Participating agencies in Zimbabwe included: Action Aid Zimbabwe, Action Contre la Faim (ACF), Age International, Agriculture and Rural Development Advisory Services (Ministry of Lands, Agriculture, Fisheries, Water and Rural Development), Bindura University of Science Education (BUSE), CAFOD (Catholic Agency for Overseas Development), Catholic Relief Services (CRS), Christian Aid, Department of Civil Protection (Government of Zimbabwe), Food and Agriculture Organisation of the United Nations (FAO), GOAL, Mwenezi Development Training Centre (MDTC), National Age Network of Zimbabwe (NANZ), Nutrition Action Zimbabwe (NAZ), Oxfam, Plan International, Save the Children, Tearfund, University of Zimbabwe (UZ), Welthungerhilfe (WHH), World Food Programme (WFP), Zimbabwe Red Cross Society (ZRCS).



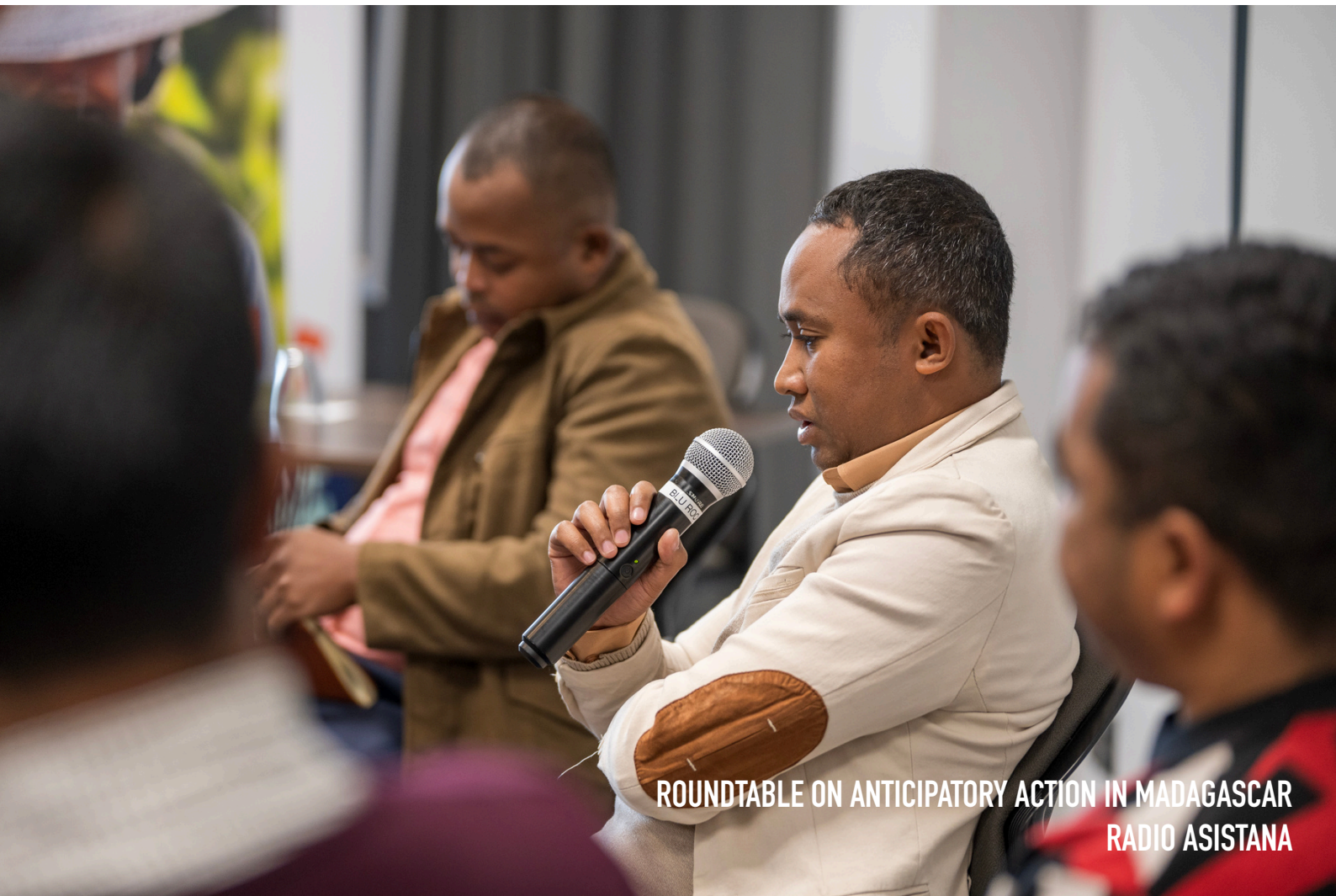
ROUNDTABLE ON ANTICIPATORY ACTION IN ZIMBABWE
MAGSMAN MEDIA

EXECUTIVE SUMMARY

Recent Start Network roundtable discussions held in July and August 2025 highlighted that anticipatory action (AA) is transforming crisis management in Madagascar and in Zimbabwe. This learning report sets out the challenges and opportunities raised at the roundtables.

Key messages:

- The full potential of anticipatory action hinges on coordinated forecasting and action protocols amongst actors, inclusive community-led design, robust evidence of impact and provision of sustainable funding.
- Challenges identified include very short anticipation windows for cyclones and floods, policy and data gaps, and limited donor buy-in.
- Opportunities identified include developing strong policy and data frameworks, integrating indigenous knowledge and community-led design as well as strengthening donor advocacy,



ROUNDTABLE ON ANTICIPATORY ACTION IN MADAGASCAR
RADIO ASISTANA

1. INTRODUCTION

Anticipatory action (AA) is a promising approach to reducing disaster impacts in both Zimbabwe and Madagascar, offering strong cost-effectiveness, timely action, and better protection of livelihoods compared to traditional reactive humanitarian aid.

Roundtable's convened by Start Network and partners and supported by the Foreign, Commonwealth and Development Office (FCDO) in Zimbabwe and in Madagascar brought together key stakeholders to share experiences and insights of AA.

In both countries, AA has shown promise in delivering faster response times, protecting livelihoods, and reducing reliance on harmful coping strategies. However, similar challenges persist, including short anticipatory windows for rapid-onset hazards such as cyclones and floods, fragmented data and weak forecasting systems, and the exclusion of vulnerable groups from planning and implementation.

Key topics of conversation in Madagascar focussed on community co-design, data harmonisation, and trust-building at the local level and in Zimbabwe conversation emphasised the importance of integrating AA into national disaster risk management systems and generating evidence to secure donor confidence and contribute to the scale up of AA.

1.2 THE ROUNDTABLES

In Madagascar, Start Network and the National Office for Risk and Disaster Management (BNGRC), with support from FCDO, convened a roundtable of experts on 17 July 2025. The event gathered government representatives, INGOs, LNNGOs, and United Nations (UN) agencies to reflect on the global and national evidence base for AA by Kersting (2025). The meeting focused on cost-effectiveness, social and psychosocial impacts, data and coordination systems, and the need for stronger community ownership.

In Zimbabwe, Start Network, with support from FCDO, hosted a roundtable on 7 August 2025 in Harare, that convened over 30 participants from government agencies, UN agencies, NGOs, academia, and community actors. The discussions built on findings from the global evidence base and focused on AA's potential to improve efficiency, cost-effectiveness, and resilience-building while identifying barriers to scaling up AA. Participants reflected on practical experiences in implementing AA and the opportunities for embedding it within national disaster risk management systems.

Felicity Kersting. 2025. Anticipatory Action in Humanitarian Interventions – Impacts, Challenges, and Best Practices in Uncertain Times. A Rapid Evidence Assessment. Start Network, available at: https://startnetwork.org/learn-change/resources

2. KEY FINDINGS

2.1 COST-EFFECTIVENESS AND EFFICIENCY

In both roundtables, participants agreed that anticipatory action can be significantly more cost-effective than traditional and reactive humanitarian responses, particularly when supported by pre-financed systems, pre-positioned commodities, and streamlined administrative processes.

In Madagascar, evidence has already demonstrated high returns on investment, with examples such as rapid deployment of mobile health clinics and early drought interventions. Yet participants stated that donor reluctance persists due to a lack of robust and comparable cost-benefit evidence, as well as delays in validating action frameworks. Participants noted that even when cyclone forecasts exceed the trigger, humanitarian actors may face logistical and operational challenges before reaching the communities. Since cyclones often give only 2–3 days' notice, delays in this step can mean aid arrives after the disaster, undermining the purpose of anticipatory action.

Zimbabwean actors highlighted how AA helps safeguard livestock and livelihoods while reducing the costs of delayed interventions, as one participant noted, "AA is more cost-efficient and cost-effective due to pre-agreed activities, pre-positioned commodities, and reduced administrative processes." However, they also emphasised that proving cost-effectiveness to donors remains difficult without consistent data and standardised impact measurement frameworks.

Across both countries, operational efficiency was a key factor required to maximise the impact of AA. This refers to being able to deliver action quickly, at lower cost, and in a coordinated way amongst all government agencies and NGOs once the agreed triggers have been met. This has two elements: 1) The need for flexible financing such as pre-agreed funds, funds with adaptable use, and multi-year commitments and 2) harmonisation of trigger mechanisms, which refers to aligning the early warning thresholds and decision-making rules that determine when anticipatory interventions should start between different actors and agencies. This requires agreeing on common thresholds, standardising data sources and creating joint action frameworks.

2.2 PSYCHOSOCIAL IMPACTS

The psychosocial benefits of AA were recognised in both Madagascar and in Zimbabwe. Participants observed that anticipatory measures reduce stress, prevent harmful coping mechanisms, and thereby contribute to improved psychosocial well-being.

In Madagascar, participants noted that evidence on psychosocial impacts of AA are mixed, with varying effects depending on the type and context of interventions. This shows the challenges of measuring psychosocial outcomes in a robust way, with both quantitative and qualitative indicators proving difficult to capture psychosocial impacts while taking all the contextual factors into account. Participants noted that monitoring and evaluation teams are working to strengthen this dimension, but gaps remain in understanding how AA influences psychosocial dimensions such as behaviour change, attitudes and social cohesion over time.

In Zimbabwe, stakeholders noted that AA has reduced reliance on negative coping strategies such as early marriage and productive assets sales and one stakeholder observed that “AA has maintained dignity and reduced anxiety in communities." Nonetheless, they acknowledged that long-term psychosocial impacts remain under-studied and expanding monitoring systems to capture psychosocial outcomes and linking AA with mental health and social protection services can strengthen long-term resilience.

2.3 SOCIAL INCLUSION AND COMMUNITY ENGAGEMENT

Both roundtables highlighted persistent gaps in the inclusion of vulnerable groups. In Zimbabwe, women, girls, the elderly, and persons with disabilities are often considered late in the planning process. “Vulnerable groups are often remembered only at the end of planning,” a participant warned. Overall, inclusion gaps were found to undermine the equity and effectiveness of AA interventions. Participants recommended embedding inclusion criteria directly into AA protocols and linking anticipatory interventions with social protection schemes.

In Madagascar, participants noted examples where vulnerable groups were being specifically targeted by AA interventions, however, in one case the amount of funding available limited the extent to which vulnerable groups could be targeted. In another case, a participant mentioned that families with disabled members may be reluctant to come forward due to stigma, making equitable targeting difficult and showing the importance of understanding local context and ensuring community trust is upheld. Roundtable participants emphasised the need for community co-design to build trust, strengthen accessibility, and ensure ownership of interventions. The inclusion of vulnerable groups remains a gap in evidence too, with limited disaggregated data by gender, disability, or age. As one participant in Madagascar put it, “We lack data disaggregated by disability and age, making true equity harder to measure."

In both roundtables community engagement and local ownership were important cross-cutting themes. Community-level trust was raised as a particular challenge in Madagascar, with some communities sceptical of anticipatory alerts compared to traditional emergency warnings. This reduces responsiveness to fast-onset hazards and understanding and trust toward implementing agencies. A participant also pointed out that the lack of human resources in decentralised areas limited the ability to disseminate information and support communities. Participants in both roundtables noted that to ensure local relevance, trust, ownership and dignity a number of measures should be taken: integrate indigenous knowledge alongside meteorological forecasts to enhance accuracy and acceptance by communities, involve local authorities to ensure ownership and the success of interventions and co-create AA interventions with local communities, as well as streamlining information reporting systems at the community level in order to gather people's feelings and grievances and adjust interventions accordingly.

2.4 DIVERSITY OF HAZARDS

Participants in both the Madagascar and Zimbabwe roundtables agreed that AAs have proven most effective for droughts and floods, though cyclones and floods remain difficult to anticipate due to their very short action windows of around three days.

This was the case in Madagascar, where cyclones and floods remain difficult to anticipate and act ahead of due to very short lead times. To support AA for rapid-onset hazards, participants stressed the importance of pre-positioning supplies in remote areas, securing dedicated preparedness funds and aligning forecast models to support beneficiary targeting. Participants also saw opportunities to expand AA to epidemics and fires.

In Zimbabwe, AA has also been effective in addressing food security and water, sanitation, and hygiene (WASH) crises. AA has shown promise, although could be improved, in acting ahead of health-related emergencies, particularly cholera epidemics. Participants called for better integration of AA into health systems and the tailoring of early warning messages to integrate indigenous knowledge, local languages and cultural contexts.

2.5 DATA, SYSTEMS, AND COORDINATION

Weak data systems and fragmented coordination were identified as major barriers to effective AA in both contexts. Zimbabwean participants pointed to inconsistent data standards, gaps in information-sharing, and limited forecasting accuracy as major obstacles. Opportunities to improve the effectiveness of AA in Zimbabwe focussed on harmonising data collection protocols and strengthening inter-agency coordination.

In Madagascar, participants emphasised gaps in meteorological and impact data, weak data policies, and fragmented early warning systems. Not only does this limit operations, but it also limits donor buy-in as a participant stressed that, “Without a unified data framework, we cannot convince donors of our collective impact." Opportunities exist to develop a Single Social Register to improve targeting, harmonise early warning frameworks across stakeholders, and partner with universities and research initiatives to strengthen evidence generation.

2.6 SHORT AND LONG-TERM IMPACTS

In both Madagascar and Zimbabwe, the short-term benefits of AA are clear: Rapid response, reduced food insecurity, and psychosocial stress relief. However, measuring longer-term effects remains a challenge in both contexts. In Madagascar, participants described long-term impacts as “under-studied" but recognised that pairing AA with social protection, resilience-building, and disaster risk reduction programmes could help ensure sustainable outcomes. In Zimbabwe, the absence of longitudinal studies and sustainable funding hampers understanding of how AA contributes to long-term impacts such as resilience-building, behaviour change and social cohesion over time. A participant observed, “Short-term impacts are evident, but we need to invest in understanding how AA contributes to resilience over years, not just months."

CHALLENGES AT A GLANCE FOR ANTICIPATORY ACTION

- Very short anticipatory windows for cyclones and floods, particularly in remote areas.
- Gaps in policy frameworks and coordination amongst actors from forecasting to action protocols.
- Fragmented data, gaps in impact data with challenges in MEAL logistics and resourcing MEAL processes.
- Gaps in inclusion of vulnerable and marginalised groups in planning and implementation.
- Limited donor buy-in due to insufficient, comparable evidence of positive impacts.
- In Zimbabwe, lack of AA integration with health sector limits effective expansion into epidemics.
- In Madagascar the impact of AA is reduced by confusions in community understanding of AA and their limited trust in early warnings.

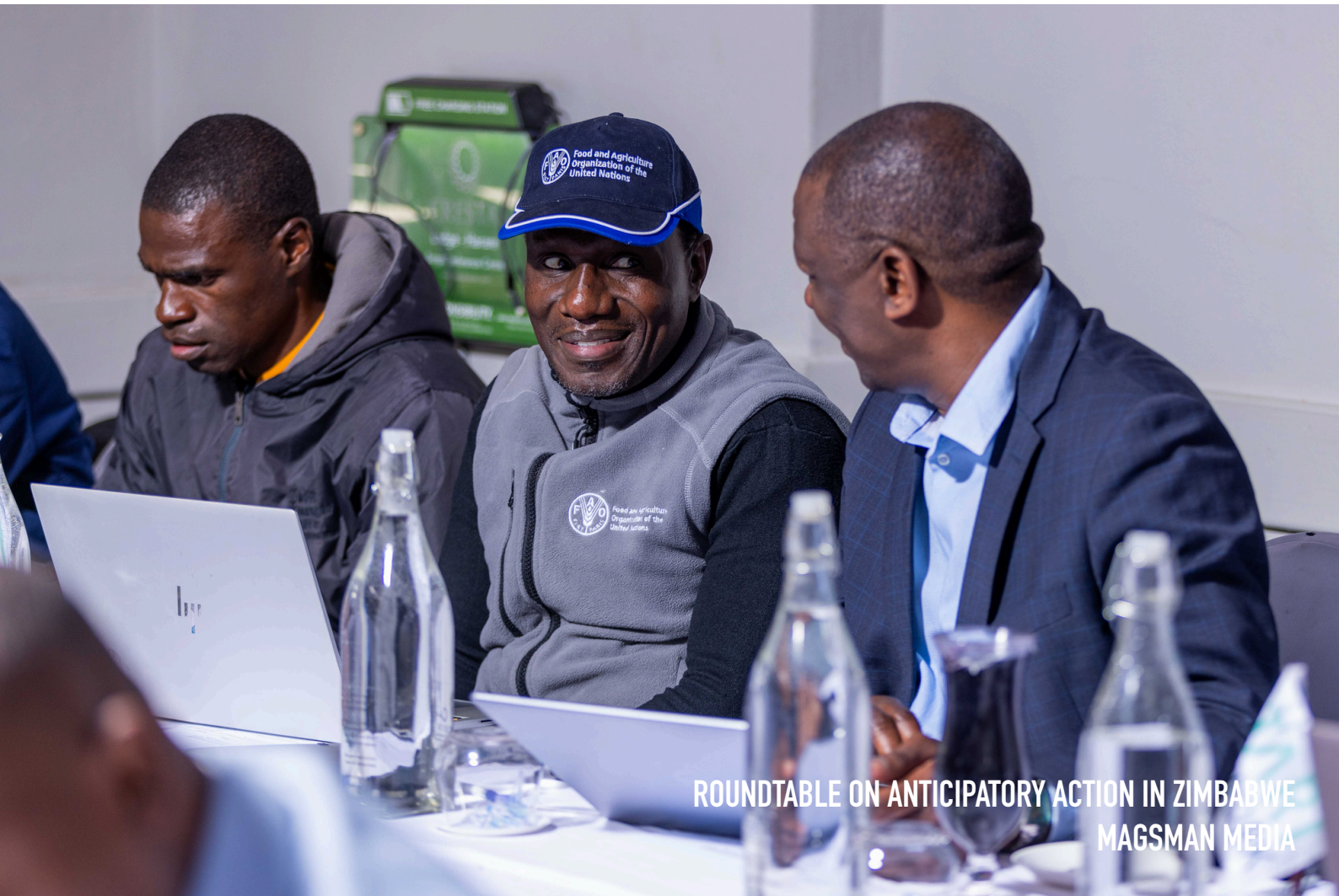
OPPORTUNITIES AHEAD FOR ANTICIPATORY ACTION

- Develop stronger data policy frameworks and align forecasting and warning systems across government actors, INGOs, LNGOs, the Red Cross, the UN and local actors.
- Strengthen donor advocacy with robust, comparable cost-benefit data that highlights both direct and underexplored impacts (e.g. psychosocial, long-term resilience).
- Incorporate community-led design into AA to build understanding, ownership, and trust in anticipatory action and early warnings.
- Embed inclusion criteria directly into AA protocols in Zimbabwe and establish a Single Social Register (SSR) to improve targeting in Madagascar.
- Integrate indigenous, traditional and community knowledge alongside meteorological data.
- Expand AA beyond droughts and cyclones to include epidemics and fires in Madagascar, and integrate with national health systems and policies in Zimbabwe to support health-related AA.

ROUNDTABLE ON ANTICIPATORY ACTION IN MADAGASCAR
RADIO ASISTANA

3. CONCLUSION

Anticipatory Actions are transforming crisis response in Madagascar and in Zimbabwe, but their full potential hinges on coordinated forecasting and action systems, complementarity amongst government agencies, local and international NGOs and local actors, inclusive community-led design and robust evidence of impact. With harmonised forecasting, early warning and action protocols, robust evidence, flexible and sustainable funding, AA can deliver both immediate protection and long-term resilience for communities facing crises in Madagascar and Zimbabwe.



ROUNDTABLE ON ANTICIPATORY ACTION IN ZIMBABWE
MAGSMAN MEDIA

START NETWORK