Emergency Appeal Revision
Dominica: Hurricane Maria

Revised Appeal n° MDRDM003
Glide n° TC-2017-000136-DMA

15,000 people to be assisted
CHF 239,232 DREF allocated
CHF 6.9 million new Appeal budget
CHF 1,004,239 funding gap

Appeal launched 21 September 2017
Revision n° 2 issued 27 March 2018
Appeal ends 21 December 2018
Extended 3 months

This revised Emergency Appeal seeks a total of CHF 6.9 million, reflecting a budget increase from CHF 5,749,087 in the Operations Update 2 dated 26 October 2017. This is to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Dominica Red Cross Society (DRCS) to deliver assistance to 15,000 people for 15 months, with a focus on the following: Shelter; livelihoods and basic needs; health; water, sanitation and hygiene promotion (WASH); disaster risk reduction (DRR); National Society development; cash transfer programme (CTP) and restoring family links (RFL). This revised Appeal is to enable an increase in activities and the number of volunteers involved in the operation based on remaining needs, and requires an additional three months operation timeframe for completion. The additional activities planned results in a funding gap of CHF 1,004,239, which is already under negotiation with partners. The revised plan reflects an update on the key outputs and activities required in the response. Details are available in the Emergency Plan of Action (EPoA) <click here>

The disaster and the Red Cross Red Crescent response to date

18 September 2017: Hurricane Maria makes landfall on Dominica at 9:15 pm eastern daylight time (EDT) as a Category 5 hurricane with maximum sustained winds of 250 kilometers per hour causing severe damage. Communications with the island are cut off.

19-21 September 2017: IFRC Surge Capacity deployed -- Field Assessment and Coordination Team (FACT), Regional Disaster Response Teams (RDRT), IFRC Emergency Response Unit (ERU).

22 September 2017: 239,232 Swiss francs allocated from the IFRC’s Disaster Relief Emergency Fund (DREF); Emergency Appeal launched for 1.6 million Swiss francs for 12 months.

09 October 2017: The IFRC issues revised Emergency Appeal n°1 seeking 5,513,789 Swiss francs to assist 15,000 people (5,000 families) for 12 months.

26 October 2017: The IFRC issues Operations Update 2 with a revised budget of 5,749,087 Swiss francs

27 March 2018: The IFRC issues revised Emergency Appeal n° 2 seeking 6.9 million Swiss francs to assist 15,000 people (5,000 families) for 15 months (an additional three months)

Stockfarm, Roseau, DRCS volunteers talking with a community member affected by the hurricane who received cash assistance through the DRCS/IFRC cash transfer programme. Source: DRCS
The operational strategy

Needs assessment and beneficiary selection

Shelter and settlements: A DRCS/IFRC integrated multi-sector assessment in January 2018 reaffirmed that repairing vulnerable households’ roofs is particularly urgent. A pending IFRC/DRCS technical shelter assessment will identify the detailed repair needs of each structure. Data also shows that houses belonging to the most vulnerable households and communities generally are not built in compliance with Dominica’s building code and often require extensive structural repair before they can be fitted with roofs.

Livelihoods: A livelihoods assessment was not conducted during the initial stages. The targeted beneficiaries were selected from the most vulnerable among those whose homes had been damaged or destroyed. Needs were established based on vulnerability criteria designed to identify the households who were most in need of assistance following the disaster. The DRCS will conduct a livelihood needs assessment at the beginning of the recovery phase to inform potential livelihoods operations in the future since the hurricane season will start in June 2018.

Health and care: All the country’s healthcare facilities, suffered varying degrees of damage from the hurricane (from destroyed by the strong winds to flooded or mildly impacted). The restoration of services has begun; however, the process has been slowed by damaged infrastructure and limited human resources. The main needs are providing medical care to the population and preventing disease outbreaks. Due to the stressful post-hurricane circumstances, a substantial need for psychosocial support has been identified as the most longstanding of health needs. This need will be addressed through development of additional psychosocial support (PSS) support in the recovery phase.

Water, sanitation and hygiene promotion: Dominica lost its water supply during the hurricane, which hampered the subsequent clean-up efforts and posed a significant risk of waterborne diseases. The Dominica Water and Sewerage Company Limited (DOWASCO) has restored approximately 80 per cent of the island’s water services. A smaller number of affected people continue to collect water from the nearby rivers and streams, and poor hygienic conditions resulting from the damage still pose increased risk of outbreaks of waterborne diseases. The risk of vector-borne diseases is also heightened due to damaged drainage and garbage disposal systems; consequently, vector control and the restoration of sufficient access to clean water are of great importance as part of the relief operations. Water and sanitation activities continue with water trucking to 7 communities that lack access to clean water and the rehabilitation of toilet and public washing facilities in 5 communities, primarily benefitting fishermen and homeless people.

DRR: As Dominica remains vulnerable to future hurricanes, disaster preparedness, risk reduction and strengthened disaster response are of great importance; in response to this need, the DRCS will train and equip the Community Emergency Response Teams (CERTs) through the training for community brigade staff, the provision of first response brigade kits and the organization of drills at community level. The DRCS will also provide Participatory Approach to Safe Shelter Awareness (PASSA) training for its staff and volunteers to become PASSA facilitators.

National Society capacity development: As the National Society has also been seriously impacted by the hurricane, attention will be paid to restoring and reinforcing DRCS’ capacity in disaster preparedness, replacing lost materials and equipment, and restoring damaged systems (including contingency planning). In terms of livelihoods, the recovery of Dominica will take years, considering the impact of Hurricane Maria in the rural areas were the main income-generating activity is farming. The DRCS has volunteers with CTP training and experience (the Tropical Storm Erika Operation in 2015 included CTP activities), which could build up into a livelihoods unit or programme. A basic livelihoods training workshop and a CTP training workshop will further strengthen the capacities of the local staff and volunteers and enhance the programme-based capacities of the DRCS.

Coordination and partnerships

Following Hurricane Maria, the IFRC deployed a head of emergency operations (HEOPs) and a Surge Team composed of regional and global mechanisms (Regional Intervention Team (RIT) and Field Assessment Coordination Team (FACT), including a logistics, basecamp, and information technology and telecommunications (ITT) Emergency Response Units (ERUs). The IFRC team supporting the DRCS, which has decreased in size since the operation entered the recovery phase, represents a broad array of technical areas such as information management (IM), information technology (IT), innovation, and planning, monitoring, evaluation and reporting (PMER), among others. The IFRC team currently includes operations manager, logistics, PMER, finance, CTP and shelter delegates.
The International Committee of the Red Cross (ICRC) assisted through RFL actions; however, this activity ended in January 2018. The IFRC provides institutional and technical support through its country cluster support team (CCST) for English-speaking Caribbean countries and Suriname, its regional office for the Americas (ARO) and its Caribbean Disaster Risk Management (CADRAM) Reference Centre.

The DRCS and the IFRC have coordinated closely with the government and other non-movement partners through CDEMA’s cluster meetings; however, since 6 October 2017, CDEMA no longer hosts regular meetings, but continuous exchange of information is taking place with partners and governments through meetings, reports and online trackers.

Proposed Areas for intervention

The overall objective of the operation is to support the DRCS to ensure that immediate humanitarian and early recovery needs of at least 15,000 people (5,000 families) affected by hurricane Maria in the most affected communities are met through the provision of cash transfers, health and care, water, sanitation and hygiene promotion, shelter support (including non-food items), RFL, DRR actions, as well as capacity development for the National Society.

Areas of Focus

**Shelter**

People targeted: 15,000 people (5,000 households)
Requirements (CHF): 2,662,369

Proposed intervention

**Needs analysis:**
Government and UNDP damage assessments showed that 18 per cent of Dominica’s houses are beyond repair, 25.5 per cent have major roof damage, 29 per cent have minor roof damage, 27 per cent have minimal roof damage and 0.5 per cent do not fall into any of these categories.

The revised EPoA focuses on houses with minor or minimal roof damage that belong to vulnerable families who meet the beneficiary selection criteria.

**Population to be assisted:**
In January 2018, the DRCS/IFRC conducted a joint assessment with all the areas that have been allocated to them through the shelter coordination mechanism either as lead agency or in coordination with the lead agency in the respective parish.

The IFRC is the lead agency in the parishes of Saint Mark, Saint Luke, Saint Paul (Campbell, Tarou, Cochrane), Saint Joseph (Layou) and the rural areas of Saint George; although, the final allocation of some areas in Saint George is still under discussion. In the parish of Saint Patrick, the DRCS/IFRC will cover the villages of Carse O’Gowrie, La Plaine, Laronde, Boetica, Laroche and Delices, in coordination with the lead agency in Saint Patrick.

According to the Damage Assessment Database, the percentage of major, minor and minimal damage is similar in the areas targeted by the IFRC; however, the final number of roofs that will be repaired is difficult to estimate, as it will depend on the number of roofs per category since the cost of the roof repairs is different for each category; additionally, labour costs and the size of the house will influence the cost of the repairs.

The following figures are estimates based on the most plausible scenario:

**Shelter Output 1.1:** Short, medium and long-term shelter and settlement assistance is provided to affected households
- Deployment of a surge staff member specialized in relief
- Assessment of shelter needs, capacities and gaps (Rapid assessment)
• Targeting and registration of beneficiaries
• Provision of technical training for volunteers and beneficiaries on the construction of emergency shelters and the use of tarpaulins
• Procurement and distribution of 10,000 tarpaulins (two per family)
• Essential non-food items for 5,000 families, 5,000 kitchen sets (one per family) 10,000 blankets (two per family), timber two rafters per family (part of relief distribution during emergency phase that included several sectors)
• Procurement and distribution of 2,500 shelter toolkits (part of relief distribution)
• Monitoring of the use of distributed shelter and household items as part of Post Distribution Monitoring survey for relief using ODK
• Deployment of staff members specialized in shelter recovery programming and construction
• Coordination with other relevant sectors for integrated recovery programming to support the revised shelter activities
• Identification of caseloads and verification of beneficiaries in different target groups, integrating gender, diversity and disability into the response
• Identification of the appropriate modality of support for each caseload
• Provision of support to affected population on Housing, Land and Property (HLP) issues. (assistance to 1,000 households [3,000 people] on the provision of title to land and/or house).
• Analysis of the local market to identify availability/access to shelter construction materials and procurement of shelter materials
• In coordination with CTP, design and implementation of cash transfer programming for cash for work programme, supporting the labour force (5 days x 5 people x 580 roofs repaired)
• Distribution of shelter construction materials to the affected population (900 houses + 100 houses with United Nations Development Programme (UNDP)
• Monitoring of the implementation of the shelter programme
• Post-distribution monitoring survey using Open Data Kit (ODK)
• Evaluation of the shelter support provided

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households
• Identification mobilization and training of 20 volunteers for shelter intervention
• Development of appropriate training material for awareness raising/training of volunteers
• Provision of technical support, build back safer guidance, awareness raising activities and induction training of the 900+100 target families to repair their house (build back safer)
• Identification and development of appropriate and safe local building techniques/practices standard roof construction for strong wind
• Awareness raising/training on local building techniques for 30 professional carpenters and 120 skilled workers (open to all interested community members). Organization of carpenter teams, contracts, the payment modality, the provision of tools and health and safety equipment
• Development and provision of appropriate technical support modalities and materials for the transfer of knowledge (technical guidance, training and messaging) to 2,000 households, including the set-up of a construction programme, documentation and the distribution of materials
• Monitoring of technical guidance, including supervision of the ongoing repair work
• Evaluation of adoption of technical guidance

Livelihoods and basic needs
People targeted: 3,000 people (1,000 households)
Requirements (CHF): 1,076,005

Proposed intervention

Needs analysis:
The impact of Hurricane Maria on housing throughout the island has been significant; the storm, heavy rains and mudslides demolished houses and ripped off roofs, destroyed power and water supplies, devastated crops and
trees, thereby disrupting the supply of food, water and basic supplies to more than 70,000 people. During this first stage, most of the affected families were either being hosted by relatives or friends or staying in one of the more than 100 collective centres established in town. Currently, many of the collective centres have closed and the displaced families were transferred to temporary government-run collective centres through the support of Engineers without Borders and other humanitarian agencies.

Dominican farmers are among the major producers of fruits and vegetables in the Caribbean region, and farmers earn much of their income from food exports; many farmers lost their livelihood due to the storm’s destruction of their fruit trees and crops.

Population to be assisted:
The livelihoods needs analysis demonstrated that the families whose houses were severely damaged or destroyed fall within the most vulnerable category. These families are being prioritized by the DRCS in the distribution of the cash grants. The DRCS selected the beneficiaries based on economic status, vulnerability status, access to safety nets and whether they have received cash or vouchers from other humanitarian actors or the local government.

The communities are engaged through the DRCS community volunteers, who compile the registration lists with the local leadership committees. Based on the initial household damage assessments, the IFRC’s target of 2,000 households (1,000 in urban areas during the emergency phase and 1,000 in rural areas during recovery phase) would cover an estimated 16 per cent of the families with highly damaged or destroyed homes. The cash grants are unconditional, and while they are being provided to beneficiaries based on shelter assessment, they are meant to cover the cost of necessities, as households that suffered substantial damage to their houses also lost many other essential items that are not related to shelter; however, as the grants are non-conditional, some beneficiaries are expected to choose to use the cash for home repair.

The 1,000 households that already received cash grants during the emergency phase were in Roseau’s urban areas (Saint George parish), namely the communities/towns of Bath State, Yampiece, Fortune, Stockfarm, Tarish Pit, Gutter village, Silverlake, Goodwill, Pottersville, Newtown, Kingshill and central Roseau. In the second distribution 1,000 households in rural areas will receive cash grants, including Loubiere (Saint George parish), Layou (Saint Joseph parish), Gallion, Soufriere, Scottshead (Saint Mark parish), Pointe Michel (Saint Luke parish) and Roseau’s rural areas.

Output 1.2: Basic needs assistance for livelihoods security, including food, is provided to the most affected communities

- Mobilize volunteers and conduct: CTP Refresher training to provide orientation on Hurricane Maria CTP Process (Beneficiary Communications, Assessment, Registration Distribution, monitoring and evaluation [M&E])
- Unconditional/multi-purpose cash distributions (pre-paid Visa debit cards) of XCD 1,220 (USD$450) to 1,000 selected households (3,000 people) during the emergency phase
- Programme sensitization with key stakeholders (financial institutions, store owners, community leaders, local authorities)
- Beneficiaries communication materials to raise awareness of the CTP, use of the cash grant and selection criteria
- Establish and activate feedback and complaints response mechanism (Established by first rotation)
- Mobilize surge technical staff in CTP (including for CTP/livelihoods assessment during the recovery phase)
- Assess and monitor market and Financial Service Provider status
- Conduct detailed assessments to identify eligible beneficiaries based on preset-selection criteria using ODK
- Registration and verification of selected beneficiaries using ODK
- Monitor complaints response mechanism
- Monitor card use
- Unconditional/multi-purpose cash distributions to 1,000 households (3,000 people) during recovery phase
- Post-distribution monitoring (including beneficiary satisfaction survey and final card reconciliation)
- Training for volunteers on CTP and its modalities
Health
People targeted: 15,000 people (5,000 households)
Requirements (CHF): 87,176

Proposed intervention

Needs analysis:
The wellbeing – mental and physical - of the country’s population is still at significant risk. Due to the stressful post-hurricane circumstances, assistance for handling that stress will be the most longstanding of health needs, and based on island-wide assessments, the materials needed to treat these problems are in short supply. Finally, the prevention of further injury and or illness needs through health promotion activities is a priority.

Population to be assisted: Population groups assisted with health activities through the operation include the following:

- 15,000 people (5,000 households) in four areas that received health items in emergency phase through relief distribution
- 3,000 people (1,000 households) that benefitted from health promotion during emergency phase
- 6,900 people (2,300 students and their households) that benefitted from hygiene promotion and distribution of hygiene items
- 4 communities that benefitted from restored public conveniences (toilets and washing areas)
- People in need of psychosocial support during emergency phase
- People in need of psychosocial support during recovery phase
- People receiving first aid in emergency phase who identified themselves by directly seeking medical attention

For PSS, the DRCS will identify people in need through general screening or referral in the four districts in which it is operating. For health promotion, the targeted population to be supported will mostly be the same as for the water and sanitation sector; therefore, the DRCS will combine its support and activities from the two sectors.

The targeted population is selected from the targeted 15,000 people (5,000 households). Many of the activities are targeting the same population groups but with different types of assistance or covering different time periods.

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population.
- Distribution of 10,000 long-lasting insecticide treated [mosquito] nets (LLITNs) (two per family) (this activity was part of relief distribution during emergency phase, which is divided between the relevant sectors).

Health Output 1.5: Psychosocial support provided to the target population
- PSS training for volunteers (completed)
- Hiring of a local PSS technical consultant for training, mentoring and debriefing of volunteers. (completed)
- Development of PSS material and activities for the affected population in emergency phase (completed)
- Development of PSS material and activities for the affected population in recovery phase
- Lessons learned workshop to debrief volunteers

Health Output 2.3: Community-based disease prevention and health promotion measures provided.
- Produce and distribute Information, Education and Communications (IEC) materials on disease prevention and health promotion and distribute them through home visits to the 1,000 most vulnerable households (3,000 people) in target communities, 2,300 students and their households (6,900 people) and 4 communities that benefitted from restored public conveniences (community engagement and accountability (CEA) to be used) (distribution combined with hygiene promotions activities; please see water and sanitation section)
Train and mobilize DRCS and community health volunteers in Epidemic Control for Volunteers (ECV)

**Water, sanitation and hygiene**

*People targeted: 15,000 people (5,000 households)*

*Requirements (CHF): 529,582*

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**Proposed intervention**

**Needs analysis:**

After hurricane Maria, approximately 90 per cent of the water infrastructure on the island was compromised or rendered non-operational. The DRCS was tasked with assisting the water company DOWASCO by providing safe, drinkable and accessible water to the affected population.

**Population to be assisted:**

A total of 40,000 Litres of water are being provided daily to the affected population. Red Cross water treatment units (WTU) continue to provide water in Dos D`Ane and seven other communities; the DRCS chose these based on whether there was access to a flowing water source, the water source had been compromised, there were any farms or industrial activities near the water source and if the water passed a turbidity test.

Population groups assisted with WASH activities through the operation include the following:

- 15,000 people (5,000 households) in four areas that received WASH items in emergency phase through relief distribution
- 3,000 people (1,000 households) that benefitted from hygiene promotion and distribution of chlorine tablets during emergency phase
- 6,900 people (2,300 students and their households) that benefit from hygiene promotion and distribution of chlorine tablets during recovery phase
- 4 communities benefit from restored public conveniences (toilets and washing area)
- Distribution of chlorine tablets (for 90 days) through schools (to 2300 students, benefiting their households) in recovery phase does not exclude students who belong to the 1000 households that received chlorine tablets (for 30 days) during the emergency phase. The distributions are separated by several months and therefore do not overlap

**WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities**

- Conduct training (induction training) for DRCS volunteers on carrying out water, sanitation and hygiene assessments¹. (completed)
- Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities (completed)
- Continuously monitor the water, sanitation and hygiene situation in targeted communities.
- Coordinate on target group’s needs and appropriate response with other WASH actors (collaboration meetings with different sectors, first aid, Samaritan’s Purse)

**WASH Output 1.2: Daily access to safe water which meets Sphere and World Health Organization (WHO) standards in terms of quantity and quality is provided to target population**

- Distribution of chlorine tablets to 15,000 people (5,000 households) (part of relief distributions: Distribution numbers pending review of documentation and consolidation of data)
- Distribute chlorine tablets, sufficient for 30 days to 3,000 people (1,000 households) through relief distributions during the emergency phase. (until December). (part of relief distributions: Distribution numbers pending review of documentation and consolidation of data)
- Distribute chlorine tablets, sufficient for 90 days, to 6,900 people (2,300 households with students) through hygiene promotion activities for 2,300 students at 6 schools
- Provide safe water to 7 targeted communities through water trucking and the operation of a mobile water treatment plant in the community of Dos D’Ane. Another water purification system will also be set up in

¹ The DRCS carried out this activity in November 2017.
Delices in the last week of February 2018. Trucked to seven different communities by IMC to support DOWASCO government water company

- Train population of targeted communities (on-the-job training for volunteers and community members on water treatment); 7 people in the village and 20 to 25 volunteers
- Monitor treatment and storage of water through household surveys and household water quality tests.

(1,000 most vulnerable households that receive chlorine tablets during the recovery phase)

**WASH Output 1.3: Adequate sanitation, which meets Sphere standards for quantity and quality, is provided to target population**

- Select the design for the 5 public conveniences (toilets and washing facilities based on consultation with targeted communities with considerations for cultural preference, safety, access for children and disabled, anal cleansing practices and menstrual hygiene as well as environmental impact and sustainability
- Construct 5 public conveniences (toilets and washing areas) in the communities of Loubiere, Citronier/New Town, and two in Point Michelle (total 4 communities)
- Ensure toilets are clean and maintained through collaboration with village authorities and communities where public conveniences have been reconstructed (the public conveniences are mainly used by fishermen and the homeless area)
- Carry out drainage, vector control, and solid waste management in targeted communities (mosquito proofing water storage drums, cleaning drains to ensure that water is not stagnant, mobilizing villagers and volunteers to clean the village to help with garbage disposal)

**WASH Output 1.5: Hygiene-related goods (non-food items [NFIs]), which meet Sphere standards and training on how to use those goods, is provided to the target population**

- Targeting and registration of beneficiaries (completed)
- Distribute buckets to 5,000 families (15,000 people). (one per family) (part of the relief distributions)
- Distribute 5,000 hygiene kits (part of relief distributions)
- Distribute 10,000 jerry cans (2 jerry cans per family) to 5,000 families (15,000 people) (part of relief distributions)
- Train population of targeted communities in the use of the distributed hygiene kits
- Monitor the use of the hygiene kits and water treatment products and user’s satisfaction through household surveys and household water quality tests

**WASH Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities**

- Conduct training for DRCS volunteers on carrying out water, sanitation and hygiene monitoring and evaluation actions

**WASH Output 2.2: Community-managed water sources that provide access to safe water are provided to target population**

- Provide safe water to 1,498 households in targeted communities by providing 4 water pumps to support the DOWASCO water company until it has access to electricity to operate its own pumps
- Monitor use of water through household surveys and household water quality testing

**WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.**

- Engage community on design and acceptability of water and sanitation facilities (specifically, instruct communities on how to clean and sanitize their public conveniences)
- Conduct hygiene promotion training for community health volunteers to disseminate basic hygiene messages through hygiene promotion activities that link with health promotion and first aid; 7 volunteers that will work in schools and 1,000 households and conveniences
- Design/Print IEC materials (including posters and flyers) to promote good hygiene in 6 schools, reaching 2,300 students and teachers and 1,000 households (3,000 people) (this activity has been combined with health output 2.3)
Disaster Risk Reduction
Requirements (CHF): 96,573

Proposed intervention

Needs analysis:
During the annual rain/hurricane season, the Caribbean’s many small island nations are exposed to heavy rainfall and strong winds that often bring destruction of life and property as well as and disruption of livelihoods. In Dominica there is a need for strengthened disaster preparedness, including early warning systems, emergency stock and training for staff and volunteers; additionally, there is a need to ensure that damaged buildings are repaired according to adequate building standards to make the communities as resistant as possible to future extreme weather events.

Population to be assisted:
While reconstruction activities focus on the households and areas that have been the worst affected, the DRR activities in this plan are designed to benefit the whole population of Dominica, (73,000 people). The DRCS will disseminate family disaster plans and community-based DRR mitigation activities to the communities. Overall strengthening of the disaster preparation and response capacities of the DRCS are one of the most important part of this operation.

DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.
- PASSA training for DRCS staff and volunteers to improve the DRCS’s capacity to provide shelter assistance
- Community early warning system training in select affected communities as part of the development of regional early warning system (EWS) in the Caribbean
- Develop a disaster risk reduction/disaster preparedness and awareness campaign
- Printing of sensitization materials and the dissemination of key messages in communities and schools.
- Training for volunteers on disaster risk reduction and early warning
- Support the development of family disaster plans (home visits to develop emergency family plans and the preparation of emergency backpacks)
- Training and equipping of CERTs (training for community brigade staff, acquisition and distribution of kits for first response brigade, conduct drills at the community level)
- Roadmap to resilience training for DRCS volunteers and staff
- Support the development of family disaster plans (home visits to develop emergency family plans and the preparation of emergency backpacks)
- Training and equipping of CERTs (training for community brigade staff, acquisition and distribution of kits for first response brigade, conduct drills at the community level)
- Roadmap to resilience training for DRCS volunteers and staff

Migration
Requirements (CHF): 22,200

Proposed intervention

The DRCS has completed all the operation’s RFL activities.

Migration Output 1.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster
• Deployment of RFL surge capacity to support the DRCS
• Provision of RFL equipment
• Provide access point to telecommunications and other RFL services
• Prioritization of requests for RFL among vulnerable groups (e.g. children, elderly, persons with special needs)
• Training of DRCS personnel in RFL
• Receipt and distribution of messages to assist affected people with RFL

Strategies for Implementation

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration. More details are in the EPoA.

Budget

See attached IFRC Secretariat budget (Annex 1) for details. With 5,501,910 Swiss francs of multilateral contributions and 454,063 Swiss francs of bilateral contributions received, the net multi-lateral needs amount to 1,004,239 Swiss francs.

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Secretary General
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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.
## EMERGENCY APPEAL

**Appeal Name:** HC MARIA  
**MDRDM003**

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>Multilateral Response</th>
<th>Inter-Agency Response</th>
<th>Bilateral Response</th>
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### Available Resources

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**NET EMERGENCY APPEAL NEEDS** | 1,004,239 | 0 | 0 | 1,004,239