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Revised Emergency Appeal Dominica: Hurricane Maria

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n°
MDRDM003

Glide n° TC-2017-000136-DMA

20,000 people to be assisted

CHF 239,232 DREF allocated

CHF 7,6 million New Appeal budget

CHF 137,000 Swiss francs funding
needs

Appeal launched 21 September 2017

Revision n° 3 issued 27 February
2019

Appeal ends 30 June 2019

Extended 3 months

This revised Emergency Appeal seeks a total of **CHF 7,6 million**, reflecting a budget increase from **CHF 6,9 million**. An additional funding requirement of **CHF 98,602** and a three-month timeframe extension will enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Dominica Red Cross Society (DRCS)** to implement **disaster risk reduction (DRR)** activities for communities targeted by other activities in the areas of: **Shelter, livelihoods and basic needs; health; water, sanitation and hygiene promotion (WASH); National Society development** that have been already concluded. There is an increase of the target number of people to **20,000** to reach people outside the scope of other implemented activities. The revised plan updates key outputs and activities required by the response. Detailed 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 kilometres per hour, causing severe damage and cutting off communication with the island.

19-21 September 2017: IFRC Surge Capacity deployed consisting of a Field Assessment and Coordination Team (FACT), a Regional Disaster Response Teams (RDRT) and an 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 n° 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 3 months)

07 December 2018: The IFRC issues [Operations Update n° 3](#), extending the operation to 18 months (an additional 3 months)

19 February 2019: The IFRC issues revised Emergency Appeal n° 3 seeking 7,6 million Swiss francs to assist 20,000 people for 21 months (an additional 3 months) to strengthen DRR.



*Roseau, DRCS volunteers deliver relief items to a community member affected by the hurricane through the DRCS/IFRC Relief programme.
Source: DRCS*

The operational strategy

The initial operation strategy allowed Dominica Red Cross Society to address the immediate and early recovery needs of some 20,000 people in the most vulnerable communities affected by hurricane Maria in Dominica. The timeframe and budget extension for the appeal will allow the Dominica Red Cross Society to implement an exit strategy that aims to continue building resilience of target communities. The operation will focus on a **disaster risk reduction** component that targets **12,500 people**.

This component will supplement the operations achievements in the original operational strategy. In the previous months the operation reached **19,155 people** with **shelter** support (including non-food items), **5,820 people with provision of support livelihood and basic needs**, **10,521 people** with health and care support, **1,910 people** with **water, sanitation and hygiene promotion** activities, **529 people** benefited from **restoring family links** (RFL) services, and the National Society benefited from **capacity development** activities. The activities in these areas of intervention have been completed.

Updated needs analysis

Disaster risk reduction

Dominica's geographic location makes it vulnerable to natural and anthropogenic disasters, which could entail disproportionate economic, social, and environmental impacts for an island of 73,800 inhabitants. The frequency and intensity of these phenomena are constant impediments to Dominica's growth and sustainability and hinder the eradication of poverty on the island; hence, after relief activities phase out, developing disaster risk reduction activities are a key factor for building communities' resilience. The current capacity of the National Society will allow for successful intervention in this area.

Shelter

Due to an increase of labour and operational costs, including shipping costs, which were not factored into the Appeal budget or the revised [Emergency Appeal n° 2 budget](#) issued in March 2018, the DRCS reduced the target of 1,000 hurricane resistant roofs to 550 roofs (a 45 per cent target reduction). The National Society has decided not to further in this goal as that this is the scope of intervention that can be managed ensuring the quality of intervention.

Livelihoods and basic needs

Working with various partners, the DRCS has undertaken cash transfer activities; nonetheless, the DRCS's experience to date in this area is limited. Few DRCS staff members have engaged in CTP, and the National Society's approach to the sector have been largely determined by the requirements of the lead agencies; consequently, there is a need to strengthen knowledge of Livelihoods and CTP so that the DRCS can more effectively implement sectorial activities during a disaster response.

The assessment indicated that Hurricane Maria impacted livelihoods throughout Dominica, including in the agriculture, fishing and tourism sectors. The disaster led to loss of income, assets and agricultural production, and created a situation of vulnerability and food insecurity for the population. The WFP estimates that approximately 24,000 people are severe or borderline food insecure as a result of the hurricane. Households, whose livelihoods were affected, are having difficulty coping with the loss of income needed to cover food and other basic needs. Several interviewed households whose main source of income is agriculture, tourism or fishing, indicated that their only source of food is the humanitarian assistance provided by the Government with assistance of the international development partners. Households that engaged in non-permanent seasonal labor, like in the tourism and agricultural sectors, have been severely impacted by the hurricane.

Health

All the country's healthcare facilities suffered varying degrees of damage from the hurricane (some were destroyed by the strong winds or flooded, while others were only mildly impacted). The restoration of services has begun, but the process has been slowed by damaged infrastructure and limited human resources. The main needs are providing medical care to the population, promoting healthy behaviours, and preventing disease outbreaks. Due to the stressful post-hurricane circumstances, a substantial need for psychosocial support (PSS) has been identified as the most longstanding of health needs; this need continues to be addressed through provision of PSS during the recovery phase where 379 people are targeted to be reached and 15 volunteers involved.

Water, sanitation and hygiene promotion (WASH)

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 85 per cent of the island's water services. A smaller number of affected people continue to collect water from nearby rivers and streams, with intermittent supply of water trucking by DOWASCO. This still poses an increased risk of outbreaks of waterborne diseases in areas that have not received full restoration of water services. Considering the vulnerability of Dominica to disasters, WASH-related emergency preparedness and outbreak response has become one of the most significant and crucial public health issues in the country

National Society Development

The DRCS has a strong emergency response capacity, but there are areas which need to be improved to enhance its efficiency, effectiveness and accountability. The DRCS has conducted assessments of its preparedness and response actions in relation to Hurricane Maria. The assessments highlight the good work done by the DRCS, acknowledging the timely and proportionate response and degree of coordination with other agencies, while making various recommendations for improving contingency planning, capacity assessments, strengthening the roster system and enhancing data collection, and the monitoring of grants.

Over the years, the DRCS has developed various regulations, policies, guidelines and tools to support its work. The DRCS has a disaster management policy that undertakes contingency planning when necessary, and it has developed standard operating procedures (SOPs) that are customized for different thematic areas; however, they have not been rolled out in a systematic way, and therefore, the DRCS is lacking the standardization needed to ensure a consistent response across the organization and a strengthened focus on affected communities. There is also a need to review, update, harmonize and strengthen all disaster management policies and guidance documents, which would provide a stronger framework for the DRCS's preparedness and response operations; additionally, this process should include formal management approval of key DRCS policies, procedures, and strategies.

The DRCS carries out multiple humanitarian relief operations each year, allowing it to collect information that could be useful for learning and influencing decision-making; however, this data has not been consistently analysed or utilized, resulting in the loss of opportunities for improvement within the DRCS and beyond. Therefore, there is a need to improve information management in data collection, analysis, storage and usage, and to improve future risk analysis. To date, limited attention has been geared towards disaster surveillance, modelling or forecasting. Improvements in this area will enable the DRCS to enhance risk reduction, improve early warning and enhance preparedness planning. The DRCS responds to multiple small and medium-sized disasters, which seldom attract much public attention, thus making it difficult to generate funding to cover the cost of responding to them; hence, here is a need for the DRCS to create a system that will support the costs of assessments of and responses to smaller, low-profile disasters.

Beneficiary selection

The shelter sector is this operation's largest component. The DRCS has followed the next approach to select beneficiaries and implement shelter actions:

- **Type A:** Any house constructed following the building code may receive a new or repaired roof that complies with the building code.
- **Type B:** Any house that is not constructed following the building code but is structurally sound enough to receive an interim roof as per code. These houses will be flagged for the government as they will need future retrofit. In this case, the contract signed with the beneficiary will have a stamp noting: "Mandatory Evacuation after Government Alert". The roofs constructed for type B houses would therefore be categorized as interim hurricane resilient roofs.
- **Type C:** The structure of the house does not allow an interim roofing solution or is destroyed. The house needs to be completely rebuilt or relocated if in a high-risk area. If a house is categorized as type C, the households name will be taken off the list and flagged for the government. In cases in which the owner or a government programme can reinforce type C houses, the DRCS would list them as type B and support them accordingly.

Since the DRCS is not conducting structural work on damaged houses, it can only repair roofs for housing types A and B as explained. In coordination with the Dominica Inter-Agency Housing and Settlement Working Group, the DRCS developed beneficiary selection criteria for resilient roofing, which the government of Dominica later approved.

| CORE CRITERIA | | | |
|------------------------|---|---|---|
| No. | Criteria | Description | Means of verification |
| 1 | Home or apartment was SEVERELY DAMAGED because of the disaster | Major damage: More than 50% of the roof is gone, interior exposed Severe damage: Between 50% and 25% of roof is gone, interior exposed | - Government list - Shelter assessment |
| 2 | Damaged home or apartment is beneficiary's own PRIMARY RESIDENCE | The beneficiary does not have a second home or own land elsewhere | - Village council - Land owner certificate |
| 3 | House not situated in hazard area | | - Hazard maps |
| VULNERABILITY SECTIONS | | | |
| 1 | Economic Status | No other income other than pension/social benefit | |
| | | Loss of labour opportunities (unemployed) because of disaster | |
| | | Loss of livelihood (crops, livestock, business, etc.) | |
| 2 | Vulnerability Status (one or more) | With dependent children up to the age of 17 | |
| | | With dependents over the age of 65 | |
| | | With dependents who are chronically ill | |
| | | With dependents who are disabled (mentally or physically) | |
| | | Single-headed household (single mother, father or grandparents) | |
| | | With pregnant or lactating women | |

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 (IT), Shelter and telecommunications (ITT) Emergency Response Units (ERUs) including ICRC RFL Expert supported by American Red Cross, the Canadian Red Cross Society, the Netherlands Red Cross, Finnish Red Cross, French Red Cross, Icelandic Red Cross, New Zealand Red, Swiss Red Cross and the International Committee of the Red Cross (ICRC). The consultations were made with ICRC on provision of RFL services in Dominica. During the operation, the IFRC has supported the DRCS on a broad array of technical areas such as information management (IM), information technology (IT), innovation, and planning, monitoring, evaluation and reporting (PMER), among others.

Proposed Areas for intervention

The overall objective of the operation revision is to extend the immediate support the DRCS provided to address the early recovery needs to assist a total of 20,000 affected by hurricane Maria in the most affected communities. **The intervention has completed all activities** in the areas of shelter support (including non-food items), provision of livelihood and basic needs, health and care, water, sanitation and hygiene promotion, restoring family links (RFL), as well as capacity development for the National. **In addition to this, the operation is integrating a disaster risk reduction component in order to build resilience among vulnerable people in Dominica.**

Areas of Focus



Disaster Risk Reduction

People targeted: 12,500 people

Requirements: CHF 386,000

Proposed intervention

Population to be assisted: While reconstruction activities focus on the households and areas that have been the worst affected (12,500 people), this plan's DRR activities are designed to benefit the entire population of Dominica (73,800 people). The DRCS will disseminate family disaster plans and community-based DRR mitigation activities to the communities. The strengthening of the DRCS's disaster preparation and response capacities are one of the most important part of this operation.

DRR Outcome 7: The DRCS's capacity to support community-based disaster risk reduction, response and preparedness is strengthened.

DRR Output 7.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

- Activities related to increasing DRCS's capacity and the communities they serve to prepare for disasters.
- Activities related to Increasing response efficiency (time, money) and accountability
- Implement interventions geared towards increasing sharing of learning from DRCS preparedness and response operations

The activities in the following areas of intervention have been concluded.



Shelter

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

People reached: 6,385 households (19,155 people)

Requirements (CHF): 3,141,000

The activities under this area of focus have been completed.

Population 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. In the parish of Saint Patrick, the DRCS/IFRC is covering the villages of Carse O'Gowrie, La Plaine, Laronde, Boetica, Laroche and Delices, in coordination with the lead agency.

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.

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.

Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households.

- Deployed of 4 surge staff members specialized in relief
- Assessment of shelter needs was conducted, identified capacities and gaps (Rapid assessment)

- Targeting and registration of 5,000 beneficiaries
- Provided technical training to 20 volunteers and 1127 beneficiaries on the construction of emergency shelters and the use of tarpaulins
- Procured and distributed 10,000 tarpaulins (two per family),
- Provided essential non-food items for 5,000 families, 5,000 kitchen sets (one per family) 10,000 blankets (two per family), 2 timber rafters per family (part of relief distribution during emergency phase that included several sectors).
- Procured and distributed 1,127 shelter toolkits (part of relief distribution)
- Monitored the use of distributed shelter and household items as part of Post Distribution Monitoring survey for relief using ODK.
- Deployed 2 staff members specialized in shelter recovery programming and construction
- Coordinated with other relevant sectors for integrated recovery programming to support the revised shelter activities
- Identified 790 caseloads and conducted verification of beneficiaries in different target groups, integrating gender, diversity and disability into the response
- Identified the appropriate modality of support for each caseload.
- Provided support to affected population on Housing, Land and Property (HLP) issues. (assistance to 559 households [1,677 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 completed.
- 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 550 roofs repaired)
- Distributed shelter construction materials to the affected population reaching 559 families
- Monitoring of the implementation of the shelter programme
- Post-distribution monitoring (PDM) survey using Open Data Kit (ODK) completed
- 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

- Identified, mobilized and training of 20 volunteers for shelter intervention
- Developed appropriate training materials for awareness raising/training of volunteers
- Provided technical support build back safer guidance, awareness raising activities and induction training of the 500 families to repair their house (build back safer),
- Identified and developed appropriate and safe local building techniques/practices standard roof construction for strong winds.
- Awareness raising/training on local building techniques for 65 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 completed.
- Developed and provided appropriate technical support modalities and materials for the transfer of knowledge (technical guidance, training and messaging) to 559 households, including the set-up of a construction programme, documentation and the distribution of materials.
- Monitoring of technical guidance, including supervision of the completed repair work.
- Evaluation of the adoption of technical guidance



Livelihoods and basic needs

People targeted: 3,000 people (1,000 households)

People reached: 5,820 people (1,940 households)

Requirements (CHF): 1,138,000

The activities under this area of focus have been completed.

Population assisted: Between November 2017 and March 2018, the DRCS, with the support of the IFRC, distributed pre-paid Visa debit cards (each card contained USD482) to 1,940 households for a total amount of USD 915,843. The DRCS did not reach the target of 2,000 households because it did not have the required

personnel in place toward the end of the CTP intervention, preventing it from carrying out the necessary assessments. The DRCS distributed the cards in two phases: The National Society carried out the first phase from November 2017 to January 2018, reaching 995 households in 23 communities; the DRCS conducted the second phase from February 2018 to March 2018, reaching 945 households in 29 communities. The DRCS used vulnerability criteria such as the number of elderly family members and low-income households with children or persons with special needs to select the target beneficiaries from the most vulnerable among those whose homes had been damaged or destroyed. Guided by the availability of financial services outside Roseau, the DRCS continued to update the initial market analysis conducted in September 2017 to confirm the relevance of the cash grant amount and modality of payment; this analysis has also been useful for determining the modality of payment for the cash for work Programme and supporting the shelter sector's hiring of workers to provide roof repair services. The DRCS conducted a detailed livelihoods assessment, and there is a large need for support from partners moving forward in 2019.

The DRCS completed the distribution for lot 2 in April 2018, and it conducted a PDM for lot 1 of the CTP on 20 April 2018. The PDM covered 20 per cent of the beneficiaries from lot 1 (220 households). The DRCS completed the lot 2 PDM on 17 May 2018, covering 262 households (more detailed information on the livelihoods sector is available on the operation's [Dashboard](#)). The PDM is a tool which aims to systematically collect and analyze information about the project as it progresses. The conclusions of the PDM are used for feedback as part of the project cycle to improve how assistance is designed and delivered and to ensure that the Programme is responsive to beneficiaries' preferences and sensitive to potential protection risks and market distortions that could be caused by cash assistance.

Livelihoods Outcome 2: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.

Livelihoods Output 2.1: Basic needs assistance for livelihoods security, including food, is provided to the most affected communities.

- Mobilized 20 volunteers who conducted: Cash Transfer Programme (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 995 selected households (2,985 people) during the emergency phase completed
- Programme sensitization with key stakeholders (financial institutions, store owners, community leaders, local authorities)
- Developed beneficiary communication materials to raise awareness of the CTP, use of the cash grant and selection criteria
- Established and activated feedback and complaints response mechanism (Established during first rotation)
- Mobilized 8 surge technical staff in CTP (including for CTP/livelihoods assessment during the recovery phase)
- Assessed and monitored market and Financial Service Provider status
- Conducted detailed assessments to 1,948 identified eligible beneficiaries based on pre-set selection criteria using ODK
- Registration and verification of 1,948 selected beneficiaries using ODK
- Monitored complaints response mechanism
- Monitored card use
- Unconditional/multi-purpose cash distributions to 948 households (2844 people) during the recovery phase
- PDM (including beneficiary satisfaction survey and final card reconciliation) where 400 beneficiaries participated.
- Training for 10 volunteers on CTP and its modalities



Health

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

People reached: 10,521 people (3,507 households)

Requirements (CHF): 64,000

The activities under this area of focus have been completed.

Population assisted: Population groups receiving assistance through the operation's health activities included the following:

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

Many of the DRCS's activities are targeting the same population groups; however, the activities either offer alternate forms of assistance or cover different time periods. For PSS, the DRCS is identified people in need through general screening or referral in the four districts in which it is operating. For health promotion, the targeted population supported is mostly the same that is being covered by the water and sanitation sector; therefore, the DRCS has combined its support and activities from the two sectors.

Health Outcome 3: The immediate risks to the health of affected populations are reduced.

Health Output 3.1: Community-based disease prevention and health promotion is provided to the target population.

- Distributed 3,508 long-lasting insecticide treated [mosquito] nets (LLITNs) (two per family) (this activity was part of relief distribution during emergency phase, which was divided between the relevant sectors)

Health Output 3.2: Psychosocial support provided to the target population

- PSS training for 15 volunteers
- Hired a local PSS technical consultant for training, mentoring and debriefing of volunteers.
- Developed PSS material and activities for the affected population in emergency phase
- Developed PSS material and activities for the affected population in recovery phase
- Lessons learned workshop to debrief 379 volunteers completed.

Health Outcome 4: The medium-term risks to the health of affected populations are reduced.

Health Output 4.1: Community-based disease prevention and health promotion measures provided.

- Produced and distribute Information, Education and Communications (IEC) materials on disease prevention and health promotion and distribute them through home visits to the 1,150 most vulnerable households (3,450 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 (40) in Epidemic Control for Volunteers (ECV) is not completed.



Water, sanitation and hygiene

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

People reached: 3,970 households (11,910 people)

Requirements (CHF): 332,000

The activities under this area of focus have been completed.

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

- 9,030 people (3,010 households reached) in four areas that received WASH items during the emergency phase's relief distribution
- 3,345 people (1,115 households) that benefitted from hygiene promotion and distribution of chlorine tablets during the emergency phase.
- 6,900 people (2,300 students and their households) benefitted from hygiene promotion and distribution of chlorine tablets during the recovery phase
- 4 communities not yet benefitted from restored public conveniences

The DRCS distributed chlorine tablets (for 90 days) to 2,300 students, benefitting their households during the recovery phase; this included the students from the 1,000 households that received chlorine tablets (for 30 days) during the emergency phase. The distributions were separated by several months and therefore did not overlap.

WASH Outcome 5: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

WASH Output 5.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

- Conducted training (induction training) for 11 DRCS volunteers on carrying out water, sanitation and hygiene assessments¹.
- Conducted initial assessment of the water, sanitation and hygiene situation in targeted communities
- Continuously monitored the water, sanitation and hygiene situation in targeted communities.
- Coordinated on targeted group's needs and appropriate response with other WASH actors (collaboration meetings with different sectors, first aid, Samaritan's Purse).

WASH Output 5.2: 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 this activity was not completed as the government put on hold the distribution of water treatment tablet) 3010 households had been reached before the stop.
- 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: This activity was stopped following the government decision the remaining tablets are in the warehouse 0 Households had been reached against the targeted 3000 before the stop directive)
- 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. This activity also was stopped following the government decision the remaining tablets are in the warehouse 1150 people had been reached against the targeted 6,900 before the stop directive
- Provided safe water to 7 targeted communities (reached 1552 households) through water trucking and the operation of a mobile water treatment plant in the community of Dos D'Ane. Another water purification system was also set up in Delices in the last week of February 2018. Trucked to seven different communities by IMC to support the Dominica Water and Sewerage Company Limited (DOWASCO)
- Trained 1204 people in the population of targeted communities (on-the-job training for volunteers and community members on water treatment); where 7 people in the village and 20 to 25 volunteers had been targeted.

¹ The DRCS carried out this activity in November 2017.

- Monitored treatment and storage of water through household surveys and household water quality tests (the 3,010 most vulnerable households that receive chlorine tablets during the recovery phase)

WASH Output 5.3: Adequate sanitation, which meets Sphere standards for quantity and quality, is provided to target population.

- Selected 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) This activity was not rolled out due to funding challenges.
- Construct 5 public conveniences (toilets and washing areas) in the communities of Loubiere, Citronier/New Town, and two in Point Michelle (total 4 communities). This activity has not started due to funding.
- 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). This intervention did not receive funds and still a priority need in the community.
- Carried out drainage, vector control, and solid waste management reaching 3010 households in targeted 3000 households in the communities (mosquito proofing of 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 were the interventions rolled out).

WASH Output 5.4: 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.

- Targeted and registered 8766 beneficiaries for hygiene related NFIs
- Distributed buckets to 3,132 families (9,396 people) (one per family) (part of the relief distributions)
- Distributed 3,237 hygiene kits (part of relief distributions)
- Distributed 10,000 jerry cans (2 Jerry cans per family) to 5,000 families (15,000 people) (part of relief distributions)
- Trained 2300 people in the targeted communities on the use of the distributed hygiene kits.
- Monitored the use of the hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.

WASH Outcome 6: Sustainable reduction in risk of waterborne and water- related diseases in targeted communities in the recovery phase.

WASH Output 6.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities

- Conducted training for 40 DRCS volunteers on carrying out water, sanitation and hygiene monitoring and evaluation actions

WASH Output 6.2: Community-managed water sources that provide access to safe water are provided to target population

- Provided 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
- Monitored the use of water through household surveys and household water quality testing

WASH Output 6.3: Hygiene promotion activities are provided to the entire affected population.

- Engaged community on design and acceptability of water and sanitation facilities (specifically focused on, instruct communities on how to clean and sanitize their public conveniences)
- Conducted hygiene promotion training for community health volunteers to disseminate basic hygiene messages through hygiene promotion activities that link with health promotion and first aid; reaching 3010 households (7 volunteers worked in schools and the targeted households and conveniences)
- Designed and printed 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)



Migration

People targeted: Not established

People reached: 805 people

Requirements (CHF): 19,000

The activities under this area of focus have been completed.

Migration Outcome 8: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination).

Migration Output 8.1: Family links are restored for people separated from, or without news of, their loved ones because of the disaster.

The operation achieved the following:

- Deployed 2 RFL surge capacity to support the DRCS
- Provided one RFL equipment
- Provided access point to telecommunications and other RFL services where 805 people accessed and used the services.
- Prioritized requests for RFL among vulnerable groups (e.g. children, elderly, persons with special needs)
- Trained 6 DRCS personnel in RFL
- Received and distributed of 529 messages to assist affected people through the provision of RFL services

Strategies for Implementation

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions have been 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 available in the Emergency Plan of Action.

Budget

Please see the attached IFRC Secretariat budget (Annex) for details. With **7,603,000 Swiss francs** of multilateral contributions and **CHF 565,000** Swiss francs of bilateral contributions received, the net multi-lateral needs amount to **CHF 98,602** Swiss francs.

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| International Federation of Red Cross and Red Crescent Societies | |
| EMERGENCY APPEAL | |
| <i>MDRDM003.HC Maria</i> | |
| <i>Funding requirements - summary</i> | |
| | |
| DISASTER RISK REDUCTION | 386,000 |
| SHELTER | 3,141,000 |
| LIVELIHOODS AND BASIC NEEDS | 1,138,000 |
| HEALTH | 64,000 |
| WATER, SANITATION AND HYGIENE | 332,000 |
| INCLUSION, GENDER AND PROTECTION | 0 |
| MIGRATION | 19,000 |
| STRENGTHEN NATIONAL SOCIETY CAPACITIES | 240,000 |
| ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT | 1,718,000 |
| INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS | 0 |
| ENSURE A STRONG IFRC | |
| TOTAL FUNDING REQUIREMENTS | 7,038,000 |
| | |
| Bilateral Contributions | 565,000 |
| | 7,603,000 |

Elhadj As Sy
Secretary General

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

Contact information

For further information, specifically related to this operation please contact:

In the Dominica Red Cross Society

- Mrs. Sandra Charter-Rolle Director General
E-mail: directorgeneral@redcross.dm

In the IFRC Country Cluster Support Team (CCST):

- Kwan Ho Timothy LAM, acting head of the English-speaking Caribbean's CCST and operations coordinator, email: Timothy.LAM@ifrc.org

In the IFRC regional office for the Americas:

- Iñigo Barrena, Head of the Disaster and Crisis Department; email: ci.barrena@ifrc.org
- Felipe Del Cid, Continental Operations Coordinator for Disaster and Crisis Department; email: felipe.delcid@ifrc.org
- Mauricio Bustamante, Regional Logistics Unit Coordinator; email: mauricio.bustamante@ifrc.org
- Diana Medina, Communications Unit Coordinator for the Americas; email: diana.medina@ifrc.org

For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer; email: marion.andrivet@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries)

- Paula Martes; Planning, Monitoring and Reporting Team Coordinator; email: paula.martes@ifrc.org

In Geneva:

- Javier Ormeño, Senior Officer, Operations Coordination, Disaster and Crisis (Prevention, Response and Recovery); email: javier.ormeno@ifrc.org

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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
