

www.ifrc.org  
Saving lives,  
changing minds.

## International appeal Haiti and the Dominican Republic: Cholera prevention

 International Federation  
of Red Cross and Red Crescent Societies

### Cholera appeal n° MDR49008 Operation update n° 1 10 July 2014

**Period covered by this Ops  
Update: 5 December 2013 to 30 April 2014. This update  
represents a five-month summary.**

**Appeal target (current):** 11,244,952 Swiss francs

**Appeal coverage** 9% by 30 April 2014

#### Appeal history

- This [preliminary emergency appeal](#) was launched on 5 December 2013 for 11,244,952 Swiss francs for 24 months to assist 600,000 beneficiaries.
- This operation update provides progress on the implementation of the Cholera Appeal as well as the changes anticipated.



**Field visit: Community members using water from a source that was rehabilitated by the German Red Cross after being contaminated by cholera. Source: IFRC**

**Summary:** The IFRC, the Haitian Red Cross and the Dominican Red Cross in coordination with the Coalition to Eliminate Cholera in Hispaniola have identified their role and responsibilities in eliminating cholera in the 2 countries during the first phase (24 months) of the respective countries' national ten-year plans issued either jointly or separately by their Ministries of Health and Water and Sanitation Agencies that aim to eliminate cholera on the dual-nation island.

The appeal was launched in December 2013 and the operation began in January 2014 with a great deal of work being done with respect to resource mobilization and coordination between partners in Haiti. The IFRC Cholera Coordinator, a Regional Intervention Team (RIT) Delegate seconded by the Canadian Red Cross, commenced her 3-month mission in February 2014 while the HRC Cholera Coordinator was appointed in March 2014. Recruitment is currently underway for a permanent IFRC Cholera Coordinator to support the project until December 2015.

Key activities during the reporting period include:

- A mapping of existing Participating National Societies (PNS) cholera and WASH-related programming at the beginning of the operation to understand which departments and communes each PNS was actively working in.
- Field visits and discussions with each donor PNS to understand the details of the funds they have available for cholera-elimination activities. The result of these meetings was the clarification that most funds will be implemented bilaterally either by the donor PNS, another PNS or the Haitian Red Cross (HRC), and that some partners will be contributing to the Dominican Republic portion of the appeal.
- Completion of regional planning matrices which outline which PNS will implement which plan of action (POA) activity in which communes. This was done for West, Centre, Artibonite, South and south-east departments. A similar matrix was made for activities to be implemented by HRC headquarters.

Planning of activities in the Grand North: north-west, North and north-east departments is still ongoing.

- Regular bi-weekly Movement Cholera Coordination meetings have taken place between 10 February and 14 April 2014. Terms of Reference (TOR) have been developed for the coordination group. The TOR will guide the group in conducting its coordination activities
- Two Heads of Delegation meetings have also been held to discuss the funds committed to cholera elimination activities to date (both multilaterally and bilaterally). In addition, one meeting was held between HRC, PNS and IFRC to review project indicators so as to come up with common indicators that would be used for the purpose of reporting on Cholera activities as a Movement.
- A Project Proposal is being prepared where all the Movement's Cholera activities will be included. This would also lead to the revision of this Cholera Appeal.

The ICRC and several PNS number are currently implementing activities that contribute to the elimination of cholera The PNS include: Norwegian Red Cross, Spanish Red Cross, Swiss Red Cross, French Red Cross, Canadian Red Cross, German Red Cross, American Red Cross, Netherlands Red Cross and Japanese Red Cross. The activities that will be funded through the IFRC appeal will likely start in June 2014.

The Cholera Appeal has so far received 960,947 Swiss francs from the reallocation of funds from the Earthquake Appeal. This includes 660,947 Swiss francs from Italian Red Cross and 300,000 from IFRC unearmarked funds. Bilaterally participating national societies (PNS) have identified up to 8.3 Million US Dollars in funding for cholera elimination work. Out of this amount already received, 96,131.00 have been allocated to the DRC. The global impact of the Red Cross Red Crescent Movement's efforts against cholera will be reported through Federation Wide reporting based on common indicators identified and agreed upon. This operations update provides a progress report on planning and coordination activities carried out under the IFRC Cholera Appeal.

**It's important to highlight that the appeal is being revised and the updated appeal document will be published at the end of July.**

## The situation

Up until October 2010, when the first of the recent cases of cholera were reported in Haiti, the country had been completely free of cholera for over 100 years. Over the course of the past three years, however, the country's caseload has become the highest in the world. At present, 49 per cent of the global caseload of cholera comes from countries in the Americas, with the overwhelming majority of these cases occurring in Haiti and the Dominican Republic. More than 650,000 Haitians have contracted cholera since October 2010, and the disease has killed over 8,300 people in Haiti. The incidences of cholera rose during 2013's rainy season, following a pattern seen in 2011 and 2012; also, in the Dominican Republic, over 30,000 people have contracted cholera and 454 have died as a result of the disease since November 2010.

Only 69 per cent of Haiti's population has regular access to clean water, while the country's infrastructure for sanitation remains practically non-existent, with only 27 per cent of the population having improved sanitation.

The number of actors implementing activities to prevent and respond to cholera in Haiti and the Dominican Republic has significantly declined because of the lack of available funding. In January 2012, the governments of Haiti and the Dominican Republic, with the support of the United Nations, and the World Health Organization's Pan-American Health Organization (WHO-PAHO) issued a Call to Action to work towards the permanent elimination of the disease in Hispaniola.

The approach of the 2012 Call to Action towards eradicating the disease is based on the international community's collective findings that the best way to completely stop the ongoing cholera epidemic, and to prevent/eliminate future incidences of the disease is to bring Haiti's water and sanitation coverage up to regional levels, while working with vulnerable communities to raise awareness about what measures individuals can take at the household level to prevent and treat cholera. The communities which have proven to have the least resistance to the disease are those communities which are living in poverty and/or have substandard access to water and sanitation.

Following the 2012 Call to Action the Haitian government and the government of the Dominican Republic, with input from regional and international organizations with an expertise in water, sanitation and public health such

as the Haitian Red Cross, the Dominican Red Cross and the IFRC, developed ten-year national action plans that outline investments and actions needed to eliminate the transmission of cholera by 2022.

Responding to a request from the Haitian and Dominican Red Cross, IFRC launched an Emergency Appeal to provide support to the National Societies in providing appropriate and timely response. The programme focus is on water and sanitation and health sectors.

In Haiti, since the beginning of the epidemic (October 2010) and until 10 March 2014, there have been 700,541 cholera cases, of which 391,751 were hospitalized (55.9 %) and 8,546 died. The cumulative case-fatality rate remains 1.2 %, with variations ranging from 4.4 %, in the department of south-east to 0.6 %, in Port-au-Prince.

Between 1 January and 10 March of 2014, 3,850 cholera cases had been recorded, including 18 deaths (the cumulative case-fatality-rate for 2014 is 0.5%), signifying a weekly average of 385 cases and 2 deaths. This is lower than what was registered in 2013 (weekly average of 1,106 cases and 9 deaths), in 2012 (4,429 cases and 77 deaths weekly average), and in 2011 (29,167 cases and 243 deaths weekly average). Thus far in 2014, a decreasing trend in cases and deaths has been recorded, even with all departments continuing to record new cases.<sup>1</sup>

In Dominican Republic between 1 of January and 30 March of 2014, 42 cases and 0 deaths, 25 cases were studied by laboratory, 4% (1/26) of positivity. Accumulated is 1-5/2013: 621 cases, 07 deaths, 139 cases analyzed by laboratory, 45 cases were confirmed, to 32% of positivity and 04 confirmed deaths.

The epidemic's spread has slowed compared to 2010 and 2011, but the rate of infection varies with the weather. In both 2011 and 2012, the rainy season led to sharp increases in the number of cholera cases from May to November.

## Coordination and partnerships

In Haiti, the IFRC is the lead agency for coordination and will not be an implementing actor in this appeal. There are 9 PNS present in-country who are implementing projects. Many will implement cholera appeal activities themselves or bilaterally through the NS or another PNS. The NS will implement hygiene promotion, communication, surveillance and response activities with the support of the PNS, and the PNS will take the lead on the implementation of hardware – namely the construction and rehabilitation of water and sanitation systems. The volunteers of the NS will assist in identifying communities in need of new small water supplies and/or water supplies in need of rehabilitation, and schools requiring similar support with respect to sanitation, after which the PNS will work with DINEPA to conduct assessments before the final selection of communities and schools is done jointly by the NS, the PNS and DINEPA.

The ICRC is present in country delivering cholera prevention and response programming in 6 prisons across Haiti and while their project funds are not contributing to the appeal, nor are their activities among those listed in the Plan of Action, the important work that the ICRC is doing will be documented as part of Federation-Wide Reporting, which is a service that the IFRC is providing.

The appeal coordination structure involves two levels of meetings – 1) Heads of Delegation meetings to discuss and share details about the appeal pledges and 2) Movement Coordination meetings to discuss technical matters including the coordination of initial activity planning and region/commune selection. The Coordination meetings and email list also provide opportunities for information sharing and joint decision-making for instance on technical matters.

At the regional level, in the West department, there are existing coordination groups in Les Palmes (Petit Goave and Grand-Goave), Leogane, and Comite Regional de l'Ouest (which covers Arcahaie, Kenscoff and Delmas) led by the NS which bring together the NS and PNS working in the same geographic sub-regions in the West department for monthly information-sharing meetings for all types of projects including cholera and water and sanitation.

Other coordination that exists within the RC Movement in Haiti is the WASH Technical Committee, now coordinated by the American Red Cross which is now re-starting to meet and will bring together RC movement

---

<sup>1</sup> Report according to PAHO: Epidemiological Update, Cholera, 20 March 2014

partners who are working on water and sanitation for technical discussions and information sharing. The majority of the participants will be the same as those who attend the Cholera Coordination meetings.

With respect to external coordination on cholera, the French Red Cross is the lead agency selected by UNICEF to advocate to the Direction Sanitaire de l'Ouest (department-level MSPP for the West) to organize cholera coordination meetings to bring together all actors in cholera working in the West department.

At the National level, PAHO/WHO coordinates a monthly Health Technical Committee meeting and there are a number of national level Water Sanitation coordination groups, the details of which are still being identified. The IFRC Cholera Coordinator attends the PAHO/WHO meetings while the American Red Cross attends some of the Water and Sanitation coordination meetings, and information is shared with all RC movement partners both by email and at meetings.

Since the commencement of the cholera appeal, the HRC has met with the MSPP to share their cholera project plans, with IFRC in attendance. The Haitian Red Cross in coordination with MSPP (Haitian Ministry of Health), DINEPA (Haitian water authority) and the United Nations Children's Fund (UNICEF) organized a meeting on 25 April 2014 in order to share information regarding the planned activities of the Red Cross Cholera Plan of Action and planned geographic regions of intervention, in order to consult with the MSPP and DINEPA to confirm priority communes and identify any further needs in those departments with respect to cholera elimination work. A total of 76 people from MSPP, DINEPA, UNICEF, WHO, ACTED, Medecins du Monde (MDM) as well as the Haitian RC, IFRC and PNSs implementing the Cholera programme in Haiti attended the meeting.

After the MSPP presented an update on cholera statistics and the HRC and IFRC presented an update on the appeal, 10 working groups were formed (one per department in Haiti) to bring together representatives from MSPP, DINEPA, Haitian RC and PNSs to discuss the planned cholera appeal activities to be implemented by communes and establish a working relationship between the partners at departmental level.

As a way forward, each group was supposed to have a follow up meeting so as to finalize their discussions and submit a report to MSPP. A monitoring committee composed of representatives from MSPP, DINEPA and the Haitian Red Cross was established to ensure that follow up actions are implemented.

In the future the Cholera Coordinators will work to build relationships with other NGOs working on cholera. To date, the primary NGOs which the coordinators have initiated contact with are Medecins du Monde which hosted a cholera project lessons learned presentation and Catholic Relief Services (CRS). The DRC is coordinating with the Ministry of Health and the General Prison Direction providing support to local prisons on Cholera prevention

Taking into account the challenges expressed above and the need to start implementing actions urgently, this appeal will be revised during the next few months.

#### **National Society Capacity Building:**

Through this operation the capacity of the NS will be built in two ways: coordination and operations. Through the establishment of a coordination cell and office that brings together National Society and IFRC Cholera Coordinators and Planning, Monitoring, Evaluation and Reporting (PMER) staff, the NS capacity for coordination of Movement actors and for reporting will be strengthened. Though the departmental and commune-level work of PNS with the NS volunteers and branch committees, the capacity of the NS to implement activities will also be strengthened.

## Red Cross and Red Crescent action

### **Overview**

The operation technically commenced with the launch of the appeal in December 2013 while regular cholera coordination meetings began in January 2014. Since the appointment of an IFRC Cholera Coordinator in February, much has been accomplished with respect to resource mobilization and coordination including the clarification of PNS commitments to the appeal and/or bilateral activities that contribute to the elimination of cholera, a mapping of current cholera and water and sanitation activities, and coordinated planning for the identification of which partner will implement which activities and in which communes to avoid duplication. In

March 2014, the NS appointed a Cholera Coordinator and work significantly advanced in terms of the HRC preparing for the submission of project proposals to donor PNSs (American RC and IFRC on behalf of Japanese RC) and with respect to the NS presenting plans for which cholera elimination/response activities they will implement both inside and outside the cholera appeal.

## Progress towards outcomes

### Progress in general:

The HRC and PNS have contributed content to matrices of planned project activities per department (West, south-east, South, Centre, Artibonite) which identify the communes the appeal activities will be implemented in, the lead implementer and the supporting implementer.

It has been identified that some of the project activities and outcomes will be reviewed in the revised appeal. Some activities may be removed from the appeal at the time of revision, or kept in the appeal (though funding has not been identified from existing donors) with the intention of continued resource mobilization those activities.

Activities in the coming months will include:

- Finalization and agreement on the list of activities and the revision of the POA.
- Follow-up to the MSPP-DINEPA Technical Meeting
- Preparations for a regional planning meeting with MSPP and DINEPA, both at national and regional level, with the NS (both national and regional level), PNS and IFRC for the final selection of priority communes for the project.
- Development and signing of project agreements.

### Challenges in General:

There has been delays in implementation since the planning phase of the operation is still in progress. Project proposals need to be completed and project agreements signed before activities can commence. The activities that will be implemented through the appeal by the Spanish Red Cross, IFRC/Japanese Red Cross and the Haitian Red Cross will likely start in June 2014.

In view of above, none of the planned activities below have been implemented as of 30 April 2014.

## HAITI

<b>Water</b>	
<b>Outcome:</b> Reduced risk of infection and exposure to cholera through improved access to potable water amongst target communities	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>1.0</b> One hundred fifty thousand people have access to potable water through the repair and/or extension of existing water supply systems.	<b>1.1</b> Identification of water systems with potential scope for repair. <b>1.2</b> Assessment of water systems. <b>1.3</b> Selection of water systems to be repaired and/or extended. <b>1.4</b> Rehabilitation and/or extension of existing water supply systems.
<b>2.0</b> Eighteen new small water supply systems constructed	<b>2.1</b> Identification of potential locations for the construction of new, small water systems. <b>2.2</b> Assessment of potential locations. <b>2.3</b> Selection of locations for construction of new, small water supply systems. <b>2.4</b> Construction of new, small water supply systems.
<b>3.0</b> Increased access to improved water facilities in 30 schools.	<b>3.1</b> Identification of schools with water facilities requiring rehabilitation or a new system. <b>3.2</b> Assessment of schools water facilities. <b>3.3</b> Rehabilitation of water systems in schools. <b>3.4</b> Construction of new water systems in schools. <b>3.5</b> Maintenance plan developed with school management and monitored for a minimum of six months.
<b>4.0</b> Increased access to improved water facilities in 30 marketplaces.	<b>4.1</b> Assessments of markets that require new or rehabilitated water systems. <b>4.2</b> Plan developed for the rehabilitation or construction of water facilities in each market. <b>4.3</b> Rehabilitation of water supply systems in markets. <b>4.4</b> Construction of new water systems in markets. <b>4.5</b> Management committee established and management plan and fee system in place.

<b>Sanitation</b>	
<b>Outcome:</b> Reduced risk of infection and exposure to cholera through improved access to Sanitation facilities in the targeted communities	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>1.0</b> Increased access to improved sanitation facilities in 30 schools	<b>1.1</b> Identification of schools with sanitation facilities requiring rehabilitation or renewal. <b>1.2</b> Assessment of schools sanitation facilities. <b>1.3</b> Rehabilitation of sanitation systems in schools. <b>1.4</b> Construction of new sanitation systems in schools.
<b>2.0</b> Increased access to improved facilities in 30 marketplaces	<b>2.1</b> Identification of markets with sanitation facilities that require rehabilitation or renewal. <b>2.2</b> Assessments of markets that require new or rehabilitated sanitation systems. <b>2.3</b> Plan developed for the rehabilitation or construction of sanitation facilities in each market. <b>2.4</b> Rehabilitation of sanitation systems in markets. <b>2.5</b> Construction of new sanitation systems in markets. <b>2.6</b> Management committee established and management plan in place.

<b>Hygiene Promotion</b>	
<b>Outcome 1:</b> Reduced risk of infection and exposure to cholera through improved access hygiene products among target communities.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>1.0</b> Hygiene products such as soap and aqua tabs are used in the targeted communities.	<b>1.1</b> Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day). <b>1.2</b> Installation of hand washing stations for large public events. <b>1.3</b> Provision of treated water to hand washing stations for large public events. <b>1.4</b> Hygiene promotion activities, including the distribution of flyers, are conducted on these days.
<b>Outcome 2:</b> Increased knowledge amongst the target population regarding	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>2.0</b> At least 600,000 people have access to necessary educational materials on proper hygiene practices.	<b>2.1</b> Training of Haiti Red Cross Society volunteers on the implementation of Hygiene Promotion (HP) campaigns/PHAST/CBHFA.** <b>2.2</b> Identification of key areas for HP activities/PHAST/CBHFA. <b>2.3</b> Mobilization of Haiti Red Cross Society volunteers. <b>2.4</b> Hygiene promotion campaign developed with MSPP and DINEPA, as well as other relevant organizations, and implemented nationwide. <b>2.5</b> Haitian population has access to necessary educational materials on proper hygiene practices. <b>2.6</b> Telefon Kwa Wouj* used to disseminate cholera prevention messages and to conduct surveys with members of targeted communities on cholera prevention and hygiene promotion. <b>2.7</b> Radyo Kwa Wouj is used to disseminate information regarding cholera prevention and response and related Red Cross activities. <b>2.8</b> Hygiene promotion activities implemented in schools through Haiti Red Cross Society volunteers and teachers. <b>2.9</b> Communications plan for food hygiene promotion developed in partnership with MSPP.
<b>3.0</b> An educational sanitation film regarding toilet construction in partnership with DINEPA.	<b>3.1</b> Development of MoU with DINEPA for the development of the film. <b>3.2</b> Filming of footage. <b>3.3</b> Production of sanitation films (one for rural areas, one for urban areas). <b>3.4</b> Organization of outdoor film events for information dissemination and discussion.

<b>Cholera Treatment Centres and Units</b>	
<b>Outcome:</b> Improved management of CTCs/CTUs leading to reduced risk of contamination at treatment centres.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>1.0</b> Improved disinfection procedures in at least four CTCs/CTUS per region.	<b>1.1</b> Volunteers trained on disinfection procedures in CTCs/CTUs. <b>1.2</b> Disinfection activities carried out by Haitian Red Cross volunteers at CTCs/CTUs and in communities where cholera cases have originated. <b>1.3</b> Haitian Red Cross volunteers are trained in disinfection procedures.

## Progress

The Government of Haiti's policy is to no longer have stand-alone Cholera Treatment Centres/Cholera Treatment Units and thus cholera cases will now be treated at local health centres within the Units for the Treatment of Acute Diarrhoea. The activity listed above will continue as planned but within the local health centres. Furthermore, this activity will be rolled into the National Society Capacity Building activities.

<b>National Society Capacity Building</b>	
<b>Outcome 1:</b> The National Society has an increased capacity to respond to spikes in cholera cases.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
1.0 Emergency stocks (hygiene kits, Oral Rehydration Solution, aqua tabs and medical equipment) are prepositioned at three regional branches of the Haitian Red Cross.	1.1 Plan developed for the prepositioning of stock in specific departments. 1.2 Emergency stock list planned. 1.3 Supplies ordered and then positioned as planned. 1.4 Supplies delivered to CTCs/CTUs as required. 1.5 Cholera hygiene kits distributed at CTCs/CTUs to families with a family member receiving treatment for cholera. 1.6 Monitoring of stocks. 1.7 Replenishment of stocks as required.
2.0 The Haitian Red Cross contributes to the national cholera alert system (managed by PAHO) and national epidemiology surveillance system (managed by MSPP).	2.1 The Haitian Red Cross volunteers and regional branch managers send reports to PAHO surveillance system via email and telephone. 2.2 Further support to the innovative development of SMS reporting. 2.3 Support provided to MSPP for the operational costs of the surveillance system. 2.4 The Haitian Red Cross volunteers trained to conduct field investigations. 2.5 Field investigations to support the MSPP surveillance system are carried out by Haitian Red Cross Society volunteers. 2.6 Field investigations reports produced and shared.
3.0 At least 30,000 people have improved knowledge and practices related to hygiene as a result of targeted hygiene promotion activities in response to cholera outbreaks.	3.1 Training of the Haitian Red Cross volunteers on disinfection. 3.2 Provision of materials for disinfection to branches. 3.3 Mobilization of the Haitian Red Cross volunteers for disinfection activities. 3.4 The Haitian Red Cross volunteers mobilized to conduct health promotion activities following cholera spikes. 3.5 Locations for emergency health promotion activities coordinated with MSPP.
4.0 Forty repairs to water and sanitation infrastructure in locations throughout the country, following damage from heavy rain/cyclones.	4.1 Damage assessments conducted as required. 4.2 The Haitian Red Cross volunteers trained to conduct damage assessments. 4.3 Repairs required identified following assessments. 4.4 Repairs undertaken.
<b>Outcome 2:</b> The Haiti Red Cross Society volunteers respond to and mitigate against cholera.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
1.0 Haitian Red Cross volunteers have the capacity to intervene as community health agents.	1.1 The Haitian Red Cross volunteers trained in Epidemic Control for Volunteers (ECV)/CBHFA/PHAST. 1.2 The Haitian Red Cross volunteers trained on relevant aspects of water and sanitation responses.

## Progress

The Norwegian Red Cross is currently working with the Haitian Red Cross to build capacity for implementing a community based surveillance system using MAGPI software. It will be included under National Society Capacity Building section. The Norwegian Red Cross will fund a Community Based Disease Surveillance/Epidemiologist position within the HRC to manage this activity.

## DOMINICAN REPUBLIC

<b>Quality Programming/Areas Common to all Sectors</b>	
<b>Outcome :</b> The design and implementation of the operation is based on detailed assessment analysis.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
1.0 The initial needs assessment is updated through consultation with beneficiaries.	1.1 Develop a detailed needs assessment plan. 1.2 Conduct detailed field assessments in coordination with community members. 1.3 Share assessment reports with Red Cross partners and other institutions.
2.0 The handling of the operation is based on a	2.1 Development of a monitoring and evaluation plan for each of the

comprehensive monitoring and evaluation system.	operation's sectors. 2.2 Share indicator compliance reports. 2.3 Technical field visits by the headquarters and IFRC representatives. 2.4 Establishment of a communication system with beneficiaries to collect feedback on the operation. 2.5 Review or confirmation of the action plan.
3.0 Evaluation results are used to adjust plans in the medium and long term, as needed	3.1 Conduct a lessons learnt workshop midway through the operation's implementation. 3.2 Perform an external final evaluation that includes actions conducted across the entire island and provides recommendations in country strategic plans.

**Progress:**

The DRC had prepared the assessment plan to be conducted in the five affected regions. IFRC Emergency Watsan officer visited the DRC in April to coordinate the revision of the appeal and budget. Revision of target Provinces is under consideration.

**Challenges:** Lack of funding have been delaying the implementation of the activities of this appeal. This will change soon with the appeal budget and plan of action revision and the new contributions for the appeal.

<b>Health and Care</b>	
<b>Outcome:</b> The risk of infection and exposure to cholera has been reduced for 12,500 families through communication campaigns and health community mobilization.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
1.0 Raise awareness about cholera prevention in at least 12,500 families.	1.1 Coordination with the Ministry of Public Health authorities to determine key messages and review existing materials. 1.2 Reproduction of educational materials. 1.3 Conduct a campaign to sensitize and provide information on cholera prevention and control with posters and pamphlets. 1.4 Conduct an information campaign via SMS. 1.5 Conduct training at the community level in Community-Based Health and First Aid (CBHFA). 1.6 Conduct campaigns in public spaces to promote health and prevent cholera. 1.7 Follow-up and support to community leaders trained in epidemiological monitoring and identification of cases.
2.0 Twelve thousand five hundred families from the areas most affected by cholera outbreaks are reached with psychosocial support.	2.1 Recreational activities with children and adults on cholera. 2.2 Psychosocial first-aid to families and patients affected by cholera. 2.3 Referral of cases that require professional counselling to the health system.
3.0 Health authorities and institutions are supported in sanitary control and surveillance.	3.1 Needs evaluation of Cholera Treatment Units (CTUs) and hospitals in prioritized areas (family sanitation and prevention). 3.2 Conduct disinfection visits and installation of chlorine-impregnated carpets in 150 CTUs and hospitals. 3.3 Share community epidemiological surveillance reports with local health authorities. 3.4 Distribution of community cholera kits in health centres to affected individuals and families.

**Progress:** The DRC supported the Ministry of Health and the General Direction of Prisons on their objective to coordinate and develops prevention strategies that allow avoiding or reducing cholera outbreaks in prisons in the country. Provide with knowledge about prevention and management of cholera to health, safety, personnel administrative and form PPL as promotion on health.

**Challenges:** Lack of funding have been delaying the implementation of the activities of this appeal. This will change soon with the appeal budget and plan of action revision and the new contributions for the appeal.

<b>Water, Sanitation and Hygiene Promotion</b>	
<b>Outcome:</b> The risk of infection and exposure to cholera has been reduced for 12,500 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene products.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>

<p><b>1.0</b> Ten thousand families have access to hygiene materials and promotion through specific distributions at large public events or through health institutions for relatives of sick people.</p>	<p><b>1.1</b> Selection and registration of communities and families to benefit.  <b>1.2</b> Distribution of 5,000 hygiene kits to families of sick people.  <b>1.3</b> Reproduction of information material on personal hygiene and use of chlorine drops in Spanish and Creole.  <b>1.4</b> Hygiene promotion activities with adults and children.  <b>1.5</b> Production of 5,000 kits with soap and chlorine drops to be distributed at public events together with informational material.  <b>1.6</b> Installation of hand washing stations at mass public events such as community festivities.</p>
<p><b>2.0</b> Seven thousand five hundred families have access to safe water and sanitation through the repair or construction infrastructures or distribution of home water filters in communities where no supply systems exist.</p>	<p><b>2.1</b> Evaluation of community water and sanitation systems.  <b>2.2</b> Selection of water systems to be expanded or repaired.  <b>2.3</b> Repair and/or expansion of 30 water systems for 2,500 families.  <b>2.4</b> Selection of communities and families to benefit with water filters.  <b>2.5</b> Distribution of 5,000 water filters.  <b>2.6</b> Construction of 200 latrines in communities where no sanitation systems exist.</p>
<p><b>3.0</b> Thirteen thousand students have access to safe water and sanitation facilities through construction or repairs of existing one and through distribution of cleaning kits in schools.</p>	<p><b>3.1</b> Evaluation of facilities in schools in targeted communities.  <b>3.2</b> Purchase and distribution of three cleaning kits per school (50 schools).  <b>3.3</b> Repair of water and sanitation systems in 50 schools.  <b>3.4</b> Awareness-raising among students through recreational activities.  <b>3.5</b> Production of child-appropriate educational materials in coordination with the Ministry of Education.</p>
<p><b>4.0</b> At least 200 families benefit from sanitary disinfection of wells and homes.</p>	<p><b>4.1</b> Detailed evaluation of communities and epidemic patterns to identify  <b>4.2</b> Purchase of equipment and materials for sanitary disinfection.  <b>4.3</b> Disinfection of 200 wells and homes through Sanitary Disinfection Brigades (BRINADES).  <b>4.4</b> Implementation of community training for well maintenance.</p>
<p><b>5.0</b> Ten marketplaces have access to safe water and sanitation facilities through construction or repairs of existing ones.</p>	<p><b>5.1</b> Identification of markets that need facilities repaired.  <b>5.2</b> Development of an implementation plan.  <b>5.3</b> Rehabilitation of market facilities.  <b>5.4</b> Establishment of maintenance committees with management plans.</p>

**Progress:** Hygiene promotion activities conducted in prisons DRC distributed a pamphlet of the preventive measures on cholera to the prison precincts. Educational material was distributed. It instructed prison authorities for garbage collection and monitoring of the quality of the water.

**Challenges:** Lack of funding have been delaying the implementation of the activities of this appeal. This will change soon with the appeal budget and plan of action revision and the new contributions for the appeal.

<b>National Society Capacity Building</b>	
<b>Outcome:</b> The Dominican Red Cross has increased its capacity to respond to cholera outbreaks in prioritized provinces.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<p><b>1.0</b> Five hundred Dominican Red Cross volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion.</p>	<p><b>1.1</b> Training of 400 volunteers in Epidemics Control for Volunteers (ECV) and in Community-Based Health and First Aid (CBHFA).  <b>1.2</b> Training of 100 volunteers in basic disinfection procedures to become part of the BRINADES.  <b>1.3</b> Fifty volunteers are trained as water and sanitation NITs.  <b>1.4</b> Provide accident insurance to 500 volunteers participating in the operation.  <b>1.5</b> Training of 100 Volunteers in psychosocial support.</p>
<p><b>2.0</b> The Dominican Red Cross has prepositioned supplies to respond to cholera outbreaks.</p>	<p><b>2.1</b> Purchase of oral rehydration kits.  <b>2.2</b> Purchase of water analysis kits.  <b>2.3</b> Pre-positioning of community oral rehydration kits.  <b>2.4</b> Monitoring of the epidemiological situation in order to distribute kits according to needs.  <b>2.5</b> Pre-positioning of 800 family kits at the Elías Piña chapter.</p>

**Progress: No action taken yet due to lack of funding.**

**Challenges:** Lack of funding have been delaying the implementation of the activities of this appeal. This will change soon with the appeal budget and plan of action revision and the new contributions for the appeal.

<b>Logistics</b>
<b>Outcome:</b> The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from the Zone Logistics Unit (ZLU).

Outputs (expected results)	Activities planned
1.0 Enhanced logistics capacity and technical support to facilitate the procurement and distribution of relief items.	1.1 Launch a mobilization table for hygiene and family kits. 1.2 Provide technical support for the local procurement process of water filters, community cholera kits, and materials for the reparation and construction of water and sanitation structures. 1.3 Deployment of a logistics IFRC staff to support procurement if required.

## Communications – Advocacy and public information

### Activities Planned

- Coordination of internal and external communication activities
- Implementation of the beneficiary communications component of the cholera appeal.
- Development of a comprehensive communications plan.

### Progress

The planning phase is still in progress. Project proposals need to be completed and project agreements signed before communications activities commence.

## Contact information

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

### In Haiti

- Dr Guiteau Jean-Pierre, President of the Haitian Red Cross; phone (509) 3449 6049; email: [g.jean-pierre@croixrouge.ht](mailto:g.jean-pierre@croixrouge.ht)
- Alexandre Claudon, country representative for Haiti; phone: (509) 3170 7809; email: [alexandre.claudon@ifrc.org](mailto:alexandre.claudon@ifrc.org)

### In Dominican Republic:

- Gustavo Lara, General Director, phone: + 1829 9899730; email: [ejecutivo1crd@gmail.com](mailto:ejecutivo1crd@gmail.com)
- Joe Lugo, IFRC Country coordinator; phone: + 1829 9708550; email: [joe.lugo@ifrc.org](mailto:joe.lugo@ifrc.org)

### In the IFRC Americas Zone Office:

- Benoit Porte, Pan-American Disaster Response Unit coordinator; phone: +507 667 93238; email: [benoit.porte@ifrc.org](mailto:benoit.porte@ifrc.org)
- Juan Carlos Real, Haiti Support Team acting coordinator; phone: (507) 380 0250; email: [juancarlos.real@ifrc.org](mailto:juancarlos.real@ifrc.org)
- Douglas Baquero, logistics mobilization coordinator phone (507) 316 1001; fax (507) 316 1082; e-mail: [douglas.baquero@ifrc.org](mailto:douglas.baquero@ifrc.org)

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

- **In the Americas zone office:** Jennie Trow, relationship management and accountability coordinator; phone: +507 6672 3170; email: [jennie.trow@ifrc.org](mailto:jennie.trow@ifrc.org)

1. Click [here](#) to return to the title page

### 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 Disaster 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

**Disaster Response Financial Report**

MDR49008 - Haiti &amp; Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 05 Dec 15

Appeal Launch Date: 05 Dec 13

Annual Report

**Selected Parameters**

Reporting Timeframe	2013/12-2014/4	Programme	MDR49008
Budget Timeframe	2013/12-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		11,244,952				11,244,952	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>		198,098				198,098	
<i>Italian Red Cross</i>		660,947				660,947	
<b>C1. Cash contributions</b>		<b>859,045</b>				<b>859,045</b>	
<b>Other Income</b>							
<i>Balance Reallocation</i>		300,000				300,000	
<b>C4. Other Income</b>		<b>300,000</b>				<b>300,000</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>1,159,045</b>				<b>1,159,045</b>	
<b>D. Total Funding = B + C</b>		<b>1,159,045</b>				<b>1,159,045</b>	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		1,159,045				1,159,045	
<b>E. Expenditure</b>		-80,694				-80,694	
<b>F. Closing Balance = (B + C + E)</b>		<b>1,078,351</b>				<b>1,078,351</b>	

## Disaster Response Financial Report

MDR49008 - Haiti & Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 05 Dec 15

Appeal Launch Date: 05 Dec 13

Annual Report

### Selected Parameters

Reporting Timeframe	2013/12-2014/4	Programme	MDR49008
Budget Timeframe	2013/12-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>11,244,952</b>			<b>11,244,952</b>		
<b>Relief items, Construction, Supplies</b>								
Construction - Facilities	53,679						53,679	
Water, Sanitation & Hygiene	3,495,770						3,495,770	
Medical & First Aid	39,641						39,641	
Teaching Materials	167,893						167,893	
Other Supplies & Services	367,500						367,500	
<b>Total Relief items, Construction, Sup</b>	<b>4,124,483</b>						<b>4,124,483</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	5,792						5,792	
Office & Household Equipment	2,798						2,798	
<b>Total Land, vehicles &amp; equipment</b>	<b>8,590</b>						<b>8,590</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage			85			85	-85	
Distribution & Monitoring	394,390						394,390	
Transport & Vehicles Costs	304,773		3,342			3,342	301,431	
Logistics Services	55,134		1,673			1,673	53,461	
<b>Total Logistics, Transport &amp; Storage</b>	<b>754,297</b>		<b>5,100</b>			<b>5,100</b>	<b>749,197</b>	
<b>Personnel</b>								
International Staff	675,982		10,725			10,725	665,257	
National Staff	425,650		20,220			20,220	405,430	
National Society Staff	949,517						949,517	
Volunteers	59,416						59,416	
<b>Total Personnel</b>	<b>2,110,565</b>		<b>30,946</b>			<b>30,946</b>	<b>2,079,619</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	35,910						35,910	
Professional Fees	1,399						1,399	
<b>Total Consultants &amp; Professional Fees</b>	<b>37,310</b>						<b>37,310</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	141,776		15,000			15,000	126,776	
<b>Total Workshops &amp; Training</b>	<b>141,776</b>		<b>15,000</b>			<b>15,000</b>	<b>126,776</b>	
<b>General Expenditure</b>								
Travel	18,655		1,698			1,698	16,957	
Information & Public Relations	1,414,034						1,414,034	
Office Costs	9,327		561			561	8,767	
Communications	18,655		203			203	18,452	
Financial Charges	2,798		5			5	2,794	
Other General Expenses			150			150	-150	
Shared Office and Services Costs	742,897		21,407			21,407	721,491	
<b>Total General Expenditure</b>	<b>2,206,366</b>		<b>24,023</b>			<b>24,023</b>	<b>2,182,343</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	1,175,252						1,175,252	
<b>Total Contributions &amp; Transfers</b>	<b>1,175,252</b>						<b>1,175,252</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	686,312		4,879			4,879	681,432	
<b>Total Indirect Costs</b>	<b>686,312</b>		<b>4,879</b>			<b>4,879</b>	<b>681,432</b>	
<b>Pledge Specific Costs</b>								

**Disaster Response Financial Report**

MDR49008 - Haiti &amp; Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 05 Dec 15

Appeal Launch Date: 05 Dec 13

Annual Report

**Selected Parameters**

Reporting Timeframe	2013/12-2014/4	Programme	MDR49008
Budget Timeframe	2013/12-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>11,244,952</b>			<b>11,244,952</b>		
Pledge Earmarking Fee			745			745	-745	
<b>Total Pledge Specific Costs</b>			<b>745</b>			<b>745</b>	<b>-745</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>11,244,952</b>		<b>80,694</b>			<b>80,694</b>	<b>11,164,258</b>	
<b>VARIANCE (C - D)</b>			<b>11,164,258</b>			<b>11,164,258</b>		

**Disaster Response Financial Report**

MDR49008 - Haiti &amp; Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 05 Dec 15

Appeal Launch Date: 05 Dec 13

Annual Report

**Selected Parameters**

Reporting Timeframe	2013/12-2014/4	Programme	MDR49008
Budget Timeframe	2013/12-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Emergency preparedness	11,244,952		1,159,045	1,159,045	80,694	1,078,351	
Subtotal BL2	11,244,952		1,159,045	1,159,045	80,694	1,078,351	
<b>GRAND TOTAL</b>	<b>11,244,952</b>		<b>1,159,045</b>	<b>1,159,045</b>	<b>80,694</b>	<b>1,078,351</b>	