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International appeal operations update

Haiti and Dominican Republic: Cholera

 International Federation
of Red Cross and Red Crescent Societies

International Appeal (MDR49008)

499,637 people to be assisted

Glide no. [EP-2010-000210-HTI](#)
[EP-2011-000192-DOM](#)

Appeal timeframe: 3 years

Appeal budget: CHF 2.9m (revised)

Launched: December 2013

Operation Update no. 3 issued: 26
January 2016

Appeal ends: March 2016

This Operations Update conveys a **revised budget of 2,970,316 Swiss francs**. These funds have enabled the IFRC to support the Dominican Red Cross (DRC) and the Haiti Red Cross Society's (HRCS) efforts to reduce cholera on the Island of Hispaniola and to deliver assistance to **499,637 people**. The revised budget is a result of a re-prioritization of actions in Haiti and on the decision to close the emergency appeal as of March 2016. Activities in the Dominican Republic were finalized within the original timeframe in December of 2015. Based on the budget revision, the total coverage is approximately 125 per cent. This International Appeal is based on a revised plan of action developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year government programme developed by the country's respective Ministries of Health and Water and Sanitation. Working in partnership with the HRCS and DRC, this appeal elaborates on the Red Cross's efforts to eliminate cholera in Haiti and the Dominican Republic. Details are available in the secretariat's [Emergency Plan of Action \(EPoA\)](#) and [budget](#).

[<Click here to view the contact information.](#) [Click here to view the revised budget>](#)

The disaster and the Red Cross and Red Crescent response

October 2010: The first cases of cholera reported in Haiti.

November 2013: The incidences of cholera rose during 2013's rainy season, following a pattern seen in 2011 and 2012.

December 2013: [International Appeal](#) launched for CHF 11.2 million to deliver planned support to 600,000 people for a duration of 24 months. This represents a distinct plan developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme.

December 2013 to April 2014: Implementation of Emergency Appeal activities ([Ops Update n° 1](#)).

September 2014: [revised International Appeal](#) issued with a budget decreased to CHF 4.6m to support 454,637 people until December 2015.

July 2015: A [12-month update report](#) was issued reflecting progress on the operation in both countries.

October 2015: Operations Update issued reflecting a reduced budget of CHF 3,563,310 with an extended timeframe up to December 2016 targeting 499,637 people.

January 2016: Operations Update issued to inform on the decision to end the cholera emergency appeal as of the first quarter of 2016. The budget was revised and target numbers will remain as projected in the last update.



Hand washing activity in Colombier/October 2015. Source IFRC

Since December 2013, Red Cross movement partners have continued to tackle the elimination of cholera with a four-pronged approach focused on supporting the objectives of the National Directorate for Water Supply and Sanitation and the Ministries of Health in both the Dominican Republic and Haiti. The success of these activities are based on the coordinated work of Red Cross community volunteers, the support of Red Cross Partner National Societies involved in the appeal and the International Federation of Red Cross and Red Crescent Societies (IFRC).

Implementation activities focused on:-

1. Preparedness and Response

Projects have sought to improve the capacity of communities to respond to spikes in cholera through preparedness measures by:

- Stockpiling emergency supplies such as hygiene kits and water purification tablets
- Contributing to the national cholera alert and epidemiology surveillance systems
- Preparation and mobilization following cholera spikes, including training of volunteers in disinfection.
- Leading targeted hygiene promotion activities to improve hygiene knowledge and practices
- Repairing water and sanitation infrastructure
- Training volunteers to be able to identify and tackle the main issues in their community

2. Improving water and Sanitation Facilities

There has been a focus on key at risk areas such as households and schools in order to reduce the risk of infection from the exposure to cholera through:

- The rehabilitation and construction of water supplies and sanitation facilities and support for the development of management and fee collection systems to ensure sustainable maintenance
- The Distribution of hygiene products and aqua tabs
- The installation of hand washing stations
- The construction of toilets at schools
- The provision of technical support to households so that they can construct better sanitation facilities

3. Prevention through community engagement and hygiene promotion

Projects have worked with community members to ensure that they have the knowledge and materials required to respond to cholera in their areas by:

- Undertaking hygiene promotion activities in schools, households and at mass community events
- Providing educational materials on proper hygiene practices
- Training and mobilizing volunteers
- Disseminating cholera prevention messages and gathering community feedback to ensure relevancy of messaging and activities via multiple channels including megaphones, short message service (SMS) and free phone information lines

4. Supporting Government initiatives:

Project teams, with the support of the IFRC and host National Society Cholera coordination mechanism, have worked with the Ministries of Health and the national water and sanitation authorities of both countries to have increased capacity to respond and mitigate the effects of cholera by:

- Supporting field investigations, conducting hygiene promotion and awareness raising activities and through the distribution of hygiene and water treatment products
- Supplying information to the government surveillance systems

Coordination and partnerships

There are seven Partner National Societies (PNSs) that are implementing cholera-related projects (American, French, German, Japanese, Norwegian, Spanish and Swiss Red Cross Societies) supporting the Haiti Red Cross Society in Haiti. Many have implemented cholera appeal activities themselves or bilaterally through the National Society or another PNS. The activities of all the PNSs and IFRC are documented in the Federation-wide Plan of Action (available upon request).

The IFRC facilitates coordination within the Movement and with external partners including government authorities, United Nations (UN) agencies, international and national non-governmental bodies. The IFRC represents the HRCS and DRC in the Pan-American Health Organization/World Health Organization (PAHO/WHO) coordination mechanism known as the Regional Coalition for Water and Sanitation to Eliminate Cholera on the Island of Hispaniola. The appeal coordination structure involves two levels of meetings in Haiti – 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.

The operational strategy [<click here for the current Emergency Plan of Action>](#)

The goal of this operation is to contribute to the elimination of cholera from Hispaniola over the period of December 2013 to March 2016. The intended overall outcomes of this operation in **both countries** are as follows:

In Haiti	
Outcome 1	Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.
Outcome 2	Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities.
Outcome 3	Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.
Outcome 4	Increased knowledge amongst the target population regarding hygiene and sanitation.
Outcome 5	The National Society has an increased capacity to respond to spikes in cholera cases.
Outcome 6	Enhanced coordination among all actors state and non-state in the elimination of cholera from the island of Hispaniola
Outcome 7	Enhanced accountability to beneficiaries

In the Dominican Republic	
Outcome 1	The design and implementation of the operation is based on detailed assessment analysis
Outcome 2	The risk of infection and exposure to cholera has been reduced for 2,500 families through communication campaigns and health community mobilization
Outcome 3	The risk of infection and exposure to cholera has been reduced for 2,000 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene promotion.
Outcome 4	The DRC has increased its capacity to respond to cholera outbreaks in prioritized provinces
Outcome 5	The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from IFRC regional logistics unit.

Summary table of planned sector interventions, outcomes, and main activities

HAITI

The activities below are being implemented by the German Red Cross, Spanish Red Cross, and IFRC country representation.

Water

Outcome 1: Reduced risk of infection, and exposure to, cholera through improved access to potable water among target communities.
Output 1.1 Access to potable water through the construction of new or repaired and/or extension of existing water supply systems
Activities planned
1.1.1 Identification of water systems with potential scope for repair.
1.1.2 Assessment of water systems.
1.1.3 Selection of water systems to be repaired and/or extended.
1.1.4 Rehabilitation and/or extension of existing water supply systems.
Output 1.2 Increase access to improved water facilities in schools
Activities planned
1.1.1 Identification of schools with water facilities requiring rehabilitation or a new system
1.1.2 Assessment of schools water facilities.
1.1.3 Rehabilitation of water systems in schools.

Sanitation

Outcome 2: Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities and schools.
Output 2.1 Increased access to improved sanitation facilities
Activities planned
2.1.1 Identification of communities and schools with sanitation facilities requiring rehabilitation or system replacement.
2.1.2 Assessment of community and school sanitation facilities.
2.1.3 Rehabilitation of community and school sanitation systems.
2.1.4 Construction of new community and school sanitation systems.
2.1.5 Maintenance plan developed with school and community management teams.

Hygiene Promotion

Outcome 3: Reduced risk of infection, and exposure to, cholera through improved access hygiene products among target communities.

Output 3.1 Hygiene products such as soap and aqua tabs are used in the targeted communities

Activities planned

3.1.1 Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day)

3.1.2 Installation of hand washing stations for large public events.

3.1.3 Provision of treated water for hand washing stations at large public events.

3.1.4 Hygiene promotion activities including the provision of flyers on these days.

Outcome 4: Increased knowledge among the target population regarding hygiene and sanitation.

Output 4.1 Haitian population has access to needed educational materials on proper hygiene practices

Activities planned

4.1.1 Training of HRCS volunteers and/or community facilitators on the implementation of hygiene promotion, PHAST, and CBHFA activities.

4.1.2 Identification of key areas for hygiene promotion, CBHFA and epidemic control for volunteers activities

4.1.3 Mobilization of HRCS volunteers and/or community facilitators.

4.1.4 Hygiene promotion campaign developed with MSPP and DINEPA, as well as other relevant organizations, and implemented nationwide

4.1.5 Educational materials on proper hygiene practices are distributed in priority areas

4.1.6 Hygiene promotion activities implemented in schools by Haiti Red Cross Society volunteers and teachers.

National Society capacity building

Outcome 5: The National Society has an increased capacity to respond to spikes in cholera cases.

Output 5.1 Emergency stocks (hygiene kits, oral rehydration solution (ORS), aqua tabs and medical equipment) are prepositioned at the regional branches of the Haitian Red Cross Society.

Activities planned

5.1.1 Plan developed for the prepositioning of stock in specific departments.

5.1.2 Emergency stock list planned.

5.1.3 Supplies ordered and then positioned as planned.

5.1.4 Cholera kits distributed at CTCs/Diarrhoea Treatment Units (local health centres) to families with a family member receiving treatment for cholera.

5.1.5 Monitoring of stocks.

5.1.6 Replenishment of stocks as required.

Output 5.2 Community-based disease (acute watery diarrhoea- AWD) monitoring established and active in remote communities and serving at risk population.

Activities planned

5.2.1 CBDM reports shared with MSPP weekly

5.2.2 The training and establishment of cholera response teams.

5.2.3 The trained community volunteers will monitor and act as first responders in cases of acute watery diarrhoea in the community and alert HRCS who will in turn alert MSPP and the cholera response team that will conduct investigation and response in the community in collaboration with health stakeholders and MSPP.

Output 5.3 Improved capacity of the Haitian Red Cross to respond to cholera outbreaks.

5.3.1 Training of HRCS volunteers and/or of community facilitators on disinfection.

5.3.2 Provision of materials for disinfection to HRCS branches.

5.3.3 Mobilization of HRCS volunteers and/or community facilitators for disinfection activities.

5.3.4 HRCS volunteers and/or community facilitators mobilized to conduct hygiene prevention activities following cholera spikes.
5.3.5 Locations for emergency hygiene promotion activities coordinated with MSPP.
Output 5.4 Haiti Red Cross Society has the capacity to intervene as a community health agent.
5.4.1 HRCS volunteers and/or community facilitators trained in ECV/CBHFA/PHAST.
5.4.2 HRCS volunteers and/or community facilitators trained on relevant aspects of water and sanitation responses.
Outcome 6: Enhanced coordination among all state and non-state actors in the elimination of cholera from the island of Hispaniola
Output 6.1 Improved coordination among International Movement partners implementing cholera activities
6.1.1. Convene regular coordination meetings.
6.1.2 Jointly develop coordination, planning, response and monitoring tools.
6.1.3 Attend and contribute to national and international forums on the elimination of cholera on the island of Hispaniola
Outcome 7: Enhanced accountability to beneficiaries
Output 7.1 Improved accountability to beneficiaries
7.1.1 Provide information to beneficiaries on the programme throughout the project cycle and especially at the inception and conclusion.
7.1.2 Organize for the participation of beneficiaries in the project design/planning, monitoring and evaluation.

DOMINICAN REPUBLIC

The activities below are being implemented by the Dominican Red Cross with the support of the IFRC country representation.

Quality Programming/Areas Common to all Sectors

Outcome 1: The design and implementation of the operation is based on detailed assessment analysis
Output 1.1 The initial needs assessment is updated through consultation with beneficiaries
Activities planned
1.1.1 Develop a detailed needs assessment plan
1.1.2 Conduct detailed field assessments in coordination with community members
1.1.3 Share assessment reports with Red Cross partners and other institutions
Output 1.2 The handling of the operation is based on a comprehensive monitoring and evaluation system
Activities planned
1.2.1 Development of a monitoring and evaluation plan for each of the operation's sectors
1.2.2 Share indicator compliance reports
1.2.3 Technical field visits by Headquarters and IFRC representatives
1.2.4 Establishment of a communication system with beneficiaries to collect feedback on the operation
1.2.5 Review or confirmation of the action plan
Output 1.3 Evaluation results are used to adjust plans in the medium and long term, as needed
Activities planned
1.3.1 Perform an external final evaluation that includes actions conducted across the entire island and provides recommendations in country strategic plans

Health and care

Outcome 2: The risk of infection and exposure to cholera has been reduced for 2,500 families through communication campaigns and health community mobilization

Output 2.1 Raise awareness about cholera prevention in at least 2,500 families

Activities planned

2.1.1 Coordination with Ministry of Public Health authorities to determine key messages and review existing materials

2.1.2 Reproduction of educational materials

2.1.3 Conduct a campaign to sensitize and provide information on cholera prevention and control with posters and pamphlets

2.1.4 Conduct training at the community level in community-based health and first aid (CBHFA)

2.1.5 Conduct campaigns in public spaces to promote health and prevent cholera

2.1.6 Follow-up and support to community leaders trained in epidemiological monitoring and identification of cases

Output 2.2 2,500 families from the areas most affected by cholera outbreaks are reached with psychosocial support

Activities planned

2.2.1 Recreational activities with children and adults on cholera

2.2.2 Psychosocial first-aid to families and patients affected by cholera

2.2.3 Referral of cases that require professional counselling to the health system

Output 2.3 Health authorities and institutions are supported in sanitary control and surveillance

Activities planned

2.3.1 Share community epidemiological surveillance reports with local health authorities

2.3.2 Distribution of community cholera kits in health centres to affected individuals and families

Water, Sanitation and Hygiene Promotion

Outcome 3: The risk of infection and exposure to cholera has been reduced for 2,000 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene promotion.

Output 3.1 2,000 families have access to hygiene materials and promotion through specific distributions at large public events or through health institutions for relatives of sick people.

Activities planned

3.1.1 Selection and registration of communities and families to benefit

3.1.2 Reproduction of information material on personal hygiene and use of chlorine drops in Spanish and Creole

3.1.3 Hygiene promotion activities with adults and children

3.1.4 Production of 600 kits with soap and chlorine drops to be distributed at public events together with informational material

3.1.5 Installation of hand washing stations at mass public events such as community festivities

Output 3.2 161 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.

Activities planned

3.2.1 Evaluation of community water and sanitation systems

3.2.2 Selection of water systems to be expanded or repaired

3.2.3 Repair and/or expansion of 4 water systems
3.2.4 Selection of communities and families to benefit with water filters
3.2.5 Distribution of 161 water filters
3.2.6 Construction of 10 latrines in communities where no sanitation systems exist
3.2.7 Awareness-raising among students through recreational activities
3.2.8 Production of child-appropriate educational materials in coordination with the Ministry of Education
Output 3.3 At least 50 families benefit from sanitary disinfection of wells and homes
Activities planned
3.3.1 Detailed evaluation of communities and epidemic patterns to identify families with contaminated wells or homes
3.3.2 Purchase of equipment and materials for sanitary disinfection
3.3.3 Disinfection of 50 wells and homes through Sanitary Disinfection Brigades (BRINADES)
3.3.4 Implementation of community training for well maintenance

National Society capacity building

Outcome 4: The DRC has increased its capacity to respond to cholera outbreaks in prioritized provinces
Output 4.1 100 DRC volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion
Activities planned
4.1.1 Training of 100 volunteers in Epidemics Control for Volunteers (ECV) and in Community-based Health and First Aid (CBHFA)
4.1.2 Training of 100 volunteers in basic disinfection procedures to become part of the BRINADES
4.1.3 50 volunteers are trained as water and sanitation NITs
4.1.5 Training of 100 volunteers in psychosocial support
Output 4.2 The Dominican Red Cross has pre-positioned supplies to respond to cholera outbreaks
Activities planned
4.2.1 Purchase of oral rehydration kits
4.2.2 Purchase of water analysis kits
4.2.3 Pre-positioning of community oral rehydration kits
4.2.4 Monitoring of the epidemiological situation in order to distribute kits according to need
4.2.5 Pre-positioning of 800 family kits at the Elías Piña chapter to be distributed during Field School at the Haiti-Dominican Republic border

Logistics

Outcome 5: The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from ZLU.
Output 5.1 Enhanced logistics capacity and technical support to facilitate the procurement and distribution of relief items.
Activities planned
5.1.1 Launch a mobilization table
5.1.2 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
5.1.3 Deployment of a logistics IFRC staff to support procurement if required.

Contact information

In Haiti

- Dr Guiteau Jean-Pierre, President of the Haiti Red Cross Society; phone (509) 3449 6049; email: president@croixrouge.ht
- Inés Brill, IFRC country representative for Haiti; email: ines.brill@ifrc.org
- Dawn Byng; PMER Delegate and Acting IFRC cholera coordinator in Haiti ; email: dawn.byng@ifrc.org

In the Dominican Republic

- Gustavo Lara, General Director of the Dominican Red Cross, phone: + 1829 9899730; email: ejecutivo1crd@gmail.com
- Joe Lugo, IFRC country coordinator for the Dominican Republic and Cuba; email: joe.lugo@ifrc.org

In the Americas regional office in Panama; phone +507 317 3050

- Jan Gelfand; head of programmes and operations; email: jan.gelfand@ifrc.org
- Douglas Baquero, regional logistics coordinator; email: ilir.caushaj@ifrc.org
- Priscila Gonzalez, planning, monitoring & reporting coordinator; email: priscila.gonzalez@ifrc.org

For Resource Mobilization and Pledges:

- Alejandra Van Hensbergen, senior resource mobilization officer; phone: +507 317 3050; email: alejandra.vanhensbergen@ifrc.org

In Geneva

- Cristina Estrada, operations support, phone: +41.22.730.4260, fax: +41.22.733.0395; email: cristina.estrada@ifrc.org

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- ↘ Revised emergency appeal budget **below**

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 (NGOs) 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.

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**.

EMERGENCY APPEAL

26-Jan-16

MDR49008 DOMINICAN REPUBLIC & HAITI CHOLERA OPERATION

Budget Group	DOMINICAN REPUBLIC	HAITI	Appeal Budget CHF
Shelter - Relief			0
Shelter - Transitional			0
Construction - Housing			0
Construction - Facilities			0
Construction - Materials			0
Clothing & Textiles		1,431	1,431
Food			0
Seeds & Plants			0
Water, Sanitation & Hygiene	69,792	621,681	691,472
Medical & First Aid	26,891		26,891
Teaching Materials	49,734	129,615	179,349
Utensils & Tools			0
Other Supplies & Services		44,196	44,196
Emergency Response Units			0
Cash Disbursements			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	146,416	796,923	943,339
Land & Buildings			0
Vehicles			0
Computer & Telecom Equipment	1,283		1,283
Office/Household Furniture & Equipment		1,538	1,538
Medical Equipment	9,776		9,776
Other Machinery & Equipment			0
Total LAND, VEHICLES AND EQUIPMENT	11,060	1,538	12,598
Storage, Warehousing		5,770	5,770
Distribution & Monitoring	2,400		2,400
Transport & Vehicle Costs	21,826	104,921	126,746
Logistics Services	5,000		5,000
Total LOGISTICS, TRANSPORT AND STORAGE	29,225	110,691	139,916
International Staff	15,759	572,347	588,105
National Staff	29,654	402,916	432,570
National Society Staff	61,658	123,698	185,356
Volunteers	32,485	3,857	36,342
Total PERSONNEL	139,556	1,102,817	1,242,373
Consultants	9,999	25,280	35,279
Professional Fees	1,500	389	1,889
Total CONSULTANTS & PROFESSIONAL FEES	11,499	25,669	37,168
Workshops & Training	24,734	445	25,178
Total WORKSHOP & TRAINING	24,734	445	25,178

Travel	6,750	5,084	11,834
Information & Public Relations	7,469	2,440	9,908
Office Costs	9,915	43,253	53,168
Communications	1,969	18,948	20,917
Financial Charges	3,890	-11,371	-7,481
Other General Expenses		2,098	2,098
Shared Office and Services Costs	2,599	285,211	287,810
Total GENERAL EXPENDITURES	32,591	345,664	378,254
Partner National Societies			0
Other Partners (NGOs, UN, other)			0
Total TRANSFER TO PARTNERS	0	0	0
Programme and Services Support Recovery	27,262	161,978	189,241
Total INDIRECT COSTS	27,262	161,978	189,241
Pledge Earmarking & Reporting Fees		2,248	2,248
Total PLEDGE SPECIFIC COSTS	0	2,248	2,248
TOTAL BUDGET	422,344	2,547,972	2,970,316
NET EMERGENCY APPEAL NEEDS	422,344	2,547,972	2,970,316