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## DREF Emergency Plan of Action Update

### Dominican Republic: Zika, dengue and chikungunya virus outbreak

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation update 1</b>	<b>MDRDO008;</b> <b>Glide no. EP-2015-000175-DOM</b>
<b>Date of issue:</b> 18 May 2016	<b>Date of disaster:</b> 23 January 2016
<b>Operation manager:</b> Mariela Moronta, Regional Disaster Management Coordinator for the Caribbean	<b>Point of Contact:</b> Gustavo Lara Tapia, Director General, Dominican Red Cross (DRC)
<b>Operation start date:</b> 18 February 2016	<b>Expected timeframe:</b> 4 months (18 June 2016)
<b>Overall Operation budget:</b> 100,481 Swiss francs (CHF)	
<b>Number of people affected:</b> 32 people directly affected to date 10,000,000 people at risk (the entire population of the Dominican Republic)	<b>Number of people to be assisted:</b> 29,200 people
<b>Presence of Host National Society:</b> The Dominican Red Cross has 1 headquarters, 137 branches nationwide, approximately 20,000 volunteers and approximately 221 staff members.	
<b>Red Cross Red Crescent Movement partners actively involved in the Operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC) and Spanish Red Cross	
<b>Other partner organizations actively involved in the operation:</b> National Prevention, Mitigation and Response Committee, National Emergency Operations Centre, Municipal Prevention, Mitigation and Response Committees, Ministry of Public Health, Ministry of Education, Ministry of Public Works, Ministry of Defence, Radio Club Dominicana, Metropolitan Transport Authority, Civil Defence, Fire Brigade, National Police, Specialized Tourism Security Corps (CESTUR for its acronym in Spanish), private companies (Autopistas del Nordeste y Boulevard Turístico del Atlántico).	

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An extension of one month was requested for this operation because there have been delays in putting together the community health groups for community epidemiological surveillance with the Ministry of Health as the health authorities at local level (in provinces) have not been available to participate in the coordination meetings. This responds to the fact that many of the health authorities have been involved in political activities related to the elections that took place on May 15.

Another issue that affected health activities was the national vaccination day, which coincided with the start of the activities of the Zika DREF; the Ministry of Health spent more or less one month preparing the vaccination campaign and was not available to participate in the coordination meetings at the provinces level.

This has also affected the community selection process. The selection of the communities is based on the Zika situation according to the cases reported by the Provincial Directorates of Health; the Health Ministry supports the identification of the communities with data provided by the national surveillance system.

One of the most important activity regarding to water, sanitation and hygiene promotion that the operation also supports is the vector control and activities for sanitation and hygiene promotion, as the Ministry of Public Health (MSP) is coordinating the national response to Zika in the Dominican Republic the educational materials for the awareness raising campaign have to be approved by the General Direction of the Health Promotion Department (the Spanish acronym is DIGPRES), the materials wouldn't be validated because the

Ministry of Health has a delay with their own materials and could not made a cross check with the DRC materials, finally they approved the materials only validating the key messages. The materials will be printed in the coming weeks (third and fourth week of May).

The DRC has a delay in the acquisition of the cleaning kits and the materials for the vector control because of the internal procurement process took more time than normal; the National Society's procurement department is in the headquarter and had to focus all their efforts in preparing the operation for Easter week, a nationwide holiday that requires the DRC to intensive their prehospital care activities and lifeguarding activities in recreational areas. The cleaning kits were only acquired in April and the distribution is taking place during May; the purchase of the vector control equipment will take place in May according to the planning of the DRC health department. The cleaning campaign is planned to be conducted at the beginning of June.

The Dominican Red Cross continues to perform actions in response to the situation created by the increase Zika cases in the country, besides the increase in cases of Guillain Barre syndrome associated with the virus, active surveillance is maintained in provinces with higher risks (Santo Domingo , National District, Azua, Independence and Puerto Plata mainly) and where outbreaks have been identified mosquito breeding Aede Aegyptis and zika confirmed cases.

At the headquarter level the DRC maintained communication with the surveillance system of the Ministry of Public Health (MSP) through weekly meetings of the board of health focal points with nationwide organizations that are supporting the response for the Zika control, these meetings are being conducted with the aim of generating continuous and timely information through the registration and identification of cases in different provinces according to alerts generated weekly by each Provincial Health Department, so that they can take preventive measures and timely intervention in the provinces where the highest morbidity occurs.

## A. Situation Analysis

### Description of the Disaster

On 23 January 2016, the Pan American Health Organization/World Health Organization (PAHO/WHO) reported the presence of the Zika virus in the Dominican Republic after 10 cases were confirmed, eight were contracted locally and two were imported from El Salvador. Affected people are from different locations across the country: the National District and the municipalities of Santo Domingo Norte, Jimaní Oeste near the Haitian border and the provinces of Independencia and the locality of Santa Cruz in Barahona province (southwest Dominican Republic). Eight of the 10 cases were identified in people aged 15 to 57, and the remaining two cases were identified in children under five years of age. The onset of symptoms was detected between 3 and 18 January 2016. Fevers and rash were reported in all of the cases, conjunctivitis was reported in eight of the ten cases, discomfort, headaches and arthralgia's (joint pain) were reported in six of ten cases and myalgia was reported in five of ten cases.

Cases were confirmed by testing samples through reverse transcription polymerase chain reaction (RT-PCR) by the Centres for Disease Control (CDC).

Dominican health authorities intensified surveillance activities and the implementation of vector control measures, as well as educational activities for the Dominican population on the risks associated with the Zika virus, encouraging them to take precautions to avoid mosquito bites.

After confirming the circulation of the virus, the Dominican government issued Decree 7-16 on 23 January 2016, which instructed the Ministry of Health to coordinate actions to detect and confirm cases of dengue, chikungunya and Zika, address and implement a guidance strategy and to reduce the number of mosquito-breeding sites. The Ministry of Defence and specialized security forces were ordered to conduct any measures required by public health, government agencies were ordered to get actively involved and institutions were ordered to disseminate prevention information through virtual platforms, social networks and other mechanisms

During Epidemiological Week number 4, 32 new suspected cases of Zika were reported with autochthonous transmission proven, by locality the cases were reported in: National District (8) and municipalities of Jimaní (14), Santo Domingo Norte (3) and Santa Cruz de Barahona (7).

Health authorities are conducting intensified surveillance of febrile rash illness (*enfermedad febril exantémica* - EFE). Through this surveillance, 45 cases have been identified and investigated in other localities of the country, of which 38 met the criteria for laboratory diagnosis. Samples were sent to the laboratory of the Centre for Disease Prevention and Control (CDC) in the United States. In line with this strategy, the Ministry of Health continues to advance in strengthening the Dr. Defilló National Laboratory with assistance from PAHO and the CDC to enable the samples to eventually be processed in country.

In addition to the detection of virus circulation, the Ministry of Health is encouraging all the components of the health sector in the Dominican Republic to implement systematic monitoring and weekly notifications of EFE episodes, with an aim to monitor the course of the epidemic.

## Summary of current response

### Overview of Host National Society

The Dominican Red Cross has been carrying out concrete actions to provide assistance to the affected population, together with the Ministry of Public Health, the Ministry of Education, the Prison System Directorate-General, and Dominican universities, through the deployment of 468 volunteers to support prevention efforts conducted by the Ministry of Health via national mobilization campaigns against Zika, dengue and chikungunya.

Dominican Red Cross volunteers are actively involved in the elimination of mosquito breeding sites, distribution of educational materials, larviciding, garbage removal and the cleaning of gutters. Volunteer efforts have contributed to a reduction in the risk of contracting Zika, dengue and chikungunya in 318 communities nationwide, including Santo Domingo, National District, San Pedro de Macorís, La Vega, San Cristóbal, Monsenor Nouel, San Francisco de Macorís, La Altagracia, Dajabón, Monte Plata, Nagua and Santiago.

### Overview of Red Cross Red Crescent Movement in the Country

The IFRC is supporting the Dominican Red Cross activities through the Country Cluster Support Team in Haiti and the disaster management coordinator from the Pan American Disaster Response Unit (PADRU), who is providing technical support and guidance to the operation.

The Spanish Red Cross has an office through which it runs joint capacity building and community strengthening projects with the National Society.

The Canadian Red Cross Society is developing a project with the Dominican Red Cross to build the National Society's emergency response capacity.

### Movement Coordination

The Dominican Red Cross has a bi-national agreement with the Haiti Red Cross Society through a plan of action focused on three main lines:

1. Migration
2. Health
3. Risk Management

The IFRC and the International Committee of the Red Cross (ICRC) have supported both National Societies in the process to develop the bi-national plan of action, as well as the tools to respond to any event that could create a disaster and crisis situation.

### Overview of actors in the country

After the first ten cases of Zika were detected in the country, several government entities have joined prevention efforts through the elimination of breeding grounds in order to address this disease, which PAHO has detected in 26 countries since May 2015.

Actions have been coordinated through municipal governments and institutions assigned by regions, as well as through the Dominican Federation of Municipalities (FEDOMU) and their mayors, to achieve a broader

preventive scope and to reduce the reproduction of the mosquito that transmits the Zika, dengue and chikungunya viruses.

The Ministry of Defence has made more than two thousand military staff available to work on the elimination of mosquito breeding sites and fumigation as part of preventive measures, for which the entity has created an Epidemiological Disease Mitigation Unit to be at the disposal of the Ministry of Public Health.

Around 100 Army doctors have joined the National Fumigation, Orientation, and Elimination of *Aedes aegypti* Breeding Sites Day, with similar actions being conducted by members of the Dominican Republic Air Force (FARD).

Likewise, with the leadership of the Dr. Vinicio Calventi Hospital, the mayor of the municipality Los Alcarrizos and community organizations in that district held a Prevention Day that conducted 322 home visits, a distribution of 600 units of larvicide and a delivery of 450 informational brochures, 1,200 units of chlorine and parasite treatments.

FARD started its activities in the municipality of Santo Domingo Este, with 500 members divided into groups of 25. Fumigation efforts were conducted in the sectors of Los Mina, Los Cocos, Canta la Rana, La Barquita, Lavapiés and other sectors along the banks of the Ozama River. FARD deployed trucks equipped with two sprayers each to disinfect all places suspected of harbouring mosquitoes. The spraying included ravines, streets, alleys and garbage dumps; the Military and Police Commission from the Ministry of Public Works joined these efforts as well.

The Ministry of Education provided around 12,100 employees and administrative staff from its headquarters and regional and school districts across the country. The administrative staff conducted its efforts in streets, alleyways, courtyards and ravines in the sectors of Cristo Rey, María Auxiliadora, Ensanche Luperón, Capotillo, Villa Juana, Villa Consuelo, as well as in Villa Mella, Santo Domingo Norte and the banks of the Ozama River in the province of Santo Domingo.

All groups mobilized in the campaign, which included men and women, visited homes and delivered informational brochures, larvicide and granular chlorine to residents.

### **Needs analysis, beneficiary selection and risk assessment and scenario planning**

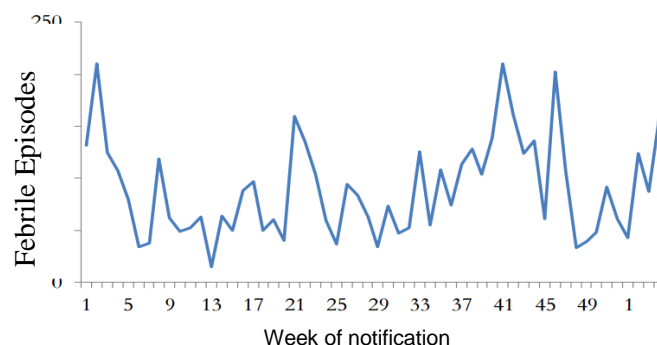
Since May 2015, the Zika virus has been detected in 26 countries and territories in the Americas (some affected territories belong to European nations), which means that the entire Americas region is at risk and it will reach all of the countries where the *Aedes aegypti* mosquito is present.

Even though there is only ecological evidence of the connection between Zika virus outbreaks and increases in cases of microcephaly and other neurological and autoimmune complications at the moment, the possible causal nature of this connection cannot be dismissed. Given this situation and considering the continued spread of the Zika virus in the region of the Americas, PAHO and WHO have reinforced recommendations regarding surveillance of the Zika virus, including the monitoring of neurological syndromes and congenital anomalies published in the 1 December 2015 issue of Epidemiological Alert. Further guidance is being provided for surveillance of neurological syndromes and refreshers on the clinical management of Guillain-Barre Syndrome.

#### **Health**

PAHO/WHO have issued a worldwide Epidemiological Alert and made recommendations regarding surveillance of the Zika virus, aimed mostly at neurological syndromes and congenital anomalies (microcephaly, Guillain-Barre Syndrome) and linking them to the outbreak of the Zika virus in the Americas.

The first Zika cases in the Dominican Republic were detected on 23 January 2016, in addition to the incidence of dengue in the country. The Ministry of Health is identifying cases through the monitoring of episodes of febrile rash illness:



In view of the imminent arrival of the Zika virus to the Dominican Republic, the Ministry of Health has asked women of reproductive age to avoid becoming pregnant this year, and for pregnant women to take the necessary precautions to prevent infection with the Zika virus, as well as encouraging the population to go to their nearest health care centre if they are experiencing symptoms from the virus and not to self-medicate.

### Water and Sanitation

In the Dominican Republic, *Aedes aegypti* is the most common vector and the one with which humans most come into contact given that these insects prefer living indoors and colonizing artificial breeding sites of various kinds. Initial research and entomological surveys conducted annually by the Ministry of Health have determined that 55-gallon drums are the most common water storage means and the main breeding site inside and around homes. They have also determined that sanitation and hygiene conditions in the country are among the main causes leading to the proliferation of the mosquito.

### Vulnerability criteria and beneficiary selection

The action plan is intended to provide assistance to communities at greater risk according to the following vulnerability criteria:

- Age group.
- Pregnant women
- School-aged population
- Communities with high level of overcrowding and poor hygiene practices.
- Communities with difficulties in terms of the proper disposal of solid waste, which can become mosquito breeding grounds.
- Population in the prison system.

### Risk Assessment

Given the sanitary conditions in the Dominican Republic, the entire population was considered at risk of contracting the disease once the cases were confirmed due to the rapid proliferation of mosquitoes and the country's ideal conditions for fostering it. It is common to see containers with stagnant water in Dominican household gardens (pots, bottles), which later become breeding sites for mosquitoes. The on-and-off nature of the water supply forces residents to store water to meet their needs in containers, which are left uncovered and with no protection or treatment to prevent mosquitoes from breeding there. The outdoor accumulation of trash and debris is a common practice in Dominican communities. The lack of maintenance on drains with stagnant water is one of the main problems affecting the country, which make it ideal for the spread of mosquitoes.

As dengue and Zika are water related vector-borne diseases associated with climate and precipitation, this enables actions to be focused on communities that have experienced recent rainfall. Even though the Dominican rainy season usually runs from June to November, variations in the typical weather pattern are expected due the effects of the El Niño phenomenon.

Another potential risk is that vulnerable volunteers and staff will contract the virus during their vector control and awareness-raising actions in affected communities; consequently, they will be provided personal

protective equipment, which will include suitable clothing and supplies to provide services to beneficiary communities.

The Dominican Republic is a country where violence is on the rise; as a result, all personnel working on the project must adhere to safety standards established by the Dominican Red Cross in order to reduce the possibility of security incidents occurring between National Society personnel and beneficiaries.

## **B. Operational strategy and plan**

### **Overall objective**

To interrupt the chain of transmission of the disease caused by the Zika virus in the 10 affected municipalities through response actions that effectively and efficiently control the vector, through community awareness and prevention activities, vector control and coordination with local authorities and other agencies in the field.

### **Proposed strategy**

Based on its contingency plan and through its network of branches across the country, the Dominican Red Cross is supporting the national response efforts to reduce the chain of transmission of the Zika virus in the Dominican Republic through community-based work on prevention those affected by the disease; additionally, the Dominican Red Cross believes it is necessary to define strategies that allow a comprehensive approach that is community-based, multi-sectoral, and interdisciplinary to address the risk of an outbreak of vector-borne diseases in the country. The most important activity being performed is the coordination between the DRC and the various entities providing support to the current health situation in the Dominican Republic in order to enhance the impact of the Red Cross's actions and ensure the proper implementation of the prevention actions conducted by Red Cross branches across the country.

The following are included within the operations plan for 15,000 families in 10 provinces in the Dominican Republic, 6 prisons, 20 schools, and 10 DRC provincial branches via an intervention that integrates:

- Strengthening of the National Epidemiological Surveillance Network established by the Dominican Ministry of Health to identify dengue and Zika virus cases.
- Building the capacity of DRC branches and community networks to implement properly prevention, promotion and epidemiological surveillance activities.
- Building the capacity for and strengthening of orientation activities regarding prevention of the spread of Zika in schools and prisons.
- Promoting strategic partnerships with the public and private sectors.
- Conducting orientation activities at the community level to prevent the spread of Zika, with an emphasis on pregnant women.
- Conducting cleaning campaigns in communities, schools, prisons and Dominican Red Cross branches.

### **Operational support services**

#### **Human Resources**

In order to assist with this emergency situation, the management of the operation and coordination and logistics at the national level is being carried out by the Dominican Red Cross Health leadership. At the local level and as a way of increasing intervention capacity, Red Cross branches are providing support near the border and in the rest of the country.

The National Society appointed a DREF funds coordinator, who is the responsible and accountable for the implementation of all actions proposed in the operational plan, with support from the local IFRC office as part of the assistance and technical support provided by the IFRC.

The operation is providing support through safety and visibility equipment for volunteers in the field (repellent, caps, Polo shirts and identification bibs).

#### **Logistics and supply chain**

While initial actions were decided in coordination and jointly with local authorities, the proposed humanitarian aid and supplies to be delivered during the operation will be purchased in each of the cities, thus following Sphere Manual standards and current National Society financial/administrative procedures. Fuel and maintenance costs for the deployed National Society vehicles will be borne by the operation.

## **Information Technology (IT)**

Mobile and fixed telephony will continue to be used to maintain direct communication with provinces/branches, as well as the very high frequency (VHF) radio system, which will support a large part of the activities in the field and monitoring of the emergency. The National Society's Communications Department will contribute through the proper dissemination of humanitarian actions by various Movement components, keeping the public informed of the situation, as well as encouraging donations, documenting beneficiary testimonials and disseminating prevention and informational materials designed specifically for the operation.

## **Communications**

The National Society has a Communications Department which is covering project actions and providing information to the media regarding the emergency situation and Red Cross actions through the following:

### **Internal Communications**

- Operation bulletins and reports (print and digital).
- Preparation of dissemination materials (brochures, flyers, posters etc.)

### **External Communications**

- Press conferences.
- Press visits to the field.
- Promotional press tours.
- Publication of press releases.
- Beneficiary stories
- Video of the operation.
- Preparation of dissemination materials (brochures, flyers, posters, etc.)
- A campaign over social networks.

Part of the operation's goal is to increase documentation and dissemination of information about humanitarian impact actions by the National Society for the preparation of information and key messages aligned with guidelines defined by the IFRC and jointly with partners from local and international humanitarian sector partners.

The NS is ensuring adequate management of operational communications at the internal level, disseminate information to affected communities and facilitate feedback from beneficiaries.

The Communications Department is maintaining a close relationship and exchange of information with the IFRC's Communications Department to disseminate actions by the Red Cross Movement through virtual, written and audio-visual media.

The IFRC Communications Department is preparing a communication campaign to support chikungunya, dengue and Zika prevention actions.

Strategic actions by the Communications Department have focused on the following:

### **Internal communication**

#### **Thematic Axes:**

- Zika: general information and how to talk about it
- Operational communications
- National Society and IFRC activities (before, during and after the operation)

Target Audience	Channel
National Society (Management and administrative staff)	- Electronic bulletin (Intranet)
Volunteers	- Polymedia or tutorial videos - Brochures - Preparation of informational murals or boards
National Society, cooperating agencies, volunteers	- Videos: Stories of affected populations, actions conducted and follow-up

## External communication

### Thematic Axes:

- Zika: general information (awareness-raising)
- Community-based prevention
- National Society and IFRC activities

Target Audience	Channel
Press and society	Social networks
Press	Microsite or Press room devoted exclusively to appeal issues
Press, government, and aid agencies	Press conferences, releases, and bulletins
General public	Radio and TV spots
Communities	Brochures, posters
Society in general	Media tour: arranging for interviews over traditional mass media
Press and general public	Videos: Stories of affected populations, actions conducted and follow-up

## Planning, monitoring, evaluation and reporting (PMER)

Monitoring mechanisms are established for the entire implementation period, and will be based on the tracking of proposed activities and indicators and the use of tools defined and/or adapted for reporting, as well as field visits and interviews with critical actors of the operation.

The following tools will be part of monitoring:

- Monthly review of implementation against the plan of action and work based on the monthly implementation reports
- Visits by the national project coordinator to neighborhoods and districts with each branch's technician. These visits will include meetings and interviews with branch teams, key actors, and community beneficiaries.
- Field monitoring mission reports
- Narrative reports of the operation.

Work and coordination within the community and with local authorities are in place from the branches, allowing for direct and efficient communications. Moreover, for logistical, financial and administrative

purposes, the branch will establish a liaison with headquarters.

At the end of the project's implementation, a final evaluation will be conducted in order to assess the extent of objective and impact fulfilment, highlighting lessons learned and involving partner institution actors, DRC volunteers and staff, and beneficiary communities, among others.

### **Administration and Finance**

The Dominican Red Cross has specific procedures for conducting procurement and accountability processes in emergency situations, which ensure transparency in the management of the funds allocated to the implementation of humanitarian aid actions. DRC project administration, finance, procurement, and auditing offices are providing their support to the operation, as well as to budget tracking, purchasing, expense reporting, audits and financial reporting.

The IFRC, through its disaster response coordinator and Finance Department, are providing the necessary operational support for the review, validation of budgets, bank transfers and technical assistance to National Societies on expense justification procedures, including the review and validation of invoices.

Proper financial resource are used according to conditions established in the memorandum of understanding between the National Society and the IFRC. Funds management are according to National Society regulations and DREF guidelines.

The National Society's own procedures are applied to the justification of expenses, and they are done on formats established by the IFRC. As per DREF procedures, the operation is not covering permanent structural costs, only expenses incurred during the 4-month operation.

## Health and Care

**Needs analysis:** Now that the Zika virus is in circulation in territories in the Americas, PAHO has recommended its member countries to monitor and notify any increase in neurological syndromes and congenital anomalies due to their possible link to the Zika virus. Zika virus surveillance should be developed from existing surveillance for dengue fever and chikungunya, taking into account the differences in clinical presentation. Depending on the epidemiological situation of the country, surveillance should be aimed at detecting the introduction of the Zika virus in a particular area, tracking the spread of the Zika virus once it has been introduced or monitoring the disease once it has become established; these actions are necessary to ensure coverage of the existing health service needs in the Dominican Republic and to respond appropriately to a potential increase in demand for services to treat neurological syndromes through the distribution of information for prevention and dispelling of myths and stigmas attached to Zika, thus developing an effective vector control strategy and good communication with the population and a corresponding reduction in the presence of the *Aedes aegypti* mosquito.

**Population to be assisted:** In order to contribute to the health of the affected population, the Dominican Red Cross will provide support to 1,500 families, 6 prisons, 20 schools and 10 provincial branches of the Dominican Red Cross through prevention and health promotion in the 10 provinces of the Dominican Republic (Santo Domingo, Monte Plata, Peravia, San José de Ocoa, Monseñor Nouel, San Pedro de Macorís, La Romana, Azua, San Cristóbal y el Distrito Nacional)

Quantity	Description	Members	Details	Sub total
1500	Families	5	Members	7,500
20	Schools	300	School community	6,000
6	Prisons	14,200 (*)	Inmates and staff	14,200
10	Branches	150	Volunteers	1,500
<b>Overall Total</b>				<b>29,200</b>

\*: Detailed beneficiaries in prisons

Inmates and permanent staff	Prisons
8,500	La Victoria

Note: Estimated quantities

	700	Azua	
	750	El Seibo	
	1,500	La Vega	
	750	San Juan	
	2,000	Najayo	
	<b>14,200</b>	<b>Total</b>	
<p><b>Outcome 1:</b> The risk of contracting the Zika virus is reduced through information and awareness-raising regarding prevention measures in 1,500 families (7,500 people), 6 prisons (approximately 14,200 people), 20 schools (approximately 6,000 people), and 10 branches (1,500 people) of the Dominican Red Cross during the 3-month operation.</p>	<b>Outputs</b>		<b>% of achievement</b>
	<b>Output 1.1:</b> At least 1,500 families have information on prevention and early detection of signs and symptoms of the Zika virus.		45%
	<b>Output 1.2:</b> 20 schools are provided information on Zika prevention		45%
	<b>Output 1.3:</b> 6 prison centres receive information on prevention and early detection of signs and symptoms of the Zika virus.		80%
	<b>Output 1.3:</b> Contribute to epidemiological surveillance actions in communities		40%
<b>Activities</b>	<b>Is implementation on time?</b>		<b>% progress (estimate)</b>
	<b>Yes (x)</b>	<b>No (x)</b>	
2 community-based health and first aid (CBHFA) and participatory hygiene and sanitation transformation (PHAST) workshops for volunteers and health promoters to prevent Zika		X	0%
Door-to-door visits to provide information on prevention and early identification of cases		X	0%
Formation of community health groups for community epidemiological surveillance with the Ministry of Health		X	50%
Zika prevention lectures in schools		X	40%
Workshop for school staff on prevention and early identification of cases		X	40%

Workshops for prison staff on prevention and early identification of cases	X		100%
Talks delivered to prison inmates on prevention and early identification of cases	X		20%

### Progress towards outcomes

To date the Dominican Red Cross made the coordination meetings with the Dominican Red Cross branches, the Ministry of health at the provincial level (in 6 of the 10 target provinces), The authorities of the National Prison System (the 6 target prisons), The Education authorities at the provincial level and community leaders (in 6 of the 10 target provinces) to implement the plan of action and identify the 20 communities, the 20 schools and planning workshops to conduct the awareness sessions and disinfection in the prisons, communities, schools and branches. The DRC have been coordinated so far with the provincial branches in: Monte Plata, San Cristobal, Santo Domingo, Distrito Nacional, San Pedro de Macorís, La Romana, Azua, Peravia, San José de Ocoa.

#### Communities Selection:

Provinces	Communities	Comments
San Pedro	Batey Esperanza Batey Angelino	
Monte Plata	El Edén Efrén Reyes	
San José de Ocoa	Rancho Arriba Naranjal	
Peravia	Villa el Socorro El Cañafistol	
Azua	Pendientes	Meetings with the provincial Health Department have been affected by other activities of the Ministry of Health. It has been re scheduled made from the third week of May
Distrito Nacional	La Chancleta Barrio Cristo Rey El aguacate La Puya de Arroyo Hondo	According to the survey conducted at the meeting with the Unit for the area health, the high degree of people affected by Zika was evident in this zone, because of that was determined the need to execute actions in four priority communities (without raising costs

		activities) through community groups present in these locations.
La Romana	Rio Salado Culo de maco	
Santo Domingo	Santo Domingo Oeste Herrera	
Monseñor Noel	Pendiente	Meetings with the provincial Health Department have been affected by other activities of the Ministry of Health. It has been re scheduled made from the third week of May
San Cristóbal	5 de Abril Moscú	

- 233 people were trained in the in 6 prisons to be part of the health brigades, composed of prisoners and staff in the different prisons. The training was made applying the SPAC and PHAST methodology, as vigilants and multipliers for the other prisoners; the brigades was formed with each cells representative and recognized as a focal point for the medical area of the prison.

The sensitisation activities took place in the next 6 prisons:

PRISON NAME	MEN	WOMEN	ADMINISTRATIVE PEOPLE
Centro Penitenciario de Bani	0	36	5
Centro Penitenciario Najayo Hombres	41	0	4
Centro Penitenciario La Victoria (Santo Domingo Este)	46	0	12
Centro Penitenciario 15 de Azua	52	0	2
Centro Penitenciario Ciudad del Niño Batey Bienvenido (Santo Domingo Oeste)	23	0	12
<b>TOTAL</b>	<b>162</b>	<b>36</b>	<b>35</b>

- 257 people trained in 9 schools in 4 provinces (69 teachers and 188 students)

Provinces	Schools	Teachers	Students
San José De Ocoa	Liceo El naranjal	6	23
	Liceo Rancho Arriba	5	21
Monte Plata	Centro Fernando Arturo de Meriño.	6	15
	Liceo Julio Abreu Puello	7	24
San Pedro de Macorís	Centro Estudio Esperanza	9	18
	Centro educativo Batey Angelino	11	17
Distrito Nacional	Liceo Benito Juarez	25	70
<b>Total.</b>	<b>9</b>	<b>69</b>	<b>188</b>

- Formation of community health groups for community epidemiological surveillance with the Ministry of Health in 5 provinces: San José de Ocoa, Monte Plata, San Pedro de Macorís, Santo Domingo and El Distrito Nacional.

### CHALLENGES:

In early April the Ministry of Public Health and PAHO / WHO launched the Integral Immunization campaign for the Vaccination Week in the Americas all the provincial health directorates was called to be involved, because this reason the meeting for the activities coordination with the Ministry of health in the communities have had a delay.

In the second weekend of may the country will have elections and the health authorities are involve in political activities because much of these employees are political part of the actual government group. The CRD will start again the meetings with the health authorities in the 3st week of May.

## Water, sanitation and hygiene promotion

**Needs analysis:** Taking into account that basic sanitation conditions are conducive to the proliferation of the dengue and Zika vector in the Dominican Republic, it is necessary to strengthen the environmental sanitation component within the National Integrated Management for the Prevention and Control of Dengue and Zika Virus strategy, providing the basis for adequate preparedness against these diseases. One of the main identified needs is integrated vector management (IVM), with an effective and operational control of the transmitting vector, providing the technical and operational basis for adequate preparedness against the Zika virus. Therefore, surveillance and vector control efforts developed for dengue and Zika will be used and intensified.

**Population to be assisted:** In order to contribute to the health of the affected population, the Dominican Red Cross will provide support to 1,500 families (7,500 people), 6 prisons (approximately 14,200 people), 20 schools (approximately 6,000 people), and 10 branches (1,500 people) of the Dominican Red Cross through a comprehensive approach that is community-based, multi-sectoral, and interdisciplinary to address the risk of an outbreak of vector-borne disease.

### Outcome 2:

The Zika virus risk has been reduced through the application of vector control and hygiene practices that prevent mosquito breeding sites in the 10 provinces in the Dominican Republic, 6 prison centres and 20 schools

Outputs	% of achievement
<b>Output 2.1.</b> At least 1,500 households participate in elimination of mosquito breeding site and fumigation campaigns.	0%
<b>Output 2.2.</b> 20 schools participate in elimination of mosquito breeding site and disinfection campaigns.	0%
<b>Output 2.3.</b> At least one mosquito breeding site and disinfection campaign will be conducted in 6 prison centres	0%
<b>Output 2.4.</b> 10 Provincial Branches of Dominican Red Cross participate in elimination of mosquito breeding site and disinfection campaigns.	0%

Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Purchase of chlorine	X		100%
Purchase of mosquito nets	X		100%
Purchase of manual pumps for chlorine spray		X	0%
Acquisition and distribution of community cleaning kits	X		100%
Community Cleaning Campaign (trash removal) and elimination of solid waste		X	0%
Acquisition and distribution school cleaning kits		X	0%
School cleaning campaign (trash removal) and elimination of solid waste		X	0%
Acquisition and distribution of prison cleaning kits	X		20%
Prison cleaning campaign (trash removal) and elimination of solid waste	X		20%
Acquisition and distribution of Red Cross branch cleaning kits		X	0%
Branch cleaning campaign (trash removal) and elimination of solid waste		X	0%
Acquisition of personal protective equipment to conduct hygiene and sanitation actions	X		100%
Purchase and distribution of repellent-impregnated mosquito nets		X	0%
Dominican National Disinfection Brigades (BRINADES) conduct activities for chlorine spray during the cleaning campaigns		X	0%
Purchase and installation of mosquito protection kits in homes	X		5%

## Progress towards outcomes

### To date the DRC have implemented the next activities with the branches, prisons and the communities:

- 90 volunteers have been formed to be part of the health and sanitation brigades for the epidemiological surveillance in the branches.

	Number of volunteers trained
San José de Ocoa	25
Monte Plata	25
San Pedro de Macoris	20
Distrito Nacional	20
	<b>TOTAL 90</b>

- 2 cleaning kits were prepositioned in Monte Plata and San José de Ocoa branches
- 2 cleaning kits were distributed to the prisons Ciudad del Niño and Batey Bienvenido and the Cleaning campaign.
- 1 Cleaning kits distributed to the community El Naranjal in San José de Ocoa
- Distribution of 10 mosquitoes nets in San José de Ocoa, communities Rancho Arriba and Naranjal to pregnant woman and mothers with young kids.
- 4 schools have been trained, two of them corresponding to Ocoa province, one to Monte Plata and other one to the Distrito Nacional.
- 10 mosquitoes protection kits installed in the community of Rancho Arriba and Naranjal

### CHALLENGES:

- Delay in the approval of the educational materials
- Delay in the acquisition of the cleaning materials and the equipment for vector control
- The communities selection was not on time, that means also the schools selection won't be on time and the rest of activities that has to be implemented in the communities.

## Quality programming / Areas common to all sectors

The activities established for common areas will allow for the performance of field assessments, facilitating secure access to communities, epidemiological surveillance in beneficiary communities and IFRC's support of the National Society.

Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	<b>Output 1.1:</b> An initial needs assessment was conducted in consultation with beneficiaries (evaluation reports, plan of action)		95%
	<b>Output 1.2:</b> Mass campaign aimed at over 30,000 people with information on Zika virus prevention.		0%
	<b>Output 1.3:</b> Mass campaign aimed at pregnant women with information on Zika virus and dengue prevention.		0%
	<b>Output 1.4:</b> At least 20 public and private sector companies are sensitized regarding the importance of strategic partnerships to combat dengue and Zika		0%
	<b>Output 1.5:</b> The operation is implemented through a comprehensive monitoring and evaluation system		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Baseline for situation assessment	X		95%
Coordination with community leaders and authorities to facilitate and ensure the assessment is performed	X		80%
Support to the Dominican Red Cross by the IFRC's disaster manager	X		100%
Reproduction of informational materials (brochures, banners, posters)		X	

			20%
Meetings and visits to public and private sector companies to sensitize them on the importance of working in partnership	X		40%
Mass campaigns aimed at pregnant women, face-to-face conversations, visits to communities		X	0%
Publication of informational press releases in written media		X	0%
Beneficiary satisfaction survey		X	0%
<b>Progress towards outcomes</b>			
<ul style="list-style-type: none"> <li>For the Baseline the DRC made a survey to the provinces Provincial Health Directorates and an information gathering with the weekly epidemiological bulletin of the Ministry of health.</li> <li>The DRC start the sanitation with the materials produced by the IFRC, specially for the work in the prisons. All the materials are now in the impression process as the ministry of health give the green light to make the distribution of the materials.</li> <li>The PADRU DM made weekly meetings with the DRC health Department to ensure the support and monitoring of the DREF implementation.</li> <li>The DRC held coordination meetings with the Health Authorities in the provinces San José de Ocoa, Baní, Azua, San Pedro de Macorís, Santo Domingo, La Romana and the Distrito Nacional.</li> </ul> <p><b>CHALLENGES:</b></p> <ul style="list-style-type: none"> <li>Information materials (as brochures, banners, posters and flyers) for zika prevention was present to the Ministry of health for their validation; this process present delay because the national campaign was not ready to work with, so they want to make a cross check with the materials produced for the organizations working in zika prevention and the key messages.</li> <li>The provincial health directorates was focuses on other activities like the vaccination week and political activities.</li> <li>The presidential election process will take places on may and the public employees are involved in political activities; the public organizations are all part of these activities.</li> </ul>			

## Contact Information

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