

# International Appeal Final Report

## Haiti and Dominican Republic: Cholera

<b>International Appeal</b>	<b>Operation n° MDR49008</b>
<b>Date of Issue:</b> 04 November 2016	<b>Glide number:</b> <a href="#">EP-2010-000210-HTI</a> <a href="#">EP-2011-000192-DOM</a>
<b>Operation start date:</b> 5 December 2013	<b>Operation end date:</b> 31 March 2016 (3 years)
<b>Host National Societies:</b> Dominican Red Cross and Haiti Red Cross Society	<b>Operation budget:</b> CHF 3.2m (revised)
	<b>Number of people assisted:</b> 499,637 people
<b>N° of National Societies involved in the operation:</b> American Red Cross, French Red Cross, German Red Cross, Japanese Red Cross Society, Norwegian Red Cross, Spanish Red Cross and Swiss Red Cross.	

This International Appeal was 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 respective Ministries of Health and Water and Sanitation. Working in partnership with the Dominican Red Cross and Haiti Red Cross Society, this Appeal was built on the Red Cross' vital role and responsibilities in the effort to eliminate cholera in the respective countries. Details are available in the secretariat's [Emergency Plan of Action \(EPoA\)](#). The **Summary of the Federation-wide Plan of Action** is attached within the EPoA, for additional reference.

## 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 no. 2](#) 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 no. 3](#) 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.



**Photo 1: Latrines rehabilitated in Ecole Nationale de Ponce, Arcahaie/Photo source German Red Cross**

**March 2016:** [Operations Update no. 4](#) issued featuring a revised budget for CHF 3,205,088 based on revisions of actual expenditures against the appeal budget. Activities and project targets remain as projected in the previous update.

**June 2016:** [A preliminary final report](#) issued with an update on the closure of activities for each project under the appeal. Given that projects have all ended at different times, it was appropriate that a preliminary report be issued as of 30 June.

## Summary:

The International Federation of Red Cross and Red Crescent Societies' secretariat (IFRC), the Haiti Red Cross Society (HRCS) and the Dominican Red Cross (DRC) have taken the UN led coalition of the Haitian and Dominican Republic governments to eliminate Cholera, and each country's national 10 year elimination plan into consideration; together they have identified their roles and responsibilities in the elimination of cholera over the past 24 month period. Seven National Societies were involved in the implementation of the cholera related activities on the Island of Hispaniola; however, this report will be only focused on the responses of the German, Spanish and Japanese Red Cross Societies to the appeal. This is so given that in the agreed project action plans within the Cholera appeal, the Partner National Societies (PNS) (German, Japanese and Spanish Red Cross Societies) together with the secretariat of the International Federation of the Red Cross and Red Crescent Societies (IFRC) and HRCS have managed to implement key activities which were focused on: **preparedness and response, water and sanitation facilities, community engagement and hygiene promotion as linked to local government initiatives.**

Since December 2013, the IFRC has supported the Dominican Red Cross (DRC) and the Haitian Red Cross Society's (HRCS) efforts to reduce cholera from Hispaniola Island. Initially, the International Appeal was launched with the intention of supporting 600,000 people for a duration of 24 months. However after the Appeal revision in September 2014, the number was reduced to 454,637 people. By October 2015, with data again showing increases in cholera cases, support was provided to an additional 45,000 persons through the JRC Cholera Response Project. Hence the total number of persons reached through the appeal was 499,637 people. The Red Cross partners have continued to tackle the elimination of cholera with a four-pronged approach, supporting the objectives of the National Directorate for Water Supply and Sanitation and the Ministries of Health in both country and based on prevention, community engagement, communication and response. The success of these activities is 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' secretariat (IFRC).

The activities implemented 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 for, and mobilisation following cholera spikes, including training of volunteers on investigation of alerts, interventions such as disinfection, sensitization and distribution of cholera kits.
- Leading targeted hygiene promotion activities to improve hygiene knowledge, awareness 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

Actions focused on key areas at risk such as households and schools so as to reduce the risk of infection from and exposure to cholera through:

- Rehabilitating and constructing water supplies and sanitation facilities and supporting the development of management and fee collection systems to ensure sustainable maintenance
- Distributing hygiene products and aquatabs
- Installing hand washing stations
- Constructing toilets at schools
- Providing 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 mobilising volunteers
- Disseminating cholera prevention messages and gathering community feedback to ensure relevancy of messaging and activities via multiple channels including megaphones, SMS and toll free information hotlines

#### 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 to and mitigate against cholera by:

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

The **German Red Cross (GRC)** focused its activities on improved access to potable water and sanitation facilities in schools and also supported the increase of knowledge and awareness on the disease amongst the target population with regards to hygiene promotion. Activities were implemented in the 3eme section des Vases, Arcahaie commune, in the West Department of Haiti. Up until the 31 December 2015, the GRC Cholera project reached a total of 1,735 persons (1,662 students and 73 teachers) through the construction/rehabilitation of school latrines, and/or the expansion of existing water supply systems for portable drinking water. A total of 10 schools received improved water facilities with the development of 10 functional school committees. Forty-nine committee members were trained to ensure the maintenance and sustainability of the new infrastructure and 63 teachers were trained in Water Sanitation and Hygiene Promotion (WASH) practices. In addition, approximately 65,100 people were reached through door-to-door sensitizations and mass sensitization events. This figure equates to 12,390 households (HH) reached via door to door sessions and is inclusive of the 3,150 persons reached via 9 large scale sensitization events (approximately 350 people reached per event).

The **Japanese Red Cross Society (JRCS)** in conjunction with the IFRC through the Cholera Response project implemented its activities in the Communes of Bas Plateau in Haiti's Centre department (Saut-d'Eau, Mirebalais, Boucan Carré, Lascahobas, Belladère and Savanette). This Cholera project ended in June 2016, reaching a total of 16,545 beneficiaries through awareness activities and the distribution of cholera hygiene kits which included 854,950 Aquatabs, 7,095 soaps, 435 Oral Rehydration Salts (ORS) sachets and 1,680 buckets. In total, 48 volunteers received training on cholera response techniques and control and, epidemiological surveillance, which will serve to make the various Haitian Red Cross branches more dynamic in terms of the services they provide at the community level. In addition, 160 houses in the targeted area were reached with home disinfection and beneficiaries were reached through 61 field investigations. Emergency kits were pre-positioned in each HRCS local committee and the Regional office in Mirabalais, in the event that new cholera cases occurred in the area.

Additionally, the JRCS and the IFRC's secretariat focused also on the fight against cholera through the Hygiene Promotion project in the Communes of Colombier (Section 1) and the Commune of Savanette (Section 2) in Haiti's Centre department. This project will continue until 31 December 2016. For the period under review, the team utilized the IFRC's Community-Based Health and First Aid (CBHFA) approach supported by the Epidemic Volunteer Control (ECV) manual and toolkit. Thus far, 114,725 beneficiaries have been reached through hygiene promotion activities. Of this figure, 12,212 beneficiaries were reached through soap distributions, 17,151 beneficiaries with aquatabs and 14,313 beneficiaries through mass sensitization messages. In total, 4,166 flyers were distributed to communities, 375 community training tools (or manuals) in support of increasing the knowledge base of the volunteers and communities on issues related to the diseases. In total, 250 HRCS volunteers and community facilitators were trained in ECV and 375 of them were trained in CBHFA.

The **Spanish Red Cross (SPRC)** focused on activities regarding prevention, community engagement, communication, awareness and response in targeted schools and communities in the communes of Oranger and Dessource in Léogâne. This Cholera project also ended in December 2015, reaching 5,125 persons (approximately 1,025 households) with greater access to potable water through the rehabilitation and/or expansion of existing water supply systems. Eleven water supply systems were repaired and/or extended. Five (5) of these were in schools and, 10 functional water committees were created in the targeted communities. In order to reduce the risk of infection caused by the use of poor sanitation facilities in the targeted communities and schools, 644 students were reached and 5 school committees were created to take the charge of maintenance and to ensure that developed infrastructure remained sustainable. A total of 4,156 beneficiaries were reached through hygiene promotion activities and 2,371 hygiene kits were distributed. 7,741 beneficiaries benefited from soap distributions, 8,105 from aquatabs, 10,000

through flyers distribution and 8,172 through mass sensitization messages. In total, 101 HRCS volunteers and community facilitators were trained in Participatory Hygiene and Sanitation Transformation (PHAST).

In the Dominican Republic, the National Society's project ended in September 2015. DRC continued its support to the Ministry of Health and the National Prisons Direction, as linked to their objective to coordinate and develop prevention strategies that reduce the number of cholera outbreaks in local prisons. In total, seven prisons benefited from hygiene promotion activities involving the distribution of information, education and communication (IEC) materials and with training on water and waste management. The DRC Cholera project also distributed a total of 5,000 hygiene kits inclusive of soap and chlorine distributions at public events together with IEC materials. A total of 2,500 families and 50 schools were reached through the repair and/or expansion of 30 water systems in the targeted communities. 200 latrines were constructed in communities that lacked adequate sanitation systems. 4,578 houses and 1,511 latrines/toilets in the area of Bavaro, 72 houses in the area of San Cristobal and 14 in Monseñor Nouel were reached with home disinfection. A total of 200 families in the province of Monseñor Nouel and Bonao benefitted from 8 tube wells and a community cistern. The communities of Bavaro and Roman benefitted from the distribution of health, water sanitation and cleaning products including chlorine drops, oral rehydration salts, soaps, bladders, cutlasses, axes, and machetes. First Aid kits were also made available to the communities. Also in the province of Monseñor Nouel, 10 pool tests, 2 disinfection backpacks, 10 complete outfits for disinfection and one drum of chlorine were provided.

In view of the closure of the Cholera Appeal, a consultant was hired to conduct a final evaluation of the emergency Cholera Appeal. The evaluation targeted a representative sample of project staff, beneficiaries and communities. Interviews took place in the following areas. In Haiti: Arcahaie, Section communale Dessource and Oranger, Léogâne in the West department, Lower Central department: Saut-d'Eau, Mirebalais, Boucan Carré, Lascahobas, Belladère, Colombier and Savanette. In the Dominican Republic: La Altagracia, Azua, San Cristobal, Santo Domingo, Dajabón, Puerto Plata and Monseñor Nouel.

The purpose of the evaluation was to assess the effectiveness, efficiency, outcomes and impact of project activities as well as to evaluate the relevance and appropriateness of the appeal in terms of population needs, project sustainability, effectiveness of implementation and efficiency. In addition, the evaluation looked at the cooperation and coordination modality of the appeal, given that it was implemented by the JRC, IFRC, SRC, DRCS and the GRC with financial support from the Singapore, Italian and Japanese Red Cross Societies.

A final evaluation report has been shared and will be posted on the [IFRC Evaluation Database](#) with the management response at the same time.

## Financial Summary

The overall budget was CHF 3,205,089 and the income was CHF 3,075,717. Of this amount, CHF 3,018,356 was spent, leaving a balance of CHF 57,361.

Of the total expenditure, CHF 674,433 was spent on relief items, construction and supplies; CHF 1,538 was spent on land, vehicles and equipment, while CHF 182,040 covered costs that enabled the delivery of assistance to beneficiaries, such as logistics, transport and storage. A total amount of CHF 19,099 was spent on workshops & training. Finally, CHF 1,492,679 was utilized for personnel costs including international, national staff, National Society staff, volunteers and other staff benefits. An amount of CHF 4,711 was spent on Consultants & Professional fees, General expenditures were CHF 447,908. The indirect costs covering the programme and services support recovery were CHF 167,570. The operation has expended a total of CHF 28,378 on pledge specific costs (pledge earmarking and reporting charges).

The operation was closed in March 2016. Since then, the IFRC is closing final expenditures related to the operation such as the final evaluation carried out at the end of the operation. The final balance is CHF 57,361. The remaining funds of the operation are planned to be reallocated to the Operational Plan for Haiti --managed by the IFRC Country Cluster Support Team for Cuba, Haiti and the Dominican Republic-- to continue supporting actions in the country. The IFRC, on behalf of the Haitian Red Cross Society and the Dominican Red Cross as well as the German, Japanese and Spanish Red Cross Societies, would like to extend thanks to all partners for their generous contributions.

Click here to view the [final financial report](#).

## A. Situation analysis

### Description of the disaster

**Haiti** had been completely free of cholera for over 100 years up until October 2010 when the first of cases of cholera were reported in the country. However, the country's caseload has become the highest in the world over the course of the past three years. 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 alone. 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 had significantly declined because of a 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 (PAHO/WHO) 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 on-going 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 that 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 expertise in water, sanitation and public health 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 Haiti Red Cross Society and Dominican Red Cross, the IFRC launched an emergency appeal to provide support to the National Societies in the provision of a timely and appropriate response. The programme is focused on water and sanitation and the national health sector.

From the beginning of the epidemic (October 2010) in Haiti until 31 December 2014, (Epidemiological Week 1 to Epidemiological Week 53 in 2014), there were 27,753 cholera cases and 296 related deaths recorded, according to PAHO/WHO; this represents a decrease of 53 per cent and 50 per cent, respectively, compared with the numbers recorded in 2013. While the overall cases registered between Epidemiological Week 37 to Epidemiological Week 47 in 2014 were well below the numbers recorded in previous years, there was a comparative increase in cases when compared to early 2014. In fact, between Epidemiological Week 1 and Epidemiological Week 36 of 2014, the weekly average of new cholera cases recorded had been 251; nonetheless, it jumped to 918 new cholera cases weekly nationwide for Epidemiological Week 37 to Epidemiological Week 47 in 2014. Four departments, Artibonite, Centre, West and North, accounted for 90 per cent of the cases registered in 2014; the West department had the highest number of registered cases with 36 per cent of the total. Between Epidemiological Week 37 and Epidemiological Week 47, these four departments reported an average hospitalization rate of 70 per cent, signifying that 7 out of every 10 cases recorded required hospitalization.

Cholera is linked to poor hygiene and sanitation conditions, which are further aggravated by the rainy season. During these times, more and more people visit health facilities in numbers that exceed the human and material capacity of these facilities. However, as mentioned earlier, there has been a steady decline in the number of cholera cases. This can be attributed to the efforts of the Ministry of Health and Population (MSPP) and other humanitarian organizations including the IFRC and the HRCS to control the epidemic. More efforts are under way to further improve the containment of the disease as well as to react to new cases. Cholera is still an emergency in Haiti and efforts need to be pursued to sustainably eliminate the disease.

In the **Dominican Republic**, the first outbreak occurred in November 2010, and there have been over 32,000 cases reported and 480 deaths. In February 2015, heavy rains in the north of the country caused flooding and destruction of property and damage to agriculture, displacing 20,860 people and forcing them to seek shelter in the homes of relatives and friends; in total, 4,190 homes were affected, including 20 houses destroyed and 47 communities left uncommunicated, according to data provided by the Emergency Operations Centre (EOC).

The Dominican Red Cross provided assistance to families from Sabaneta Yásica and Gaspar Hernandez in the Espaillat province and conducted a health sensitization campaign for the cholera prevention, the proper use of water and waste management, disinfection, as well as the distribution of chlorine and cleaning equipment, in order to prevent waterborne diseases, such as cholera.

### **Intervention in prisons:**

The prisons in the Dominican Republic were also affected by the epidemic as many of the prisons have outdated infrastructure, with poor health systems --such as La Victoria--, and located in flood-prone areas. This has caused that persons living in prison settings are repeatedly affected by the effect of rains and storms. Two cholera outbreaks have affected several persons living in prison settings.

In addition, various prisons are severely overcrowded and inmates are often transferred from one centre to another. Prisons receive approximately 60,000 to 70,000 monthly visitors. In the month of March 2015, hygiene promotion actions within penitentiary centres were carried out in response to the request to support the Public Ministry of the Dominican Republic.

## **Coordination and partnerships**

The IFRC facilitated coordination within the Movement and with external partners including government authorities, UN agencies, international and national non-governmental bodies. The IFRC represents the HRCS and DRC in the Pan-American Health Organisation/World Health Organization (PAHO/WHO) coordination mechanism known as the Regional Coalition for Water and Sanitation to Eliminate Cholera in the Island of Hispaniola.

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

The German Red Cross through its Cholera project team have worked with the local HRC branch. The branch and its volunteers, along with line ministries such as the Ministry of Education (MENFP) and DINEPA, worked to identify the target schools and supported activities such as the Knowledge, Aptitude and Practices (KAP) survey and hygiene promotion actions at community level. To provide a medium for information sharing, joint decision-making on technical matters and discussions on project progress, regular monthly RCRC Partner Cholera Coordination meetings were led by the HRC with participation from the PNSs and the IFRC. The French Red Cross held the mandate for cholera response in the West department and therefore supported joint actions with the project team and the HRC when any cholera cases occurred in the target communities. On these instances, project staff in collaboration with the community facilitators worked to support response activities in conjunction with the Ministère de la Santé Publique et de la Population (MSPP).

Through the cholera project team, the Spanish and the Haitian Red Cross Societies have worked in collaboration with the Haitian National Directorate for Potable Water and Sanitation (DINEPA), the Ministry of Education, Médecins du Monde-Espagne, Goal and Gadyen Dlo (Kreyol for "Water Guardian"). Joint activities were implemented when cholera cases occurred in the targeted communities and project staff, in collaboration with the community facilitators, worked to support the MSPP.

Through the Cholera Response project team, the IFRC and the HRCS have worked closely with the targeted communities, and collaborated with the French Red Cross, national and local authorities the Haitian Ministry of Public Health and Population, and other NGOs such as Médecins du Monde (MDM) Argentine and OXFAM. In addition, when cholera cases occurred in the targeted communities, joint activities were implemented by the project staff who worked closely with community members.

Over the last year, especially for the appeal, the same coordination structure was continued involving two levels of meetings in Haiti: The Heads of Delegation meetings to discuss and share details about the appeal pledges and the 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.

## B. Detailed Operational Plan

### HAITI

The following were the outcomes achieved and the given tables reflect on project progress and show the number of beneficiaries reached from the beginning of the Appeal to closure in March 2016.

#### Water

**GOAL:** To contribute to the elimination of cholera from Hispaniola Island during the next two years (2013 – 2015)

**OUTCOME 1:** Reduced risk of infection, and exposure to, cholera through improved access to potable water amongst target communities.

**Table 1**

**Output 1.1.:** Increase access to portable water through the construction of new or repair and/or extension of existing water supply systems

INDICATOR	Target number	Actual	% of Target
# of people with greater access to water through the rehabilitation and/or expansion of existing water supply systems.	1,125	5,125	455%
# of households with access to safe drinking water	225	1,025	455%
# of people with access to potable drinking water	1,125	5,125	455%
# of water supply systems extended, repaired and constructed	8	11	137%
# of functional water committees	18	21	117%

#### Achievements:

Throughout the project duration, 5,125 people (approximately 1,025 households) in the targeted communities have been reached through water supply systems and potable drinking water; the number targeted beneficiary families increased from 225 families to 1,025 families. In addition, 11 water supply systems to be extended, repaired and constructed were accomplished instead of the initial target of 8, showing a 137.5% result on the expected target.

**Table 2**

**Output 1.2.:** Increase access to improved sanitation facilities in schools

INDICATOR	Target number	Actual	% of Target
# of schools with improved water facilities	15	15	100%
# of students and teachers with greater access to water through the rehabilitation, extension or construction of water supply systems in schools	3,687	5,930	160%
# of water supply systems extended, repaired and constructed in schools	15	14	93%
# of functional school committees	15	15	100%

#### Achievements:

While 5,930 students and staff from the schools have been reached in giving access to the construction/rehabilitation of water supply systems in school latrines, a total of 14 schools have been also reached through improved water facilities for that 15 functional schools committees have been put in place to take charge of maintenance and to ensure the sustainability of the infrastructures.

#### Sanitation

**OUTCOME 2:** Reduced risk of infection, and exposure to, cholera through improved access to sanitation facilities in the targeted communities.

**Table 3**

Output 2.1.: Increase access to improved sanitation facilities in schools			
INDICATOR	Target number	Actual	% of Target
# of schools with improved sanitation facilities	15	15	100%
# of students and teachers with greater access to sanitation facilities in schools	4,349	2,379	55%
# of functional school committees	15	15	100%

**Achievements:**

As shown in table 3, the 15 schools were benefitted by latrines which were constructed. All latrines were fitted with modern toilet seats, doors, and locks for the doors to limit indiscriminate usage of the facilities by neighbours or passers-by. With regards to the number of persons having access to these new facilities, the initial, ambitious target of 4,349 was an estimate based on pupil numbers in urban schools. Once the initial community assessments were completed, it was found that the number of pupils in these rural schools was significantly less than originally anticipated. A one day workshop was also organized in each of the 15 schools where intended committee members (each committee is composed of 5 persons; the school director, 1 teacher, 1 community member, 2 students) were trained on how to take charge of and maintain the developed infrastructure.

## Hygiene Promotion

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

**Table 4**

Output 3.1.: Hygiene products such as soap and aquatabs are used in the target communities			
INDICATOR	Target number	Actual	% of Target
# of hygiene kits distributed	1,423	2,371	166%
# of estimated people reached with aquatabs at mass campaigns	25,382	24,533	97% <sup>1</sup>
# of estimated people reached with soap at mass campaigns	25,382	19,953	79% <sup>2</sup>
# of estimated people reached with flyers	13,000	14,166	109%

**Achievements:**

A total of 2,371 hygiene kits were distributed; while 24,533 people received aquatabs and 19,953 people received soap at mass distribution campaigns; while 14,166 persons were reached through flyers distribution.

**OUTCOME 4:** Increased knowledge amongst the target population regarding hygiene and sanitation

**Table 5**

Output 4.1.: Haitian population have access to necessary educational materials on proper hygiene practices.			
INDICATOR	Target number	Actual	% of Target
# of manuals distributed	438	375	86% <sup>3</sup>
# of people reached with hygiene promotion activities	39,628	179,325	453% <sup>4</sup>
# of people reached with hygiene promotion messages	7,382	8,172	111%

<sup>1</sup> Figure will be changed given the fact that activities still on-going Cholera Hygiene Promotion and also please note that this figure speaks to the number of contacts made with beneficiaries on hygiene promotion issues. Hence, what is being counted is the number of occasions sensitization activities were conducted in the same community.

<sup>2</sup> Activities continued in the field, the figure will be changed

<sup>3</sup> Figure will be changed given the fact that distribution of manuals still on-going Cholera Hygiene Promotion

<sup>4</sup> Figures will be changed (hygiene promotion activities is still on-going Cholera Hygiene Promotion in Centre department)

# of people reached through mass sensitizations	27,134	22,485	83%
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#### Achievements:

By the end of the operation, a total of 375 manuals were distributed; 179,325 beneficiaries were reached through hygiene promotion activities, 8,172 people were reached through hygiene promotion messages and 22,485 beneficiaries through mass sensitization including door to door visits carried out in all the targeted areas.

### National Society capacity building

**OUTCOME 5:** The National society has an increased capacity to respond to spikes in cholera cases

**Table 6**

## RESPONSE

Output 5.1.: Emergency stocks are positioned at the regional branches of the Haitian Red Cross

INDICATOR	Target number	Actual	% of Target
# of branches equipped to respond to cholera cases	6	6	100%
# of HRC volunteers/community facilitators actively respond to cholera outbreaks	172	173	101%
# of emergency stocks <sup>5</sup> distributed	854,950 Aquatabs, 7,095 soaps, 435 Oral, Rehydration Salts (ORS) and 1,680 buckets.		

Output 5.2.: Community-based AWD monitoring established and active in remote communities and serving at risk population

INDICATOR	Target number	Actual	% of Target
# of trained HRC volunteers/community facilitators who participate in community based disease monitoring (CBDM) for acute watery diarrhoea	100	101	101%

Output 5.3.: Improved capacity of the National Society to respond to cholera outbreaks

INDICATOR	Target number	Actual	% of Target
# of HRC volunteers/community facilitators trained in disinfection and investigation	172	173	101%
# of house disinfection and field investigations carried out	171 houses and 61 field investigations		
# of cholera outbreaks responded to by HRC volunteers/community facilitators	100	101	101%
# of HRC volunteers who attended cholera response techniques training and control and epidemiological surveillance	48	48	100%
# of beneficiaries reached through awareness activities	16,545		

<sup>5</sup> A single hygiene kit is comprised of 150 Aqua tabs, 5 ORS Sachets, 5 soap bars and 1 bucket.

## Output 5.4.: Haitian Red Cross has the capacity to intervene as community health agents

INDICATOR	Target number	Actual	% of Target
# of HRC volunteers/community facilitators trained in ECV	438	250	47%
# of HRC volunteers/community facilitators trained in CBHFA	438	375	85%
# of HRC volunteers/community facilitators trained in PHAST	100	101	101%

A total of six branches were equipped to respond to cholera cases, while 173 HRC volunteers/community facilitators responded actively to cholera outbreaks. In addition, emergency stocks were distributed. These kits included 854,950 Aquatabs, 7,095 soaps, 435 Oral Rehydration Salts (ORS) sachets and 1,680 buckets.

Moreover, 101 HRC volunteers and community facilitators were trained in order to participate in community based disease monitoring (CBDM) for acute watery diarrhoea. In total, 173 HRC volunteers and community facilitators were trained in disinfection 171 houses in the targeted area were reached with home disinfection; and beneficiaries were reached through 61 field investigations.

In order to prevent the spread of the disease in the community, 48 volunteers received training on the cholera response techniques, control and epidemiological surveillance and 16,545 beneficiaries were reached through awareness activities. In addition, volunteers were mobilized following any warning of a suspected cases of cholera. Persons were reached in the context of an immediate response to cholera events.

In parallel, activities were also carried out by the team and the volunteers from the Haitian Red Cross (HRC) as part of the fight against cholera in the Bas Plateau Central, in the towns of Belladère, Savanette, Boucan Carré, Saut-d'Eau and Mirebalais.



Photo 2: House disinfection at locality of Iorman-Saut d'Eau Photo source IFRC

**OUTCOME 6:** Enhanced coordination among all actors state and non-state in the elimination of cholera from the island of Hispaniola

Table 6

## COORDINATION

### Output 6.1.: Improved coordination among Movement partners implementing cholera activities

INDICATOR	Target number	Actual	% of Target
# of Movement partners involved in Cholera initiatives and in coordination with implementing Partner (HRC)	24	27	113%
# of tools developed jointly and used by all the partners	3	3	100%
# of representation meetings participated in during the reporting period	2	2	100%

Throughout the project's duration, especially for the appeal, the same coordination structure was continued involving two levels of meetings in Haiti: The Heads of Delegation meetings to discuss and share details about the appeal pledges and the 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. For the period under review, 27 coordination meetings were held; M&E plan, ITT and a report template have been developed and, the Cholera Coordinator and the Head of Cluster participated in Cholera-related meetings.

**OUTCOME 7:** Enhanced accountability to beneficiaries

Table 7

<b>ACCOUNTABILITY</b>			
Output 7.1.: Improved accountability to beneficiaries			
INDICATOR	Target number	Actual	% of Target
<b>Project opening and closing ceremony organized</b>	2	1	50%
<b>Satisfactory, baseline and endline surveys conducted</b>	4	2	50%
<b>100% of community facilitators are selected according to participatory methods</b>	100%	103%	103%
<b>A complaint and suggestion system available in the community</b>	8	12	150%

**Achievements**

In order to assure that the activities implemented under the project were accountable, the team identified working options that sought to increase transparency and participation, allow for the monitoring of project activities and supported the development of effective complaints and feedback mechanisms. To do this the project teams met regularly with local leadership and operational staff, trained key volunteers and staff to implement beneficiary and accountability approaches and ensured that sound indicators were developed so as to adequately measure project performance. The project opening ceremony was organised, a baseline developed and a satisfactory survey was conducted in the Centre department.

The participation and the involvement of beneficiary groups at various stages of the project was taken into account. The project team showed transparency by providing information to the targeted population and stakeholders on their programmes, budgets and the process of beneficiary selection. A number of meetings and an Accountability workshop were held for project staff and HRCS volunteers so as to discuss staff capacities in terms of knowledge and attitudes to effectively respond to beneficiaries needs in a fair and efficient manner.



**Photo 3: PHAST closing activities/Theatre piece with students of Institution Pédagogique des Orangers. Photo source: Spanish Red Cross-June 2015**

According to participatory methods 103 community facilitators were selected and a total of 12 complaints and suggestion boxes were placed in schools and at key points in the communities. In addition phone cards were delivered to community facilitators so that they could provide information on a daily basis on community based disease surveillance activities and to be in contact with the SPRC at any time.

# DOMINICAN REPUBLIC

## Progress towards outcomes

The following were the outcomes achieved and the given tables reflect on project progress and show the number of beneficiaries reached from the beginning of the Appeal to closure in September 2015.

**GOAL:** To contribute to the elimination of cholera from Hispaniola Island during the next two years (2013 – 2015)

### Quality Programming/Areas Common to all Sectors

**OUTCOME 1:** The design and implementation of the operation is based on detailed assessment analysis.

Table 1

<b>Output 1.1.: The initial needs assessment is updated through consultation with beneficiaries</b>			
<b>INDICATOR</b>	<b>Target number</b>	<b>Actual</b>	<b>% of Target</b>
# of detailed assessment plan that have been developed	1	1	100%
# of field assessments conducted	4 field assessments conducted		
% of assessment reports that have been shared	100%	100%	100%
<b>Output 1.2.: The handling of the operation is based on a comprehensive M&amp;E system</b>			
<b>INDICATOR</b>	<b>Target number</b>	<b>Actual</b>	<b>% of Target</b>
# of M&E plan developed	1	1	100%
# of technical field and follow up visits conducted	8 follow up and 7 technical field visits		
A communication system that has been established	1	1	100%
<b>Output 1.3.: Evaluation results are used to adjust plans in the medium and long term, as needed</b>			
<b>INDICATOR</b>	<b>Target number</b>	<b>Actual</b>	<b>% of Target</b>
A final evaluation that has been performed	1	1	100%

#### Achievements:

A detailed assessment plan was developed while a total of 4 field assessments were conducted in the affected regions in coordination with community members. During the timeframe of the project, all assessment reports were shared with Red Cross partners and others institutions.

A monitoring and evaluation plan was developed. A total of 15 field visits were took place which 7 technical field visits were made periodically by DRC personnel to communities, and 8 follow up visits to monitor progress. The Dominican Red Cross has maintained the presence of volunteers at the branch level in targeted communities to maintain communication with beneficiaries and to help monitor cholera cases.

A final evaluation was conducted in the following areas of the Dominican Republic: La Altagracia, Azua, San Cristobal, Santo Domingo, Dajabón, Puerto Plata and Monseñor Nouel. Recommendations were provided by the consultant.

### 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.

Table 2

<b>Output 2.1.: Raise awareness about cholera prevention in at least 2,500 families</b>			
<b>INDICATOR</b>	<b>Target</b>	<b>Actual</b>	<b>% of</b>

	number		Target
% of educational/awareness materials produced	100%	100%	100%
# of pamphlets distributed	2,500	2,000	80%
# of people at community level and volunteers reached by training on ECV and CBHFA	700	643	92%
Output 2.2.: 2,500 families from the areas most affected by cholera outbreaks are reached with psychosocial support			
INDICATOR	Target number	Actual	% of Target
# of psychosocial support provided to patients affected	6,300 interns were examined		
Output 2.3.: Health authorities and institutions are supported in sanitary control and surveillance			
INDICATOR	Target number	Actual	% of Target
Cholera health kits were made available to the communities	Communities of Bavaro and Roman benefited		

### Achievements:



Photo 4: Sensitization meeting using educational and awareness materials. Photo Source: DRC

In order to reduce the number of cholera outbreaks, educational and awareness materials were produced and a total of 2,000 pamphlets were distributed in 18 communities and 6 schools. A total of 643 people in the community and volunteers were trained in Epidemic Volunteer Control (ECV) as well as in Community-Based Health and First Aid (CBHFA) approach, in the effort to maintain a response capacity. While psychosocial support was provided to a total of 6,300 interns, cholera health kits were made available to the communities of Bavaro and Roman.

## 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.

Table 3

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			
INDICATOR	Target number	Actual	% of Target
# of people and prisons reached with hygiene promotion activities	8,300 people reached and 7 prisons benefited		
# of people reached with hygiene promotion and cholera prevention messages	350 students in different schools and colleges		
Distribution of kits inclusive of soap and chlorine drops at public events	5,000 hygiene kits distributed		
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			

INDICATOR	Target number	Actual	% of Target
# of water systems repaired and/or expanded; repair of water and sanitation systems in schools	2,500 families, 50 schools reached through 30 water systems; 8 tube wells and a community cistern.		
# of latrines constructed	200 latrines		
Distribution of Health, Water and Sanitation products	352 Chlorine drops, oral rehydration salts, soaps, bladders, cutlasses, axes, and machetes		
Output 3.3.: At least 50 families benefit from sanitary disinfection of wells and homes			
INDICATOR	Target number	Actual	% of Target
# of houses, latrines/toilets reached with disinfection	4,664 houses, 1,511 latrines/toilets; 2 disinfection backpacks, 10 complete outfits, 38 water trucks		

#### Achievements:

A total of 8,300 people were reached through hygiene promotion activities and 7 prisons benefited as well; in total 350 students in different schools and colleges were reached with hygiene promotion and cholera prevention messages. In addition, 5,000 hygiene kits inclusive of soap and chlorine drops at public events together with IEC materials were distributed. Through the repair and/or expansion of 30 water systems in the targeted communities, a total of 2,500 families and 50 schools were reached and 200 latrines were constructed in communities that lacked adequate sanitation systems.

In addition, 4,578 houses and 1,511 latrines/toilets in the area of Bavaro, 72 houses in the area of San Cristobal and 14 in Monseñor Nouel, were reached with home disinfection. In the province of Monseñor Nouel, 10 pool tests, 2 disinfection backpacks, 10 complete outfits for disinfection and one drum of chlorine were provided. Disinfection and chlorination were also provided for three water trucks and 35 water tanks that supply water to the communities.

### National Society Capacity Building

**OUTCOME 4:** The DRC has increased its capacity to respond to cholera outbreaks in priorities provinces

**Table 4**

Output 4.1.: 100 DRC volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion

INDICATOR	Target number	Actual	% of Target
# of volunteers trained in Epidemic Control for Volunteers (ECV)		400	
# of volunteers trained in CBHFA			

Output 4.2.: The DRC has pre-positioned supplies to respond to cholera outbreaks

INDICATOR	Target number	Actual	% of Target
# of accident insurance provided to volunteers	500	500	100%
Pre-positioning supplies to respond	Stocks of community oral rehydration kits pre-positioned and 800 family kits		

#### Achievements:

A total of 400 volunteers were trained in Epidemic Volunteer Control (ECV) as well as in Community-Based Health and First Aid (CBHFA) approach to become agents of community health, water, sanitation and hygiene promotion. Stocks of community oral rehydration kits and 800 family kits were prepositioned at Elias Piña for distribution, in order to respond to possible cholera outbreaks. In addition, the Dominican Red Cross provided accident insurance to 500 volunteers who participated in the Cholera operation.

## Contact information

### In Haiti

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↘ **Final Financial Report [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**.

## Disaster Response Financial Report

MDR49008 - Haiti &amp; The Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 31 Mar 16

Appeal Launch Date: 05 Dec 13

Final Report

## Selected Parameters

Reporting Timeframe	2013/12-2016/8	Programme	MDR49008
Budget Timeframe	2013/12-2016/3	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>			3,205,089			3,205,089	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
<i>American Red Cross</i>			201,036			201,036	
<i>Italian Red Cross</i>			660,947			660,947	
<i>Japanese Red Cross Society</i>			1,286,790			1,286,790	
<i>Other</i>			300,000			300,000	
<i>Singapore Red Cross Society</i>			375,000			375,000	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>			7,571			7,571	
<b>C1. Cash contributions</b>			<b>2,831,344</b>			<b>2,831,344</b>	
<b>Inkind Personnel</b>							
<i>Japanese Red Cross Society</i>			205,403			205,403	
<i>Japanese Red Cross Society (from United States - Private Donors*)</i>			8,900			8,900	
<i>Other</i>			0			0	
<i>The Canadian Red Cross Society</i>			30,070			30,070	
<b>C3. Inkind Personnel</b>			<b>244,373</b>			<b>244,373</b>	
<b>C. Total Income = SUM(C1..C4)</b>			<b>3,075,717</b>			<b>3,075,717</b>	
<b>D. Total Funding = B + C</b>			<b>3,075,717</b>			<b>3,075,717</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>			3,075,717			3,075,717	
<b>E. Expenditure</b>			-3,018,356			-3,018,356	
<b>F. Closing Balance = (B + C + E)</b>			57,361			57,361	

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Budget Timeframe	2013/12-2016/3	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>3,205,089</b>		<b>3,205,089</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	1,431			1,431		1,431	0	
Water, Sanitation & Hygiene	600,905			484,061		484,061	116,844	
Medical & First Aid	17,409			17,409		17,409	0	
Teaching Materials	173,547			170,109		170,109	3,438	
Other Supplies & Services	11,595			1,422		1,422	10,173	
<b>Total Relief items, Construction, Sup</b>	<b>804,888</b>			<b>674,433</b>		<b>674,433</b>	<b>130,455</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	0						0	
Computers & Telecom	0						0	
Office & Household Equipment	1,538			1,538		1,538	0	
<b>Total Land, vehicles &amp; equipment</b>	<b>1,538</b>			<b>1,538</b>		<b>1,538</b>	<b>0</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	9,792			7,804		7,804	1,988	
Distribution & Monitoring	0						0	
Transport & Vehicles Costs	161,056			172,563		172,563	-11,507	
Logistics Services	1,673			1,673		1,673	0	
<b>Total Logistics, Transport &amp; Storage</b>	<b>172,521</b>			<b>182,040</b>		<b>182,040</b>	<b>-9,519</b>	
<b>Personnel</b>								
International Staff	727,363			678,215		678,215	49,148	
National Staff	566,310			508,125		508,125	58,185	
National Society Staff	217,126			274,318		274,318	-57,192	
Volunteers	17,218			20,572		20,572	-3,354	
Other Staff Benefits	11,449			11,449		11,449	0	
<b>Total Personnel</b>	<b>1,539,466</b>			<b>1,492,679</b>		<b>1,492,679</b>	<b>46,786</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	27,439			8,718		8,718	18,721	
Professional Fees	-3,753			-4,008		-4,008	254	
<b>Total Consultants &amp; Professional Fees</b>	<b>23,686</b>			<b>4,711</b>		<b>4,711</b>	<b>18,975</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	17,808			19,099		19,099	-1,291	
<b>Total Workshops &amp; Training</b>	<b>17,808</b>			<b>19,099</b>		<b>19,099</b>	<b>-1,291</b>	
<b>General Expenditure</b>								
Travel	6,492			6,530		6,530	-38	
Information & Public Relations	7,719			10,677		10,677	-2,958	
Office Costs	78,984			93,968		93,968	-14,984	
Communications	32,637			33,088		33,088	-451	
Financial Charges	-11,141			-5,209		-5,209	-5,932	
Other General Expenses	2,185			1,710		1,710	475	
Shared Office and Services Costs	319,616			307,144		307,144	12,472	
<b>Total General Expenditure</b>	<b>436,492</b>			<b>447,908</b>		<b>447,908</b>	<b>-11,416</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recover	178,911			167,570		167,570	11,341	
<b>Total Indirect Costs</b>	<b>178,911</b>			<b>167,570</b>		<b>167,570</b>	<b>11,341</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	24,715			23,182		23,182	1,533	
Pledge Reporting Fees	5,064			5,196		5,196	-131	

**Disaster Response Financial Report**

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Reporting Timeframe	2013/12-2016/8	Programme	MDR49008
Budget Timeframe	2013/12-2016/3	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>3,205,089</b>			<b>3,205,089</b>	
Total Pledge Specific Costs	29,780			28,378			28,378	1,402
<b>TOTAL EXPENDITURE (D)</b>	<b>3,205,089</b>			<b>3,018,356</b>			<b>3,018,356</b>	<b>186,733</b>
<b>VARIANCE (C - D)</b>				<b>186,733</b>			<b>186,733</b>	

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Budget Timeframe	2013/12-2016/3	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>BL3 - Strengthen RC/RC contribution to development</b>							
Community-based health and first aid	1,293,148		1,170,773	1,170,773	1,170,773	0	
Health	1,911,941		1,904,944	1,904,944	1,847,583	57,361	
Subtotal BL3	3,205,089		3,075,717	3,075,717	3,018,356	57,361	
<b>GRAND TOTAL</b>	<b>3,205,089</b>		<b>3,075,717</b>	<b>3,075,717</b>	<b>3,018,356</b>	<b>57,361</b>	