



| | |
|---|--|
| DREF Operation Final Report | MDRDO008; Glide no. EP-2015-000175-DOM |
| Date of issue: 14 November 2016 | Date of disaster: 23 January 2016 |
| Operation Manager: Mariela Moronta, Regional Disaster Management Coordinator for the Caribbean | Point of Contact: Gustavo Lara Tapia, Director General, Dominican Red Cross (DRC) |
| Operation start date: 18 February 2016 | Expected timeframe: 4 months (ends date 18 June 2016) |
| Overall Operation budget: 100,481 Swiss francs (CHF) | |
| Number of people affected: 32 people directly affected to date 10,000,000 people at risk (the entire population of the Dominican Republic) | Number of people to be assisted: 29,200 people |
| Presence of Host National Society: The Dominican Red Cross has 1 headquarters, 137 branches nationwide, approximately 20,000 volunteers and approximately 221 staff members. | |
| Red Cross Red Crescent Movement partners actively involved in the Operation: International Federation of Red Cross and Red Crescent Societies (IFRC) and Spanish Red Cross | |
| Other partner organizations actively involved in the operation: 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 (<i>Autopistas del Nordeste</i> and <i>Boulevard Turístico del Atlántico</i>). | |

< [Click here](#) for the contact information. [Click here](#) for the final financial report >

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 ten cases were confirmed, eight were contracted locally and two were imported from El Salvador.¹ The affected people were 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 ten cases were identified in people aged 15 to 57, and the remaining two cases were identified in children under 5 years of age. The onset of symptoms was detected between 3 and 18 January 2016. Fevers and rash were reported in all ten of the cases, conjunctivitis was reported in eight of the ten cases,

¹ Sources: World Health Organization (WHO), General Epidemiology Directorate, Ministry of Public Health and National Center for the Control of Tropical Diseases (CENCET).

discomfort, headaches and arthralgia's (joint pain) were reported in six of the ten cases and myalgia was reported in five of the ten cases.

Testing samples confirmed cases through reverse transcription-polymerase chain reaction (RT-PCR) by the United States' 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 authorities; 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 proven autochthonous transmission; 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 exanthematous illnesses). 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 CDC's laboratory in the United States. In line with the plan of action, the Ministry of Health continues to advance in strengthening the Dr. Defilló National Laboratory with assistance from PAHO and the CDC, with the goal of enabling the samples to be processed eventually in the Dominican Republic.

In addition to the monitoring of virus circulation, the Ministry of Health is encouraging all of the health sector's components in the Dominican Republic to implement systematic monitoring and weekly notifications of febrile exanthematous illnesses episodes, with the aim of monitoring the course of the epidemic.

In epidemiological week (EW) 20, 231 suspected cases of Zika were reported, as well as 63 pregnant women who showed symptoms in the first 24 weeks of pregnancy and 8 cases of Guillain Barré Syndrome (GBS) associated with the virus. Two deaths have been reported: an 88-year-old woman from Villa Lora in the Province of La Vega (treated at Veganas Hospital) and a 52-year-old woman from La Punta Pescadora in San Pedro de Macoris (treated at the Antonio Musa Regional Hospital).

The number of new symptomatic cases in the last two weeks has decreased across the population, including cases in pregnant women and of GBS associated with the Zika virus.

During the entire epidemic, 3,313 suspected cases have been reported, including 419 pregnant women who contracted the virus in the first 24 weeks of pregnancy, 139 cases of GBS associated with the Zika virus and 15 deaths. As of EW-20, the provinces of Independencia, Distrito Nacional, Santo Domingo, Azua, Valverde and Hato Mayor have been the hardest hit.

Summary of current response

Overview of Host National Society

The Dominican Red Cross conducted 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. The National Society successfully accomplished the actions 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 were actively involved in the elimination of mosquito breeding sites, distribution of educational materials, larviciding, garbage removal and the cleaning of gutters. Volunteer efforts 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 supported the Dominican Red Cross activities through the Country Cluster Support Team in Haiti and the Pan American Disaster Response Unit (PADRU)'s disaster management coordinator, who provided technical support and guidance to the operation.

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

Moreover, 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' efforts to develop the bi-national plan of action, as well as the tools to respond to any disaster or crisis.

Overview of actors in the country

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

Actions were 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 made more than two thousand military staff available to work on the elimination of mosquito breeding sites and fumigation as part of preventive measures, and an Epidemiological Disease Mitigation Unit was created and put at the Ministry of Public Health's disposal.

Around 100 Army doctors 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 municipality Los Alcarrizos's mayor and community organizations in the municipality held a Prevention Day that conducted 322 home visits, distributed 600 units of larvicide and delivered 450 informational brochures, 1,200 units of chlorine and parasite treatments.

FARD initiated 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 of the places suspected of harbouring

mosquitoes. The spraying included ravines, streets, alleys and landfills; 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 of the groups mobilized during 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

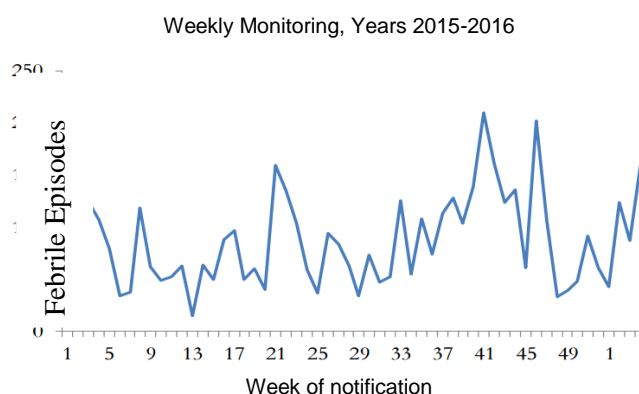
Since May 2015, the Zika virus has been detected in 26 countries and territories in the Americas (some affected territories belong to European nations), which means that the entire Americas region is at risk and it will reach all of the countries where the *Aedes aegypti* mosquito is present.

Due to the connection between Zika virus outbreaks and increases in cases of microcephaly and other neurological and autoimmune complications and the continued spread of the Zika virus in the region of the Americas, PAHO and WHO reinforced the recommendations on the 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 was provided for surveillance of neurological syndromes and refreshers on the clinical management of Guillain-Barre Syndrome.

Health

PAHO/WHO issued a worldwide Epidemiological Alert and made recommendations regarding surveillance of the Zika virus, which were aimed mostly at neurological syndromes and congenital anomalies (microcephaly, Guillain-Barre Syndrome) and their link with the Zika virus outbreak 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 identified cases through the monitoring of episodes of febrile rash illness:



In view of the Zika virus' arrival in the Dominican Republic, the Ministry of Health recommended that women of reproductive age avoid becoming pregnant this year, and for pregnant women to take the necessary precautions to prevent infection with the Zika virus; it also encouraged people to go to the nearest health care centre if they were 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 determined that 55-gallon drums were the most common method of water storage means and the main breeding site inside and around homes; it also concluded that the sanitation and hygiene conditions in the country were among the main causes of the *Aedes aegypti* mosquito's proliferation.

Vulnerability criteria and beneficiary selection

The plan of action provided assistance to the most at-risk according to the following vulnerability criteria:

- Age group.
- Prevalence of pregnant women
- Prevalence of school-aged population
- Communities with high level of overcrowding and poor hygiene practices
- Communities with difficulties regarding the proper disposal of solid waste, which can become mosquito breeding grounds.
- Size of 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 their growth. It is common to see containers with stagnant water in Dominican household gardens (pots, bottles), which later become breeding sites for mosquitoes. The sporadic 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 enabled actions to be focused on communities that had experienced recent rainfall. Even though the Dominican rainy season usually runs from June to November, there were variations in the typical weather pattern due to the effects of the El Niño phenomenon.

Another potential risk was that vulnerable volunteers and staff would contract the virus during their vector control and awareness-raising actions in affected communities; consequently, they were provided with personal protective equipment, which included suitable clothing and supplies to deliver 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 had to adhere to safety standards established by the Dominican Red Cross to reduce the possibility of security incidents occurring between National Society personnel and beneficiaries.

B. Operational strategy and plan

Overall objective

Interrupt the chain of transmission of the disease caused by the Zika virus in the ten 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 supported the national response efforts to reduce the Zika virus' chain of transmission in the Dominican Republic through community-based work on prevention with those affected by the disease. Additionally, the Dominican Red Cross believed it was necessary to define strategies that allowed for a comprehensive approach that was community-based, multi-sectoral and interdisciplinary

to address better the risk of an outbreak of vector-borne diseases in the country. The most important activity that was performed was the coordination between the DRC and the various entities providing support to the 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 activities conducted by the Red Cross's branches across the country.

The following were included in the operational plan for 15,000 families (29,200 families) in 10 provinces in the Dominican Republic, 6 prisons, 20 schools, and 10 DRC provincial branches via an intervention that integrated:

- 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 was being carried out by the Dominican Red Cross's Health leadership. At the local level and as a way of increasing intervention capacity, Red Cross branches provided support near the border and in the rest of the country.

The National Society appointed a Disaster Relief Emergency (DREF) funds coordinator, who was the responsible and accountable for the implementation of all of the actions proposed in the operational plan, with support from the local IFRC office as part of the IFRC's assistance and technical support.

The operation provided 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 humanitarian aid and supplies that were delivered during the operation were purchased in each of the cities and complied with Sphere Manual standards and current National Society financial/administrative procedures. The operation bore fuel and maintenance costs for the deployed National Society vehicles.

Information Technology (IT)

Mobile and fixed telephony were used to maintain direct communication with provinces/branches, as well as the very high frequency (VHF) radio system, which supported a large part of the activities in the field and monitoring of the emergency. The National Society's Communications Department contributed 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's Communications Department covered 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 was to increase the documentation and dissemination of information about the National Society's humanitarian impact actions 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 National Society ensured adequate management of operational communications at the internal level, the dissemination of information to affected communities and the facilitation of feedback from beneficiaries.

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

The IFRC's Communications Department prepared a communication campaign to support chikungunya, dengue and Zika prevention actions.

Strategic actions by the Communications Department 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 bulletin 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 DREF 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 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 were established for the entire implementation period, which was 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 the operation's critical actors.

The following tools were of the 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 included meetings and interviews with branch teams, key actors, and community beneficiaries.
- Field monitoring mission reports
- Narrative reports from the operation.

Work and coordination within the community and with local authorities were in place from the branches, allowing for direct and efficient communications. Moreover, for logistical, financial and administrative purposes, the branch established a liaison with headquarters.

At the end of the project's implementation, a final evaluation was conducted in order to assess the extent of the 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 provided 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, provides 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. Financial resources 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 procedures are applied to the justification of expenses, and they are done on formats established by the IFRC. As per DREF procedures, the operation did not cover permanent structural costs, only expenses incurred during the 4-month operation.

C. DETAILED OPERATIONAL PLAN

Early warning and emergency preparedness

Coordination meeting with the health technical team from the DRCs headquarters and provincial branches in order to review the national epidemic plan with the National Emergency Commission's health department, Ministry of Public Health (MSP) and National Prison System Directorate, as well as to present the plan to the Sectoral Group on Water, Sanitation and Hygiene Promotion.

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. This will allow for the treatment of neurological syndromes through the distribution of information for the prevention and the 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 provided support to 1,500 families, 6 prisons, 20 schools and 10 provincial DRC branches 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 and Distrito Nacional)

| Quantity | Description | Members | Details | Subtotal |
|----------------------|-------------|---------|-------------------|---------------|
| 1,500 | 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 |
| Overall Total | | | | 29,200 |

*: Detailed beneficiaries in prisons

| Inmates and permanent staff | Prisons | | |
|-----------------------------|--------------|-------------------------------|--|
| 8,500 | La Victoria | <i>Note: Estimated totals</i> | |
| 700 | Azua | | |
| 750 | El Seibo | | |
| 1,500 | La Vega | | |
| 750 | San Juan | | |
| 2,000 | Najayo | | |
| 14,200 | Total | | |

| <p>Outcome 1: The risk of contracting the Zika virus is reduced through information and awareness-raising actions on preventative measures for 1,500 families (7,500 people), 6 prisons (approximately 14,200 people), 20 schools (approximately 6,000 people), and 10 DRC branches (1,500 people) during the 4-month operation.</p> | Outputs | | % of achievement |
|---|--|--------|-----------------------|
| | Output 1.1: At least 1,500 families have information on prevention and early detection of signs and symptoms of the Zika virus. | | 100% |
| | Output 1.2: 20 schools are provided information on Zika prevention | | 100% |
| | Output 1.3: 6 prison centres receive information on prevention and early detection of signs and symptoms of the Zika virus. | | 100% |
| | Output 1.4: Contribute to epidemiological surveillance actions in communities | | 100% |
| Activities | Is implementation on time? | | % progress (estimate) |
| | Yes (x) | No (x) | |
| 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 | | 100% |
| Door-to-door visits to provide information on prevention and early identification of cases | X | | 100% |
| Formation of community health groups for community epidemiological surveillance with the | X | | 100% |

| Ministry of Health | | | | |
|---|-------------------------------------|----------|----------|--------------|
| Zika prevention lectures in schools | X | | 100% | |
| Workshop for school staff on prevention and early identification of cases | X | | 100% | |
| 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 | | 100% | |
| Progress towards outcomes | | | | |
| <i>Twenty workshops were held with school personnel in targeted communities, resulting in 259 teachers trained as multipliers; 949 students in selected schools were reached through lectures. DRC delivered 20 cleaning kits (one per school), each consisting of chlorine, a rake, a hose, a trash bin, trash bags, brooms, plastic bucket, sponges, gardening gloves, a wheelbarrow and shovel in order to clean the schools properly.</i> | | | | |
| Province | School | Teachers | Students | Cleaning Kit |
| San José de Ocoa | Liceo Jose Nuñez Caceres | 6 | 46 | 1 |
| | Liceo Juan Pablo Duarte | 5 | 35 | 1 |
| San Pedro | Centro Estudio Esperanza | 19 | 41 | 1 |
| | Centro Educativo Batey Angelino | 12 | 59 | 1 |
| Monte plata | Escuela Dr. Julio Alberto Cuello | 17 | 52 | 1 |
| | Liceo Madre Sunción | 5 | 47 | 1 |
| Monseñor Noel | Escuela Bienvenido Grullon | 12 | 29 | 1 |
| | Escuela Simón Rodríguez | 15 | 23 | 1 |
| Azua | Escuela Profesor Justo Silvestre | 29 | 91 | 1 |
| | Juan Fco. Bobadilla | 13 | 29 | 1 |
| Previa | Escuela Las María | 18 | 45 | 1 |
| | Liceo. Francisco Billini | 10 | 32 | 1 |
| Santo Domingo | Liceo Federico Henríquez y Calajals | 16 | 39 | 1 |
| | Liceo Pedro Aponte | 13 | 65 | 1 |
| Distrito Nacional | Escuela Benito Juerez | 18 | 48 | 1 |
| | Escuela Pérez Bello | 9 | 46 | 1 |

| | | | | |
|----------------------|---|-----|-----|----|
| La Romana | Liceo TV Centro, Km Cumallasa | 9 | 73 | 1 |
| | Liceo Paulina Jiménez | 7 | 36 | 1 |
| San Cristobal | Escuela Sabana Toro | 23 | 49 | 1 |
| | | 13 | 64 | 1 |
| TOTAL | CLEANING BRIGADE AND MULTIPLIERS | 259 | 949 | 20 |

Training (applying CBHFA and PHAST methodologies) to become health brigade members was provided to inmates and administrative and security staff in several penitentiaries (15 de Azua Penitentiary, Najayo Correction and Rehabilitation Centre for Men and Women, Bani Correction and Rehabilitation Centre for Men and Women, La Victoria Penitentiary, Batey de Bienvenido Juvenile Detention Centre and Ciudad del Niño Juvenile Detention Centre), as surveillance and multiplying agents for brigades formed in cells, where members are recognized as penitentiary medical focal points. Trained staff received copies of CBHFA and PHAST materials for following up on and implementing these methodologies.

The DREF benefitted directly 1,208 students and teachers, who received training in vigilante brigades and will replicate the training in the different schools. Indirectly, a total of 6,000 students and teachers are expected to be beneficiaries.

To date, 100 volunteers have been trained and who now make up their branch health teams (Azua, Peravia, San Jose de Ocoa, San Cristóbal, Monseñor Nouel, Santo Domingo, Distrito Nacional, Monte Plata, San Pedro, La Romana). Two workshops were held for health focal points. The first stage involved a CBHFA workshop attended by 25 volunteers (2 per branch: Azua, Peravia, San José de Ocoa, San Cristóbal, Monsenor Nouel, Santo Domingo, Distrito Nacional, Monte Plata, San Pedro, La Romana), while the second stage involved a PHAST workshop for these same volunteers acting as focal points in their respective branches. Both training sessions were delivered by Dominican Red Cross facilitators at the branches mentioned above. DRC coordinated with the Ministry of Health to arrange for community-based actions.



Training for brigades and kit delivery in penitentiaries – Source: DRC

Water, sanitation and hygiene promotion

Needs analysis: Taking into account that basic sanitation conditions were conducive to the proliferation of the dengue and Zika vector in the Dominican Republic, it was 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 was integrated vector management (IVM) with an effective and operational control of the transmitting vector, thereby providing the technical and operational basis for adequate preparedness against the Zika virus; therefore, surveillance and vector control efforts developed for dengue and Zika were used and intensified.

Population to be assisted: In order to contribute to the health of the affected population, the Dominican Red Cross provided support to 1,500 families (7,500 people), 6 prisons (approximately 14,200 people), 20 schools (approximately 6,000 people), and 10 DRC branches (1,500 people) 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 is 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 |
|--|------------------|
| Output 2.1. At least 1,500 households participate in the elimination of mosquito breeding site and fumigation campaigns. | 100% |
| Output 2.2. 20 schools participate in the elimination of mosquito breeding site and disinfection campaigns. | 100% |
| Output 2.3. At least one mosquito-breeding site and disinfection campaign will be conducted in 6 prison centres | 100% |
| Output 2.4. 10 Provincial Branches of Dominican Red Cross participate in the elimination of mosquito breeding site and disinfection campaigns. | 100% |

| Activities | Is implementation on time? | | % progress (estimate) |
|---|----------------------------|--------|-----------------------|
| | Yes (x) | No (x) | |
| Purchase of chlorine | X | | 100% |
| Purchase of long-lasting insecticide treated [mosquito] nets (LLITNs) for 1,500 families (2 per family) | X | | 100% |
| Purchase of manual pumps for chlorine spray | X | | 100% |
| Acquisition and distribution of community 50 cleaning kits | X | | 100% |
| Community Cleaning Campaign (trash removal) and elimination of solid waste | X | | 100% |
| Acquisition and distribution 40 school cleaning kits (2 per school) | X | | 100% |
| School cleaning campaign (trash removal) and elimination of solid waste | X | | 100% |
| Acquisition and distribution of 12 prison cleaning kits (1 per prison) | X | | 100% |
| Prison cleaning campaign (trash removal) and elimination of solid waste | X | | 100% |
| Acquisition and distribution of Red Cross branch 10 cleaning kits | X | | 100% |
| Branch cleaning campaign (trash removal) and elimination of solid waste | X | | 100% |
| Acquisition of personal protective equipment to conduct hygiene and sanitation actions | X | | 100% |
| Dominican National Disinfection Brigades (BRINADES) conduct activities for chlorine spray during the cleaning campaigns | X | | 100% |
| Purchase and installation of 165 mosquito protection kits to cover windows in | X | | 100% |

homes

Progress towards outcomes

Cleaning kits were delivered to schools, branches, communities and prisons, and cleaning days were held in communities in the provinces of Azua, Bani, San José de Ocoa, San Cristobal, Monsenor Nouel, Santo Domingo, Distrito Nacional San Pedro de Macorís, La Romana and Monte Plata. A total of 2,000 LLITNs were delivered to beneficiaries, prioritizing pregnant women, children less than 12 months of age, older adults and persons with disabilities.

During the operation, 2,000 spray cans of repellent were delivered to each of the 10 provinces that took part in the intervention for a total of 20,000 spray cans of repellent; additionally, the penitentiaries involved in the DREF operation received 33,150 spray cans of repellent. The spray cans of repellent were not included in the DREF Budget as the SC Johnson company donated them.

One kit containing wire mesh was provided per community; each kit provided enough mesh to cover three windows in 13 homes, benefitting a total of 165 homes; the 13 poorest homes were selected as beneficiaries in each community with input from community leaders. Below is the list of benefitted communities:

| A. Province | B. Community | C. Activity |
|----------------------|---------------------------------------|---------------------------|
| Azua | Barrio Nuevo San Francisco | Installation of wire mesh |
| Bani | El Socorro Cañafístula | Installation of wire mesh |
| San José de Ocoa | Naranjal San Antonio | Installation of wire mesh |
| San Cristóbal | Sector Caracol Villa Linda Primera | Installation of wire mesh |
| Monseñor Noel | Villa Lina I Santa Rosa | Installation of wire mesh |
| Santo Domingo | Herrera Los Alcarrizos | Installation of wire mesh |
| Distrito Nacional | La Chancleta El Aguacate | Installation of wire mesh |
| San Pedro de Macorís | Angelino Esperanza | Installation of wire mesh |
| La Romana | Rio Salao Culo de Maco | Installation of wire mesh |
| Monte Plata | El Resbalón | Installation of wire mesh |

| | | |
|--|-------------|--|
| | Efren Reyes | |
|--|-------------|--|

Awareness-raising campaigns were conducted to prevent and control Zika, in both the community and home, through home visits and the delivery of larvicide, chlorine, educational materials and repellent, benefitting a total of 1,500 families (approximately 7,500 people). Community cleaning campaigns were also held with support from DRC volunteers from the branches in San Cristobal, Peravia, Azua, San Pedro, San José de Ocoa, Monseñor Noel, Santo Domingo, Distrito Nacional, La Romana. The Dominican Red Cross Red worked diligently to reach more beneficiaries through activities aimed at promoting proper health habits and awareness-raising for residents on the elimination of breeding sites.



**Volunteers installing wire mesh in targeted communities -
Source: DRC**

Dominican Red Cross has been responding to the situation, and continues with active surveillance in the provinces at greatest risk (Barahona, Santiago de los Caballeros, San Cristóbal) and where *Aedes aegypti* mosquito breeding sites and confirmed cases of Zika had been identified. The operation also supports vector-borne disease control actions and community water, sanitation and hygiene promotion activities.

The operation was developed in coordination with authorities from the National Prison System and the Ministry of Health, province Dominican Red Cross presidents, school principals in targeted communities, and community leaders with support from the International Federation of Red Cross and Red Crescent (IFRC) Societies.

Equipment (sanitation: sprayers, disinfection jeep) and supplies (chlorine, educational material, larvicide) that had been pre-positioned at DRC headquarters and in targeted province branches were used during the first stage of the operation to raise awareness and fumigate during sessions scheduled and coordinated jointly with the Ministry of Public Health and National Prison System. Selected communities were kept, and still remain, under surveillance in order to raise awareness and protect the health of those most vulnerable in communities.

| Provinces | Communities |
|------------------------------|---|
| San Pedro | Batey Esperanza Batey Angelino |
| Monte Plata | El Resbalón Enfre Reye |
| San José de Ocoa | Rancho Arriba Naranjal |
| Peravia | Villa el Socorro El Cañafistol |
| Azua Sabana Yegua | San Francisco ,Barrio Nuevo |
| Distrito Nacional | La Chacleta Barrio Cristo Rey El aguacate La Puya de Arroyo Hondo |


Cleaning days were conducted in six penitentiaries: 15 de Azua Penitentiary, Najayo Correction and Rehabilitation Centre for Men and Women, Bani Correction and Rehabilitation Centre for Men and Women, La Victoria Penitentiary, Batey de Bienvenido Juvenile Detention Centre and Ciudad del Niño Juvenile Detention Centre, delivering lectures about 13,577 inmates, which accounted near 60 per cent of the prison population.

| PENITENTIARIES | INMATES ACCORDING TO CENSUS | TO BRIGADES (CBFA & PHAST) INMATES, CLERICAL STAFF | DISINFECTION | SENSITIZATION | REPELLENT DELIVERY |
|---------------------|-----------------------------|--|---------------|---------------|--------------------|
| La Victoria | 8300 | 58 | 6,623 | 8,300 | 8,300 |
| Najayo Hombre | 2200 | 44 | 1,200 | 1,200 | 1200 |
| Bani Hombre/Mujeres | 1500 | 41 | 1300 | 1300 | 1300 |
| 15 azua | 836 | 54 | 836 | 836 | 836 |
| Ciudad del Niño | 326 | 35 | 246 | 246 | 246 |
| Batey Manoguayabo | 415 | 51 | 209 | 209 | 209 |
| TOTAL | 13577 | 283 | 10,414 | 12091 | 12091 |

Six cleaning kits were delivered (one per penitentiary) to conduct cleaning days inside the prisons. A cleaning day was held in the Najayo prison, in which about 1,800 inmates joined in cell-by-cell cleaning activities; the Dominican Red Cross and Dominican Attorney General's Office scheduled this cleaning day, which received support from 12 DRC volunteers.

| CLEANING BRIGADE IN PENITENTIARIES | Men | Women | Administrative Staff | Delivery of Cleaning Kits |
|--|------------|-----------|----------------------|---------------------------|
| <i>Bani Penitentiary</i> | 0 | 36 | 5 | 1 |
| <i>Najayo Penitentiary for Men and Women</i> | 41 | 0 | 4 | 1 |
| <i>La Victoria Santo Domingo Este Penitentiary</i> | 46 | 0 | 12 | 1 |
| <i>15 de Azua Penitentiary</i> | 52 | 0 | 2 | 1 |
| <i>Cuidad del Niños Penitentiary</i> | 23 | 0 | 12 | 1 |
| <i>Batey Bienvenido Santo Domingo Oeste</i> | 42 | 0 | 9 | 1 |
| TOTAL STAFF TRAINED IN CBHFA METHODOLOGY | 204 | 36 | 44 | 6 |

| Quality programming / Areas common to all sectors | | | |
|--|--|---------------|------------------------------|
| The activities established for common areas allowed for the performance of field assessments, facilitating secure access to communities, epidemiological surveillance in beneficiary communities and the IFRC's support of the National Society. | | | |
| Outcome 3: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation | Outputs | | % of achievement |
| | Output 3.1: An initial needs assessment was conducted in consultation with beneficiaries (evaluation reports, plan of action) | | 100% |
| | Output 3.2: Mass campaign aimed at over 30,000 people with information on Zika virus prevention. | | 100% |
| | Output 3.3: Mass campaign aimed at pregnant women with information on Zika virus and dengue prevention. | | 100% |
| | Output 3.4: At least 20 public and private sector companies are sensitized regarding the importance of strategic partnerships to combat dengue and Zika | | 100% |
| | Output 3.5: The operation is implemented through a comprehensive monitoring and evaluation system | | 100% |
| Activities | Is implementation on time? | | % progress (estimate) |
| | Yes (x) | No (x) | |
| Baseline for situation assessment | X | | 100% |
| Coordination with community leaders and authorities to facilitate and ensure the assessment is performed | X | | 100% |

| | | | |
|--|---|--|--|
| Support to the Dominican Red Cross by the IFRC's disaster manager | X | | 100% |
| Reproduction of informational materials (brochures, banners, posters) | X | | 100% |
| Meetings and visits to public and private sector companies to sensitize them on the importance of working in partnership | X | | 100% |
| Mass campaigns aimed at pregnant women, face-to-face conversations, visits to communities | X | | 100% |
| Publication of informational press releases in written media | X | | 100% |
| Beneficiary satisfaction survey | X | | 100% |
| Progress towards outcomes | | | |
| <p><i>Coordination meetings were held with Directorates, National Prison System, community leaders, in order to implement schools and 6 penitentiaries to be workshops for the volunteers who would sessions. This was coordinated with Domingo, Distrito Nacional, San Pedro de La Romana, Azua, Peravia, San José de</i></p> |  | | <p><i>DRC branch authorities, Ministry Province Health province education system authorities and the plan of action and select the communities, 20 targeted in 10 provinces; as well as to plan the be conducting awareness-raising and disinfection branches. (Monte Plata, San Cristóbal, Santo Ocoa and Monseñor Nouel)</i></p> |
| <p>Coordination Meeting with health and DRC provincial authorities in San Jose de Ocoa and Bani. Source: DRC</p> | | | |

Contact Information

For further information specifically related to this operation please contact:

In the Dominican Red Cross:

- Arq. Gustavo Lara, General Director for the Dominican Red Cross; Phone: +(1809) 334-4545/412-8207/238-5312; Email: gustavo.lara@cruzroja.org.do

In the Americas Region:

- Daniel Ureña, Disaster and Crisis Prevention, Response and Recovery DCPRR a.i. Coordinator; Phone: +(507) 317-3050; Email: daniel.urena@ifrc.org

In Geneva

- Susil Perera, Senior Officer, Response and Recovery; +41 (0)22 7304947; susil.perera@ifrc.org

For Resource Mobilization and Pledges:

- Alejandra Van Hensbergen, Senior Relationship Management Officer; Phone: +(507) 317-3050; Email: alejandra.vanhensbergen@ifrc.org

For In-Kind donations and Mobilization table:

- Mauricio Bustamante, Regional Logistic Manager Unit - Global Logistics Service; Phone: +(507) 317-3050; email: mauricio.bustamante@ifrc.org

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

- Priscila Gonzalez; Planning, Monitoring, Evaluation and Reporting (PMER) Team Coordinator; Phone: +(507) 317-3050; Email: priscila.gonzalez@ifrc.org

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

DREF history:

- This DREF was initially allocated on 23 February 2016 for 100,481 CHF for 3 months to assist 29,200 beneficiaries.
- 1 DREF operation update issued on 18 May 2016 for an extension of one month (until 18 June 2016) without revision of the budget to carry out activities with the community health groups for community epidemiological surveillance together with the Ministry of Health.

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org

Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDRDO008 - Dominican Republic - Zika Virus Outbreak

Timeframe: 22 Feb 16 to 18 Jun 16

Appeal Launch Date: 22 Feb 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------|-----------|----------|
| Reporting Timeframe | 2016/2-9 | Programme | MDRDO008 |
| Budget Timeframe | 2016/2-6 | 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 |
|--------------------------------------|------------------------------|---|--|---|----------------------------------|---------|-----------------|
| A. Budget | | | 100,481 | | | 100,481 | |
| B. Opening Balance | | | | | | | |
| Income | | | | | | | |
| <u>Other Income</u> | | | | | | | |
| <i>DREF Allocations</i> | | | 100,481 | | | 100,481 | |
| C4. Other Income | | | 100,481 | | | 100,481 | |
| C. Total Income = SUM(C1..C4) | | | 100,481 | | | 100,481 | |
| D. Total Funding = B +C | | | 100,481 | | | 100,481 | |

* 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. Opening Balance | | | | | | | |
| C. Income | | | 100,481 | | | 100,481 | |
| E. Expenditure | | | -80,604 | | | -80,604 | |
| F. Closing Balance = (B + C + E) | | | 19,877 | | | 19,877 | |

Disaster Response Financial Report

MDRDO008 - Dominican Republic - Zika Virus Outbreak

Timeframe: 22 Feb 16 to 18 Jun 16

Appeal Launch Date: 22 Feb 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------|-----------|----------|
| Reporting Timeframe | 2016/2-9 | Programme | MDRDO008 |
| Budget Timeframe | 2016/2-6 | 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 | |
| BUDGET (C) | | | | 100,481 | | | 100,481 | |
| Relief items, Construction, Supplies | | | | | | | | |
| Clothing & Textiles | 8,250 | | | 7,736 | | 7,736 | 514 | |
| Water, Sanitation & Hygiene | 28,206 | | | 26,377 | | 26,377 | 1,829 | |
| Teaching Materials | 7,076 | | | 962 | | 962 | 6,114 | |
| Utensils & Tools | 1,966 | | | 1,974 | | 1,974 | -8 | |
| Total Relief items, Construction, Sup | 45,498 | | | 37,049 | | 37,049 | 8,450 | |
| Logistics, Transport & Storage | | | | | | | | |
| Distribution & Monitoring | 1,250 | | | 1,432 | | 1,432 | -182 | |
| Transport & Vehicles Costs | 5,307 | | | 2,253 | | 2,253 | 3,054 | |
| Logistics Services | 3,135 | | | 3,127 | | 3,127 | 8 | |
| Total Logistics, Transport & Storage | 9,692 | | | 6,812 | | 6,812 | 2,880 | |
| Personnel | | | | | | | | |
| National Society Staff | 13,857 | | | 8,313 | | 8,313 | 5,544 | |
| Volunteers | 6,047 | | | 6,417 | | 6,417 | -370 | |
| Other Staff Benefits | 3,440 | | | 3,349 | | 3,349 | 91 | |
| Total Personnel | 23,344 | | | 18,079 | | 18,079 | 5,266 | |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 4,423 | | | 3,714 | | 3,714 | 709 | |
| Total Workshops & Training | 4,423 | | | 3,714 | | 3,714 | 709 | |
| General Expenditure | | | | | | | | |
| Travel | 590 | | | | | | 590 | |
| Information & Public Relations | 7,764 | | | 7,462 | | 7,462 | 302 | |
| Office Costs | 1,120 | | | 97 | | 97 | 1,024 | |
| Communications | 1,474 | | | 703 | | 703 | 771 | |
| Financial Charges | 442 | | | 1,769 | | 1,769 | -1,327 | |
| Total General Expenditure | 11,391 | | | 10,031 | | 10,031 | 1,359 | |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recove | 6,133 | | | 4,919 | | 4,919 | 1,213 | |
| Total Indirect Costs | 6,133 | | | 4,919 | | 4,919 | 1,213 | |
| TOTAL EXPENDITURE (D) | 100,481 | | | 80,604 | | 80,604 | 19,877 | |
| VARIANCE (C - D) | | | | 19,877 | | 19,877 | | |

Disaster Response Financial Report**MDRDO008 - Dominican Republic - Zika Virus Outbreak**

Timeframe: 22 Feb 16 to 18 Jun 16

Appeal Launch Date: 22 Feb 16

Final Report

Selected Parameters

| | | | |
|-------------------------|----------|-----------|----------|
| Reporting Timeframe | 2016/2-9 | Programme | MDRDO008 |
| Budget Timeframe | 2016/2-6 | 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 |
|---|----------------|-----------------|----------------|----------------|---------------|-----------------|-----------------|
| BL3 - Strengthen RC/RC contribution to development | | | | | | | |
| Health | 100,481 | | 100,481 | 100,481 | 80,604 | 19,877 | |
| Subtotal BL3 | 100,481 | | 100,481 | 100,481 | 80,604 | 19,877 | |
| GRAND TOTAL | 100,481 | | 100,481 | 100,481 | 80,604 | 19,877 | |