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DREF Emergency Plan of Action (EPoA) Dominican Republic: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRDO011	Glide n° EP-2018-000145-DOM
Date of issue: 21 September 2018	Expected timeframe: 3 months Expected end date: 21 December 2018
DREF allocated: 102,102 Swiss francs (CHF)	
Total number of people affected: 19,263 people (based on population figures from the 2010 Census)	Number of people to be assisted: 1,500 families; (7,500 people)
Host National Society(ies) presence (n° of volunteers, staff, branches): The Dominican Red Cross (DRC) has 1 national headquarters, 187 branches and 20,000 volunteers. In Independencia province, the affected province, the DRC has five local branches (Descubierta, Jimani, Vengan a Ver, Duverge and Poster Rio) and more than 50 volunteers.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), the IFRC's Country Cluster Office in Dominican Republic /Haiti /Cuba. Support is also being provided to the National Society through the Canadian Red Cross Society's Capacity Building for Emergency Response Project (CERA), which is co-funded by the Canadian government.	
Other partner organizations actively involved in the operation: Ministry of Health, Ministry of Agriculture, Ministry of Education, municipalities and municipality districts, Ministry of Defence, the United Nations system (the United Nations Children's Fund [UNICEF] and the Pan American Health Organization [PAHO]), World Vision, National Institute of Potable Water and Sewerage (INAPA for its acronym in Spanish).	

[<Click here for the contact information. Click here for the map of the affected areas>](#)

A. Situation analysis

Description of the disaster

During Epidemiological Week (EW) 28, the Ministry of Public Health and Epidemiology reported that the Los Pinos Health Center (La Descubierta, municipality) saw an increase in the number of patients with acute diarrhoeal diseases from surrounding communities, which were suspected to be cases of cholera.

In EW 32, the Ministry of Health reported that *Vibrio cholerae* had been identified in samples collected from residents of La Descubierta municipality in the National Public Health Laboratory. The same report also stated that three confirmed cases of cholera in the municipality had been identified.

Since the outbreak began in EW 28 and up to EW 34, 4 confirmed cases of cholera and 91 suspected cases have been identified in the municipality (please see Figure 1 below), in residents of Los Pinos del Edén, Ángel Feliz, urban area of La Descubierta and Los Bolos¹.

In comparison, the province of Independencia, which accounts for only 0.77 per cent of the Dominican Republic's total population, has seen twice as many suspicious cases (91 versus 46) of cholera as the rest of the country in the last two months. Moreover, the presence of suspected cases in this province is 300 times higher than in the same period of 2017, and this is the only province where the suspected cases of cholera have increased in relation to 2017. These data



DRC Volunteers conduct a home visit. Source: DRC

¹ Epidemiological Week No. 34, Ministry of Public Health Directorate General, Dominican Republic

are even more concerning when considered against the fact that the 90 per cent of the suspected cases are concentrated in the municipality of Descubierta, which has a population of only 6,939 inhabitants.

Epidemiological Week 1 - 34 Suspicious cases of Cholera								
Year	2011	2012	2013	2014	2015	2016	2017	2018
Independencia	222	17	26	7	4	6	3	91 *
Dominican Republic	15,902	5,090	1,208	181	412	1,056	100	46 **

Source: *Epidemiological Bulletins of the Ministry of Health, Dominican Republic*
 * Data presented on page 1 of *Epidemiological Bulletin EW 34*
 ** Data presented in the tables page 5 of *Epidemiological Bulletin EW 34*

The Municipality of La Descubierta is one of the six municipalities that make up the province of Independencia. The municipality is in the south-western part of the country, and it is bordered by the Neyba Mountain Range to the north, Enriquillo Lake to the south, the municipality of Poster Río to the east and the Republic of Haiti to the west².

It is among the 10 municipalities with the highest overall poverty rate in the Dominican Republic. In total, 78.77 per cent of households are considered poor, and 45.96 per cent of households are living in extreme poverty³.

Because the province of Independencia had not suffered a major outbreak of this disease since 2011, the high incidence of cases has caused the municipal healthcare system to collapse. The sharp increase in suspected cases of cholera and the resulting collapse of the healthcare system has led health authorities in the province of Independencia to request support from the Dominican Republic's Ministry of National Health and national humanitarian organizations, including the DRC.

Summary of the current response

Overview of Host National Society

The DRC has the capacity to organize humanitarian response interventions from its headquarters and with the support of its municipal branches. One of its strongest programmes is the community health programme, which it closely coordinates with the Ministry of Health.

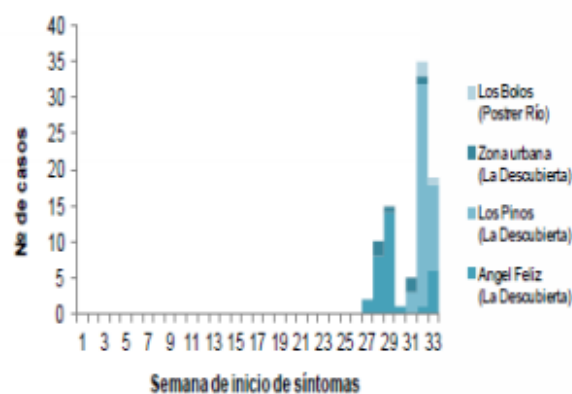
Furthermore, the DRC has the capacity to respond to Water, sanitation and hygiene promotion (WASH) in emergencies with specialized equipment that can provide up to 1,000,000 litres of drinking water per day and 870,000 litres per day of hospital quality water at 29 different points. This capacity is supported by Emergency Response Unit (ERU) equipment (designed for operations of no more than 6 months), deployed in country in previous humanitarian operations and donated to the DRC between 2005 and 2009. The DRC is currently enhancing this equipment.

In September 2018, the DRC has been coordinating with government authorities at the national level, and it has been raising awareness about cholera in the country's lowlands. The DRC requested this Disaster Relief Emergency Fund (DREF) to continue conducting actions and to provide additional resources to difficult to access affected areas.

If the emergency requires the establishment of rehydration points with safe water in places without water, the DRC will need to use a water truck for water distributions or import water treatment plants from other regional countries. Additionally, the DRC has earmarked USD\$4,000 in this operation's budget for the activation of 5 water treatment plants and the installation of towing equipment on 2 DRC vehicles.

The DRC has been supporting the population of the urban area of the municipality of La Descubierta in coordination with the Ministry of Public Health and other entities of the Independencia Province. Initially from the Local Branch of the National Society in La Descubierta, and with the timely support of volunteers from the rest of the province, actions were carried out to reinforce door-to-door hygiene promotion and coordination with local entities.

Figure 1- Epidemiological curve for cholera, Independencia, WE 27 to WE 33 2018



² The map of poverty in the Dominican Republic 2014; Ministry of Economy, Planning and Development

³ Municipal Development Plan - La Descubierta 2014 - 2016; City Hall of the Discovered 2014

The DRC conducted two assessment missions (12 and 17 August 2018) with multi-disciplinary teams composed of a WASH technician, one health technician, and the cholera expert coordinator. These teams carried out the assessments of needs, water quality testing, coordination with Public Institutions, distribution of sanitary supplies in the two Health Centers that are in the Municipality; they also pre-positioned 125 hygiene kits, distributed 12 hygiene kits to vulnerable families, established an oral rehydration plant (in coordination with the Dominican Army) in Fortaleza de la Frontera and developed the emergency plan of action.

Overview of Red Cross Red Crescent Movement in country

The Partner National Societies (PNSs) do not have permanent delegations in country; however, the IFRC's country cluster office in the Dominican Republic and its regional office for the Americas (ARO) in Panama are in regular contact with the DRC and closely monitoring the situation.

So far, the situation is limited to a confined area of the border between the Dominican Republic and Haiti and a few kilometres from the main road that facilitates the transfer of goods and people between the two nations. While a joint Haitian/Dominican government response is not currently necessarily, the DRC and the Haiti Red Cross Society (HRCS) are addressing the situation based on their national capacities; additionally, the IFRC is ensuring there is adequate communication between the two National Societies.

Overview of non-Red Cross Red Crescent actors in country

Currently, the government of the Dominican Republic has not considered it necessary to issue an alert or request international resources. The Ministry of Health and INAPA (water and sanitation regulator) have deployed support teams, held meetings with their Haitian counterparts, and they are coordinating with the DRC. The Dominican Armed Forces have coordinated with municipal governments, and they have shown a willingness to support humanitarian actions.

Since detection of the outbreak, the provincial Rapid Response Group of the Ministry of Health launched control actions that include the supply of water and chlorine to homes, the delivery to the health centers of medicines, supplies, the diagnostic guide and cholera treatment and cleaning and disinfection of cholera treatment units; as well as community education actions in prevention and control measures, such as (water treatment, food hygiene, hand washing and excreta disposal).

The Ministry of Health and INAPA (water and sanitation regulator) have deployed support teams, held meetings with their Haitian counterparts, and they are coordinating with the DRC. The Dominican Armed Forces have coordinated with municipal governments, and they have shown a willingness to support humanitarian actions.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

In August 2018, the DRC conducted two field assessment missions (in the urban area and upper area of the municipality, the highest area cannot be reached due to poor state of the road) where the following elements have been identified:

- Multiple factors contribute to an increased risk of acute diarrheal diseases and the spread of cholera in the affected region: poor hygiene practices, the use of unsafe water sources for drinking and food preparation, lack of access to health services due to the remoteness of the affected area (can take up to eight hours to reach the affected area), community resistance to treatment and lack of financial resources for families to access health care.
- It is also important to consider that the municipality of la Descubierta shows a high presence of irregular Haitian nationals who work in fields and who generally do not attend the state health system due to the mistaken belief that they would not have coverage by the Dominican health services.
- In addition, the communities in the upper area of the Sierra de Bahoruco's geographic location, which is adjacent to Haiti in the northern section of the Dominican Republic, has been affected by recurrent outbreaks of diarrheal diseases, thus putting the surrounding area at constant risk.

The outbreak of acute diarrhoeal diseases in the affected area is made more complex by additional risks and vulnerabilities. From the DRC perspective, there are five aspects to take into consideration for the required interventions:

- a) **Difficult access:** The outbreak is centred around remote locations. In this mountainous (up to 2,000 meters above sea level) area, access difficulties are two-fold – 1) the population has difficulty accessing basic health care and safe water and 2) public institutions have difficulty providing prevention measures and treatment to the population.

Further assessment of the health situation in this remote area is needed, as a strategy that enables these

populations in remote areas to be reached with hygiene supplies and home treatment for diarrhoea will be needed. The provision of oral rehydration solution (ORS) and soap/detergent is less of a need in the areas that have better access; nevertheless, the urgency of this need will still be evaluated as part of the operation.

- b) **Poor knowledge and practices:** Affected communities engage in poor hygiene (e.g., refrain from handwashing and do not safely prepare food), have poor knowledge of risks, transmission and care for those with acute diarrhoeal diseases, and typically underestimate the risks associated with diarrhoea and the need for treatment. Those that are most at risk of severe dehydration and death such as infants, the elderly, pregnant women and people with chronic illnesses are made more vulnerable when they and their families cannot prevent, identify and evaluate their vulnerability. Improvements in knowledge and practices for prevention, care and care-seeking will be needed to save lives in the affected areas.
- c) **Cross-border movement:** The population that chooses to use the Haitian health system instead of the Dominican health system travels across a border to seek care. Acute diarrhoeal diseases require early treatment and delaying care to cross the border and seek treatment in another country can place lives at risk. In addition, this population relies on the oral rehydration point that the DRC, the Ministry of Defence and the Ministry of Health established at a military facility at the border crossing to satisfy its hydration needs; the DRC will maintain, monitor and support this free service during the operation. Depending upon the evaluation of the situation, the DRC will determine if additional services will be needed.
- d) **Language profile:** Since the Dominican Republic's official language is Spanish, public services and communication materials are provided in this language; however, due to its proximity to Haiti, many people in the affected areas' primary language is Creole. Government services are less able to provide Creole-speaking personnel for the large population of Haitian origin in the affected areas, requiring interventions that can reach the Creole-speaking population Creole.
- e) **Hurricane season:** The ongoing hurricane season could bring heavy rains that could impact both access to the affected communities and their potable water supply. There is a need to closely monitor this situation and develop contingency plans for access and flexibility to address a potential increase in humanitarian needs.

Access to Safe Water: Access to safe water is needed for both prevention and treatment of acute diarrhoeal diseases. The provision of access to safe water for drinking, food preparation and hygiene practices is a priority need to protect the population from the spread of acute diarrheal diseases, including cholera. In addition, the provision of safe water alongside the provision of ORS is essential to ensure that affected people can receive treatment without increasing their exposure to pathogens. The DRC will assess the different community / rural water systems to reinforce their existing capacity and select appropriate disinfection practices and management systems. Small-scale rehabilitation activities will support improvements in the aqueducts' capacity to provide potable water. The DRC will continue monitoring water quality and coordinating with INAPA and other Water and Sanitation sectorial team (GASH) members (the Ministry of Health coordinates GASH).

Targeting

This operation aims to reach 1,500 families in the Sierra de Bahoruco area, which epidemiological alerts issued by the Dominican Republic's Ministry of Public Health indicate is the affected area. While the DRC has been staging an intervention in this area prevent and control this outbreak for two months, the size and scope of the emergency now requires the issuance of a DREF. The following communities have been targeted:

- 500 families from the communities of Pinitos, Barreras, Jato, Victorio, Victorio Arriba, Hierba Buena, Mamuses, the Arroyo, Bonete, Elian Trompete 1 and Elian Trompete 2, La Laguna, El Mortero
- 1,000 families from the communities of Los Pinos, Angel Felix, Los Bolos, El Maniel, Guayabal, Sabana Real
- People crossing the Dominican / Haitian border through Sierra de Bahoruco.

Additional communities identified through ongoing health monitoring who are affected by outbreaks of acute diarrheal diseases will also be targeted.

Scenario planning

Best Case Scenario	Incidence of cholera decreases over the following months following an uptake of improved hygiene practices and better access to safe water. Case fatality rate reduces and remains below 2 per cent due to community case management of diarrhea and improved care-seeking.
Worst Case Scenario	Increased heavy rains make it difficult to access affected areas. Incidence of cholera, and there is a geographic spread of cases into surrounding communities. Case fatality ratio increases as people are unable to access treatment and unaware of how to manage dehydration in the home.

Operation Risk Assessment

The area's high vulnerability can be attributed to the regular passage of large numbers of people between Haiti and the Dominican Republic; This highly mobile population often does not seek care in the Dominican Republic before returning to Haiti (due to cultural and family ties), which could mean that the number of cases in the affected area exceeds current estimates.

Safe access: Access to the more mountainous areas is complex and requires long treks to reach them, delaying the provision of care to the affected areas. The Sierra de Bahoruco area has plant and insect species that can cause immunological reactions in people that are not accustomed to the region's fauna and flora. Accidents can also occur due to the topography of the land. The teams that access these sectors will be equipped with an adequate first aid kit and accompanied by a doctor or an experienced medic.

Additionally, the DRC will evaluate the telephone communication and radiocommunication situation in the area to determine the most effective communication system for the operation. Moreover, there has been an increase in tension in the border area between Haiti and the Dominican Republic in recent months following a security incident on Haitian side of the border in June 2018 and one on the Dominican side of the border in July 2018, in which military personnel had to discharge their weapons to restore order.

Evolution: With the onset of the hurricane season, rainfall may be heavier than usual during the period of this operation, which has the potential to increase people's vulnerability to acute diarrhoeal diseases, particularly the communities in areas that are already difficult to access and using unsafe water sources.

B. Operational strategy⁴

Overall Operational objective: The DRC will contribute to government's and non-governmental organizations (NGOs)'s efforts to contain the outbreak of acute diarrheal disease in Sierra de Bahoruco in the province of Independencia.

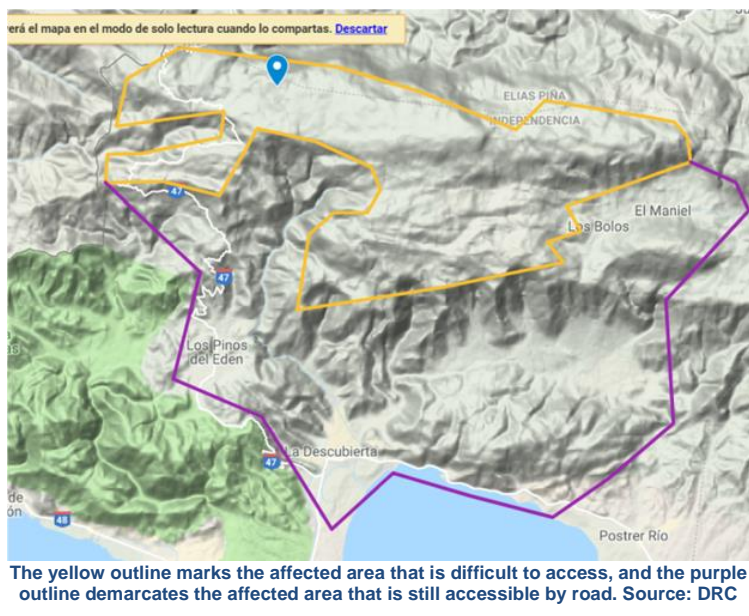
Proposed strategy

The DRC, in coordination with local and national authorities from the Ministry of Health and NGOs, will mobilize volunteers and resources as follows:

Elevated areas that are difficult to access:

Pinitos, Barreras, Jato, Victorio, Victorio Arriba, Hierba Buena, Mamuses, el Arroyo, Bonete, Elian Trompete 1 and Elian Trompete 2, La Laguna, El Mortero. In this area, with an approximate population of 500 families, the following actions will take place:

- **Health:** Home visits for prevention and hygiene promotion and raising awareness of transmission, symptoms, treatment and care-seeking for acute diarrhoeal diseases. Each family will receive **acute diarrheal disease kit 1** (1 litre of chlorine, 1 kg of powder detergent, 5 bars of hand soap, 1 bucket with a tap, 4 rolls of toilet paper, 1 pitcher, 2 cups, 2 spoons, 2 collapsible jerrycans and 10 sachets of 27.9 grams ORS for families who have access to the health system or 19 sachets of 27.9 grams ORSs for families living in remote areas). In coordination with the Ministry of Health and INAPA, the DRC will provide Information, Education and Communication (IEC) materials in Spanish and Creole on prevention and hygiene promotion during the home visits.
- **WASH:** During the home visits, DRC personnel will explain how to chlorinate water and use items for the safe transport of water, safe storage and water treatment (chlorinator and chlorine). The DRC will also assess water access points with an aim of protecting them against future contamination.



- a) **Elevated areas that are still accessible by road:** Los Pinos, Angel Felix, Los Bolos, El Maniel, Guayabal, Sabana Real). The approximately 1,000 families in this area have piped water and access (less than 3 hours on foot) to a health centre. Since this area has the potential to spread cholera to the rest of the zone via its

⁴ The plan should be prepared by the National Society, with support from the IFRC's technical departments and support services.

roadways, mobile population and larger population centres, it is vital that the DRC establishes a “containment zone” to prevent an outbreak. The intervention in this area will focus on:

- **Health:** Home visits for prevention and hygiene promotion and raising awareness of transmission, symptoms, treatment and care-seeking for acute diarrhoeal diseases. Provision of acute diarrheal disease **Kit 2** (1 litre of chlorine, 5 bars of hand soap, 1 pitcher, 2 cups, 2 spoons, 10 ORSs and an information leaflet). In coordination with the Ministry of Health and INAPA, the DRC will provide Information, Education and Communication (IEC) materials in Spanish and Creole on prevention and hygiene promotion during the home visits.
- The DRC will maintain and monitor oral rehydration points, which are housed in a remote Ministry of Defence installation for people in transit through the mountainous border area.
- **WASH:** During the home visits, the DRC personnel will assess water access points with the aim of protecting them against future contamination. The DRC will also rehabilitate rural aqueducts to improve water safety.

b) Rest of the Independencia Province:

- **Health:** The National Society will train participating DRC volunteers in Epidemic Control for Volunteers (ECV) using relevant sections of the toolkit for acute diarrhoeal diseases and cholera with associated actions.
- **WASH:** The DRC will acquire items such as hoses, tarpaulins, turbidimeters and laboratory supplies, among others, and it will install and towing systems (ball mount) on two DRC vehicles. Additionally, the DRC will also assess whether it can mobilize and later withdraw water treatment plants from the affected area.

Operational support services

Human resources

The National Society will require:

- The deployment of 50 DRC volunteers to the target area; at least ten of them should be able to communicate in Creole
- A part-time financial administrator to ensure efficiency
- A community health technician
- A WASH in emergencies technician
- A Regional Intervention Team (RIT) member to conduct information management (IM) and reporting actions for two months

The DRC will insure all participating DRC Volunteers under its volunteer insurance scheme.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation’s requirements and aligned with the IFRC’s logistics standards, processes and procedures.

All procurement related to this operation will follow the IFRC’s standards procurement procedures and Sphere standards for NFIs purchases. All purchases will be made in-country with the support of a procurement officer from the IFRC’s Regional Logistics Unit (RLU) Panama.

The DRC must proceed with the acquisition and assembly of the acute diarrheal disease kits since they have been designed for this specific situation and transport to remote areas. Since 4x4 vehicles cannot reach some of the most affected communities, the DRC will need to hire mules or horses to conduct its distributions, assessments and home visits. Persistent rainfall during the hurricane season could worsen the situation.

Communications

The IFRC’s Communications Unit will provide technical support and assistance to the operation’s communications strategy, and it will deploy its communications officer to support communications activities if necessary. The DRC will share its press releases with national, regional and global media outlets and upload them to social media and its institutional website as events develop.

Likewise, the National Society will use social media, its website and the local media to disseminate information on the operation, and it will also coordinate with the IFRC’s Communication Unit.

Security

The DRC has put its volunteers in Independencia Province on alert; in addition, these volunteers have visibility materials for field work, and they are following specific protocols for a cholera response operation.

The DRC is also providing personal protective equipment to:

- Volunteers conducting home visits (including hand cleanser/soap)
- Volunteers carrying out the assessments in the mountainous areas (including first aid kits, hand cleanser/soap)
- Radiocommunication equipment for volunteers working in remote areas (two-way radios)

Planning, monitoring, evaluation, & reporting (PMER)

Reporting on the operation will be conducted in accordance with the IFRC's minimum reporting standards. A final report will be issued within three months of the operation's completion.

Administration and Finance

The IFRC provides the necessary operational support for the review, validation of budgets, bank transfers and technical assistance to National Societies on procedures for the justification of expenditures, including the review and validation of invoices. The DRC will also hire part-time administrator to manage the operation.

C. Detailed Operational Plan



Health

People targeted: 7,500

Male: 3,750

Female: 3,750

Requirements (CHF): 58,696

Needs analysis: There are multiple factors present in the communities in the La Descubierta municipality that contribute to an increased risk of acute diarrheal diseases and the spread of cholera in the affected region; these include poor hygiene practices, the use of unsafe water sources for drinking and food preparation, lack of access to health services due to its remote geographical location, community resistance to treatment and lack of financial resources for families to access health care.

In addition, Sierra de Bahoruco has been affected by recurrent outbreaks of diarrheal diseases, and many of its residents regularly pass between Haiti and the Dominican Republic, increasing the risk of spreading cholera.

Population to be assisted: The population assisted by this operation will be:

- 500 families from the communities of Pinitos, Barreras, Jato, Victorio, Victorio Arriba, Hierba Buena, Mamuses, the Arroyo, Bonete, Elian Trompete 1 and Elian Trompete 2, La Laguna, El Mortero
- 1,000 families from the communities of Los Pinos, Angel Felix, Los Bolos, El Maniel, Guayabal, Sabana Real
- People crossing the Dominican / Haitian border through Sierra de Bahoruco.
- Additional communities identified through ongoing health monitoring who are affected by outbreaks of acute diarrheal diseases will also be targeted.

Programme standards/benchmarks: All health activities that will be carried out in the framework of the current EPoA will be implemented in accordance with the norms and procedures strategies issued by the Ministry of Health.

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced.	# of people reached through the DRC's health programmes and services															
	Health Output 1.1: The health situation and immediate risks are assessed.	# of rapid health assessments conducted															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Rapid health assessment	X	X	X	X		X	X		X	X	X	X				
P&B Output Code	Health Output 1.4: Epidemic prevention and control measures carried out.	# of people reached through the DRC's health and hygiene sensitization actions # of volunteers trained in ECV															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP021	Epidemic Control for Volunteers (ECV) training for DRC volunteers	X	X	X	X	X	X	X	X								
AP021	Community health sensitization on waterborne diseases (distribution of health materials)	X	X	X	X	X	X	X	X								
AP021	Distribution of acute diarrheal disease kits 1 for 500 families and 2 for 1,000 families for waterborne diseases prevention	X	X	X	X	X	X	X	X								
AP021	Provide support to the Armed Forces' Oral Rehydration Unit in the affected area	X	X	X	X	X	X	X	X	X	X	X	X				



Water, sanitation and hygiene

People targeted: 7,500

Male: 3,750

Female: 3,750

Requirements (CHF): 16,366

Needs analysis: The affected communities in the highest parts of the municipalities of La Descubierta (especially the communities of Mamusa, El Arrollo, Hierba Buena and Bonetedo) do not have sanitary services, waste management, latrines or potable water. The communities that have piped water supply systems (Los Pinos, Angel Felix, Los Bolos, El Maniel, Guayabal and Sabana Real) have problems with the chlorination of their supply systems.

In addition, during its assessments of the affected areas, the DRC discovered that local population's hygienic practices increase its vulnerability to acute diarrheal diseases.

Population to be assisted: The population assisted by this operation will be:

- 500 families from the communities of Pinitos, Barreras, Jato, Victorio, Victorio Arriba, Hierba Buena, Mamuses, the Arroyo, Bonete, Elian Trompete 1 and Elian Trompete 2, La Laguna, El Mortero
- 1,000 families from the communities of Los Pinos, Angel Felix, Los Bolos, El Maniel, Guayabal, Sabana Real
- People crossing the Dominican / Haitian border through Sierra de Bahoruco.

Additional communities identified through ongoing health monitoring who are affected by outbreaks of acute diarrheal diseases will also be targeted.

Programme standards/benchmarks: All WASH activities will be carried out in accordance with the norms and procedures strategies issued by the Dominican Republic's Ministry of Health.

	WASH Outcome 1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities	
P&B Output Code	WASH Output 1.2: Daily access to safe water, which meets Sphere and World Health Organization (WHO) standards in terms of quantity and quality, is provided to target population	# of households provided with safe water services # of rural water distribution systems that are rehabilitated # of WASH assessments conducted

	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Rehabilitation of rural water distribution systems					X	X	X	X	X	X	X	X				
AP026	Water quality monitoring in health centres	X	X	X	X	X	X	X	X	X	X	X	X				
AP026	Purchase of small parts for the water production units for readiness	X	X	X	X	X	X	X	X								
AP026	Conduct initial assessment of rural water distribution systems	X	X	X	X												

Strategies for Implementation

Requirements (CHF): 20,808

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured																
	Output S2.1.1: Effective response preparedness and National Society surge capacity mechanism is maintained																
	# of IFRC monitoring visits to the operation # of participating DRC volunteers insured during the operation																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Monitoring by the IFRC's disaster management coordinator - Travel costs, accommodations					X											
AP046	PMER/IM RIT is deployed		X	X	X	X	X	X	X	X							
AP046	Ensure that volunteers are insured during the operation	X	X	X	X	X	X	X	X	X	X	X	X				

Budget

Please see Budget in Annex

Contact information

Reference documents
Click here for:

- [Budget](#)

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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 Humanitarian 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.

DREF OPERATION

21-Sep-18

MDRDO011 Dominican Republic Cholera

Budget Group	DREF Grant Budget CHF
Water, Sanitation & Hygiene	37,327
Medical & First Aid	722
Teaching Materials	4,624
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLI	42,673
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	7,269
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	7,269
International Staff	10,792
National Staff	0
National Society Staff	13,197
Volunteers	2,357
Other Staff Benefits	2,408
Total PERSONNEL	28,753
Workshops & Training	9,633
Total WORKSHOP & TRAINING	9,633
Travel	2,601
Information & Public Relations	2,119
Office Costs	482
Communications	1,763
Financial Charges	578
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	7,542
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	6,232
Total INDIRECT COSTS	6,232
TOTAL BUDGET	102,102

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