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# Emergency Appeal Final Report

## Dominica: Hurricane Maria

 International Federation  
of Red Cross and Red Crescent Societies

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| <b>Emergency Appeal No.</b> MDRDM003  | <b>GLIDE n°</b> <a href="#">TC-2017-000136-DMA</a>  |
| <b>Date of issue:</b> 05 March 2020   | <b>Date of disaster:</b> 18 September 2017          |
| <b>Operation start date:</b> 21 September 2017  | <b>End date:</b> 30 June 2019 (21-months timeframe) |
| <b>Number of people affected:</b> 73,800 inhabitants were affected (100% of the island) | <b>Number of people assisted:</b> 19,155 people     |
| <b>Appeal budget:</b> 7,603,000 Swiss francs (CHF)                                      | <b>DREF amount initially allocated:</b> 239,232 CHF |

### National Societies involved in the operation:

Dominica Red Cross Society (DRCS), American Red Cross, Bahamas Red Cross Society, Barbados Red Cross Society, Belize Red Cross Society, British Red Cross, the Canadian Red Cross Society, Colombian Red Cross Society, Danish Red Cross, Grenada Red Cross Society, Guyana Red Cross Society, Finnish Red Cross, French Red Cross-PIRAC (Regional Intervention Platform for the Americas and the Caribbean), Icelandic Red Cross, Italian Red Cross, Jamaica Red Cross, Japanese Red Cross Society, Liechtenstein Red Cross, Montserrat Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross, Red Cross of Monaco, Red Cross Society of Panama, Suriname Red Cross, Saint Lucia Red Cross, Swedish Red Cross, Swiss Red Cross, Trinidad and Tobago Red Cross Society, the Uruguayan Red Cross, and the International Committee of the Red Cross (ICRC).

### Other partner organizations involved in the operation:

Caribbean Disaster Emergency Management Agency (CDEMA), Caribbean Community (CARICOM), British Government, Government of Canada, European Commission - DG ECHO, European Investment Bank Institute, International Medical Corporation, International Organization for Migration (IOM), Italian Government Bilateral Emergency Fund, Irish Government, Food and Agriculture Organization of the United Nations (FAO), Netherlands - private donors, Government of Malta, Norwegian Government, Government of Portugal, Pan American Health Organization (PAHO), Swiss Government, United States Government - USAID, United States – private donors, the United Kingdom's Department for International Development (DFID), United National Development Programme (UNDP), the United Nations Children's Fund (UNICEF), World Food Programme (WFP), the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA, VERF/WHO Voluntary Emergency Relief, World Health Organization (WHO), among others.

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

The Emergency Appeal was launched for a total amount of 7,603,000 Swiss francs (CHF) to assist 20,000 people. A total of 6,945,991 Swiss francs were received (91% coverage of the appeal) as cash and in-kind contributions from different donors. By the operation's 30 June 2019 end date, the total expenditure exceeded 100% of the total funding, with a closing balance of -2,631 CHF<sup>1</sup>. Expenditure details are outlined in the final financial report.

The IFRC, on behalf of the Dominica Red Cross Society (DRCS) would like to extend many thanks to all partners and donors for their generous contributions.

## A. SITUATION ANALYSIS

### Description of the disaster

Hurricane Maria hit Dominica on 18 September 2017, bringing torrential rain and winds of up to 250 kilometers per hour (category 5), which affected the country's entire population of 73,800 inhabitants. The government and UNDP conducted

<sup>1</sup> The final figure might vary slightly

a building damage assessment of 29,431 buildings from late October 2017 until the end of January 2018. The assessment showed that 18.5 per cent of the buildings were destroyed, 25.5 per cent had major damage, 28.5 per cent had minor damage and 27 per cent had minimal damage. Moreover, the assessment revealed that many houses still had inadequate roofing.

The impact of the hurricane went beyond damage to physical infrastructure, as routine visits to health centres and hospital care were interrupted until those facilities could be repaired. There was damage to structures and critical systems such as water, electricity, and communications and to high-cost specialized equipment and medical supplies. Damaged roadways hindered the arrival of supplies to the affected facilities, which also impacted the provision of healthcare.











Photos: Left and right: Damaged roofs undergoing repair work in Dominica. Source: Dominica Red Cross Society (DRCS), 2018.

## Summary of response

The operation achieved the support to the vulnerable and affected communities of Hurricane Maria in areas of shelter, livelihood, health, water and sanitation, disaster risk reduction, among others. It also enhanced the capacities and development of Dominica Red Cross.

### Key Operations Achievements in Dominica

|   |  |   |   |
|---|--|---|---|
|  <p><b>3,683</b></p> <p>People reached through preparedness activities</p> |  <p><b>567</b></p> <p>Households received support to repair their homes</p> |  <p><b>1,940</b></p> <p>Households in Roseau reached with cash grants during the emergency and recovery phases</p> |  <p><b>3,544</b></p> <p>Students received personal hygiene kits</p>                    |
|  <p><b>10,521</b></p> <p>People supported through health interventions</p> |  <p><b>955,000</b></p> <p>Litres of water provided to 1,598 Households</p>  |  <p><b>529</b></p> <p>People assisted with restoring family links (RFL) services</p>                               |  <p><b>11,100</b></p> <p>Working days paid for through the cash for work programme</p> |

## Overview of Host National Society

The Dominica Red Cross Society (DRCS) is managed by a Governing Board consisting of nine (9) members and the Director General (DG). The National Society had a staff complement of four (4) persons (secretary, administrative officer, DRR officer and driver). There was a volunteer base of 270 people to support the implementation of its activities across the country. A range of activities including DRR interventions, First Aid/CPR training, blood donation recruitment, mass casualty response and ambulance services, radio communications and projects on non-communicable diseases and Zika virus.

There was significant damage to the infrastructure, and this included the roof of the warehouse; equipment, furniture and stocks in the storeroom and warehouse were also looted after the storm. Despite having suffered damage and losses, the small staff and fifteen (15) CDRTs of the National Society were able to successfully implement a response and recovery programme with the assistance of the IFRC, its volunteers and other partners. The DRCS was engaged in the distribution of household items such as shelter material, the provision of safe water and hygiene items, and cash transfer programme (CTP) activities like the distribution of debit cards to selected beneficiaries. During the operation, the National Society's capacity to respond to disasters was significantly strengthened. Before the hurricane, there were fifty-eight (58) volunteers who were active, some of whom were trained in CTP and First Aid and other areas. With the emergency response, approximately seventy-five (75) volunteers supported the relief/shelter distributions, water and sanitation provision, and CTP activities. The National Society was responsible for coordinating volunteers in the various sectors, and conducted registration and assessment



*Photo: DRCS volunteers participate in an ODK training session. Source: DRCS, 2018.*

Early in the response phase eleven (11) volunteers were trained in WatSan and went into affected communities to monitor water, sanitation and hygiene situation. the National Society, with the support of the IFRC, deployed water and sanitation personnel to assist in

Dominica is vulnerable to meteorological and geological hazards that can adversely affect the country's infrastructure and its inhabitants, who mainly reside near the coastline. Dominica is also the most volcanically active island in the Caribbean.

To address the recovery process, the DRCS has identified the following sectors as priority interventions during the recovery phase.

- Disaster Risk Management
- Health and Social Services
- Water and Sanitation
- National Society Development
- Emergency Operations Programming
- Programmatic Training for Volunteers -during the operation, volunteers were assigned to various sectors and obtained training in the specific area. Seven (7) volunteers were trained in hygiene promotion, while two hundred and sixty-seven (267) received training to carry out water, sanitation and hygiene assessments. In the area of psychosocial support (PSS) fifteen (15) volunteers were trained. In the area of shelter, Engineers Without Borders partnered with the Dominica Ministry of Housing to provide training to two (2) volunteers. Another twenty-six (26) were trained in logistics, fleet and asset management, and procurement, while seven (7) volunteers were trained in the use of Open Data Kit (ODK).

As part of its ongoing disaster preparedness and response work the DRCS engages and collaborates with the Office of Disaster Management including the Ministries of Health, Education, Special Programmes and Security. It also works

with government coordinating bodies, including internal security and the Military Disaster Response Unit. Collaboration is done with a wide range of partners including the IFRC, the ICRC and sister National Societies. Other organizations include the UN agencies including OCHA, and UNICEF and non-governmental organizations (NGOs) and civil society organizations (CSOs). The DRCS has also forged partnerships with corporations, private citizens, religious organizations and the diplomatic community.

### Overview of Red Cross Red Crescent Movement in country

Following Hurricane Maria, the IFRC deployed a head of emergency operations (HEOPs) and a Surge Team composed of regional and global mechanisms (Regional Intervention Team [RIT] and Field Assessment Coordination Team [FACT]), including a logistics, basecamp, and information technology and telecommunications (ITT) Emergency Response Units (ERUs). The in-country IFRC team supporting the DRCS, which has decreased in size since the operation entered the recovery phase, represented a broad array of technical areas such as shelter, information management (IM), information technology (IT), innovation, logistics and planning, monitoring, evaluation and reporting (PMER), among others. The in-country team exited the country entirely in January 2019. Since then, the operation was directly managed by its country cluster support team (CCST) for English-speaking Caribbean countries and Suriname with support of the regional office for the Americas (ARO) and its Caribbean Disaster Risk Management (CADRIM) Reference Centre. The ICRC was also an important Movement partner in the operation, assisting the DRCS through RFL actions.

### Overview of non-Red Cross Red Crescent actors in country

Important non-RC/RC actors in the country included the United Nations system. The International Organization for Migration (IOM) distributed non-food relief items such as tarpaulins, solar lights, hygiene kits, and further supported the recovery by its shelter programmes. The World Food Programme and UN Children's Fund also partnered with the government to provide cash transfers to the most vulnerable households until early 2018. UNICEF also supported communities to access drinking water and hygiene, protection of children, psychosocial support for children affected and the continuity of education in safe spaces. The Palestinian International Cooperation Agency and the Samaritan's Purse also provided relief supplies of food, medicine and generators. The United Nations Humanitarian Air Service (UNHAS) conducted flights to transport humanitarian aid workers to Dominica from Antigua and Barbuda. Additional actors included the Caribbean Disaster Emergency Management Agency (CDEMA) which also supplied food and non-food items. The private sector, including organizations like Ericsson, with support from the Luxembourg Government provided emergency telecommunications support. Military troops from neighbouring Caribbean countries was also involved in distribution efforts.

## Needs analysis and scenario planning

### Needs analysis

Hurricane Maria caused destruction throughout the island and impacted 100% of the country. There was significant damage to the housing stock (98% roof damage, 50% of housing frame damage), institutional buildings, disruption to the power and water supply, telecommunications, road networks and bridges, which impeded the ability to reach affected persons.

Shelter and settlements: Towards the end of the emergency phase, government damage assessments showed that 26,085 houses were affected. While 18 per cent of houses were beyond repair, 25.5 per cent had major roof damage, 29 per cent had minor roof damage, 27 per cent had minimal roof damage. A DRCS/IFRC integrated multi-sector assessment in January 2018 reaffirmed that repairing vulnerable households' roofs was particularly urgent.



*Photo: A DRCS WASH team supplies water to affected communities in Dominica. Source: DRCS, 2018.*

Water, sanitation and hygiene promotion (WASH): Dominica lost its water supply during the hurricane, which hampered the subsequent clean-up efforts and posed a significant risk of waterborne diseases. Most critical needs identified included provision of safe drinking water, reduction of risks of the outbreak of waterborne diseases and response to possible outbreak of such diseases.

Health: All the country's healthcare facilities suffered varying degrees of damage from the hurricane (some were destroyed by the strong winds or floods, while others were only mildly impacted). The main needs identified were provision of medical care to the population, promoting healthy behaviours, and preventing disease outbreaks. Due to the stressful post-hurricane circumstances, a substantial need for psychosocial support (PSS) was identified as the most longstanding of health needs.

Disaster Risk Reduction (DRR): Due to Dominica's geographic location, it is highly vulnerable to natural and anthropogenic disasters with economic, social, and environmental costs of colossal proportions. The frequency and intensity of these phenomena are constant impediments to Dominica's growth and sustainability and hinder the eradication of poverty on the island. Therefore, the latest revision of the Emergency Appeal, launched in February 2019, planned to address these DRR needs.

National Society Development: Though the DRCS had a strong emergency response capacity, there were areas which needed to be improved to enhance its efficiency, effectiveness and accountability. The DRCS conducted assessments of its preparedness and response actions in relation to Hurricane Maria. The assessments highlighted the good work done by the DRCS, acknowledging the timely and proportionate response and degree of coordination with other agencies, while making various recommendations for improving contingency planning, capacity assessments, strengthening the roster system and enhancing data collection, and the monitoring of grants.

Over the years, the DRCS developed various regulations, policies, guidelines and tools to support its work. The DRCS has a disaster management policy, it undertakes contingency planning when necessary, and it has developed standard operating procedures (SOPs) that are customized for different thematic areas. However, they have not been rolled out in a systematic way, and therefore, the DRCS is lacking the standardization needed to ensure a consistent response across the organization and a strengthened focus on affected communities. There was also a need to review, update, harmonize and strengthen all disaster management policies and guiding documents, which would have provided a stronger framework for the DRCS's preparedness and response operations; additionally, this process should include formal management approval of key DRCS policies, procedures, and strategies.

From the results of the [Final Evaluation](#), conducted in April 2019 and endorsed in June 2019, water, shelter and food were listed as the top three priorities. Household survey respondents also indicated that the Red Cross provided the same water, shelter (tarpaulins) and cash transfers followed by other items such as mosquito nets, solar lights, roofing materials and water treatment tablets. The evaluation concluded that it was evident that the findings of the assessments and the strategy of the operation were relevant. The goods and services provided by the Hurricane Maria Operation were consistent with the expressed needs of beneficiaries during both the response and recovery periods.

## **Operation Risk Assessment**

- The security situation was stable throughout the country.
- Bad weather (flood, strong wind etc) during the hurricane season 2018 created challenges and delays to the implementation of the recovery programme, particularly in the shelter construction. Curfews were imposed by the government, so movement of people and transport were restricted. Due to inadequate lighting in some shelters, the protection and safety of individuals, including children was of concern. The National Society
- The existence of a number of actors, who provided information which sometimes conflicted with that provided by the DRCS, required the use of community engagement approaches to ensure that correct information was disseminated.
- To surmount challenges in getting young men to assist with shelter repair activities, the DRCS garnered the support of female members of the community to encourage them to participate. Female members of communities were also recruited and trained in shelter construction.

## B. OPERATIONAL STRATEGY

### Proposed strategy

#### Emergency Response Phase

The strategy of the entire operation evolved gradually from a focus on meeting immediate needs of the affected population to carving out a comprehensive recovery effort. The main prong of the emergency response strategy was to relieve the suffering, loss and discomfort of the affected. With the widespread devastation of the road networks throughout, access to the remote interior and to coastal areas was restricted. Where affected persons could be reached, relief activities commenced immediately. Water was trucked to affected communities, volunteers were trained in water sanitation and hygiene (WASH) and monitored the situation in the affected communities. There were no reported cases of disease outbreaks. Non-food items that were distributed included blankets, jerry cans, family hygiene kits, aqua tablets, candles, solar lights, mosquito nets and buckets. Tarpaulins were the main shelter item distributed.



#### Recovery Phase

During the recovery phase, the focus shifted to building the capacities of the branches of DRCS and disaster response capacities of the vulnerable communities. The operation, which commenced on 21<sup>st</sup> September 2017 was extended from twelve (12) to fifteen (15) months, with a further extension to eighteen (18) months, ending in March 2019. Target numbers to be reached increased from 5000 to 15,000 persons (from 1000 to 5000 families) primarily on the western coastline, including Roseau and environs.

Before the last revision of the Appeal, the IFRC and the DRCS explored ways to implement an integrated system that will include building capacity at the community level. This involved training the CDRTs and volunteers in hazard monitoring, forecasting and prediction, disaster risk assessment, communication and preparedness activities, and other processes that enabled individuals, communities, governments and businesses to take timely action to reduce disaster risks in advance of hazardous events. These findings of new needs were reflected in the revised emergency appeal (no.3) in February 2019.

Continuous needs assessment of the communities were conducted by a network of CDRT members and volunteers. This network supported the collection of data and the registration of affected families. Through this network, the National Society was able to:

- Inform the communities of the relief effort undertaken and receive feedback on the operation
- Coordinate with national authorities and other actors present in the country to ensure integrated programming
- Use radio announcements, hotlines and Facebook alerts to communicate with the Dominican population.



*A DRCS volunteer repairs a damaged roof. Source: DRCS*

To ensure the needs of the communities were heard and reflected in the planning and implementation of the operation, DRCS created a system to address complaints from people who were not included in the community-developed beneficiary list and who did not receive relief items. The DRCS registered complaints at the time of distribution and when each household was assessed. If the newly assessed households met the targeting criteria, the DRCS did a follow-up distribution. Furthermore, the DRCS established a CTP hotline to address questions and received feedback on the programme.


A lessons learned workshop, a final evaluation, and the DRCS's post-distribution monitoring of each of the operation's main components ensured the availability of sufficient documentation for the evaluation of the programmes at the end of the operation; it also guaranteed that the DRCS can use this operation's lessons learned to improve future

programmes and operations, with the aim of bringing swift and sufficient assistance to people affected by hurricanes or other disasters.

The operation aimed also to build a strong and well-functioning National Society, which will be more capable of coping with disasters in the long term. All interventions were aligned with the IFRC's minimum standard commitments (MSCs) to gender and diversity in emergency programming. These commitments include targeting female-headed households, pregnant or lactating women and men and boys made vulnerable by the disaster, households that had not received sufficient assistance from the government or other organizations, socially vulnerable households and those who lacked relevant resources to cope with basic humanitarian needs on their own. These groups were considered according to the level of impact on their housing.

Sphere standards were considered throughout the planning process. The DRCS developed a detailed monitoring and evaluation (M&E) plan in consultation with all sectors to ensure accurate reporting. Additionally, an information management team composed of National Society staff and volunteers set up databases, smart sheets, and dashboards to capture relevant data and shared it with the operation's partners.

## C. DETAILED OPERATIONAL PLAN

|  |  |  |
|--|--|--|
|  <b>Shelter</b><br>People reached: 6,385 households (19,155 people)<br>Requirements: CHF 3,141,000              |  |  |
| <b>Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions</b>    |  |  |
| <b>Indicators:</b>   | <b>Target</b>                              | <b>Actual</b>                              |
| % of all implemented shelter and settlement solutions that are safe and adequate and will remain so until more durable solutions are achieved.   | 100%                                       | 100%                                       |
| <b>Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households</b>  |  |  |
| <b>Indicators:</b>   | <b>Target</b>                              | <b>Actual</b>                              |
| # of households receiving shelter materials in emergency phase   | 5,000                                      | 6,385                                      |
| # of households receiving shelter assistance in recovery phase   | 550  | 567  |
| # of working days paid for through the cash for work programme   | 14,500                                     | 11,100                                     |
| <b>Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b> |  |  |
| <b>Indicators:</b>   | <b>Target</b>                              | <b>Actual</b>                              |
| # of volunteers mobilized for shelter intervention   | 20   | 20   |
| # of families who receive induction training to repair their house   | 1,000                                      | 500  |
| # of families who receive technical guidance messaging on safe roof construction   | 2,000                                      | 2,000                                      |
| # of carpenters and construction workers who are trained   | 30 carpenters and 120 construction workers | 30 carpenters and 120 construction workers |
| <b>Narrative description of achievements</b>   |  |  |

The shelter component was the largest and one of the most important of the entire operation.

In the emergency phase, 10,925 tarpaulins 7,550 blankets, 9,000 mosquito nets, were distributed to people in need.

The number of people receiving relief items (6,385 households) exceeded the original targets (5,000 households) as more items were needed as some had worn out due to the ongoing rain during the emergency phase.

In the recovery phase, direct assistance to reconstruction of shelters were provided to communities. While the original target number of households receiving shelter assistance in recovery phase was 1,000, a realistic adjustment was made, and the target was revised, and 567 households were supported.



*A DRCS volunteer repairs a damaged roof.  
Source: IFRC*

In the selection of households that received shelter support, after technical assessments by DRCS, meetings were held with the village councils to cross-check the lists and to prevent the duplication of services. After this vetting process, the DRCS finalized its beneficiary list and shared it for publication with all village councils; however, the DRCS were still able to add or remove houses from the beneficiary list, depending upon the results of the 96 technical assessments. The list of families that were taken off was published, along with an explanation for their removal; the DRCS flagged the families taken off the list for the government for further review of their cases.

The shelter support was community-based and participatory. For the shelter programme, forty-two (42) teams of five persons each (one head carpenter, two skilled builders, and two unskilled builders) were identified to execute and monitor the work. Each team received hands-on training from the Red Cross shelter team and worked under the lead of the head carpenter. Teams were also provided with materials and 1,154 shelter toolkits. Local site-supervisors or the Red Cross shelter team were responsible for daily site supervision. The communities were equipped with a cadre of builders who had improved skills and alternative livelihood options as a result of Red Cross training. One of the head carpenters purchased and continued using the construction tools, while other workers supported themselves doing other construction jobs.

This methodology was rewarding as the workers felt a sense of satisfaction as they were helping their community, while at the same time helping their family to survive as the intervention was “their bread and butter” or a means to feed their family. As roofs were repaired, family members returned to their homes, and in many cases the family hosted other families while the latter’s roofs were still being prepared. Ensuring that communities were resilient and that families were kept together were key factors, and on account of its strategy, the Red Cross contributed to these achievements.

### **Challenges**

The major challenge in the shelter support was the increased costs, including that of construction materials, delivery etc. While construction materials were out of supply in Dominica, procurement took longer than expected. The costs were higher too as the suppliers were overseas. A direct consequence of this challenge was that the target number of households receiving the support was scaled down (from 1,000 to 550).

There was also a lack of trained carpenters and construction workers, which was addressed through the training of carpenters in cooperation with the government. The most serious challenge was caused by the lack of site supervisors whose task it was to supervise their daily work. Furthermore, there was a shortage of engineers and architects available to undertake the technical assessment.

Another challenge was the selection criteria used for communities and households to receive support. Certain socio-political developments such as the elections created a sense of dissatisfaction in areas where people were equally divided. However, DRCS dealt with these situations quickly by explaining their beneficiary selection to the communities through the Town Halls and Village Councils.

### **Lessons Learned**

The discrepancy of budgets and actual costs in construction was a common challenge seen in this operation. A better and a more realistic budgeting and readjustment of the targets in a timely manner could have reduced the burden.

Selection of the communities and households to be supported was also a common challenge in many operations. The Red Cross could handle the situations well by upholding the fundamental principles and working closely and directly with local communities including government agencies. Transparency of how Red Cross works can enhance the trust and effectiveness of the selection process.



## Livelihoods and basic needs

People reached: 5,820 people (1,940 households)

Requirements: CHF 1,138,000

### Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

| Indicators:  | Target | Actual |
|--|--------|--------|
| % of beneficiaries expressing satisfaction with the DRCS's cash grants in PDM survey | 100%   | 95%    |

### Output 1.2: Basic needs assistance for livelihoods security, including food, is provided to the most affected communities

| Indicators:   | Target | Actual |
|---|--------|--------|
| # of households in Roseau reached with cash grants during the emergency phase     | 1,000  | 995    |
| # of households outside Roseau reached with cash grants during the recovery phase | 1,000  | 945    |

### Narrative description of achievements

The distribution of pre-paid Visa debit cards (each card contained 482 American dollars [USD]<sup>2</sup>) was completed in 2 phases between November 2017 and March 2018. The first phase was from November 2017 to January 2018, reaching 995 households in 23 communities; the second phase, from February 2018 to March 2018, reaching 945 households in 29 communities.

The target of 2,000 households was not reached because the required personnel was not in place toward the end of the CTP intervention, preventing the operation team from carrying out the necessary assessments.

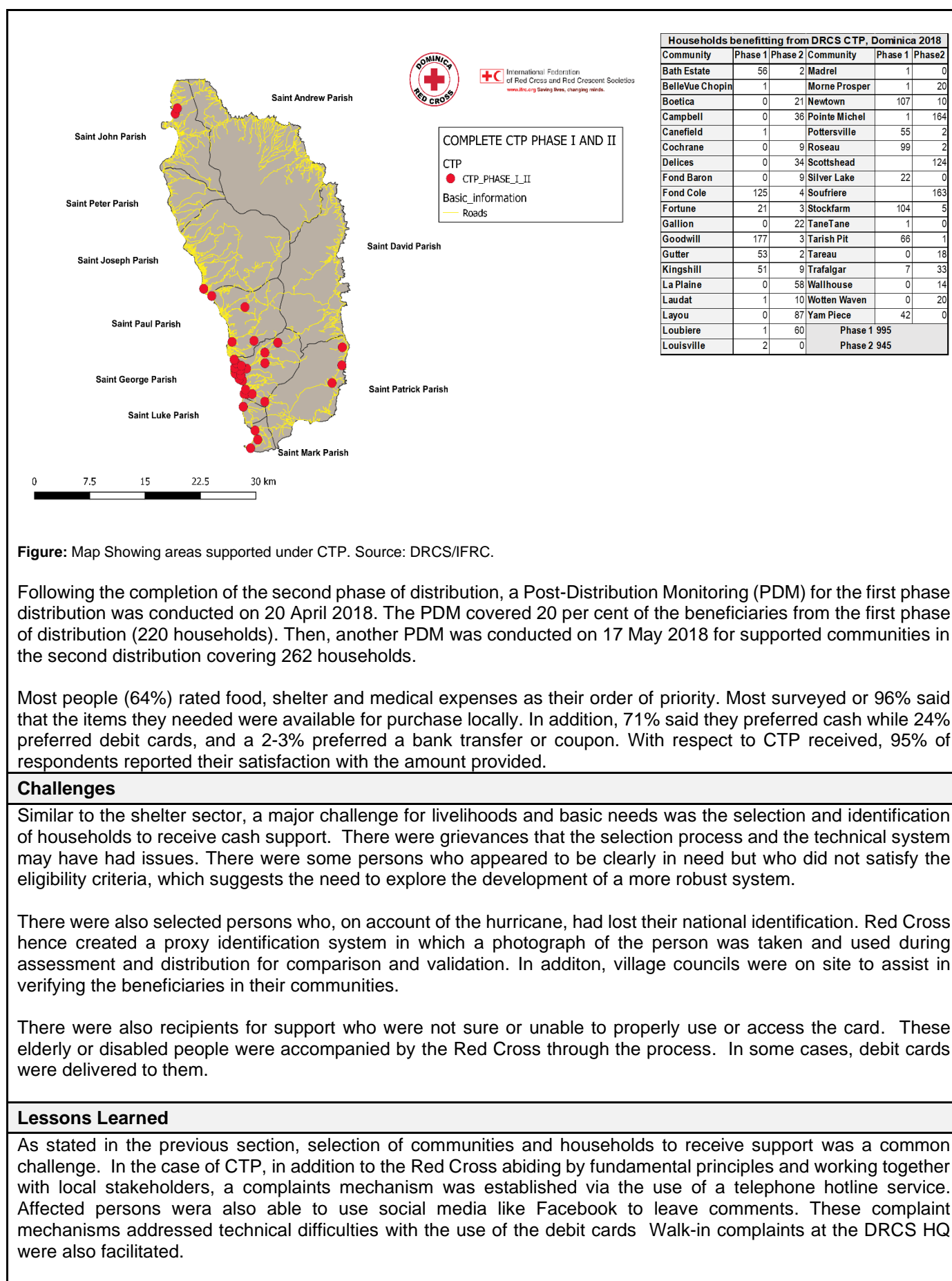
The DRCS used vulnerability criteria such as the number of elderly family members and low-income households with children or persons with special needs to select the target beneficiaries from the most vulnerable among those whose homes had been damaged or destroyed. Guided by the availability of financial services outside Roseau, the DRCS updated the initial market analysis conducted in September 2017 to confirm the relevance of the cash grant amount and modality of payment. This analysis was useful for determining the modality of payment for the cash for work programme and for supporting the shelter sector's hiring of workers to provide roof repair services.



*DRCS volunteers assist with the first CTP distributions in Kings Hill, Saint George, Dominica. Source: DRCS*

The map and table below summarize this sector's progress:

<sup>2</sup> The cards' actual amount was USD\$450 after USD\$32 in fees was deducted from the total amount by VISA.



**Figure:** Map Showing areas supported under CTP. Source: DRCS/IFRC.

Following the completion of the second phase of distribution, a Post-Distribution Monitoring (PDM) for the first phase distribution was conducted on 20 April 2018. The PDM covered 20 per cent of the beneficiaries from the first phase of distribution (220 households). Then, another PDM was conducted on 17 May 2018 for supported communities in the second distribution covering 262 households.

Most people (64%) rated food, shelter and medical expenses as their order of priority. Most surveyed or 96% said that the items they needed were available for purchase locally. In addition, 71% said they preferred cash while 24% preferred debit cards, and a 2-3% preferred a bank transfer or coupon. With respect to CTP received, 95% of respondents reported their satisfaction with the amount provided.

### Challenges

Similar to the shelter sector, a major challenge for livelihoods and basic needs was the selection and identification of households to receive cash support. There were grievances that the selection process and the technical system may have had issues. There were some persons who appeared to be clearly in need but who did not satisfy the eligibility criteria, which suggests the need to explore the development of a more robust system.

There were also selected persons who, on account of the hurricane, had lost their national identification. Red Cross hence created a proxy identification system in which a photograph of the person was taken and used during assessment and distribution for comparison and validation. In addition, village councils were on site to assist in verifying the beneficiaries in their communities.

There were also recipients for support who were not sure or unable to properly use or access the card. These elderly or disabled people were accompanied by the Red Cross through the process. In some cases, debit cards were delivered to them.

### Lessons Learned

As stated in the previous section, selection of communities and households to receive support was a common challenge. In the case of CTP, in addition to the Red Cross abiding by fundamental principles and working together with local stakeholders, a complaints mechanism was established via the use of a telephone hotline service. Affected persons were also able to use social media like Facebook to leave comments. These complaint mechanisms addressed technical difficulties with the use of the debit cards. Walk-in complaints at the DRCS HQ were also facilitated.

Conducting CTP distributions outside of the DRCS headquarters enabled easy access to affected persons for feedback, for the provision of psychosocial support and to conduct satisfaction surveys.

Further capacity-building training for volunteers who conducted assessments, managed data, engaged with and coordinated feedback with communities was needed. Though ten (10) volunteers received refresher online and in-person training from delegates, the need for additional training was mentioned during a lessons learned workshop.,



## Health

People reached: 10,521 people (3,507 households)

Requirements: CHF 64,000

### Health Outcome 1: The immediate risks to the health of affected populations are reduced

| Indicators:  | Target | Actual |
|--|--------|--------|
| # of people who are less at risk of vector-borne disease | 15,000 | 10,521 |

### Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population

| Indicators:                          | Target | Actual |
|--------------------------------------|--------|--------|
| # of people who have received LLITNs | 15,000 | 10,521 |

### Health Output 1.5: Psychosocial support provided to the target population

| Indicators:                                 | Target | Actual |
|---|--------|--------|
| # of people who benefit from PSS activities | N/A    | 379    |


### Health Outcome 2: The medium-term risks to the health of affected populations are reduced.

| Indicators:   | Target  | Actual   |
|---|---|--|
| # of people whose medium-term health risks are reduced through improved knowledge and awareness of health risks and access to first aid | <p>1,000 most vulnerable households (3,000 people) in target communities,</p> <p>2,300 students and their households (6,900 people) that benefitted from hygiene promotion and hygiene items, and</p> <p>4 communities that benefitted from restored public conveniences received IEC materials</p> | <p>875 households</p> <p>3,544 students received personal hygiene kits</p> <p>3,450 people received health-related IEC materials</p> |

### Health Output 2.3: Community-based disease prevention and health promotion measures provided.

| Indicators:                              | Target   | Actual   |
|--|--|--|
| # of families that receive IEC materials | <p>1,000 vulnerable households (3,000 people)</p> <p>2,300 students and their households (6,900 people)</p> <p>4 communities benefiting from restored public conveniences received IEC materials</p> | <p>875 households</p> <p>3,544 students received personal hygiene kits</p> <p>3,450 people received health-related IEC materials</p> |

|   |    |   |
|---|----|---|
|   |    |   |
| # of volunteers trained in Epidemic Control for Volunteers (ECV)  | 40 | 0 |
| <b>Narrative description of achievements</b>  |    |   |
| <p>DRCS's intervention was geared towards ensuring that the immediate and medium risks to the health of affected populations were reduced. The DRCS distributed information, education and communication (IEC) materials on disease prevention and health promotion to 875 vulnerable families during home visits from March to May 2018. By the end of the operation, it was recorded that 1150 households (3450 persons) had received health-related IEC materials for the DRCS.</p> <p>Furthermore, 379 people benefitted from PSS activities during the operation's emergency and recovery phases. Additionally, the DRCS hired a PSS consultant to initiate the PSS activities from October 2017 to January 2018. PSS debriefings were conducted in Soufriere, Layou, Loubriere Grandbay, Wottenhaven and Point Michel through group or individual sessions and door-to-door visits. One person was referred to a mental health facility.</p> <p>With respect to reducing risks of vector-borne diseases, although the target of 15,000 people receiving <i>LLITNs</i> was not reached, the Zika prevention project, which is running parallel to the operation and also managed by DRCS, covered the remaining population through the provision of LLITNs. the DRCS. Any unused LLITNs that were procured for the operation are now serving as pre-positioned relief and preparedness goods in the National Society.</p> <p>The change of plans to train volunteers in Epidemic Control for Volunteers (ECV) was due to an agreement with the Ministry of Health to combine the community-based disease prevention with the hygiene promotion activities under water, sanitation and hygiene sector of this operation. Therefore, no volunteers were trained specifically in in epidemic control.</p> |    |   |
| <b>Challenges</b>   |    |   |
| <p>Initially, the plan included the procurement and distribution of 60 dressing/suture kits for primary care facilities, however this was removed because other actors were providing similar goods.</p> <p>For PSS, although services were provided to 379 people, there were delays in the delivery of the services before the successful identification of a PSS lead by the National Society. In addition, some volunteers who were trained in PSS had found employment.</p>  |    |   |
| <b>Lessons Learned</b>  |    |   |
| <p>To increase the delivery of the targets and to reduce the delays in the implementation, better resource planning may be considered.</p> <p>To keep communication channels open with other partners, so that changes to the plan of activities can be agreed.</p>   |    |   |

|   |  |   |
|---|--|---|
|  <b>Water, sanitation and hygiene</b><br><b>People reached: 3,970 households (11,910 people)</b><br><b>Requirements: CHF 332,000</b> |  |   |
| <b>WASH Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>   |  |   |
| <b>Indicators:</b>  | <b>Target</b>  | <b>Actual</b>   |
| # of households who have less immediate risk of contracting waterborne diseases   | <p>2,300 households with students and 1,000 households in the community receive chlorine tablets and hygiene promotion in recovery phase</p> <p>5,000 households receive chlorine tablets in relief distributions during the emergency phase</p> | <p>3,100 households reached with relief distributions</p> <p>3,970 households received (5,500) jerry cans and (2,346) buckets</p> |

|  |   |  |
|--|---|--|
|  | 5,000 households received jerry cans and buckets  |  |
| <b>WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>                               |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of volunteers who have been trained  | 15  | 11   |
| <b>WASH Output 1.2: Daily access to safe water, which meets Sphere and WHO standards in terms of quantity and quality, is provided to target population</b>    |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of people who receive chlorine tablets   | 6,900   | 3,010  |
| # of people who receive instruction on the use of water tablets  | 15,000 people (5000 households) receive chlorine tablets through relief distributions<br><br>3,000 people (1,000 households) receive chlorine tablets<br><br>6,900 people (households of 2,300 students) receive chlorine tablets | 3,010 people receive chlorine tablets through relief distributions |
| # of communities with access to safe drinking water through water trucking   | 7   | 7  |
| <b>WASH Output 1.3: Adequate sanitation, which meets Sphere standards for quantity and quality, is provided to target population</b>                           |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of communities benefitting from rehabilitated public conveniences (toilets and washing facilities)   | 4   | 4  |
| <b>WASH Output 1.5: Hygiene-related goods (NFIs), which meet Sphere standards and training on how to use those goods, is provided to the target population</b> |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of households that receive hygiene kits, jerry cans and buckets  | 2,300   | 3,970  |
| <b>WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase</b>                    |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of volunteers trained to carry out water, sanitation and hygiene monitoring and evaluation   | 267   | 267  |
| <b>WASH Output 2.2: Community-managed water sources that provide access to safe water are provided to target population</b>                                    |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of households with access to safe drinking water through pumping station   | 1,498   | 1,598  |
| <b>WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.</b>   |   |  |
| <b>Indicators:</b>   | <b>Target</b>   | <b>Actual</b>  |
| # of schools and students that are reached with hygiene promotion activities that meet Sphere standards.   | 6   | 12   |
| <b>Narrative description of achievements</b>   |   |  |
|  |   |  |

Having clean and safe water in an emergency to meet drinking, sanitation, and hygiene needs is essential for every person. Considering the challenges faced during the start-up of this appeal, ensuring that the activities in this sector were conducted were vital for strengthening of Dominica's capacity for disaster preparedness.

The DRCS exceeded the target of 2,300 for the number of households that received hygiene kits, jerry cans and buckets because it provided these relief items to people upon request throughout the early months of the operation, especially for people who needed to store potable water in the communities that received water pumping. The additional relief items were from the DRCS's and the IFRC's contingency stock.

For some of the activities, the actual numbers reached for specific items, in this case chlorine tablets, aligned with the number of affected persons who needed the service. Though there was an initial target of 6,900 people, 3,000 persons received tablets, as there were other actors providing similar services which reduced the need for it.

Community toilets and washrooms were to be constructed in five communities, (one each in Loubiere, New Towne, Citronier and two in Point Michel) but with the reallocation of funding, these were not constructed.

The DRCS conducted hygiene promotion activities in 12 schools, reaching 1,223 students. The schools included Morne Prosper Primary School, Trafalgar and Laudat Primary School, Wotten Waven Primary School, St. John's Primary School, S.D.A Secondary School, Grandbay Primary School, Tete Morne Primary School, Giraudel Primary School, Bagatelle Primary School, Alpha Centre, Social Centre and Wesley High School.

In addition to hygiene promotion, the DRCS distributed 1,223 hygiene kits and brochures to the students and teachers (each student received 1 hygiene kit and 1 brochure). The schools were close to the DRCS's headquarters, and the National Society created individual hygiene kits for the schools from its existing stock of family kits, allowing it to exceed the original target by six schools.

Moreover, DRCS has treated 955,000 litres of water: 45,000 litres in Check Hall, 840,000 liters in Dos D'Ane, 10,000 liters in Saint Sauveur and 60,000 litres in Fond St. Jean. In total, 1,598 households (4,207 people) have benefitted from improved access to water. The DRCS cancelled the operation of an already installed pumping/purification station on 1 March 2018 when the water department (DOWASCO) resumed its water services.

#### Schools visited as of 30 June 2018.

| Name of School                             | Date Visited           | School Population |
|--|------------------------|-------------------|
| <b>Morne Prosper Primary School</b>        | Tuesday, 26 June 2018  | 41                |
| <b>Trafalgar and Laudat Primary School</b> | Tuesday, 26 June 2018  | 43                |
| <b>Wotten Waven Primary School</b>         | Tuesday, 26 June 2018  | 30                |
| <b>St. John's Primary School</b>           | Thursday, 28 June 2018 | 256               |
| <b>S.D.A Secondary School</b>              | Thursday, 28 June 2018 | 112               |
| <b>Grandbay Primary School</b>             | Tuesday, 3 June 2018   | 250               |
| <b>Tete Morne Primary School</b>           | Tuesday, 3 June 2018   | 90                |
| <b>Giraudel Primary School</b>             | Tuesday, 3 June 2018   | 35                |
| <b>Bagatelle Primary School</b>            | Tuesday, 3 June 2018   | 34                |
| <b>Alpha Centre</b>                        | Wednesday, 4 June 2018 | 25                |
| <b>Social Centre</b>                       | Wednesday, 4 June 2018 | 107               |
| <b>Wesley High School</b>                  | Wednesday, 4 June 2018 | 200               |




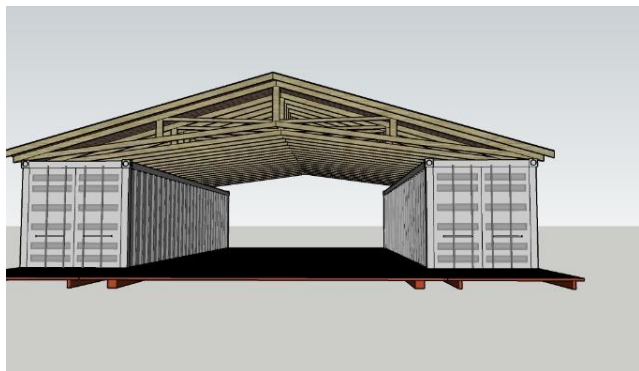
*A DRCS WASH volunteer carries a water storage container.  
Source: DRCS*



*St. Martin Primary School students receive sanitary materials from DRCS WASH teams.  
Source: IFRC*

|  |              |
|--|--------------|
| <b>Total Students Reached</b>  | <b>1,223</b> |
| <b>Challenges</b>  |              |
| <p>In the response phase, it was difficult for DRCS to recruit volunteers because this service looked like hard work and too technical to move and operate equipment from one place to the next. Nevertheless, DRCS made the requirements of the sector easier for the volunteers to understand.</p> <p>The distribution of chlorine tablets was ceased by the government. The existence of a number of actors who were distributing the same but of various strengths, led to some confusion.</p>   |              |
| <b>Lessons Learned</b>   |              |
| <p>Coordination and co-operation with other actors in the response is important. This is shown by the challenges met in the distribution of chlorine tablets to purify water. In addition, partnerships were needed to reduce the time needed to deliver truck-borne water to the communities. Red Cross therefore had partnered with the International Medical Corporation to truck water.</p> <p>The volunteer recruitment strategy used during an emergency needs to be reviewed to reduce the attrition levels of volunteers at the end of an operation.</p> |              |

|   |               |               |
|---|---------------|---------------|
|  <p style="text-align: center;"><b>Disaster Risk Reduction</b><br/> <b>People reached: 3,683 people</b><br/> <b>Requirements: CHF 386,000</b></p>   |               |               |
| <b>DRR Outcome 1: National Society capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>   |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| # of people reached through Red Cross Red Crescent programmes for DRR and community resilience (excluding public awareness and education campaigns)   | 12,500        | 3,683         |
| <b>DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters</b>  |               |               |
| <b>Indicators:</b>  | <b>Target</b> | <b>Actual</b> |
| # of community early warning systems established or improved and linked with local or national meteorological system  | 8             | 0             |
| # people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks  | 12,500        | 643           |
| <b>Progress towards outcomes</b>  |               |               |
| <p>Despite the challenges faced, the DRCS managed to complete construction and open the office and warehouse of 2 branches in Good Hope and Grand Fond. Relief items for disasters were stocked in these warehouses. The relief goods would benefit the population served by the branches.</p> <p>The DRCS conducted extensive mobilization activities and identified suitable intervention areas. Communities were invited to provide feedback for a calendar of DRR activities that was developed. Indigenous communities, like Kalinago, which was impacted by the hurricane, expressed an interest in the work of the Red Cross which resulted in the formation of new branches in this area.</p> <p>Public service announcements (PSAs) and other information to sensitize the public about disasters were produced. A MoU was developed between the Office of Disaster Management and the Dominica Amateur Radio Communications and hurricane preparedness and disaster tips were aired on local radio.</p> |               |               |



Caption: Grand fond Branch Office and storage facility



Caption: Members of the Good Hope branch in attendance at opening of branch office and storage facility

In addition, Community Disaster Response Team refresher training were conducted for the communities of Layou, Bathe Estate, Point Michele, Mero. Also, in the community of Layou, a disaster committee was established.

The achievements of the component of community early warning systems were complemented by another project managed by IFRC.

Even though the appeal has been closed, DRCS continues the construction of other branches, while soliciting new funds from other donors.

**Challenges**

DRCS met challenges to get land property for the two branches. It worked closely with the local government to secure permits.

In addition, the cost of construction of branches was higher than the original budgets. Therefore, the target number of branches was readjusted from four to two.

**Lessons Learned**

The discrepancy of budgets and actual costs in construction has been a common challenge seen in this operation. Lessons learnt included a better and a more realistic budgeting and readjustment of the targets in a timely manner.

Though the DRCS were able to obtain approvals from government for the use of lands, there is a need to further strengthen and nurture partnerships developed with local agencies of the government.



## Migration

People reached: 529  
Requirements: CHF 19,000

**Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)**

| Indicators:   | Target | Actual |
|---|--------|--------|
| # of people who are assisted with restoring family links (RFL) services | 400    | 529    |

**Migration Output 1.3: Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster**

| Indicators:                                    | Target | Actual |
|--|--------|--------|
| # of people who are assisted with RFL services | 400    | 529    |

### Narrative description of achievements

At the beginning of the emergency, communication systems were disrupted throughout the country. Affected people could not notify family members within and outside of Dominica of their status.

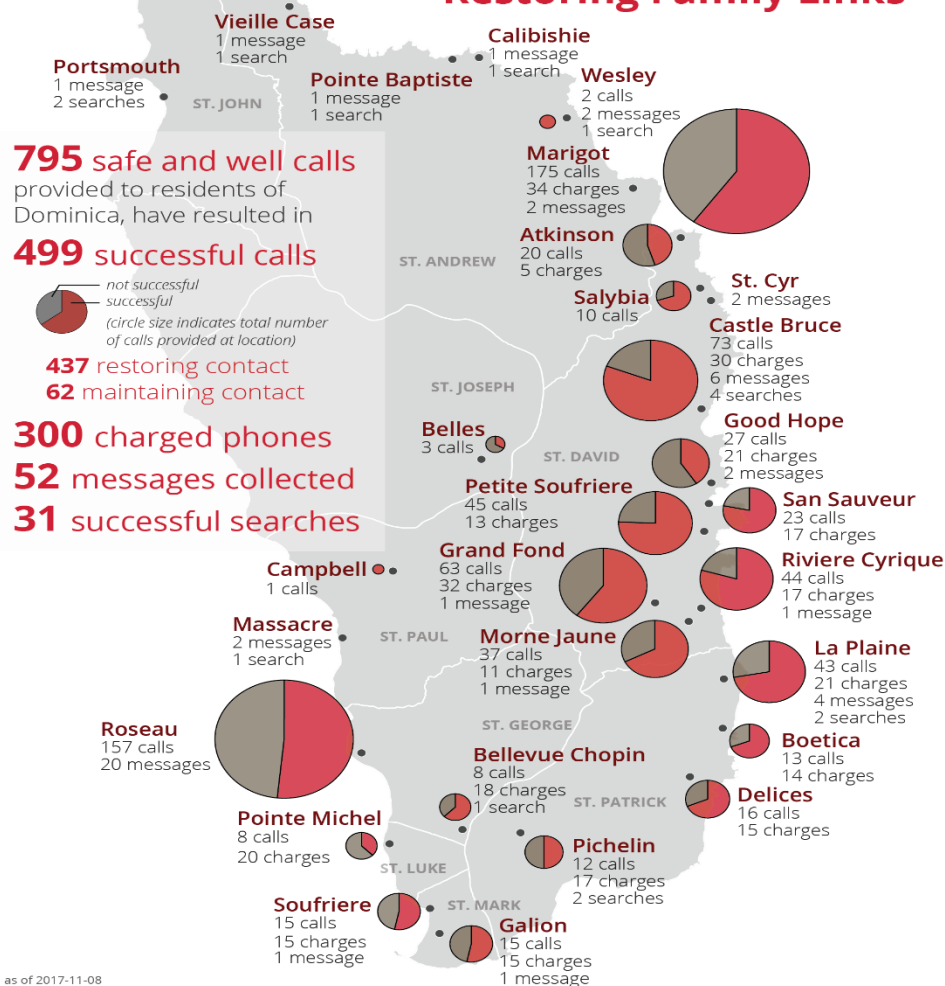
During the Emergency 2 RFL Surge capacity were deployed to Dominica with the requisite equipment. This equipment included three satellite phones and mobile charging stations. A total of six (6) volunteers were trained in RFL. Telecommunications access was provided 805 times. A total of 529 persons were assisted in reconnecting with their relatives.



International Federation of Red Cross and Red Crescent Societies

Dominica: Hurricane Maria

## Restoring Family Links



Thanks to the partners who supported the implementation, particularly ICRC, and due to the length of the support, there were not much significant challenges.

#### Lessons Learned

Not applicable.

## Strategies for Implementation

Requirements (CHF): 1,635,156

### Strengthen National Society

**Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform**

| Indicators:   | Target                  | Actual                  |
|---|-------------------------|-------------------------|
| # of volunteers and staff recruited to support the necessary legal, ethical and financial foundations, systems and structures, competencies | 5 volunteers<br>7 staff | 5 volunteers<br>4 staff |

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

| Indicators:  | Target | Actual |
|--|--------|--------|
| # of volunteers working on the operation who are insured | 90     | 200    |
| # of logistics volunteers recruited                      | 5      | 5      |
| # of volunteers trained on rights and safety             | 30     | 30     |

**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**

| Indicators:   | Target | Actual |
|---|--------|--------|
| National Society's headquarters is fully furnished, equipped and functional               | Yes    | Yes    |
| National Society's warehouse is well stocked for future crisis response                   | Yes    | Yes    |
| National Society has a resource mobilization assessment and sustainability plan           | Yes    | No     |
| # of staff recruited to support the operation through increased National Society capacity | 7      | 7      |

**Output S1.1.7: National Society's capacity to support community-based disaster risk reduction, response and preparedness is strengthened.**

| Indicators:   | Target | Actual |
|---|--------|--------|
| National Society has increased warehouse space that is fully stocked          | Yes    | Yes    |
| National Society has increased level of readiness in responding to Hurricanes | Yes    | Yes    |

**Outcome S2.1: Effective and coordinated international disaster response is ensured**

**Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards**

| Indicators:  | Target | Actual |
|--|--------|--------|
| National Society has a functioning logistics filing and reporting system | Yes    | Yes    |

**Outcome S3.1: The IFRC secretariat and the DRCS use their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**

**Output S3.1.1: The IFRC and the DRCS are visible, trusted and effective advocates on humanitarian issues**

| Indicators:  | Target                  | Actual                  |
|--|-------------------------|-------------------------|
| # of media materials produced that are aimed at promoting the National Society and its work domestically and internationally | 54                      | 66                      |
| Daily social media posts, # of articles, # of videos   | 10 articles<br>3 videos | 20 articles<br>3 videos |

| <b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>   |                         |               |
|--|-------------------------|---------------|
| <b>Indicators:</b>   | <b>Target</b>           | <b>Actual</b> |
| # of staff and volunteers trained in the use of ODK  | 15 staff and volunteers | 7 volunteers  |
| <b>Outcome S4.1: The IFRC enhances its effectiveness, credibility and accountability</b>   |                         |               |
| <b>Output S4.1.4: Staff security is prioritized in all IFRC activities</b>   |                         |               |
| <b>Indicators:</b>   | <b>Target</b>           | <b>Actual</b> |
| # of staff and volunteers who have taken Stay safe and Safer access training an updated security plan is in place  | 0                       | 7             |
| <b>Narrative description of achievements</b>   |                         |               |
| <p>A majority of the indicators and outcomes have been met.</p> <p>In terms of staffing, with the latest funding received for DRR in Oct 2018, DRCS managed to keep a team of staff from senior management to technical departments to ensure the operation was managed effectively.</p> <p>At the exit of the IFRC delegates, they provided training and shared their knowledge to DRCS counterparts on filing and reporting system, as part of their handover process.</p> <p>To ensure the office space of DRCS was enhanced, furniture and other necessary office equipment (such as a cash safe) were handed over to DRCS at the end of the operation. A satellite phone was also stored at the NHQ to be used for emergency purposes.</p> <p>To increase the volume of relief aid of DRCS, the remaining construction materials of the shelter component of the operation are stored at the warehouse of DRCS NHQ. The stock list of other non-food items for relief is constantly updated by DRCS and as per requests from IFRC.</p> <p>With regards preparedness of hurricanes, DRCS was accompanied by the IFRC in-country operation team in preparing and responding to the tropical storms in the hurricane season 2018. DRCS was supported by IFRC staff during the curfew in the tropical storm Isaac. The coordination of the monitoring and response was also strengthened in the hurricane season 2019, through the IFRC country-cluster support team in Trinidad and Tobago.</p> <p>The assessment for resource mobilization is ongoing. A workshop with DRCS is being planned beyond the appeal period.</p> <p>A 5-hour Lessons Learned Workshop was conducted in April 2019 at the DRCS. Ten persons including staff, volunteers and members of the board who worked during the operation attended. The workshop had a 3-pronged highly participatory approach, i.e. Theory of Change, Story Boarding and Modified World Café. The findings of the workshop formed part of the Final Evaluation.</p> <p>The Final Evaluation of the entire operation was conducted and led by an external consultant. The report has been endorsed. DRCS is reviewing the recommendations and will share their management response to them. The report will also be published soon on IFRC web.</p> <p>The roof of the National Society's headquarters and of the warehouse facilities were repaired. The main office of the NS was also restored and new equipment, furniture and stocks were obtained. These improvements enhanced the functional capacity of the office and better placed them in a position of preparedness to respond to an emergency.</p> |                         |               |
| <b>Challenges</b>  |                         |               |
| <p>One of the challenges has been sustaining staff and capacity of DRCS after the operation. Fortunately, the operation created opportunities for other stakeholders to engage with DRCS to support them in future. With the positive achievements of DRCS in the hurricane recovery operation, national and local government, and other Movement partners are providing essential additional resources to DRCS.</p>   |                         |               |
| <b>Lessons Learned</b>   |                         |               |
| <p>Additional support and resources may have been required and planned to further focus and strengthen the support in developing the National Society. A specialized staff (IFRC or National Society) working closely with the senior management and governance of the National Society would be beneficial.</p>   |                         |               |

## Reference documents

Click here for:

- [Previous Appeals and updates](#)

## Contact information

**For further information, specifically related to this operation please contact:**

### In the Dominica Red Cross Society

- Mrs. Sandra Charter-Rolle Director General; E-mail: [directorgeneral@redcross.dm](mailto:directorgeneral@redcross.dm)

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### For Resource Mobilization and Pledges:

- Marion Andrivet, Emergency Appeals and Marketing Senior Officer; email: [marion.andrivet@ifrc.org](mailto:marion.andrivet@ifrc.org)

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

- Sandra Romero, Head of Partnership and Resource Mobilization (PRD) and Planning, Monitoring, Evaluation and Reporting (PMER) unit; email: [sandra.romero@ifrc.org](mailto:sandra.romero@ifrc.org)

### In Geneva:

- Antoine Belair, Operations Coordination Senior Officer for Disaster and Crisis (Prevention, Response and Recovery); email: [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

## 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.

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



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace.**

# Emergency Appeal

FINAL FINANCIAL REPORT

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2017/06-2020/01 | Operation | MDRDM003 |
| Budget Timeframe    | 2017-2019       | Budget    | APPROVED |

Prepared on 21 Feb 2020

All figures are in Swiss Francs (CHF)

## MDRDM003 - Dominica - Hurricane Maria

Operating Timeframe: 21 Sep 2017 to 30 Jun 2019; appeal launch date: 21 Sep 2017

### I. Emergency Appeal Funding Requirements

| Thematic Area Code                                    | Requirements CHF |
|---|------------------|
| AOF1 - Disaster risk reduction                        | 386,000          |
| AOF2 - Shelter  | 3,141,000        |
| AOF3 - Livelihoods and basic needs                    | 1,138,000        |
| AOF4 - Health   | 64,000           |
| AOF5 - Water, sanitation and hygiene                  | 332,000          |
| AOF6 - Protection, Gender & Inclusion                 | 0                |
| AOF7 - Migration                                      | 19,000           |
| SFI1 - Strengthen National Societies                  | 240,000          |
| SFI2 - Effective international disaster management    | 1,718,000        |
| SFI3 - Influence others as leading strategic partners | 0                |
| SFI4 - Ensure a strong IFRC                           | 0                |
| <b>Total Funding Requirements</b>                     | <b>7,038,000</b> |
| <b>Donor Response* as per 21 Feb 2020</b>             | <b>6,945,991</b> |
| <b>Appeal Coverage</b>                                | <b>98.69%</b>    |

### II. IFRC Operating Budget Implementation

| Thematic Area Code                                    | Budget           | Expenditure      | Variance      |
|---|------------------|------------------|---------------|
| AOF1 - Disaster risk reduction                        | -866             | 4,573            | -5,438        |
| AOF2 - Shelter  | 3,191,606        | 3,165,209        | 26,396        |
| AOF3 - Livelihoods and basic needs                    | 1,061,496        | 1,061,496        | 0             |
| AOF4 - Health   | 36,070           | 36,070           | 0             |
| AOF5 - Water, sanitation and hygiene                  | 273,688          | 273,688          | 0             |
| AOF6 - Protection, Gender & Inclusion                 | 0                | 0                | 0             |
| AOF7 - Migration                                      | 0                | 0                | 0             |
| SFI1 - Strengthen National Societies                  | 497,340          | 465,650          | 31,690        |
| SFI2 - Effective international disaster management    | 1,861,695        | 1,883,427        | -21,732       |
| SFI3 - Influence others as leading strategic partners | 18,368           | 12,007           | 6,361         |
| SFI4 - Ensure a strong IFRC                           | 0                | 0                | 0             |
| <b>Grand Total</b>                                    | <b>6,939,398</b> | <b>6,902,120</b> | <b>37,278</b> |

### III. Operating Movement & Closing Balance per 2020/01

|   |               |
|---|---------------|
| Opening Balance                                 | 0             |
| Income (includes outstanding DREF Loan per IV.) | 6,899,489     |
| Expenditure                                     | -6,902,120    |
| <b>Closing Balance</b>                          | <b>-2,631</b> |
| Deferred Income                                 | 0             |
| Funds Available                                 | -2,631        |

### IV. DREF Loan

|                                  |        |         |              |         |                      |          |
|----------------------------------|--------|---------|--------------|---------|----------------------|----------|
| * not included in Donor Response | Loan : | 239,232 | Reimbursed : | 239,232 | <b>Outstanding :</b> | <b>0</b> |
|----------------------------------|--------|---------|--------------|---------|----------------------|----------|

# Emergency Appeal

FINAL FINANCIAL REPORT

| Selected Parameters |                 |           |          |
|---------------------|-----------------|-----------|----------|
| Reporting Timeframe | 2017/06-2020/01 | Operation | MDRDM003 |
| Budget Timeframe    | 2017-2019       | Budget    | APPROVED |

Prepared on 21 Feb 2020

All figures are in Swiss Francs (CHF)

## MDRDM003 - Dominica - Hurricane Maria

Operating Timeframe: 21 Sep 2017 to 30 Jun 2019; appeal launch date: 21 Sep 2017

### V. Contributions by Donor and Other Income

| Opening Balance                                      |                  |               |                  |              |                  |                 | 0 |
|--|------------------|---------------|------------------|--------------|------------------|-----------------|---|
| Income Type  | Cash             | InKind Goods  | InKind Personnel | Other Income | TOTAL            | Deferred Income |   |
| American Red Cross                                   | 398,802          |               |                  |              | 398,802          |                 |   |
| British Red Cross                                    | 108,206          |               |                  |              | 108,206          |                 |   |
| British Red Cross (from British Government*)         | 1,291,090        |               |                  |              | 1,291,090        |                 |   |
| Danish Red Cross                                     | 47,500           |               | 51,484           |              | 98,984           |                 |   |
| Dominica Red Cross Society (from Italian Red Cross*) | 42,454           |               |                  |              | 42,454           |                 |   |
| European Commission - DG ECHO                        | 1,327,661        |               |                  |              | 1,327,661        |                 |   |
| European Investment Bank Institute                   | 36,320           |               |                  |              | 36,320           |                 |   |
| Finnish Red Cross                                    | 58,368           |               |                  |              | 58,368           |                 |   |
| Government of Malta                                  | 17,501           |               |                  |              | 17,501           |                 |   |
| Irish Government                                     | 174,841          |               |                  |              | 174,841          |                 |   |
| Italian Government Bilateral Emergency Fund          | 114,254          |               |                  |              | 114,254          |                 |   |
| Italian Red Cross                                    | 35,245           |               |                  |              | 35,245           |                 |   |
| Japanese Red Cross Society                           | 87,251           |               |                  |              | 87,251           |                 |   |
| Liechtenstein Red Cross                              | 30,000           |               |                  |              | 30,000           |                 |   |
| Netherlands - Private Donors                         | 137              |               |                  |              | 137              |                 |   |
| Norwegian Red Cross (from Norwegian Government*)     | 116,158          |               |                  |              | 116,158          |                 |   |
| On Line donations                                    | 100              |               |                  |              | 100              |                 |   |
| Red Cross of Monaco                                  | 23,304           |               |                  |              | 23,304           |                 |   |
| Swedish Red Cross                                    | 118,375          |               |                  |              | 118,375          |                 |   |
| Swiss Government                                     | 200,000          |               |                  |              | 200,000          |                 |   |
| Swiss Red Cross                                      | 250,000          |               |                  |              | 250,000          |                 |   |
| The Barbados Red Cross Society                       | 57,550           |               |                  |              | 57,550           |                 |   |
| The Canadian Red Cross Society                       | 773,923          |               |                  |              | 773,923          |                 |   |
| The Canadian Red Cross Society (from Canadian Gov    | 42,203           |               |                  |              | 42,203           |                 |   |
| The Government of Portugal                           | 76,630           |               |                  |              | 76,630           |                 |   |
| The Netherlands Red Cross                            | 2,693            | 44,729        |                  |              | 47,423           |                 |   |
| The Trinidad and Tobago Red Cross Society            | 29,071           |               |                  |              | 29,071           |                 |   |
| United States Government - USAID                     | 1,340,320        |               |                  |              | 1,340,320        |                 |   |
| United States - Private Donors                       | 320              |               |                  |              | 320              |                 |   |
| VERF/WHO Voluntary Emergency Relief                  | 3,000            |               |                  |              | 3,000            |                 |   |
| <b>Total Contributions and Other Income</b>          | <b>6,803,276</b> | <b>44,729</b> | <b>51,484</b>    | <b>0</b>     | <b>6,899,489</b> | <b>0</b>        |   |
| <b>Total Income and Deferred Income</b>              |                  |               |                  |              | <b>6,899,489</b> | <b>0</b>        |   |