



# Haiti & Dominican Republic Cholera Operation

## **Summary of the Plan of Action**

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## Background

In 2012, the governments of Haiti and Dominican Republic with support from the UN, the Red Cross Movement and NGOs, created the *Coalition for the Elimination of Cholera on the island of Hispaniola*. The aim of this initiative is to mobilise resources for well-coordinated efforts aimed at the elimination of cholera from the island.

This document reflects a summary of the Federation-wide two-year Emergency Plan of Action (EPoA) and its contribution to the broader 10-year National plans to eradicate cholera from the island of Hispaniola. It reflects the collective contribution of the Red Cross Red Crescent actors present in Haiti and the Dominican Republic, with a total budget of approximately 9.9 million Swiss francs. The aim is to mobilise resources through this strategy to support the governments of Haiti and the Dominican Republic to control, prevent and respond to cholera spikes for a 24-month period, between July 2014 and July 2016.

### Situation analysis

Up until October 2010, when the first of the recent cases of cholera were reported in Haiti, the country had been completely free of cholera for over 100 years. Over the course of the past three years, however, the country's caseload has become the highest in the world. At present, 49 per cent of the global caseload of cholera comes from countries in the Americas. According to latest estimates, 703,867 people have been affected in Haiti alone.

### Description of the disaster

According to OCHA humanitarian bulletin from October 2010 to June 2014, an estimated 703,867 suspected cholera cases and estimated 8,568 deaths were reported by the Haiti Ministry of Health. In 2014, 6,406 suspected cases and 45 fatalities were registered. In Haiti according to PAHO/WHO, the cumulative case-fatality rate remains at 1.2 %, with variations ranging from 4.4%, in the department of Sud-Est to 0.6 %, in metropolitan Port-au-Prince.

The most acute humanitarian needs in Haiti are linked to the Cholera outbreak and the earthquake of 2010. The needs are in water, sanitation, hygiene and support to the national surveillance system. Haiti is still the poorest country in the Americas zone with the least access to water and sanitation facilities. In 2010 according to UNICEF only 64% of people had access to an improved water source and had regular access to clean drinking water while 26% have regular access to improved sanitation.

### SINCE OCTOBER 2010



Figure 1 The above infographic shows cumulative figures of incidence and mortality from 2012 to 2013 in Haiti (source: OCHA)

### Summary of the Red Cross Red Crescent response

In 2010 the IFRC and HRC launched the first emergency cholera appeal for a response to the cholera outbreak which had begun in October 2010. The funding for this appeal reached a total of almost 9 million Swiss Francs. The activities associated with this appeal included treatment, training of Haiti Red Cross volunteers on epidemic control and logistics. In addition, the 2010 earthquake response included an important water and sanitation component where a large number of households were reached with increased access to safe water and improved sanitation. The infographic to the right summarizes the progress made in water and sanitation through earthquake funds as well as the first cholera appeal with data as of 31 March 2014:

Under this new international appeal and plan of action, the Red Cross Red Crescent has started field planning, mapping and coordination activities in December 2013. The National Societies participating in the programme include: Haiti Red Cross, Dominican Red Cross, Norwegian Red Cross, American Red Cross, Spanish Red Cross, Swiss Red Cross, French Red Cross, Canadian Red Cross, German Red Cross, Netherlands Red Cross and Japanese Red Cross. Below is a mapping of the activities being carried out by the Host National Societies and PNS in targeted areas in Haiti and the Dominican Republic. Some of the key activities that have been undertaken include:

- Training on Community-based Disease Monitoring
- Mapping of cholera and WASH programming among Federation members to determine which communities are being targeted by which RC delegations.
- Field visits and discussions with each donor PNS to understand fund implementation for cholera-elimination activities. Most funds will be implemented bilaterally either by the donor PNS, another PNS, the Haiti or Dominican Red Cross Societies.
- Completion of regional planning matrix, which outlines who is doing what where, in accordance with the plan of action (POA) for Haiti. This was done for West, Centre, Artibonite, South and south-east departments in Haiti. Planning of activities in the Grand North: north-west, North and north-east departments are still ongoing.
- Regular Movement Cholera Coordination meetings have taken place to provide guidance for the group's coordination of all activities, technical information sharing and programme implementation advancement. In addition, meetings have also been held with Heads of Delegation to discuss the funds committed to cholera elimination activities to date (both multilaterally and bilaterally).

Estimated households with increased availability of drinking water





**91,385**



Households provided with access to an improved sanitation facility

**39,010**



	Number of water points newly constructed or rehabilitated	<b>6,931</b>
	Number of water systems newly constructed or rehabilitated	<b>63</b>
	Number of improved sanitation facilities newly constructed or rehabilitated	<b>20,769</b>
	Water and sanitation committees set up and trained	<b>397</b>

Number of patients treated in cholera treatment centres or units supported by the Red Cross Red Crescent




**51,004**



# Federation-wide plan of action for cholera in Hispaniola

## Areas of intervention



-  Improving water and sanitation facilities
-  Prevention, community engagement and hygiene promotion
-  Preparedness and response

Figures 2: Current Federation-wide geographical areas of intervention

### Movement coordination

The IFRC Secretariat facilitates coordination within the Movement and with external partners including government authorities, UN agencies, international and national non-governmental bodies. The IFRC Secretariat represents the Haiti Red Cross Society and Dominican Red Cross in the Pan-American Health Organisation/World Health Organisation (PAHO/WHO) coordination mechanism known as the *Coalition for the Elimination of Cholera in the Island of Hispaniola*. In Haiti, the Movement partners adhere to and work within the framework of all coordination mechanisms as stated in the Movement Coordination Framework (MCF) signed in April 2010 between the Haiti Red Cross, the International Committee of the Red Cross (ICRC) and the IFRC along with 22 PNS who signed the Annex to the Memorandum of Understanding (MoU). In the Dominican Republic, the Dominican Red Cross will be the sole implementer in close communication with the Federation Secretariat.

In addition, the WASH Technical Committee, now coordinated by the American Red Cross, aims to bring together Red Cross Movement partners who are working on water and sanitation in Haiti for technical discussions and information sharing. The majority of the participants will be the same as those who attend the Cholera Coordination meetings.

## Overview of the Plan of Action

### The Federation-wide Plan of Action

The Federation-wide Plan of Action is an important component of the first phase (24 months) of the broader ten-year bi-national plan of action to eradicate cholera from the island of Hispaniola. The joint coordination of the Federation-wide plan of action led by the IFRC Secretariat will ensure that there is no duplication of efforts by the Members. The plan was done jointly with Partner National Societies, Haitian Red Cross, Dominican Red Cross and the Secretariat and reflects the Red Cross Red Crescent collective plans, targets and resources. It has been structured around a three-pronged approach based on Improving water and sanitation facilities; Prevention, community engagement and hygiene promotion; and Preparedness and response. In addition, support will be provided to the governments of Haiti and the Dominican Republic with field investigations, community-based monitoring and early warning for possible cholera spikes.

### The three-pronged approach

<b>Improving water and sanitation facilities</b>  <b>Area 1</b>	<b>Prevention, community engagement and hygiene promotion</b>  <b>Area 2</b>	<b>Preparedness, community-based disease monitoring and response</b>  <b>Area 3</b>
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### Area 1: Improving water and sanitation facilities

Water and sanitation work under this plan and aims to reduce the risk of infection and exposure to cholera through improved access to water among target communities as well as improved sanitation facilities in schools. The main activities include:

#### Water

- Assessment, identification and selection of water systems with potential scope for repair
- Rehabilitation and/or extension of selected water systems
- Identification of potential locations for the construction of new water systems
- Construction of new water supply systems at selected locations
- Establishment of water committees
- Development of a water safety plan

**Sanitation**

- Assessment, identification and selection of sanitation facilities with potential scope for repair in targeted schools
- Rehabilitation of selected sanitation facilities in targeted schools

**Area 2: Prevention, community engagement and hygiene promotion**

Household hygiene education and mass sensitization during public events have been identified as activities to encourage behaviour change in the target communities. With the use of mass media, community hygiene training and distribution of hygiene products, the Federation expects to continue promoting health and prevention of water and food-transmitted diseases. This area of intervention aims to increase the knowledge amongst target populations regarding hygiene and sanitation practices. Hygiene promotion activities will be conducted in communities with cholera outbreaks during and after response and in those with residual cases of cholera. Soap will be distributed in areas with spikes in cholera cases, and disinfection activities will be conducted in areas with sporadic cases of cholera. The main activities under area 2 include:

- Distribution of hygiene and water treatment products
- Installation of hand washing stations for large public events.
- Training of Haitian and Dominican Red Cross volunteers and Community facilitators on the implementation of hygiene promotion, ECV, PHAST, and CBHFA activities.
- Distribution of educational materials on proper hygiene practices
- Dissemination of cholera prevention messages and Red Cross activities through mass media (radio and the Interactive Voice Response system)
- Hygiene promotion activities implemented in schools through Red Cross volunteers and teachers.

**Area 3: Preparedness, community-based disease monitoring and response**

A key objective of the Red Cross cholera operation is to strengthen the cholera preparedness and response capacities of both the Haitian and Dominican national societies. A second objective under this area of intervention is to reduce the risk of infection and exposure to cholera by improving access to hygiene products among the target communities. The main activities include:

- Prepositioning of cholera response stocks in local health centres and Red Cross branches located in the targeted areas
- Monitoring of stocks.
- Replenishment of stocks as required
- Community sensitization sessions
- Provision of materials for disinfection to branches

**Beneficiary communications**

The Beneficiary Communications programme of the International Federation manages 4 major tools which can be mobilized in support of the cholera operation.

**SMS** - The International Federation continues to manage bulk SMS tool however as of September 1st 2014 there will be a cost to programme managers wishing to send SMS to promote their activities. Due to a new pricing structure introduced by the local service provider, Digicel, programme managers will be required to pay for usage of this through the authorization of budget codes and validation of payment process prior to sending the SMS.



**Radjo Kwa Wouj** - the weekly radio programme will feature regular bits of information on cholera prevention, detection of symptoms and treatment particularly during the rainy season which coincides partly with the hurricane season. This interactive show has a 30-minute call-in segment through which listeners can have immediate and direct responses to their cholera-related questions. Radio programme staff keep track of the number of calls, location and nature of calls thus this information can be easily reported.



**Telefon Kwa Wouj** - the Interactive Voice Response (IVR) system allows callers to access life-saving information around the clock. Callers can navigate the menu of pre-recorded messages to obtain cholera-related information. In the past this service was free to callers but as of September 1st 2014, callers will be charged by the service provider, Digicel. Monthly statistical reports are generated indicating the number of calls and duration of calls to the various pre-recorded menus of the IVR system. Given the new costs associated with this service, it is expected that the number and duration of calls will decrease significantly, however it will enable us to evaluate the importance of this tool to users who voluntarily call the previously-free line in search of valid and valuable life-saving information<sup>1</sup>.

**Sound truck** - The sound truck is a mass media tool, currently managed by the Haitian Red Cross society, which can be used to sensitize the population in the most remote parts of Haiti thanks to pre-recorded messages which are broadcast via loud speakers mounted onto a simple pick-up van. There is now a cost attached to the use of this service which the Haitian Red Cross will soon communicate to its programme managers, PNS and IFRC.

1. Due to the new costs, there might be changes to the service provided to the beneficiaries depending on how the movement will adapt to the new situation. This is expected to be clarified in the coming weeks when all the partners are acquainted with the new situation and its impact on the implementation of the programme.

## Programme overview

Haiti			
Federation-wide areas of intervention	Outcomes	Geographical priorities (by department)	Targets
<b>Area 1:</b> Improving water and sanitation facilities	Reduced risk of infection and exposure to cholera through improved access to potable water amongst target communities	Ouest, Sud-Est, Sud, Artibonite, Nord	<b>255,194</b> beneficiaries as well as students from <b>35</b> schools to be reached with increased access to water in targeted communities
	Reduced risk of infection and exposure to cholera through improved access to sanitation facilities in targeted schools	Ouest, Sud-Est, Sud, Nord, Nord-Est, Nord-Ouest	<b>19,382</b> beneficiaries to be reached in targeted schools
<b>Area 2:</b> Prevention, community engagement and hygiene promotion	Increased knowledge amongst the target population regarding hygiene and sanitation	Ouest, Sud-Est, Sud, Centre, Artibonite, Nord, Nord-Est, Nord-Ouest	<b>515,018</b> beneficiaries as well as students from <b>35</b> schools to be reached with Hygiene promotion activities
<b>Area 3:</b> Preparedness, community-based disease monitoring and response	Increased capacity to respond to spikes in cholera cases	Ouest, Sud-Est, Sud, Centre, Artibonite	<b>113,000</b> beneficiaries in five departments to be covered with Community-Based Disease Monitoring (CBDM); <b>70</b> Haitian Red Cross volunteers trained in CBDM
	Reduced risk of infection and exposure to cholera through improved access to hygiene products among target communities	Ouest, Sud-Est, Sud, Artibonite	<b>151,800</b> beneficiaries to be covered with improved access to hygiene products through distributions among during key festivities as well as greater coverage through pre-positioned cholera stocks.



The Hispaniola cholera programme seeks to reduce the risk of infection and exposure to cholera through increased access to safe water in target communities

Dominican Republic			
Federation-wide areas of intervention	Outcomes	Geographical priorities (by department)	Targets
<b>Area 1:</b> Improving water and sanitation facilities	Reduced risk of infection and exposure to cholera through improved access to water amongst target communities (incl. households and schools)	San Juan, Pedernales, Elías Piña, Dajabon, Atomayor and Ceibo, Puerto Plata, Montecristi and Espayac	<b>10,000</b> beneficiaries with improved access to water in targeted communities
	Reduced risk of infection and exposure to cholera through improved access to sanitation facilities in targeted communities (incl. households and schools)	San Juan, Pedernales, Elías Piña, Dajabon, Atomayor and Ceibo, Puerto Plata, Montecristi and Espayac	<b>10,000</b> beneficiaries with improved access to sanitation
<b>Area 2:</b> Prevention, community engagement and hygiene promotion	Reduced risk of infection and exposure to cholera through communication campaigns and community health mobilization	San Juan, Pedernales, Elías Piña, Dajabon, Atomayor and Ceibo, Puerto Plata, Montecristi and Espayac	<b>2,500</b> households (approx. 12,500 beneficiaries) to be reached through hygiene promotion activities
	Families from areas most affected by cholera outbreaks are reached with psychosocial support	San Juan, Pedernales, Elías Piña, Dajabon, Atomayor and Ceibo, Puerto Plata, Montecristi and Espayac	<b>100</b> DRC volunteers to receive training in Psychosocial Support.
<b>Area 3:</b> Preparedness, community-based disease monitoring and response	Dominican Red Cross has increased its capacity to respond to cholera outbreaks in prioritized provinces	San Juan, Pedernales, Elías Piña, Dajabon, Atomayor Ceibo, Puerto Plata, Montecristi y Espayac	<b>400</b> DRC volunteers to receive training in Epidemic Control (ECV) and Community-based health and first aid (CBHFA); <b>100</b> DRC volunteers to receive training in disinfection procedures; <b>50</b> DRC volunteers to receive training as rapid-deployment National Intervention Teams (NIT)
	Reduced risk of infection and exposure to cholera through improved access to hygiene products among target communities	La Altagracia, San Cristobal, Santo Domingo, Distrito Nacional, Azua, Elías Piña	<b>2,000</b> households (approx. 10,000 beneficiaries) to be reached with hygiene materials through distributions at large public events or through health centres; <b>800</b> households (approx. 4,000 beneficiaries) covered by pre-positioned family kits in Elías Piña Chapter

## Linkages with national plans

The Federation-wide two-year plan of action is a contribution to the broader 10-year bi-national strategy for the eradication of cholera from Hispaniola, and is aligned with both the Haitian and Dominican national objectives as shown in the table below.

Government of Haiti	IFRC Plan of action
Increase access to potable water to at least 85% of the population (Haiti)	Area 1: Improving water and sanitation facilities
Increase access to improved sanitary and hygiene facilities to at least 90% of the population	
Intensify education of the public about household hygiene and an understanding of food hygiene	Area 2: Prevention, community engagement and hygiene promotion
Strengthen the public health system to facilitate access to health care services for 80% of the population	Area 3: Preparedness, community-based disease monitoring and response
Strengthen epidemiological surveillance for timely detection of all cholera cases and other diseases under surveillance through improved information management	

Government of the Dominican Republic	IFRC Plan of action
Build and restore water and sanitation systems in the municipalities at higher risk of cholera and other water and food transmitted diseases.	Area 1: Improving water and sanitation facilities
Generate behaviour changes at individual, family and community levels, through social communication and health education in order to reduce the risks of water and food transmitted diseases, with a special focus on most vulnerable populations.	Area 2: Prevention, community engagement and hygiene promotion
Monitor the trends of the cholera epidemic in the country.	Area 3: Preparedness, community-based disease monitoring and response
Activate the alert and response system as the mechanisms to reduce the morbidity and mortality due to cholera outbreaks.	



Preparedness and response activities include training of Red Cross volunteers in areas such as epidemic control, community-based disease monitoring and psychosocial support.

## Financial overview of the Plan of Action

A total of **9.9 million Swiss francs** in cash, in-kind, or services are required to support the Federation-wide Plan of Action. As of 31 July 2014, approximately **7.4 million Swiss francs** have been confirmed to cover this budget, resulting in a **74% coverage**. To avoid multiple-counting, this budget does not include field activities that Federation members are doing with funding from the UN System. The financial overview below provides the estimated budget for each country according to the areas of intervention:

### Haiti cholera programme: Projected expenditures by area of intervention

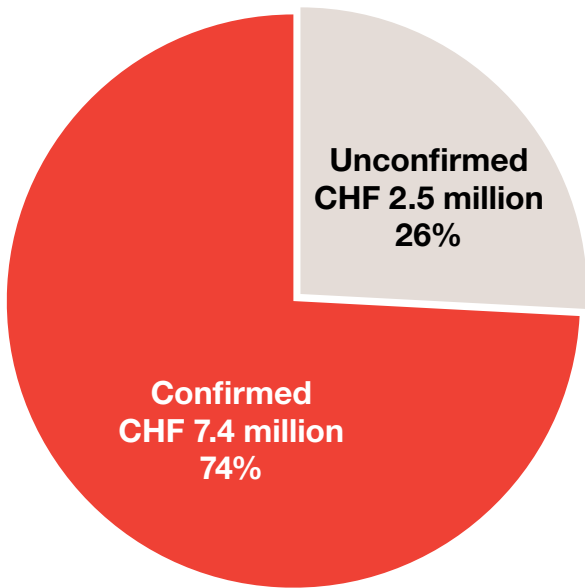
Area of intervention	Confirmed income	Unconfirmed income	Budget <sup>2</sup>
<b>Area 1:</b> Improving water and sanitation facilities	2,171,044	285,000	2,456,044
<b>Area 2:</b> Prevention, community engagement and hygiene promotion	1,443,324	399,302	1,842,626
<b>Area 3:</b> Preparedness and response	1,401,017	660,525	2,061,542
<b>Coordination, management and logistics</b>	2,090,634	988,035	3,078,669
<b>Total</b>	7,106,019	2,332,862	<b>Grand total CHF 9,438,881</b>

### Dominican Republic cholera programme: Projected expenditures by area of intervention

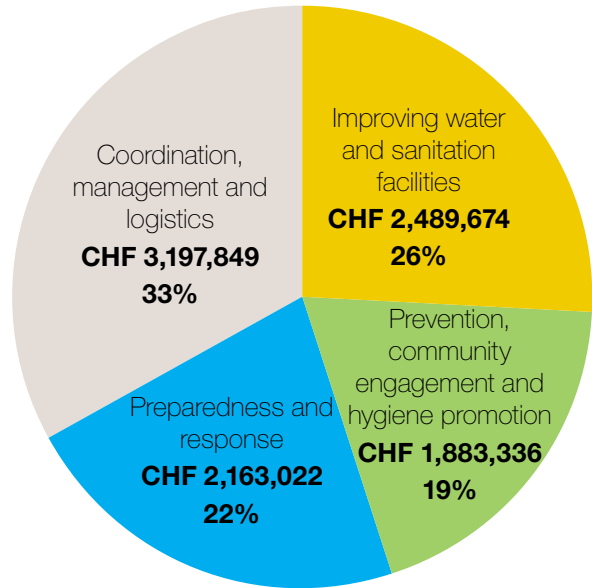
Area of intervention	Confirmed income	Unconfirmed income	Budget
<b>Area 1:</b> Improving water and sanitation facilities	34,630	28,299	61,929
<b>Area 2:</b> Prevention, community engagement and hygiene promotion	40,746	33,929	74,639
<b>Area 3:</b> Preparedness and response	101,480	83,836	185,316
<b>Coordination, management and logistics</b>	119,180	97,589	216,769
<b>Total</b>	296,036	243,653	<b>Grand total: CHF 538,655</b>

2. The financial figures provided for each area of intervention are based on estimates provided by Federation members. A more accurate financial overview is to be provided through forthcoming Federation-wide reports for cholera.

### Confirmed vs. unconfirmed income



### Hispaniola Cholera Programme: Projected expenditures by category



## How we work

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

The International Federation'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.

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**Saving lives, changing minds.**



The International Federation of Red Cross and Red Crescent Society's work is guided by *Strategy 2020* which puts forward three strategic aims:

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

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** / The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** / It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** / In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** / The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** / It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** / There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** / The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



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