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International appeal operation update Haiti and the Dominican Republic: Cholera

 International Federation
of Red Cross and Red Crescent Societies

**Cholera appeal no.
MDR49008**
12 months update
6 July 2015

**Period covered by this Ops
Update:** 5 December 2013 to
5 December 2014. This
represents a twelve-month
summary.

Appeal target (current):
4,583,956 Swiss francs
(CHF)

Appeal history

- The [preliminary emergency appeal](#) was launched on 5 December 2013 for CHF 11,244,952.

It will cover 24 months and assist 600,000 beneficiaries.

- The first [operation update](#) was published in July 2014.
- The revised Emergency Plan of Action (EPoA) was issued, reflecting a revised budget of CHF 4,583,956 and a revised target of people to be assisted of 454,600 persons. It was published on 2 October 2014. The [Emergency Appeal revision](#) was also published on 2 October 2014.

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

Summary:

Taking the UN led coalition of the Haitian and Dominican Republic governments to eliminate Cholera, and each country's national 10 year elimination plan into consideration, the International Federation of Red Cross and Red Crescent Societies (IFRC), the Haiti Red Cross Society (HRCS) and the Dominican Red Cross (DRC) have identified their roles and responsibilities in the elimination of cholera over a 24 –month period. Eight National Societies are involved in the implementation of the cholera related activities on the Island of Hispaniola; however, this report only focuses on the responses of three National Societies (The German, Spanish and Japanese Red Cross Society) to the appeal.

This reporting period was marked by the following activities:

- Field visits and discussions with each donor Partner National Society (PNS) to clarify the details about the funds they have available for cholera-elimination activities. The result of these meetings was the understanding that most activities would be implemented bilaterally either by the donor PNS, another PNS or the HRCS, and that some partners would contribute to the Dominican Republic portion of the appeal.
- Trainings, hygiene promotion messages and sensitization sessions involving health and hygiene promotion activities took place alongside Global Hand Washing Day celebrations in the areas covered by the PNS and the IFRC



Sensitization activities to celebrate Hand washing day event on 15 October 2014 –Source: IFRC

- Recruitment and selection processes for community facilitators and volunteers
- Regular monthly Movement Cholera Coordination meetings between the HRCS, PNSs and the IFRC
- Community coordination meetings
- Baseline knowledge, attitude and practice (KAP) surveys were conducted in the areas covered by the Spanish and the Japanese Red Cross Society (JRCS), and a rapid survey was completed in the areas covered by the German Red Cross (GRC)
- Beneficiaries were reached through various interventions such as the distribution of hygiene kits, which included soap, aqua tabs and Oral Rehydration Salts (ORS).

The Red Cross has responded to outbreaks with community based disease monitoring, hygiene messages, disinfection of households and by building new sanitation facilities in schools or rehabilitating existing ones.

As of December 2014, CHF 3,146,700 was booked under the appeal, representing 68.6 per cent of the planned annual budget. The total expenditure was CHF 868,555. This 12-month summary provides a progress report on the planning, implementation and coordination of activities carried out, as well as on the changes anticipated under the IFRC Cholera Appeal.

The situation

Haiti had been completely free of cholera for over 100 years up until October 2010 when the first of cases of cholera were reported in the country. However, the country's caseload has become the highest in the world over the course of the past three years. At present, 49 per cent of the global caseload of cholera comes from countries in the Americas, with the overwhelming majority of these cases occurring in Haiti and the Dominican Republic. More than 650,000 Haitians have contracted cholera since October 2010, and the disease has killed over 8,300 people in Haiti alone. The incidences of cholera rose during 2013's rainy season, following a pattern seen in 2011 and 2012; also, in the Dominican Republic, over 30,000 people have contracted cholera and 454 have died as a result of the disease since November 2010.

Only 69 per cent of Haiti's population has regular access to clean water, while the country's infrastructure for sanitation remains practically non-existent, with only 27 per cent of the population having improved sanitation.

The number of actors implementing activities to prevent and respond to cholera in Haiti and the Dominican Republic has significantly declined because of a lack of available funding. In January 2012, the governments of Haiti and the Dominican Republic, with the support of the United Nations and the World Health Organization's Pan-American Health Organization (PAHO/WHO) issued a Call to Action to work towards the permanent elimination of the disease in Hispaniola.

The approach of the 2012 Call to Action towards eradicating the disease is based on the international community's collective findings that the best way to completely stop the ongoing cholera epidemic and to prevent/eliminate future incidences of the disease is to bring Haiti's water and sanitation coverage up to regional levels while working with vulnerable communities to raise awareness about what measures individuals can take at the household level to prevent and treat cholera. The communities, which have proven to have the least resistance to the disease, are those communities that are living in poverty and/or have substandard access to water and sanitation.

Following the 2012 Call to Action, the Haitian government and the government of the Dominican Republic, with input from regional and international organizations with expertise in water, sanitation and public health (such as the Haiti Red Cross Society, the Dominican Red Cross and the IFRC), developed ten-year national action plans that outline investments and actions needed to eliminate the transmission of cholera by 2022.

Responding to a request from the Haiti Red Cross Society and Dominican Red Cross, the IFRC launched an emergency appeal to provide support to the National Societies in the provision of a timely and appropriate response. The programme is focused is on water and sanitation and the national health sector.

From the beginning of the epidemic (October 2010) in Haiti until 31 December 2014, (Epidemiological Week 1 to Epidemiological Week 53 in 2014), there were 27,753 cholera cases and 296 related deaths recorded, according to PAHO/WHO; this represents a decrease of 53 per cent and 50 per cent, respectively, compared with the numbers recorded in 2013. While the overall cases registered between Epidemiological Week 37 to Epidemiological Week 47 in 2014 were well below the numbers recorded in previous years, there was a comparative increase in cases when compared to early 2014. In fact, between Epidemiological Week 1 and

Epidemiological Week 36 of 2014, the weekly average of new cholera cases recorded had been 251; nonetheless, it jumped to 918 new cholera cases weekly nationwide for Epidemiological Week 37 to Epidemiological Week 47 in 2014. Four departments, Artibonite, Centre, West and North, accounted for 90 per cent of the cases registered in 2014; the West department had the highest number of registered cases with 36 per cent of the total. Between Epidemiological Week 37 and Epidemiological Week 47, these four departments reported an average hospitalization rate of 70 per cent, signifying that 7 out of every 10 cases recorded required hospitalization¹.



Activity for celebrating global hand washing day during October 2014. Source: IFRC

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

In the **Dominican Republic**, the first outbreak occurred in November 2010, and there have been over 32,000 cases reported and 480 deaths.

Heavy rains. In February 2015, heavy rains in the north of the country caused flooding and destruction of property and damage to agriculture, displacing 20,860 people and forcing them to seek shelter in the homes of relatives and friends; in total, 4,190 homes were affected, including 20 houses destroyed and 47 communities left uncommunicated, according to data provided by the Emergency Operations Centre (EOC). The Dominican Red Cross provided assistance to families from Sabaneta Yásica and Gaspar Hernandez in the Espailat province and conducted a health sensitization campaign for the cholera prevention, the proper use of water and waste management, disinfection, as well as the distribution of chlorine and cleaning equipment, in order to prevent waterborne diseases, such as cholera.

Intervention in prisons. The prisons in the Dominican Republic were also affected by the epidemic as many of the prisons have outdated infrastructure, with poor health systems --such as La Victoria--, and located in flood-prone areas. This has caused that persons living in prison settings are repeatedly affected by the effect of rains and storms. Two cholera outbreaks have affected several persons living in prison settings. In addition, various prisons are severely overcrowded and inmates are often transferred from one centre to another. Prisons receive approximately 60,000 to 70,000 monthly visitors. In the month of March, hygiene promotion actions within penitentiary centres were carried out in response to the request to support the Public Ministry of the Dominican Republic.

Coordination and partnerships

In Haiti, the IFRC is the lead agency for coordination, but it will not be an implementing actor in this appeal. The cholera appeal continued to provide coordinative support to the **Haiti Red Cross Society**, the six

¹ PAHO Epidemiological Update Cholera January 2015.

implementing PNSs (French, German, Japanese, Norwegian, Spanish and Swiss Red Cross) in 6 Haitian departments and the **Dominican Red Cross**. The programme ensures collaboration and that examples of best practices are shared through regular/monthly meetings with the Haitian Ministry of Public Health and Population (MSPH), the Haitian National Directorate for Portable Water and Sanitation (DINEPA) and other non-Movement partners, such as the United Nations Children's Fund (UNICEF), PAHO/WHO, and the International Organization for Migration (IOM). The Red Cross Movement has actively responded in the following departments: North-East, North-West, West, South, Central plateau, South-East.

The International Committee of the Red Cross (ICRC) is present in country, and it has been delivering cholera prevention and response programming in 6 prisons across Haiti; while its project funds are neither contributing to the appeal nor are their activities among those listed in the plan of action, the important work that the ICRC is doing will be documented as part of Federation-Wide Reporting, which is a service provided by the IFRC.

The appeal coordination structure conducts two key meetings:

1. Heads of Delegation meeting to discuss and share details about the different pledges received for the appeal.
2. The Movement Coordination meeting to discuss technical matters including the coordination of initial activities planning and region/commune selection.

These Coordination meetings along with an email list provide opportunities for information sharing and joint decision-making on technical matters between the implementing partners.

At the regional level in the West department, there are existing coordination groups in Les Palmes (Petit-Goave and Grand-Goave), Leogane, and the regional committee of the West department (which covers Arcahaie, Kenscoff and Delmas), which are led by the HRCS. These coordination groups bring the Movement partners working in the West department together for monthly information-sharing meetings and to discuss any relevant programme specific interventions.

Other coordination systems exist within the Red Cross Movement in Haiti such as the Water, Sanitation and Hygiene (WASH) Technical Committee, which is now coordinated by the American Red Cross. This committee brings together Red Cross movement partners that are working on water and sanitation for technical discussions and information sharing.

At the National level, PAHO/WHO coordinates a monthly Health Technical Committee meeting, and there are a number of national level water sanitation coordination groups, the details of which are still being identified. The IFRC cholera coordinator attends the PAHO/WHO meetings while the American Red Cross attends some of the water and sanitation coordination meetings. Information is shared with all of the Red Cross Movement partners via email and at the meetings.

National Society Capacity Building:

Through these activities the capacity of the HRCS will be strengthened in two ways: coordination and operations. Through the establishment of a coordination cell and office that brings together the National Society, the IFRC cholera coordinators and the Planning, Monitoring, Evaluation And Reporting (PMER) staff, the National Society's capacity for the coordination of Movement actors and for reporting will be strengthened. Through the departmental and commune-level work of PNSs with the National Society volunteers and branch committees, the capacity of the National Society to implement activities will also be strengthened.

Red Cross and Red Crescent action

Overview

The operation commenced with the launch of the appeal in December 2013, and regular cholera coordination meetings began in January 2014. Much has been accomplished in respect to the management of programme processes, including the clarification of PNS commitments to the appeal and/or bilateral activities that contribute to the elimination of cholera in country. Programme processes have also mapped the current local cholera and water and sanitation activities, and they have provided clarification on which partners will implement how, where and when so as to avoid the duplication of activities.

In March 2014, the National Society appointed a cholera coordinator and work advanced in terms of the HRCS preparing for the submission of project proposals to donor PNSs (the American Red Cross and the IFRC on

behalf of the Japanese Red Cross Society) and the National Society's presentation of plans for the cholera elimination/response activities it intends to implement both inside and outside the cholera appeal.

Implementation progress was initially slow, but progress has been made since the last update, particularly in regard to the roll out of community mobilization and prevention activities by the three implementing partners in Savanette's Centre Department, the Arcahaie municipality and Commune de Leogane - sections communales 1ère Dessources and 6ème Oranger

Progress towards outcomes

Progress in general: From cholera awareness and prevention training courses for teachers and school administrators to the improvement of water and sanitation systems in the targeted areas, the IFRC, Japanese, German and Spanish Red Cross seek to mitigate the risks that cholera poses to the strength of Haiti's communities through this appeal. Thus far, activities have focused on developing broad community participation in the programme and on the identification and training of community volunteers. Activities have also involved baseline studies that measure the key conditions (indicators) from which change and progress can be assessed.

The IFRC/Japanese Red Cross Society proceeded with the registration of community facilitators, and the recruitment process for project staff and training sessions were conducted for targeted beneficiaries. Similarly, the German and Spanish Red Cross both focused on establishing their human resource (HR) structure and on the presentation of their programmes to the relevant stakeholders, including communal representatives and the schools to be targeted in the intervention area.

HAITI

Water	
Outcome 1: Reduced risk of infection and exposure to cholera through improved access to potable water amongst target communities	
Output 1.1 Access to potable water through the construction of new or repair and/or extension of existing water supply systems	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 1,125 (225 households) persons with greater access to potable water through the rehabilitation and/or expansion of existing water supply systems - 8 water supply systems repaired and/or extended - 8 functional water committees in the community 	<ul style="list-style-type: none"> 1.1.1 Identification of water systems with potential scope for repair 1.1.2 Assessment of water systems 1.1.3 Selection of water systems to be repaired and/or extended 1.1.4 Rehabilitation and/or extension of existing water supply systems.
Output 1.2 Increase access to improved water facilities in schools	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 15 schools with improved water facilities - 2,729 enrolled school children and teachers have greater access to potable water through the rehabilitation, extension or construction of water supply systems in schools - 15 schools with improved water facilities (repair, extension or construction) - 15 functional management committees established in the schools 	<ul style="list-style-type: none"> 1.2.1 Identification of schools with water facilities requiring rehabilitation or a new system 1.2.2 Assessment of schools water facilities 1.2.3 Rehabilitation of water systems in schools

Progress: During this reporting period, Spanish Red Cross (SRC) conducted site visits in Les Orangers in order to identify the potential water sources that require improvements. A total of 20 natural water sources were identified and 8 were chosen in the communities.

Sanitation	
Outcome 2: Reduced risk of infection and exposure to cholera through improved access to sanitation facilities in the targeted communities and schools	
Output 2.1 Increased access to improved sanitation facilities	
Expected results	Activities planned
<ul style="list-style-type: none"> - 15 schools with improved sanitation facilities - 2,000 students, teachers and other staff with greater access to sanitation through rehabilitation or system replacement - 15 functional sanitation committees in the communities and schools 	<ul style="list-style-type: none"> 2.1.2 Identification of community and school sanitation facilities requiring rehabilitation or system replacement. 2.1.2 Assessment of community and school sanitation facilities. 2.1.3 Rehabilitation of community and school sanitation systems. 2.1.4 Construction of new community and school sanitation systems. 2.1.5 Maintenance plan developed with school and community management teams

Progress: The SRC identified five schools where sanitation facilities required improvements. The GRC's Integrated Community Development staff conducted a rapid evaluation of 113 schools by using a short survey devised to provide general information on schools as well as proxies for socio-economic vulnerability and vulnerability towards cholera. To date, 92 schools have been surveyed and data is being analyzed in a vulnerability matrix. The finalized matrix with the proposed target schools for project support will be presented to representatives of the local HRCS branch, Ministry of Education, MSPP and DINEPA for validation. The targeting report and vulnerability will be shared in due course.

Hygiene Promotion	
Outcome 3: Reduced risk of infection and exposure to cholera through improved access hygiene products among target communities.	
Output 3.1 Hygiene products such as soap and aqua tabs are used in the targeted communities	
Expected results	Activities planned
<ul style="list-style-type: none"> - 15,000 Hygiene products such as soap and aqua tabs are used in the targeted communities. - 10,000 flyers are provided in the targeted 	<ul style="list-style-type: none"> 3.1.1 Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day). 3.1.2 Installation of hand washing stations for large public events. 3.1.3 Provision of treated water to hand washing stations for large public events. 3.1.4 Hygiene promotion activities, including the provision of flyers on these days.
Outcome 4: Increased knowledge amongst the target population regarding	
Output 4.1 Haitian population has access to necessary educational materials on proper hygiene practices	
Expected results	Activities planned
<ul style="list-style-type: none"> - At least 46,920 people have access to necessary educational materials on proper hygiene practices. 	<ul style="list-style-type: none"> 4.1.1 Training of HRCS volunteers and/or Community facilitators on the implementation of Hygiene Promotion, PHAST² and CBHFA³ activities. 4.1.2 Identification of key areas for hygiene promotion, PHAST, and CBHFA activities 4.1.3 Mobilization of HRCS Volunteers and/or community facilitators 4.1.4 Hygiene promotion campaign developed with other relevant organizations, and implemented nationwide. 4.1.5 Educational materials on proper hygiene practices are distributed in priority areas. 4.1.6 Hygiene promotion activities implemented in schools through Haiti Red Cross Society volunteers and teachers.

² Participatory Hygiene and Sanitation Transformation

³ Community Based Health and First Aid

Progress: In celebration of Global Hand Washing Day⁴, outreach activities were implemented in 13 project areas covered by the IFRC/Japanese Red Cross Society from the 7 to 16 October 2014. A total of 167 selected community facilitators and HRCS volunteers were trained and participated in the event, reaching a total of 4,252 beneficiaries. In addition, posters were exhibited in 87 areas and 1,507 flyers were distributed. A total of 642 community volunteers were recruited with the approval of the local community leaders. These volunteers are due to be trained in Epidemic Control for Volunteers (ECV) and CBHFA methodologies.

The Spanish Red Cross trained 29 teachers from 7 schools in Les Orangers on the PHAST methodology. Monitoring activities also took place in 7 schools in Les Orangers and 10 schools in Dessources.

National Society Capacity Building	
Outcome 5: The National Society has an increased capacity to respond to spikes in cholera cases.	
Output 5.1 Community-based Disease (AWD) monitoring established and active in remote communities and serving at risk population	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 100 trained HRCS volunteers/community facilitators who participate in community based disease monitoring for acute watery diarrhoea - 100 phones regularly reporting to the central community based disease monitoring (CBDM) database 	<ul style="list-style-type: none"> 5.1.1 CBDM reports shared with MSPP weekly 5.1.2 The training and establishment of cholera response teams 5.1.3 The trained community volunteers will monitor and act as first responders to cases of acute watery diarrhoea in the community and alert HRCS who will in turn alert MSPP and the cholera response team who will conduct investigations and response in the community in collaboration with health actors and MSPP
Output 5.2 Improved capacity of the National Society to respond to cholera outbreaks.	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 100 HRCS volunteers/community facilitators actively respond to cholera outbreaks - % of cholera outbreaks responded to by HRCS volunteers/community facilitators 	<ul style="list-style-type: none"> 5.2.1 HRCS volunteers mobilized to conduct hygiene promotion (HP) activities following cholera spikes
Output 5.3 Haiti Red Cross Society has the capacity to intervene as community health agents	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 582 HRCS volunteers/community facilitators trained in PHAST, ECV and/or CBHFA 	<ul style="list-style-type: none"> 5.3.1 HRCS Volunteers and/or community facilitators trained in ECV/CBHFA/PHAST 5.3.2 HRCS volunteers trained on relevant aspects of water and sanitation responses.
Outcome 6: Enhanced accountability to beneficiaries	
Output 6.1 Improved accountability to beneficiaries	
Expected Results	Activities planned
<ul style="list-style-type: none"> - 1 Opening and 1 closing ceremony organized - 2 Satisfactory surveys conducted - 1 base and 1 end line survey conducted - 100% of community facilitators are selected according to participatory methods. - A complaint and suggestion system available to the community at least 4 months after the project begins. 	<ul style="list-style-type: none"> 6.1.1 Provide information to beneficiaries on the programme throughout the cycle and especially at the inception and conclusion of the project 6.1.2 Organize the participation of beneficiaries in the design/planning, monitoring and evaluation of the project

Progress: No progress in this output for the given period.

Challenges/constraints in general: Project activities were significantly delayed due to challenges during the planning phase of the operation. The preliminary emergency appeal was launched in December 2013; however, project agreements were signed with expected start dates between June and August 2014.

Anticipated funding levels were not reached, which resulted in a revision of the appeal in October 2014 and a corresponding reduction in the number of intended project activities.

⁴ Global Hand Washing Day – 15 October 2014

Some challenges were also due to the timing of fund disbursements, which has resulted in delays in the implementation of the project at the community level.

A chronic lack of accurate data on the cholera case load and prevalence in Arcahaie has affected GRC activities. The JRCS has also found it difficult to mobilize fully community participation due to the fact that communities are quite remote and scattered in the Savanette area. The rainy season also did not help the situation as flooding occurred in some of the communities scheduled for activities.

Despite these challenges, HRCS volunteers and community facilitators have been very committed to the project, and they willingly participated in the training sessions for the Global Hand washing Day events as well as community meetings in hopes of moving the project positively forward.

DOMINICAN REPUBLIC

Quality Programming/Areas Common to all Sectors

Outcome 1: The design and implementation of the operation is based on detailed assessment analysis.	
Outputs (expected results)	Activities planned
1.1 The initial needs assessment is updated through consultation with beneficiaries.	1.1.1 Develop a detailed needs assessment plan. 1.1.2 Conduct detailed field assessments in coordination with community members. 1.1.3 Share assessment reports with Red Cross partners and other institutions.
1.2 The handling of the operation is based on a comprehensive monitoring and evaluation system.	1.2.1 Development of a monitoring and evaluation plan for each of the operation's sectors. 1.2.2 Share indicator compliance reports. 1.2.3 Technical field visits by the headquarters and IFRC representatives. 1.2.4 Establishment of a communication system with beneficiaries to collect feedback on the operation. 1.2.5 Review or confirmation of the action plan.
1.3. Evaluation results are used to adjust plans in the medium and long term, as needed	1.3.1 Conduct a lessons learnt workshop midway through the operation's implementation. 1.3.2 Perform an external final evaluation that includes actions conducted across the entire island and provides recommendations in country strategic plans.

Progress: The Dominican Red Cross prepared the assessment plan to be carried out in the five affected regions. An IFRC emergency water and sanitation officer visited the DRC in April 2014 to coordinate the revision of the appeal and budget.

The National Society is assessing a revision of the target areas. As result of the floods caused by rains in early 2015 in the provinces of Espaillat and Puerto Plata, these two will be included in the intervention for this emergency appeal. Specifically the communities of Sabaneta de Yasica and Gaspar Hernandez will be supported, as increased vulnerability in both areas has been identified due to hygiene needs, water and sanitation, which could cause the presence of cholera in the place. The intervention will support the prevention of epidemic outbreaks caused by the contamination of water wells in the affected areas. This will be reflected in an upcoming appeal revision.

The DRC has maintained the presence of branch volunteers in communities to maintain communication with beneficiaries and to conduct monitoring. The technical field visits are made periodically by DRC personnel. A total of seven technical visits were made to communities and eight monitoring visits in the intervention of health made in the prison of La Victoria.

Challenges: Due to low appeal coverage it is expected to have an appeal revision with a decrease budget to align with the current funding and include adjustments such as the addition of two new communities in the same plan of action, integration of disease prevention activities in La Victoria prison and the re-prioritization of some activities based on available resources.

Health and Care	
Outcome 2: The risk of infection and exposure to cholera has been reduced for 2,500 families through communication campaigns and health community mobilization.	
Outputs (expected results)	Activities planned
2.1 Raise awareness about cholera prevention in at least 2,500 families.	2.1.1 Coordination with the Ministry of Public Health authorities to determine key messages and review existing materials. 2.1.2 Reproduction of educational materials. 2.1.3 Conduct a campaign to sensitize and provide information on cholera prevention and control with posters and pamphlets. 2.1.4 Conduct an information campaign via SMS. ** 2.1.5 Conduct training at the community level in Community-Based Health and First Aid (CBHFA). 2.1.6 Conduct campaigns in public spaces to promote health and prevent cholera. 2.1.7 Follow-up and support to community leaders trained in epidemiological monitoring and identification of cases.
2.2 2,500 families from the areas most affected by cholera outbreaks are reached with psychosocial support.	2.2.1 Recreational activities with children and adults on cholera. 2.2.2 Psychosocial first-aid to families and patients affected by cholera. 2.2.3 Referral of cases that require professional counselling to the health system.
2.3 Health authorities and institutions are supported in sanitary control and surveillance.	2.3.1 Needs evaluation of Cholera Treatment Units (CTUs) and hospitals in prioritized areas (family sanitation and prevention). 2.3.2 Conduct disinfection visits and installation of chlorine-impregnated carpets in 150 CTUs and hospitals. 2.3.3 Share community epidemiological surveillance reports with local health authorities. 2.3.4 Distribution of community cholera kits in health centres to affected individuals and families.

** As explained in the constraints the activities in grey will be eliminated from the plan of action of the DRC due to prioritization of the actions based on existing resources and possible addition of two new communities based on additional needs. This will be reflected in an upcoming revised appeal.

Progress: The DRC supported the Ministry of Health and the General Direction of Prisons on their objective to coordinate and develop prevention strategies that allow reducing the risk of cholera outbreaks in prisons in the country. The DRC will provide knowledge about prevention and management of cholera to health, safety and administrative personnel and for persons deprived of liberty as promotion on Health.

The DRC health assessment team determined an environmental and health problem in the prison of La Victoria due to the accumulation of garbage which is the back of the infrastructure. This build-up of garbage and waste is putting at risk the water supply. During the visits to the prisons that were conducted in the area of emergency consultations, approximately 8,300 persons living in prisons settings were assessed.

In addition, 53,500 units of awareness materials for distribution in 18 communities and 6 schools were produced. The awareness material contains information on water management, what is cholera, hand washing techniques and preparation of oral salts. Volunteers from the DRC branches were in charge of community engagement who conducted sensitization through household visits and group meetings.



Sensitization meeting. Source: DRC

In families with cases of diarrheal cases, the DRC volunteers also provided psychosocial support, informed families on how to proceed in cases of infection and referred them to health centres.

Strengthening existing community networks through meetings with community leaders and how to continue monitoring in the community in case of an outbreak by liaising with the DRC branches is a continuous activity.

Activities carried out in the various pavilions/areas of the prison included lectures related to health and hygiene habits, dengue, cholera, leptospirosis and malaria. Sessions on safe water were held at different pavilions of the prison as well.

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Prison location	No. of activities	No. of detainees
Los Galpones	2	136
El patio	1	82
Alaska	1	46
El Hospital	1	92
El Consulado	2	107
TOTAL	7	463

Challenges: There is a need to achieve optimization of available resources to address the needs in the areas of intervention.

Water, Sanitation and Hygiene Promotion	
Outcome 3: The risk of infection and exposure to cholera has been reduced for 2,000 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene products.	
Outputs (expected results)	Activities planned
3.1 2,000 families have access to hygiene materials and promotion through specific distributions at large public events or through health institutions for relatives of sick people.	3.1.1 Selection and registration of communities and families to benefit. 3.1.2 Reproduction of information material on personal hygiene and use of chlorine drops in Spanish and Creole. 3.1.3 Hygiene promotion activities with adults and children. 3.1.4 Production of 600 kits with soap and chlorine drops to be distributed at public events together with informational material. 3.1.5 Installation of hand washing stations at mass public events such as community festivities. **
3.2 800 families have access to safe water and sanitation through the repair or construction infrastructures or distribution of home water filters in communities where no supply systems exist.	3.2.1 Evaluation of community water and sanitation systems. 3.2.2 Selection of water systems to be expanded or repaired. 3.2.3 Repair and/or expansion of 50* water systems for 2,500 families. *to be revised to 4 3.2.4 Selection of communities and families to benefit with water filters. 3.2.5 Distribution of 800* water filters. *to be revised to 161 3.2.6 Construction of 50* latrines in communities where no sanitation systems exist. *to be revised to 10

	<p>3.2.7 Awareness-raising among students through recreational activities.</p> <p>3.2.8 Production of child-appropriate educational materials in coordination with the Ministry of Education</p>
3.3 At least 50 families benefit from sanitary disinfection of wells and homes.	<p>4.1 Detailed evaluation of communities and epidemic patterns to identify families with contaminated wells or homes</p> <p>4.2 Purchase of equipment and materials for sanitary disinfection.</p> <p>4.3 Disinfection of 50 wells and homes through Sanitary Disinfection Brigades (BRINADES).</p> <p>4.4 Implementation of community training for well maintenance.</p>

** As explained in the constraints the activities in grey will be reduced in scope or eliminated from the plan of action of the DRC due to prioritization of the actions based on existing resources and possible addition of two new communities based on additional needs. This will be reflected in an upcoming revised appeal.

Progress: Hygiene promotion activities were conducted in prisons, the DRC distributed a pamphlet with cholera preventive measures on the prison grounds. Educational material was distributed as well. The National Society instructed prison authorities on garbage collection and monitoring of the quality of the water.

Disinfection of 4,578 houses and 1,511 latrines and bathrooms were completed in the area of Bavaro and 72 houses in the area of San Cristobal.

352 chlorine droppers were distributed to communities as well.

Disinfection and chlorination of three water trucks and 35 water tanks that serve the supply was carried out.

7 trainings in management and monitoring of chlorine in drinking water to persons living in prison La Victoria. Currently this internal support in maintaining suitable water conditions.

The reproduction of 3 flipchart and 2,000 pamphlets with awareness material for distribution in 18 communities and 6 schools was completed. The material consisted of information on water management, what is cholera, hand washing techniques, and preparation of oral salts.

DISTRIBUTION TABLE

Provinces/municipalities	Communities	Activities carried out	Volunteers	Families reached	Resources
La Altagracia (Bavaro)	Macao	Disinfection of exterior areas, bathrooms and latrines.	30	50	2 tanks of chlorine, 400 brochures with information epidemic prevention, 12 disinfection team, 50 information posters on cholera
	Cajuil -Ceiba		N/A	60	
			N/A		
	Villa Pleybo	Sensitization lectures	25	8	Cholera, dengue, leptospirosis brochures
Azua	Higuero	Delivery of cholera kits to 25 patients suspected to have cholera	13	8	Cholera kit and chlorine drops
	Centro	Daylong cholera sensitization activity	8	13	Cholera kit and chlorine drops
San Cristobal	Lava Pie	Daylong	18	15	100 cholera

		sensitization/disinfection activity			brochures, 50 information posters on cholera
	Pueblo Nuevo	Daylong sensitization session and delivery of cholera kit	10	12	100 cholera brochures, 50 information posters on cholera
	Zona verde	Daylong sensitization activity	17	16	Cholera brochures and information posters on cholera
	Caña Honda	Daylong sensitization session and delivery of chlorine drops	7	32	100 cholera brochures, 50 information posters on cholera
	Las Piscina	Daylong sensitization activity	4	18	100 cholera brochures, 50 information posters on cholera
	Los Molinas	Daylong sensitization activity	13	12	200 cholera brochures, 100 information posters on cholera
	Villa Mercedes	Daylong sensitization activity	6	79	100 cholera brochures de, 50 information posters on cholera
	Boca de Nigua	Disinfection of dwellings	8	9	10 cholera brochures 5 information posters on cholera
	La Jeringa	Daylong sensitization activity	15	30	30 cholera brochures, 20 information posters on cholera
	Los Americanos	Daylong sensitization activity	15	30	30 cholera brochures, 10 information posters on cholera
	Las Flores	Daylong sensitization activity	15	43	43 cholera brochures 10 information posters on cholera
	La Guandulera	Daylong sensitization activity	15	35	35 cholera brochures, 10 information posters on cholera
	5 de abril	Daylong sensitization activity	15	90	50 cholera brochures, 25 information

					posters on cholera
	Loma de Corea	Daylong sensitization activity	15	40	40 cholera brochures, 20 information posters on cholera
	Los Nova	Daylong sensitization activity	15	19	19 cholera brochures, 10 information posters on cholera
	Titon	Daylong sensitization activity	15	33	50 cholera brochures, 25 information posters on cholera
	Comungui	Daylong sensitization activity	15	38	50 cholera brochures, 25 information posters on cholera
Santo Domingo	Santo Domingo Oeste (Cañada de Guajimia)	Daylong sensitization/ disinfection activity	15	32	Chorine drum, cleaning kit
	Bajo del Ozama (las cañita)	Daylong disinfection activity	21	46	
Distrito Nacional	Los Kilometros	Daylong disinfection activity, sensitization lecture	22	23	
			12	17	Chlorine drum, cleaning kit, BRINADES
Dajabón		Evaluation of latrines, Evaluation of Micro-projects, sensitization lecture	30	151	600 cholera brochures, 100 information posters on cholera
Gaspar Hernández		Evaluation of wells, sensitization lecture	15	46	300 cholera brochures, 100 information posters on cholera
TOTALS			394	1,005	

In prison of La Victoria, the team of water and sanitation: daylong disinfection and cleaning of tanks, and cleaning of water tanks were conducted. It became aware the personnel in charge of ensuring water quality on the proper use of chlorine, it take the measurement of chlorine in the pool kit text. To measure water conditions and how was over chlorinated

Cleanings and chlorination	Quantity	Location and capacity
Water tanks	42	Rooftops
Cisterns	2	Malvina, Hospital
Disinfection	15	Galpón, Hospital, Patio



Disinfection of a water tank. Source: Dominican Red Cross

Challenges: With the appeal budget and plan of action revision and the contribution for the appeal, the budget decreased for Dominican Red Cross and some activities had to be changed or eliminated.

National Society Capacity Building	
Outcome: The Dominican Red Cross has increased its capacity to respond to cholera outbreaks in prioritized provinces.	
Outputs (expected results)	Activities planned
<p>4.1. Five hundred Dominican Red Cross volunteers have the capacity to become agents of community health, water, sanitation and hygiene promotion.</p>	<p>4.1.1 Training of 400* volunteers in Epidemics Control for Volunteers (ECV) and in Community-Based Health and First Aid (CBHFA) to be revised to 100.</p> <p>4.1.2 Training of 100* volunteers in basic disinfection procedures to become part of the BRINADES to be revised to 50.</p> <p>4.1.3 Fifty volunteers are trained as water and sanitation NITs.</p> <p>4.1.4 Provide accident insurance to 500 volunteers participating in the operation</p> <p>4.1.5 Training of 100 Volunteers in psychosocial support.</p>
<p>4.2. The Dominican Red Cross has pre-positioned supplies to respond to cholera outbreaks.</p>	<p>4.2.1 Purchase of oral rehydration kits.</p> <p>4.2.2 Purchase of water analysis kits.</p> <p>4.2.3 Monitoring of the epidemiological situation in order to distribute kits according to needs.</p> <p>4.2.4 Monitoring of the epidemiological situation in order to distribute kits according to need.</p> <p>4.2.5 Pre-positioning of 800 family kits at the Elías Piña chapter to be distributed during Field School at the Haiti-Dominican Republic border.</p>

** As explained in the constrains the activities in grey will be reduced in scope or eliminated from the plan of action of the DRC due to prioritization of the actions based on existing resources and possible addition of two new communities based on additional needs. This will be reflected in an upcoming revised appeal.

Progress:

DOMINICAN RED CROSS CHOLERA OPERATION						
PROVINCE					TEAMS	
	VOLUNTEERS TRAINED AT WORKSHOPS	VOLUNTEERS TRAINED IN DISINFECTION BRIGADES	SENSITIZATION	PEOPLE SENSITIZED IN HEALTH	DISINFECTION TEAMS	WATER TREATMENT PLANTS

Distrito Nacional	127	0	22	132	5	1
Azua	33	0	0	0	0	1
Bahoruco	1	22	24	245	1	0
Barahona	21	13	60	89	1	0
Dajabon	26	0	3	307	1	1
Duarte	62	18	0	0	1	0
Elias Piña	31	0	5	250	0	4
El Seibo	0	0	0	0	0	0
Espailat	13	0	0	0	10	0
Independencia	0	0	47	122	1	4
La Altagracia	16	15	18	535	1	1
La Romana	22	4	0	158	1	0
La Vega	0	0	0	0	0	0
María Trinidad Sánchez	0	23	0	0	1	0
Monte Cristi	25	0	1	19	1	1
Pedernales	0	0		32	1	1
Peravia	0	0	35	131	1	0
Puerto Plata	24	0	5	118	10	0
Hermanas Mirabal	0	0	0	0	0	0
Samaná	0	20	0	0	1	0
San Cristóbal	39	0	0	499	0	0
San Juan	29	0	10	96	0	0
San Pedro de Macorís	24	23	0	0	1	0
Sánchez Ramírez	27	0	0	0	0	0
Santiago	30	0	6	129	0	3
Santiago Rodríguez	0		0	0	0	0
Valverde	0	0	27	45	0	0
Monseñor Nouel	0	0	0	0	0	0
Monte Plata	30	0	6	225	0	0
Hato Mayor	30	0	0	0	0	0
San José de Ocoa	0	0	0	0	0	1
Santo Domingo	33	8	15	202	5	0
Extranjero	0	0	0	0	0	0
Total	643	146	284	3,334	43	18

A total of 1,813 oral rehydration salts were distributed, 263 oral rehydration kits were distributed.

A total of 350 students have been sensitized in different schools and colleges in the areas referred to in the appeal.

Challenges: With the appeal budget and plan of action revision and the contribution for the appeal, the budget decreased for Dominican Red Cross and some activities had to be changed or eliminated.

Logistics	
Outcome: The local logistics capacity of the Dominican Red Cross to respond is strengthened with technical support for local procurement from the Zone Logistics Unit (ZLU).	
Outputs (expected results)	Activities planned
5.1 Enhanced logistics capacity and technical support to facilitate the procurement and distribution of relief items.	5.1.1 Launch a mobilization table for hygiene and family kits. 5.1.2 Provide technical support for the local procurement process of water filters, community cholera kits, and materials for the reparation and construction of water and sanitation structures. 5.1.3 Deployment of a logistics IFRC staff to support procurement if required.

Progress: No further progress has been reported for the given period.

Communications – Advocacy and public information

Progress: No progress in this area for the given period

Contact information

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

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How we work

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

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

www.ifrc.org
Saving lives, changing minds.



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

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

Disaster Response Financial Report

MDR49008 - Haiti & Dominican Republic - Cholera

Timeframe: 05 Dec 13 to 05 Dec 15

Appeal Launch Date: 05 Dec 13

Annual Report

Selected Parameters

Reporting Timeframe	2013/12-2014/12	Programme	MDR49008
Budget Timeframe	2013/12-2015/12	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		4,583,956				4,583,956	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		201,036				201,036	
<i>Canadian Red Cross (from Canadian Government*)</i>		7,571				7,571	
<i>Italian Red Cross</i>		660,947				660,947	
<i>Japanese Red Cross Society</i>		1,935,230				1,935,230	
<i>Other</i>		300,000				300,000	
C1. Cash contributions		3,104,784				3,104,784	
Inkind Personnel							
<i>Japanese Red Cross Society</i>		41,916				41,916	
C3. Inkind Personnel		41,916				41,916	
C. Total Income = SUM(C1..C4)		3,146,700				3,146,700	
D. Total Funding = B + C		3,146,700				3,146,700	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		3,146,700				3,146,700	
E. Expenditure		-868,555				-868,555	
F. Closing Balance = (B + C + E)		2,278,145				2,278,145	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,583,956			4,583,956		
Relief items, Construction, Supplies								
Construction Materials	1,816						1,816	
Clothing & Textiles			1,431			1,431	-1,431	
Water, Sanitation & Hygiene	487,321		21,015			21,015	466,306	
Medical & First Aid	18,159						18,159	
Teaching Materials	518,486		38,618			38,618	479,868	
Other Supplies & Services	17,478						17,478	
ERU	9,079						9,079	
Total Relief items, Construction, Sup	1,052,338		61,064			61,064	991,274	
Land, vehicles & equipment								
Vehicles	20,701						20,701	
Computers & Telecom	1,362						1,362	
Others Machinery & Equipment	18,159						18,159	
Total Land, vehicles & equipment	40,222						40,222	
Logistics, Transport & Storage								
Storage	13,138		85			85	13,053	
Distribution & Monitoring	3,632						3,632	
Transport & Vehicles Costs	474,218		25,941			25,941	448,278	
Logistics Services	10,000		1,673			1,673	8,327	
Total Logistics, Transport & Storage	500,988		27,699			27,699	473,289	
Personnel								
International Staff	939,454		237,198			237,198	702,256	
National Staff	849,942		119,941			119,941	730,000	
National Society Staff	94,539		48,990			48,990	45,548	
Volunteers	79,011		1,182			1,182	77,828	
Total Personnel	1,962,945		407,312			407,312	1,555,634	
Consultants & Professional Fees								
Consultants	22,414						22,414	
Professional Fees	1,362						1,362	
Total Consultants & Professional Fees	23,776						23,776	
Workshops & Training								
Workshops & Training	217,019		15,878			15,878	201,142	
Total Workshops & Training	217,019		15,878			15,878	201,142	
General Expenditure								
Travel	37,230		5,067			5,067	32,164	
Information & Public Relations	19,818		446			446	19,371	
Office Costs	187,345		7,816			7,816	179,529	
Communications	49,574		3,573			3,573	46,002	
Financial Charges	4,612		-10,549			-10,549	15,162	
Other General Expenses	6,515		775			775	5,740	
Shared Office and Services Costs	194,025		74,488			74,488	119,536	
Total General Expenditure	499,120		81,616			81,616	417,504	
Operational Provisions								
Operational Provisions			218,644			218,644	-218,644	
Total Operational Provisions			218,644			218,644	-218,644	
Indirect Costs								
Programme & Services Support Recover	279,267		50,069			50,069	229,197	

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Subsector:	*		

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			4,583,956			4,583,956		
Total Indirect Costs	279,267		50,069			50,069	229,197	
Pledge Specific Costs								
Pledge Earmarking Fee	8,281		5,208			5,208	3,073	
Pledge Reporting Fees			1,064			1,064	-1,064	
Total Pledge Specific Costs	8,281		6,273			6,273	2,008	
TOTAL EXPENDITURE (D)	4,583,956		868,555			868,555	3,715,401	
VARIANCE (C - D)			3,715,401			3,715,401		

Disaster Response Financial Report

MDR49008 - Haiti & Dominican Republic - Cholera

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Emergency preparedness	4,583,956		3,146,700	3,146,700	868,555	2,278,145	
Subtotal BL2	4,583,956		3,146,700	3,146,700	868,555	2,278,145	
GRAND TOTAL	4,583,956		3,146,700	3,146,700	868,555	2,278,145	