A First Aid tent was set up to treat cholera patients in an IDP camp in Port au Prince. Source: French Red Cross

Emergency appeal n° MDR49008
5 December 2013

This International Appeal represents a distinct plan developed in close coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic in support of a ten-year Government programme developed by the respective Ministries of Health and Water and Sanitation. Working in partnership with and support to the Haitian Red Cross and Dominican Red Cross, this International Appeal elaborates on the Red Cross’ vital role and responsibilities in efforts to eliminate cholera in the respective countries during the first phase (twenty four months) of the respective countries national ten-year plans.

This International Appeal responds to a specific request from the Haitian Red Cross and Dominican Red Cross, and seeks a total of 11,244,952 Swiss francs in cash, kind or services to deliver planned support to a total of 600,000 people for a duration of 24 months. A final report will be made available by February 2016 (three months after the end of the operation).

Summary of the appeal

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, with the overwhelming majority of these cases occurring in Haiti and the Dominican Republic. In 2013, however, cases were also reported in Mexico and countries in Central America. Poor access to water and insufficient sanitation are contributing factors to the aggressive spread of the disease along with not taking precautions such as regular hand washing.

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 International Federation of Red Cross and Red Crescent Societies (IFRC) programming has included, over the past three years, measures to provide affected communities with access to cholera treatment centres and medical assistance, as well as improved water sources and community-based health education, thus effectively reducing the spread of the disease and the risks posed by the epidemic in Haiti and the Dominican Republic. However, the possibility of more outbreaks of epidemic proportion will remain a constant national and international threat unless the fundamental factors such as poor access to essential supplies, water and sanitation, and medical care are addressed. To this end, the IFRC is supporting the Haitian Red Cross and the Dominican Red Cross with participating in national and international initiatives to eliminate cholera in Haiti and the Dominican Republic.

For more information, visit: http://www.paho.org/coleracoalicion.
The IFRC, the Haitian Red Cross and the Dominican Red Cross in coordination with the Coalition to Eliminate Cholera in Haiti and the Dominican Republic have identified the Red Cross’ role and responsibilities in eliminating cholera in the 2 countries during the first phase (24 months) of the respective countries’ national ten-year plans issued either jointly or separately by their Ministries of Health and Water and Sanitation Agencies that aim to eliminate cholera in Hispaniola. Given the continued spikes in cholera, the operation will be conducted with a flexible approach that balances the commitment and need to improve the infrastructure while simultaneously responding to local spikes in cholera.

Furthermore, in November 2013, the United Nations system in Haiti is introducing a “revised integrated coordination mechanism”. This mechanism aims at reinforcing the Government of Haiti’s (GoH’s) efforts to eliminate cholera by leading the day-to-day coordination of cholera response activities in Haiti. Ultimately, the coordination body’s work with the GoH and local partners will facilitate the delivery of higher quality and more efficient service to the affected areas and will enhance the capacity for coordination, advocacy and resource mobilization for the Red Cross, the United Nations and NGOs working on this critical matter.

Based on the situation, this Emergency Appeal responds to a request from both National Societies and focuses on providing support to take an appropriate and timely response in delivering assistance. The programming herein has clearly defined activities for both the water and sanitation and health sectors.

In 2010, the IFRC launched an Emergency Appeal to address the immediate needs posed by the initial onset of the disease. The operation implemented through this appeal concluded in 2012. However, Hispaniola still has one of the highest concentrations of cholera cases in the world and as such the need to address the disease and the conditions which foster it remains urgent.

The situation
Cholera is an acute intestinal infection caused by bacteria. The disease is usually caused by drinking or eating contaminated water or food. Areas where there are low levels of improved sanitation and drinking water is poorly treated are particularly susceptible to the disease. Watery diarrhoea and rapid dehydration caused by the disease can lead to death. The tragedy of every death and illness is that, according to the WHO, cholera is a relatively easily treatable disease. Up to 80 per cent of people can be treated successfully through prompt administration of oral rehydration salts (WHO/UNICEF ORS standard sachet). The personal tragedy of this unnecessary disease is further compounded by the repercussions that the illness striking even one family member can have on the impoverished families and communities which are particularly susceptible to the disease, culminating in a potential economic impact of losses of tens of millions of dollars.

Cholera spreads very rapidly. To put the current situation into perspective, over the three-year period, since the first incidences of the disease were reported, the Americas have gone from being virtually free of cholera for decades, to becoming the part of the world which is most heavily affected by cholera, with the WHO reporting over 49 per cent of the total global caseload of the illness occurring in the region.
i. Since 2010, hundreds of thousands of people on Hispaniola have contracted cholera, and thousands of people have died as a result of the disease.

More than 650,000 Haitians have contracted cholera since October 2010, and the disease has killed over 8,300 people in Haiti. 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. Efforts to eliminate cholera can be hampered by the fact that many people affected by the disease may only have mild diarrhoea and do not know that it was caused by a cholera infection.

In 2010, the IFRC responded to the cholera epidemic in support of the Haitian Red Cross together with 16 Partner National Societies (PNS) and the International Committee of the Red Cross (ICRC). Four main areas of response and objectives were defined in December 2010 focusing on four groups of activities: I) water supply; II) sanitation; III) preventive health and hygiene promotion; and IV) curative health facilities. With the aim of supporting the Dominican Red Cross response, and ensuring a more comprehensive response to cholera within La Hispaniola Island, the IFRC-supported cholera operation (2010–2012) encompassed a response in both countries.

ii. The Governments of Haiti and the Dominican Republic issued ten-year action plans to eliminate cholera on Hispaniola.

The number of actors implementing activities to prevent and respond to cholera in Haiti and the Dominican Republic has significantly declined because of the lack of available funding for this issue. By way of example, while the threat posed by the disease remains exceedingly high, according to data from the United Nations, as of October 2013, the number of cholera treatment centres (CTC) and cholera treatment units (CTU) has decreased over the last 2 years, reaching a low of just 32 (but there are also 118 CTDA – Treatment Centres for Acute Diarrhoea facilities in Haiti, down from over 300 in early 2011).

While the importance and effectiveness of the emergency response initiatives undertaken between 2010 through 2012 in controlling the spread of the disease is acknowledged, time has made it very clear that an enormous amount of work remains to be done to address the underlying conditions that fostered the rapid spread of the disease in La Hispaniola, and continue to develop permanent solutions and strong national infrastructure that will allow for the prevention, treatment and ultimately the elimination of the disease.

The Red Cross recognizes both the critical need to continue to address the ongoing threat cholera poses, as well as its ability to take on this challenge because of its experience implementing community-based health programmes and water and sanitation activities. Based on this experience, the Red Cross plans to scale up its cholera response and prevention initiatives. The permanent presence of the Red Cross and the widespread network of branches with strong ties to the community provide a solid organizational structure to ensure consistency in programming and follow through over the decade to come.

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 (WHO-PAHO) 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 which are living in poverty and/or have sub-standard 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 an expertise in water, sanitation and public health such as the Haitian Red Cross, 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.

These ten-year national action plans have divided the necessary interventions into three multiple-year phases within the ten-year timeframe. In summary, the national action plans consist of: (i) the short-term component
which involves treating the sick, educating the general public about the measures which they can take on a day-to-day basis to prevent the disease, and making the vaccine against cholera more readily available; and (ii) a longer-term component which addresses the water security and sanitation conditions in Haiti.

In parallel, the Regional Coalition on Water and Sanitation to Eliminate Cholera in Hispaniola was formed to coordinate the respective agencies’ programming that is being implemented within the framework of the respective national plans. The Regional Coalition is facilitated through the Pan-American Health Organization (PAHO) and has around 25 members, including the IFRC which has participated since 2012.

In Haiti, the United Nations Children’s Fund (UNICEF) developed, with the support of Haiti’s Ministry of Health (MSPP) and Haiti’s National Water and Sanitation Agency (DINEPA), a strategy to support the short-term component of the national plan. This strategy primarily concentrates on mobilizing resources to support MSPP and DINEPA to control, prevent and respond to cholera over the period June 2013 and June 2015, working with partner organizations in each region of Haiti, including the French Red Cross in Artibonite. The Haitian Red Cross’ operation will cover geographical areas that are not covered by the UNICEF programme, and will ensure that greater response capacity exists within Haiti. The Haitian Red Cross volunteers have a critically important role to play and are the greatest strength of the Red Cross in the fight against cholera.

In the Dominican Republic, the operation’s activities have been designed to strengthen the capacity of the Dominican Red Cross to support the governments’ ten-year National Action Plan to eliminate cholera in the country.

The Dominican Red Cross’ plan of action has been designed in line with the main objectives of the General Directorate for the Promotion of Health Education (DIGPRES) and of the National Institute for Water and Sewers (INAPA).

Eliminating cholera from Hispaniola is an ambitious endeavour and, while there are certain known quantities for addressing the disease, the volatility of the situation is such that this operation will require a flexible approach in terms of prioritizing activities and the use of funding. At present, initial funding received in response to this appeal will be applied to the following activities, in the following order of priority:

1. Prevention/education activities;
2. Water and sanitation equipment;
3. Supporting Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs).

**Coordination and partnerships**

**The Haitian Red Cross**

The role of the Haitian Red Cross and the Red Cross Red Crescent Partner National Societies is pivotal as they will be at the forefront of implementing the programming described in this Emergency Appeal document. The activities described herein are in line with the Haitian Red Cross’ national strategy for 2010 to 2015, which emphasizes scaling up and improving the National Society’s capacity in the areas of disaster prevention and response to health challenges.

In late 2011 the Haitian Red Cross developed a Cholera Contingency Plan for 2012‒2013. The contingency plan aims to contribute to a reduction in morbidity and mortality as a result of cholera at national level and focuses on the following specific objectives:

1. Contributing to the reduction of community vulnerability,
2. Facilitating transfer of affected people to treatment centres and units,
3. Reinforcing the community monitoring team, and
4. Increasing Haitian Red Cross’ capacity at regional and local level.

The Haitian Red Cross plays an essential role in the country by providing access to services that would be otherwise unimaginable for the majority of the population. Some 80 per cent of the rural Haitian population lives in poverty. Since 2003, the percentage of the population living in poverty in Haiti has been on the rise, with the country’s per capita income (250 US dollars) working out to be less than 10 per cent the Latin American average. At the same time, and of relevance to the threat posed by cholera, only 25 per cent of the population has access to safe water.

Since the earthquake of January 2010 many PNSs have implemented projects in the areas of health, disaster risk reduction and response, shelter, water and sanitation and communications in partnership with the Haitian
Red Cross. After the cholera outbreak of October 2010, the Haitian Red Cross supported the Partner National Societies that set up cholera response and mitigation projects, and have gained a great deal of experience in this area. Many of the Haitian Red Cross’ volunteers have been trained on topics relevant to the prevention and response to cholera.

The Haitian Red Cross plays a key role in the national epidemiological surveillance system at the national, departmental and community level. The National Society’s volunteer network contributes to the *agent de santé communautaire* (community health agent) of the MSPP. The National Society has also been instrumental in facilitating the transportation of cholera patients and patient referrals, thus filling in the system-wide gaps caused by poverty.
The Dominican Red Cross

The Dominican Red Cross works in close collaboration with governmental institutions. The current plan is designed to support the National Society’s role as the auxiliary to the government by following through on the action points established in the ten-year national plan to eliminate cholera on Hispaniola Island.

By common agreement, the National Society’s responsibilities were identified based on needs that were either not being completely covered, or that required a greater concentration of resources.

At the governmental level, cholera surveillance activities fall within the context of epidemiological surveillance of food-borne diseases, and the illness has a dedicated unit at the Department of Epidemiological Surveillance in the General Directorate of Epidemiology. This unit is responsible, at the technical level, for the standardization and definition of goals and strategies for the prevention and control of food-borne diseases.

There is a programme for the prevention and control of acute diarrheal diseases (ADDs) which falls within the jurisdiction of the government’s Maternal and Child Health Care Department, which is responsible for the development of the programme’s strategies for the reduction of mortality caused by ADDs in the country’s child population; moreover, the department has identified the early detection of cases as a central strategy to staving off cholera, together with the introduction of oral rehydration therapies and the promotion of breastfeeding.

Currently, the objectives of the government surveillance system concentrate on:

1. Reinforcing early and regular reporting of cases of ADDs to:
   - Detect early outbreaks of diarrheal disease;
   - Conduct studies on outbreaks to estimate incidence and attack rate;
   - Detect the cholera cases in communities where the disease was not present and make it possible to immediately implement control measures and carry out an evaluation of the impact.

2. Contributing to building the capacity for local emergency response and surveillance, as well as the control of cholera epidemics in the Americas.

3. Using the available information - produced by other sources - for the monitoring of critical natural water points and the drinking water supply network in the country.

An early warning sub-system is maintained within the surveillance system, which includes:
   - Immediate individual reporting (first 24 hours) using the Epidemiology (EPI – info²) Common Form;
   - Weekly reporting using the EPI-1 form;
   - Immediate collective reporting using the EPI Outbreak Form.

The Dominican Red Cross will lead this operation. The IFRC and the PNSs will provide support at the regional level, with greater emphasis on border provinces and those areas which are under alert for being at high risk for cholera. Given the magnitude of this operation, both in terms of activities and locations, there is clearly a need for a strong organizational structure. A coordination cell will be established to ensure the support, and will include the staff in charge of health, water and sanitation activities at the Dominican Red Cross and the IFRC’s cholera operations coordinator.

This coordination cell will meet regularly and will ensure coordination of all Red Cross Red Crescent activities and with external actors, especially the government. The coordination cell will also be responsible for the activation of emergency response activities as required.

The International Federation of Red Cross and Red Crescent Societies

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² The Epi-info is a statistical software for epidemiology developed by Centers for Disease Control and Prevention (CDC).
The IFRC is responsible for coordinating and representing Red Cross Red Crescent membership at the national and international level. Priority will be given to the government platform and the UN system. The IFRC will map the activities of the Red Cross Red Crescent membership and report on all of the activities that partners have under the objectives of this appeal.

The IFRC will also make its logistics services available to Red Cross Red Crescent membership to support them with their operational needs. The IFRC has also generated an (i) accountability framework, (ii) a planning, monitoring, evaluation and reporting (PMER) strategy, (iii) a communication and media strategy, and (iv) a resource mobilization strategy for the Haitian Red Cross, Dominican Red Cross and Partner National Societies.

The IFRC actively supports the 2013 bi-national plan of the Dominican Red Cross and Haitian Red Cross and is looking at increasing the long-term development programmes especially in the border area between the two countries.

In November 2013, the United Nations system in Haiti introduced a “revised integrated coordination mechanism”. This mechanism aims at reinforcing the Government of Haiti’s (GoH) efforts to eliminate cholera by leading the day-to-day coordination of cholera response activities in Haiti.

Ultimately, the integrated coordination mechanism’s work with the GoH and local partners will facilitate the delivery of higher quality and more efficient service to the affected areas. At the same time, the further consolidation of efforts will also benefit service providers, by enhancing the capacity for coordination, advocacy and resource mobilization for the Red Cross, the United Nations and NGOs. At the request of the United Nations, the IFRC secretariat will appoint a liaison officer to this coordination body, who will be in charge of maintaining and fostering relations between the coordination body and Haitian national partners.

Red Cross and Red Crescent action

Background (Red Cross Red Crescent response to cholera 2010–2012)

In November 2010, shortly after it became apparent that the cholera epidemic was growing in Haiti and in the Dominican Republic, the Haitian Red Cross and the Dominican Red Cross, in coordination with the IFRC and with the cooperation of Partner National Societies, implemented emergency response programming intended to both (i) reduce the spread of the disease, and (ii) provide access to effective and safe treatment to those who had contracted the disease.

Both National Societies were able to leverage their volunteer base and national branch presence throughout the respective countries, as well as their experience in the areas of training volunteers, Community Based Health and First Aid (CBHFA), and health awareness campaigns, to effectively respond to the situation. The IFRC and Partner National Societies further bolstered the National Societies’ ability to respond to this situation by increasing access to essential supplies and facilities. At the conclusion of the initial emergency response operation recommendations were made as to how to improve future operations; these recommendations have been incorporated into this operation’s programming and approach.

In Haiti, over the period 2010–2012 the Haitian Red Cross volunteers received training on skills and practices to control the epidemic, and the National Society’s logistics capacity was further developed. The Haitian Red Cross, with support from the IFRC, ICRC and Partner National Societies were involved in the following activities:

- Supported seven Cholera Treatment Centres/Units (CTC/CTU);
- Supported over 40,000 patients hospitalized in the Red Cross CTCs/CTUs;
- Built, maintained and operated over 200 Oral Rehydration Points;
- Increased access to drinking water for some 80,200 households through
  1. The construction or rehabilitation of some 5,630 new water points;
  2. The construction or rehabilitation of 18 new water systems;
- Provided access to improved sanitation facilities for over 52,000 households through
  1. The construction or rehabilitation of some 19,770 improved sanitation facilities;
  2. The establishment of 333 new water and sanitation committees;
- Reached some 5,584,600 people with hygiene promotion activities;
• ICRC medical and water and sanitation teams were involved in cholera response together with medical authorities in the prisons countrywide;
• Support government with the donation of 16 water trucks to DINEPA;
• Trained 16 drivers from DINEPA on the proper handling of water trucks.

With the support of resources obtained through the 2010–2012 Emergency Appeal and the Spanish Red Cross and the Dominican Red Cross provided over 17,700 households with access to safe water and education about its importance to maintaining good health. The National Society also provided communities assistance with disinfection activities, and carried out communications campaigns that reached over 72,000 persons.

In 2012, the National Society reached approximately 2,500 households with support from a DREF operation that focused on strengthening community networks, information dissemination about safe water and improving access to safe water. This operation was part of its plan for epidemiological control after an outbreak of cholera in the provinces of Santiago and Espaillat.

On the other hand, the response after the passage of Tropical Storm Isaac and Hurricane Sandy also stressed epidemiological control actions with about 2,400 additional families. The efforts of the Red Cross in recent years have contributed to a reduction in cases across the country. However, it is still maintaining its commitment to supporting the national plans of the governments of Haiti and the Dominican Republic for the eradication of cholera in Hispaniola Island in the next ten years.

Further details regarding Red Cross Red Crescent action in response to the cholera epidemic that impacted Hispaniola Island over the period 2010–2012 are available in the Operations Final Report issued on 24 August 2012.

The needs

In Haiti, eliminating cholera will require measures which prevent the disease, engage communities and educate communities about proper hygiene practices, namely:

1. Preparedness and response
   • Prepositioning of emergency supplies such as hygiene kits and water purification tablets;
   • Contributing to the national cholera alert and epidemiology surveillance systems at three different levels: national, regional and local;
   • Preparation for and mobilization following cholera spikes, including training of volunteers on disinfection;
   • Leading targeted hygiene promotion activities to improve hygiene knowledge and practices;
   • Repairing water and sanitation infrastructure damaged by heavy rain or hurricanes;
   • Training volunteers to be able to identify and tackle the main issues in their community.

2. Prevention, through community engagement and hygiene promotion
   • Undertaking hygiene promotion activities in schools, households and marketplaces;
   • Providing educational materials on proper hygiene practices;
   • Training and mobilizing volunteers;
   • Disseminating cholera prevention messages about key steps individuals can take to prevent contracting the disease such as the importance of hand washing, or how to access the cholera vaccine;
   • Gathering community feedback to ensure relevancy of messaging and activities via multiple channels including radio, SMS and free phone information line;
   • Producing an educational film on toilet construction in partnership with DINEPA (Haiti);
   • Developing a communications plan for food hygiene promotion with MSPP (Haiti).

3. Improving water and sanitation facilities
   • Rehabilitating and constructing water supplies and sanitation facilities;
   • Distributing hygiene products and aqua tabs;
   • Installing hand washing stations;
• Constructing toilets at market places and schools and supporting the development of management and fee collection systems to ensure sustainable maintenance;
• Providing technical support to households so that they can construct better sanitation facilities.

4. Supporting wider government initiatives
• Improving disinfection procedures in CTCs/CTUs;
• Supporting relevant government agencies with field investigations, conducting hygiene promotion and awareness-raising activities and the distribution of hygiene and water treatment products;
• Supplying information to the government surveillance systems.

On the Dominican Republic side, the 2013–2022 National Action Plans for the Eradication of Cholera focus on aspects considered a priority or that are not fully covered by governmental authorities, in line with the following key needs:
1. Reducing the number of cholera cases and deaths resulting from this disease;
2. Increasing awareness amongst the target population regarding hygiene and sanitation;
3. Increasing the Dominican Republic’s response capacity to detect and control cholera outbreaks;
4. Reducing the risk of contamination and supporting the treatment of patients in hospitals and CTUs.

The proposed operation

<table>
<thead>
<tr>
<th>Operational goal</th>
<th>Indicators</th>
<th>Means of verification</th>
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</thead>
<tbody>
<tr>
<td>To contribute to the elimination of cholera from Haiti and the Dominican Republic over the next twenty four months (2014 – 2016).</td>
<td>1. 50% reduction in the number of cholera cases amongst the target population (in three regions). 2. 75% reduction in the number of deaths as a result of cholera amongst the target population (in three regions).</td>
<td>Monthly statistics regarding the number of cholera cases and deaths from government agencies.</td>
</tr>
</tbody>
</table>

The goal of this operation is to contribute to the elimination of cholera from Hispaniola Island during the next two years (2013–2015). The operation’s programming was developed by the Haitian Red Cross and Dominican Red Cross in cooperation with the IFRC to identify the Red Cross’ role and responsibilities in eliminating cholera in the respective countries during the first phase (twenty four months) of the ten-year plan(s) to eliminate cholera in Haiti and the Dominican Republic.

The intended outcomes of this operation include:
• Reduced risk of infection and exposure to cholera through improved access to potable water amongst target communities;
• Reduced risk of infection and exposure to cholera through improved access to sanitation facilities in the targeted communities;
• Increased knowledge amongst the target population regarding hygiene and sanitation;
• Increased capacity to respond to spikes in cholera cases;
• Improved management of CTCs/CTUs leading to reduced risk of contamination at treatment centres.

The operation will seek to have a broad approach, addressing the needs for cholera response and prevention activities throughout regions of Haiti and the Dominican Republic using the large network of Red Cross volunteers and the experience of Partner National Societies and the IFRC.

Whilst the programme aims to have a nationwide impact, the most important areas of focus will always be the areas where cholera remains persistent. The level of funding will determine the areas and activities which will be implemented by the National Societies and the partners present in the respective areas.
Haiti

Background
While response activities to the outbreak of the disease, and vigilance have resulted in a decline in the incidence of cholera in Haiti since the initial 2010 outbreak, at the beginning of 2013 the incidence rate of the disease was higher as compared with the same period in 2012.

In 2012 there was a sharp rise in cases due to Tropical Storm Isaac and Hurricane Sandy, which brought heavy rainfall to the island. From January 2013 until the end of August there have been 35,544 cases reported and 307 deaths. As of the August 2013, the MSPP estimated that there will be approximately 120,000 reported cases of cholera in 2013.

Of concern is that this strain of the cholera bacteria (which has the potential to spread very rapidly) appears to be spreading regionally. The Mexican health authorities have confirmed 171 cases of cholera and 1 death as of 18 October 2013 in the country. Cuba also recorded 678 cases of cholera and three deaths from this strain between August of 2012 and 2013. Isolated cases have also been identified in two other Latin American countries as well.

The overall rationale for the proposed operation is to leverage the nationwide capacity of the Haitian Red Cross volunteers and branches that maintain a long-term presence in Haiti, to contribute to the elimination of cholera in Haiti by breaking the chain of transmission of the disease. The operation’s programming approach is based on the Government of Haiti’s (GoH) National Plan for the Elimination of Cholera. The activities that the Red Cross will undertake will support the objectives of the GoH’s National Plan, and will support the activities being directly implemented by the MSPP and DINEPA.

Programming in Haiti is intended to improve (i) preparedness and response to outbreaks; (ii) water and sanitation facilities; and (iii) supporting wider government initiatives, in that order of priority. The United Nations Stabilization Mission In Haiti (UN MINUSTAH) will build nine permanent Community Disaster Response Team (CDRT) structures at hospitals; the Red Cross will support these structures with the first three prongs of the Red Cross approach.

At present, based on the current situation, it is anticipated that cholera elimination programming will initially take place in Haiti’s Artibonite, South and North departments. As the situation changes, the Red Cross may have to shift the location where activities are being implemented. Additionally, decisions will be made together with other actors, including Haiti’s MSPP, DINEPA and other active participants such as UNICEF, which will play a role in identifying what parts of Haiti will reap the most benefits from Red Cross interventions.

In November 2013, the United Nations system in Haiti initiated a “revised integrated coordination mechanism” to improve the coordination of response efforts to cholera in Haiti; this newly formed unit aims to support the Government of Haiti (GoH) to further empower local partners, as well as more generally sustainable Government-led solutions which contribute to enhanced social services while continuing to improve the UN/NGO/RCRC operational coordination, advocacy and resource mobilization.

In that context and following a consultation process, the UN has requested the IFRC secretariat to appoint (the exact modality is still to be confirmed) a senior coordination expert to permanently act as a liaison officer between this coordination body and the Haitian national partners.

The IFRC will be responsible for the financial accountability throughout this operation. The role of the secretariat will focus on two key aspects: to offer support to the National Society to build a strong Planning, Monitoring, Evaluation and Reporting (PMER) and Accountability Unit through training, coaching and mentoring; and to function as the PMER and accountability coordination body responsible for the overall operation. Under this function, the operational partners will be responsible for information management in their area and for providing the Haitian Red Cross and the IFRC with timely and accurate information for vertical and horizontal accountability. Together with the operating partners the secretariat will develop:

- A monitoring and evaluation plan defining all indicators, their purpose and the audience for all collected data;
- An evaluation plan for baseline, mid-term and end line surveys;
- A comprehensive indicator tracking table to monitor project implementation;
- An accountability plan to ensure transparency and participation of beneficiaries in all processes;
- A link between the information collected and the existing Federation-wide reporting mechanism.

**Water, Sanitation and Hygiene Promotion (WASH)**

As mentioned above, providing populations with access to clean water and appropriate sanitation options is an essential component of both preventing cholera and ultimately eliminating it. To this end, the WASH sector activities detailed below are the focus of this operation’s programming.

### Haiti: Water

**Outcome:** Reduced risk of infection and exposure to cholera through improved access to potable water amongst target communities.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 1.0 One hundred fifty thousand people have access to potable water through the repair and/or extension of existing water supply systems. | 1.1 Identification of water systems with potential scope for repair.  
1.2 Assessment of water systems.  
1.3 Selection of water systems to be repaired and/or extended.  
1.4 Rehabilitation and/or extension of existing water supply systems. |
| 2.0 Eighteen new small water supply systems constructed. | 2.1 Identification of potential locations for the construction of new, small water systems.  
2.2 Assessment of potential locations.  
2.3 Selection of locations for construction of new, small water supply systems.  
2.4 Construction of new, small water supply systems. |
| 3.0 Increased access to improved water facilities in 30 schools. | 3.1 Identification of schools with water facilities requiring rehabilitation or a new system.  
3.2 Assessment of schools water facilities.  
3.3 Rehabilitation of water systems in schools.  
3.4 Construction of new water systems in schools.  
3.5 Maintenance plan developed with school management and monitored for a minimum of six months. |
| 4.0 Increased access to improved water facilities in 30 marketplaces. | 4.1 Assessments of markets that require new or rehabilitated water systems.  
4.2 Plan developed for the rehabilitation or construction of water facilities in each market.  
4.3 Rehabilitation of water supply systems in markets.  
4.4 Construction of new water systems in markets.  
4.5 Management committee established and management plan and fee system in place. |

### Haiti: Sanitation

**Outcome:** Reduced risk of infection and exposure to cholera through improved access to sanitation facilities in the targeted communities.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 1.0 Increased access to improved sanitation facilities in 30 schools. | 1.1 Identification of schools with sanitation facilities requiring rehabilitation or renewal.  
1.2 Assessment of schools sanitation facilities.  
1.3 Rehabilitation of sanitation systems in schools.  
1.4 Construction of new sanitation systems in schools. |
| 2.0 Increased access to improved sanitation facilities in 30 marketplaces. | 2.1 Identification of markets with sanitation facilities that require rehabilitation or renewal.  
2.2 Assessments of markets that require new or rehabilitated sanitation systems.  
2.3 Plan developed for the rehabilitation or construction of sanitation facilities in each market.  
2.4 Rehabilitation of sanitation systems in markets.  
2.5 Construction of new sanitation systems in markets.  
2.6 Management committee established and management plan in place. |
### Haiti: Hygiene Promotion

**Outcome 1:** Reduced risk of infection and exposure to cholera through improved access hygiene products among target communities.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 1.0 Hygiene products such as soap and aqua tabs are used in the targeted communities. | 1.1 Distribution of hygiene products and aqua tabs at large public events (national holidays) and specific days (Hand Washing Day).  
1.2 Installation of hand washing stations for large public events.  
1.3 Provision of treated water to hand washing stations for large public events.  
1.4 Hygiene promotion activities, including the distribution of flyers, are conducted on these days. |

**Outcome 2:** Increased knowledge amongst the target population regarding hygiene and sanitation.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 2.0 At least 600,000 people have access to necessary educational materials on proper hygiene practices. | 2.1 Training of Haiti Red Cross Society volunteers on the implementation of Hygiene Promotion (HP) campaigns/PHAST/CBHFA.**  
2.2 Identification of key areas for HP activities/PHAST/CBHFA.  
2.3 Mobilization of Haiti Red Cross Society volunteers.  
2.4 Hygiene promotion campaign developed with MSPP and DINEPA, as well as other relevant organizations, and implemented nationwide.  
2.5 Haitian population has access to necessary educational materials on proper hygiene practices.  
2.6 Telefon Kwa Wouj* used to disseminate cholera prevention messages and to conduct surveys with members of targeted communities on cholera prevention and hygiene promotion.  
2.7 Radyo Kwa Wouj is used to disseminate information regarding cholera prevention and response and related Red Cross activities.  
2.8 Hygiene promotion activities implemented in schools through Haiti Red Cross Society volunteers and teachers.  
2.9 Communications plan for food hygiene promotion developed in partnership with MSPP. |

**3.0 An educational sanitation film regarding toilet construction in partnership with DINEPA.**

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 3.1 Development of MoU with DINEPA for the development of the film.  
3.2 Filming of footage.  
3.3 Production of sanitation films (one for rural areas, one for urban areas).  
3.4 Organization of outdoor film events for information dissemination and discussion. | **PHAST** – Participatory Hygiene and Sanitation Transformation  
**CBHFA** – Community Based Health and First Aid  
**Telefon Kwa Wouj** - an interactive phone line managed by the Haitian Red Cross which enables callers to select and listen to a range of health, disaster preparedness and other potentially life-saving information.  
Radyo Kwa Wouj – Red Cross Radio. |

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### Haiti: Cholera Treatment Centres and Units

**Outcome:** Improved management of CTCs/CTUs leading to reduced risk of contamination at treatment centres.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| 1.0 Improved disinfection procedures in at least four CTCs/CTUS per region. | 1.1 Volunteers trained on disinfection procedures in CTCs/CTUs.  
1.2 Disinfection activities carried out by Haitian Red Cross volunteers at CTCs/CTUs and in communities where cholera cases have originated.  
1.3 Haitian Red Cross volunteers are trained in disinfection procedures. |
# National Society Capacity Building

## Haiti: National Society Capacity Building

### Outcome 1: The National Society has an increased capacity to respond to spikes in cholera cases.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Emergency stocks (hygiene kits, Oral Rehydration Solution, aqua tabs and medical equipment) are prepositioned at three regional branches of the Haitian Red Cross.</td>
<td>1.1 Plan developed for the prepositioning of stock in specific departments.</td>
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<tr>
<td></td>
<td>1.2 Emergency stock list planned.</td>
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<tr>
<td></td>
<td>1.3 Supplies ordered and then positioned as planned.</td>
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<tr>
<td></td>
<td>1.4 Supplies delivered to CTCs/CTUs as required.</td>
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<tr>
<td></td>
<td>1.5 Cholera hygiene kits distributed at CTCs/CTUs to families with a family member receiving treatment for cholera.</td>
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<tr>
<td></td>
<td>1.6 Monitoring of stocks.</td>
</tr>
<tr>
<td></td>
<td>1.7 Replenishment of stocks as required.</td>
</tr>
<tr>
<td>2.0 The Haitian Red Cross contributes to the national cholera alert system (managed by PAHO) and national epidemiology surveillance system (managed by MSPP).</td>
<td>2.1 The Haitian Red Cross volunteers and regional branch managers send reports to PAHO surveillance system via email and telephone.</td>
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<tr>
<td></td>
<td>2.2 Further support to the innovative development of SMS reporting.</td>
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<td></td>
<td>2.3 Support provided to MSPP for the operational costs of the surveillance system.</td>
</tr>
<tr>
<td></td>
<td>2.4 The Haitian Red Cross volunteers trained to conduct field investigations.</td>
</tr>
<tr>
<td></td>
<td>2.5 Field investigations to support the MSPP surveillance system are carried out by Haitian Red Cross Society volunteers.</td>
</tr>
<tr>
<td></td>
<td>2.6 Field investigations reports produced and shared.</td>
</tr>
<tr>
<td>3.0 At least 30,000 people have improved knowledge and practices related to hygiene as a result of targeted hygiene promotion activities in response to cholera outbreaks.</td>
<td>3.1 Training of the Haitian Red Cross volunteers on disinfection.</td>
</tr>
<tr>
<td></td>
<td>3.2 Provision of materials for disinfection to branches.</td>
</tr>
<tr>
<td></td>
<td>3.3 Mobilization of the Haitian Red Cross volunteers for disinfection activities.</td>
</tr>
<tr>
<td></td>
<td>3.4 The Haitian Red Cross volunteers mobilized to conduct health promotion activities following cholera spikes.</td>
</tr>
<tr>
<td></td>
<td>3.5 Locations for emergency health promotion activities coordinated with MSPP.</td>
</tr>
<tr>
<td>4.0 Forty repairs to water and sanitation infrastructure in locations throughout the country, following damage from heavy rain/cyclones.</td>
<td>4.1 Damage assessments conducted as required.</td>
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<tr>
<td></td>
<td>4.2 The Haitian Red Cross volunteers trained to conduct damage assessments.</td>
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<tr>
<td></td>
<td>4.3 Repairs required identified following assessments.</td>
</tr>
<tr>
<td></td>
<td>4.4 Repairs undertaken.</td>
</tr>
</tbody>
</table>

### Outcome 2: The Haiti Red Cross Society volunteers respond to and mitigate against cholera.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Haitian Red Cross volunteers have the capacity to intervene as community health agents.</td>
<td>1.1 The Haitian Red Cross volunteers trained in Epidemic Control for Volunteers (ECV)/CBHFA/PHAST.</td>
</tr>
<tr>
<td></td>
<td>1.2 The Haitian Red Cross volunteers trained on relevant aspects of water and sanitation responses.</td>
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</tbody>
</table>

One of the most important things the Haitian Red Cross can offer to this initiative is its consistent and widespread presence, which will assist in developing the capacity of the National Society to address and respond to the needs arising in relation to cholera.

The continuous support to the Haitian Red Cross is pivotal in order to continue strengthening the service delivery of the National Society in terms of health services through a comprehensive capacity building package focusing on project management and accountability instruments.

## The Dominican Republic

The Dominican Red Cross’ plan of action has been designed in line with the main objectives of the country’s General Directorate for the Promotion of Health Education (DIGPRES) and the National Institute for Water and Sewers (INAPA). The Dominican Red Cross will increase its volunteer capacity for community mobilization, to implement a community-based health programme to reduce the risk of infection and exposure to cholera for some 12,500 households. The beneficiary households will be selected from the country’s most vulnerable areas or from areas with cholera outbreaks. Programming to improve the resilience of these households and work towards eliminating cholera will include health in emergencies, water and sanitation (access to safe drinking water and sanitation facilities) and hygiene promotion. Additionally work will be done to increase the capacity of the Dominican Red Cross to mobilize volunteers in the affected communities and repair basic infrastructure.
The Dominican Red Cross, through training, technical assistance and communication activities with communities, seeks to empower communities with the tools and information needed to develop their capacity to improve, maintain, and manage basic services in their area. This operation will also ensure that communities have the knowledge and materials needed to respond to cases of cholera which arise in their area. To ensure the effectiveness of community-based initiatives, the Dominican Red Cross is putting in place a systematic monitoring plan that will allow them to track the progress of the programs and get feedback from the families reached.

### Dominican Republic: Quality Programming /Areas Common to all Sectors

**Outcome:** The design and implementation of the operation is based on detailed assessment analysis.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| **1.0** The initial needs assessment is updated through consultation with beneficiaries. | 1.1 Develop a detailed needs assessment plan.  
1.2 Conduct detailed field assessments in coordination with community members.  
1.3 Share assessment reports with Red Cross partners and other institutions. |
| **2.0** The handling of the operation is based on a comprehensive monitoring and evaluation system. | 2.1 Development of a monitoring and evaluation plan for each of the operation’s sectors.  
2.2 Share indicator compliance reports.  
2.3 Technical field visits by the headquarters and IFRC representatives.  
2.4 Establishment of a communication system with beneficiaries to collect feedback on the operation.  
2.5 Review or confirmation of the action plan. |
| **3.0** Evaluation results are used to adjust plans in the medium and long term, as needed | 3.1 Conduct a lessons learnt workshop midway through the operation’s implementation.  
3.2 Perform an external final evaluation that includes actions conducted across the entire island and provides recommendations in country strategic plans. |

Throughout the operation there will be ongoing monitoring of the presence of cholera in the Dominican Republic in order to ensure that the activities are directed at the areas with higher levels of cholera cases, as well as to ensure that cholera outbreaks are responded to in an effective and timely manner. The operation will work with the country’s Ministry of Health (MSP) and INAPA to ensure that the Red Cross response activities are coordinated with those of the government and other actors.

Information will also be collected from the communities through surveys conducted over the phone using the ODK (Open Data Kit) system. This information will be used to adjust key messages on hygiene, sanitation, water, health care, etc., and will also provide insight into what information communities lack, and what information they are interested in receiving.

### Dominican Republic: Health and Care

**Outcome:** The risk of infection and exposure to cholera has been reduced for 12,500 families through communication campaigns and health community mobilization.

<table>
<thead>
<tr>
<th>Outputs (expected results)</th>
<th>Activities planned</th>
</tr>
</thead>
</table>
| **1.0** Raise awareness about cholera prevention in at least 12,500 families. | 1.1 Coordination with the Ministry of Public Health authorities to determine key messages and review existing materials.  
1.2 Reproduction of educational materials.  
1.3 Conduct a campaign to sensitize and provide information on cholera prevention and control with posters and pamphlets.  
1.4 Conduct an information campaign via SMS.  
1.5 Conduct training at the community level in Community-Based Health and First Aid (CBHFA).  
1.6 Conduct campaigns in public spaces to promote health and prevent cholera.  
1.7 Follow-up and support to community leaders trained in epidemiological monitoring and identification of cases. |
| **2.0** Twelve thousand five hundred families from the areas most affected by cholera outbreaks are reached with psychosocial support. | 2.1 Recreational activities with children and adults on cholera.  
2.2 Psychosocial first-aid to families and patients affected by cholera.  
2.3 Referral of cases that require professional counselling to the health system. |
| **3.0** Health authorities and institutions are supported in sanitary control and surveillance. | 3.1 Needs evaluation of Cholera Treatment Units (CTUs) and hospitals in prioritized areas (family sanitation and prevention).  
3.2 Conduct disinfection visits and installation of chlorine-impregnated carpets in 150 CTUs and hospitals.  
3.3 Share community epidemiological surveillance reports with local health authorities. |
As the state is covering care and treatment of cholera cases, the Dominican Red Cross will contribute to the goal of reducing the risk of exposure and infection through increased awareness and empowerment of community networks. These activities have been ongoing since the start of the epidemic in 2010, but it is now understood that the number of areas covered must be increased, mainly in the high-risk border regions.

The Dominican Red Cross is improving public awareness about cholera by taking the following measures:

1. Identify and train networks consisting of community leaders on prevention and care/referral paths for cholera cases. These leaders will be tasked with monitoring the situation in their communities, and reporting the findings to the Dominican Red Cross. Communications with community networks will be two-way, with the state and the Red Cross reporting on possible issues that cause concern to communities.

This work will be done in areas which, as of the time of the writing, have not been reached:
- Border region: San Juan, Pedernales, Elias Piña and Dajabon provinces.
- Eastern region: Hato Mayor and Seibo.
- Northern region: Puerto Plata, Monte Cristi and Espaillat.

2. Provide the community networks with Community-Based Health and First Aid (CBHFA) manuals and psychosocial support, epidemiological monitoring formats, and community cholera kits (each kit contains a cup, spoon, oral rehydration salts and a pitcher).

3. Provide psychosocial support to households/families with family members who are ill. Work will be done with children and adults, both in communities and in hospital settings (hospitals, rehydration centres). The goal is to empower people and make them feel responsible for their state of health through games and play strategies. In addition, grief and anxiety management will be provided to families with family members who are either ill or who are deceased, and a system will be established to refer people to the health system, should they suffer from problems that need professional or institutional support.

4. Evaluation of cholera treatment units to analyse health management needs and the provision of community cholera kits.

<table>
<thead>
<tr>
<th>Dominican Republic: Water, Sanitation and Hygiene Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome:</strong> The risk of infection and exposure to cholera has been reduced for 12,500 families in target communities through improved access to safe drinking water, sanitation facilities and hygiene products.</td>
</tr>
<tr>
<td><strong>Outputs (expected results)</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>1.0</strong> Ten thousand families have access to hygiene materials and promotion through specific distributions at large public events or through health institutions for relatives of sick people.</td>
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<tr>
<td><strong>2.0</strong> Seven thousand five hundred 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.</td>
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<tr>
<td><strong>3.0</strong> Thirteen thousand students have access to safe water and sanitation facilities through construction or repairs of existing one and through distribution of cleaning kits in schools.</td>
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<tr>
<td><strong>4.0</strong> At least 200 families benefit from</td>
</tr>
</tbody>
</table>
sanitary disinfection of wells and homes. families with contaminated wells or homes. 4.2 Purchase of equipment and materials for sanitary disinfection. 4.3 Disinfection of 200 wells and homes through Sanitary Disinfection Brigades (BRINADES). 4.4 Implementation of community training for well maintenance. 4.2 Purchase of equipment and materials for sanitary disinfection. 4.3 Disinfection of 200 wells and homes through Sanitary Disinfection Brigades (BRINADES). 4.4 Implementation of community training for well maintenance.

5.0 Ten marketplaces have access to safe water and sanitation facilities through construction or repairs of existing ones. 5.1 Identification of markets that need facilities repaired. 5.2 Development of an implementation plan. 5.3 Rehabilitation of market facilities. 5.4 Establishment of maintenance committees with management plans.

The water and sanitation strategy will be implemented in the same communities that are being reached by health strategies. However, of 12,500 families targeted by the operation, some will be supported through the construction of latrines, others through the repair of structures or through household filter distribution. The strategy to be used in each community will be determined through a specific needs analysis in each community. Since implementation will be determined in response to the specific needs identified by the Red Cross, the current operational target may increase beyond the currently envisioned 12,500 households. Any such adjustments to programming will be reported upon in the Operations Updates.

Support to Government agencies: The capacity of local government (the municipality level) to address the elimination and prevention of cholera will be improved if the capacity of the Dominican Republic’s National Institute for Water and Sewers (INAPA) is reinforced. To this end, the Dominican Red Cross will support the Ministry of Public Health’s (MSP) National Plan’s intervention line Environmental Health: Reducing the gaps in access to safe water and excreta disposal.

This will be achieved by initiating educational programming primarily directed at vulnerable communities (municipalities or towns most affected according to the country’s risk map) on key issues such as water treatment at the household level and hygiene promotion. These educational initiatives will support the Dominican Government’s initiatives to enhance the country’s water and sanitation infrastructure.

The current strategy is in line with the Dominican Government National Plan’s action points specified below:

a) Development of projects to improve the quality and coverage of drinking water across the Dominican territory, prioritizing high- and medium-risk municipalities.
b) Development of basic sanitation projects and their implementation throughout the Dominican territory, prioritizing high- and medium-risk municipalities (management and disposal of excreta, sewage, vector control and household hygiene).
c) Development of projects of good manufacturing and food handling practices to minimize the risk of microbiological contamination along the food chain, prioritizing high- and medium-risk municipalities.
d) Development of projects to improve sanitary water control, sanitation and hygiene in prioritized centers and institutions (health centers, schools, child and youth care centers, jails, among others).

Striking the right balance: the IFRC seeks to promote greater equality in terms of the allocation of funding for sanitation and water projects. The latest progress assessments related to the Millennium Development Goals (MDGs) identified for water and sanitation indicate that the objective of halving the number of people without access to an improved source of water is on its way to being achieved by 2015. The goal of halving the number of people without basic sanitation falls short.

In the global advocacy report, Striking the Right Balance, the IFRC sets the goal for the Red Cross Movement that by 2015, the Movement will ensure that all water, sanitation and hygiene promotion projects will have “equitable investment in sanitation and hygiene, as compared to water supply”.

Based on the Red Cross Red Crescent Movement’s commitment to equality in investment, this operation will approach water, sanitation and hygiene with equal priority.

<table>
<thead>
<tr>
<th>Dominican Republic: National Society Capacity Building</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome:</strong> The Dominican Red Cross has increased its capacity to respond to cholera outbreaks in prioritized provinces.</td>
</tr>
<tr>
<td><strong>Outputs (expected results)</strong></td>
</tr>
<tr>
<td>1.0 Five hundred Dominican Red Cross volunteers have the capacity to become</td>
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</table>
17

agents of community health, water, sanitation and hygiene promotion.

1.2 Training of 100 volunteers in basic disinfection procedures to become part of the BRINADES.
1.3 Fifty volunteers are trained as water and sanitation NITs.
1.4 Provide accident insurance to 500 volunteers participating in the operation.
1.5 Training of 100 Volunteers in psychosocial support.

2.0 The Dominican Red Cross has pre-positioned supplies to respond to cholera outbreaks.

2.1 Purchase of oral rehydration kits.
2.2 Purchase of water analysis kits.
2.3 Pre-positioning of community oral rehydration kits.
2.4 Monitoring of the epidemiological situation in order to distribute kits according to needs.
2.5 Pre-positioning of 800 family kits at the Elías Piña chapter.

The Dominican Red Cross volunteers will play a very important role in this operation. However, to achieve the proposed empowerment and community mobilization objectives, it is necessary to increase the number of trained volunteers, particularly in prioritized areas. To effectively use the national volunteer network, it will be important to have a volunteer management structure in place with an adequate roster system. This will ensure that volunteers will receive the support they require and ensure that the role of volunteers for each activity is clearly understood during the activities' planning phase. This will also be key for mobilizing volunteers, which will be critical for an effective response to cholera outbreaks.

Dominican Republic: Logistics

<table>
<thead>
<tr>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outputs (expected results)</strong></td>
</tr>
<tr>
<td>1.0 Enhanced logistics capacity and technical support to facilitate the procurement and distribution of relief items.</td>
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Essential supplies will be pre-positioned in prioritized areas, particularly the community oral rehydration kits. These kits will be provided to affected families when the needs arise; the number and frequency of their distribution will be subject to the incidences of cholera outbreaks throughout the duration of the operation.

Communications – Advocacy and public information

The IFRC will coordinate all internal and external communication activities related to this operation. It is paramount that all movement partners communicate with one voice about activities related to this operation.

Haiti

The operation’s communications plan will enable the Haitian Red Cross to promote its role in eliminating cholera in national and international media. The IFRC in cooperation with the Haitian Red Cross will also implement the beneficiary communications component of the cholera appeal.

The IFRC, with support from Red Cross Red Crescent movement partners and the Haitian Red Cross will produce a comprehensive communications plan related to the cholera appeal. This plan involves:

- A communications campaign for the launch of the appeal: leaflets, video spots, web stories, key messages, press releases, radio spots and tips on using social media.
- Quarterly communications updates on the progress: case studies, web stories, video clips, radio spots and social media tips.
- Key messages about the progress of activities to eliminate cholera.
- Annual press releases, press conferences about key achievements/progress.
- Coordinating all national and international media inquiries related to this appeal.
- Implementation of beneficiary communications activities with local media sources such as: Tera SMS (a system which allows for communications with beneficiaries using the telephone), Radio Kwa Wouj and Telephone Kwa Wouj, sound truck.
Dominican Republic
The operation to support the elimination of cholera emphasizes communication with beneficiaries. The goal is to use communication tools to establish a dialogue with the communities, providing useful information to them, whilst also collecting information that supports and guides the activities being implemented by the Red Cross.

Beneficiary communications include communications campaigns which share key messages on disaster preparedness, health and hygiene, and information on Red Cross operations. The campaigns use various tools, including text messages (SMS), social networking, internet blogs and the distribution of posters and pamphlets. Additionally surveys and community meetings provide an opportunity to collect comments and contributions from communities which inform the development of operational programming. The possibility of conducting follow-up surveys using Open Data Kit (ODK) technology is also currently under consideration.

Capacity of the National Society
The role of the Haitian Red Cross is pivotal, as the National Society will be at the forefront of implementing the operation’s programming. The Haitian Red Cross has 14 regional branches and 114 local committees throughout the country.

The Haitian Red Cross has ongoing programmes in the area of Community-Based Health and First Aid (CBHFA), psychosocial support programmes (PSP), HIV and AIDS (including violence prevention) and emergency health. The Haitian Red Cross plays an important role in the provision of an ambulance service and manages an active blood bank programme. In addition, the Haitian Red Cross Society has a nationwide Disaster Management and Response Programme and manages a National Training Centre.

The Haitian Red Cross has over 10,000 volunteers, of whom over 1,000 have been trained on topics related to cholera prevention and response. The Haiti Red Cross volunteers are the most important part of this operation and will play a critical role in the communities where activities will be implemented.

The Dominican Red Cross has organized itself into 32 coordination centres, which in turn supervise 177 chapters across the country, while being an integral part of the prevention, mitigation and response committees both at the national level and at the provincial and municipal levels. To support the National Emergency Commission, the National Society supports and monitors hundreds of community networks made up of locally trained participants from the most vulnerable communities in the country.

At the national level, there are currently more than 100 volunteers trained in Epidemics Control for Volunteers (ECV) and Rapid Health Assessment (RHA) to respond during the first 24 hours; 100 volunteers are trained in community approaches; 200 volunteers belong to the National Sanitary Disinfection Brigade (BRINADES); 20 volunteers belong to the National Health Emergency Intervention Team (NIT health); 50 volunteers are trained in psychosocial support; 100 volunteers are trained in Participatory Hygiene and Sanitation Transformation (PHAST); and 20 volunteers are trained in Community-Based Health and First Aid (CBHFA).

Capacity of the IFRC
The IFRC (comprised of offices in Geneva, the zone office in Panama and country offices in Haiti and the Dominican Republic) is responsible for the coordination of Red Cross Red Crescent Movement partners. The purpose is to promote effective cooperation and technical sector coordination in defining quality standards and providing technical leadership. The coordination framework aims to support the Haitian Red Cross, the Dominican Red Cross, Red Cross Red Crescent partners, as well as the Governments of Haiti and the Dominican Republic and the stakeholders working with them to implement the 2012 Plan for the Elimination of Cholera in Hispaniola, as described in the National Plans developed in Haiti and the Dominican Republic.

At the coordination level of the operation, the IFRC has appointed the Regional Disaster Management Coordinator (DM) for the Caribbean. In addition, the emergency appeal will support the IFRC Finance unit to provide the necessary technical support during the emergency and recovery phases of the project. Additionally, the IFRC will provide personnel in the following areas: health, water and sanitation, PMER and Human Resources, while the Zone Logistics Unit will provide technical support, including tendering and purchasing processes within country. This support could include human, material and technical support for all of the objectives as needed.
Finally, the IFRC in coordination with the National Society and the Canadian Red Cross, is organizing a field school exercise in the province of Elias Piñas—one of the priority areas of the emergency appeal. The field school, with participants from the National Societies in the Americas, will not only support the Dominican Red Cross in their cholera prevention efforts, but will also provide an excellent opportunity to monitor and provide feedback on the approaches conducted thus far.

Haiti
Given the national reach of the operation and the scale of the activities that will be implemented, Partner National Societies (PNS) will be identified in each region of the country to provide support to the Haitian Red Cross, as required, for the implementation of the activities associated with this operation.

At national level the IFRC, together with the Haitian Red Cross, will participate in the meetings that are organized by the Government of Haiti on cholera. Also other relevant meetings that are endorsed by the Government, such as the relevant UN cluster meetings, will be attended by representatives of the secretariat and the Haitian Red Cross.

At departmental level, the Haitian Red Cross Regional Committees together with the Partner National Societies working in the area will coordinate with the departmental representations of the relevant ministries and give support to interventions and coordination as requested, feeding back to the national level. Finally, the Haitian Red Cross supported by Partner National Societies will work at communal level together with local branches and their network of volunteers, utilizing the surveillance systems developed to report to the departmental level.

Dominican Republic
The humanitarian impact of this operation is high. In this regard, the execution of this operation will have significant support from the staff of the IFRC’s Pan-American Disaster Response Unit (PADRU) which works within the Disaster and Crisis Response and Early Recovery (DCRER) unit and from other Americas Zone Office focal points that will need to work together with their counterparts in the Dominican Red Cross for both specific technical advice and operational monitoring.

Budget summary
See the attached budget for details.

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

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Click here

1. Emergency Appeal budget and map below
2. Click here to return to the title page

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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.
The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, International Federation, PAHO, MDR49008.mxd - Map created by DC M/GVA
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<th>Haiti</th>
<th>Appeal Budget CHF</th>
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EMERGENCY APPEAL

MDR49008  Haiti and the Dominican Republic: Cholera Prevention

5-Dec-13