

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Haiti and the Dominican Republic: Cholera outbreak – response and preparedness

Emergency appeal n° MDR49007  
GLIDE n° EP-2010-000210-HTI  
Operations Update n°.4  
15 March 2011

Period covered by this Ops Update: 23 January 2011 to 20 February 2011.

Appeal target (current): 13,741,932 Swiss francs aiming to assist 500,000 people (100,000 families) in Haiti for up to a year and 150,000 people (30,000 families) in the Dominican Republic for up to six months.

Appeal coverage: 79% not including ERU's; [Click here to go directly to the updated donor response report](#), [here to view the interim financial statement](#) or [here to link to contact details](#) >

### Appeal history:

- On 28 October, 78,852 Swiss francs were allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) for preparedness activities in the Dominican Republic related to the cholera outbreak in Haiti. These DREF funds will now be allocated to this Appeal. Un-earmarked funds to replenish this DREF allocation are encouraged.
- A Preliminary Appeal was launched on 3 November for 5,946,897 Swiss francs to support the Haitian Red Cross and the Dominican Red Cross to assist 345,000 beneficiaries in Haiti and 150,000 people in the Dominican Republic for six months.
- An Emergency Appeal was launched on 23 December 2010 for 13,441,932 Swiss francs – including ERUs – to assist 500,000 people (100,000 families) in Haiti for up to a year and 150,000 people (30,000 families) in the Dominican Republic for up to six months.

**Summary:** The cholera outbreak which started in October 2010 in the Haitian department of Artibonite and spread throughout all ten departments in the country, including areas affected by the January earthquake. As of 14 February 2011, the Ministère de la Santé Publique et de la Population (MSPP) reports 234,303 cases with 126,344 hospitalizations and 4,533 deaths due to cholera.

This Appeal aims to support the affected and the vulnerable population following a four-pronged strategy in accordance with the Haitian Red Cross Cholera Response plan of action and with the directives: **Group activity I) water supply, Group activity II) sanitation, Group activity III) preventive health and hygiene promotion and Group activity IV) curative health facilities.** In accordance to this strategy, this Operations Update no. 4 highlights the activities accomplished to date in the areas of water and sanitation, preventive health, hygiene promotion, disaster risk reduction, logistics and IT and Telecommunications.



Jean Antoine Bassangnol is one of the people in charge of distributing water delivered by the Red Cross in a Camp on Delmas 89. Port Au Prince, Haiti. 11/15/2010 Photo for IFRC by Ben Depp

Since the beginning of the outbreak Red Cross partners in Haiti have been mobilizing all available resources to address the emergency. The Haitian Red Cross (HRC) with support from the IFRC and Partner National Societies (PNS) in the country have been reaching thousands of people in camps with cholera prevention and hygiene awareness messages through specially trained volunteers. In addition, the HRC continues to provide ambulance services for cholera patients in the metropolitan area. The IFRC and PNS have deployed Basic Health Care Emergency Response Units (ERUs) to provide assistance to the vulnerable population. There are currently 17 PNS in the country carrying out cholera response activities including: managing Cholera Treatment Centres (CTC), Cholera Treatment Units (CTU), establishing Oral Rehydration Posts (ORP), water and sanitation, prevention and hygiene promotion and distribution of relief goods.

This Operations Update n° 4 features modifications in the Water Supply and Disaster Preparedness / Organizational Development sectors. Output 2 under the Water Supply sector and its related activities will no longer take place as the IFRC Water and Sanitation team is focusing its efforts on ensuring the provision of safe water to families in the Port-au-Prince area and to cholera treatment facilities. Furthermore, activities related to the Disaster Preparedness / Organizational Development sector are taking place under the Earthquake Operation (MDRHT008), in order to avoid duplication of information, this sector will not be included during future updates.

This operation also aims to support the Dominican Red Cross' (DRC) efforts to ensure epidemic control and prevention.

## The situation

A severe cholera outbreak has been affecting Haiti since 19 October. The first confirmed cases were from the department of Artibonite, but by the tenth week of the start of the epidemic, all departments were affected. Currently, the overall trend of the cholera epidemic is towards a plateau or a slow decrease in cases. The focus however remains on ensuring services are made available to people in remote areas, where an increased number of cases continues to be reported. Health Cluster partners are now focusing on developing a strategy to handle the epidemic for the months and the years to come. This strategy will focus on the establishment of cholera treatment units in every primary health centre and training health workers for the treatment of cholera.

As of 14 February, the MSPP reported 234,303 cholera cases and 4,533 deaths, with an overall fatality rate of 1, 9 per cent and four departments (Artibonite, Centre, Northwest and West) with rates below the 2, 0 per cent threshold. The cholera epidemic is stabilizing but an increase in the number of cases in isolated areas is still reported.

It is estimated that 30 per cent to 50 per cent of cholera cases are now seen at Oral Rehydration Points (ORP). These cases are

often less severe, or are prevented from becoming severe by immediate access to services. A total of 101 Cholera Treatment Centres (CTCs), 185 Cholera Treatment Units (CTUs) and 927 ORPs are operational nationwide. The evaluation conducted by the MSPP and the Pan-American Health Organisation/World Health Organisation (PAHO/WHO) of CTCs and CTUs in the West department, including Port-au-Prince, shows that the majority of facilities seem to be using proper treatment protocols and have procedures for sanitation and hygiene. Supplies available are generally sufficient for 30 days of activities although some facilities are running out of oral rehydration salts (ORS) sachets.

Finally, one of the biggest concerns for the IFRC is the handover and exit strategy of the PNS's and the ERU. The challenge will be to establish a coordinated strategy that will work with the HRC, MSPP and PNSs. In addition, several actors in the field agree that it would be very important to support existing health institutions in Haiti, so



**A child receives cholera treatment in Port a Piment, Haiti. Source: Dominique Boussard, IFRC**

that the continuity of the Red Cross and Red Crescent Movement efforts is still felt after the departure. Nonetheless, the transition must be done carefully, taking into account the needs of the population and ensuring the support of communities.

In the Dominican Republic, the Ministry of Health reported 426 confirmed cases of cholera (191 cases in 2010 and 235 cases in 2011). Provinces reporting cases for the first time include Espaillat and La Vega. The Ministry of Health has intensified its cholera surveillance nation-wide.

## Coordination and partnerships

Since the beginning of the outbreak the Movement has been actively participating in all cluster meetings as well as government health coordination meetings such as the Water, Sanitation and Hygiene Cluster, Health Cluster, Logistics and sub-cluster meetings as well as Intercluster forums on a weekly basis. The IFRC and the PNSs present in Haiti work in collaboration with the Haitian Red Cross and with the MSPP, the Department of Civil Protection (DPC) and PAHO/WHO for all activities related to cholera.

The Dominican Red Cross maintain coordination with the Ministry of Health, and has participated in national and bi-national forums. In addition, the National Society has shared its plan of action with International Red Cross and Red Crescent Movement partners, UN system agencies, NGOs, academic institutions and the corporate sector. Coordination meetings are also held with IFRC, German Red Cross and Spanish Red Cross delegates in country.

## Red Cross and Red Crescent action

The **Haitian Red Cross (HRC)** with the support of the IFRC, in order to support the response efforts of the MSPP, is contributing to the national cholera response in the four groups of activities: I) Water supply, II) sanitation, III) preventive health and hygiene promotion, and IV) health facilities. The active engagement of Red Cross volunteers has been crucial in the cholera response at the community level. Hundreds of volunteers from the HRC branches are receiving training on hygiene promotion and are taking part in cholera prevention awareness-raising activities in health facilities, schools, communal areas and markets throughout the country. On 18 January 2011, the HRC presented its plan of action for cholera to the IFRC and Partner National Societies. In addition, the ambulance service is running efficiently with six vehicles providing assistance in the Metropolitan area. As of 13 February, 1,997 cholera patients have been transported by the Haitian Red Cross ambulance service

**International Federation of Red Cross and Red Crescent Societies (IFRC):** The Léogâne health and hygiene promotion team conducted a cholera workshop on 10 February in the Léogâne office for 11 participants. The participants came from a local NGO in Dafur called Comité de développement et de protection des citoyens, 1st Section of Léogâne (CDPC). Hygiene assessments were conducted in 6 communities in Léogâne, Bagade, Bino Lester, Kapity, Ca Ira, Modsol and Neply. In addition, the health team conducted interviews with midwives in 5 communities in the past 2 weeks. The communities were Bagade, Bino Lester, Kapity, Modsol and Neply. During the interviews, the team discussed about the cholera situation in the communities, and encouraged the midwives to continuously raise awareness in the community regarding cholera, especially since the raining season has begun and there is a possibility of an increase in cholera.

The **American Red Cross** deployed 200 hygiene promoters to 43 camps, 12 school, 19 bus stations and markets in Port-au-Prince, Pétiyon Ville and Delmas. A total of 38,888 people (24,188 males and 14,700 females) in 16,917 tents of Port-au-Prince and Pétiyon Ville camps received hygiene promotion and cholera prevention information and materials. The team also led a total of 7,188 tent-to-tent hand-washing demonstrations, and distributed 36,246 bars of soap, 1,106 ORS, and 280,700 aqua tabs tablets during this reporting period. A total of 63,572 tents were visited in camps of Port-au-Prince, Pétiyon Ville and Delmas. In addition, thirty Oral Rehydration Points (ORPs) have been established and the **American Red Cross** continues to serve 26 camps in the Port-au-Prince metropolitan area. At these points, community members with symptoms of cholera are assisted in the administration of ORPs and referred to CTC/CTUs or hospitals, as appropriate. Plans are in place to establish additional ORPs in camps and communities. To date, more than 950 people have been treated at the ARC-established ORPs. The **American Red Cross** continues to expand its activities into community-level activities in the West (Archaie and Cabaret), North and Northeast Departments. In this effort, the American Red Cross's Malaria and PHAST programme continued to support cholera activities in the Northeast Department during this reporting period. Cholera awareness sessions were conducted in nine schools of Fort-Liberté to 1,604 students (853 girls and 751 boys) of 6 to 14 years of age. Sixty-five hand-washing demonstrations were conducted at these schools, and 75 bars of soap were distributed

The **British Red Cross** and the **Finnish Red Cross**' operations continue at the CTU in La Piste camp in Port-au-Prince, run jointly by the **British Red Cross**, the **Finnish Red Cross** and Partners in Health. 3,829 patients have been treated at this CTU. In addition, an ORP is operating in the Automeca camp, and a mobile cholera unit has been established which visits surrounding areas. Hygiene promotion and cholera prevention activities continue in all British Red Cross-supported sites in Port-au-Prince, including the Delmas 19 neighbourhood, reaching an estimated of 79,000 people.

The **British Red Cross** has established a network of outreach nurses, community nurses, sprayers and volunteers who are responsible for the implementation of cholera response activities in the South department in the following areas Coteaux, Roche A Bateaux, Port-à-Piment, Chardonneire, Les Anglias and Tiburon. The outreach mobile activities in Roche a Bateaux have reached 14,996 individuals with cholera key messages.

The **Japanese Red Cross Society** has moved the operation of the CTU, in the old Health centre in Port-à-Piment. The **British Red Cross** will complete its part by doing the renovation of the CTU in Port-à-Piment. The ambulance coordination has been transferred to the CTU since 1 February; however the British Red Cross will continue to fund this activity. As of the end of February 2011, the Japanese Red Cross Society has treated 696 patients. Moreover, the Japanese Red Cross Society has finalized the management structure of CTU to become more independent and conducted capacity building training for the local human resources. The Japanese Red Cross Society has extended its ERU mission until 30 April 2011 to ensure a smooth hand over of activities to the new local health centre. They look into training and additions resources for the Public Health Facility.

The **Canadian Red Cross** and **Japanese Red Cross Society Basic Health Care ERU** have been working together on the cholera outbreak operating a CTC in Carrefour. Since 12 February, the Japanese Red Cross Society has handover all the operations to the Canadian Red Cross team. The current capacity of the CTC stands at 24 beds and 40 ORPs with the possibility of expanding should the number of cholera cases increase. As of 21 February, the CTC has treated 1,318 patients from the Carrefour area. Of these patients, 104 were under 5 years old (8 per cent). The **Haitian Red Cross** community health volunteers have visited 2 schools in Lamentin 54 reaching 130 students. Moreover, the volunteers visited 603 households, providing household disinfection, hygiene promotion and cholera prevention messages to 1,042 persons. Discussions with the HRC, the IFRC, other health partners and the community continue in anticipation of the handover process and exit strategy.

The **Canadian Red Cross** continues its work in Léogâne, Jacmel and Les Nippes. Currently, it is focusing on the construction of 27 oral rehydration posts and latrines in these three areas. For each ORP, six volunteers are recruited and will be trained by the Canadian Red Cross.

The **French Red Cross** continues its work regarding the installation and reinforcement of CTCs and CTUs (through material, staff and trainings). As of 22 February, 30 CTU have been installed and 23 are operational (in Port-au-Prince, Delmas, Croix-des-Bouquets, Pétion Ville, Kenscoff and Petit Goave); more than 3,896 cholera cases have been treated. Specific zones have been habilitated to receive sick people, staffs have been trained and material has been delivered. The CTU of Chapi, in Cité Soleil, is open 24 hours a day. In Port-au-Prince 6 oral rehydration posts are installed and operational in French Red Cross-supported camps. In addition, hygiene promotion activities are ongoing in schools and in camps in Port-au-Prince, since October, reaching more than 76 000 people. Moreover, disinfections of houses, camps and public places in Port-au-Prince, Petit-Goave and Artibonite (by pulverizations) are conducted on a daily basis. Since the beginning of the operation, more than 16 000 houses have been disinfected.

The strategy of the **French Red Cross** has been since the beginning of the operations to support the medical institutions already existing. Thus far, this collaboration strategy has been very positive. Currently, the French Red Cross works on the rehabilitation of the Gheskio Bicentenaire Heath Centre.

The **German Red Cross** manages a CTC in Archaie and supports MSPP's activities in Carrefour. More than 1165 cases of cholera have been treated in the CTC in Archaie, which has 24 beds. The German Red Cross mobile health team continues visiting villages where cholera patients come from and promote hand washing, water disinfection, ORS use and appropriate sanitation. In Léogâne, the hygiene promotion team has conducted 10,605 household visits and trained 76 community volunteers with HRC trainers from Port-au-Prince. Two communities - Bellevue and Sous de Baba - have also been supported in water treatment in three water points that has resulted in 44,000 litres of safe water. In addition, 8 schools were supported with Information, Education, Communication materials on how to use chlorine to disinfect and hand washing.

The **Norwegian Red Cross** has been responding in the area of Jérémie in the department of Grande Anse. The team has been visiting several rural areas including Pestel, Les Cayemite, Les Basse and Ans Amason carrying out assessments. The Norwegian Red Cross' mobile cholera team jointly with the volunteers from local HRC branch reached 383 beneficiaries and distributed aqua tabs, ORS, bars of soap, chlorine and Information, Education, Communication materials in remote communities in Grand Anse in order to complement preventive health and hygiene promotion activities. This PNS is also reinforcing key messages on cholera prevention and training 120 Haitian Red Cross volunteers and key persons such as teachers, mayors and health personnel on cholera treatment and prevention.

In addition, the **Norwegian Red Cross** in Petit Goâve continues with outreach activities in remote mountainous areas; 4 oral rehydration posts were installed in areas not accessible by road. Furthermore, 34 trained **Haitian Red Cross** volunteers work on hygiene promotion, disinfection and ORS treatment. Volunteers are focussing their work in remote areas with the objective to reach 30,000 people. Furthermore, **Norwegian Red Cross** supports the Haitian Red Cross in the South department with training of volunteers. The commune of Maniche is also supported with the setting up of ORPs in remote areas.

The **Netherlands Red Cross**, together with the **Haitian Red Cross**, has been responding to the outbreak by training 176 volunteers on cholera prevention and health education. 37,226 people have received specific messages on cholera prevention and cure through hygiene promotion sessions in the most affected areas in the communes of Jacmel, Marigo, Cayes Jacmel and La Vallée in the South East department. 8,647 families were identified as most vulnerable for receiving non-food items to contain the spread of cholera; of these families 7,517 families received: 1 jerry can (10 litres), 2 bars of soap, aqua tabs (33mg), 2 flyers with messages on cholera prevention and hygiene promotion and 2 ORS sachets. Thus far, 20,000 families has been reached.

#### **The Nordic consortium – the Finnish, Icelandic and Swedish Red Cross National Societies:**

The **Finnish Red Cross** is working in partnership with the **British Red Cross** and Partners in Health (NGO) in running a cholera treatment unit in La Piste camp. Thirty national staff and 40 volunteers of the Haitian Red Cross have received training on cholera treatment, preventive health and hygiene promotion. The trained staff and volunteers are also spreading cholera awareness message in Martissant, Carrefour Feuille and Canapé Vert. Since the outbreak, the La Piste CTU has treated an average of 250 patients per week, treating a total of 2,362 patients. In addition, 62 Haitian Red Cross volunteers have been supported to provide cholera education in the Delouis, Place Jérémie, Saint-Marie and Park Harry areas. Overall, 42,000 people received cholera prevention, hygiene promotion and psychological support programme information. The **Swedish Red Cross** supports 20 hygiene promotion volunteers to assist cholera response activities. The volunteers are distributing tablets of aqua tabs and ORS sachets to complement household visits and the cleaning campaigns conducted in camps.

The **Spanish Red Cross** continues working in Artibonite, Port-au-Prince, Léogâne and Jacmel focusing on facilitating access to treatment for cholera patients, hygiene promotion, disinfection and water supply.

In Artibonite, hygiene promotion and disinfection of houses of cholera patients is ongoing in the communities of L'Estere, La Croix, Dessalines Marchant and Saint Marc. Since November 2010, 9,770 houses have been disinfected and 120,826 people have been reached through awareness activities. The **Spanish Red Cross** water treatment unit located in L'Estere continues supplying an average of 15,000 litres per day. Of these, 5,000 litres are provided to the CTC, 5,000 litres to the hospital and 5,000 to people living close to the hospital (since they have no electricity and pumps cannot take water from the well). The Spanish Red Cross has also donated sanitation and medical supplies to the L'Estere CTC (buckets, bars of soaps, antibiotics and serum).

In Port-au-Prince, the **Spanish Red Cross** continues with the disinfection and cleaning of latrines in 22 camps. Cholera cases management committees have been created and trained in those 22 camps. Up to the reporting period, the committees have managed 262 cases. Furthermore, 4 hygiene promotion teams continue carrying out activities in camps and community centres; 10,465 people have been reached by cholera awareness activities. Since November 2010, the water trucking team has provided 2,824,920 litres of water to 2 CTC (in Bicentenaire and Carrefour) and to the Haitian Red Cross ambulance service. This ambulance service has been reinforced with one more vehicle and five siren installed in their vehicles.

In Léogâne, the **Spanish Red Cross** hygiene promotion and disinfection teams keeps on working in 14 communes; as of 22 February 1,721 houses have disinfected and more than 6,800 people have been reached through hygiene promotion activities. In order to complement these activities, distributions of bars of soaps, tablets of aqua tabs, buckets, and ORS sachets have been made.

In the Jacmel, Cayes Jacmel and Marigot area, the **Spanish Red Cross** team continues with disinfection and hygiene promotion activities. As the teams are currently working in hard to reach areas, the average number of houses covered is 9 houses per day. Outreach activities using games and songs for the children are also carried out; more than 2149 students have been reached as of 24 February. These activities have been accompanied with some relief distributions including buckets, bars of soaps, and tablets of aqua tabs for the teachers to treat the water they drink at the school.

The **Colombian Red Cross Society** in Port-Au-Prince completed a document regarding techniques on cholera prevention. In addition, it has trained 15 **Haitian Red Cross** volunteers, 15 community leaders and 38 teachers on epidemic control, hygiene promotion, and cholera prevention and treatment. Furthermore, 265 children in Croix des Bouquets and Furgy received sensitization course on cholera prevention, hygiene promotion and self-care. In Furgy as well, 152 families were visited and reached through a prevention and hygiene information session on cholera. Furthermore, 4 members of the Colombian Red Cross Society health team went to La Gonave and gave technical support to the regional branch of the Haitian Red Cross. The team has trained Haitian Red Cross volunteers in epidemic control, hygiene promotion, first psychology aid, prevention and treatment of cholera. In addition, 375 children between the ages of 5 and 18 received information about prevention and hygiene promotion.

The **International Committee of the Red Cross (ICRC)** contributes to the cholera response efforts in places of detention where, to this day 611 detainees have been treated. To ensure that persons living in prisons settings are treated humanely, the ICRC works in 18 places of detention in Haiti, benefiting approximately 5,800 inmates. The main priority is to support the prison authorities in maintaining and monitoring cholera prevention measures in all detention facilities.

Since the beginning of the epidemic, more than 4,900 inmates in prisons and police stations affected were given as a preventive measure, a dose of antibiotic (doxycycline). In all places of detention, the ICRC has implemented hygiene measures such as daily cleaning and disinfection of cells and latrines. Prisons clinics are regularly supplied with medicines, oral rehydration salts and infusions.

In the civil prison in Port-au-Prince, a cholera treatment centre with four observation cells has been installed by the ICRC, in collaboration with prison medical teams. In the prisons located in Cap-Haitian and Les Cayes, the ICRC provides daily monitoring of the inmates' health status. Since December, additional health staff has been hired to respond to the epidemic.

In two of the poorest neighbourhoods of Port-au-Prince, the volunteers of the Haitian Red Cross, supported by the ICRC, evacuated more than 2,400 patients to hospitals. More than 40,000 people in these neighbourhoods have been sensitized on cholera prevention and actions to be taken when ill. Since December 2010, the ICRC water and sanitation team in collaboration with 18 HRC volunteers have distributed 1,400,000 aqua tabs at the public water points in Cité Soleil. In addition, 140kg of chlorine were distributed to 240 private water storage points to ensure water disinfection.

## Progress towards outcomes

The following section describes activities carried out since the start of the operation by the IFRC and HRC under the emergency appeal framework. It is important to note that the IFRC is also supporting PNS in their cholera response activities as described under the Coordination and Partnerships section, which are part of the outcomes and outputs outlined under the emergency appeal targeting 500,000 people (100,000 families) in Haiti and 150,000 people in the Dominican Republic.

### Water supply

**Outcome: The risk of cholera is reduced through the provision of safe water.**

<p><b>Output 1:</b> Continue delivering drinking water for up to 220,000 people in camps covered by the HRC/IFRC in Port-au-Prince, makeshift settlements, schools, orphanages, hospitals and surrounding neighbourhoods.</p>	<p><b>Activities planned</b></p> <p>Drinking water is available at an average of 7.4 litres per person per day for up to 220,000 people living in makeshift camps and surrounding neighbourhood populations supported by the Movement. Safe water will be guaranteed with 0.7 mg residual chlorine.</p> <p>Residual free chlorine will be monitored at water storage and water distribution in at least 132 water distribution points where the IFRC is distributing water.</p> <p>Microbiological tests will be conducted for all Red Cross water sources.</p> <p>Water caretakers will be trained in cholera awareness and hygiene promotion</p>
<p><b>Output 2:</b> Health cholera facilities are supported to meet the water demand (level 2 and 3) in both the earthquake affected area and in the 3 additional geographical areas</p>	<p>Provide water for up to 6 months with a minimum of 60l/patient treatment for up to 5 CTCs, 5 CTUs and mobile teams</p>
<p><b>Output 3:</b> Communities in the five provinces on the Dominican Republic border have access to safe water.</p>	<p>Pre-position water and sanitation equipment at the border of the Dominican Republic.</p>

**Progress:** The IFRC Water and Sanitation department jointly with the Haitian Red Cross continue providing water services to 220,000 people throughout Port-au-Prince. Water is distributed to IFRC-supported camps and other distribution sites using a concentration of residual chlorine of 0.7 milligrams per litre as a preventive measure against cholera. The IFRC Water and Sanitation team conducts daily monitoring of residual chlorine 3 times per day in each water point to verify how the water treatment process takes place and to test the chlorine level before water reaches people at the tap stands. In addition, the IFRC is supporting Haitian water authorities (Direction Nationale de l'Eau Potable et Assainissement – DINEPA) and Movement partners through the provision of 14 millions aqua tabs.

In addition, the IFRC team increased the number of water trucks rotations (from 900– 1000 rotation per week to 1400-1500 rotation per week) in order to increase access to chlorinated water for hygiene purposes. Furthermore, safe water is supplied to CTCs and CTUs in Archaie, Port-à-Piment, Grand-Goave and Port-au-Prince (La Piste and Carrefour). The French and Spanish Red Cross are also supporting health facilities and population in the Artibonite region with safe water. The IFRC also support 4 hospitals in Port-au-Prince with aqua tabs (1,200,000 tabs) and HTH<sup>1</sup>.

In the Dominican Republic, a total of 24 water treatment plants have been pre-positioned in Montecristi, Dajabón, Elías Piña, Independencia, Pedernales, Azua, San José de Ocoa, Guaraguao and the National District of Santo Domingo as a preparedness measure to ensure potable water supply. Twelve of these plants are currently in Santo Domingo, but these can be mobilized in a short period if required to the other provinces. The water treatment plants provide coverage to the border area, and have been pre-positioned in DRC branches located in areas with high population density and significant movement of migrants. The Dominican Red Cross has also activated its water and sanitation team including 90 staff and its disinfection team comprised of 103 volunteers.

## Sanitation

<p><b>Outcome: The risk of cholera is reduced through the improvement of sanitation conditions.</b></p>	
<p><b>Output 1:</b> Appropriate sanitation for up to 85,000 people in earthquake affected areas, including excreta disposal, solid waste disposal and drainage is provided in camps, makeshift</p>	<p><b>Activities planned</b></p> <p>At least 206 existing community sanitation facilities, excreta disposal at latrine level and disposal sites will receive specialized treatment because of the cholera situation. This will be done by adding a high concentration of chlorine in latrines to treat the excreta.</p>

<sup>1</sup> HTH-is powder chlorine with higher concentration (68%-70%)

settlements and surrounding neighbourhoods.	Provide and maintain at least 66 existing hand washing points and 206 existing latrines with soap and water.  Increase sanitation activities in camps identified with possible cholera cases (spraying of the latrines and disinfection of the pits). This will be done in camps serviced by the Red Cross as well as camps in Red Cross areas supported by health activities.
<b>Output 2:</b> Houses of patients are disinfected to prevent further spread of the disease in locations covered by output 1 of the water section.	Spraying of the houses and training of the beneficiaries in the disinfection of clothes, kitchen utensils.
<b>Output 3:</b> Sanitation facilities are improved in the three additional geographical areas	Where sanitation facilities are available, communities will receive training on latrine management including distribution of chlorine/activated lime.  Where sanitation facilities are non-existent, support will be provided for the local community in the identification of alternative options and training
<b>Output 4:</b> Red Cross treatment centres/units have access to sanitation including excreta disposal, solid waste and drainage	Provide sanitation facilities, excreta and solid waste disposal to up to 5 CTCs, 5 CTUs and mobile teams (each centre will be provided with latrines, showers, water storage).

**Progress:** The IFRC Water and Sanitation department currently manages 206 latrines. Additionally, the IFRC has trained excreta vacuum operators and drivers (28 national staff) on High Contamination Exposure Risk training (Vibrio Cholera and bacteriological pollutants). These vacuum truck operators spray the interior of the latrines with chlorine after emptying them and the area around the latrines. The spray of 206 latrines with HTH in 13 camps is ensured twice a week since mid-November. Furthermore, 18 tank latrines and 13 shower modules have been produced at the Solferino workshop. As well, one hand washing facility has been installed in one IFRC-supported camp.

Since the beginning of the outbreak, the Water and Sanitation team has worked tremendously in providing disinfection services in several areas, including disinfection of latrines (2% chlorine solution) and disinfection of tents where cholera affected people were present in IDPs camps and surrounding areas. Furthermore, dislodging 467 toilets in IDPs camps and dislodging and disinfection of toilets in 3 CTCs (28 toilets) continues to be carried out. The Water and Sanitation team continues supplying sanitation facilities to CTC such as portable toilets, PVC septic tanks, PVC water storage tanks, incinerators, HTH, chlorine 6%, protection gears (rubber gloves, overalls, masks, and rubber boots).

### Preventive health and hygiene promotion

**Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive approach to preventive health and hygiene promotion while strengthening the National Societies' capacity in preparedness and response to cholera outbreaks**

**Output 1:** Disease transmission is reduced through increased hygiene awareness of communities and Red Cross volunteers and improved hygiene practices.

#### Activities Planned

Continue and increase preventive health and hygiene promotion activities among the population nationwide, with information, education and communication materials.

Train staff and volunteers in epidemic control focusing on cholera response, active case finding in households and reporting through cascade training. 15 Trainers of Trainers will be trained at the national level and 2 trainers of volunteers in each of the 108 local committees (216 trainers of volunteers in total). The IFRC will support and coordinate Movement activities for additional training where needed.

Carry out training of trainers in the Community Based Health and First Aid (CBHFA) methodology in each of the regional committees.

	Dissemination of key messages via SMS and radio on cholera prevention and treatment nationwide.
<b>Output 2:</b> Preventive health and hygiene promotion activities are reinforced in the 3 geographical areas of implementation of Haitian Red Cross' activities	<p>Complement the HRC preventive health and hygiene promotion activities in the 3 geographical areas, through distribution of non-food items and information, education and communication materials, in coordination with Movement partners.</p> <p>Provision of non-food items for up to 20,000 families (soap). This activity is planned for an initial period of 6 months to be implemented concurrently with health promotion and hygiene promotion.</p>
<b>Output 3:</b> Prevention and epidemic control activities are integrated into longer-term community based health programming	Haitian Red Cross and IFRC staff and volunteers implementing activities have increased awareness in epidemiological control and prevention methods.
<b>Output 4:</b> In the Dominican Republic, increased awareness and prevention of cholera is ensured through a campaign in 36 branches on the Dominican-Haitian border and the three most populated urban areas: Santo Domingo, Santiago and Puerto Plata.	<p>Carry out preventive health and hygiene promotion talks in five border provinces and the three most populated urban areas.</p> <p>Carry out relief activities for 5,000 families supporting distribution of family hygiene kits, kitchen parcels and soap for 30,000 families.</p> <p>Conduct epidemic control workshops for communities and volunteers</p> <p>Provide personal protection equipment for volunteers who are working in affected communities or with cholera patients.</p> <p>Print and distribute public information, education and communication awareness materials such as brochures and posters.</p> <p>Carry out an SMS awareness-raising campaign targeting 1.5 million people.</p>

**Progress:** Since the beginning of the outbreak, the IFRC and the Haitian Red Cross increased the preventive health and hygiene promotion activities which have played a key role on saving lives.

The HRC volunteers continued hygiene promotion and cholera prevention activities. From 1 to 18 February, 44 hygiene promotion activities were completed in 37 camps. After each session aqua tabs, bars of soap and ORS were also distributed to complement the health education messages. The volunteers are using variable methods in conveying the messages, from door-to-door visits to mass-information by megaphone, from private and group discussions to entertaining drama-plays with songs and dancing.

In addition, the HRC volunteers have also undertaken several activities such as training sessions concerning the proper use of the latrines, cleaning campaign and garbage collection session and sanitation facilities assessments

Discussions continued with the ICRC to extend the activities to Cité Soleil (in Port-au-Prince), a slum area with little presence of international organizations or NGOs. HRC volunteers supported by the ICRC, are running first aid posts and medical evacuation, but, as well, actively participating in cholera prevention and hygiene promotion.

In addition, the British Red Cross has established a network of outreach nurses, community nurses, sprayers and volunteers who are responsible for implementation of cholera response activities in the South department in the following areas Coteaux, Roche A Bateaux, Port-à-Piment, Chardonnière, Les Anglias and Tiburon.

The volunteers of the Psychosocial Support programme (PSP) are now working in 4 CTCs in Canape Vert, Petit Goave, Carrefour and La Piste focusing on cholera prevention. Even after the many outreach activities, discrimination against patients suffering from cholera continues. Therefore, the Psychosocial Support programme continues its mediation activities with community and religious leaders. Thus far, 8,028 beneficiaries have been reached.

In Léogâne, the IFRC team conducted cholera sensitization, training sessions for hygiene promotion, aqua tab distribution and information session with the communities.

In the Dominican Republic, there is also a strong focus on preventive health and hygiene promotion campaigns and awareness-raising particularly in the border region and in the three most populated urban centres of the country. The DRC volunteers at the branch level have conducted preventive health and hygiene promotion talks reaching thus far approximately 18,620 people through appeal funds, bilateral contributions and its own resources. The talks have taken place in the following municipalities: Montecristi, Dajabon, Elías Piña, Independencia, Pedernales, Puerto Plata, Santiago, Santo Domingo, Barahona, Bahoruco, Azua, San Juan de la Maguana, Altagracia, Romana, San Pedro de Macorís, María Trinidad Sánchez, Samana, Duarte, Hermanas Mirabal, Monte Plata, San Cristóbal, Peravia, San José de Ocoa, Monseñor Novel, La Vega and Espaillat.

In addition, 25,000 brochures with cholera prevention and hygiene promotion messages (established by the Ministry of Health) are being distributed at schools, markets, bus stops and other public places.



A local staff repairs beds for the CTU in Port-au-Piment, Haiti. Source: Gerhard Tauscher/IFRC

With the aim to strengthen the cholera response capacities of its staff and volunteers, as well as other key groups, the Dominican Red Cross is providing training focused on cholera prevention and hygiene promotion. Volunteers in 166 DRC branches have been trained nation-wide. In addition, 209 volunteers have been trained as trainers on cholera prevention and hygiene promotion. Among the key groups identified to receive training are Haitian volunteers living in the Dominican Republic and students associations from the Autonomous University of Santo Domingo. The Haitian volunteers will be able to spread awareness-raising messages in Creole to the most vulnerable populations that did not have access to information in their language.

## Health

**Outcome: Cholera-related morbidity and mortality is reduced through a comprehensive health approach including surveillance, oral rehydration solution (ORS) distribution and case management/treatment.**

**Output 1:** Low and moderate cases of dehydration are addressed. (Level 1) in both the earthquake-affected area and in the Grand Anse, Sud and Nord-Est departments.

Provision of oral rehydration in communities that are cholera affected concurrently with preventive health and hygiene promotion activities for at least 15,000 people.

Training of the Red Cross volunteers dedicated to ORS posts on cholera active case finding and communication with the referral system.

**Output 2:** The health sector is supported to meet the increased needs relating to cholera treatment services (Levels 2 and 3) in both the earthquake-affected area and in the Grand Anse, Sud and Nord-Est departments.

Set-up up to 5 Red Cross Cholera Treatment Units to provide case management for the affected population.

Set-up up to 5 Red Cross Cholera Treatment Centres to provide case management for the affected population.

Mobilize up to 5 mobile teams to support health facilities with a focus on rural areas.

Provide medical supplies and equipment to support PNSs and other partners managing Cholera Treatment facilities until 1 January 2011. After this date the IFRC will support Movement partners in the procurement and warehousing of medical supplies (See Logistics output).

Provide support to the MSPP with cholera treatment kits until 1 December 2010.

<b>Output 3:</b> Management of cholera patients is enhanced.	<p>Ensure advocacy in the area of management of cholera patients.</p> <p>Provide support for training of staff from the Ministry of Public Health and agencies working in the management of cholera cases.</p> <p>Adapt the HRC ambulance service first responders' training to address cholera specific intervention and correct use of the equipment.</p>
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**Progress:** The IFRC is supporting the Haitian Red Cross and Partner National Societies and other health partners to implement their cholera response operations. The IFRC provides assistance and hygiene supplies to IDP camps through organizations working in them. It has provided the British, Canadian, French, Finnish, German, Haitian and Japanese Red Cross Societies in Haiti with ORS for distribution, case management and treatment of cholera patients. Additionally, the IFRC has provided cholera kits<sup>2</sup> to British (3), Japanese, Norwegian and Swiss Red Cross Societies.

The IFRC, supported by the British, Canadian and Spanish Red Cross Societies, has provided 6 pick-up trucks for the Haitian Red Cross ambulance service for the cholera patients. Haitian Red Cross ambulance services continue operating 24/7. Since the start of the outbreak, 1,997 cholera patients have been transported by Haitian Red Cross ambulances.

The Cholera Treatment Unit in Port-à-Piment run by the British Red Cross and Japanese Red Cross Society has treated 696 patients as of February 20. There is a total of 62 national staffs and 8 delegates, although the number of patient has been gradually decreasing, many people from remote areas are still having difficulties to access appropriate health facility

The Canadian and Japanese Red Cross Societies Basic Health Care Unit ERU in Carrefour continue to collaborate with local authorities and other cholera actors. Given the care received by the ERU team, the population of Carrefour has more confidence towards the medical team and better understanding of the disease. As of 21 February, the ERU in Carrefour has treated 1,318 patients.

**Challenges:** Since the beginning of the epidemic, access to treatment has improved, but it is not possible yet to offer comprehensive medical care to the entire population - notably in mountainous remote and rural areas.

## Logistics

<b>Outcome: The cholera response operation is supported by ensuring that basic relief supplies are procured, delivered and distributed in a timely, transparent and cost-efficient manner, and that standard logistics procedures are followed.</b>	
<b>Output 1:</b> Logistics support complements and facilitates the activities and assistance planned.	<p style="text-align: center;"><b>Activities Planned</b></p> <p>Scale up the current supply chain and control supply movements from the point of entry to final distribution point.</p> <p>Set-up and maintain a warehouse dedicated to storing Red Cross cholera stock. Supply this stock on demand, per request from the cholera programme coordinator.</p> <p>Support the set-up of designated sites as Red Cross cholera treatment centres (CTCs), cholera treatment units (CTUs) including incoming ERUs.</p> <p>Provide logistical and coordination support and supplies for the HRC, and PNSs implementing cholera response activities.</p> <p>Provide logistics support for the cholera preparedness plan in the Dominican Republic relating to relief supplies and transportation.</p>
<b>Output 2:</b> Logistics supports the HRC ambulance service capacity to respond to the cholera	Increase the HRC ambulance service capacity through the provision of transportation, disinfection equipment, and protective gear.

<sup>2</sup> A cholera kit includes 4 volunteers modules and 1 treatment module.

outbreak.	
<b>Output 3:</b> Logistics is guaranteed through regular monitoring activities.	Ensure that logistics activities are implemented, supervised, and monitored by continual assessment of control activities.

**Progress:** The IFRC logistics team in Port-au-Prince and Panama have expedited the requests for the Cholera response operations, both for the PNS and for the IFRC Cholera operation. Medical and treatment supplies have both been procured and taken in country, from Panama stock or other suppliers. Shipments are being dispatched both via air and sea. The following consignments have been shipped and received:

Arrivals into the country since 31 January 2011:	Total
Air consignments received	25
Sea consignments received	11
Total tonnage of consignments received (air and sea)	333

The logistics team has setup a dedicated cholera warehouse. The contract for the warehouse is for 6 months and could be extended if needed. To date, the warehouse has a stock of jerry cans, aqua tabs, oral rehydration salts, infusion sets, body bags, and soap amongst other items stored ready for dispatch.

The IFRC logistics services extended its support to the Cholera operations logistics issues for the HRC and PNS working on the Cholera emergency response. Three logistics delegates and one fleet delegate are dedicated to supporting the IFRC Cholera team, HRC and PNS. Currently, the logistics team is training the warehouse managers on stock management, reception and despatch of items, documentation, and database management.

The IFRC has equipped 6 pickups for use as ambulances, which are now deployed at the HRC ambulance centre in Port-au-Prince. Fifteen drivers have been hired as ambulance drivers and 20 ambulance attendants have been trained to handle the patients. Moreover, a washing and disinfection area is under construction within the compound of the Haitian Red Cross (old headquarters). The ambulance centre is operating for 24 hours, therefore a sleeping tent and dining tent have been provided for the drivers and ambulance attendance, along with regular hot meals prepared in the Base Camp kitchen. The Fleet management services are providing fuel and maintenance for the 4x4 vehicles.

### IT and Telecommunications

<b>Outcome: The Haitian Red Cross ambulance service's capacity is increased through the provision of IT and Telecom equipment</b>	
<b>Output 1:</b> The HRC Ambulance Radio Room is established.	Equip radio room with VHF radio equipment.  Strengthen the central dispatch service of the HRC Ambulance service in Port-au-Prince.
<b>Output 2:</b> The HRC ambulance fleet (46 vehicles) is equipped with radios.	Equip the ambulance fleet with 46 radios.
<b>Output 3:</b> HRC ambulance service operators and volunteers are trained in the use of IT Telecom equipment	Train ambulance service team and volunteers on the use of radio equipment.

The IFRC IT and Telecommunications has installed VHF radios and has rehabilitated the ambulance radio room. The HRC ambulance service has been strengthened by providing six ambulance drivers with telephones. Radios could not be installed since in the vehicles used for the cholera response due to sanitation issues.

### Communications – Advocacy and Public information

<b>Outcome: The cholera outbreak in Haiti is mitigated by providing information on prevention and treatment to people throughout Haiti</b>	
<b>Output 1:</b> The population has access to education about preventive and curative measures	<b>Activities Planned</b> Scale up of the use of sound trucks to disseminate live saving messages in all departments.

	<p>Continue and increase the use of Red Cross cholera prevention radio spots in radio stations throughout Haiti.</p> <p>Continued weekly focus on cholera on <i>Radio Croix Rouge Haitienne</i>, with an increasing focus on addressing misconceptions about cholera and its treatment.</p> <p>Distribution of posters and materials on cholera prevention, treatment and cholera treatment centres as required by health teams</p> <p>Distribute 5,000 community radios (dynamo) linked to hygiene promotion activities to reinforce access to information on preventive and curative care, targeting rural and isolated communities in the 3 additional geographical areas.</p>
<p><b>Output 2:</b> Contribute to community knowledge by addressing stigma and fears surrounding cholera and CTC/CTU.</p>	<p>Use the *733 call service to address stigma and fear regarding cholera.</p> <p>Improve access to treatment by maintaining an updated list of CTC/CTUs in the *733 call service.</p> <p>Continued weekly focus on cholera on <i>Radio Croix Rouge Haitienne</i>, with an increasing focus on addressing misconceptions about cholera and its treatment.</p> <p>Provide support within the communities where cholera treatment centres are being established to aid community acceptance and understanding</p> <p>Support the production of materials used in the cholera operation, such as information given to patients leaving cholera treatment centres</p>

**Progress:** An important element of any cholera response plan is prevention and beneficiary communication has played a key role in getting these lifesaving messages out to the population. This has been achieved through SMS, the use of sound trucks, dedicated radio shows and widespread radio advertising.

300,000 SMS were sent per day with messages on the correct use of aqua tabs and disinfection, addressing cholera stigma and fear of cholera treatment centres. In 2011, 1,174,726 SMS have been sent country-wide advising on cholera treatment centres and hand washing. Since the outbreak, approximately 10,5 million SMS messages have been sent. Messages covered symptoms, treatment, prevention and tackled specific issues such as aqua tabs use, stigma, fear of CTCs and how to make home-made ORS. The SMS country-wide came to an end on January 2011; therefore, the next step will be to target specific regions for the next SMS campaign.

Furthermore, 130,000 people called the Red Cross free recorded information line advertised through several SMS. This recorded line provided more detailed information on treatment, prevention and cholera treatment centres.

The sound truck continues delivering messages throughout Port-au-Prince. The sound truck tells people what cholera is, what to do if infected and how to prevent it.

75 radio stations across Haiti continue to run the 3 minute Red Cross cholera prevention for free (including the 4 biggest stations in Haiti, Metropole, Caraibes, Ginen and Radio 1). Two editions of Radio Croix Rouge were



broadcasted in the reporting period on Radio 1 (90.1FM) and streamed live at: <http://bit.ly/91fnU1> Cholera continues to be the main topic discussed during the show, sharing experiences and giving live saving messages to the population.

## 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.

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.

## Contact information

For further information specifically related to this operation please contact:

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# International Federation of Red Cross and Red Crescent Societies

MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/1
Budget Timeframe	2010/1-2011/12
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>11,856,934</b>					<b>11,856,934</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
<i>American Red Cross</i>	2,219,188					2,219,188
<i>Andorran Red Cross</i>	6,289					6,289
<i>British Red Cross</i>	78,000					78,000
<i>Canadian Red Cross</i>	433,994					433,994
<i>Danish Red Cross (from Danish Government)</i>	281,225					281,225
<i>European Commission - DG ECHO</i>	206,558					206,558
<i>Italian Government Bilateral Emergency Fund</i>	137,684					137,684
<i>Japanese Red Cross</i>	211,679					211,679
<i>Netherlands Red Cross</i>	19,505					19,505
<i>Netherlands Red Cross (from Netherlands - Private Donors)</i>	374,483					374,483
<i>Norwegian Red Cross</i>	320,901					320,901
<i>Republic of Korea Red Cross</i>	490,533					490,533
<i>Republic of Korea Red Cross (from Republic of Korea - Private Donors)</i>	482,393					482,393
<i>Senegalese Red Cross</i>	1,127					1,127
<i>Swedish Red Cross</i>	285,431					285,431
<i>Taiwan Red Cross Organisation</i>	142,626					142,626
<b>C1. Cash contributions</b>	<b>5,691,616</b>					<b>5,691,616</b>
<b><u>Outstanding pledges (Revalued)</u></b>						
<i>Australian Red Cross</i>	328,115					328,115
<i>Brazilian Government</i>	9,425					9,425
<i>European Commission - DG ECHO</i>	51,308					51,308
<b>C2. Outstanding pledges (Revalued)</b>	<b>388,848</b>					<b>388,848</b>
<b><u>Inkind Goods &amp; Transport</u></b>						
<i>American Red Cross</i>	275,677					275,677
<i>Canadian Red Cross</i>	884,246					884,246
<i>Netherlands Red Cross</i>	366,727					366,727
<b>C4. Inkind Goods &amp; Transport</b>	<b>1,526,649</b>					<b>1,526,649</b>
<b><u>Inkind Personnel</u></b>						
<i>Other</i>	9,706					9,706
<b>C5. Inkind Personnel</b>	<b>9,706</b>					<b>9,706</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>7,616,820</b>					<b>7,616,820</b>
<b>D. Total Funding = B + C</b>	<b>7,616,820</b>					<b>7,616,820</b>
<b>Appeal Coverage</b>	<b>64%</b>					<b>64%</b>

# International Federation of Red Cross and Red Crescent Societies

MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

Interim Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/1
Budget Timeframe	2010/1-2011/12
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	7,616,820					7,616,820
E. Expenditure	-4,121,876					-4,121,876
F. Closing Balance = (B + C + E)	3,494,943					3,494,943

# International Federation of Red Cross and Red Crescent Societies

MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

Interim Report

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Appeal	MDR49007
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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>11,856,934</b>					<b>11,856,934</b>	
<b>Supplies</b>								
Shelter - Relief	546,694	47,789				47,789	498,905	
Construction Materials	40,000	17,097				17,097	22,903	
Clothing & textiles	1,068						1,068	
Water & Sanitation	1,198,779	642,682				642,682	556,097	
Medical & First Aid	634,115	514,486				514,486	119,629	
Teaching Materials	250,000	3,925				3,925	246,075	
Utensils & Tools	658,871	191,311				191,311	467,560	
Other Supplies & Services	991,645	336,721				336,721	654,924	
ERU		443,637				443,637	-443,637	
<b>Total Supplies</b>	<b>4,321,172</b>	<b>2,197,648</b>				<b>2,197,648</b>	<b>2,123,524</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	50,000						50,000	
Computers & Telecom	25,870	12,787				12,787	13,083	
Office/Household Furniture & Equipm.	133,200						133,200	
Others Machinery & Equipment	230,000	961				961	229,039	
<b>Total Land, vehicles &amp; equipment</b>	<b>439,070</b>	<b>13,748</b>				<b>13,748</b>	<b>425,322</b>	
<b>Transport &amp; Storage</b>								
Storage	240,000	53,154				53,154	186,846	
Distribution & Monitoring	1,272,502	903,468				903,468	369,034	
Transport & Vehicle Costs	1,865,648	31,508				31,508	1,834,140	
<b>Total Transport &amp; Storage</b>	<b>3,378,150</b>	<b>988,130</b>				<b>988,130</b>	<b>2,390,020</b>	
<b>Personnel</b>								
International Staff	1,078,735	61,381				61,381	1,017,354	
Regionally Deployed Staff	249,900	6,988				6,988	242,912	
National Staff	62,345	9,922				9,922	52,423	
National Society Staff	355,743	9,476				9,476	346,267	
Consultants	64,807	5,289				5,289	59,518	
<b>Total Personnel</b>	<b>1,811,530</b>	<b>93,056</b>				<b>93,056</b>	<b>1,718,474</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	276,079	88,320				88,320	187,759	
<b>Total Workshops &amp; Training</b>	<b>276,079</b>	<b>88,320</b>				<b>88,320</b>	<b>187,759</b>	
<b>General Expenditure</b>								
Travel	75,500	30,949				30,949	44,551	
Information & Public Relation	349,355	10,586				10,586	338,769	
Office Costs	32,223	9,308				9,308	22,915	
Communications	48,600	-528				-528	49,128	
Professional Fees	5,000						5,000	
Financial Charges	139,000	11,957				11,957	127,043	
Other General Expenses	120,592	16				16	120,576	
<b>Total General Expenditure</b>	<b>770,270</b>	<b>62,289</b>				<b>62,289</b>	<b>707,981</b>	
<b>Programme &amp; Service Support</b>								
Programme & Service Support	723,663	191,757				191,757	531,905	
<b>Total Programme &amp; Service Support</b>	<b>723,663</b>	<b>191,757</b>				<b>191,757</b>	<b>531,905</b>	
<b>Services</b>								
Services & Recoveries	137,000	49,067				49,067	87,933	
Services & Recoveries		13,106				13,106	-13,106	
<b>Total Services</b>	<b>137,000</b>	<b>62,172</b>				<b>62,172</b>	<b>74,828</b>	
<b>Operational Provisions</b>								
Operational Provisions		424,756				424,756	-424,756	
<b>Total Operational Provisions</b>		<b>424,756</b>				<b>424,756</b>	<b>-424,756</b>	

**International Federation of Red Cross and Red Crescent Societies**

MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

Interim Report

Selected Parameters	
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Budget Timeframe	2010/1-2011/12
Appeal	MDR49007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>11,856,934</b>					<b>11,856,934</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>11,856,934</b>	<b>4,121,876</b>					<b>4,121,876</b>	<b>7,735,057</b>
<b>VARIANCE (C - D)</b>		<b>7,735,057</b>					<b>7,735,057</b>	

# International Federation of Red Cross and Red Crescent Societies

MDR49007 - Haiti & Dominican Rep - Cholera Outbreak

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## IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Goal 1: Disaster Management</b>							
P43038	PADRU Support - Cholera outbr	0			0	321,417	321,417
P43039	ZONE Support-Cholera Outbre	0			0	85,756	85,756
PDO023	Dominican Rep - Cholera Outbr	0	322,833	-260,492	62,341	774,835	514,344
PHT063	Haiti - Cholera Outbreak	0	7,293,987	-3,861,385	3,432,602	10,674,925	6,813,541
<b>Sub-Total Goal 1: Disaster Management</b>		<b>0</b>	<b>7,616,820</b>	<b>-4,121,876</b>	<b>3,494,943</b>	<b>11,856,934</b>	<b>7,735,057</b>
<b>Total</b>	<b>Haiti &amp; Dominican Rep - Chole</b>	<b>0</b>	<b>7,616,820</b>	<b>-4,121,876</b>	<b>3,494,943</b>	<b>11,856,934</b>	<b>7,735,057</b>