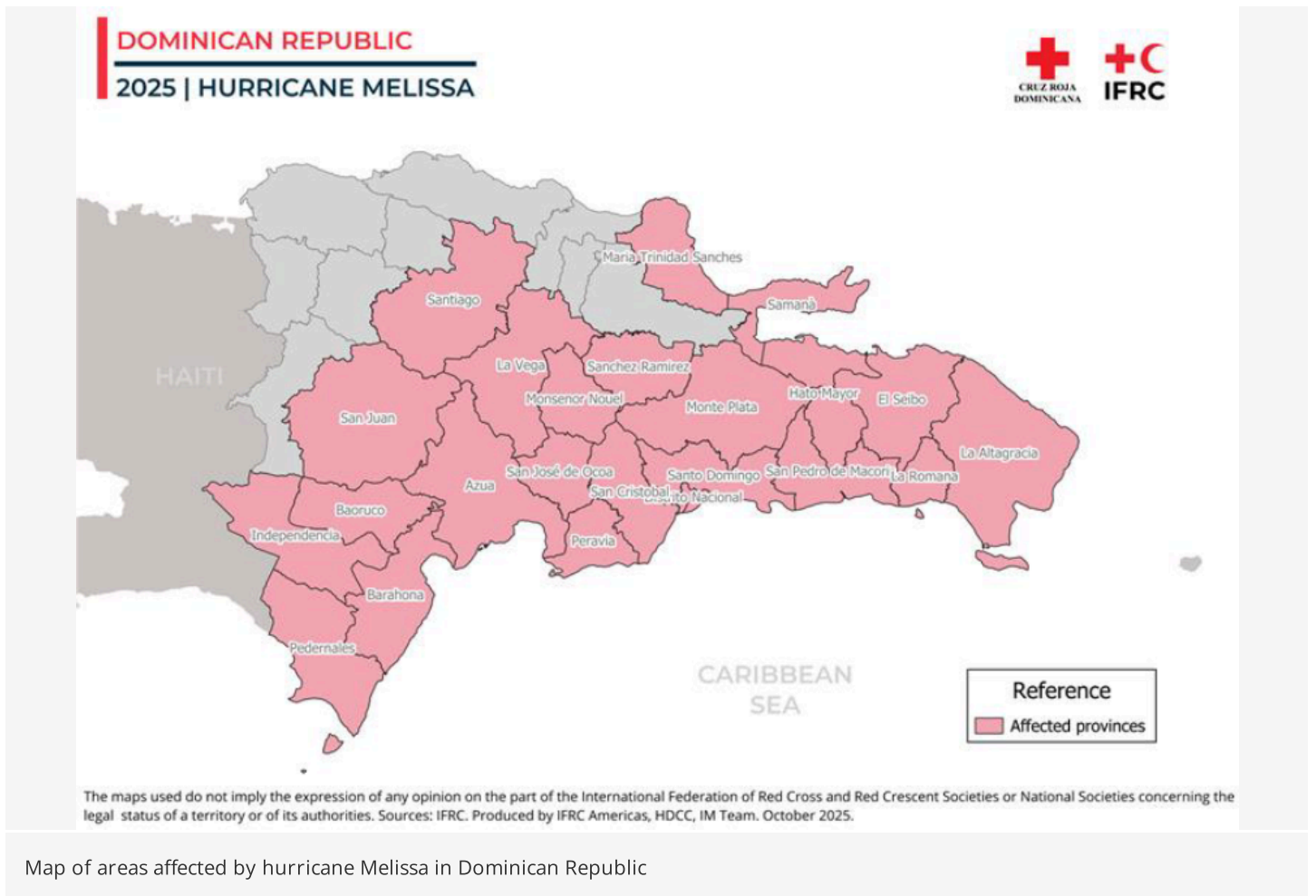




National Society volunteers conducting assessment in San Cristobal. Source: DRC.

Appeal: <b>MDRDO019</b>	Total DREF Allocation: <b>CHF 499,080</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Cyclone</b>
Glide Number: <b>-</b>	People Affected: <b>1,274,237 people</b>	People Targeted: <b>6,750 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>30-10-2025</b>	New Operational End Date: <b>30-04-2026</b>	Total Operating Timeframe: <b>6 months</b>
Reporting Timeframe Start Date: <b>30-10-2025</b>		Reporting Timeframe End Date: <b>23-01-2026</b>	
Additional Allocation Requested: <b>0</b>		Targeted Regions: <b>Azua, Barahona, Distrito Nacional, Elias Pina, Peravia, San Cristobal, San José de Ocoa, San Juan, San Pedro de Macoris, Santo Domingo</b>	

# Description of the Event



## Date of event

23-10-2025

## What happened, where and when?

From 21 October 2025 onward, the Dominican Republic experienced heavy rainfall, flooding and landslides as outer bands of Hurricane Melissa impacted the southern and central provinces. The country's Emergency Operations Center (EOC) declared yellow and green alerts in 22 provinces and the National District, and later red alerts in Barahona, Pedernales, Independencia and Bahoruco, while yellow alerts covered San José de Ocoa, Elías Pina, Dajabón, Azua, San Cristóbal, Peravia, Monte Plata, San Juan and Monte Cristi.

Intense rain-induced flooding and landslides severely disrupted water supply and essential services—dozens of aqueducts were out of operation, and several health facilities experienced outages. Based on preliminary estimates the population exposed to the event is approximately 1.8 million people.

The disruption of safe water access and power outages heightened the risk of waterborne disease; ongoing soil saturation and forecast for further rainbands maintained an elevated risk of renewed flooding and landslides.



Distributions in San Jose de Ocoa  
Source: DRC



Volunteers conducting monitoring of the river flow level. Source: DRC



Volunteers in rescue activities in San Jose de Ocoa Source: DRC



NS team monitoring the affected areas  
Source: DRC

## Scope and Scale

The emergency caused severe damage to infrastructure, livelihoods, and the well-being of affected populations. The greatest impact was on the water and sanitation sector, with 61 aqueducts out of operation, leaving 1,274,237 people without access to safe water. Earlier reports indicated that the number of affected users peaked when the CAASD (Corporación del Acueducto y Alcantarillado de Santo Domingo) also failed. According to the Emergency Operations Center (EOC), 757 homes were reported affected—16 partially damaged and at least one destroyed—forcing 3,765 people to leave their homes. Forty-eight communities were cut off due to the collapse of bridges and road sections, while 1–4 highways sustained damage, isolating entire areas and limiting access to basic goods and services. Families lost belongings and faced structural damage to their homes, with many seeking refuge with relatives or in temporary shelters.

Hurricane Melissa's impact extended beyond infrastructure to livelihoods and health. The destruction of key crops such as plantain, cassava, and coffee in provinces like San Juan and Barahona has worsened food insecurity and economic hardship for smallholder farmers, increasing the risk of indebtedness and deepening poverty levels. Health risks have also escalated due to stagnant water and limited sanitation, raising the likelihood of outbreaks of diarrheal diseases and leptospirosis. These risks are compounded by the ongoing cholera outbreak in neighboring Haiti, which has heightened the need for cross-border health surveillance. Psychosocial distress has emerged among displaced families and those who lost their homes or livelihoods, particularly among women, children, the elderly, and



people with disabilities.

Historically, the Dominican Republic's vulnerability to tropical systems has been amplified by deforestation, precarious housing, and limited drainage infrastructure. Previous hurricanes have shown that flooding and landslides often result in prolonged isolation of communities, disruption of water systems, and rapid outbreaks of communicable diseases. The current situation mirrors those past events, underscoring the need for immediate humanitarian action to restore essential services, protect livelihoods, and strengthen community resilience against future disasters.

## Source Information

Source Name	Source Link
1. Dominican Institute of Meteorology	<a href="https://onamet.gob.do/index.php">https://onamet.gob.do/index.php</a>
2. Emergency Operations Center	<a href="https://www.coe.gob.do/">https://www.coe.gob.do/</a>
3. Periódico Diario Libre	<a href="https://www.diariolibre.com/actualidad/nacional/2025/10/26/danos-de-tormenta-melissa-735-viviendas-afectadas-y-3765-desplazados/3290916">https://www.diariolibre.com/actualidad/nacional/2025/10/26/danos-de-tormenta-melissa-735-viviendas-afectadas-y-3765-desplazados/3290916</a>

## Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	No

### Please explain the summary of changes and justification:

Through Operations Update no. 1, the Dominican Red Cross informs of the following changes to the DREF operation:

- A one-month no-cost timeframe extension (new end date: 30 April 2026).
- Adjustments to the operational strategy, including revisions under the CVA, Health, WASH, CEA, and NSD sectors.
- Budget adjustments to reflect the revised operational strategy.

#### (i) Summary of the No-Cost Extension Request

The National Society requests a no-cost extension until 30 April 2026 to allow for the completion of planned activities under the DREF operation.

During the end-of-year period, the National Society implemented the nationwide "Navidad Sin Accidentes" campaign, which required the temporary reallocation of Headquarters staff and operational resources. In addition, community availability, as well as that of volunteers and staff, was significantly reduced during this period.

The requested extension will enable the full implementation of remaining activities without compromising quality, accountability or programme standards. The extension does not require additional funding.

#### (ii) Summary of Changes in the Operational Strategy

The National Society conducted 2,416 household assessments and damage evaluations across the 10 provinces initially targeted, covering a total of 45 communities. This assessment process enabled a more accurate prioritization of the most affected and



vulnerable households following Hurricane Melissa and informed targeted adjustments to the operational strategy.

#### Cash and Voucher Assistance (CVA)

Following the completion of the Cash and Voucher Assistance (CVA) feasibility study, the initially proposed transfer value of CHF 500 per household was revised to CHF 194 per household.

The initial amount was estimated during the early phase of the operation, prior to the availability of primary data. The feasibility study subsequently incorporated household-level census data collected from 2,438 affected families across nine provinces, as well as a rapid market assessment conducted in 28 communities.

The assessment confirmed that local markets remain functional and adequately supplied, with no significant post-event price increases reported. Findings further indicated that the main impact on affected households relates to a temporary reduction in income and purchasing power, rather than limited availability of essential goods.

Based on official data from the Central Bank of the Dominican Republic, the monthly basic food basket for the lowest income quintile amounts to RD\$28,849.26. The revised transfer value of CHF 194 (approximately RD\$15,326) represents around 53% of the monthly basic needs basket, providing meaningful support for immediate priority needs while avoiding over-assistance or market distortion.

The adjusted transfer value is therefore considered proportionate, context-appropriate and aligned with IFRC Cash and Voucher Assistance guidance for one-off multipurpose cash assistance in rapid-onset emergency contexts.

The corresponding budget adjustments and indicator revisions have been reflected accordingly.

#### Community Engagement and Accountability (CEA)

The indicator “Number of community workshops on lessons learned” has been adjusted from 8 to 7 sessions to reflect available resources and operational efficiencies, while still ensuring adequate geographic coverage and meaningful community engagement.

Additionally, Community leaders have been included under the indicator “Number of families and community leaders reached with the CEA plan.”

#### National Society Development (NSD)

The duplicate indicator “Number of volunteers reached with PPE” has been removed.

In addition, the indicator “Number of staff and volunteers reached with DANA workshops” has been revised from 100 to 50 participants, reflecting the fact that two trainings are planned and funded, and ensuring a realistic and methodologically appropriate number of participants per session.

#### WASH / Health

Field assessments identified limitations related to community acceptance and use of Aquatab chlorine tablets. In order to ensure that the intervention remains relevant, effective and well accepted by affected communities, the Health component adjusted the implementation modality, replacing Aquatab distribution with the delivery of 840 Diarrhoeal Disease and Vector Control Kits.

The kits include chlorine, sponges, ziplock bags and a dengue prevention guidance leaflet, and achieve the same operational objective of promoting access to safe water and supporting public health protection in flood-affected communities.

As a result of this adjustment, a new indicator has been added to the operation’s results framework: “Number of diarrhoeal disease and vector control kits distributed.” This adjustment does not affect the overall budget allocation for this activity. The kits will be procured at national level in line with operational requirements.

#### (iii) Summary of Budget Changes

To ensure alignment between the approved budget and actual implementation conditions, several targeted adjustments were introduced during the first operational phase.

Technical refinements were made to selected items, including changing from 20-litre to 10-litre jerrycans, with an updated unit cost of 2.95 CHF.

Within the CVA component, two key revisions were applied. The Feasibility Study budget was adjusted to 1,150 CHF, reflecting actual expenditure. In parallel, the number of targeted households increased from 550 to 900, while the transfer value was revised from 500 CHF to 194 CHF per household, in line with the market analysis and findings of the feasibility study as explained above. In addition, the budget initially allocated for a CVA delegate was reallocated to operational activities, as the National Society has demonstrated strong experience in CVA implementation and remote technical support from the IFRC Panama Cluster was assessed as sufficient to ensure quality implementation and oversight.



In the Health sector, budget reallocations were made to reflect actual implementation costs. The budget for community awareness materials increased from 1,000 CHF to 5,128 CHF due to market price variations. Conversely, allocations for Health Promotion Campaigns and Psychosocial Support Sessions were reduced, as initial budgets exceeded real costs:

Health Promotion Campaigns: 7,140 CHF (previously 14,000 CHF)

Psychosocial Support Sessions: 6,195 CHF (previously 14,000 CHF)

As part of the adjustment to the Health component, the budget line for Hygiene Promotion Campaigns was removed, as these activities will be implemented in an integrated manner within other Health activities already budgeted.

Mobilization costs for census and distribution activities (staff and volunteers) were adjusted to reflect actual operational requirements. Each field visit costs 700 CHF, and the revised budget reflects 33.4 field visits, totaling 23,380 CHF, covering travel to 10 provinces and 45 communities, including remote and hard-to-reach areas. An additional 500 CHF was allocated to the fuel budget line.

Finally, new budget lines were introduced for communication equipment (1,000 CHF) due to limited existing resources, and for renewal of volunteer insurance in 2026 (1.50 CHF per volunteer), in accordance with insurer requirements. The revised budget also includes a one-month extension for the Operational Coordinator, Financial Analyst and one (1) driver, ensuring continuity and effective oversight during the extended implementation.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC Country Cluster Delegation (CCD) in the Dominican Republic has maintained continuous communication with the Dominican Red Cross to ensure effective coordination of the response efforts. The Disaster Risk Management team has actively participated in all coordination meetings held in the Crisis Management Room, overseeing the collective efforts to secure IFRC-DREF funding. Additionally, the CCD has collaborated closely with the Americas Regional Officer to synchronize all response initiatives, ensuring a cohesive and well-organized strategy in addressing the current challenges.</p> <p>Operations Update No. 1 (as of 19 January 2026): As of this report, an Operations Manager has been deployed for three months to support the National Society.</p>
<b>Participating National Societies</b>	<p>Although only the Italian Red Cross has a permanent presence in the Dominican Republic, the IFRC has been actively sharing situation updates and briefings with interested Partner National Societies, enabling potential in-kind or financial contributions through regional coordination channels. The Italian Red Cross has participated in coordination meetings and expressed its willingness to collaborate. Additionally, other organizations not present in the country, such as the PIRAC (Platform for Emergency Preparedness and Response in the Caribbean), Canadian Red Cross, and German Red Cross, have been in contact through the Americas regional office to offer support if needed.</p>

## ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) maintains permanent contact and coordination with the Dominican Red Cross, in line with its mandate. The ICRC's regional delegation, based in Caracas, is actively monitoring the evolution of the emergency and its potential humanitarian consequences, ensuring the Movement's coherent response and adherence to the Fundamental Principles.



# Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>No</p>
<p><b>National authorities</b></p>	<p>National authorities have demonstrated robust leadership and multisectoral coordination in managing the emergency caused by Hurricane Melissa, effectively mobilizing resources and expertise to address the crisis. Central to this effort is the Emergency Operations Center (EOC), which has led inter-institutional coordination and served as the primary platform for issuing and updating early warnings, activating sectoral contingency plans, and facilitating collaboration among ministries, armed forces, technical agencies, and local governments.</p> <p>Key actions executed by governmental entities include the Ministry of Defense (MIDE), which immediately activated the "Plan Relámpago," deploying specialized units from the Army, Navy, and Air Force to carry out critical operations such as rescuing trapped individuals, conducting preventive evacuations, and transporting humanitarian assistance. The Ministry of Public Works and Communications (MOPC) mobilized brigades to clear drainage systems, remove debris, and restore affected roads, ensuring unhindered humanitarian access. Meanwhile, the Ministry of Public Health and Social Assistance (MISPAS) issued sanitary alerts and coordinated active epidemiological surveillance to prevent outbreaks of diseases like cholera and dengue, thereby reinforcing healthcare efforts in impacted areas.</p> <p>The Presidency of the Republic played a crucial role by maintaining direct communication and support with the EOC, backing the response with logistical resources and implementing essential administrative measures, such as the suspension of classes and work in provinces under red alert. This cohesive approach reflects a rapid and articulated response focused on protecting vulnerable populations, laying the groundwork for effective collaboration with the Dominican Red Cross and other humanitarian partners. The involvement of national authorities not only enhances the efficiency of the response but also ensures that it aligns with the specific needs of affected communities.</p> <p>Operations Update No. 1 (as of 19 January 2026): As of this report, Local authorities, including municipal governments, community leaders, and neighborhood committees, have supported the technical teams in conducting the community census, specifically by facilitating safe access to the communities and contributing to the identification of the most vulnerable individuals.</p>
<p><b>UN or other actors</b></p>	<p>The United Nations System (UN System) has activated its humanitarian response mechanisms in close coordination with the Emergency Operations Center (EOC) and the Dominican Red Cross. Their participation has ensured technical complementarity in key areas:</p> <p>World Food Programme (WFP): Has contributed with rapid geospatial analysis of the affected areas, utilizing the ADAM (Assessment, Damage and Analysis Mapping) tool. This information has been shared to optimize decision-making and the prioritization of interventions.</p> <p>UNICEF: Has focused its efforts on critical areas for children and adolescents, ensuring access to safe water, sanitation, and child protection in vulnerable communities and shelters. Furthermore, it actively supports the epidemiological surveillance of communicable diseases.</p> <p>Pan American Health Organization (PAHO/WHO): Has collaborated directly in the national health response, especially in the monitoring of epidemic outbreaks (given the risk of cholera and dengue) and the provision of medical supplies and specialized assistance.</p> <p>The intervention of the UN System, along with other international and local actors, has</p>



been crucial for achieving a multisectoral, complementary response aligned with international humanitarian standards.

Operations Update No. 1 (as of 19 January 2026):

As part of bilateral coordination, UNICEF supported the National Society by providing 80 hygiene kits and jerrycans in Peravia Province in November 2025.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

More than 750 houses are identified as affected (flooded or with significant structural damage) in key communities, including Villa Nizao (Barahona), Cambita (San Cristóbal), Sabana Larga (Ocoa), Santo Domingo East and West, and San Juan de la Maguana. Immediate needs include:

**Housing and Shelter Assistance:** Displaced families and those with damaged homes require immediate access to temporary shelters and housing protection solutions. It is essential that these spaces ensure dignified living conditions, including access to safe water, sanitation, food, and Psychosocial Support (PSS).

**Non-Food Items (NFI):** There is an urgent need to distribute essential kits for temporary accommodation and recovery. Required supplies include plastic sheeting (for roof repairs), mosquito nets, kitchen kits, cleaning kits, jerrycans, buckets, and basic tools for minor emergency repairs.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.



### Livelihoods And Basic Needs

The impact of Hurricane Melissa has severely disrupted the livelihoods of countless families in the Dominican Republic, leaving many struggling to meet their basic needs. The destruction of homes, crops, and essential infrastructure has created an urgent situation where food security, access to clean water, and economic stability are at risk. As communities grapple with the aftermath, it is crucial to implement targeted actions that not only address immediate needs but also lay the foundation for long-term recovery and resilience.

Urgent actions are essential to support livelihood recovery and foster economic resilience in the wake of this disaster. One critical intervention is Cash Transfer Programming (CTP), which should prioritize the delivery of multi-purpose cash transfers. This approach will help cover basic needs, reduce immediate food dependency, and inject liquidity into local economies, thereby facilitating economic reactivation. By empowering families with financial resources, CTP can enable them to make choices that best suit their circumstances, whether that be purchasing food, rebuilding homes, or investing in their small businesses.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.



### Multi purpose cash grants

Hurricane Melissa has imposed a severe economic and subsistence crisis on rural and peri-urban areas, critically impacting the livelihoods of thousands of families. Field assessments by the Dominican Red Cross in key provinces such as Barahona, San Juan, San Cristóbal, and Ocoa have confirmed devastation that goes beyond structural damage.

The main need identified is the catastrophic loss of productive assets. Farmers have witnessed torrential rains and floods annihilate entire harvests of high-value crops (plantain, cassava, rice, coffee, and cocoa), instantly wiping out their seed capital and income source for the next cycle. Simultaneously, the interruption of the informal economy has paralyzed the daily cash flow of small family businesses, street vendors, and local transporters. Road damage and displacement halted these activities, creating an income vacuum that pressures families into negative coping strategies, such as falling into debt. Finally, this dual loss of production and income has generated an imminent pressure on food security, requiring families to secure immediate liquidity to cover their basic needs.

The response strategy must be rapid, flexible, and multifaceted. Therefore, the implementation of Multi-Purpose Cash Grants (MPCG) stands as the central pillar of the intervention. This cash assistance modality is the most efficient tool that best respects the autonomy of



families to prioritize their spending, which is fundamental when they must decide between acquiring food, medicine, or investing in the repair of a damaged roof.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.



## Health

The slow movement and extensive accumulation of rainfall from Hurricane Melissa have generated a high-risk scenario for public health, shifting the priority from immediate trauma care to prevention and control of epidemic outbreaks. The damage to the safe water supply for over a million people and the saturation of sanitation systems have created an environment conducive to the rapid spread of diseases.

The primary risk is the imminent threat of waterborne and vector-borne diseases, including acute diarrheal illnesses, leptospirosis, and, crucially, the potential resurgence or dissemination of cholera, which is severely compounded by the persistent humanitarian crisis and active outbreaks in neighboring Haiti, significantly elevating the epidemiological risk in border provinces. Additionally, the prolonged stagnation of water increases breeding grounds for the mosquito that transmits dengue.

Beyond the biological risk, the situation has created a profound need for Psychosocial Support (PSS). Families who have lost their homes and have been displaced to temporary shelters require immediate intervention to mitigate acute stress, grief, and anxiety, ensuring their dignity and emotional well-being.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.



## Water, Sanitation And Hygiene

The impact of Hurricane Melissa has resulted in a significant public health crisis directly linked to the collapse of Water, Sanitation, and Hygiene (WASH) services. According to the Emergency Operations Center (EOC), more than half a million people are affected by damage to aqueducts, compromising the potable water supply for over one million individuals. The extensive flooding in both urban and rural areas has severely saturated and damaged sanitation systems, exacerbating the situation.

The fundamental need is to restore sanitary barriers to halt water contamination and prevent disease outbreaks. Flooding has contaminated wells, aqueducts, and surface water sources by mixing with sewage, which exponentially increases the risk of diseases such as cholera—a latent threat given the ongoing situation in Haiti—acute diarrhea, and leptospirosis. Additionally, the destruction of latrines and the flooding of septic systems in vulnerable communities have left families without access to safe sanitation facilities. This situation forces unsafe hygiene practices, perpetuating the cycle of contamination during the emergency.

Furthermore, displaced families and those returning to their flooded homes have lost all their basic hygiene supplies, including soap, detergents, and brushes, making it impossible to maintain safe hygiene practices and elevating the risk of infection among the affected population.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.



## Risk Reduction, Climate Adaptation And Recovery

Hurricane Melissa highlights the growing vulnerability of communities to hydrometeorological events intensified by climate change. Extreme rainfall, storm surges, and sustained winds not only caused immediate damage but also exposed structural gaps in community resilience and institutional preparedness. The response must go beyond immediate relief and incorporate actions that reduce future risks, strengthen adaptive capacity, and promote sustainable recovery.

In the short term, it is essential to ensure the safe rehabilitation of homes, schools, and community centers, integrating resilient construction standards and flood and landslide protection measures. At the same time, it is necessary to restore livelihoods through support for small producers, access to agricultural inputs, and strategies to diversify income sources, reducing dependence on activities highly exposed to climate risks.

Operations Update No. 1 (as of 19 January 2026):

All sectorial needs remain the same.





## Community Engagement And Accountability

The affected population requires information regarding available assistance and key messages that will empower them to face the emergency with greater knowledge and tools. By facilitating community participation, more effective activities can be conducted, addressing the actual needs of the target communities and strengthening their resilience for future events.

Operations Update No. 1 (as of 19 January 2026):  
All sectorial needs remain the same.

# Operational Strategy

## Overall objective of the operation

Through this IFRC-DREF Operation, the Dominican Red Cross aims to ensure that 1,500 families (approximately 6,750 people) affected by Hurricane Melissa have improved living conditions, restored access to safe water, health and shelter, and strengthened livelihoods.

The operation will contribute to an early, safe and resilient recovery by ensuring protection, dignity, and inclusion of the most vulnerable groups through integrated PGI and CEA approaches.

## Operation strategy rationale

This operation aims to provide immediate and coordinated humanitarian assistance to 1,500 families (approximately 6,750 people) affected by Hurricane Melissa, prioritizing critical sectors: shelter, water, sanitation and hygiene (WASH), health, risk reduction, and livelihood restoration. This strategic approach will incorporate cross-cutting principles of Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) to ensure that all interventions are inclusive and responsive to community needs.

### Rationale Behind the Strategy

Hurricane Melissa caused extensive damage to housing, disrupted essential services, and resulted in substantial loss of livelihoods, significantly increasing health risks and social vulnerability. The strategy focuses on rapid, cost-effective, and context-adapted actions that will:

Reduce immediate risks to life and health: Addressing urgent needs will help stabilize affected populations.

Restore minimum conditions of dignity and safety: Ensuring that families have access to shelter and basic services is crucial for their well-being.

Support early recovery and strengthen community resilience: By rebuilding livelihoods and infrastructures, communities can better withstand future shocks.

Summary per sector of intervention:

### WASH

Provision of safe water solutions, including chlorine tablets and filters, along with hygiene kits and temporary sanitation facilities in shelters. Flooding has contaminated many water sources, and access to safe water is crucial for health and hygiene. Hygiene promotion campaigns will educate communities about practices to avoid disease outbreaks, empowering them to take control of their health and well-being.

### Health and Psychosocial Support (PSS)

Health promotion, community surveillance, and referral of critical cases are essential to address immediate health concerns and prevent the spread of diseases. The psychological impact of the disaster can be profound, making psychological first aid and group activities crucial for alleviating post-disaster stress. This support will help foster community resilience and restore a sense of normalcy among affected individuals.

### Cash Assistance

Unconditional multipurpose cash transfers will be implemented so that individuals can acquire supplies to help meet their basic needs. This will be accompanied by a sensitization campaign led by the CEA team, aimed at raising awareness among those receiving the transfer about the best use of the funds provided. Standard movement protocols and the previous experience of the NS will be utilized, with support from the IFRC to carry it out.

### Risk Reduction

Community plans and maps will be developed using the EVCA (Enhanced Vulnerability and Capacity Assessment) and NEAT PLUS (Emergency Needs Assessment and Team) methodologies, which are fundamental for fostering resilience in communities. These methodologies enable communities to systematically identify their vulnerabilities, such as exposure to natural disasters, lack of



resources, and weaknesses in infrastructure, as well as their capacities, including community support networks, local knowledge, and available resources.

#### Expected Outcomes

Through this IFRC-DREF Operation, the Dominican Red Cross aims to ensure that 1,500 families (approximately 6,750 people) affected by Hurricane Melissa have improved living conditions, restored access to safe water, health and, and strengthened livelihoods and basic needs.

The operation will contribute to an early, safe and resilient recovery by ensuring protection, dignity, and inclusion of the most vulnerable groups through integrated PGI and CEA approaches

Operations Update No. 1 (as of 19 January 2026):

No changes to the rationale of the operational strategy.

## Targeting Strategy

### Who will be targeted through this operation?

#### Target Population for the Operation

This operation will specifically target 1,500 families (approximately 6,750 people) affected by Hurricane Melissa, focusing primarily on the most vulnerable groups within the affected communities. The logic behind selecting these targets is rooted in the need to address immediate humanitarian needs while also promoting long-term recovery and resilience.

#### Groups Being Targeted

Special attention will be given to:

- Displaced Families: Families who have lost their homes or have been forced into collective shelters due to the disaster are a primary focus. This group is particularly vulnerable as they lack secure shelter and access to basic services. Addressing their needs is crucial for restoring their dignity and safety.
- Low-Income Households: Families already living in precarious economic conditions before the hurricane are at higher risk of falling deeper into poverty. By targeting these households, we aim to provide essential support that can prevent them from resorting to negative coping mechanisms, such as child labor or increased reliance on harmful practices.
- Women and Female-Headed Households: Women, particularly those who head households, often face increased vulnerabilities in disaster scenarios. They may lack access to resources and decision-making power, making it essential to prioritize their needs and ensure their participation in recovery efforts.
- Children and Adolescents: Young people are particularly susceptible to the psychosocial impacts of disasters. Targeting families with children will help ensure that their educational and emotional needs are met during the recovery phase.
- Elderly and People with Disabilities: These groups often require additional support in emergencies due to mobility challenges and increased health risks. Ensuring their needs are met is vital for an inclusive response.
- Migrants and Refugees: If present in the affected areas, migrants and refugees may face unique challenges, including limited access to social services and heightened social vulnerability. Efforts will be made to include these populations in the outreach and support strategies.

#### Targeting Vulnerable Groups

To effectively target these vulnerable groups, the operation will employ several strategies:

- Community Engagement: Engaging local leaders and community organizations will help identify the most vulnerable families and ensure that interventions are culturally appropriate and tailored to specific needs.
- Data Collection: Conducting assessments and surveys will provide a clearer understanding of the demographics within the affected areas, allowing for targeted interventions that address the unique challenges faced by different groups.
- Inclusive Programming: All interventions will be designed with an inclusive lens, ensuring that services are accessible to individuals with disabilities, women, and other marginalized groups. This includes providing necessary adaptations in service delivery and creating safe spaces for women and children.
- Feedback Mechanisms: Establishing feedback channels (e.g., suggestion boxes and community meetings) will allow vulnerable groups to voice their concerns and suggestions, ensuring their needs are continuously addressed throughout the operation.

### Explain the selection criteria for the targeted population

The operation will target 1,500 families (approximately 6,750 people) based on a combination of impact severity, vulnerability, and gaps in coverage by other humanitarian actors. The criteria are designed to ensure that assistance reaches those most in need and that no one is left behind.

#### Rationale and Logic

- Severity of Impact: Households whose homes were severely or moderately damaged by Hurricane Melissa are prioritized, as they are



left exposed to protection risks and unsafe living conditions. Addressing their immediate housing needs is crucial for restoring safety and dignity.

- Access to Basic Services: Families with limited or no access to safe water, sanitation, and hygiene facilities will be targeted, as this situation increases the risk of disease outbreaks. Ensuring access to these essential services is vital for public health and well-being.
- Geographic Prioritization: The operation will focus on communities with the highest concentration of damage and limited presence of other humanitarian actors. This approach will help avoid duplication of efforts and ensure equitable coverage, maximizing the impact of the assistance provided.

#### How Vulnerable Groups Will Be Targeted

- Inclusive Targeting Criteria: The operation will apply Protection, Gender, and Inclusion (PGI) standards to ensure equitable access to assistance and avoid discrimination against any group.
- Community Engagement (CEA): Transparent communication of selection criteria will be facilitated through community meetings, radio announcements, and printed materials in local languages. This will help ensure that affected populations are informed and can engage in the process.
- Adapted Assistance: The operation will ensure accessible distribution points and consider home delivery options for persons with mobility challenges. Additionally, assistive devices will be provided when needed to support individuals with disabilities.
- Coordination with Local Authorities and Social Services: Collaborating with local authorities will help identify and prioritize the needs of migrants, displaced persons, and other marginalized groups. This coordination will facilitate a more effective and comprehensive response.

## Total Targeted Population

Women	2,320	Rural	-
Girls (under 18)	1,091	Urban	-
Men	2,270	People with disabilities (estimated)	4.9%
Boys (under 18)	1,069		
Total targeted population	6,750		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
------	-------------------



If markets are not functional, cash could be ineffective or inflating prices; inclusion risks if targeting/complaints are weak	Market disruption; limited trader stock; weak two-way communication
Misinformation or unclear selection criteria can cause tension and low acceptance. (CRD coordinated with EOC/partners in Fiona, but diversity of actors raises duplication risks if info sharing is weak.	Multiple responders; limited unified beneficiary database.
Recurrent cyclones and floods during a still-active season exacerbate needs, stretching response and increasing secondary impacts (e.g., new displacements, recurrent WASH issues)	High baseline exposure to hurricanes; infrastructure and settlement patterns in flood- and storm-prone areas.
Decisions (e.g., CBI vs. in-kind) may not match evolving market/logistics reality, undermining effectiveness or causing market distortion	Dynamic post-disaster market conditions; supply chain volatility.

**Please indicate any security and safety concerns for this operation:**

- Movement planning: Use updated access maps and security advisories; avoid travel after dark.
- Personal protective equipment (PPE): Helmets, gloves, and boots for volunteers working near debris or damaged structures.
- Health precautions: Mosquito repellents, hydration plans, and hygiene kits for staff and volunteers.
- PGI and PSEA measures: Safe distribution layouts, lighting in shelters, confidential complaints mechanisms.
- Cash programming safeguards: If CBI is activated, ensure discreet delivery methods and security presence at distribution points.
- Incident reporting: Apply IFRC security framework and local SOPs for accidents, harassment, or theft.
- Insurance and duty of care: Ensure volunteers and staff are covered under CRD/IFRC insurance schemes.

Has the child safeguarding risk analysis assessment been completed?	<b>Yes</b>
---	------------

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 11,609  
**Targeted Persons:** 4,500  
**Targeted Male:** -  
**Targeted Female:** -

#### Indicators

Title	Target	Actual
# of Community safe roof workshops conducted	7	1
# of families reached with jerrycans distributed	1,000	446
(%) of households applying "build back safer" techniques after receiving guidance	70	0



## Progress Towards Outcome

The National Society has reached 446 families with jerrycans in the provinces of San José de Ocoa, Sabana Larga and Azua, with all planned distributions expected to be completed by mid- February 2026. A brief delay in distributions was experienced due to the extensive household assessment process across 45 communities, as well as the operational pause during the December holiday period. These adjustments ensured that assistance was accurately targeted to the most affected households.

The first Safe Roof community workshops were delivered in Azua, reaching a total of 36 community members (12 men and 24 women). The remaining sessions are scheduled for the fourth week of January and the second and fourth weeks of February 2026, in line with the updated implementation timeline.



## Multi Purpose Cash

**Budget:** CHF 193,030

**Targeted Persons:** 2,475

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of feasibility study on cash transfer program carried out	1	1
# of families reached with multipurpose cash transfers	900	0
# of households using cash or livelihood support for intended essential purposes	900	0

## Progress Towards Outcome

Based on the Feasibility Study, the CVA programme will focus on unconditional multipurpose cash assistance, delivered through a mixed modality combining a financial service provider and direct cash distribution. The analysis confirmed that a transfer value of 194 CHF per household is sufficient to cover both basic needs and minor shelter repairs under current market conditions. Improved access to previously unreachable communities has enabled an expansion of coverage, increasing the number of households assisted from 550 to 900, each receiving 194 CHF.



## Health

**Budget:** CHF 27,012

**Targeted Persons:** 5,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of community-based surveillance system implemented (1x community)	8	5

# of people reached with Health promotion campaigns	5,000	0
# of sessions of Mental Health and Psycho-emotional Support	7	3
# of Multisectoral Damage Assessments and Needs Analyses (DANA) conducted focusing on Health	8	5
(%) of communities with functional community-based disease surveillance mechanisms	70	0

## Progress Towards Outcome

Five epidemiological surveillance systems have been carried out in San Pedro, San José de Ocoa, and the Northwest District, Santo Domingo Oeste and San Cristobal.

In addition, health campaigns were conducted in parallel with the distribution of hygiene kits and jerrycans in San José de Ocoa and Sabana Larga. Three MHPP sessions were delivered in San Pedro de Macori, San Jose de Ocoa and Bani.

The National Society has also conducted five Multisectoral Damage and Needs Assessments (DANA) with a health focus in the provinces of San Pedro, San José de Ocoa, and the Northwest District, Santo Domingo Oeste and San Cristobal.



## Water, Sanitation And Hygiene

**Budget:** CHF 82,516

**Targeted Persons:** 6,750

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of hygiene kits distributed	1,000	470
# of people reached with hygiene promotion campaigns	6,750	222
# of census and beneficiary selection carried out	1	1
% of households with sustained access to safe drinking water	70	0
# of Diarrhoeal Disease and Vector Control Kits	840	0

## Progress Towards Outcome

The National Society has distributed 470 family hygiene kits (together with jerrycans) in the communities of San José de Ocoa, Sabana Larga and Azua, accompanied by hygiene and health promotion campaigns.

Field assessments identified limitations related to community acceptance and use of Aquatab chlorine tablets. In order to ensure that the intervention remains relevant, effective and well accepted by affected communities, the Health component adjusted the implementation modality, replacing Aquatab distribution with the delivery of 840 Diarrhoeal Disease and Vector Control Kits.

The kits include chlorine, sponges, ziplock bags and a dengue prevention guidance leaflet, and achieve the same operational objective of promoting access to safe water and supporting public health protection in flood-affected communities.

As a result of this adjustment, a new indicator has been added to the operation's results framework: "Number of diarrhoeal disease and vector control kits distributed."



## Protection, Gender And Inclusion

**Budget:** CHF 4,571

**Targeted Persons:** 50

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of PGI and PSEA workshops	2	1
% of assisted people (disaggregated by gender, age, disability) reporting equitable access to assistance	70	0

### Progress Towards Outcome

Technical support from the PGI team in Panama has commenced to support the National Society in the development of key printed materials, including the internal referral pathway for staff and volunteers. In parallel, the IFRC Operations Manager has facilitated mentoring sessions for the National Society's PGI team to strengthen internal capacities.

One Protection, Gender and Inclusion (PGI) training, including safeguarding and sexual and gender-based violence (SGBV), was delivered for Headquarters staff, reaching a total of 18 participants (15 female and 3 male). A second PGI training is scheduled for the end of March, targeting National Society volunteers.



## Risk Reduction, Climate Adaptation And Recovery

**Budget:** CHF 27,690

**Targeted Persons:** 1,250

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of volunteers training in EVCA and NEAT+	20	26
# of community resilience plans developed	10	0
# of EVCA implemented in selected communities	10	1
# of families with updated household preparedness or evacuation	1,250	0



## Progress Towards Outcome

The EVCA and NEAT+ training for volunteers was successfully conducted, reaching a total of 26 volunteers (13 men and 13 women) from different branches. The five-day training programme included four days of theoretical sessions and one day of field visits to a DREF-selected community for the implementation of the EVCA assessment.

The EVCA workshops in the selected communities will commence during the fifth week of January, with community resilience and risk maps expected to be finalized and printed by April 2026, in line with the new proposed operational timeline.



## Community Engagement And Accountability

**Budget:** CHF 22,498

**Targeted Persons:** 6,750

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of CEA plan elaborated and implemented	1	1
# of community workshops on lessons learned developed	8	0
# post-distribution surveys prepared and implemented	2	2
# of workshops on lessons learned for volunteers and staff developed	1	0
# of families and community leaders reached with CEA plan	1,500	600

## Progress Towards Outcome

Through the National Society's Community Engagement and Accountability (CEA) network, the activities outlined in the CEA plan have been implemented. These include the co-design and dissemination of key messages together with the communities, which were also developed in Creole, considering the identification of a significant number of Haitian nationals within the targeted communities.

In addition, induction sessions were conducted for volunteers, and focus group discussions were held with community leaders from the different communities, with the objective of socialising the DREF operation and its community accountability mechanisms. As a result of these discussions, the CEA team developed and shared technical recommendations with the APS team, based on the findings identified during the focus groups.

As part of the community feedback mechanisms, a WhatsApp group was established with community leaders and key stakeholders, facilitating continuous communication and follow-up of concerns throughout the implementation of the operation.

Furthermore, two post-distribution monitoring surveys were conducted in the province of Azua, specifically in the communities of Los Negros (40 households) and El Rosario (50 households).

Community leaders have been included under the indicator "Number of families and community leaders reached with the CEA plan."

Lessons learned workshops are scheduled for early April, in line with the updated operational timeline.



## Secretariat Services

**Budget:** CHF 40,577  
**Targeted Persons:** 0  
**Targeted Male:** -  
**Targeted Female:** -

### Indicators

Title	Target	Actual
# of rental vehicle for the operation	2	2
# of vehicle maintenance after the operation.	2	0
# of monitoring visits to field	3	4
# of surge personnel mobilized	2	1

### Progress Towards Outcome

The IFRC provided two vehicles to the National Society at the start of the operation. In addition, an Operations Manager was deployed for a three-month period (November to February), conducting four monitoring visits during the damage assessments and the first distribution carried out by the National Society, additionally, to delivering the first PGI training for HQ staff.



## National Society Strengthening

**Budget:** CHF 89,577  
**Targeted Persons:** 100  
**Targeted Male:** -  
**Targeted Female:** -

### Indicators

Title	Target	Actual
# of staff and volunteers reached with DANA workshops	50	0
# of volunteers receiving personal protective equipment	100	0
# of Safer Access inductions for volunteers	2	1
# of volunteers reached with CVA Workshop	25	0

### Progress Towards Outcome

The National Society has scheduled the DANA, CVA, and Safer Access workshops for February, March and April 2026. The PPE is currently in the procurement process.



One Safer access training has been delivered included in the AVCA & NEAT+ training. Next session will be delivered in March jointly with PGI training.

In addition, the indicator “Number of staff and volunteers reached with DANA workshops” has been revised from 100 to 50 participants, reflecting the fact that two trainings are planned and funded, and ensuring a realistic and methodologically appropriate number of participants per session.

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

Approximately 100 volunteers will be mobilised in the field to support distributions, hygiene promotion, health brigades, and community engagement activities. Staff from national technical areas will provide operational support, and volunteer technicians from the National Intervention Team (NIT) will reinforce branch capacities as needed.

To ensure the success and proper follow-up of the operation, the National Society will hire the following positions:

- 1x Operations Manager (OPS) – responsible for overall coordination, ensuring the action plan is implemented, and serving as liaison between the NS and IFRC for operational matters. This role will also oversee monitoring tools and indicators in coordination with the NS DRR and Relief Director.
- 1x Communications Officer – in charge of visibility, media coverage, and community messaging aligned with CEA and donor requirements.
- 1x Admin and Finance Assistant – to register all expenses, prepare journals, and ensure compliance with IFRC financial standards.
- 2x Drivers – for rented vehicles and operational mobility.

Operations Update No. 1 (as of 19 January 2026):

As of today, the availability of 410 volunteers has been confirmed to support activities across 10 provinces and 45 communities.

The National Society has a multidisciplinary team for the implementation of the DREF, consisting of an Operations Coordinator, two drivers, a communications consultant, and an administrative assistant, all funded by the DREF. In addition, the technical areas involved in the operation have assigned their own staff to carry out the corresponding activities. The IFRC has also deployed an Operations Manager to support the National Society.

### Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The volunteer team aims to reflect the gender, age, and cultural diversity of the communities affected by the disaster. Currently, the National Society has a strong base of volunteers from different branches, including both men and women, and individuals from various age groups and cultural backgrounds. This diversity helps ensure that assistance is culturally appropriate and sensitive to the needs of different population groups.

Identified Gaps and Mitigation Measures:

**Gender Balance:** While there is good representation of women, additional female volunteers will be prioritized for activities such as hygiene promotion and psychosocial support, especially when working with female-headed households.

**Age Representation:** Youth volunteers are well represented; however, efforts will be made to include older volunteers for roles requiring experience and community trust.

**Cultural and Language Diversity:** In areas with specific dialects or cultural practices, volunteers from those communities will be engaged to improve communication and build trust.

Actions to Address Gaps:

Targeted recruitment from affected communities to ensure cultural and linguistic alignment.

Gender-sensitive volunteer mobilization, ensuring women are present in teams that interact with vulnerable groups.

Training on Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) for all volunteers and staff.



## Will surge personnel be deployed? Please provide the role profile needed.

The NS requires support from surge personnel:  
1x Operations Manager for 2 months

This person is expected to have skills and experience in operations management, demonstrating leadership and adaptability in challenging and changing environments. This staff will be essential for coordinating response efforts and ensuring that the needs of the affected population are met efficiently and effectively.

Operations Update No. 1 (as of 19 January 2026):

The IFRC has deployed an Operations Manager with experience leading DREF operations, Spanish speaker and with a PGI background to support the NS implementation and capacity building.

## If there is procurement, will it be done by National Society or IFRC?

Purchases for the operation will be divided into two categories: some will be made at the national level and others at the international level. This strategy is designed to optimize resources, ensure efficiency in the acquisition of goods and services, and effectively respond to the needs of the affected population.

### National-Level Purchases

The majority of purchases will be conducted at the national level, which will support the local economy and facilitate quicker access to the necessary materials and services. All these acquisitions will be led by the National Secretariat (SN), ensuring that proper procedures are followed and that transparency is maintained throughout the process.

### International-Level Purchases

On the other hand, some purchases that require specific products or services not available locally will be conducted at the international level. These acquisitions will be carried out by teams specialized in international procurement management, ensuring compliance with the necessary standards and requirements for importing goods.

### Coordination and Leadership

It is important to highlight that all purchases will be led by the SN, except for those that need to be made at the international level. This will ensure centralized and coherent management of the procurement operations, maintaining smooth communication between different levels of acquisition and ensuring that all actions align with the objectives of the operation.

This division in purchases not only optimizes logistics and efficiency but also allows for a more agile response to the emerging needs of communities affected by the crisis.

Operations Update No. 1 (as of 19 January 2026):

The IFRC has initiated the procurement process for hygiene kits and jerrycans as outlined in the budget. The PPE is currently undergoing a local quotation process to assess which procurement option offers the best value for money.

All remaining procurements will be carried out at the local level.

## How will this operation be monitored?

### Monitoring of the Operation

The operation will be monitored through a comprehensive framework designed to track progress and assess the effectiveness of activities. This framework will include various mechanisms and systems to ensure that the operation is on track to meet its objectives.

### Monitoring Mechanisms

Two-Tier Evaluation System:

**National Secretariat (NS) Monitoring:** The NS will conduct monitoring through its Planning and Monitoring Unit. This unit will be responsible for compiling monthly reports that will be submitted to the Country Cluster Delegation (CCD). These reports will provide insights into the progress of the operation, challenges faced, and any adjustments needed.

**Direct Monitoring Visits by CCD Team:** In addition to the NS's reporting, there will be direct monitoring visits conducted by the CCD team. These visits will be led by the Operations and Planning, Monitoring, Evaluation, and Reporting (PMER) teams within the CCD. This hands-on approach will allow for real-time assessment of operations and enable immediate corrective actions if necessary.

**Financial Monitoring:** The Finance Department will also play a crucial role in monitoring the operation. They will ensure that financial procedures are executed correctly and that resources are being utilized effectively. Regular financial audits and reviews will be conducted



to maintain transparency and accountability.

#### Tracking Progress and Responsibilities

**Progress Tracking:** Progress will be tracked through a combination of monthly reports from the NS and feedback from monitoring visits conducted by the CCD team. Key stakeholders will be involved in reviewing these reports and ensuring that any issues are addressed promptly.

**Responsible Parties:** The NS's Planning and Monitoring Unit will be primarily responsible for compiling reports and tracking overall progress. The CCD team will oversee direct monitoring activities and evaluate the effectiveness of the operation on-site.

#### Indicators and Milestones

To assess the success of the operation, specific indicators and milestones will be established, including:

**Number of families assisted:** Tracking the total number of families receiving support.

**Access to essential services:** Measuring improvements in access to shelter, WASH facilities, and health services.

**Feedback from beneficiaries:** Collecting qualitative data through community engagement to assess satisfaction and areas for improvement.

**Financial accountability:** Monitoring adherence to financial procedures and the efficient use of resources.

#### IFRC CCD Monitoring Visits

There will be monitoring visits by the International Federation of Red Cross and Red Crescent Societies (IFRC). These visits will focus on evaluating the overall implementation of the operation and ensuring compliance with international standards. The findings from these visits will be used to inform adjustments to the operation and enhance its effectiveness.

By employing this multi-layered monitoring approach, the operation aims to ensure that it remains aligned with its objectives, effectively addresses the needs of the affected population, and maintains high standards of accountability and transparency.

#### Operations Update No. 1 (as of 19 January 2026):

The National Society conducts monitoring at various operational and technical levels through several mechanisms established within each area of intervention. These include weekly technical meetings, monitoring visits, and the corresponding reporting. At the financial level, expense reconciliations are reviewed based on mission reports submitted by the technical team, and monthly financial reports are produced.

Additionally, the IFRC Operations Manager conducts monitoring visits, participates in distributions, and holds weekly coordination meetings with the National Society, using the Implementation Plan as the main guiding tool.

## Please briefly explain the National Societies communication strategy for this operation

The National Society will implement a clear communication plan to ensure transparency, coordination, and timely information sharing throughout the operation.

#### Internal Communication:

Managed by the Planning Directorate through its Plans, Projects, and Programs Department, which will monitor the operation and provide regular updates.

**Channels:** Email, WhatsApp groups, and virtual coordination meetings for staff and branch focal points.

Weekly situation reports will be shared internally to track progress against the action plan.

#### External Communication:

##### Public and Stakeholder Updates:

Press releases and social media posts (Facebook, Instagram, X) to inform the public and partners about key milestones and distributions.

Coordination with local authorities and humanitarian partners through cluster meetings and official letters.

##### Media Strategy:

A dedicated Communications Officer will manage visibility materials, media coverage, and donor branding requirements.

IFRC will support with technical guidance and amplification of messages through its regional communication channels.

##### Community Engagement and Transparency:

Use of CEA mechanisms such as community meetings, printed IEC materials, and feedback channels (hotline and suggestion boxes).

Messaging will be adapted to local languages and cultural contexts to ensure inclusivity and trust.

##### Roles Involved:

OPS Manager – oversees operational updates and ensures alignment with the action plan.

Communications Officer – leads media and visibility efforts.

Planning Directorate – monitors and consolidates reports for internal and external stakeholders.



IFRC – provides technical support and regional visibility.

Operations Update No. 1 (as of 19 January 2026):

The National Society has hired a communications consultant who has developed the communication strategy, which includes documenting response activities through photographs, videos, and testimonials; producing press releases, social media content, and impact stories; and coordinating with the CEA team, technical sectors, the IFRC Communications Officer, and external actors to ensure appropriate and culturally relevant dissemination. The consultant is also responsible for media monitoring, preparing inputs for reports, issuing periodic communication products, and producing a final report consolidating the progress, results, and lessons learned from the consultancy.



# Budget Overview



## DREF OPERATION

### MDRDO019 - Dominican Red Cross Dominican Republic: Hurricane Melissa

#### Operating Budget

<b>Planned Operations</b>	<b>368,927</b>
Shelter and Basic Household Items	11,609
Livelihoods	0
Multi-purpose Cash	193,031
Health	27,012
Water, Sanitation & Hygiene	82,516
Protection, Gender and Inclusion	4,571
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	27,690
Community Engagement and Accountability	22,498
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>130,154</b>
Coordination and Partnerships	0
Secretariat Services	40,577
National Society Strengthening	89,577
<b>TOTAL BUDGET</b>	<b>499,081</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

**National Society contact:** Jesús Miguel vallejo, [jesusvallejo@cuzroja.do](mailto:jesusvallejo@cuzroja.do), 8093344545

**IFRC Appeal Manager:** Elias Ghanem, Head of Delegation, [elias.ghanem@ifrc.org](mailto:elias.ghanem@ifrc.org)

**IFRC Project Manager:** Nicolas Segura, Coordinator, Disaster Risk Management, [nicolas.segura@ifrc.org](mailto:nicolas.segura@ifrc.org)

**IFRC focal point for the emergency:** Nicolas Segura, Coordinator, Disaster Risk Management, [nicolas.segura@ifrc.org](mailto:nicolas.segura@ifrc.org), 8093344545

**Media Contact:** Susana Arroyo, Manager, Regional Communications, [susana.arroyo@ifrc.org](mailto:susana.arroyo@ifrc.org)

[Click here for the reference](#)

