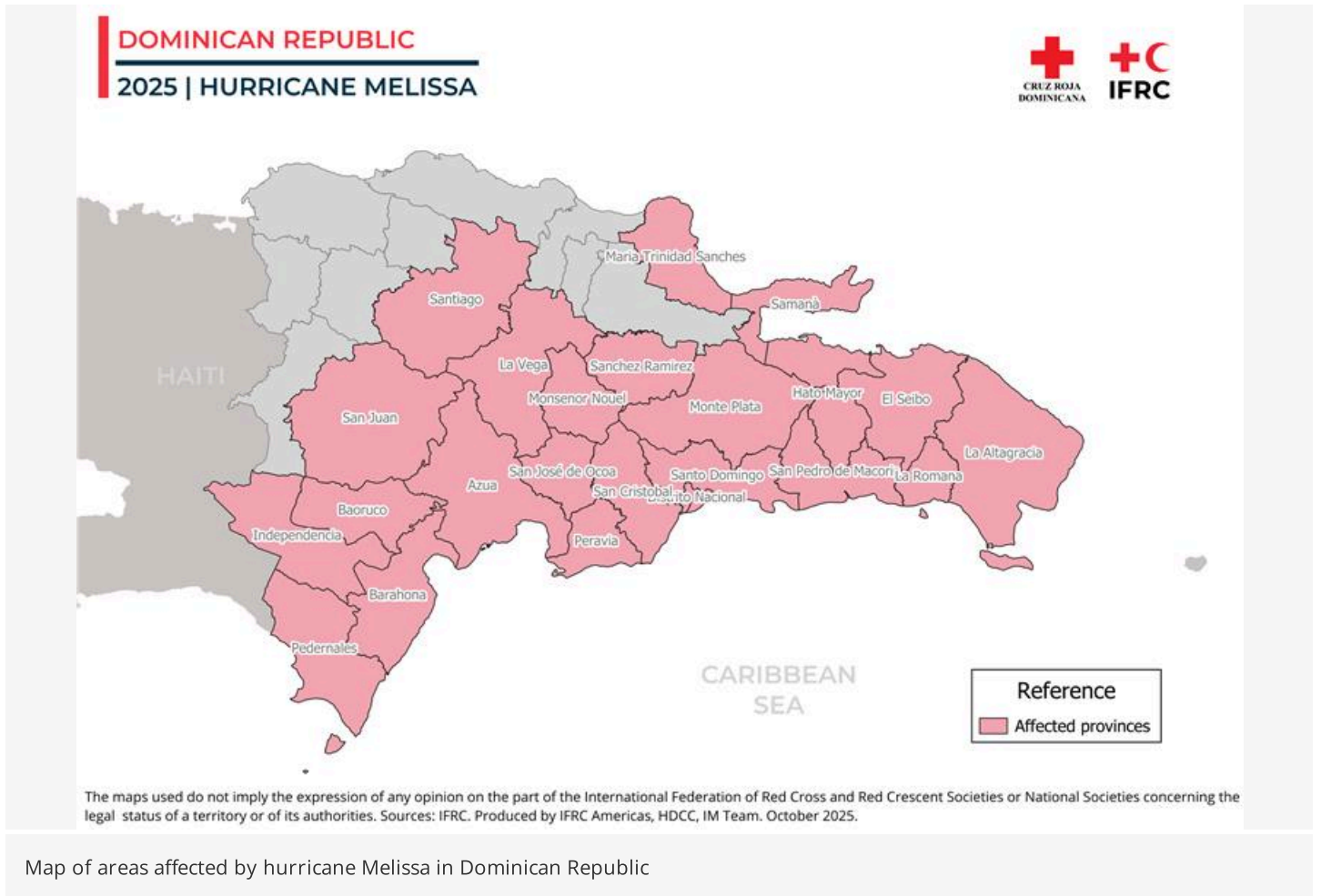




Post-Distribution Monitoring Survey in Azua.

Appeal: MDRDO019	Total DREF Allocation: CHF 499,080	Crisis Category: Yellow	Hazard: Cyclone
Glide Number: -	People Affected: 1,274,237 people	People Targeted: 6,750 people	
Event Onset: Sudden	Operation Start Date: 30-10-2025	New Operational End Date: 30-04-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 19-01-2026		Reporting Timeframe End Date: 20-02-2026	
Additional Allocation Requested: 0		Targeted Regions: Azua, Barahona, Distrito Nacional, Elias Pina, Peravia, San Cristobal, San José de Ocoa, San Juan, San Pedro de Macoris, Santo Domingo	

Description of the Event



Date of event

23-10-2025

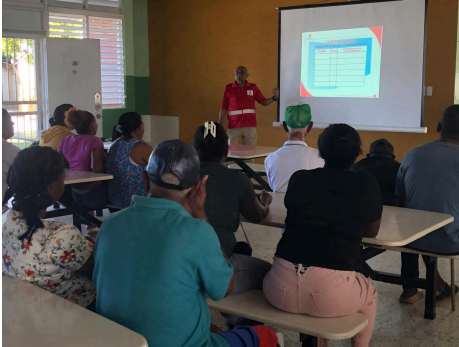
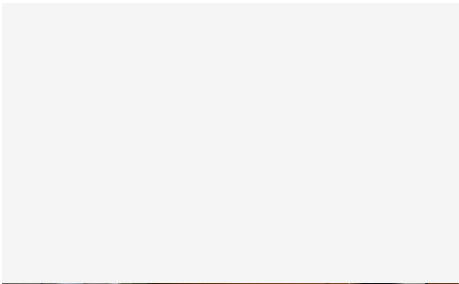
What happened, where and when?

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.

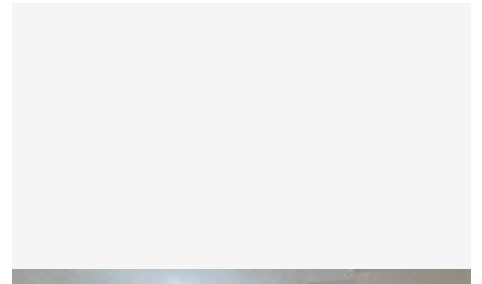




Safe Shelter and Family Emergency Plan Workshop in Azua : DRC



Development of Family Emergency Plans : DRC



Community forum discussing self-care with adults from the community in Ocoa DRC



MHPSS activities with children in Ocoa: 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. Emergency Operations Center	https://www.coe.gob.do/
2. Periódico Diario Libre	https://www.diariolibre.com/actualidad/nacional/2025/10/26/danos-de-tormenta-melissa-735-viviendas-afectadas-y-3765-desplazados/3290916
3. Dominican Institute of Meteorology	https://onamet.gob.do/index.php

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
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 Operational Update No. 2, the Dominican Red Cross reports specific operational and budgetary adjustments resulting from a detailed review of the budget against actual expenditure up to 20 February, conducted during the Technical Monitoring Committee, as well as updated administrative requirements related to the implementation of the CVA programme.

(i) Budget Review and Internal Reallocation

A comprehensive review of budget lines against actual expenditure identified an estimated saving balance within the approved DREF allocation. These savings derive primarily from lower-than-anticipated operational costs in Shelter, CVA feasibility, Financial Service Provider fees, hygiene kits and international transport cost.

The proposed adjustments aim to optimize the use of available funds within the current operational timeframe (closing date: 30 April 2026), address updated administrative requirements, and ensure full implementation of approved indicators, without modifying the overall operational strategy, target population, or geographic scope of the operation.

1. Cash and Voucher Assistance (CVA)

Mandatory 5% Reserve – Community CVA Programme: + CHF 8,536

It was recently confirmed that the CVA programme must include a mandatory 5% reserve (buffer), equivalent to approximately CHF 8,536, in line with administrative requirements, which was not considered in the original budget.

This cost will be absorbed through savings generated under budget lines related to kit procurement, jerrycans, and international transport, remaining within the approved DREF allocation and without exceeding the overall authorized budget.

Proposed Use of the CVA Buffer Reimbursement:

As these reserved funds are expected to be reimbursed upon completion of the transfer cycle, approval is requested to allocate the returned balance to the local procurement of an additional 250 hygiene kits.

The final distribution, scheduled for the first week of March, exceeded the initial target of 1,000 beneficiary families. To avoid delays in assistance, the National Society will temporarily borrow 250 kits from IFRC's prepositioned stock in Santo Domingo. The proposed procurement will allow replenishment of this stock, ensuring operational continuity and responding to the verified increase in affected families.

CVA Workshop for Volunteers: + CHF 3,000

An additional allocation of CHF 3,000 is proposed to cover the facilitation of two technical specialists during the CVA workshop, considering the National Society's current limited technical capacity in this area.

2. Protection, Gender and Inclusion (PGI): + CHF 6,708

PGI and PSEA Workshop

An additional allocation of CHF 6,708 is therefore proposed to align the budget with actual market costs, based on updated quotations for accommodation, meals and transportation for 30 participants over four days as the initial allocation did not fully reflect these operational requirements. The revised budget also includes the deployment of the Regional PGI Coordinator to facilitate the workshop, ensuring technical quality, consistency with Movement standards, and strengthened safeguarding and accountability integration across the operation.

This adjustment does not represent an expansion of the workshop's scope or objectives. Rather, it corrects the initial underestimation of logistical costs to ensure methodological coherence, equitable resource allocation across thematic areas, and the effective delivery of a critical capacity-strengthening component within the operation.

The Canadian Red Cross has confirmed the deployment of IFRC/CRC technical personnel as co-facilitator, strengthening technical quality, safeguarding standards, and institutional capacity within the National Society.

3. CEA – Community Engagement and Accountability

Community Lessons Learned Workshops: + CHF 2,000

Following receipt of quotations for seven community workshops, it was identified that the originally budgeted amount does not fully cover operational costs. Each workshop will involve approximately 20 community leaders and members in a one-day session, including meals, transportation, and materials.

National Lessons Learned Workshop (CEA): + CHF 3,575

An additional allocation is proposed to align with actual costs for approximately 40 participants (branch representatives, technical areas, and IFRC). The budget includes facilitation by an IFRC PMER specialist, who will work jointly with the CEA team to transfer the DREF Lessons Learned methodology.

4. Logistics and Operations

Truck Repair and Maintenance: + CHF 1,000



The original vehicle maintenance budget was exceeded due to the actual cost of one service. In preparation for the next round in March, additional preventive maintenance is required to ensure operational readiness and compliance with duty of care obligations toward personnel, as well as achievement of the related indicator.

5. Communications Equipment: + CHF 500

A budget gap of CHF 500 was identified to complete the procurement of communication equipment required for registration, documentation, and dissemination of activities, particularly during CVA distributions.

This adjustment will be covered through internal reallocation of savings generated under other budget lines, remaining within the approved global budget and without impact on the operational strategy.

6. WASH: + CHF 500

The procurement of vector control kits exceeded the estimated budget by CHF 500 due to market price fluctuations. This amount will be covered through internal redistribution from budget lines that registered savings during actual implementation.

The detailed adjustments by budget line are reflected in the revised budget attached.

IFRC Network Actions Related To The Current Event

Secretariat	<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> <p>Operational Update No. 2 (as of 20 February 2026): IFRC, with financial support from the Canadian Red Cross, has extended the deployment of the Operations Manager until 30 April 2026, in alignment with the official end date of the National Society's DREF operation. This extension ensures continued technical oversight, operational coordination, and compliance with reporting and accountability requirements through to the formal closure of the operation.</p>
Participating National Societies	<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>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</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>Operational Update No. 2 (as of 20 February 2026): Inter-institutional coordination remains ongoing in support of the various activities implemented under the DREF.</p>
<p>UN or other actors</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</p>



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.

The intervention of the UN System, along with other international and local actors, has 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.

Operational Update No. 2 (as of 20 February 2026):

The National Society, through its partnership with CCOVED, has received donations of rodenticides, bait stations, larvicides, insecticides, and prevention materials. These items will strengthen vector control activities and public health risk mitigation efforts in the targeted communities.

Additionally, the Ministry of Public Health and CONAVISIDA have donated condoms, lubricants, and HIV test kits. These supplies will be integrated into the DREF health promotion campaigns as part of comprehensive community-based health interventions. These in-kind contributions complement the planned intervention, optimize the use of DREF financial resources, and reinforce inter-institutional coordination within the response.

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.

Operational Update No. 2 (as of 20 February 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.

Operational Update No. 2 (as of 20 February 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.

Operational Update No. 2 (as of 20 February 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.

Operational Update No. 2 (as of 20 February 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.

Operational Update No. 2 (as of 20 February 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.

Operational Update No. 2 (as of 20 February 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 Update No. 2 (as of 20 February 2026):
All sectorial needs remain the same.

Any identified gaps/limitations in the assessment

Operational Update No. 2 (as of 20 February 2026):
Nothing additional to report.



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, 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.

Operations Update No. 2 (as of 20 February 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	Multiple responders; limited unified beneficiary database.



Fiona, but diversity of actors raises duplication risks if info sharing is weak.	
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:	
<ul style="list-style-type: none"> - 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?	Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 6,923
Targeted Persons: 4,500
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of Community safe roof workshops conducted	7	4
# of families reached with jerrycans distributed	1,000	891
(%) of households applying "build back safer" techniques after receiving guidance	70	0

Progress Towards Outcome

Operational Update No. 2 (as of 20 February 2026):

During the reporting period, three Safe Shelter workshops were conducted in Barahona Province, specifically in the municipalities of Polo, Canoa, and El Peñón. Additionally, two distributions of jerrycans (including hygiene kits) were carried out in Santo Domingo Este (98 families) and Barahona (347 families), reaching a total of 445 families during this period.

Cumulatively, the operation has assisted 891 families to date. The final distribution, scheduled for the first week of March, is expected to bring the total number of assisted families above the initial target of 1,000 households.





Multi Purpose Cash

Budget: CHF 199,422
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

Operational Update No. 2 (as of 20 February 2026):

The National Society and the IFRC Cluster team are finalizing the administrative process with the IFRC Regional Office in Panama and RedRose in order to initiate the community-level implementation of the CVA programme. The distribution is expected to start and be completed during the month of March.

Following the distributions, the CEA team will conduct Post-Distribution Monitoring (PDM) surveys to assess beneficiary satisfaction, accountability, and programme effectiveness.

It was recently confirmed that the CVA programme must include a mandatory 5% buffer, equivalent to approximately CHF 8,500, in line with updated administrative requirements. This cost will be absorbed through savings generated in the budget lines corresponding to kits, jerrycans, and international transport, remaining within the approved DREF allocation and without exceeding the overall authorized budget.



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	7
# of people reached with Health promotion campaigns	5,000	0
# of sessions of Mental Health and Psycho-emotional Support	7	7
# of Multisectoral Damage Assessments and Needs Analyses (DANA)	8	7



conducted focusing on Health		
(%) of communities with functional community-based disease surveillance mechanisms	70	0

Progress Towards Outcome

Operational Update No. 2 (as of 20 February 2026):

The Health team is leading the implementation of 50 health prevention and promotion campaigns in public spaces, primarily community parks. These campaigns include the distribution of 2,000 sexually transmitted infection (STI) prevention kits (condoms, lubricants, hand sanitizer, panty liners, sanitary pads, and soap), donated by a partner organization in coordination with the National Society, complementing DREF-funded actions.

In addition, voluntary HIV testing, distribution of informational materials, and awareness sessions on priority public health issues are being conducted during these campaigns, including dengue prevention, handwashing promotion, and hygiene practices under the “More hygiene, more health” approach.

During the reporting period, two (2) Damage and Needs Assessments (DANA) and epidemiological surveillance activities were carried out in Baní and Barahona.

In the coming weeks, the team plans to conduct three (3) additional epidemiological surveillance and DANA activities in Azua, Santo Domingo Norte, and the National District (southern zone).



Water, Sanitation And Hygiene

Budget: CHF 74,205

Targeted Persons: 6,750

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of hygiene kits distributed	1,000	963
# of people reached with hygiene promotion campaigns	6,750	891
# 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	2,000

Progress Towards Outcome

Operational Update No. 2 (as of 20 February 2026):

A total of 50 vector control and vector-borne disease prevention campaigns are being implemented through a house-to-house approach across the 10 provinces prioritized under DREF. The first campaign was carried out in Barahona Province, covering 10 communities, where 2,000 kits for diarrheal disease prevention and vector control were distributed. Water quality monitoring activities were also conducted, including residual chlorine testing and pH level measurements.

During the month of February, two distributions of hygiene kits (including jerrycans) were carried out in Santo Domingo Este (111 families) and Barahona (382 families), reaching a total of 493 kits distributed during this reporting period.

Cumulatively, the operation has distributed 963 hygiene kits to date. The final distribution, scheduled for the first week of March, is expected to bring the total number of distributed kits above the initial target of 1,000.





Protection, Gender And Inclusion

Budget: CHF 11,715

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

Operational Update No. 2 (as of 20 February 2026):

The PGI and PSEA workshop for volunteers is scheduled to take place from 20 to 22 March. Under this Operational Update, an additional allocation of CHF 6.708 is requested to align the budget with current market costs based on hotel, catering, and transportation quotations for 30 participants over a four-day period. The revised budget also includes the deployment of the IFRC Regional PGI Coordinator to facilitate the workshop.

The Canadian Red Cross has confirmed the deployment of IFRC/CRC technical personnel as co-facilitators, further strengthening technical quality, safeguarding standards, and the institutional capacity of the National Society.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 25,028

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	2
# of families with updated household preparedness or evacuation plans	1,250	0

Progress Towards Outcome

Operational Update No. 2 (as of 20 February 2026):

Two community-based Vulnerability and Capacity Assessments (EVCA) were conducted in Santo Domingo Oeste and Santo Domingo



Norte, engaging a total of 45 families.

During the training sessions, family emergency plans were developed and distributed as part of efforts to strengthen preparedness and resilience at the community level.

In the coming weeks, survival kits (family emergency plan, whistle, and flashlight) will be distributed as part of each community assessment process, complementing preparedness and risk reduction activities.



Community Engagement And Accountability

Budget: CHF 28,436

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	7	0
# post-distribution surveys prepared and implemented	2	156
# of workshops on lessons learned for volunteers and staff developed	1	0
# of families and community leaders reached with CEA plan	1,500	702

Progress Towards Outcome

Operational Update No. 2 (as of 20 February 2026):

The CEA team has implemented 102 Post-Distribution Monitoring (PDM) surveys in the municipalities of San José de Ocoa and Sabana Larga.

Preliminary findings from the PDM indicate that some distributions were conducted at locations geographically distant from the prioritized communities due to limited availability of suitable spaces. The CEA team informed families in a timely manner about this situation. Once the consolidated analysis of the surveys is finalized, the CEA team will share the results with the distribution team to define and implement corrective measures for upcoming distribution rounds.

Regarding the rollout of the Cash and Voucher Assistance (CVA) programme, the printing of key messages, complaints and feedback boxes, and other information materials, in Spanish and Creole, is in the final stage of the procurement process. These materials are expected to be distributed in the coming weeks as part of community engagement and awareness-raising activities, prior to the start of cash transfers.

The CEA team has also facilitated sensitization sessions for volunteers who participated in the AVCA workshop held during the last week of January, aiming to strengthen capacities in community engagement and accountability.

Finally, the National Society and the IFRC Cluster team are in the preparatory phase for the national Lessons Learned workshop, to be delivered by mid-April. Community-level Lessons Learned workshops are scheduled for late March and early April.



Secretariat Services

Budget: CHF 35,784

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

Operational Update No. 2 (as of 20 February 2026):

With regard to vehicle maintenance, the original budget line has been exceeded due to the actual cost of one service. Looking ahead to the next round in March, additional preventive maintenance is required to ensure operational readiness and compliance with duty of care obligations toward staff, as well as to meet the relevant indicator.

IFRC, with financial support from the Canadian Red Cross, has extended the deployment of the Operations Manager until 30 April 2026, in alignment with the official end date of the National Society's DREF operation. This extension ensures continued technical oversight, operational coordination, and compliance with reporting and accountability requirements through to the formal closure of the operation.



National Society Strengthening

Budget: CHF 90,557

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

Operational Update No. 2 (as of 20 February 2026):

Two (2) DANA workshops are scheduled for the fourth and fifth weeks of March in San Pedro and Barahona, adopting a provincial approach and targeting 50 volunteers. These provinces were prioritized due to identified gaps in technical capacity related to Emergency Damage and Needs Assessments (EDAN), with the objective of strengthening the quality and timeliness of data collection in future



responses.

The CVA workshop will take place from 8–11 April and will be facilitated by the Regional CVA Coordinator together with a Data Co-Facilitator. Through this Operational Update, budget reallocation is proposed to cover the international travel costs associated with this technical support.

The Safer Access workshop is scheduled for 20–22 March.

Finally, the procurement process for Personal Protective Equipment (PPE) has been finalized, and the items are currently in the production phase.

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.

Operational Update No. 2 (as of 20 February 2026):

No changes in the operation's team are being reported.

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?

Operational Update No. 2 (as of 20 February 2026):

No changes to report.

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.

Operational Update No. 2 (as of 20 February 2026):

No changes to report.

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.

Operational Update No. 2 (as of 20 February 2026):

The National Society will proceed with the local procurement of hygiene kits using the remaining balance from the CVA budget buffer.

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.

Operational Update No. 2 (as of 20 February 2026):

The technical follow-up committees between the National Society and the IFRC Operations Manager remain active. In parallel, the additional activities previously reported in Operational Update No. 1 continue to be implemented.

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.

Operational Update No. 2 (as of 20 February 2026):

The Communications Consultant has expanded the reach of communication interventions to new audiences through local press, digital newspapers, and radio segments, increasing the visibility and impact of actions implemented under the DREF.

To date, 18 communications products have been issued, including interviews at community and branch levels, as well as coverage of DREF activities for dissemination through institutional digital channels, contributing to accountability and transparency.

During the implementation of the CVA programme, the consultant will provide field-level support and develop specific communication products related to this intervention.



Budget Overview



DREF OPERATION

MDRDO019 - Dominican Red Cross Dominican Republic: Hurricane Melissa

Operating Budget

Planned Operations	372,740
Shelter and Basic Household Items	6,923
Livelihoods	0
Multi-purpose Cash	199,422
Health	27,012
Water, Sanitation & Hygiene	74,205
Protection, Gender and Inclusion	11,715
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	25,028
Community Engagement and Accountability	28,436
Environmental Sustainability	0
Enabling Approaches	126,341
Coordination and Partnerships	0
Secretariat Services	35,784
National Society Strengthening	90,557
TOTAL BUDGET	499,081

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

