DREF Operational Update

Dominican Republic: Floods

Census in the province of Puerto Plata. Source: Dominican Red Cross.

Appeal: **MDRDO021**	Total DREF Allocation: **CHF 497,829**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: **FL-2026-000087-DOM**	People Affected: **30,500 people**	People Targeted: **10,000 people**	
Event Onset: **Sudden**	Operation Start Date: **21-04-2026**	New Operational End Date: **31-10-2026**	Total Operating Timeframe: **6 months**
Reporting Timeframe Start Date: **21-04-2026**		Reporting Timeframe End Date: **15-09-2026**	
Additional Allocation Requested: **0**		Targeted Regions: **Distrito Nacional, Espaillat, Maria Trinidad Sanches, Puerto Plata, San Cristobal, Santo Domingo, Valverde**	

Description of the Event

Date of event

12-04-2026

What happened, where and when?

From 7 April 2026, a trough system affected the Dominican Republic, generating intense rainfall and prolonged atmospheric instability across the country. At the height of the emergency, the National Emergency Operations Centre (Centro de Operaciones de Emergencias – COE) placed 28 provinces under alert: 4 under red alert, 17 under yellow alert and 7 under green alert, due to the risk of urban and flash flooding (COE Situation Reports, update of 16 April 2026).

The emergency reached a critical point on 12 April 2026, with ten fatalities reported. In response, the Government declared a State of Emergency through Decree No. 234-26 for the provinces of Santo Domingo, Puerto Plata, Espaillat, Valverde and Santiago, as well as the National District. This measure enabled the scaling up of response efforts in the most affected areas (Government of the Dominican Republic, Decree No. 234-26).

The intensity and duration of the rainfall, combined with saturated soils and the wide geographic spread of the impacts, resulted in a complex, multi-sectoral emergency. According to COE Situation Report No. 3, updated on 16 April 2026, more than 28 communities were cut off, five bridges sustained structural damage and approximately 30,500 people were evacuated to collective centres or hosted by relatives and friends.

The most affected areas included Santo Domingo, San Cristóbal, Puerto Plata, Espaillat, María Trinidad Sánchez, Valverde and the National District. Puerto Plata was the most severely affected province, particularly the municipality of Montellano, where the overflow of the Camú River affected 3,424 households. The flooding also forced the temporary closure of the municipal hospital, disrupting access to health services for approximately 20,753 people at the time (COE, 2026; local authority reports).

Many of the affected areas had also experienced recent hydrometeorological events and had not fully recovered when the April 2026 flooding occurred. This compounded existing vulnerabilities and reduced the capacity of households and communities to cope with the additional shock.

Scope and Scale

The impact of the event reflected a combination of densely populated urban and peri-urban settlements with structural drainage limitations—such as Santo Domingo Oeste, Los Alcarrizos, Pedro Brand and sectors of the National District—and rural and semi-rural areas highly exposed to river overflow and flooding, including Puerto Plata, Espaillat, María Trinidad Sánchez and Valverde. This territorial configuration amplified the effects of the event across multiple sectors, including housing, health, water and sanitation, livelihoods, mobility and access to basic services.

Field assessments conducted during the emergency confirmed particularly severe impacts in specific locations. In Puerto Plata province, especially in the municipalities of Villa Montellano and Sabaneta de Yásica, overflowing rivers caused extensive flooding in communities such as La Marina, La Chancleta, La Batata, Los Mellizos and Camú. In some of these areas, up to 100 per cent of households were affected by floodwaters. Critical infrastructure was also damaged, including the Camú bridge, significantly restricting access and requiring the use of alternative routes to deliver humanitarian assistance.

Disaggregated assessment data indicated that the most severe impacts were concentrated in the northern provinces, particularly Puerto Plata and Espaillat, where multiple communities reported high levels of impact. In municipalities such as Villa Montellano, Sabaneta de Yásica and Gaspar Hernández, several communities reported between 300 and 600 affected households, with some areas experiencing near-total impact. Communities including Los Ciruelos, Boca Nueva, El Buen Pan and Los Cartones in Puerto Plata, and Gaspar Hernández, Flamboyán and Batey 3 in Espaillat, recorded some of the highest levels of impact, including extensive damage to housing, disruption of basic services and urgent needs related to water, hygiene and essential household items.

Other areas—including María Trinidad Sánchez, Valverde, Dajabón, San Cristóbal and Santo Domingo Oeste—experienced more localized but still significant impacts, with the number of affected households ranging from small clusters to several hundred, depending on the community. In urban and peri-urban areas of Santo Domingo Oeste, communities including El Brugal and Juan Guzmán reported

between 150 and 350 affected households, demonstrating the wide geographic spread of the emergency.

Damage and Needs Assessments (EDAN) conducted during the emergency indicated that more than 59 per cent of assessed households in the most affected communities experienced direct flooding, while other structures were partially damaged or considered at risk. These conditions were compounded by disruptions to electricity supply, limited road access and the potential contamination of water sources, increasing both the operational complexity of the response and public health risks.

At the national level, the event had a broad systemic reach. According to COE and INDOMET information available as of 16 April 2026, rainfall affected more than 95 per cent of the national territory, with at least 126 municipalities exposed to significant precipitation. This demonstrated that the emergency was not confined to a single location but affected multiple provinces simultaneously, placing pressure on response systems across the country.

Analysis available at the time through the World Food Programme's ANACAONA platform estimated that more than 1.3 million people were exposed to varying levels of impact, including populations already experiencing high levels of socio-economic and climate-related vulnerability.

The scale of the event therefore extended beyond isolated or localized flooding. It constituted a multi-provincial emergency characterized by widespread disruption of basic services, damage to housing and community infrastructure, and increased pressure on households that had evacuated or sought temporary accommodation with relatives and friends. The combination of concentrated severe impacts in provinces such as Puerto Plata and Espaillat and more dispersed effects in other areas significantly increased the operational complexity of the response.

Furthermore, many of the affected areas had experienced previous hydrometeorological shocks and had not fully recovered when the April 2026 flooding occurred. This reduced household coping capacity and amplified the cumulative effects of recurrent hazards.

During the emergency, the National Institute for Drinking Water and Sewerage (INAPA) reported that 28 aqueducts were out of service, affecting more than 113,000 people nationwide (INAPA, April 2026). This further exacerbated vulnerabilities related to access to safe water and public health and directly informed the prioritisation of WASH interventions under the operation.

These geographic and sectoral variations in impact informed the operation's targeting strategy, with priority given to areas recording the highest concentration of affected households and the most critical needs.

Source Information

Source Name	Source Link
1. COE	https://www.coe.gob.do
2. INDOMET	https://indomet.gob.do
3. WFP	https://dominicanrepublic.un.org/es/296321-rep%C3%BAblica-dominicana-y-pma-a%C3%BAnan-esfuerzos-preventivos-ante-impacto-de-huracanes-con-enfoque
4. INAPA	https://inapa.gob.do

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:

This revision reflects actual expenditure, updated implementation costs and the resources required to complete the remaining activities. The revision is fully budget-neutral, and the total DREF allocation remains unchanged at 497,828.93 Swiss francs. The operation's overall objective, targeted population and implementation timeframe also remain unchanged, and no additional funding is requested.

The Shelter and Basic Household Items budget remains unchanged at 42,000 Swiss francs.

The Multi-purpose Cash budget decreases slightly from 178,715 to 178,582 Swiss francs. This adjustment reflects actual expenditure on the feasibility study and communication materials, together with updated costs for the equipment used for beneficiary validation and follow-up. The allocation for cash transfers and financial service provider fees remains sufficient to cover the completed intervention.

The Health budget increases from 20,200 to 24,795.35 Swiss francs. Additional resources are allocated to health-promotion campaigns, Mental Health and Psychosocial Support activities, primary healthcare sessions, epidemiological surveillance and community-awareness materials, reflecting higher actual implementation costs.

The WASH budget increases from 109,650 to 112,206.30 Swiss francs. Savings generated through the procurement of cleaning kits and adjustments to national transportation costs are redirected to cover higher expenditure for staff and volunteer mobilisation and vector-control kits. The revised allocation retains sufficient resources to complete the pending WASH distributions.

The Protection, Gender and Inclusion budget increases from 1,700 to 2,214.35 Swiss francs, primarily to cover the actual cost of coordination sessions with branches. The allocation for developing and disseminating Restoring Family Links messages remains unchanged.

The Risk Reduction, Climate Adaptation and Recovery budget decreases from 8,500 to 5,382 Swiss francs. The reduction reflects lower actual costs for the five Enhanced Vulnerability and Capacity Assessments and the production of community risk maps. Sufficient resources are retained to complete the validation, printing and dissemination of the planned community products.

The Community Engagement and Accountability budget decreases from 3,000 to 2,500 Swiss francs. The development of key operational messages was completed without using the corresponding allocation, while the resources required for the ten planned focus group discussions are maintained.

The Secretariat Services budget decreases from 42,250 to 37,150 Swiss francs. The planned deployment of a surge Operations Coordinator was not required because operational coordination was assumed directly by the Country Cluster Delegation. Part of the resulting savings is used to increase the allocation for post-operation maintenance of the two rented vehicles, which remain in use by the Dominican Red Cross. Funding for monitoring visits, IFRC staff support, the CVA surge deployment and vehicle rental is maintained.

The National Society operational staffing and support budget decreases from 31,800 to 30,000 Swiss francs following an adjustment to projected fuel expenditure. Allocations for the Operations Coordinator, drivers, Administrative Assistant and Logistics Assistant remain unchanged.

The volunteering development budget increases from 29,630 to 32,615 Swiss francs. The increase strengthens the allocation for the lessons learned workshop, from 12,015 to 15,000 Swiss francs, to reflect its anticipated implementation and documentation costs. Allocations for search and rescue training, volunteer insurance and the procurement of five search and rescue kits remain unchanged.

Overall, the revision reallocates savings from activities completed below budget or no longer required to areas with higher actual costs and to priority activities that must be completed during the final implementation phase. These reallocations do not change the total approved DREF allocation of 497,828.93 Swiss francs.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation (CCD) for the Dominican Republic has maintained close coordination with the Dominican Red Cross throughout the response and implementation of the DREF operation. During the initial emergency phase, the IFRC Disaster Risk Management team participated in coordination meetings held within the National Crisis Management Room, supporting operational planning, information analysis and the alignment of response priorities. The CCD coordinated with the IFRC Regional Office for the Americas during the preparation and approval of the DREF allocation, ensuring compliance with applicable procedures, technical standards and quality requirements. Technical support has continued during implementation in key areas, including operational coordination, Cash and Voucher Assistance (CVA), logistics, finance, monitoring and sectoral interventions.
Participating National Societies	During the initial phase of the emergency, the Italian Red Cross maintained regular coordination with its headquarters in Rome and exchanged information with partners, including the French Red Cross and ECHO, to support situational awareness and explore potential areas of assistance to the Dominican Red Cross.

ICRC Actions Related To The Current Event

No specific operational actions by the International Committee of the Red Cross (ICRC) were identified in direct relation to this emergency. Existing Movement coordination channels remained available to support complementarity if required.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	Through Decree No. 234-26, the President of the Dominican Republic declared a State of Emergency for the provinces of Santo Domingo, Puerto Plata, Espaillat, Valverde and Santiago, as well as the National District. The declaration enabled national response capacities to be scaled up to address the impacts of the flooding. During the emergency, the National Emergency Operations Centre (COE) led the overall coordination of the national response, operating in permanent session, consolidating impact data and coordinating the institutions comprising the National System for Prevention, Mitigation and Response. Its actions included issuing alerts and public guidance, coordinating evacuations and monitoring conditions in affected areas. Multiple government institutions participated in response operations. The Ministry of Defence, through the Armed Forces, conducted search, rescue and evacuation activities, including assistance to more than 150 people in Puerto Plata, with support

	from aerial, maritime and specialized response units. Civil Defence activated Emergency Operations Centres at the national and provincial levels, coordinated evacuations, monitored high-risk areas and supported affected communities. The Ministry of Public Works and Communications (MOPC) deployed technical teams to assess damage to critical infrastructure, including roads and bridges, remove debris and restore access to affected areas. During the emergency, the National Institute for Drinking Water and Sewerage (INAPA) reported disruptions affecting 28 aqueduct systems and more than 113,000 people. The institution conducted monitoring and technical assessments to support the restoration of water supply services. In the social sector, institutions including the Social Plan of the Presidency and the Economic Kitchens Programme mobilized food and water assistance for affected populations. The Ministry of Public Health activated its health coordination mechanisms within the COE, including epidemiological surveillance and health monitoring at the provincial level. These actions demonstrated a significant national response capacity. Nevertheless, the scale, geographic dispersion and multi-sectoral nature of the impacts required complementary humanitarian assistance to address priority needs and support the recovery of affected households.
UN or other actors	During the initial response phase, the World Food Programme (WFP) coordinated with national authorities and humanitarian actors and shared analytical information through the ANACAONA platform. This information contributed to situational awareness and early response planning. No continuing WFP intervention specifically linked to this emergency has been identified for the current reporting period. Other humanitarian and development partners, including non-governmental organisations and international organisations, contributed to coordination and information sharing during the emergency through national mechanisms such as the National Risk Management Forum.

Are there major coordination mechanism in place?

The response is coordinated through the established mechanisms of the National System for Prevention, Mitigation and Response, led by the COE, which operates in permanent session and ensures inter-institutional coordination at national level.

Sectoral coordination tables—including health, WASH and social assistance—were activated, bringing together government institutions, first responders and humanitarian actors to facilitate technical coordination, information sharing and alignment of interventions.

In highly affected areas such as Montellano (Puerto Plata), a joint command centre was established under COE coordination, with participation from all response institutions. Within this framework, the Dominican Red Cross led community-level interventions, including assessments and humanitarian assistance.

Needs (Gaps) Identified

Shelter Housing And Settlements

The initial territorial analysis showed a high concentration of impact in Puerto Plata and Espaillat, where approximately 5,011 and 2,477 households, respectively, were reported as affected. Together, these provinces accounted for more than 90 per cent of the affected households identified through preliminary assessments. Several communities in these areas experienced severe flooding, with nearly all households affected in some locations.

Other provinces experienced more localized and less extensive damage. Preliminary assessments identified approximately 539 affected households in Santo Domingo, 111 in María Trinidad Sánchez, 30 in Valverde and 20 in San Cristóbal.

During the emergency, approximately 30,500 people were reported as evacuated. Most stayed with relatives or friends rather than in collective centres, partly because of the limited conditions available in shelters and a preference for family-based support arrangements. This placed additional pressure on host households and increased the vulnerability of both displaced families and the households accommodating them.

The main impacts identified during the assessments included the loss of essential household items, deterioration of living conditions, and the accumulation of mud and debris inside homes. These conditions limited the ability of affected households to restore safe and habitable living environments without external assistance.

The principal gaps identified during the initial assessment phase included:

Insufficient availability of cleaning and rehabilitation materials for affected households.
The need to replace essential household items that had been lost or damaged.
Limited household capacity to restore safe living conditions without external support.
Increased pressure on households hosting evacuated families.

These findings informed the operation's early recovery interventions, which prioritized the restoration of basic living conditions in areas with high concentrations of damage and limited household coping capacity.

Multi purpose cash grants

The flooding significantly reduced the economic capacity of affected households and disrupted both rural and urban livelihoods. The loss of productive assets, interruption of income-generating activities and temporary displacement reduced household liquidity, limiting the ability of affected families to independently meet essential needs such as food, healthcare, shelter recovery and basic household goods.

Assessments conducted by the Dominican Red Cross identified losses in agricultural production, poultry farming and small businesses, particularly neighbourhood shops ("colmados"). The loss of stock and productive assets directly affected income generation at both household and community levels.

Given the diverse needs of affected households, the initial assessment identified the importance of providing flexible and timely assistance that would allow families to prioritise their most urgent needs in a dignified manner.

The principal gaps identified included:

Reduced household purchasing power.
Loss of productive assets and sources of income.
Limited capacity to meet basic needs without external assistance.
The need for flexible, timely and context-appropriate assistance mechanisms.

These findings informed the inclusion of multipurpose cash assistance within the operation. A cash feasibility study was included to confirm market functionality, assess available delivery mechanisms and inform the final design and implementation of the cash intervention.

Health

During the emergency, the Ministry of Public Health, through the General Directorate of Epidemiology (DIGEPI), issued an epidemiological alert in response to the increased risk of disease outbreaks in affected areas.

Flooding conditions—including exposure to contaminated water, the accumulation of stagnant water and overcrowding—heightened the risk of communicable diseases such as dengue, malaria, leptospirosis, diarrhoeal diseases and respiratory infections. Exposure to floodwaters and deteriorating living conditions also increased the likelihood of skin infections and other environment-related illnesses.

The emergency also affected the psychosocial well-being of the affected population, particularly among people experiencing

displacement, loss of assets, disruption of livelihoods and uncertainty regarding their recovery.

The principal health gaps identified during the initial assessment phase included:

1. Limited access to timely, clear and actionable health information and risk communication.
2. Insufficient application of disease-prevention practices in emergency conditions.
3. Increased exposure to vector-borne and water-borne diseases.
4. Deterioration of psychosocial well-being due to stress, loss and displacement.
5. Limited access to health services and weakened community-level surveillance.
6. The need to expand rapid health assessments in affected areas.

These findings informed the prioritisation of health promotion, disease prevention, community-based surveillance, Mental Health and Psychosocial Support (MHPSS), Psychological First Aid (PFA) and primary healthcare outreach activities under the operation.

Water, Sanitation And Hygiene

WASH was identified as a priority sector during the initial phase of the emergency. Field assessments highlighted significant challenges related to access to safe drinking water, household and community sanitation conditions, and the ability of affected households to maintain appropriate hygiene practices.

Disruptions to water supply systems, combined with environmental contamination and the accumulation of stagnant water, increased public health risks in affected communities.

The principal WASH gaps identified during the initial assessment phase included:

1. Limited availability of and access to safe drinking water.
2. Deterioration of sanitation conditions at household and community levels.
3. Accumulation of solid waste and stagnant water, contributing to environmental contamination.
4. Limited ability to maintain appropriate hygiene practices because of insufficient supplies and information.
5. Increased exposure to water-borne and vector-borne diseases.

These findings informed the prioritisation of hygiene and cleaning supplies, vector-control materials, hygiene promotion, safe water storage and support for community-level sanitation activities under the operation.

Protection, Gender And Inclusion

Initial assessments indicated that overcrowding, stress and the loss of household assets increased exposure to violence, abuse and other protection concerns, particularly among women, children, older persons and persons with disabilities. Gaps were also identified in the timely identification and safe referral of people requiring protection services.

Some affected households experienced difficulties restoring family links and obtaining clear information about available services and assistance mechanisms.

In Puerto Plata, particularly in Villa Montellano, the temporary closure of the municipal hospital further exacerbated existing vulnerabilities during the emergency. This particularly affected pregnant women, older persons and people with chronic health conditions, who faced additional barriers to accessing essential health services.

The principal gaps identified during the initial assessment phase included:

Limited access to protection services and safe referral pathways.
Increased risks related to gender-based violence and child protection.
Barriers preventing vulnerable groups from accessing health services.
Limited access to clear, accessible and actionable information.

These findings informed the integration of Protection, Gender and Inclusion (PGI), safeguarding, referral mechanisms and inclusive communication measures across the operation.

Migration And Displacement

The provinces affected by the flooding host migrant populations, including people in irregular situations, who may face heightened vulnerability because of barriers to accessing services, information and government assistance mechanisms. These barriers created an additional risk of exclusion from the emergency response.

The principal risks and gaps identified included:

Barriers to accessing humanitarian assistance and clear information.
Risk of discrimination or exclusion from available support mechanisms.
Limited visibility of migrant needs within assessment, targeting and response systems.

These considerations informed the operation's inclusive and non-discriminatory approach, including the use of vulnerability-based targeting criteria, accessible communication and measures to facilitate equitable access to assistance regardless of migration status.

Risk Reduction, Climate Adaptation And Recovery

The April 2026 flooding highlighted the high exposure of communities to recurrent hydrometeorological hazards. The intensity of the rainfall, saturation of soils and overflowing rivers exceeded local response capacities in the most affected areas and revealed gaps in community-level risk management.

During the initial response phase, priorities included restoring safe living conditions and supporting the early recovery of affected livelihoods. Beyond immediate assistance, the event also underscored the importance of strengthening community resilience, preparedness and local capacity to manage recurrent risks.

The principal gaps identified included:

Limited community-level preparedness and awareness of disaster risks.
Insufficient local capacity for risk reduction and preparedness.
Limited household capacity to restore livelihoods following repeated shocks.

These findings informed the inclusion of community-based risk assessment, awareness and early-recovery activities within the operation.

Community Engagement And Accountability

Initial assessments identified gaps in access to clear, timely, reliable and actionable information about available assistance, eligibility criteria and prevention measures. Limitations were also identified in structured feedback and complaints mechanisms, reducing opportunities for affected people to communicate their needs, concerns and perceptions and to influence operational decisions.

The principal CEA gaps identified included:

Limited access to reliable and actionable information.
Insufficiently structured feedback and complaints mechanisms.
Limited community participation in response-related decision-making.

These findings informed the integration of Community Engagement and Accountability (CEA) across the operation, including strengthened two-way communication, community consultations and accessible feedback and complaints mechanisms. These measures aim to ensure that community feedback is systematically considered in the implementation and adaptation of the response.

Any identified gaps/limitations in the assessment

Gaps and limitations of the initial assessments

The assessments conducted by the Dominican Red Cross during the initial phase of the emergency provided critical information on the scale, geographic distribution and consequences of the flooding. However, several limitations affected the completeness and precision of the initial analysis.

Assessment of unmet needs

Initial findings indicated that needs across key sectors—including shelter, WASH, health and livelihoods—had only been partially assessed, particularly in hard-to-reach and recently affected communities. In some locations, sector-specific information was still being validated, limiting the ability to fully quantify unmet needs and prioritize interventions during the early stages of the response.

Resource limitations

The scale and geographic dispersion of the emergency placed considerable pressure on available assessment capacity. Constraints related to human resources, logistics and data-management tools affected the speed and coverage of assessments, particularly in remote or severely affected locations requiring repeated visits.

Operational challenges

Damage to roads, bridges and other infrastructure restricted access to some communities. Continuing rainfall and unstable weather conditions during the initial emergency phase created additional challenges for assessment teams. The changing situation also required information to be regularly reviewed and operational priorities to be adjusted as new findings became available.

Data and information gaps

Differences between information reported through official sources and field-level assessments required further harmonisation and validation. In some locations, incomplete or rapidly changing information made it difficult to establish a consolidated picture of the impact during the initial phase.

Coordination challenges

Although national and local coordination mechanisms were activated, the simultaneous involvement of multiple institutions and organisations across different territories created challenges for the timely sharing, consolidation and verification of assessment data. This presented a risk of gaps or duplication in geographic and sectoral coverage.

Inclusion of vulnerable groups

Initial efforts were made to integrate Protection, Gender and Inclusion (PGI) considerations into the assessments. Nevertheless, the specific needs and barriers faced by some groups—including migrants, persons with disabilities, older persons and people with chronic health conditions—may not have been fully captured during the initial assessment phase. This highlighted the need for targeted outreach, inclusive monitoring and accessible feedback mechanisms throughout implementation.

These initial limitations informed the operation's adaptive planning approach, including continued data validation, field monitoring, community engagement and the adjustment of activities based on implementation findings and feedback from affected communities.

Operational Strategy

Overall objective of the operation

Through this DREF operation, the Dominican Red Cross aims to assist 10,000 people affected by the April 2026 floods across the provinces of San Cristóbal, Santo Domingo, Puerto Plata, María Trinidad Sánchez, Valverde and Espaillat.

The operation seeks to improve immediate living conditions and support the early recovery of affected households by facilitating access to essential services and assistance in shelter, water, sanitation and hygiene (WASH), health and livelihoods. Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) are integrated throughout the response.

Operation strategy rationale

Operation strategy rationale

The operation continues to provide targeted and coordinated humanitarian assistance to households affected by the April 2026 floods, based on the priority needs identified through assessments conducted by the Dominican Red Cross. As of this Operational Update, substantial progress has been achieved across several sectors, while the remaining activities are being prioritized for completion during the final phase of implementation.

The flooding caused significant damage to housing, loss of essential household items, disruption of livelihoods and deterioration of sanitary conditions. The operational strategy therefore focused on:

Reducing risks to health and well-being through WASH, health promotion, disease prevention and Mental Health and Psychosocial Support (MHPSS) interventions.
Restoring minimum living conditions through the provision of essential household and hygiene items.
Supporting household recovery and the coverage of essential needs through multipurpose cash assistance.
Integrating Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) throughout implementation.
Strengthening community preparedness and the operational readiness of the Dominican Red Cross.
Summary by sector of intervention

Shelter, Housing and Settlements

The distribution of kitchen kits and jerrycans has reached 991 households, representing approximately 94 per cent of the planned target. Distribution remains pending in one community and will be completed during the final phase of the operation.

Multipurpose Cash Assistance (CVA)

The multipurpose cash intervention has been completed. A total of 825 households received unconditional cash assistance, exceeding the original target of 800 households by 25. Exchange-rate gains generated sufficient resources to include these additional households without increasing the approved budget.

The additional households had already undergone the initial eligibility assessment and had been placed on a pre-validated reserve list in case selected recipients did not complete the process or sufficient resources became available. Of the households assisted, 62 received support through authorized proxy arrangements to address barriers that would otherwise have prevented them from completing the transfer process.

Health and Mental Health and Psychosocial Support

Health and MHPSS activities have reached 8,095 people through health-promotion campaigns, community outreach and psychosocial support, representing approximately 81 per cent of the overall target. Two of the eight planned sessions for volunteers in community-based health and Psychological First Aid (PFA) have been completed.

The Dominican Red Cross has also recorded 5,404 household visits. These visits formed part of community-wide interventions combining health promotion, epidemiological and vector surveillance, distribution of supplies and the identification and referral of people requiring additional assistance. This figure represents the cumulative number of visits conducted and should not be interpreted as the number of unique households reached.

Planned general and specialized medical consultations have been completed. During the final implementation phase, the National Society will prioritize the remaining health and MHPSS activities and the completion of outstanding health indicators.

Implementation experience showed that health-promotion campaigns, MHPSS sessions and primary healthcare outreach required more resources than initially estimated. The revised budget therefore reallocates savings from other lines to cover the actual costs of these activities.

Water, Sanitation and Hygiene (WASH)

A total of 991 households received hygiene kits, representing approximately 94 per cent of the planned target. The operation also completed the distribution of 2,100 vector-control kits, complemented by awareness activities addressing vector-borne disease prevention. Health and hygiene-promotion activities reached 7,623 people.

The remaining distribution in one community and the delivery of 150 cleaning kits will be prioritised during the final phase. Distribution

and transportation costs have been adjusted slightly to reflect actual implementation requirements.

Savings were generated through the procurement of cleaning kits and the National Society's use of a competitive multi-supplier approach. These savings are being reallocated to budget lines with higher-than-anticipated implementation costs, particularly under Health.

Protection, Gender and Inclusion (PGI)

PGI and RFL messages have reached 5,586 people, representing approximately 56 per cent of the target. Three of the five planned PGI sessions have been completed. The final phase will prioritise the remaining sessions and expand the dissemination of key messages through available Red Cross communication and community-outreach channels.

The budget for PGI sessions has been increased to reflect the resources required to complete the planned activities and strengthen the integration of protection, safeguarding and inclusion measures across the operation.

Risk Reduction, Climate Adaptation and Recovery

Enhanced Vulnerability and Capacity Assessments (EVCA) have been completed in all five targeted communities. The corresponding community plans are being prepared for printing, while the community risk maps are undergoing digitalisation, review and validation.

As the EVCA processes have been completed and savings were identified in the related budget lines, allocations for the assessments and printing of community maps have been reduced. Resources have been retained to finalise, validate and disseminate the agreed community products.

Community Engagement and Accountability (CEA)

Five of the ten planned focus group discussions have been completed. Feedback and monitoring mechanisms include post-distribution monitoring and perception surveys, which will support the assessment of satisfaction, appropriateness and accessibility of the assistance provided.

Two USAR workshops were conducted with 108 participants. The activity related to the development of key messages has also been completed, generating a remaining balance that will be reallocated to other operational lines requiring additional resources. The remaining focus group discussions and feedback activities will be prioritised during the final phase.

National Society Strengthening

The procurement of search and rescue kits is in progress. These kits will replace essential equipment damaged or lost during the initial emergency response and contribute to the operational readiness and safety of Dominican Red Cross response teams.

The lessons learned workshop will be conducted towards the end of the operation. Its budget allocation has been adjusted slightly to reflect the anticipated costs of facilitating meaningful participation and documenting operational learning.

Final implementation priorities

The remaining implementation period will focus on completing the priority indicators related to Health, WASH, PGI, Risk Reduction, Climate Adaptation and Recovery, and National Society Strengthening. Immediate priorities include completing the outstanding health and MHPSS activities, distributing the remaining 150 cleaning kits, expanding the dissemination of PGI messages, completing the two outstanding PGI sessions, and finalising, validating, printing and disseminating the community plans and risk maps.

The Operational Update introduces a budget-neutral revision based on a detailed line-by-line review conducted jointly by the Dominican Red Cross and the IFRC. The adjustments align allocations with actual expenditure and remaining implementation needs. The overall objective, targeted population and total DREF allocation remain unchanged, and no additional funding is being requested.

Targeting Strategy

Who will be targeted through this operation?

Targeting strategy

The operation targets 10,000 people affected by the April 2026 floods across the provinces of San Cristóbal, Santo Domingo, Puerto Plata, María Trinidad Sánchez, Valverde and Espaillat.

The response has prioritized households experiencing the highest levels of impact and vulnerability. Beneficiary identification and selection were informed by Damage and Needs Assessments (EDAN), sectoral assessments, community-level censuses and validation processes conducted with Dominican Red Cross branches, local authorities and community representatives.

Targeting focused on households in priority communities that experienced significant damage to their homes, loss of essential household or productive assets, disruption of livelihoods, limited access to basic services or reduced capacity to recover without external assistance.

Priority groups

Particular attention was given to people and households facing increased vulnerability, barriers to accessing assistance or heightened exposure to protection risks, including:

Women and female-headed households.
Children and adolescents.
Older persons.
Persons with disabilities.
People with chronic health conditions.
Pregnant and lactating women.
Migrants, particularly those in irregular situations.

These considerations were integrated into beneficiary selection, communication and assistance-delivery processes to promote safe, equitable and non-discriminatory access to support.

Targeting approach

Beneficiary identification and verification were conducted through a combination of:

Community-level censuses and EDAN assessments.
Sector-specific assessments and household-level verification.
Coordination with Dominican Red Cross branches and local authorities.
Engagement with community leaders and representatives.
Application of vulnerability and sector-specific eligibility criteria.
Community validation and feedback mechanisms.

For the multipurpose cash intervention, eligible households that had completed the initial assessment but were not included in the first selection were placed on a pre-validated reserve list. Exchange-rate gains subsequently made it possible to assist 25 additional households from this list, increasing the number of households receiving cash assistance from the original target of 800 to 825. Proxy arrangements were used for 62 households that faced barriers to completing the transfer process directly.

This approach supported context-specific, evidence-based and locally validated targeting while enabling the operation to adapt to implementation findings and use available resources efficiently.

Explain the selection criteria for the targeted population

The operation applied a combination of criteria to ensure that assistance is directed to the most affected and vulnerable households:

Severity of impact:
Households with significant damage to housing, loss of essential household items or unsafe living conditions

Livelihood impact:
Households that have lost income sources or productive assets, including small-scale farmers, livestock owners and small business operators
Access to basic needs:
Families facing difficulties in accessing food, safe water, hygiene conditions and basic services, particularly those in evacuation or host family arrangements
Vulnerability factors:
Households including older persons, persons with disabilities, pregnant women, children, chronically ill individuals and migrants
Geographic prioritisation:
Communities with the highest concentration of impact, based on EDAN data and coordination with local actors
Application of targeting criteria

Beneficiary selection was conducted through field-level verification, in coordination with branches and community leaders, ensuring accuracy and transparency.

A Protection, Gender and Inclusion (PGI) approach was systematically applied to prevent exclusion and ensure equitable access to assistance for all population groups.

In parallel, Community Engagement and Accountability (CEA) mechanisms were integrated to:

Clearly communicate targeting criteria
Enable community feedback and validation
Address complaints and reduce risks of exclusion or social tension

Total Targeted Population

Women	3,688	Rural	35%
Girls (under 18)	1,450	Urban	65%
Men	3,478	People with disabilities (estimated)	7%
Boys (under 18)	1,384		
Total targeted population	10,000		

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	No

policy?	
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**
Continued rainfall and new flooding events affecting operations	Continuous monitoring with COE and INDOMET; flexible micro-planning; prioritisation based on access windows; pre-positioning of relief items; adaptive operational planning.
Limited access to affected communities	Use of alternative access routes; coordination with local authorities and first responders; decentralized planning through branches; prioritisation of accessible high-impact areas.
Delays in implementation of assistance	Early activation of supply chains; use of pre-positioned stocks; simplified procurement processes; close coordination with IFRC logistics support.
Data gaps and inconsistencies affecting targeting	Continuous data validation; harmonisation of datasets; strengthening of information management systems; use of digital tools (e.g. AccessRC).
Duplication or gaps in assistance delivery	Active participation in COE and coordination platforms; mapping of assistance; alignment of targeting criteria with government programmes (e.g. Supérate) and partners.
Community tensions related to beneficiary selection	Clear communication of targeting criteria; engagement with community leaders; establishment of feedback and complaints mechanisms (CEA); staff and volunteer training in PGI and CEA.
Safeguarding and protection risks (including SEA)	Immediate mitigation measures are already in place and will be applied throughout the operation. These include mandatory adherence to the Code of Conduct for all staff and volunteers, safeguarding awareness briefings prior to deployment, and the integration of Protection, Gender and Inclusion (PGI) measures across all activities. In addition, confidential feedback and complaints mechanisms will be established and communicated to affected communities to enable safe reporting of any concerns. These measures aim to ensure that risks are proactively managed from the outset while the safeguarding action plan is being finalized and operationalized.
Data protection risks in CVA implementation	Provision of institutional devices and SIM cards; enforcement of data protection protocols; staff training on data protection and responsible data management.
Exclusion of vulnerable groups from assistance	Application of PGI criteria in targeting; inclusive communication strategies; targeted outreach to vulnerable groups; monitoring of inclusion indicators.
Operational capacity constraints at branch level	Deployment of surge support from national level; targeted training (including search and rescue, PGI, CEA); reinforcement

	of branch-level coordination and supervision.
Public health risks affecting staff, volunteers and communities	Provision of PPE; health and hygiene promotion; vaccination awareness where applicable; monitoring of health risks; integration of community-based surveillance.
Reduced operational capacity of the National Society during concurrent or planned events (e.g. new emergencies, Semana Santa, end-of-year holidays)	Advance operational planning and prioritisation of activities; pre-identification and scheduling of surge capacity; reinforcement of branch-level human resources; flexible deployment plans; coordination with IFRC for potential surge support; adjustment of implementation timelines where necessary.
Delays in CVA implementation	Delays in CVA implementation due to market assessments or contracting processes will be mitigated through early initiation of feasibility studies, pre-identification of service providers and parallel implementation of key processes.

Please indicate any security and safety concerns for this operation:

The operational environment remained relatively stable during the reporting period. Nevertheless, safety, security, public health and safeguarding risks continued to require monitoring because of the nature of field activities and the conditions in some affected communities.

During the initial emergency phase, field teams faced access-related hazards associated with damaged roads and bridges, unstable terrain, flooded areas and debris. These conditions increased the risk of accidents during assessments, distributions and community outreach and were further complicated by continuing rainfall and rapidly changing conditions. Although the acute flooding conditions have subsided, safe movement procedures remain relevant for activities in remote or previously affected locations.

Exposure to contaminated water, stagnant water and inadequate sanitation conditions also presented public health risks for affected communities, staff and volunteers, particularly in relation to water-borne and vector-borne diseases. These risks were addressed through personal protective equipment, health and hygiene promotion, vector-control activities and coordination with health authorities.

Potential community tensions were identified during beneficiary selection and distribution because the level of need exceeded the assistance available. Clear communication on eligibility criteria, assistance modalities and implementation timelines, together with community feedback mechanisms, helped manage expectations and reduce the risk of dissatisfaction or confrontation.

Safeguarding risks, including sexual exploitation and abuse (SEA), remained a priority throughout the operation. The Dominican Red Cross initiated work on a detailed safeguarding action plan with technical support from the IFRC Regional PGI focal point. Pending its full operationalisation, risk-mitigation measures include adherence to the Code of Conduct, safeguarding briefings for staff and volunteers, integration of PGI considerations into activities, and the use of confidential feedback and reporting channels. The status and remaining actions under the safeguarding plan will continue to be followed up during the final implementation phase.

Fatigue and stress among staff and volunteers also remained important considerations because of intensive field activities, extended working hours and possible overlap with other National Society operations. Team rotations, adequate rest periods, supervisory follow-up and psychosocial support are promoted where required.

The Dominican Red Cross continues to apply standard security procedures, including security briefings, use of appropriate personal protective equipment, safe movement protocols and coordination with local authorities and response actors. The operational context and associated risks will continue to be monitored, and mitigation measures will be adapted as necessary until the completion of the operation.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 44,730
Targeted Persons: 5,250
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of households receiving kitchen kits	1,050	991
Number of families who received jerrycans	1,050	991

Progress Towards Outcome

As of the reporting date, the Dominican Red Cross had provided kitchen kits and jerrycans to 991 of the 1,050 targeted households, representing 94 per cent of the planned coverage. These items supported affected families in replacing essential household goods lost or damaged during the floods and in restoring minimum living conditions, including safer household water storage.

Distributions were implemented through Dominican Red Cross branches and volunteers, using the beneficiary lists established through the assessment and community-validation process. One community, comprising the remaining 59 targeted households, had not yet received the planned assistance at the time of reporting. The distribution of the outstanding kitchen kits and jerrycans will be prioritized during the final phase of the operation.

Post-distribution monitoring will assess the relevance, accessibility and use of the assistance, as well as beneficiary satisfaction and any remaining barriers to restoring safe and adequate living conditions.

Multi Purpose Cash

Budget: CHF 190,190
Targeted Persons: 4,100
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of households receiving multipurpose cash assistance	800	825
Number of feasibility studies conducted	1	1

Progress Towards Outcome

The multipurpose cash intervention was completed during the reporting period. A total of 825 households received unconditional cash assistance, exceeding the original target of 800 households by 25 and achieving 103 per cent of the planned coverage. The assistance provided affected households with flexible resources to prioritize their essential needs according to their individual circumstances.

The additional 25 households were supported using savings generated through favourable exchange-rate variations. These households had already met the eligibility criteria and had been placed on a pre-validated reserve list in case initially selected households did not complete the process or additional resources became available. This enabled the National Society to expand coverage without increasing the approved DREF allocation.

Proxy arrangements were used for 62 households whose selected recipients faced barriers to completing the transfer process directly. These arrangements enabled eligible households to access the assistance while maintaining the required verification and accountability measures.

Post-distribution monitoring and a beneficiary-perception survey will assess the accessibility, timeliness, safety and appropriateness of the assistance, the priority needs covered, beneficiary satisfaction and any protection or inclusion concerns. The findings will inform the final evaluation of the cash intervention and future CVA programming by the Dominican Red Cross.

Health

Budget: CHF 26,407
Targeted Persons: 10,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with health promotion and MHPSS activities	10,000	8,095
Number of sessions for volunteers in community-based health and PFA	8	2
Number of households reached through household visits	2,000	5,404
Number of people referred to health or specialised services	200	200

Progress Towards Outcome

As of the reporting date, health promotion and Mental Health and Psychosocial Support (MHPSS) activities had reached 8,095 people, representing approximately 81 per cent of the overall target of 10,000 people. Within this reach, 7,623 people received health-promotion and disease-prevention information through household visits and community outreach.

The Dominican Red Cross recorded 5,404 household visits as part of integrated community-level interventions. These visits combined health promotion, epidemiological and vector surveillance, identification of health concerns, distribution of relevant supplies and referral to available services when required. The figure represents the cumulative number of visits conducted and should not be interpreted as the number of unique households reached.

Two of the eight planned sessions for volunteers in community-based health and Psychological First Aid (PFA) were completed. These sessions strengthened volunteers' capacity to provide basic psychosocial support and to identify people who might require additional or specialized assistance. The remaining six sessions will be prioritized during the final phase of the operation.

The planned general and specialized medical consultations were also completed, facilitating access to primary healthcare for affected people, including those who faced barriers to accessing regular health services following the floods.

Implementation showed that health-promotion campaigns, MHPSS sessions and primary healthcare outreach required more resources than initially estimated. The budget revision therefore reallocates savings from other operational lines to cover actual implementation costs and ensure completion of the remaining health activities, without changing the total DREF allocation.

During the final phase, the operation will prioritize the outstanding health indicators, consolidate activity and referral records, and document the reach and results of the integrated community health and MHPSS approach.

Water, Sanitation And Hygiene

Budget: CHF 119,500
Targeted Persons: 10,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of hygiene kits distributed	1,050	991
Number of cleaning kits distributed	1,050	900
Number of vector control kits distributed	2,100	2,100
Number of people reached through hygiene promotion	10,000	7,623

Progress Towards Outcome

As of the reporting date, 991 of the 1,050 targeted households had received hygiene kits, representing 94 per cent of the planned coverage. These distributions supported affected families in maintaining essential hygiene practices following the floods and complemented the provision of jerrycans for safer household water storage. Assistance to the remaining households in one community will be completed during the final phase of the operation.

The Dominican Red Cross also completed the distribution of 2,100 vector-control kits, achieving 100 per cent of the planned target. These distributions were accompanied by community awareness activities on dengue and other vector-borne disease risks, including measures to reduce mosquito breeding sites and improve household prevention practices.

Health and hygiene-promotion activities reached 7,623 people through household visits and community-level outreach. These interventions combined practical hygiene information, vector surveillance, distribution of supplies and the identification of public health concerns within affected communities.

As of the reporting date, 900 of the 1,050 planned cleaning kits had been distributed, with 150 remaining pending. Their delivery will be prioritized during the final implementation phase to support households in cleaning and restoring flood-affected living spaces.

The use of a competitive multi-supplier procurement approach generated savings in the acquisition of cleaning kits. Part of these savings will be reallocated to other operational activities with higher-than-anticipated costs, while retaining sufficient resources to complete the planned WASH assistance. A slight increase in distribution and transportation costs has also been incorporated into the revised budget to reflect actual final-mile delivery requirements.

Post-distribution monitoring and community feedback will be used to assess the relevance and use of the WASH items, beneficiary satisfaction and any remaining barriers to safe water storage, hygiene and household sanitation.

Protection, Gender And Inclusion

Budget: CHF 2,358
Targeted Persons: 10,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with RFL messages	10,000	5,586
Number of PGI sessions conducted	5	3

Progress Towards Outcome

As of the reporting date, 5,586 people had been reached with key Protection, Gender and Inclusion (PGI) and Restoring Family Links (RFL) messages, representing approximately 56 per cent of the target of 10,000 people. The messages were integrated into community outreach and sectoral activities to increase awareness of protection risks, available services, referral pathways and safe access to humanitarian assistance.

Three of the five planned PGI sessions were completed. These sessions supported the integration of protection, inclusion and safeguarding considerations into the operation and reinforced awareness among staff and volunteers of barriers affecting women, children, older persons, persons with disabilities, migrants and other groups at heightened risk of exclusion.

PGI considerations were also incorporated into beneficiary identification, communication and assistance-delivery processes. This included the application of vulnerability criteria, promotion of non-discriminatory access and coordination with CEA activities to ensure that information and feedback channels were accessible to different population groups.

The remaining two PGI sessions and the expanded dissemination of key messages will be prioritized during the final phase of the operation. The corresponding budget line has been increased to reflect the actual resources required to complete these activities and reach the intended population. This increase will be covered through reallocations within the existing DREF budget and will not affect the total approved allocation.

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 5,732
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of EVCA assessments conducted	5	5

Number of community risk maps produced	5	0

Progress Towards Outcome

The Dominican Red Cross completed Enhanced Vulnerability and Capacity Assessments (EVCA) in all five targeted communities, achieving 100 per cent of the planned target. The participatory assessments supported communities in identifying priority hazards, vulnerabilities, existing capacities and practical measures to strengthen preparedness for recurrent flooding and other hydrometeorological risks.

Based on the assessment findings, community-level plans were developed to guide local risk-reduction and preparedness actions. These plans are being prepared for printing and dissemination during the final phase of the operation.

Five community risk maps are also under development. At the time of reporting, the information collected through the EVCA process was being digitalized and reviewed. The remaining steps include community validation, finalisation, printing and dissemination of the maps so that they can support local risk awareness, preparedness and decision-making.

Implementation costs for the EVCA activities and production of community materials were lower than initially estimated. The corresponding budget lines have therefore been reduced, and the identified savings will be reallocated to activities requiring additional resources. Sufficient funding has been retained to complete the validation, printing and dissemination of the five community plans and risk maps, and the adjustment does not affect the agreed sectoral targets or the total DREF allocation.

Community Engagement And Accountability

Budget: CHF 2,663
Targeted Persons: 10,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of focus group sessions conducted	10	5
Number of feedback mechanisms established	1	1

Progress Towards Outcome

Community Engagement and Accountability (CEA) has been integrated across the operation to support transparent communication, community participation and the use of feedback in operational decision-making.

Five of the ten planned focus group discussions had been completed as of the reporting date. These discussions provided affected people with opportunities to share their views on priority needs, access to assistance, communication and the relevance of the support provided. The remaining five focus groups will be conducted during the final phase of the operation.

The operation's feedback mechanism has been structured around face-to-face engagement, post-distribution monitoring and a beneficiary-perception survey. These tools will support the systematic collection of feedback on the accessibility, timeliness, safety and appropriateness of assistance across the different sectors, including in-kind distributions and multipurpose cash assistance.

Two USAR workshops were also conducted, reaching 108 participants and supporting the operationalisation of community engagement and feedback approaches within the response.

The development of key messages for the operation was completed with a lower expenditure than initially budgeted. The resulting balance will be reallocated to other operational lines requiring additional resources, without affecting the delivery of the remaining CEA

activities or the total approved DREF allocation.

During the final phase, priority will be given to completing the outstanding focus group discussions, implementing the planned post-distribution and perception surveys, consolidating feedback received through the different channels and documenting how community feedback informed operational decisions and adjustments.

Secretariat Services

Budget: CHF 39,565
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Monitoring visits	3	2
Surge personnel deployed	1	1
Vehicles rented	2	2

Progress Towards Outcome

During the reporting period, the IFRC Country Cluster Delegation conducted two monitoring visits to support implementation, review progress with the Dominican Red Cross and follow up on operational, programmatic and financial priorities. These visits also supported the identification of pending activities and informed the adjustments introduced through this Operational Update.

One surge staff member was deployed as Cash and Voucher Assistance (CVA) Coordinator. The deployment provided specialized technical and operational support for the design and implementation of the multipurpose cash intervention, including beneficiary verification, coordination with the financial service provider and follow-up of the transfer process. The cash intervention was subsequently completed, reaching 825 households.

The initially planned deployment of a surge Operations Coordinator was not required. The coordination function was assumed directly by the Country Cluster Delegation, which provided ongoing operational oversight and technical support to the Dominican Red Cross. This arrangement ensured continuity of support while avoiding an additional deployment.

The two vehicles made available through the operation remain in use by the Dominican Red Cross to support field monitoring, community activities, distributions and the completion of outstanding operational activities. Their use will continue to be monitored and documented throughout the remaining implementation period.

During the final phase, Secretariat support will focus on monitoring completion of the remaining activities, following up on procurement and distributions, supporting financial and operational closure, and ensuring that implementation results and lessons are adequately documented in the final report.

National Society Strengthening

Budget: CHF 66,685
Targeted Persons: 410
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Lessons learned workshop conducted	1	0
Volunteers insured	410	0
Search and rescue kits distributed	5	0
Search and rescue training	2	2

Progress Towards Outcome

Progress under National Society Strengthening remained limited during the reporting period, as the principal deliverables were scheduled for the final phase of the operation or were still undergoing procurement.

The procurement process for five search and rescue kits was underway at the time of reporting. The equipment is intended to replace critical items damaged or lost during the initial flood response and to strengthen the safety and operational readiness of Dominican Red Cross response teams. No kits had been delivered by the reporting cut-off; completion of the procurement and handover to the relevant teams will therefore be closely followed during the remaining implementation period.

The lessons learned workshop is scheduled to take place before the end of the operation. It will bring together relevant Dominican Red Cross and IFRC personnel to review implementation achievements, operational challenges and areas requiring improvement. Particular attention will be given to beneficiary identification, cash assistance, procurement and distribution processes, sectoral integration, volunteer management and follow-up of outstanding activities. The workshop allocation has been increased slightly to reflect the actual resources required to facilitate the exercise and document its findings.

The planned insurance coverage for 410 volunteers was not completed during the reporting period and the corresponding indicator remains unmet. Given the advanced stage of the operation, the Dominican Red Cross and the IFRC will review the factors that prevented implementation and document the gap, its implications and the required corrective measures through the lessons learned process and the final report. This review should also verify whether any participating volunteers were covered through an existing institutional insurance arrangement and identify measures to ensure that insurance is confirmed before deployment in future operations.

Consequently, the expected National Society strengthening results had not yet been fully achieved at the time of reporting. Priority during the final phase will be given to completing the search and rescue kit procurement, conducting the lessons learned workshop and documenting follow-up actions related to volunteer duty of care and operational readiness.

Two urban search and rescue (USAR) workshops were conducted with 108 National Society volunteers and staff.

About Support Services

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

The Dominican Red Cross mobilized a combination of national staff, branch-level personnel and volunteers to implement the operation across the targeted provinces.

Staff (core operational team)

The operation included:

1 Operations Coordinator (6 months)
1 Administrative Assistant (6 months)
1 Logistics Assistant (6 months)
2 Drivers (6 months)
IFRC support staff (admin/finance support – 6 months)
1 Surge Operations Coordinator (short-term deployment - planned; not deployed, as operational coordination was assumed by the IFRC Country Cluster Delegation)
1 Surge CVA Coordinator (short-term deployment)

Estimated staff involved: ~ 8–10 personnel

Volunteers

The operation relied heavily on the National Society's volunteer network for:

Distributions (CVA and in-kind)
Assessments (EDAN)
Health promotion and WASH activities
Community engagement (CEA)
PGI integration and outreach

Estimated volunteers involved: ~ 400–450 volunteers

Total human resources
Staff: ~ 8–10
Volunteers: ~ 400–450

Total personnel involved: approximately 410–460 people

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 Dominican Red Cross maintains a diverse volunteer base that broadly reflects the communities it serves, including a balanced representation of women and men, as well as participation from youth and adults across different age groups. Volunteers are mobilized through branch structures, which facilitates cultural and contextual alignment with the affected populations in each locality.

However, some gaps remain. Female participation in certain operational roles—particularly those related to logistics, transport and search and rescue—remains lower compared to male participation. Additionally, while youth engagement is strong, there is comparatively less representation of older volunteers, and inclusion of persons with disabilities within active response roles is still limited. In areas with a higher presence of migrant populations, cultural and linguistic representation within volunteer teams may also be insufficient to fully meet communication and outreach needs.

To address these gaps, the National Society is taking steps to strengthen inclusive volunteer engagement. This includes promoting gender-balanced participation across all roles, encouraging the involvement of women in leadership and operational functions, and ensuring that volunteer mobilisation strategies prioritize diversity and inclusion. Targeted outreach is being conducted through branches to engage underrepresented groups, including older persons and individuals from migrant communities.

In parallel, all volunteers receive orientation on Protection, Gender and Inclusion (PGI), safeguarding and community engagement, ensuring that assistance is delivered in a respectful, inclusive and culturally appropriate manner. Communication approaches are adapted where necessary to improve accessibility, including the use of clear messaging and community-based channels.

These efforts aim to ensure that the volunteer workforce is not only representative but also equipped to deliver assistance that is inclusive, equitable and responsive to the diverse needs of affected populations.

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

Surge support was deployed to strengthen the operational capacity of the Dominican Red Cross, particularly in areas requiring specialized technical expertise and enhanced coordination.

The operation includes the deployment of:

- 1 Cash and Voucher Assistance (CVA) specialist (surge) for a short-term assignment to support the design, implementation and monitoring of the multipurpose cash programme

This surge deployment complemented the existing National Society capacity, ensuring timely implementation, quality assurance and adherence to IFRC standards, particularly in key technical areas such as CVA.

The surge personnel worked closely with the National Society's leadership and technical teams, as well as with the IFRC Country Cluster Delegation, to ensure effective integration into the operational structure and transfer of knowledge to national staff.

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

Procurement for this operation was conducted through a combined approach between the Dominican Red Cross and IFRC, ensuring efficiency, quality and compliance with IFRC standards.

The Dominican Red Cross managed local procurement processes, particularly for items and services available in the national market, including cleaning kits, vector control supplies and operational support services.

In parallel, the IFRC—through the Regional Logistics Unit (RLU) in Panama—supported international procurement for replenishment purposes, specifically for hygiene kits, kitchen sets and jerrycans. This ensured standardisation, quality assurance and timely replenishment of pre-positioned stocks utilized during the response.

The IFRC Country Cluster Delegation provided overall technical oversight and coordination, ensuring that all procurement processes adhere to IFRC procedures, as well as transparency, accountability and value-for-money principles.

Local or international suppliers

Procurement involved both, local and international suppliers:
Local suppliers, for items readily available in-country and for operational services
International suppliers, through the IFRC Regional Logistics Unit (RLU) in Panama, for the replenishment of standardized relief items (hygiene kits, kitchen sets and jerrycans)

This dual approach ensures both rapid response capacity and longer-term stock sustainability.

Procurement served both distribution and replenishment purposes:

Local procurement will support immediate distribution to affected populations
International procurement via the RLU will focus on replenishment of pre-positioned stocks used during the response

This approach ensures continuity of operations while maintaining preparedness for future emergencies.

For Cash and Voucher Assistance, the Financial Service Provider (FSP) was identified and budgeted within the operation. A cash feasibility study was conducted at the outset to confirm the most appropriate delivery mechanism, considering market conditions, infrastructure and beneficiary preferences.

The contracting of the FSP followed IFRC and National Society procedures, ensuring compliance with financial regulations, data protection standards and operational requirements. Coordination with national social protection systems (such as Supérate) will also be explored to enhance complementarity and efficiency.

How will this operation be monitored?

The operation is being monitored through a multi-layered approach combining field-level supervision, data collection, and regular review mechanisms to ensure timely implementation, quality assurance and accountability.

At the operational level, the Dominican Red Cross will conduct regular field monitoring visits through its headquarters and branch structures to track progress against planned activities, verify distributions and assess the quality and relevance of assistance. Monitoring visits will also be conducted jointly with the IFRC Country Cluster Delegation to ensure alignment with operational standards and provide technical support where needed.

A set of sector-specific indicators will be used to measure progress and performance across all interventions, including outputs (e.g. number of households assisted) and outcome-level indicators (e.g. beneficiary satisfaction and ability to meet basic needs). These indicators will be tracked through routine reporting by field teams and consolidated at national level.

Post-distribution monitoring (PDM) will be conducted for both in-kind and cash assistance to assess effectiveness, appropriateness and beneficiary satisfaction. In the case of CVA, monitoring will also include the use of funds, market functionality and any protection or inclusion concerns.

The operation will leverage digital tools such as AccessRC for data collection, beneficiary registration and information management, improving the accuracy, timeliness and traceability of data.

Community Engagement and Accountability (CEA) mechanisms will be integrated throughout the operation, including feedback and complaints systems, allowing affected populations to provide input and raise concerns. This information will be systematically reviewed and used to adjust the response as needed.

Regular coordination and review meetings will be held at national and branch levels to analyse progress, identify challenges and adapt operational plans in line with the evolving context.

In addition, monitoring visits by IFRC will be conducted to support oversight, ensure compliance with DREF requirements and strengthen operational quality.

At the end of the operation, a lessons learned workshop will be conducted to capture key findings, good practices and areas for improvement, contributing to organisational learning and future preparedness.

Please briefly explain the National Societies communication strategy for this operation

The Dominican Red Cross will implement a communication strategy focused on timely, accurate and transparent information sharing, both externally and with affected communities, to support an effective and accountable response.

Externally, the National Society will disseminate key updates on the situation and response through its official communication channels, including social media, press releases and coordination platforms, ensuring visibility of humanitarian actions while maintaining neutrality and respect for affected populations.

At community level, communication efforts will be closely aligned with Community Engagement and Accountability (CEA) approaches, ensuring that affected populations receive clear, accessible and actionable information regarding available assistance, eligibility criteria, distribution processes and key health and prevention messages.

Two-way communication will be prioritized through the establishment of feedback and complaints mechanisms, enabling communities to express concerns, ask questions and contribute to the continuous adaptation of the response.

All communication materials and messaging will integrate Protection, Gender and Inclusion (PGI) considerations, ensuring that information is inclusive, culturally appropriate and accessible to diverse population groups, including migrants and persons with specific needs.

The communication strategy will also support risk communication and community awareness, particularly related to public health risks, hygiene practices and disaster preparedness, contributing to safer behaviours and reduced vulnerability.

Overall, the approach aims to strengthen trust, promote community participation and ensure that the response remains responsive to the evolving needs of affected populations.

Budget Overview

IFRC

DREF OPERATION

- Dominican Red Cross
Dominican Republic: Floods April 2026

Operating Budget

Planned Operations	**391,579**
Shelter and Basic Household Items	44,730
Livelihoods	0
Multi-purpose Cash	190,190
Health	26,407
Water, Sanitation & Hygiene	119,500
Protection, Gender and Inclusion	2,358
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	5,732
Community Engagement and Accountability	2,663
Environmental Sustainability	0
Enabling Approaches	**106,250**
Coordination and Partnerships	0
Secretariat Services	39,565
National Society Strengthening	66,685
TOTAL BUDGET	**497,829**

all amounts in Swiss Francs (CHF)

Click here to download the budget file

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

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Click here for the reference