DREF Operation

Dominican Republic Population Movement 2026



IFRC Americas Regional Director mission to Dajabón, September 2026. Source: IFRC

Appeal: **MDRDO022**	Hazard: **Population Movement**	Country: **Dominican Republic**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Slow**	DREF Allocation: **CHF 126,016**	
Glide Number: -	People Affected: **15,697 people**	People Targeted: **2,000 people**	
Operation Start Date: **01-11-2026**	Operation Timeframe: **4 months**	Operation End Date: **28-02-2027**	DREF Published: **02-11-2026**

Targeted Regions: **Dajabon, Elias Pina, Independencia, Monte Cristi, Pedernales**

Description of the Event

Date when the trigger was met

12-10-2026

What happened, where and when?

The Dominican Republic continues to experience sustained humanitarian needs associated with cross-border population movements linked to the continuing crisis in Haiti. In Dajabón, these needs are evident among Haitian people undergoing migration processing and return procedures, particularly children, pregnant women and people requiring health assistance, family contact or protection referrals. Movement volumes fluctuate, while needs for timely care, drinking water, food and personal hygiene assistance persist.

Dajabón branch records show 15,697 admissions to the migrant interdiction centre during July–September 2026, compared with 12,550 during the same period in 2025, an increase of 25.1 per cent. Recorded admissions of children increased from 628 to 3,229, raising their proportion from 5.0 to 20.6 per cent. Adult women's admissions increased from 2,657 to 6,202. These changes have implications for age-appropriate assistance, health services, family contact and safe referrals. The figures represent admissions rather than verified unique individuals or people assessed as requiring assistance.

While the Dominican Red Cross continues to provide humanitarian assistance at the Dajabón migrant interdiction centre, service provision depends on a team of no more than five volunteers whose availability varies because of employment commitments. Limited personnel availability and operational resources prevent a regular service schedule. Fluctuating admissions, the increased proportion of children recorded in 2026 and continuing health, protection and family contact needs place demands on this limited capacity. Additional support is needed to improve the continuity and organisation of existing services and strengthen the branch's ability to adapt to changes in demand.

Movements have fluctuated considerably. In 2026, the centre recorded 9,745 admissions in January–March, 24,492 in April–June and 15,697 in July–September. During the third quarter, admissions declined from 7,265 in July to 3,597 in September. The situation therefore reflects variable demand and a changing population profile rather than a continuous increase. Available records do not establish a consistent seasonal pattern.

The branch's reporting documents dehydration, hypertension, injuries, a pregnant woman requiring hospital referral and unaccompanied children requiring assistance. Current services include pre-hospital care, drinking water, food rations, Restoring Family Links and hygiene assistance when supplies are available. However, services depend on a team of no more than five volunteers with variable availability and no regular operating schedule. Access to the centre is restricted from 18:00 until the following day. The National Society also reports reduced physical presence of several humanitarian organisations in Dajabón; current service coverage and referral arrangements require further verification.

The initial operational focus is Dajabón, in the north-western Dominican Republic, particularly the migrant interdiction centre and the proposed nearby Humanitarian Service Point. A multisectoral assessment will cover selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales to establish needs, existing services and operational priorities. All activities will take place within Dominican territory, and assessment coverage does not imply equivalent needs or planned service points in every location.

The situation was ongoing throughout the January–September 2026 reporting period. Following the IFRC Regional Director's September visit to Dajabón and subsequent exchanges, the National Society decided at a meeting on 12 October 2026 to proceed with a DREF request, informed by the comparison of branch records and available response capacity. This date marks the institutional decision to seek additional support in a slow-onset context. The proposed operation will strengthen existing branch services, support establishment and equipping of a Humanitarian Service Point subject to authorization, and undertake a multisectoral assessment to guide current assistance and inform a separately resourced longer-term strategy.

Scope and Scale

The humanitarian implications of population movements along the Dominican Republic–Haiti border concern access to essential assistance, health and well-being, and continuity of family contact. Available evidence is strongest for people passing through the Dajabón migrant interdiction centre, including individuals transferred from other parts of the Dominican Republic. The extent of unmet needs in other border locations and among surrounding communities has not yet been systematically assessed.

Dajabón branch records document 49,934 admissions between January and September 2026, with substantial fluctuations, including a peak of 24,492 during April–June. Comparing July–September across years, admissions increased from 12,550 in 2025 to 15,697 in 2026. The population profile also changed: recorded admissions of children increased from 628 to 3,229, representing 20.6 per cent of admissions in the third quarter of 2026, compared with 5.0 per cent in the same period of 2025. These records indicate the scale of movements through the centre but do not establish the number of unique individuals or the proportion requiring humanitarian assistance. The available series is insufficient to establish consistent seasonal patterns.

Documented health concerns include dehydration, hypertension, injuries and pregnancy-related conditions requiring hospital referral. People requiring medication or follow-up care may face difficulties maintaining treatment during movement. Limited access to personal belongings, hygiene items or communication can further affect dignity and well-being. The branch's records also document requests for family contact and assistance involving unaccompanied children, demonstrating the importance of confidential RFL services and functioning protection referrals.

Children, particularly those unaccompanied or separated from caregivers, require age-appropriate assistance and referral to competent protection services. Pregnant and breastfeeding women may require timely health assessment, hydration, privacy and referral. Older people, people with disabilities and those with chronic health conditions may need accessible facilities, adapted communication and support to obtain appropriate care. Language barriers, limited financial resources and loss of family contact can compound these difficulties. The prevalence of these specific needs has not been quantified, and vulnerability will be assessed individually.

Subsequent developments in Haiti warrant continued monitoring. An attack on Salvadoran personnel in Croix-des-Bouquets on 18 October 2026 was followed by security operations and further fighting. These developments occurred after the National Society's decision to request DREF support on 12 October. Additional displacement or changes in movement patterns towards Dominican border areas are potential scenarios; the sources reviewed do not establish an associated increase in arrivals in the Dominican Republic or admissions at the Dajabón centre. The multisectoral assessment and operational monitoring will examine any emerging humanitarian implications across border corridors, distinguishing internal displacement in Haiti, cross-border arrivals and movements towards Haiti.

Existing assistance provides an important foundation but has limited continuity. The Dajabón branch relies on no more than five volunteers whose availability varies because of employment commitments. As a result, the branch cannot maintain a regular service schedule. It provides pre-hospital assistance, drinking water, food rations and Restoring Family Links (RFL) services, while hygiene assistance depends on available supplies. Access restrictions after 18:00 further constrain service arrangements. The National Society reports a reduced physical presence among several humanitarian organizations; the implications for remaining services and referral capacity require verification.

Historical branch records show that health assistance, hygiene support, family contact and protection referrals were already required in 2025. The 2026 data demonstrate continuing needs, fluctuating volumes and a substantially higher recorded proportion of children. They support strengthening adaptable services while avoiding assumptions that all people passing through the centre have the same needs.

No physical destruction of infrastructure is documented in connection with this situation. The principal operational concerns are the availability, accessibility and suitability of service spaces, equipment, supplies and referral arrangements. Effects on livelihoods, household income and host communities remain insufficiently documented. The multisectoral assessment across selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales will examine these gaps and establish a baseline for prioritizing assistance and informing a separately resourced longer-term strategy.

Source Name	Source Link
1. UNHCR Dominican Republic Factsheet — January–March 2026	https://reliefweb.int/report/dominican-republic/unhcr-dominican-republic-factsheet-january-2026
2. UNHCR Dominican Republic Factsheet — April-June 2026	https://data.unhcr.org/en/documents/details/123688
3. UNICEF — Safe spaces for children and women in migration processing centres, September 2025	https://www.unicef.org/dominicanrepublic/comunicados-prensa/unicef-entrega-la-dgm-espacios-seguros-para-la-proteccion-de-ninos-y-mujeres

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	MDRDO017

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

The proposed operation addresses current service gaps within a protracted humanitarian situation associated with population movements linked to the continuing crisis in Haiti. Although these movements and related needs are not new, their persistence, evolving population profiles and limited comparative information from other border corridors require both immediate humanitarian support and a stronger evidence base for operational planning.

A multisectoral assessment is therefore a central component of the operation. It will examine humanitarian needs, existing services, referral pathways and response capacity at selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales. Findings will guide adjustments during implementation and inform the Dominican Red Cross's longer-term positioning, partnerships and future resource mobilisation.

The request builds on the previous response of the National Society, including the DREF operation MDRDO017. Dajabón branch records show a 25.1 per cent increase in admissions during July–September 2026 compared with the same period in 2025, alongside an increase in the proportion of children from 5.0 to 20.6 per cent. Movements fluctuate rather than increase continuously, while existing services depend on a small volunteer team with variable availability and limited operational resources.

The proposed allocation will finance a defined, four-month package combining the assessment with reinforcement of existing services in Dajabón and the establishment and equipping of a Humanitarian Service Point, subject to authorisation and confirmed staffing. Equipment, supplies and training will be directly linked to these activities.

The DREF will address current operational gaps and generate evidence for subsequent planning. It will not finance a longer-term programme or automatically establish additional service points elsewhere along the border. Any subsequent programme will require separate planning and financing.

Lessons learned:

The current operation incorporates the following lessons and implementation challenges documented in the final report of MDRDO017:

Access and site feasibility must be established early. The previous operation reported that relocation of migrant centres, access restrictions and site constraints delayed WASH installations and distributions. The current proposal therefore makes rental commitments and site-specific procurement conditional on authorization and agreed operating arrangements. An initial feasibility review and alternative arrangements will support existing authorized services if establishment of the proposed Humanitarian Service Point is delayed.

Service commitments must reflect available delivery capacity. MDRDO017 reported limited delivery of clinical and MHPSS services despite substantial health-promotion outreach. Its National Society Strengthening section also identified branch-level gaps in digital tools, administration and operational support. The current operation prioritises existing services, essential equipment, defined staff responsibilities and a verified volunteer roster. Service hours and targets will be adjusted to confirmed personnel competencies and availability.

Protection and safeguarding require operational arrangements from the outset. The previous report identified insufficient private spaces, limited sustained feedback and referral mechanisms, and difficulties handling complex protection cases. It also recorded that a formal child safeguarding risk assessment had not been completed. The current operation incorporates child safeguarding risk analysis, privacy considerations, designated focal points, confidential feedback channels and verified referral pathways. Personnel will receive practical guidance on their responsibilities and limits, with specialized cases referred to competent services.

Communication must be accessible and culturally appropriate. MDRDO017 identified Spanish and Haitian Creole materials as useful for improving accessibility and understanding. The current operation will use appropriate languages and formats, consult service users on communication preferences and integrate feedback into service adjustments.

Monitoring must assess functionality and quality alongside activity totals. The previous WASH lessons highlighted the need for dedicated post-intervention monitoring, particularly of infrastructure use and hygiene outcomes. The current operation will combine service and stock records with checks on facility functionality, accessibility, referral arrangements and user feedback. Weekly operational reviews and three IFRC monitoring visits will support corrective action.

Expansion requires evidence and realistic resource planning. MDRDO017 reported that limited time and funding constrained support beyond the initially prioritized branches. The current operation concentrates direct service support in Dajabón while assessing other border corridors to determine where needs exceed existing services and where the Dominican Red Cross can provide complementary assistance. Recommendations for subsequent engagement will include capacity and resource requirements and will not imply automatic expansion under this allocation.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	**A child safeguarding risk analysis conducted for the previous Hurricane Melissa DREF operation identified a Very High risk level. This finding highlighted the importance of safeguarding planning and technical support from the Regional and National Society PGI focal points. The rating relates specifically to that previous operation and does not constitute the safeguarding risk rating for the present population movement DREF.**

Current National Society Actions

Start date of National Society actions

01-01-2026

Health	The Dajabón branch provides pre-hospital assistance and facilitates referrals to the public health system. Reported cases include dehydration, hypertension, injuries and pregnancy-related concerns requiring hospital referral. Volunteers also distribute food rations funded by National Society headquarters. The branch does not currently operate a regular primary health care service.
Water, Sanitation And Hygiene	The branch supplies drinking water with funding from National Society headquarters and distributes personal hygiene kits when supplies are available, including through contributions from other organisations. Monthly records for July–September 2026 report 3,409 hygiene kits distributed. This represents items distributed rather than verified unique recipients. Continuity depends on available supplies and volunteer presence.
Protection, Gender And Inclusion	The branch provides Restoring Family Links services through telephone calls and phone charging, helping people maintain or restore contact with relatives. Cases requiring additional support are coordinated with the National Society's Doctrine and Protection programme. Volunteers also facilitate referrals to competent protection services, including CONANI, particularly for unaccompanied and separated children. Specialized case management remains with the responsible institutions. Across these areas, assistance relies on a team of no more than five volunteers whose availability varies because of employment commitments. As a result, the branch cannot maintain a regular operating schedule. Access to the centre is restricted after 18:00. The branch's established presence enables immediate assistance, family contact and connections to essential services, although a consolidated number of unique people reached is not available.

IFRC Network Actions Related To The Current Event

Secretariat	IFRC maintains an in-country presence in Santo Domingo through the Country Cluster Delegation (CCD) for Latin Caribbean, covering the Dominican Republic, Cuba and Haiti. The Delegation is supporting the Dominican Red Cross with situation analysis, operational planning, preparation of the DREF application and budget, and coordination with regional and global technical teams. During implementation, IFRC will provide operational oversight, technical assistance and support for engagement with authorities and humanitarian partners. Secretariat services will include PMER, finance, administration, HR, security, logistics and procurement, alongside practical support to branch and volunteer capacities required for the response. Two surge deployments are planned: a Field Coordinator to support field implementation and coordination, and a Migration/PGI Coordinator to strengthen protection-sensitive assistance, referral pathways and coordination with specialised actors.
Participating National Societies	The Italian Red Cross maintains an in-country presence and has previous experience in maternal and child health programming in Elías Piña, which could inform coordination and technical exchanges for this operation. Its specific contribution has not yet been confirmed.

	The Dominican Red Cross also maintains active cooperation with the French Red Cross and German Red Cross.

ICRC Actions Related To The Current Event

Meetings have been held with ICRC representatives in Venezuela, who cover the Dominican Republic, and in Haiti to discuss the proposed DREF operation. The ICRC has requested involvement in reviewing the application, particularly regarding Restoring Family Links, engagement with migration authorities, civil–military coordination and relevant legal considerations, including the applicability of international humanitarian law.

Its contribution is currently envisaged as technical advice and coordination.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	National authorities coordinate migration management and related services through the General Directorate of Migration (DGM), CONANI and other competent institutions. At border level, coordination groups provide spaces for exchange between authorities, humanitarian organisations and local actors. DGM and CONANI maintain interinstitutional coordination arrangements for the identification, care and protection of children and adolescents in mobility. In September 2026, they held a follow-up meeting, with UNICEF participation, to review procedures and coordination mechanisms. DIRECCIÓN GENERAL DE MIGRACIÓN With UNICEF support, safe spaces have been established in migration processing centres in Dajabón, Elías Piña and Santiago. Their management is assigned to DGM in coordination with CONANI, with facilities designed for children, pregnant women and breastfeeding women, including areas for medical and psychosocial attention, sanitation and rest. DGM and UNICEF also reported joint follow-up in June 2026 on service arrangements and management of these spaces.
UN or other actors	UNICEF supports child protection in migration processing centres, including safe spaces in Dajabón and Elías Piña, in coordination with DGM and CONANI. These facilities are designed to provide adapted assistance to children, pregnant women and breastfeeding women. Coordination is envisaged for joint health outreach incorporating child nutrition screening, with specific arrangements to be agreed. UNHCR supports protection interventions, including documentation verification, family tracing and case advocacy, working with authorities, UNICEF and OBMICA in Elías Piña and the southern border. It has also facilitated the Elías Piña–Belladère Dialogue Platform and coordination with UNFPA, CONANI and local organisations. OBMICA and local civil society organisations contribute to protection coordination and analysis, including work on women's access to health care. The operation will map these actors' current services, coverage and referral arrangements to ensure complementary assistance.

Needs (Gaps) Identified

Health

Dajabón branch reports document dehydration, hypertension, injuries and pregnancy-related concerns requiring medical referral. Existing pre-hospital assistance depends on a small volunteer team with variable availability, limiting continuity and timely identification of people requiring care. Priority gaps concern organised volunteer coverage, essential equipment and consumables, suitable space for confidential assessment, and clear referral arrangements with public health services.

Volunteers also require practical skills in psychological first aid and recognition of distress, supported by referral contacts for specialised care. The extent of unmet primary health care, MHPSS and child nutrition needs remains insufficiently assessed. The multisectoral assessment will clarify these needs and identify complementary support available through health authorities and partners.

Water, Sanitation And Hygiene

The branch currently supplies drinking water and distributes hygiene kits when supplies are available. The principal gap is the predictability of supplies and the capacity to organise assistance according to individual needs. A modest stock of hygiene kits, with appropriate storage, inventory controls and agreed release criteria, would support the branch's operational capacity.

Water storage, dispensing, handwashing and sanitation arrangements at the proposed Humanitarian Service Point require site verification. Responsibilities for replenishment, cleaning and maintenance must be agreed to ensure safe and consistent services. Available information does not establish the proportion of people lacking hygiene items or adequate WASH access.

Protection, Gender And Inclusion

Documented cases involving unaccompanied children and people requiring specialized referrals highlight the need for practical procedures for safe identification, prioritization and referral. The increased proportion of children recorded in 2026 reinforces the importance of age-appropriate assistance and child safeguarding.

Volunteers require guidance on confidentiality, informed consent, PSEA and assistance within their competencies. Referral pathways need current contacts, clear responsibilities and appropriate follow-up. Service arrangements must account for disability, reduced mobility, language and privacy requirements. Specialized protection case management will remain with competent institutions.

Migration And Displacement

Existing RFL services require reliable connectivity, phone-charging equipment, trained volunteers and confidential operating procedures. Additional support is needed to organise service schedules and maintain links with the National Society's Doctrine and Protection programme.

The proposed Humanitarian Service Point requires agreement with competent authorities on location, access, operating hours and responsibilities, as well as basic equipment and a feasible staffing and volunteer plan. Restrictions on access to the centre after 18:00 must inform these arrangements.

Information on humanitarian needs, service coverage and response capacity remains uneven across border corridors. The multisectoral assessment will examine where needs exceed the availability, accessibility or capacity of existing services, which population groups face gaps, and where the Dominican Red Cross can provide complementary support without duplicating other actors. Recommendations will consider the National Society's mandate, capacities, access, partnerships and resource requirements, distinguishing feasible adjustments within the DREF from options for subsequent engagement requiring separate planning and financing.

Community Engagement And Accountability

Available records provide limited direct information on people's priorities, experiences of assistance and barriers to services. Short periods of contact, language differences and literacy requirements may constrain access to information and feedback.

The branch needs accessible information on available services, their free nature, referral options and complaints channels, including Haitian Creole where required. Practical feedback arrangements, confidential handling of sensitive concerns and regular review of community input are needed to inform service delivery. Consultations during the multisectoral assessment will strengthen this understanding.

Any identified gaps/limitations in the assessment

Available information comes primarily from Dajabón branch records, discussions with National Society personnel and secondary reporting. It documents specific humanitarian needs and operational constraints but does not constitute a comprehensive multisectoral assessment. Findings cannot yet be generalized to other border locations.

Unmet needs and coverage: The extent of unmet health, MHPSS, nutrition, WASH, protection and family contact needs has not been systematically quantified. Existing records describe admissions and selected services rather than individual needs, service outcomes or verified unique recipients. Comparisons between 2025 and 2026 identify changes in recorded movements and population profiles, but the available series does not establish consistent seasonal patterns.

Resources and operational capacity: The branch relies on no more than five volunteers with variable availability, limiting regular service coverage. Headquarters supports water and food assistance, while hygiene supplies depend on available contributions. A consolidated inventory of equipment, supplies, funding and partner contributions is needed to determine precise shortfalls and avoid duplication.

Access and service arrangements: Access to the interdiction centre is restricted from 18:00, limiting opportunities to provide assistance and monitor conditions. The location, authorization and operating arrangements for the proposed Humanitarian Service Point remain subject to agreement with competent authorities. Establishing a nearby point would not automatically resolve restrictions on access to people inside the centre.

Coordination and referrals: The National Society reports a reduced physical presence among several humanitarian organizations in Dajabón. However, the dates, services affected and availability of remote or partner-supported assistance have not been fully established. Current service coverage, referral contacts, responsibilities and follow-up capacity require verification. The sensitivity of the context and institutional coordination requirements also influence the pace of information gathering and operational agreements.

Population profiles and participation: Records provide sex and adult/child breakdowns but limited systematic information on disability, older age, pregnancy, chronic conditions, language barriers and other specific needs. Children are not consistently disaggregated by age or accompaniment status. Direct consultations with service users remain limited, meaning some barriers and priorities may be insufficiently captured.

The multisectoral assessment will address these limitations through service mapping, observation, accessible consultations and interviews with authorities and humanitarian actors. It will distinguish verified findings from estimates, refine the service package and resource requirements, and establish a baseline for subsequent strategy development. Sensitive information will be collected only where necessary and handled confidentially.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to improve access to safe, consistent and dignified humanitarian assistance for an estimated 2,000 people affected by population movements over four months, by strengthening the Dominican Red Cross Dajabón branch's existing services, establishing and equipping a Humanitarian Service Point, and conducting a multisectoral border assessment to guide assistance and inform a longer-term humanitarian strategy.

Operation strategy rationale

The operation will provide four months of focused support to strengthen the existing humanitarian services of the Dominican Red Cross branch in Dajabón, establish and equip a Humanitarian Service Point, and complete a multisectoral assessment along the Dominican side of the border. The proposed allocation is CHF 126,016.13, including indirect costs, with a provisional target of 2,000 people. The strategy prioritizes service continuity, practical operational capacity and improved evidence to guide assistance.

Strengthening existing humanitarian services

Dajabón is prioritized because its branch already provides pre-hospital assistance, drinking water, food rations, Restoring Family Links and hygiene assistance when supplies are available. These activities depend on a small volunteer team with variable availability, limiting regular coverage. Branch records document health and protection needs and an increased proportion of children among admissions compared with the same period in 2025.

Support will strengthen these existing services through equipment, consumables, volunteer mobilization, connectivity and organized operating schedules. Health activities will focus on pre-hospital assistance, initial assessment within personnel competencies, psychological first aid, psychosocial support and timely referrals. The revised allocation does not finance separate primary health care outreach campaigns or a dedicated nutrition campaign. Coordination with UNICEF and health authorities will explore complementary contributions according to assessed needs and confirmed partner capacity.

Establishing and equipping a Humanitarian Service Point

Establishment of the proposed Humanitarian Service Point will follow a phased approach. During the first two weeks of implementation, the Dominican Red Cross, supported by IFRC, will pursue agreement with competent authorities on location, permitted services, access, operating hours and responsibilities. This is an operational planning milestone rather than a guaranteed authorisation date. Site-specific rental commitments and procurement will proceed only once the necessary arrangements are confirmed.

If authorization is delayed, the operation will prioritise the multisectoral assessment and reinforcement of existing authorized branch services. An alternative location or scheduled outreach arrangement may be considered following verification of permissions, accessibility, safety and staffing. If no feasible arrangement is available, CRD and IFRC will revise the service-point component with the DREF team through the applicable approval process.

Operating schedules will reflect access restrictions, including the restriction on entry to the centre after 18:00, as well as available personnel and referral capacity. Establishing a nearby point will not automatically resolve access restrictions inside the centre.

The operation will procure and preposition 1,000 individual hygiene kits to strengthen the branch's ability to assist people with identified needs, under the stock arrangements agreed through the DREF review. Storage, inventory controls and release criteria will be established. Kits held in stock will be recorded separately from kits distributed and people assisted. WASH support will also establish or reinforce one service facility, with responsibilities for replenishment, cleaning and maintenance.

Multisectoral assessment and operational priorities

The assessment is a central component because available records do not quantify unmet needs or provide a comprehensive picture of existing services across border corridors. It will cover selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales, entirely within Dominican territory.

One surge specialist will be deployed for one month, based in Dajabón with field travel, to guide the assessment alongside the Dominican Red Cross and the IFRC CCD. The profile will combine multisectoral assessment experience with expertise in migration and PGI. Responsibilities will include methodology and tools, service mapping, field consultations, analysis and consolidation of actionable recommendations.

The assessment will triangulate branch records, secondary information, observation and consultations with people affected by population movements, authorities and service providers. It will examine needs, accessibility, referral arrangements and response capacity, including the implications of reduced organisational presence reported by the National Society. National coordination and targeted branch participation will minimise additional demands on volunteers.

The assessment will determine: which humanitarian needs are insufficiently addressed; where and for whom existing services are unavailable, inaccessible or operating beyond capacity; and where the Dominican Red Cross can make a feasible, complementary contribution. It will compare needs with service coverage, operating hours, referral capacity and access barriers across assessed locations.

The resulting analysis will prioritise operational options according to severity of unmet needs, existing provision, National Society capacity, permissions, partnerships and costs. Recommendations will distinguish adjustments achievable within the approved DREF from potential longer-term services, geographical priorities and partnerships requiring additional resources. This will inform the National Society's future positioning and resource mobilisation without committing the DREF to additional service points or an unfunded programme.

Protection, accountability and coordination

PGI and CEA will be integrated across services. Two PSEA and safeguarding sessions and one practical CEA workshop will support safe, inclusive assistance, confidentiality and accessible feedback. Operational guidance on migration and referrals will be integrated into existing briefings and technical accompaniment rather than a separately funded migration workshop.

The Dominican Red Cross will lead engagement with relevant public institutions, supported by IFRC and appropriate ICRC technical input. Two focused workshops will support humanitarian diplomacy, the auxiliary role and interinstitutional agreements on access, complementary services and referrals. Communication will explain the free, voluntary and needs-based nature of assistance, including in Haitian Creole where required.

Coordination with the Haitian Red Cross will form part of a route-based approach, recognizing that people's needs may arise before, during and after movements across the border. The IFRC Latin Caribbean CCD, which covers both National Societies, will facilitate communication between their national focal points and relevant border branches. Exchanges will focus on movement patterns, available humanitarian services, access constraints and referral options on either side, helping identify gaps in continuity of assistance without assuming equivalent service capacity in both countries.

The multisectoral assessment will incorporate information from the Haitian Red Cross, subject to availability, to distinguish the implications of internal displacement in Haiti, cross-border arrivals and movements towards Haiti. This contextual input will complement fieldwork conducted entirely within Dominican territory. Where feasible, the National Societies will explore continuity of RFL and other referrals through established procedures, with ICRC technical guidance where relevant. Individual information will only be shared through authorised channels and with appropriate consent and safeguards.

During implementation, coordination will be maintained through designated focal points and regular remote exchanges facilitated by the CCD, with additional contact when significant changes occur. This will inform service mapping, operational adjustments and future planning. The allocation does not finance activities in Haiti or assume that cross-border referral arrangements are already operational.

Implementation, monitoring and continuity

The budget provides for a Dominican Red Cross Operation Coordinator, one field technician and one driver for three months, all based in Dajabón, together with one vehicle for three months. Their deployment will prioritise assessment support, service organisation and establishment of the point. A documented handover and coverage plan will identify how existing National Society capacities will support activities during the remaining month. Volunteer support includes 25 visibility kits, insurance for 50 volunteers and one laptop for coordination and reporting.

Weekly reviews between the field team, National Society headquarters and IFRC CCD, supported by Delegation PMER, will track activities, expenditure, risks and community feedback. Three CCD monitoring visits will support verification and corrective action. A local lessons learned workshop will consolidate findings and continuity arrangements.

The provisional target of 2,000 people will be validated against achievable operating schedules, access, service demand and resources. Monitoring will distinguish unique people, repeat service contacts, assessment participation and stock movements, avoiding duplication across sectors.

The DREF will finance a defined package addressing current operational gaps. Equipment management, recurring costs and responsibilities beyond the allocation will be considered during implementation. The resulting evidence and operational experience will inform a separately planned and financed longer-term programme.

Targeting Strategy

Who will be targeted through this operation?

The operation will primarily target Haitian people on the move on the Dominican side of the border, initially in Dajabón. This includes Haitian nationals undergoing migration processing and return procedures at the migrant interdiction centre, as well as people with humanitarian needs who can access the supported services and proposed Humanitarian Service Point. The provisional overall target is 2,000 people.

Assistance will address individual needs associated with health concerns, limited access to drinking water and hygiene items, psychological distress, loss of family contact and protection risks. Particular attention will be given to unaccompanied and separated children, pregnant and breastfeeding women, older people, people with disabilities and those with chronic health conditions.

The approach will reflect language and communication needs, including Haitian Creole where required, short periods of contact during transit or processing, privacy and confidentiality, and safe referrals to competent services. Information will clearly explain that assistance is free and voluntary. Although Haitian people on the move constitute the primary target group, access will remain based on humanitarian need, without discrimination on grounds of nationality, migration status or possession of identity documents.

The operation provisionally targets 2,000 people, primarily through strengthened humanitarian services in Dajabón. Direct consultations with people affected by population movements will also form part of the multisectoral assessment across selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales. The population of these assessment areas will not automatically be counted as targeted.

The estimate reflects the intended service coverage during the four-month operation and will be validated against volunteer availability, operating days, access arrangements and available resources. People receiving several services or participating in both services and assessment consultations will be counted once wherever feasible. Assessment participants will be tracked separately to distinguish consultation from assistance received. Prepositioned kits and personnel receiving training will not be included in the population reach.

Priority groups include:

Children, particularly unaccompanied and separated children, requiring age-appropriate assistance, family contact and safe referrals.

• Pregnant and breastfeeding women requiring timely health assessment, hydration and referral.

• People with urgent health concerns, chronic conditions, disabilities or reduced mobility, including older people.

• People experiencing distress or loss of contact with relatives.

• People lacking drinking water or essential personal hygiene items whose needs are not adequately covered by existing assistance.

Dajabón is prioritized because of documented humanitarian needs, the branch's established experience and constraints on service continuity. Strengthening its existing services and establishing an organized service point will improve access to assistance within agreed operating hours and available capacity.

Volunteers will identify needs through brief, confidential consultations, direct requests and referrals from relevant institutions. Accessible information, Haitian Creole interpretation where required, and reasonable adaptations will support inclusion. Specialized protection cases will be referred to competent services.

The operation will also directly support the Dajabón branch and participating volunteers through equipment, supplies, practical training and operational arrangements linked to service delivery. Personnel trained and kits prepositioned will be monitored separately from people receiving humanitarian assistance.

The population target will be calculated against the revised service package, achievable operating schedules and available resources. People receiving multiple services will be counted once wherever feasible. Participation in the multisectoral assessment elsewhere along the Dominican border will inform future priorities without implying a commitment to provide direct assistance in every assessed location.

Explain the selection criteria for the targeted population

Within the primary target population of Haitian people on the move, selection and prioritization will be based on individual humanitarian needs, urgency and barriers to accessing existing services. Other people facing comparable needs at supported service locations will also be eligible, irrespective of nationality, migration status or possession of identity documents. Initial assistance will focus on Dajabón, where the branch has operational experience and documented service constraints.

Priority criteria will include:

Immediate health needs: people requiring pre-hospital assistance or timely referral, including pregnancy-related concerns, dehydration, injuries and complications associated with chronic conditions.

Protection concerns: unaccompanied or separated children and people requiring safe referral because of family separation or other identified protection risks.

Barriers to services: people with disabilities, older people with reduced mobility, and individuals facing language or communication barriers.

Family contact and psychosocial needs: people unable to contact relatives or experiencing distress who require support within volunteer competencies or referral.

Unmet basic needs: people lacking drinking water or essential hygiene items, taking account of assistance already available.

Volunteers will identify needs through brief, confidential consultations, direct requests and referrals from relevant institutions. Belonging to a priority group will guide adapted assistance; the individual's needs will determine the service provided. Urgent cases will take precedence, and specialized health and protection cases will be referred to competent services.

Information will be provided in accessible formats and appropriate languages, including Haitian Creole where required. Service mapping and community feedback will help identify people being overlooked and avoid duplication. Hygiene kits will be released according to verified needs and agreed stock-management procedures.

Volunteers selected for operational training will be those expected to deliver or supervise the supported services, with attention to availability, relevant competencies, gender balance and language skills. Training participants and prepositioned supplies will be monitored separately from people receiving assistance.

Total Targeted Population

Women	**790**	Rural	**-**
Girls (under 18)	**213**	Urban	**100%**
Men	**798**	People with disabilities (estimated)	**7%**
Boys (under 18)	**199**		
Total targeted population	2,000		

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 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
Delays in authorization or restricted access	Begin engagement early; document location, permissions, operating hours and responsibilities; sequence procurement against confirmed arrangements; continue supporting existing authorized services while agreements are pursued.
Insufficient personnel and service continuity	Agree achievable schedules and a defined service package; organise trained volunteer rotations; provide technical supervision and operational support within the approved budget; monitor workload and adjust commitments to actual capacity.
Changes in the security context or population movements	Monitor developments with authorities, branches and Movement partners; review access before field travel; establish contingency arrangements and escalation procedures; adjust activities through agreed operational processes when verified needs change.
Inadequate or delayed health and protection referrals	Verify receiving services, eligibility and contact details; agree referral procedures and urgent escalation arrangements; keep volunteers within their competencies; monitor referral completion where appropriate and consented.
Safeguarding, exclusion and loss of confidentiality	Apply child safeguarding and PSEA measures; brief all personnel; provide accessible information and confidential reporting channels; make reasonable accessibility adaptations; collect only necessary data, restrict access and use informed consent and appropriate child safeguards.
Assessment findings are incomplete or misinterpreted	Use a common methodology across locations; triangulate records, observation and consultations; include diverse

	population groups; distinguish admissions, service contacts and unique individuals; document limitations and validate findings before setting wider priorities.
Reporting and financial closure delays	Assign reporting responsibilities and deadlines from the outset; review indicators and expenditure weekly; reconcile finances monthly; involve Delegation PMER and Finance throughout implementation; track outstanding transactions and agree the closure timetable before the operation ends.
Potential exposure to human trafficking networks or other organized criminal activity	Brief personnel on trafficking-related risks, confidentiality and safe referral procedures. Staff and volunteers must not investigate cases, confront suspected perpetrators or attempt independent rescue or transport. Use designated protection and security focal points, verified referral pathways and emergency procedures where there is immediate danger.

Please indicate any security and safety concerns for this operation:

Activities will take place within Dominican territory, initially in Dajabón, with assessment travel to selected border locations. Security and safety planning will consider the following concerns:

Changing border conditions: Developments in Haiti and changes in border access or security measures could affect travel and service delivery. CRD and IFRC will monitor conditions, coordinate with relevant authorities and Movement partners, and adapt or suspend activities where necessary. Cross-border deployment is outside the operation's scope.

Access and crowd management: Assistance near the interdiction centre may involve restricted access, congestion and people experiencing distress. Operating arrangements will respect the restriction on centre access from 18:00 until the following day. The service point will require safe entry and exit, accessible waiting areas, privacy and procedures to manage demand without exposing people to additional risks.

Road travel: Assessment and monitoring missions involve travel between dispersed border locations. Teams will use approved routes, roadworthy vehicles, qualified drivers, daylight travel wherever feasible and agreed check-in arrangements.

Occupational health and safety: Heat, dehydration, exposure to communicable diseases, injuries and contact with bodily fluids may affect personnel and service users. Teams will have drinking water, rest breaks, appropriate protective equipment, infection-prevention supplies and safe procedures for sharps and medical waste where applicable. Volunteers will work within their training and competencies.

Safeguarding and confidentiality: Children and people with specific protection needs require safe service arrangements. Personnel will follow safeguarding and PSEA procedures, protect sensitive information and use confidential referral channels. Photography and collection of personal data will require appropriate consent and safeguards.

Potential trafficking and organized crime risks will be considered in site assessments, service arrangements and personnel briefings. This is a contextual risk consideration, not confirmation of trafficking networks at the service location. Particular attention will be paid to the safety of children, people separated from relatives and others facing barriers to assistance.

Staff and volunteers will be instructed not to investigate suspected trafficking, question suspected perpetrators, confront individuals or undertake rescue, transport or other actions beyond their assigned responsibilities. Concerns will be handled discreetly through designated protection and security focal points and verified referral procedures, following consent, confidentiality, child safeguarding and applicable reporting requirements. Immediate threats will be addressed through agreed emergency procedures. Sensitive information will not be shared through informal messaging groups.

Personnel well-being: Limited volunteer availability and exposure to distressing situations may contribute to fatigue and stress. Supervisors will organise realistic rotations, monitor workloads and provide access to psychosocial support.

Before deployment, personnel will receive security, safety and safeguarding briefings and have appropriate insurance coverage. The Dominican Red Cross and IFRC will establish incident reporting, emergency contacts, medical referral and withdrawal arrangements, with clear responsibility for decisions to pause activities. Humanitarian services will remain clearly identifiable and operationally distinct from migration enforcement.

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

Planned Intervention

Health

Budget: CHF 46,328
Targeted Persons: 1,000

Indicators

Title	Target
Number of people receiving first aid, pre-hospital assistance or psychosocial support	1,000
Number of Humanitarian Service Points authorised, equipped and operational with confirmed personnel coverage.	1
Number of people receiving psychological first aid or psychosocial support	100

Priority Actions

1. Support existing first aid and pre-hospital services through essential supplies, consumables and operational arrangements, prioritizing urgent needs and timely referral.
2. Subject to authorization, confirmed staffing and an agreed operating schedule, rent and maintain one mobile consultation facility for up to four months as part of the proposed Humanitarian Service Point. Pending these arrangements, strengthen existing authorised branch services. Review feasibility after the first two weeks of implementation and adjust the schedule accordingly. Rental commitments will begin only once the required authorization and operating arrangements are confirmed.
3. Conduct a site-specific safety and accessibility assessment before committing to the HSP location or installing equipment. CRD and IFRC will review access and exit routes, traffic and crowd risks, privacy, lighting, fire and electrical safety, accessibility, WASH conditions and emergency referral arrangements. Document required mitigation measures and verify them before opening, with reassessment when conditions change.
4. Install clear HSP identification and directional signage, following Movement emblem and visibility requirements. Provide accessible information in Spanish and Haitian Creole as needed on available services, operating hours, free assistance and feedback channels. Signage will not identify sensitive protection services or individual cases in ways that could expose people to harm.
5. Procure and install essential consultation equipment and supplies, including examination couches, privacy screens and handwashing equipment, based on an inventory and agreed specifications.
6. Provide psychological first aid and psychosocial support to people receiving assistance through appropriately trained personnel, with specialized referrals when required. Integrate staff and volunteer well-being into operational briefings and capacity-strengthening activities, covering practical self-care, recognition of stress, peer support, professional boundaries and how to seek help.
7.Establish a confidential pathway to qualified psychosocial support and specialised services, verifying availability, access conditions and any associated costs before deployment. Individual consultations will remain separate from supervisory and performance-management processes.
8. Establish and maintain health referral arrangements with public health facilities, including designated contacts and procedures for urgent cases.
9. Organise service schedules and maintain confidential assistance and referral records, distinguishing unique people assisted from repeat consultations.
10. Coordinate with health authorities, UNICEF and other relevant partners to identify complementary services and avoid duplication.



Water, Sanitation And Hygiene

Budget: CHF 19,170
Targeted Persons: 2,000

Indicators

Title	Target
Number of people receiving an individual hygiene kit	1,000
Number of temporary WASH facilities installed or reinforced	1

Priority Actions

1. Assess existing water supply, handwashing and sanitation arrangements at the service location, identifying improvements that complement available facilities.
2. Install or reinforce one temporary WASH facility, including safe water storage and dispensing, handwashing and necessary minor adaptations.
3. Agree responsibilities for water replenishment, cleaning, maintenance and water quality checks, coordinating with existing headquarters support and relevant providers.
4. Procure and preposition 1,000 individual hygiene kits under the stock arrangements agreed through the DREF review, with appropriate storage, inventory controls and documented release criteria.
5. Provide hygiene kits when individual needs are identified, taking account of age, menstrual hygiene requirements and assistance available from other actors.
6. Share brief, accessible guidance on hygiene, safe water and kit use during service contacts.
7. Monitor facility functionality, stock movements, actual distributions and community feedback.



Protection, Gender And Inclusion

Budget: CHF 1,598
Targeted Persons: 2,000

Indicators

Title	Target
Number of PSEA and safeguarding awareness sessions conducted	2
Indicator Target Number of PSEA and safeguarding awareness sessions conducted 2 Number of volunteers and staff reached through PSEA and safeguarding awareness sessions	25

Priority Actions

1. Conduct two practical PSEA and safeguarding sessions for 25 volunteers and staff, covering expected conduct, child safeguarding, confidentiality, reporting channels and safe referrals.
2. Integrate dignity, access, participation and safety into service arrangements, including privacy and reasonable adaptations for children, older people, people with disabilities and those facing language barriers.
3. Establish clear procedures and designated contacts for safe identification and referral to CONANI and other competent protection services, particularly for unaccompanied and separated children.
4. Explain that assistance is free and voluntary and provide accessible information on confidential complaints channels, coordinated with CEA.
5. Incorporate age, gender, disability, SGBV and human trafficking considerations into assessment tools, consultations and service mapping. Trained personnel will review service accessibility, perceived safety and specialized referral options using secondary information and consultations with relevant providers. Community consultations will not solicit personal disclosures or seek to identify survivors through surveys. Spontaneous disclosures will be handled confidentially through survivor-centred and child-sensitive referral procedures. Staff and volunteers will not investigate suspected cases.
6. Review protection and accessibility concerns through operational monitoring and community feedback, referring specialised cases to competent institutions.



Migration And Displacement

Budget: CHF 26,093
Targeted Persons: 500

Indicators

Title	Target
Number of people receiving RFL assistance, including family contact services, registration for RFL purposes or tracing support.	500
Number of multisectoral assessment reports completed	1

Priority Actions

1. Strengthen existing RFL services in Dajabón through telephone access, phone charging, essential supplies and confidential service arrangements.
2. Support field mobilisation for family contact activities, following National Society procedures and coordination with its Doctrine and Protection programme.
3. Provide individual registration for RFL purposes, particularly for unaccompanied and separated children, where appropriate under the National Society's established RFL procedures and with ICRC technical guidance. Registration will support continuity of family contact assistance and potential subsequent tracing requests. Trained, authorized personnel will collect only necessary information, apply appropriate consent and child safeguarding procedures, and maintain secure records with restricted access. Cases will be coordinated with CONANI and competent protection services, avoiding duplicate registration and unnecessary sharing of personal data.
4. Provide connectivity at the Humanitarian Service Point to support RFL and operational coordination, with appropriate safeguards for sensitive information.
5. Develop and disseminate accessible information on RFL services, coordinated with CEA.
6. Conduct one multisectoral assessment across selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales, with methodological guidance from the one-month surge deployment budgeted under Secretariat Services.
7. Map humanitarian needs, existing services, referral pathways, access constraints and branch capacities, explicitly considering sexual and gender-based violence (SGBV) and human trafficking risks. Review the availability, accessibility and capacity of specialized health, psychosocial, protection and other relevant services, including safe referral arrangements for children and adults.
8. Produce an assessment report with a baseline, prioritized recommendations and indicative resource requirements. Include identified gaps in SGBV and trafficking-related services and a confidential referral directory specifying designated contacts, eligibility, operating hours and referral procedures. Sensitive details will be restricted to authorized personnel.
9. Provide practical guidance to participating personnel on needs-based assistance, confidentiality and safe referrals through operational briefings and technical accompaniment.

Community Engagement And Accountability

Budget: CHF 3,834
Targeted Persons: 2,000

Indicators

Title	Target
Number of people receiving accessible information on assistance and feedback channels	2,000
Number of volunteers and staff trained in CEA	25
Number of functioning feedback and complaints mechanisms established	1

Priority Actions

1. Consult people receiving assistance on their priorities, barriers to services, preferred languages and suitable feedback channels, linking findings with the multisectoral assessment.
2. Develop and share accessible information on available services, operating hours, selection criteria, referrals, the free nature of assistance and complaints channels, including Haitian Creole where required.
3. Establish feedback and complaints arrangements suited to short periods of contact, with confidential referral of sensitive concerns through safeguarding procedures.
4. Record and review feedback and rumors, provide verified information and communicate responses and service adjustments to people receiving assistance.
5. Map actors and services in Dajabón to support accurate information and referrals, coordinating with the broader assessment to avoid duplication.
6. Conduct one practical CEA workshop for 25 volunteers and staff, covering communication, inclusive consultation, feedback handling and closing the feedback loop.



Coordination And Partnerships

Budget: CHF 4,260
Targeted Persons: -

Indicators

Title	Target
Number of workshops on humanitarian diplomacy and the auxiliary role conducted	1
Number of interinstitutional coordination workshops conducted	1
Number of documented operating arrangements agreed with competent authorities for the Dajabón Humanitarian Service Point	1

Priority Actions

1. Conduct one practical workshop on humanitarian diplomacy and the National Society's auxiliary role, focusing on engagement with authorities to facilitate humanitarian access and service delivery.
2. Conduct one interinstitutional coordination workshop with relevant authorities, humanitarian actors and service providers to clarify available services, referral responsibilities and follow-up actions.
3. Pursue national and local dialogue to secure authorization and documented operating arrangements for the proposed Dajabón Humanitarian Service Point, including location, access, operating hours and responsibilities.
4. Participate in existing border coordination mechanisms and use assessment findings to identify complementary assistance and avoid duplication.
5. Seek technical contributions from ICRC on RFL and engagement with authorities, and explore complementary support from UNICEF, health authorities and other partners according to confirmed capacities.
6. Document agreed actions, responsible actors and timelines, and follow up on implementation. Share assessment findings to inform longer-term planning and resource mobilisation.
7. Track progress on authorization during weekly operational reviews, documenting outstanding requirements and decisions. Review service-point feasibility after the first two weeks and activate alternative arrangements or seek an operational revision if access cannot be secured.
8. Facilitate regular communication between Dominican and Haitian Red Cross focal points and relevant border branches through IFRC CCD to exchange operational information, inform the assessment and explore feasible continuity of assistance and referral arrangements through established procedures.

Secretariat Services

Budget: CHF 13,898
Targeted Persons: -

Indicators

Title	Target
Number of surge personnel deployed	1
Number of CCD monitoring visits conducted	3

Priority Actions

1. Deploy one multisectoral assessment surge specialist for one month, based in Dajabón with travel to selected Dominican border locations. The specialist will bring expertise in migration and PGI and guide assessment methodology, service mapping, consultations, analysis and reporting alongside CRD.
2. Conduct three CCD monitoring visits to review implementation, service quality, community feedback, expenditure and operational risks, and agree corrective actions.
3. Rent one vehicle for three months to support assessment missions, field coordination, monitoring and technical assistance, coordinating its use with the CRD operation team.
4. Provide ongoing Delegation support in PMER, finance, logistics and procurement, administration, HR and security, according to operational requirements.
5. Support weekly reviews between the field team, CRD headquarters and IFRC CCD, with technical guidance from Delegation PMER based in Panama.
6. Ensure the surge specialist hands over assessment tools, findings, recommendations and outstanding actions to CRD and the Delegation before completing the deployment.

National Society Strengthening

Budget: CHF 10,836
Targeted Persons: -

Indicators

Title	Target
Number of volunteers insured for their participation in the operation	50
Number of volunteers receiving visibility kits	25
Number of lessons learned workshops conducted	1

Priority Actions

1. Support one Operation Coordinator, one field technician and one driver for three months, all based in Dajabón, with responsibilities linked to service delivery, assessment support, coordination and monitoring.
2. Procure one laptop for operational planning, record management and reporting, with appropriate access controls for sensitive information.
3. Provide visibility kits to 25 volunteers participating in the operation, based on an inventory of existing items.

4. Arrange insurance for 50 volunteers and verify appropriate coverage before deployment.
5. Conduct one local lessons learned workshop with branch personnel, volunteers and relevant national teams, reviewing service delivery, assessment findings, coordination, community feedback and implementation challenges.
6. Prepare a documented handover and continuity plan covering responsibilities after the three-month staffing period, equipment management, remaining stocks and recurring service costs.
7. Support staff and volunteer well-being through realistic workloads, rest breaks, regular supportive check-ins and practical guidance on stress recognition, self-care, peer support and professional boundaries. Inform all personnel how to access confidential psychosocial support and specialized referrals. Participation in personal support will be voluntary, and personnel will not be required to disclose distressing experiences in group sessions.

About Support Services

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

The operation will engage three operation-funded Dominican Red Cross staff for three months, all based in Dajabón:

- Operation Coordinator: Lead day-to-day implementation, coordinate with branch leadership, national teams, IFRC and partners, and oversee planning, monitoring and reporting.
- Field Technician: Support service organization, volunteer supervision, assessment activities, referrals and data collection within their technical competencies.
- Driver: Provide transport for personnel, supplies, assessment missions and operational follow-up, and maintain vehicle records and safety checks.

The existing service team comprises up to five volunteers with variable availability. Additional coverage will be developed progressively through mobilisation of available volunteers within the National Society's network. The target of 25 training participants does not represent 25 additional volunteers already available for deployment. Insurance for up to 50 volunteers provides coverage capacity rather than a confirmed deployment roster.

At start-up, the Operation Coordinator and Field Technician will establish a roster identifying availability, competencies, language skills, shifts and backup arrangements. Service hours will match confirmed personnel coverage. Support from other branches will depend on verified availability and transport or accommodation requirements that can be met within the approved budget.

If additional coverage cannot be secured, the operation will maintain a limited schedule, prioritizing existing pre-hospital assistance, hydration, RFL and referrals. Clinical activities will depend on appropriately qualified personnel, and the population target will be reviewed against actual service capacity. Practical PGI and CEA training will target 25 volunteers and staff.

One IFRC surge specialist will be deployed for one month, based in Dajabón with travel to selected border locations, to guide the multisectoral assessment. The specialist will bring assessment, migration and PGI expertise and work alongside CRD and the IFRC CCD.

National Society headquarters and IFRC CCD will provide technical, administrative, financial, logistics and PMER support through existing capacities. Before the three-month staffing period ends, CRD and IFRC will agree responsibilities and coverage for the remaining month of the operation.

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 Dajabón branch's volunteers bring local knowledge and experience assisting people affected by population movements. However, available information does not establish whether the team adequately reflects service users' gender, age, language and cultural diversity. Volunteer availability also limits the composition of individual shifts.

At the outset, CRD will review the volunteer roster to identify representation and language gaps. Deployment planning will seek gender-

balanced teams, including female volunteers for consultations where women and girls prefer this support, and personnel able to communicate in Haitian Creole. Where language capacity is insufficient, CRD will arrange appropriate interpretation with confidentiality safeguards.

PGI and CEA briefings will reinforce culturally respectful communication, child safeguarding and practical adaptations for older people and people with disabilities. Service users will be consulted on their preferences and comfort when accessing assistance, and feedback will guide adjustments to team composition and service arrangements.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
Yes. One surge specialist will be deployed for one month to guide the multisectoral border assessment. The specialist will be based in Dajabón, with travel to selected locations in Monte Cristi, Dajabón, Elías Piña, Independencia and Pedernales, entirely within Dominican territory.

The profile requires experience leading multisectoral humanitarian assessments in migration contexts, with expertise in PGI, inclusive consultation, service mapping, referral systems and responsible management of sensitive information. Strong Spanish, analytical and report-writing skills, and experience working with National Societies are required. Haitian Creole or French would be an asset.

Working alongside CRD and IFRC CCD, the specialist will:

• Develop the assessment methodology, tools, sampling approach and fieldwork schedule.

• Brief participating personnel on data collection, informed consent, safeguarding and confidentiality.

• Guide consultations, observation and interviews covering health, WASH, protection, family contact, service accessibility and response capacity.

• Triangulate findings and produce a baseline, service mapping and prioritized recommendations with indicative resource requirements.

• Hand over tools, findings and outstanding actions to CRD and the Delegation.

The specialist will provide technical leadership for the assessment, while the CRD Operation Coordinator retains responsibility for day-to-day implementation. Findings will guide current assistance and inform a separately planned and financed longer-term strategy.

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

All procurement will be undertaken locally by the Dominican Red Cross, using local suppliers and supported by the CCD Logistics Officer. Procurement will follow applicable CRD and IFRC procedures, including technical specifications, competitive sourcing, quality assurance and documented approvals.

How will this operation be monitored?

A weekly monitoring mechanism will bring together the Dajabón field team, CRD national teams and IFRC Latin Caribbean CCD to review the monitoring plan, indicator progress, expenditure, operational constraints and community feedback, and agree corrective actions. The CRD Operation Coordinator will lead field monitoring, supported by branch personnel and national technical teams. Delegation PMER, based in Panama, will provide technical guidance on tools, data quality and reporting.

Start-up monitoring will verify authorization status, the deployment roster, qualified personnel coverage and the feasibility of planned service hours before new services commence. Weekly reviews will compare actual operating days and people assisted against the population target. Delays or staffing shortfalls will trigger adjustments to schedules, service scope and targets, with material changes submitted through the applicable DREF revision process.

Standardized service registers, referral logs, stock and distribution records, training attendance sheets and activity reports will track implementation. Monitoring will distinguish unique people assisted, repeat service contacts, assessment participants and kits held in stock or distributed. Data will be disaggregated by sex, age and disability where feasible and appropriate, with restricted access to

sensitive health, RFL and protection information.

HSP opening will be conditional on completion of the site-specific safety and accessibility assessment, implementation of essential mitigation measures, and installation of appropriate identification and service-information signage.

Key milestones and indicators will include:
- One authorized, equipped and operational Humanitarian Service Point, with agreed service schedules and referral arrangements.
- Health assistance reaching an estimated 1,000 people, including 100 receiving psychosocial support.
- Procurement and prepositioning of 1,000 hygiene kits and installation or reinforcement of one WASH facility, with actual distributions recorded separately.
- RFL assistance reaching an estimated 500 people.
- Completion of one multisectoral assessment report with service mapping and prioritized recommendations.
- Delivery of planned PGI and CEA training and establishment of a functioning feedback and complaints mechanism.

Sector targets overlap within the provisional overall target of 2,000 people. Monthly reviews will compare results, expenditure and timelines. Service accessibility, continuity, facility functionality, referral follow-up where appropriate, and user feedback will complement numerical indicators to assess the effectiveness of support.

Three IFRC CCD monitoring visits are planned, timed to review start-up, implementation progress and handover or closure readiness. Visits will combine direct observation, verification of records and stocks, consultations with service users and personnel, and review of financial and logistical progress. Findings will be documented with responsible persons and follow-up deadlines.

The surge specialist will support assessment quality and hand over tools, findings and outstanding actions before completing the one-month deployment. Before the three-month CRD staffing period ends, monitoring responsibilities for the remaining month will be assigned to designated branch and national personnel.

A final local lessons learned workshop will review achievements, challenges and community feedback. Monthly financial reconciliation and an agreed reporting and closure calendar will support timely completion of the operation.

Please briefly explain the National Societies communication strategy for this operation

The Dominican Red Cross will coordinate internal communication through weekly meetings between the Dajabón field team, national teams and IFRC CCD, complemented by Teams, email and operational messaging groups. Sensitive personal information will be shared only through authorized, secure channels.

Communication with people receiving assistance will use face-to-face explanations, accessible printed materials and information in Spanish and Haitian Creole where required. Messages will explain available services, selection criteria, referrals, the free nature of assistance and feedback and complaints channels. Community feedback will inform adjustments, with responses and changes communicated back to service users.

External communication will be led by CRD's communications team, with IFRC communications support as required. Agreed updates may be shared through institutional websites, social media, stakeholder briefings and press releases where appropriate. Messaging will remain factual, neutral and focused on humanitarian services and CRD's auxiliary role, clearly distinguishing assistance from migration enforcement.

Public materials will protect dignity, confidentiality and informed consent, with particular care for children and people facing protection risks. Identifiable images or case details will not be published where disclosure could cause harm. IFRC will support message development, content review and coordination of Movement communications.

Budget Overview

IFRC

DREF OPERATION

MDRDO022 - Dominican Red Cross
Dominican Republic: Movimiento Poblacional

Operating Budget

Planned Operations	**97,022**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	46,328
Water, Sanitation & Hygiene	19,170
Protection, Gender and Inclusion	1,598
Education	0
Migration	26,093
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3,834
Environmental Sustainability	0
Enabling Approaches	**28,995**
Coordination and Partnerships	4,260
Secretariat Services	13,898
National Society Strengthening	10,836
TOTAL BUDGET	**126,016**

all amounts in Swiss Francs (CHF)

Internal 2/11/2026 #V2022.01

Click here to download the budget file

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