

Emergency Disaster Assistance Fund (EDAF)
Deployment of Humanitarian Experts (DOHE)
Monitoring Report
DREF Operation – Dominican Republic: Floods 2023



Photo: DRC volunteers conduct initial damage and needs assessment, June 2023. Credit: DRC

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Acronym & Abbreviations List

ARO: Americas Regional Office (IFRC)
CCD: Country Cluster Delegation (IFRC)
CEA: Community Engagement and Accountability
CERA: Capacity Building for Emergency Response in the Americas Project
CFM: Complaint and Feedback Mechanism
CRC: Canadian Red Cross
CVA: Cash & Voucher Assistance
DAG: DREF Advisory Group
DANA: Damage Analysis & Needs Assessment
DOHE: Deployment of Humanitarian Experts Project
DRC: Dominican Red Cross
DREF: Disaster Relief Emergency Fund
ECHO: European Commission Humanitarian Office
EDAF: Emergency Disaster Assistance Fund
EOC: Emergency Operations Centre
FGD: Focus Group Discussion
FRI: First Responder Initiative
GAC: Global Affairs Canada
GESI: Gender Equality & Social Inclusion
HH: Household
IFRC: International Federation of Red Cross and Red Crescent Societies
IRC: Italian Red Cross
INGO: International Non-Governmental Organization
KII: Key Informant Interview
M&E: Monitoring and Evaluation
MHM: Menstrual Hygiene Management
NGO: Non-Governmental Organization
NS: National Society/ies
NSD: National Society Development
PAHO: Pan-American Health Organization
PAR: Participatory Action Research
PDM: Post Distribution Monitoring
PGI: Protection, Gender, and Inclusion
PMER: Planning, Monitoring, Evaluation and Reporting
PNS: Partner National Society/Participating National Society
PSS: Psychosocial Support
PSEA: Protection Against Sexual Exploitation and Abuse
RFL: Restoring Family Links
SADDD: Sex, Age and Disability Disaggregated Data
SP: Strategic Partnership
ToR: Term of Reference
UN: United Nations
UNICEF: United Nations Children's Fund
USAID: US Agency for International Development
WASH: Water, Sanitation and Hygiene
WFP: UN World Food Programme
WHO: World Health Organization



Summary of Operation and CRC/GAC Contribution

SUMMARY OF OPERATION	
DREF/Appeal number	MDRDO015
DREF/Appeal title	Dominican Republic Floods 2023
Location of operation	Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia provinces
Target number of beneficiaries	10,000 people (2,000 families)
Operation budget and coverage	CHF 498,654
Timeframe of operation	Five months (Start date: 19 June 2023; End date: 30 November 2023)
Operational objective(s)	The Dominican Red Cross aims to provide humanitarian assistance to families affected by the June 2023 floods and the Tropical Storm (TS) Franklin in the provinces of Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia. The National Society aims to assist a total of 10,000 people (2,000 families) through the implementation of actions under Shelter, Health, WASH and Multipurpose Cash Assistance as well as dissemination of key messages with a Protection, Gender, and Inclusion (PGI) and Community, Engagement and Accountability (CEA) approach.
Overall results achieved	N/A Operation had not been completed at time of monitoring mission. Please refer to the EDAF Monitoring Matrix for a detailed assessment of progress towards results.
CRC/GAC CONTRIBUTION UNDER THE STRATEGIC PARTNERSHIP	
Financial Assistance to Movement Partners	A replenishment to the DREF from EDAF on the occasion of Dominican Republic Floods was approved by Global Affairs Canada (GAC).
Emergency Response Personnel	Rapid Response delegates supported (DOHE) -1 Canadian (M), 2 (1M/1F) Regional. <ul style="list-style-type: none"> The Canadian delegate is briefed/debriefed by relevant CRC units and thematic experts; regionally supported delegates are briefed/debriefed by the IFRC
Other	N/A



MONITORING MISSION OVERVIEW

From 18 to 26 October 2023, the Canadian Red Cross (CRC) conducted a joint EDAF-DOHE monitoring mission to the Dominican Red Cross (DRC) to review the progress made on the Dominican Republic Floods 2023 DREF Operation (MDRDO015), and to collect insights on CRC contributions to the operation. The review also provided an opportunity to gather learnings on the complementarity between different CRC international response tools supported under the CRC-Global Affairs Canada (GAC) Strategic Partnership (SP).

This monitoring mission, conducted by two female CRC staff and supported in-country by several key DRC team members, included a review of the progress against the planned objectives and outputs according to the operational strategy and the DREF budget to establish key achievements, challenges, and lessons learned within the scope of the DREF Operation up to the date of the monitoring visit.¹ The DREF Operation targeted communities in the following provinces of the Dominican Republic: Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia. These communities were impacted by both the June 2023 Floods and Tropical Storm Franklin (August 2023).

Under the Deployment of Humanitarian Experts (DOHE) Project, the monitoring mission intended to highlight the perspectives of Movement partners regarding Rapid Response delegates deployed to this operation and supported by CRC, complementing delegate feedback collected through the End of Mission process. As such, perspectives of Movement partners may differ from the information collected through other means or by other stakeholders.

The CRC supported the following Rapid Response delegates deployed to this DREF Operation:

Profile	Rotation	Gender	Affiliation	Mission duration	Location
Operations Manager	2	M	CRC	2 months	In country
Operations Manager	3	F	Regional	1 month	In country
CEA Coordinator	1	F	Regional	2 months (extended)	In country

By the time the monitoring visit was conducted in October 2023, the DRC team had successfully negotiated the revision of the initial DREF Operation budget and timeline due to the additional meteorological event (TS Franklin) that resulted in compounding damages and humanitarian impacts to the affected communities. The DREF revision work was supported by the IFRC Country Cluster Delegation and one of IFRC Rapid Response Operations Manager delegates. The revision process helped identify several challenges related to data collection and analysis that affected the overall timeliness of the DREF update submission.

Learnings from this review will inform future joint monitoring missions under the Strategic Partnership, provide recommendations on possible improvements of CRC and GAC support to IFRC operations, and share impactful practices employed in the intersectoral response of the National Society. As part of CRC's commitment to sharing lessons learned within Movement forums and

¹ The revised DREF timeline was extended to 30 November 2023, therefore the Operation had not been completed at the time of the monitoring mission.



advocate for broader uptake of best practices, CRC will share the key findings of this mission at the IFRC DREF Advisory Group (DAG) and Global Surge Working Group (GSWG).

Situation

Between 2 and 4 June 2023, the Dominican Republic experienced significant urban and rural flooding, overflowing rivers, and landslides. The National Meteorological Office (ONAMET) attributed these events to the presence of a trough at various levels of the troposphere, along with the passage of a tropical wave over the Caribbean Sea. These weather phenomena led to increased humidity and instability, resulting in heavy rainfall, thunderstorms, and strong wind gusts. The affected areas spanned several provinces, including Azua, Barahona, Bahoruco, Dajabón, Elías Piña, Espaillat, Independencia, La Vega, Pedernales, Santiago, and Santiago Rodríguez. Initial reports from DRC branches, located in both the northern and southern provinces, indicated varying degrees of damage to residential homes, businesses, crops, and livestock. Additionally, as a precautionary measure, essential services such as water, telecommunications, and electricity were suspended temporarily.

Initial reports from DRC assessments indicated that 84 houses were completely destroyed, while 256 houses suffered partial destruction. Additionally, 1,078 houses had been damaged and were inaccessible due to the flooding. A total of 10 aqueducts were affected. As a result, 95,107 individuals residing in the provinces of Bahoruco, Barahona, Azua, and San José de Ocoa experienced a disruption in their access to water. Rapid assessments demonstrated the need to strengthen the promotion and prevention of emerging diseases typical of floods of this nature, as well as the early identification of health situations that may arise for rapid containment. Among the main concerns were those associated with gastrointestinal diseases, vector-borne diseases and acute respiratory infections, skin diseases, Tetanus, and conjunctivitis.

Furthermore, the provinces affected by the floods of early June 2023 were faced with additional vulnerabilities exacerbated by the passage of TS Franklin that caused intense downpours, strong winds and storm surge during the week of 21 August. Because of these events, almost 100,000 people temporarily lost access to clean water. Additional factors contributing to the emergency response context included increased migratory flow affecting some of the provinces and the response to an industrial explosion in San Cristobal.

The DREF monitoring mission was conducted at DRC HQ level and in several areas targeted by the DREF activities, specifically in the provinces of Barahona and Azua, and included interviews with relevant stakeholder groups and beneficiaries, as part of the post-distribution monitoring and follow-up.

Response

The Dominican Red Cross (DRC) activated its Crisis Management Room to monitor the actions of the branches in the affected areas. DRC Data Collection and Information Management team completed Damage Assessment and Needs Analysis (DANA), as well as a census for humanitarian aid distribution. Branch volunteers supported their communities by working closely with civil protection authorities in evacuations and search and rescue, as well as other assessment and intervention actions. Early actions were carried out within the framework of a Rapid Health Assessment and Water, Sanitation and Hygiene (WASH) Rapid Assessment with activities such as health and hygiene promotion, disease prevention, psychological first aid, and basic first aid for evacuees.



As per the official government requests for support to migrant detention centres in Dajabón and Elías Piña, local DRC branches supported with hygiene promotion and the distribution of prepositioned personal hygiene kits; additionally, 300 mosquito nets, 200 chlorine tablets and 200 jars of disinfectant were delivered in the municipality of Dajabon and 275 chlorine tablets in the Dajabon penitentiary centre. Likewise, two workshops were held and additional 600 chlorine tablets were prepositioned in migrant detention centres.

The operational objective of this DREF Operation was to provide humanitarian assistance to families affected by the floods in the provinces of Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia. The DRC aimed to assist a total of 10,000 people (2,000 families)² through the implementation of actions under Shelter, Health, and WASH as well as dissemination of key messages with a Protection, Gender, and Inclusion (PGI) and Community, Engagement and Accountability (CEA) approach. The IFRC allocated CHF 281,760 to respond to Dominican Republic Floods June 2023. The International Federation of Red Cross and Red Crescent Societies (IFRC) Country Cluster Delegation (CCD) remained in close contact with the DRC. The DRC is also part of the sectoral health and water, sanitation and hygiene promotion roundtables, and coordinates with the UNICEF and Pan-American Health Organization (PAHO) and World Health Organization (WHO) representations.

DREF Operation Revision

Following the passage of the TS Franklin during the month of August 2023, the DRC rapid response teams were mobilized in coordination with the national EOC at the HQ level. The mobile teams complemented civil defence efforts by assisting in evacuations. Reports from DRC branches indicated varying degrees of damage to residential homes, businesses, crops, and livestock. DRC launched a DREF Operation Update and a DREF revision request in which the initial operation was extended to 30 November 2023, with the corresponding ask for additional funding for a total of CHF 498,654 and a revised operational strategy.

Considering that the DRC was already responding in the six of the provinces further affected by the TS Franklin (Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia), the National Society coordinated with the National Government to scale up its response in these areas to address the additional needs, while the Government focused on the additional provinces affected by the tropical storm. Consequently, it is important to highlight that although the budget increased, the target population remained the same as in the original DREF operational plan.

Several modifications were made to the original operational plan, including:

- **Shelter:** adjustment of budget allocation for shelter kits - allocation decreased.
- **Livelihoods and CVA:** launch of the multipurpose cash transfer program (CVA) to 500 households, to empower the affected individuals in prioritizing and addressing their distinct needs; with functional markets, injecting cash will stimulate local economy, thus extending the benefit to other stakeholders. The specialized livelihoods assessment was removed from the budget; nevertheless, the significance of livelihood programming was not dismissed. Integrating this focus is seen as vital within the context of the CVA approach and the NS endeavours in the target regions, forming an integral part of the broader relief and recovery initiatives, as feasible; - allocation increased.
- **Health:** Within the context of heightened threat from dengue and malaria during this same period across the country, including within the provinces affected, mosquito nets were

² The target number of people to be assisted remained in the revised DREF: 10,000 (2,000 families), with the following breakdown: 58.9% women and girls and 41.1% men and boys; people with disabilities (estimated): 0.5%. (Source: IFRC DREF Operational Update MDRDO015).



distributed to affected families as part of the kits designed for the prevention of vector-borne diseases. Consequently, NS included in the budget 2,000 nets to replenish its stock - allocation increased.

- **WASH:** the costs of family hygiene kits and water buckets were adjusted based on actual expenditures; the replenishment of 10,000 jerrycans was included; - allocation increased.
- **Additional Surge Requests:** Operations Manager - 3rd rotation, CVA Coordinator- 3rd rotation, CEA Officer - 1st rotation and Data Visualization IM officer - 1st rotation. ³

³ For additional details on the revision please see the [EDAF Monitoring Matrix](#).



KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Effectiveness				
Guiding Question: Did the operation meet, or is it on track to meet, the needs of targeted beneficiaries?				
Issue	Finding	Evidence	Conclusion	Recommendations (clarify to whom the recommendation is for)
<p>Capacity gaps and centralization of expertise</p>	<p>While a high degree of technical expertise, including in areas like DANA and information management, exists at DRC HQ level, gaps in technical capacity at branch level and centralization of expertise and decision-making exist which can reduce the effectiveness (including timeliness) of emergency response operations.</p> <p>DRC's DANA capacity is concentrated at the HQ level and most often the personnel trained in DANA are deployed from HQ to the provinces to conduct the needs assessment. Additionally, one of the NS's primary DANA practitioners is also the focal point for information management, which</p>	<p>During this response, a DANA team from HQ was deployed to the field to conduct assessments in the different provinces affected by TS Franklin. This process was lengthy as the team had to travel between different provinces. Unfortunately, as identified in the KIIs, this specific gap was seen as one of the contributing factors to the DRC's decision not to request an extension of DREF Operation funding to additional provinces affected by TS Franklin. While the humanitarian needs in these areas were covered by the DRC (using its own resources) as well as other government and non-government partners, this situation demonstrated an area where additional capacity building could enable improved response by the NS. For example, capacity building support to build DANA skills among the DRC volunteer base would allow it to better collect the high-quality data required for the DREF application in a timely way.</p>	<p>-Strengthening of DRC HR base in DANA (and other identified priority technical areas) and the transfer of expertise to NS volunteers (branch and community levels) is required to augment operational effectiveness.</p> <p>-DRC identified the need for more support in building DANA skills among its volunteer base, which would allow to be timelier in data collection and in meeting DREF application timeframes.</p>	<p>For CRC: Continue to advocate with funding partners on the importance of investing in capacity building initiatives to enable NSs to respond to disasters effectively and make the most efficient use of Movement emergency response tools (such as DREF).</p> <p>For IFRC: Continue efforts to connect lessons learned from DREF Operations with capacity building initiatives for NSs (e.g., IFRC Capacity Building Fund) to help action lessons learned and build NSs' capacity between responses and between DREF applications. Note: This recommendation was shared at the latest DAG Meeting in November 2023. Linking lessons learned from DREF operations to NS capacity building initiatives is one of the key priorities of the IFRC's dedicated DREF Capacity Building Delegate.</p> <p>For DRC: Continue the good practice of identifying capacity gaps during emergency operations (including DREFs) and prioritizing initiatives to address the identified gaps, including sharing these priorities with partners.</p>



	<p>slowed down the processing and analysis of data after it was collected.</p>		<p>Capacity building in this area is a confirmed NSD priority.</p>	
<p>Note: Several key informants (DRC and IFRC) highlighted the criticality of partner investments in capacity building in enabling the NS to effectively respond to emergencies. The Capacity Building for Emergency Response in the Americas (CERA) project was credited with expanding and reinforcing many of the technical capacities that currently exist within the NS, including DANA. However, NS informants mentioned that limited funding for capacity building initiatives in recent years has hampered its ability to decentralize technical expertise by offering training at branch level. Capacity building in DANA is one of the DRC's confirmed NSD priorities (which has been shared by DRC with its partners, including the IFRC). Additionally, decentralizing technical and operational expertise is one of the components of the DRC's current Strategic Plan.</p>				



<p>Appropriate use of Surge (IFRC RR Mechanism)</p>	<p>-The Surge profiles selected under this DREF Operation were essential to meeting operational objectives and were well received by the NS. -The IFRC Surge mechanism was <u>activated prior to the DREF launch</u>, which allowed for timelier delegate selection and deployment process. -Some inefficiencies related to Surge were identified, including turnover of Delegates during the operational period due to short mission duration, which present an opportunity for improvement.</p>	<p>- The DRC’s use of lessons learned and identified gaps from the previous DREF Operation was fundamental to the appropriate use of Surge under the operation. For example, after the Hurricane Fiona DREF Operation, DRC had identified the priority of modernizing its approach to provide cash assistance during emergency responses by using remittance agencies. DRC ensured that CVA expertise (via a Rapid Response alert) was requested for this DREF Operation to support the NS with this identified priority. In working with the CVA Delegate, the DRC prioritized both fulfilling the operational objectives related to CVA for this specific DREF Operation <i>and</i> ensuring knowledge transfer and capacity building of its core staff to be able to effectively deliver CVA in future operations. -All three Rapid Response delegates supported by CRC received highly positive feedback from relevant stakeholders (DRC staff, IFRC Surge and Operations teams) based on their competencies and contributions to the DREF Operation.</p>	<p>The delegates bridged identified HR gaps to ensure effective delivery of operational activities and helped strengthen capacity within the NS in certain technical areas.</p>	<p>For IFRC Surge Team: Where possible, prioritize longer mission durations would allow for fewer rotations and would significantly diminish the strain on the receiving NSs and the in-country CCD during an active emergency response. For IFRC RO: Where possible, prioritize overlapping missions for delegates, especially Operations Managers, would enable streamlining the handover process and support business continuity. For PNS/IFRC: Invest in readiness of regional delegates and regional registers. Challenges were noted with delegate availability and readiness at the regional level. For CRC/GAC: Explore opportunities to integrate support for readiness of regional delegates and regional registers into the existing DOHE project and future iterations of SP support to deploying Surge personnel. For PNS deploying delegates: Consider supporting Delegates to engage with the IFRC RO and CCD prior to arrival in country, which would allow for a more efficient integration into the mission. For DRC: Continue the best practice of linking requests for Surge support with gaps identified in previous operations, both to ensure effective and high-quality operations and to capitalize on Surge resources to build NS capacity as a secondary outcome of Rapid Response deployments.</p>
<p>Note: Challenges were noted with the delegate availability and readiness at the regional level; according to IFRC, there have been identified the existing barriers to regional delegate availability, including insufficient numbers of delegates available to deploy (and overall register counts), the gender balance (lower numbers of female delegates) and capacity development (shadow/developing missions) gaps.</p>				



Coherence				
Guiding Question: How well was response coordination within the Red Cross/Red Crescent Movement partners managed?				
Issues	Finding	Evidence	Conclusion	Recommendations (clarify to whom the recommendation is for)
<p>Coordination of DREF operation activities between Movement and external partners</p>	<p>- Movement coordination (between NS and IFRC RO and CCD) along with external partners was strong throughout the operation. -Additional NS capacity strengthening in the new DREF application process was confirmed by the IFRC RO and CCD, as a result of strong ongoing collaboration with the NS.</p>	<p>- Ongoing coordination meetings and communication were established between DRC and IFRC, helping ensure there was strong support in place and oversight of the operation. - Existing bilateral partnerships with PNS, NGOs and Government partners enhanced DRC’s ability to implement the activities and expand the scope of the intervention. - Coordination mechanisms centralizing various INGOs collaborations at the country level are established by government institutions and bilaterally.</p>	<p>- The role of direct technical support (in the DREF application and revision process) and general oversight from IFRC was evident in this operation. - DRC has built a strong collaborative relationship with the Dominican government through EOC membership and participation (at national, regional, and municipal level).</p>	<p>For IFRC and DRC: continue efforts in strengthening the NS capacities in the IFRC DREF process (DREF workshop has been facilitated in by IFRC in Santo Domingo in November 2023). For DRC: continue and further enhance its successful strategies in maintaining close collaborative relationships with the Dominican government and other relevant stakeholders.</p>
Cost Effectiveness and Value for Money				
Guiding Question: To what extent did the operation effectively utilize allocated funds?				



Issues	Finding	Evidence	Conclusion	Recommendations (clarify to whom the recommendation is for)
<p>IFRC RO/ CCD collaboration s effectively used to revise DREF Operation based on evolving operational context/needs</p>	<p>- Overall, DRC and IFRC worked in highly coordinated manner and were efficient in implementing the DREF operation within the allocated budget.</p>	<p>-DRC mobilized the existing pool of volunteers for outreach activities and utilized available prepositioned stocks. -The DREF underwent revisions six weeks into the project. The changes were sought to better adapt to the changing context in the response areas and the results of the cash feasibility study.</p>	<p>-The DREF operation demonstrated a good value for money.</p>	<p>For IFRC/PNSs: to continue to support DRC with National Society Development activities to ensure strong implementation in future operations. For DRC: to continue to engage in resource mobilization activities and strengthen its volunteer capacity and retention in future operations.</p>
<p>Using existing expertise and application of lessons learned</p>	<p>- DRC teams capitalized on previous successful initiatives by adapting existing tools and best practices to be used for the implementation of DREF activities. This approach allowed for coherence between activities delivered under the DREF Operation and the core activities of the NS (e.g. collaborations between the DREF implementation team</p>	<p>- It is evident that NS teams capitalized on previous successful initiatives by adapting existing tools to the DREF implementation activities: tools and methodologies from COVID and Zika projects for implementing vector-borne disease prevention and control activities were adapted to current DREF; the menstrual hygiene messages and innovative strategies introduced during a DRC-UNICEF project were adapted. It was observed that some DRC teams have seen faster progress in integrating</p>	<p>-The use of existing expertise and lessons learned from previous operations and ongoing core programming contributed to effective implementation of the DREF and contributed to the operation's</p>	<p>For IFRC: Ensure that NSs accessing DREF are encouraged to capitalize on tools and resources built as part of previous operations/core programming when delivering emergency operations, as this increases value for money. During future DREF Capacity Building workshops, NSs could be supported to identify specific NS tools that could be particularly relevant for future emergency operations. For DRC: Continue the good practice of utilizing existing resources and expertise and repackaging tools and resources proven to be successful under other projects as part of future emergency operations. Consider improving existing knowledge transfer between NS teams by</p>



	<p>and colleagues working on community health and migration projects). -Within the DRC, some of the existing capacity (including in PGI) does not always translate into sharing of successful practices with the rest of the NS, at the HQ or the branch level Decentralization of technical expertise and strengthening branch capacity has been identified by DRC management as a priority.</p>	<p>PGI into their activities by building their capacity through partnering with internal and external stakeholders (including ongoing work with the NS PGI team). It is also evident that some of the existing capacity does not always translate into sharing of successful practices with the rest of the NS, due to competing priorities, and that a concerted effort should be made in this regard.</p> <p>Refer to pp 12-13 for further evidence on expertise decentralization.</p>	<p>good value for money.</p>	<p>documenting successful practices and disseminating through lessons learned workshops and training sessions.</p>
<p>Integration of cross-cutting themes</p>				
<p>Guiding Question: Were Community Engagement and Accountability/CEA as well as Protection, Gender, and Inclusiveness/PGI and Environmental sustainability cross-cutting themes integrated in a meaningful way into all phases of the operation completed to date?</p>				
<p>Issues</p>	<p>Finding</p>	<p>Evidence</p>	<p>Conclusion</p>	<p>Recommendations (clarify to whom the recommendation is for)</p>



<p>Significant contribution of Regional Rapid Response delegate in addressing the DRC's capacity gap in CEA</p>	<p>-DRC's identification of the technical capacity gap in CEA was based on the lessons learned from the Hurricane Fiona operation. In this DREF, the gap was addressed by the DRC and IFRC with the deployment of a CEA Rapid Response delegate, who not only managed to bridge the existing gap during the operation, but also significantly contributed to NS CEA capacity strengthening.</p>	<p>- The deployment of the regional surge delegate was particularly useful due to her language skills and understanding of the cultural context. She was also able to bring best practices from other NSs to the operation. For example, her sending NS, the Costa Rican RC, is recognized within the Movement for its expertise in CEA. The Surge delegate was particularly impactful in integrating CEA into the operation via social media campaign, house-to-house visits, printed materials, creation of a WhatsApp line, and providing vital support with CVA programming, including proactive phone reach-outs and satisfaction surveys for participants in the CVA intervention.</p> <p>The IFRC Surge delegate also used the opportunity to build CEA capacity within the NS by training NS staff and volunteers, piloting focus group discussions (FGDs) with community members and volunteers, training NS staff in FGD facilitation and facilitating the lessons learned session with NS staff.</p>	<p>-The Surge function was effectively used during the response to close the existing operational gap and capacity building of HNS.</p> <p>-</p>	<p>For CRC/IFRC/GAC: Continue supporting regional deployments and investing in regional deployment capacities enabling humanitarian responses to be as local as possible, and only as global as necessary. Continue investments in delegate readiness (including at regional level) that emphasize the Surge Competency Framework, where identifying and building delegate skills in capacity building and accompaniment of NSs are prioritized.</p> <p>For CRC: to share the Impact Story of the joint CEA/CVA implementation with the GSWG.</p> <p>For DRC: Continue the good practice of seeing Surge delegates both as a resource to ensure the NS can deliver high-quality emergency response when gaps have been identified <i>and</i> an opportunity to build capacity of NS personnel in certain technical areas (e.g., through prioritizing NS volunteer and staff participation in trainings led by Surge delegates, identifying NS personnel to shadow the Surge delegate).</p>
<p>Application of Protection, Gender, and Inclusion lens</p>	<p>-Several relevant observations allowed the monitoring team to conclude that PGI was</p>	<p>- PSEA Workshop was facilitated for staff and volunteers as a part of this DREF Operation activities.</p>	<p>-PGI lens was integrated into the response, but insufficient</p>	<p>For CRC: Continue advocacy within the DAG and other Movement forums on PGI, as the impact of these efforts can positively impact operations. For example, CRC, along with other partners,</p>



<p>in the DREF Operation</p>	<p>integrated into the response, however, success in incorporating PGI was more a result of existing NS capacity (and tools) and less so of an investment in PGI under the DREF Operation, as the budget for PGI activities was limited and was further reduced at the Operation Update phase. *</p>	<p>-The gender balance of NS staff and volunteers had high female representation (67%F, 33%M) with women in decision-making roles; the collection of SAADD was evident; the NS targeted specific needs of different community groups through assistance distribution (e.g. MHM kits – choice between pads and cups); the NS designed and implemented effective community feedback mechanisms with different communication options to serve people with different needs.</p>	<p>funds were allocated in the revised DREF Operation due to other priorities.</p>	<p>advocated at DAG for adding PGI as a mandatory component of all DREF Operations, which, as per a key informant from this mission,** has helped NS PGI focal points to ensure that PGI is integrated in the DREF operations they are supporting within their NS. IFRC: Where possible, identify opportunities and resources to support the DRC with capacity building in PGI, especially given the interest demonstrated within the NS to build these capacities and the existence of a focal point as part of the DRC’s core staff structure. For DRC: Continue to reinforce and expand integration of PGI into future DREF Operations. When making future DREF applications, ensure sufficient PGI implementation budget is included to allow PGI to be fully integrated into the operation and relevant activities to be undertaken (training for staff and volunteers, community level activities, printed materials distribution, etc.). Consider requesting PGI Surge support for future responses to augment existing resources (e.g., to support the PGI focal point) and enable the NS to build PGI capacities at branch and volunteer level and implement more PGI activities within communities. It is also recommended that in-person or virtual training on PGI including minimum standards, tools, and referral pathways be given to staff and volunteers.***</p>
<p>*Some key informants noted that while the PGI targets were on track to be met, more dynamic community-level PGI activities like awareness sessions on violence prevention and community resources could have been organized with more financial resources. Additionally, several key informants recognized that understanding of PGI concepts, including Safeguarding is not consistent across the organization (e.g., one informant noted that HQ teams are aware of referral pathways for survivors of SGBV, but that not all community-level volunteers have the same knowledge).</p>				



<p>**The NS PGI focal point highlighted the importance of the recent change to the DREF application template which made PGI a mandatory component of all DREF applications. According to this informant, this amendment has made it easier for her to ensure that PGI activities to be included within the DREF Operation.</p> <p>*** Similar to the PSEA workshop designed and coordinated by the DRC PGI team during the DREF operation. These trainings need to become more consistently available to NS staff and volunteers in other areas / virtually.</p>			
<p>Recognition of environmental footprint during the response and actions to reduce environmental impact.</p>	<p>-The NS is doing important work to limit the environmental footprint of their humanitarian responses.</p>	<p>-Based on several KIIs and observations, including during the tour of the DRC NFI warehouse, it was evident that efforts had been made to remove single use plastics in assistance distributions (e.g. using cardboard boxes, knapsacks to distribute NFIs, rather than plastic packaging including menstrual cups as an option in MHM kits, etc.). Additionally, the use of the remittance service for cash distribution instead of the previously used “envelope method” (requiring cash-carrying vehicles driving from Santo Domingo to the field) also reduced the carbon footprint of the operation related to vehicle use.</p>	<p>-Environmental considerations were integrated into DREF implementation.</p> <p>For IFRC: Support NSs to ensure these types of initiatives are highlighted in DREF Final Reports. Currently, there is not a mandatory section on environment initiatives in DREF reporting, which could lead to a lack of documentation of good practices and limited visibility among donors of NSs’ efforts in this area. In line with IFRC commitments to Green Response, consider adding environmental considerations as a requirement for all DREF applications (as was already implemented for PGI). Note: This recommendation was shared at the DAG in October 2023 and CRC will continue to advocate for increased integration of environmental considerations and related reporting at DAG.</p> <p>For DRC: Ensure information on the consideration of environmental considerations under this DREF Operation are included in the DREF Final Report to highlight the efforts the NS has made. Share best practices, such as reducing plastic waste in NFI distributions within the Movement and with other humanitarian partners in the Dominican Republic.</p>



Interview Schedule and Locations

The interview schedule can be found in [Annex 4](#).

Land Acknowledgement

The authors would like to respectfully acknowledge the territory on which the writing of this report took place as the unceded lands of the Anishinaabe Algonquin Nation, who have never relinquished, sold, traded, or transferred ownership of their land. The Canadian Red Cross recognizes and supports the health and wellness goals of the First Nations, Metis, and Inuit communities across Canada and remains committed towards realizing community goals through advancing reconciliation, cultural safety and integrity, community-led programming, and collaboration with Indigenous leadership.

EDAF Monitoring Matrix

Criteria	Scoring	Justification
1. CRITERIA: EFFECTIVENESS and VALUE FOR MONEY		
Guiding Question: Did the operation meet, or is it on track to meet, the needs of targeted beneficiaries?		
Sub-Criteria: Effective operational design and management	Overall Score: 3.75/5	
Question 1: What is the overall status of the operation vis a vis its targets?	Score 4/5 5: Operation likely to exceed all targets. 4: Operation likely to meet all targets. 3: Operation likely to meet some targets. 2: Operation not likely to meet most targets. 1: Operation not likely to meet any targets	Justification While the DREF Operation's Final Report had not been released at the time of writing of this report, the operation was on-track to meet all targets at the time of the monitoring mission. The operational design was based on data and evidence including multi-sectoral assessments and a cash feasibility study. The DRC's engagement strategy with communities, including its use of diverse communication methods was based on established best practices and enabled the NS to reach groups at risk of exclusion from disaster response efforts (e.g., older adults, members of minority groups, etc.) While the operation is likely to meet all established targets, identified gaps in the NS's capacity to conduct timely Damage Assessment & Needs Analysis (DANA) hampered the DRC's ability to expand the scope of the operation to additional geographic locations following the passage of Hurricane Franklin.
QUESTION	KEY POINTS/OBSERVATIONS, INCLUDING DATA SOURCES	
MANDATORY 1: Based on the most recent EPoA target, does the number of disaster-affected people reached meet the most recent target at the time of monitoring?	At the time of the monitoring mission, the targets related to people reached (2,000 families/10,000 people) had not yet been fully achieved because the distribution of CVA to the second group of people had not yet been completed. Additionally, the Operation's final NFI distribution was pending. Based on CRC's review of operational documents, KIIs, and direct observation of operations in the field, the operation is likely to meet all targets, including the overall reach target. By the end of the monitoring mission on 26 October, CRC had observed that all cash distribution codes had been sent to the recipients, enabling the individuals to retrieve their funds. Additionally, the procurement of the final NFIs had been completed by the end of the monitoring mission and the monitoring team had the opportunity to see the items being prepared for distribution at the central warehouse in Santo Domingo. Following the mission, the CRC team was also able to verify that the final NFI distributions were completed by monitoring the DRC's official social media channels and through ongoing virtual conversations with the DRC operations team. While the Final Report for the DREF Operation had not yet been published at the time of finalizing this report, the opinion of the monitoring team is that the operation was likely to meet all its targets by the operation end date (30 November 2023).	

	(Sources: Document review; KIIs with DRC DREF implementation team; IFRC CCD).
If the operation has ended, what were the estimated actual achievement versus the most recent targets? What were the gaps, if any?	N/A. The DREF Operation did not end until 30 November 2023, while the monitoring mission was conducted between 18-26 October 2023.
MANDATORY 2: Were there big changes to the needs/context to this date? Did the plan adapt to them accordingly? (e.g., an adjustment in the numbers of beneficiaries targeted in the course of the operation)	<p>On 18 June 2023, the DRC launched this DREF Operation with the aim of addressing the humanitarian consequences arising from floods in the provinces of Azua, Bahoruco, Barahona, Dajabón, Elías Piña, and Independencia. On 23 August, TS Franklin hit the island of La Hispaniola directly impacting the six provinces mentioned above, as well as additional provinces, thus exacerbating the already existing vulnerabilities of the affected population. Considering that the DRC was already responding in these six provinces, the NS coordinated with the Government of the Dominican Republic to scale up its response in these areas and address the additional needs generated by Franklin, while the Government focused on the other affected provinces. The budget increased from an initial allocation from the DREF of 383,552 CHF to an updated allocation of 498,654 CHF.</p> <p>The operational plan was adjusted as follows:</p> <ul style="list-style-type: none"> • CVA: The initial DREF allocation budgeted for a cash feasibility study, but not CVA programming for a certain number of affected families. The initial plan, prior to the passage of TS Franklin, was to determine whether CVA programming or climate-smart livelihoods microprojects would be the most effective means of supporting families affected by the floods, based on the cash feasibility study and a specialized livelihoods assessment of affected communities. Based on information collected through the multi-sectoral assessments at the start of the DREF Operation and the cash feasibility study, as well as the new humanitarian impacts of TS Franklin, CVA was determined to be the most appropriate response modality to provide timely and dignified assistance to affected people. The updated DREF Operation included a multipurpose cash transfer program for 500 households. • Shelter: The number of shelter tool kits budgeted for replenishment to the Dominican Red Cross Humanitarian Warehouse was reduced from 800 to 500 as the DRC decided to donate 300 kits distributed from their own stock. Additionally, the cost of the shelter tool kits and kitchen sets was adjusted in the budget based on actual expenditure. • Health: Due to increased risk of vector-borne diseases following the passage of TS Franklin and the rising number of dengue and malaria cases in the country, the DRC decided to mobilize mosquito nets from its own stock. The replenishment of these mosquito nets was added to the budget under the DREF Operation Update. <p>The number of individuals targeted by the operation did not increase with the DREF Operation Update – the budget increase between the initial operational plan and the revised operational plan is primarily due to the incorporation of the CVA intervention for 500 families (which had already been selected as recipients of assistance under the original operational plan), in addition to the distribution of mosquito nets. While the updated plan aligned with the findings of</p>

	<p>the cash feasibility study and the needs of families who had been impacted by both the 2023 floods and TS Franklin, it is important to note that the DREF Operation did not seek to respond to the needs of additional people affected only by TC Franklin, although TS Franklin affected provinces that had not been impacted by the June flooding (11 provinces were impacted by the June flooding, compared to 25 provinces impacted by TS Franklin). While the DRC had initially intended to include additional locations (provinces) in its targeting strategy for the DREF Operation Update, this was not possible due to the following factors:</p> <ul style="list-style-type: none"> • The NS had already initiated the process of requesting an update to the DREF Operation to extend the timeframe and requesting an additional budget allocation to add the CVA component prior to the passage of Hurricane Franklin in late August 2023. Because the initial DREF Operation was set to expire on 30 September, the DRC was required to submit the update request before 15 September as per the IFRC’s DREF Guidelines. • While the DRC has Damage Assessment & Needs Analysis (DANA) teams to obtain detailed data and information to build targeting strategies and operational plans, NS informants explained that this capacity is concentrated at headquarters level and most often the personnel trained in DANA are deployed from HQ to the provinces to conduct the needs assessment. Additionally, one of the NS’s primary DANA practitioners is also the focal point for information management, which slowed down the processing and analysis of data after it was collected. Therefore, while it was feasible for the volunteers already activated under the DREF Operation in the six targeted provinces to support collection data collection on the additional needs of the selected families after TS Franklin, the NS did not have the necessary capacity to gather and analyze information from other parts of the country affected by the storm in time to meet the deadline. <p>Due to these limitations, the NS decided to submit the DREF Operation Update to IFRC without incorporating additional target locations. Needs in areas not included in the DREF Operation were covered by the NS with its own financial and material resources and by other partners including the Pan-American Health Organization (PAHO) and UNICEF, NS own resources.</p> <p>(Sources: Document review; KIIs with DRC DREF implementation team; IFRC CCD).</p>	
<p>Question 2: Was the communication strategy utilized by the NS to convey information to beneficiaries adequate?</p>	<p>Score 4.5/5</p> <p>5: Communication strategy was exceptionally strong.</p> <p>4: Communication strategy was strong.</p> <p>3: Communication strategy was adequate.</p> <p>2: Communication strategy was partially adequate.</p> <p>1: Communication strategy was completely inadequate</p>	<p>Justification</p> <p>The DRC’s communication strategy for this DREF Operation was very strong and capitalized on lessons learned from previous emergency responses and ongoing community-level programming. The communication strategy integrated CEA best practices and used diverse communication methods to meet the different communication needs and preferences of different community members to ensure that information reached those most at risk of being excluded.</p>

QUESTION	KEY POINTS/OBSERVATIONS, INCLUDING DATA SOURCES
<p>MANDATORY 3: What methods were used to communicate with end-beneficiaries (e.g., radio, household visit, pamphlets)?</p>	<p>The DRC used several methods to communicate with affected communities which included a communications campaign focused on the social media platforms most used in the country (Facebook and Instagram), house-to-house visits by DRC volunteers, community information sessions (in advance of distributions and on the day of distributions), and printed materials (brochures and pamphlets). In addition to outward facing communication, the DRC also provided communications options for the affected community to communicate with the NS and provide feedback. A landline phone number was provided in all printed materials distributed to members of the community to channel feedback and complaints about the operation. Participants in the CVA intervention were also provided with a WhatsApp number that they could use to reach the DRC to ask questions or resolve issues related to the cash assistance. DRC volunteers also proactively communicated with CVA participants regarding their satisfaction with the service provided. Volunteers followed up (both by phone and house-to-house visits) with individuals who had not gone to withdraw their funds in a timely manner to ensure that they were not experiencing challenges and to provide additional support as required. For health-related interventions, the NS opted mostly to communicate with end-beneficiaries through house-to-house visits, based on lessons learned from the DRC's years of work and established expertise in community health programming across the country. <i>(Sources: KIIs with CRD DREF implementation team, CRD Communications Officer, CRD Community Health Manager, IFRC CEA Delegate; FGDs with volunteers and affected communities).</i></p>
<p>MANDATORY 4: Why was this methodology chosen and how well did it work?</p>	<p>The methodology chosen by the DRC for communication with the affected communities/participants was based on lessons learned from previous DREF operations and other community-level interventions carried out by the NS. The NS employed multiple techniques/methods of communication to meet the differential needs of disaster-affected people. For example, based on the DRC's previous experience, they understood that young adults preferred receiving information through social media (including Facebook, Instagram, and WhatsApp), while older adults tended to prefer verbal communication. Due to relatively low levels of literacy among some older adults in the communities, the DRC prioritized WhatsApp calls or voice notes when reaching out to community members, as well as house-to-house visits by local volunteers. The DRC Operations team also noted that they had Haitian Creole-speaking volunteers available to provide services to individuals who did not feel comfortable accessing services in Spanish. As mentioned above, the DRC's community health team mostly communicated with end-beneficiaries through house-to-house visits, which were found to be more effective in encouraging behavioural change than simply sharing health promotion messages through broadcasts, social media, or paper resources. Through house-to-house visits, DRC volunteers were able to accompany disaster-affected families in how to use items provided by the operation, such as water testing materials and kits for destroying mosquito breeding sites. The use of various communication modalities was successful, as evidenced by comments from community members during FGDs. Community members described that they appreciated the availability of DRC volunteers in their community to answer questions and provide additional information regarding the DRC's interventions. Participants in the cash program noted that the follow-up phone calls and satisfaction survey made them feel that the DRC was interested in ensuring a high-quality service was provided. <i>(Sources: KIIs with CRD</i></p>

	<i>DREF implementation team, CRD Communications Officer, IFRC CEA Delegate; FGDs with DRC volunteers and community members).</i>	
Sub-Criteria: Timeliness of response	Overall Score: 3.25/5	
Question 1: Was the response timely or delayed?	<p>Score 2.75/5</p> <p>5: All activities were completed ahead of schedule.</p> <p>4: All activities were completed on time.</p> <p>3: Most activities were completed on time.</p> <p>2: Few activities were completed on time.</p> <p>1: No activities were completed on time</p>	<p>Justification</p> <p>The NS made great use of its expertise and standing capacity, including pre-positioned relief items and its well-established network of pre-trained community volunteers to deliver high-quality relief services to people affected by the two disasters. While all activities were on-track to be completed within the operational timeframe, the operation saw some delays in service delivery related to distribution of both NFIs and cash assistance. These delays mostly related to availability of sufficient trained personnel at branch level with the necessary decision-making authority to advance operational activities, a limitation that has been recognized by the DRC's management team.</p>
QUESTION	KEY POINTS/OBSERVATIONS AND DATA SOURCES	
MANDATORY 5: Did the operational funds arrive in a timely manner to the Host National Society (HNS)? Why or why not?	Funds arrived in a timely manner for use by the DRC, with no significant delays encountered. The DRC Finance Team noted the excellent support provided by the IFRC CCD to ensure timely delivery of funds and technical support, as required, for financial reporting. Key informants noted that financial reporting requirements (i.e., back-up documentation required, process for requesting tranches) were clearly understood by the NS. The Program Administrator also noted that due to the close coordination and long-standing, trusting relationship between the DRC and IFRC, the NS is always willing to advance its own funds to enable immediate response in the first days of the operation while the DREF application and transfer of the first tranche is being finalized. <i>(Sources: KII with DRC Finance Team and IFRC CCD).</i>	
MANDATORY 6 – VALUE FOR MONEY: Were there any Early Actions (e.g., prepositioning of relief items; framework agreement in place with financial institution for cash transfers, mobilization of personnel for needs assessment, pre-trained volunteers, etc. Note: all these early actions show VALUE FOR MONEY) taken by the HNS for this particular response?	Prepositioning of Relief Items: Through the support of several partners including WFP, USAID, ECHO, and IFRC and its own funds, DRC inaugurated its Humanitarian Logistics Warehouse at the headquarters in Santo Domingo in 2021. As part of the “Caribbean Humanitarian Corridor project,” the warehouse has the capacity to hold stock for 5,000 families, most of which is owned by IFRC and some of which is owned by DRC. The purpose of prepositioning humanitarian aid in Santo Domingo is to improve the timeliness of NFI mobilizations in response to disasters in the sub-region (including in Cuba, Dominican Republic, and Haiti). Under this operation, a portion of the NFIs were mobilized from pre-positioned stock in the Humanitarian Logistics Warehouse (including kitchen sets and mosquito nets), while other NFIs (hygiene kits, jerry cans, MHM kits, shelter tool kits) had to be procured for the operation as they were not available in the warehouse due to undergoing replenishment after other emergency responses in Haiti and Cuba.	

	<p>Pre-Trained Volunteers: The operation benefitted from the DRC’s standing capacity in community health and WASH including water quality assessment and monitoring. The DRC is well recognized, both by the government and other partners like UNICEF, as a key partner with a national network, access at community level, and technical expertise to deliver high-quality community health services during emergencies and as part of core programming. Under the DREF, the DRC’s Health Department mobilized its network of pre-trained health volunteers to deliver health and WASH-related activities and made use of many existing resources like communications materials on MHM and vector control.</p> <p><i>(Sources: Document review, KII with DRC DREF implementation team, IFRC CCD, DRC Logistics Manager, Government, UNICEF)</i></p>
<p>MANDATORY 7: Were there any delays in the delivery of planned services to beneficiaries? Why?</p>	<p>While, as indicated above, the monitoring team projects that all planned services will be delivered to the individuals targeted by this operation, there were some delays in service delivery during the operational period. While the delays did not put at risk the completion of all activities within the five-month operational timeline, they did mean that some individuals received assistance (including both CVA and NFIs) after the intended delivery date per the operational workplan. The document review and interviews with key informants indicated that service delivery delays mainly related to the following factors:</p> <ul style="list-style-type: none"> • Availability of personnel: The monitoring team observed that some individuals within the NS played several different roles (wore multiple ‘hats’). For example, the individual responsible for information management was also a leader in DANA within the NS and became the NS focal point for CVA. The limitation of having one key individual responsible for many tasks manifested in delays in the CVA distribution, which were not caused by lack of technical capacity, but simply lack of bandwidth. For example, in one case, all necessary tasks had been completed to release funds to the second tranche of beneficiaries, however there was a bottleneck as the personal details of all registered beneficiaries needed to be verified within the CVA platform, but the only individual who had the credentials and expertise to complete this activity was otherwise occupied with other priority tasks related to the operation. • Centralization: Key DRC informants at the branch and HQ levels and among both paid staff, management, and volunteers noted that a key priority for the organization is to increase decentralization of resources and expertise. Under the DREF, most activities were led by staff from HQ who had to travel to the targeted provinces to support local staff and volunteers with implementing DREF activities. Related to the above challenge of availability of personnel, this centralization contributed to some service delivery delays when personnel from Santo Domingo were unavailable to travel, but activities at community-level could not move forward without them. <p><i>(Sources: KII with DRC DREF implementation team and management team, IFRC CCD, DRC volunteers at branch level)</i></p>
<p>2. CRITERIA: COHERENCE</p>	

Guiding Question: How well was response coordination within the Red Cross/Red Crescent Movement partners managed?		
Question 1: How well was response coordination within the Movement partners managed?	<p>Score: 4.5/5</p> <p>5: Coordination was exceptionally managed.</p> <p>4: Coordination was managed adequately.</p> <p>3: Coordination was managed with some issues.</p> <p>2: Coordination was not well managed.</p> <p>1: Coordination was largely non-existent</p>	<p>Justification</p> <p>Coordination with Movement and external partners was strong during the implementation of the DREF Operation. The value of the DRC's contributions to the overall national response, especially its capacity to access those hardest to reach at community-level were recognized by both governmental and non-governmental partners.</p>
QUESTION	KEY POINTS/OBSERVATIONS AND DATA SOURCES	
How did the HNS work with responding partners to ensure a coordinated response?	<p>As a key member of the Dominican Republic's National Prevention, Mitigation, and Response System (SN-PMR) and 911 system, the DRC participated from the onset of the disaster in all National Emergency Operations Centre (EOC) coordination meetings, including sectoral coordination groups (health, shelter, WASH). Since DRC is a member of the National EOC by Dominican law, the DRC's liaison representative coordinated closely with this body and attended its meetings. KIIs with representatives of the National EOC demonstrated the value of DRC's participation in the coordination mechanism during both the June 2023 floods and TS Franklin. At the provincial level, branch presidents attended provincial-level EOCs to ensure coordination of DRC response activities with those of other actors. One representative noted that few others (except the government and the DRC) launched a response to these events and that the DRC's provision of NFI kits to families in need was a "fundamental" part of the overall response. The representative from UNICEF noted that DRC coordinates closely with her organization, including for this response, since UNICEF provides financial and technical resources, but relies on the DRC's "national network" to reach affected communities. <i>(Sources: Document review; KII with UNICEF, government)</i></p>	
<p>MANDATORY 8: Were there any challenges related to overall regional and/or international support and IFRC response mechanisms (i.e., Surge, sit reps, bilateral assistance)?</p>	<p>Within the Movement, the DRC coordinated effectively with partners for regional/international support. The DRC expressed that it received strong support from the IFRC Delegation in Santo Domingo in developing the DREF application, requesting Rapid Response personnel, and in resolving day-to-day issues during the implementation phase. KIIs with members of the DRC also mentioned the appreciated support of the Italian Red Cross representative (the only PNS with presence in the Dominican Republic) when working on the operational planning for the operation. Based on the KIIs, NS staff felt that in the future, more support from partners could be provided in DANA to reinforce the capacity of the NS to quickly gather high-quality data and use it to develop its operational plan in a timely way. Key informants mentioned that support to build a more robust contingent of DANA practitioners within the NS or the possibility of deploying surge personnel for a short-term mission to help with data collection and analysis would both be welcomed options.</p> <p><i>(Sources: KII with DREF implementation team, IFRC CEA Delegate, Italian RC Representative, IFRC CDD).</i></p>	

3. CRITERIA: COST-EFFECTIVENESS and VALUE FOR MONEY		
Guiding Question: To what extent did the operation effectively utilize allocated funds?		
Sub-Criteria: Budget adequacy	Overall Score: 4/5	
Question 1: Was the budget adequate (or will it likely be adequate) to achieve the operation's goals?	Score 4/5 5: All activities will be completed for less than budgeted. 4: All activities will be completed for the amount budgeted. 3: Most activities will be completed within the amount budgeted. 2: The budget will be inadequate to complete many activities. 1: The budget will be inadequate to complete most activities	Justification While the operation had not closed at the time of the mission, the monitoring team anticipates that all activities are likely to be completed for the amount budgeted. As outlined above, an additional DREF allocation for the operation was approved in September 2023 (per the DREF Operation Update). This additional allocation was well justified by the addition of cash assistance provided to 500 families to meet immediate basic needs. All changes in IFRC budget lines are presented clearly in the DREF Operation Update. Some key informants highlighted that more dynamic community-level activities on violence prevention and response could have been conducted if the budget for PGI activities had not been reduced under the Ops Update.
QUESTION	KEY POINTS/OBSERVATIONS AND DATA SOURCES	
Was the budget sufficient to complete the activities set out in the operation? If not, why not?	<p>The operation had not been completed at the time of the monitoring mission and the Final Report had not been published at the time of writing of this report, however based on document review and KIIs, the monitoring team anticipates that all activities presented in the DREF Operation Update will be completed for the budgeted amount.</p> <p>It is important to note that the budget for PGI activities was reduced between the original budget and the budget published with the DREF Operation Update to ensure sufficient funds for the planned WASH, Health, and CVA activities. While the targets set in the Ops Update to train volunteers from 24 branches on PSEA and provide 2,000 people with information on PSEA will most likely be met, key informants noted that more dynamic community-level activities like awareness sessions on violence prevention and community resources could have been organized with more financial resources. <i>(Sources: Document review, KIIs with DREF Implementation team, DRC Management, DRC PGI Focal Point).</i></p>	
MANDATORY 9: Was there a sector or activity that required reallocation of funds? If so, why?	As per the DREF Operation Update, the following reallocations were made: <ul style="list-style-type: none"> • Shelter // Initial: CHF 63,996 / Final: CHF 44,624 (allocation reduced based on actual expenditure on shelter tool kits and kitchen sets and as DRC donated some kits from pre-positioned stock) • Livelihoods and Multi-purpose Cash // Initial: CHF 7,455 / Final: CHF 94,231 (allocation increased for CVA intervention based on results of cash feasibility study) 	

	<ul style="list-style-type: none"> • Health // Initial: CHF 21,513 / Final: CHF 42,281 (allocation increased for replenishment of mosquito nets due to priority of reducing risk of vector-borne disease) • WASH // Initial: CHF 88,395 / Final: CHF 154,425 (allocation increased as cost of hygiene kits and water buckets were adjusted based on actual expenditure; addition of jerrycans) • PGI // Initial: CHF 3,195 / Final: CHF 2,130 (allocation slightly reduced as targets can be reached with less funds) • Secretariat Services // Initial: CHF 40,044 / Final: CHF 77,213 (allocation increased to enable additional Rapid Response positions given extended timeline of operation) • National Society Development // Initial: CHF 52,902 / Final: CHF 79,492 (allocation increased to cover salaries of operational personnel given extended timeline of operation) <p><i>(Source: Document Review)</i></p>	
Sub-Criteria: Sufficiency of NS resources with operational needs/VALUE FOR MONEY		Overall Score: 2.75/5
Question 1: Were NS resources (HR, finance, logistics) sufficient to cover operational needs and requirements?	<p>Score 2.75/5</p> <p>5: Resources exceeded operational requirements.</p> <p>4: Operational requirements were all met by NS resources.</p> <p>3: Most operational requirements were met by NS resources.</p> <p>2: Some operational requirements were met by NS resources.</p> <p>1: Very few operational requirements were met by NS resources.</p>	<p>Justification</p> <p>While the DRC requested support from the IFRC to cover operational requirements, including funds (via the DREF application) and personnel/technical expertise (via Rapid Response alerts), the NS also made use of its existing resources like vehicles, pre-positioned stock, and technical expertise to ensure value for money. It is important to mention that the DRC's request for external resources were based on a sound analysis of gaps based on previous experiences and the DRC capitalized on the deployments of Rapid Responders to strengthen its capacities in operational management, CVA, and CEA to be applied in future responses.</p>
MANDATORY 10: Were procedures for transferring funds to NS branches/field colleagues in place, and was funds transfer done in a timely manner?	<p>The DRC does not currently have a mechanism for transferring funds to the branch level. For this DREF, the funds were managed by staff from the HQ in Santo Domingo who deployed with cash to carry out activities in the field. In some cases, the HQ Finance Team can also make direct payments to vendors in the targeted provinces. <i>(Sources: KII with DRC Operations Coordinator and DRC Projects Administrator).</i></p>	
MANDATORY 11: Did the NS use an Emergency Response Management tool (Emergency Operations Centre, Incident Command System, or others)?	<p>Yes, the NS has an Emergency Operations Centre in Santo Domingo, as well as regional EOCs at the provincial level that are activated during emergencies and report into the EOC in Santo Domingo. The DRC's EOC was activated in June 2023 during the flooding as well as during TC Franklin. It is worth noting that the EOC in Santo Domingo was retrofitted with support of the GAC and CRC-funded CERA project that also supported the development of EOC procedures and related training. <i>(Sources: Document review; KII with DREF implementation team).</i></p>	
Please select the following support functions (HR, Logistics, ICT, PMER) to show evidence of good capacity or big gap in capacity that warrants special attention		

<p>Was the operation adequately staffed?</p>	<p>The operation was staffed by existing (core) NS personnel, local surge personnel hired specifically to support implementation of the operation, and IFRC surge (Rapid Response) delegates, three of which were funded by DOHE. Overall, appropriate decisions were made related to staffing, building on lessons learned from Hurricane Fiona and other previous operations. For example, the NS recognized gaps in technical capacity related to CVA and CEA and requested surge profiles to ensure high-quality service delivery in these areas. Although some surge staff were hired for the DREF, there were some tasks that could only be completed by longstanding NS personnel with necessary technical expertise in areas like DANA and knowledge of Movement information management systems, like the GO Platform. This meant that despite having staff available, the operation experienced some bottlenecks related to the organization's reliance on certain contributors. The DRC has identified increasing the expertise of additional staff members and volunteers (including at branch level) in technical areas like DANA, CEA, CVA, and IM as a priority, to increase operational efficiency in the future. <i>(Sources: Document review; KII with DREF implementation team, IFRC, DRC management).</i></p>
<p>MANDATORY 12: Were the HNS HR procedures in place adequate to facilitate expedited mobilization of resources for this operation? (Note: deployment of trained NS staff and volunteers compared with IFRC international delegates shows VALUE FOR MONEY)</p>	<p>The KIIs did not identify NS deployment/HR procedures were a significant barrier to mobilization of resources; rather informants discussed the need to increase the pool of DRC staff and volunteers with the necessary technical training to carry out key activities.</p> <p>Informants from both DRC and IFRC highlighted that the selected international surge profiles were chosen based on the most important gaps identified during the previous DREF Operation (Hurricane Fiona). These identified areas for improvement included a more structured approach to project management (including relevant documentation and processes), along with the need to strengthen the capacity at the HQ level in the areas of IM, CVA and CEA, expand local data collection capacity (including DANA), and create processes for post-distribution monitoring and community feedback mechanisms. KIIs conducted with DRC and IFRC as well as the responses to DOHE questionnaire indicate that the deployed delegates greatly contributed to operational effectiveness in these areas, but also had the necessary leadership competencies to build local capacity within the NS to be leveraged in the next emergency operation. For example, because of the efforts of the deployed Rapid Response personnel and the NS's commitment to learning and improving, the DRC now has established access to the Red Rose platform to deliver future cash assistance, a set of CEA tools and trained call-centre volunteers, and a toolbox for DREF operations management (e.g., workplan, budget tracking tool). <i>(Sources: Document review, KIIs with DREF implementation team; CEA Delegate; IFRC CCD).</i></p>
<p>MANDATORY 13: Did the HNS's logistics systems and fleet of vehicles enable the timely delivery of supplies and equipment to beneficiaries? (Note: ability of HNS to mobilize supplies, equipment, and vehicles from various sources such as Movement</p>	<p>As mentioned above, a portion of the NFIs provided to affected people under the operation were mobilized from pre-positioned supplies in the DRC's Humanitarian Logistics Warehouse in Santo Domingo. The DRC also contributed some of its own supplies to the operation, without requesting replenishment coverage through the DREF. The NS used its own cargo trucks to transport the NFIs to the affected provinces, avoiding rental fees for this equipment and utilized the standing capacity of its Logistics Unit to procure locally available relief items, such as mosquito nets, reducing both cost and lead-time. The DRC also mobilized its humanitarian drone units to support DANA activities in the field, enabling</p>

<p>partners, National Society’s own resources, local partners, etc, shows VALUE FOR MONEY)</p>	<p>the staff and volunteers to assess damage more quickly. It is important to note that the establishment of the humanitarian drone unit was supported by the CERA project. <i>(Sources: Document review, KIIs with DREF implementation team, Logistics Manager).</i></p>	
<p>MANDATORY 14: In what ways were learnings and recommendations from previous operations used in the planning/design and implementation of this operation? (Note: applied lessons can show VALUE FOR MONEY)</p>	<p>As described by several IFRC and DRC key informants and triangulated by the document review, the lessons learned from previous DREF operations, especially Hurricane Fiona, were used as the basis for the design of this DREF Operation and decisions around requests for Rapid Response personnel. The decision to request IFRC’s support to set up a remittance-based cash assistance intervention was based on a desire to reduce risk for personnel and participants and to build on the successes of other NSs that have used the Red Rose platform. The request for a CEA surge delegate was driven by recognition of a gap in CEA capacity within the NS and a desire to strengthen activities like post-distribution monitoring (to improve service delivery quality) and volunteer engagement (to better understand volunteers’ challenges and be able to address issues). DRC team members also used existing materials and best practices from other operations to avoid duplicating effort and ensure value for money. For example, the health team used tools developed in partnership with UNICEF and Save the Children during the COVID-19 and Zika emergencies to help communities affected by the 2023 flooding and TS Franklin test water quality, destroy mosquito breeding sites, and monitor and report cases of fever to health authorities. The NS also identified and acted on simple opportunities to save resources, such as providing individual hygiene kits to families in shelters rather than family kits (comprised of five individual kits). DRC staff noticed in previous operations that families found the family kits too bulky when staying in the shelters, making the individual kits better suited to their needs. At the same time, providing kits by individual also prevented re-selling of kits that were not needed when a family received standard supplies for five individuals regardless of family size <i>(Sources: Document review, KIIs with DREF implementation team, IFRC CCD, Logistics Manager, UNICEF).</i></p>	
<p>Sub-criteria: Value for money</p>	<p>Overall Score: 3.5/5</p>	
<p>Question 1: Were there factors which decreased the operation’s value for money?</p>	<p>Score 3.5/5 5: Operation demonstrated excellent value for money. 4: Operation demonstrated good value for money. 3: Operation demonstrated adequate value for money. 2: Operation demonstrated poor value for money. 1: Operation demonstrated extremely poor value for money.</p>	<p>Justification A few key decisions allowed for good value for money including mobilization of some pre-positioned items, use of existing NS capacities (including vehicles, technical expertise), and effective engagement of Rapid Response to build NS capacity in addition to supporting effective, high-quality emergency response service delivery. Some inefficiencies were identified related to rotation of surge personnel and overreliance on certain NS personnel that could be addressed to improve the efficiency of future operations.</p>
<p>QUESTION</p>	<p>KEY POINTS/OBSERVATIONS AND DATA SOURCES</p>	

<p>What are the reasons for NS to distribute relief items only, cash only, or a mix of relief items and cash?</p>	<p>DRC provided a mix of relief items and cash. The decision to use this modality was based on needs assessments, lessons learned from other operations, and availability of some pre-positioned supplies. Based on FGDs with affected communities, the mix of relief items and cash aligned with needs and preferences, although the DRC could improve community engagement prior to NFI distribution, as some informants noted that they were not aware of which items they would be receiving prior to the day of the distribution. <i>(Sources: FGD with communities; document review; KIIs with DREF implementation team)</i></p>	
<p>Were there inefficiencies in the operation which inhibited the ability to complete activities in a timely manner?</p>	<p>A few areas of inefficiency were identified which should be considered for future operations. As mentioned above, centralization of technical expertise with a few individuals at HQ resulted in some implementation bottlenecks. IFRC and DRC informants also highlighted that having missions of longer duration would have increased efficiency by reducing the strain on the receiving NS and in-country CCD as each new arrival requires resources for briefing and administrative and logistics processes. Having less, longer rotations is also less expensive than having more shorter rotations and would limit the investment of time required in preparing handover reports to ensure business continuity.</p>	
<p>4. INTEGRATION OF CROSS-CUTTING THEMES</p>		
<p>Guiding Question: Were cross-cutting themes integrated in a meaningful way into all phases of the operation completed to date?</p>		
<p>Sub-criteria: Consideration of vulnerability</p>	<p>Overall Score: 4.5/5</p>	
<p>Question 1: Did the operation consider in its design the differing vulnerabilities of people within the affected communities?</p>	<p>Score 4.5/5 5: Vulnerability extremely well integrated into operation design. 4: Vulnerability well integrated into operation design. 3: Vulnerability integrated into operation design. 2: Vulnerability partially integrated into operation design. 1: Vulnerability not integrated into operation design.</p>	<p>Justification Vulnerability-related information was collected and used to inform beneficiary selection. The NS adapted the standardized government data collection form to incorporate sex and age disaggregation and to capture information on other factors such as migration status, disability, female-headed households, etc.</p>
<p>QUESTION</p>	<p>KEY POINTS/OBSERVATIONS AND DATA SOURCES</p>	
<p>MANDATORY 15: Was vulnerability-related information (sex, age, disability, and others) collected and used to inform beneficiary selection criteria?</p>	<p>As part of this DREF, DRC collected vulnerability-related data when conducting needs assessments at the community level. While the data collection form for damage assessment and needs analysis standardized by the government collects data at household level, DRC has added additional disaggregation to its data collection form, which includes sex and age disaggregation (SADD) as well as collection of data on disability and other vulnerability factors such as</p>	

	single-parent household, pregnant/lactating mother, and immigration status. ⁴ Humanitarian need, based on these different vulnerability factors, was the deciding factor in selecting individuals from the community to receive DREF assistance. During the community visits, it was observed that the people who received humanitarian assistance met the various vulnerability criteria (i.e., people over age 60, people with disabilities, women with infants, pregnant women). One participant in the cash assistance program noted that the assistance was especially important for her because her husband had been injured in recent months and could no longer work, making her the sole source of income for the family of five. <i>(Sources: Document review; KIIs with DREF implementation team, DRC IM Officer; FGDs with DRC volunteers and community members; direct observation).</i>	
MANDATORY 16: Was beneficiary selection of the NS validated with other agencies?	There were not many actors involved in the response to this emergency and DRC was the main player in the targeted communities which limited the risk of duplication. Several members of the affected communities noted that the DRC was the only agency providing humanitarian assistance. A representative from the Dominican government also noted that the DRC was alone in providing services in most of the affected communities. Regardless of this fact, the DRC utilized the government's standardize DANA tool to collect and record data about the humanitarian impact of the disaster, while also adding additional fields to capture sex, age, and other vulnerability-related data (e.g., disability, female-headed household) to ensure complementarity with data gathered by government agencies <i>(Sources: Document review; KII with DREF implementation team, government representatives, UNICEF).</i>	
Sub-Criteria: Integration of CEA activities	Overall Score: 4/5	
Question 1: Did the NS actively solicit engagement with communities and accountability with all stakeholders?	<p>Score 4/5</p> <p>5: CEA was extremely well integrated into the operation.</p> <p>4: CEA was well integrated into the operation.</p> <p>3: CEA was somewhat integrated into the operation.</p> <p>2: CEA was not well integrated into the operation.</p> <p>1: CEA was not reflected in the operation at all</p>	<p>Justification</p> <p>CEA was integrated across all operational activities and especially in the health/WASH promotion and CVA activities. With the crucial support of the IFRC CEA Delegate, the NS actively engaged with community members to validate selection criteria and explain their rights and entitlements. Additionally, the DRC worked to proactively collect feedback during the implementation period and adjust and improve service delivery based on this information provided by the community.</p>
QUESTION	KEY POINTS/OBSERVATIONS AND DATA SOURCES	

⁴[IFRC GO - Emergency](#) - Dominican Republic Floods 2023 DREF Update. Please refer to Annex 5 for a breakdown of assistance selection criteria (or targeting strategy) among the affected population.

<p>Did the NS conduct CEA training for responding personnel and integrate CEA mechanisms within its operation? If so, which ones?</p>	<p>CEA training was provided to DRC staff from the Health Department and branch-level volunteers (45 people) by the IFRC CEA Rapid Response Delegate. Three additional CEA trainings are planned to further reinforce CEA capacity within the NS and to ensure that DRC staff and volunteers have the required capacity to complete this operation’s CEA activities and integrate CEA into future operations from the beginning. A video has also been developed on CEA to raise awareness on the approach within the DRC.</p> <p>CEA mechanisms that have been implemented to-date within the operation include:</p> <ul style="list-style-type: none"> • Community satisfaction surveys conducted – 359 surveys for hygiene kits, 100 for CVA at time of writing of this report. [The total number of CVA post-distribution surveys at the end of the DREF operation (Nov 30, 2023): 310- 72.3% female and 27.7% male respondents, with the following breakdown according to age groups: 60+ (33.9%), 33-59 (50%), 18-32 (16.1%).] • Establishment of a call centre to proactively collect feedback from participants in the CVA program and to help community members address challenges in withdrawing their funds (e.g., issues with receiving the code by text message, providing further explanations on the process for withdrawing the funds). Volunteers from the Health and Emergency Management departments were trained by the IFRC CEA Delegate to establish capacity within the DRC to conduct these kinds of CEA activities in future operations. • Social media campaign to promote healthy practices to reach 10K users (e.g., water treatment at household level to reduce cholera risk, monitoring of areas with standing water and destruction of mosquito breeding sites to reduce dengue and malaria risk, and messages on good hygiene practices, including menstrual hygiene). • In addition to the planned lessons learned workshop for the DREF implementation team and key stakeholders, for the first time, the DRC conducted community-level focus groups to understand the perspectives of community members and integrate their feedback into operational planning for future operations. <p>The monitoring team also observed evidence of the DRC operations team acting on feedback received to address concerns and improve service delivery. For example, some recipients of MHM kits expressed that they would have preferred to receive the kits in their school for privacy reasons. As a result of this feedback, the NS used existing relationships with local public schools to organize MHM sessions and distributions of MHM for adolescent girls as part of the final distribution of NFIs. <i>(Sources: KIIs with DRC DREF implementation team, IFRC CEA Delegate; FGDs with volunteers and community members; document review)</i></p>
<p>MANDATORY 17: Did the NS actively promote beneficiaries’ rights and provide access to information about selection criteria, beneficiaries’ entitlements?</p>	<p>The DRC actively promoted information about the rights and entitlements of members of the affected communities as well as the selection criteria. The selection criteria were shared with members of the community during the needs assessment phase and through ongoing community engagement and the DREF communications strategy. For example, for the CVA intervention, a flyer/brochure was provided to the targeted communities outlining the selection criteria (most vulnerable families affected by the floods who have at least one member who is over 60 years of age, is a single</p>

	<p>parent, is a pregnant/breastfeeding mother or has a chronic disease or disability). It was evident from the FGDs with community members that the selection criteria employed by the NS was relevant and appropriate. For example, one member of a community focus group noted that he had not received the cash assistance, but “I did not feel bad about the program because members of his neighbourhood who needed help the most had received it.” Another key CEA activity within the operation was a printed checklist provided to participants in the CVA program to help them ensure that they had all the information and documents required to withdraw their funds via Moneygram and clearly indicating that the assistance could be used based on the individuals’ priority needs (i.e., unconditional cash transfer). The printed material and information provided verbally during community information sessions and household visits also provided advice to members of the program to promote their security and protection from exploitation (e.g., informing them of the importance of not sharing when they would be going to withdraw the assistance; not accepting to pay any fees to the bank if requested). One possible area of improvement would be to improve communication with the affected communities prior to the distribution on the assistance they would receive (i.e., type and contents of NFI kits) as some community members noted that they did not know what they would be receiving prior to the distribution. <i>(Sources: KII with DRC DREF implementation team, IFRC CEA Delegate; FGDs with volunteers and community members; document review).</i></p>	
<p>Sub-Criteria: Integration of Protection, Gender, and Inclusion (PGIE) considerations</p>	<p>Overall rating: 3.5/5</p>	
<p>Question 1: To what extent are PGIE considerations mainstreamed in the operation?</p>	<p>Score: 3.25/5 5: PGIE was extremely well integrated into the operation. 4: PGIE was well integrated into the operation. 3: PGIE was somewhat integrated into the operation. 2: PGIE was not well integrated into the operation. 1: PGIE was not reflected in the operation at all.</p>	<p>Justification Certain PGI considerations were well-integrated in the operation, including in the establishment of targeting criteria based on intersectional identities and provision of services to meet specific needs of different groups (e.g., provision of MHM kits). Although the NS trained volunteers on Safeguarding and shared key messages and referral pathways with community members, there were gaps at branch level related to knowledge of PGI and Safeguarding considerations.</p>
<p>QUESTION</p>	<p>KEY POINTS/OBSERVATIONS AND DATA SOURCES</p>	
<p>Has the NS conducted PGIE training, including PSEA training, for its staff and volunteers?</p>	<p>Under this DREF Operation, the DRC’s Director of Institutional Doctrine & Protection facilitated a full-day training on Safeguarding/PSEA with 23 volunteers (12F/11M) on 13 August 2023. The purpose of this training was to provide an introduction on safeguarding to the volunteers delivering assistance supported by the DREF, with the intention of having these volunteers conduct briefings with the other volunteers of their respective branches. Based on discussions with branch-level volunteers there is a gap in the knowledge flow on safeguarding from the trained volunteers to other</p>	

	<p>volunteers. As discussed with the Director of Institutional Doctrine & Protection, there is a gap in knowledge on PGIE, including Safeguarding, at the branch level that the NS is working to address. There is the intention to create a network of “protection focal points” at branch level across the country with the expertise required to provide Safeguarding briefings and trainings to DRC staff and volunteers. <i>(Sources: Document review; KII with Director of Institutional Doctrine & Protection; FGD with branch volunteers).</i></p>
<p>Has the National Society proactively sought gender and diversity balance in (e.g., equal #s of M/F) staff and volunteers of diverse backgrounds mobilized for this operation?</p>	<p>There was good gender and diversity balance among the DRC staff (67%F, 33%M), as well as among the Rapid Response delegates deployed by the IFRC (4F/2M). There was also a good balance of female and male volunteers mobilized for this operation (51.25%F, 48%M) as well as volunteers from different age brackets (i.e., both young adults and older adults). It was also observed that volunteers with physical disabilities were included in the response operation. DRC also has Creole-speaking volunteers who can provide services for Creole-speaking communities. <i>(Sources: FGDs with DRC volunteers; direct observation).</i> Please refer to the Primary Data Collection Section for the detailed breakdown.</p>
<p>MANDATORY 18: What Protection (SGBV), Code of Conduct/PSEA and child protection mechanisms were employed by the HNS to ensure protection of vulnerable populations?</p>	<p>As mentioned above, one Safeguarding/PSEA training for DRC staff and volunteers was completed as part of the DREF Operation, however further diffusion of this information is needed to ensure that all NS personnel are aware of their Safeguarding responsibilities. At HQ level, referral pathways are known should a community member contact the organization to disclose an incident of violence within the household or community, including SGBV and child protection concerns. The procedure is to refer the individual to the national phone line for survivors of violence and/or to local resources where available. However, there is a gap in the capacity of branch-level DRC personnel to properly manage and refer protection cases to the proper resources. All DRC volunteers are required to sign the Code of Conduct, however according to information obtained in KIIs, there is a gap at the community level in awareness about how to report Safeguarding concerns (exploitation and abuse by humanitarian workers) and other protection issues (e.g., SGBV, child protection concerns, etc.) Additionally, under the current DREF, the DRC is producing a resource for community members that outlines different types of violence, the relevant Dominican legal frameworks, and how to make a complaint, which will be distributed during the final community distributions of hygiene and MHM kits. It was noted during the KII that the original intent of the Institutional Doctrine & Protection team was to implement additional community-focused activities on PGI, with an emphasis on Safeguarding, SGBV, and child protection; however, the PGI budget was reduced with the release of the DREF Operation Update. Additionally, reviewers asked the volunteers at community level about their knowledge of referral pathways, and they did not demonstrate adequate knowledge of this system. There is a clear gap that needs to be addressed so that all personnel are aware of the Safeguarding mechanisms. <i>(Sources: KIIs with DRC DREF implementation team; Director of Institutional Doctrine & Protection; FGDs with DRC volunteers and community members; document review).</i></p>
<p>Has the HNS mapped referral pathways for SGBV, Child Protection cases and PSS to appropriately refer survivors? (it is not mandatory for DREF, but it is for Appeal)</p>	<p>As mentioned above, referral pathways exist at the national level and there is a procedure within the Institutional Doctrine & Protection Department to manage any complaints or concerns that are received by the HQ (by phone, by DRC social media accounts, etc.). For complaints related to NS personnel conduct, the Director of Institutional Doctrine & Protection ensures that an investigation is conducted with the Volunteering, HR, and Legal departments and for cases</p>

	<p>of reports of protection issues at the community level (not related to NS personnel), the Protection department refers the cases to the national violence prevention hotline or to other local resources, if available. Through the FGDs with community-level volunteers, it was evident that there was a low level of awareness on these referral pathways at field level, despite good awareness at HQ level. Gap exists related to training of volunteers and mapping of referral pathways at provincial and local level so that branch-level NS personnel can appropriately refer survivors of violence. <i>(Sources: KIIs with DRC DREF implementation team; Director of Institutional Doctrine & Protection; FGDs with DRC volunteers and community members; document review).</i></p>	
<p>MANDATORY 19: Does the operation have interventions target specific needs such as dignity kits, sexual and reproductive health services (health services), child-friendly spaces, etc.</p>	<p>Yes, as part of this DREF, the NS implemented interventions to target specific needs of different groups. For example, the operation included a component of menstrual hygiene management (MHM) with the distribution of menstrual hygiene kits. The individuals who received the kits were given the choice of receiving sanitary napkins, a menstrual cup, or both, depending on their personal needs and preferences. Additionally, the NS is making use of tools developed in partnership with UNICEF under another community health initiative, including printed educational material on MHM. With UNICEF, an innovative intervention was developed to provide adolescent girls with beaded bracelets that indicate the different phases of the menstrual cycle, with the purpose of providing information in communities where this topic is often considered taboo within the household. Since extra bracelets were available following the end of the DRC-UNICEF project, some of the adolescent girls will have received the bracelets with their MHM kit under this DREF. <i>(Sources: KII with DRC Health Department; KII with UNICEF; FGDs with community members).</i></p>	
<p>Sub-Criteria: Environmental protection and preservation</p>	<p>Overall rating: 3.5/5</p>	
<p>Question 1: How effectively are environmental issues integrated into this operation?</p>	<p>Score: 3.5/5</p> <p>5: Environmental considerations were extremely well integrated into the operation.</p> <p>4: Environmental considerations were well integrated into the operation.</p> <p>3: Environmental considerations were somewhat integrated into the operation.</p> <p>2: Environmental considerations were not well integrated into the operation.</p> <p>1: Environmental considerations were not reflected in the operation at all.</p>	<p>Justification</p> <p>The NS actively took into account environmental considerations, especially in relation to the packaging and distribution of NFIs and efforts to increase community uptake of greener solutions to meet basic needs (e.g., use of reusable menstrual cups). Increasing branch-level capacities and reducing dependence on technical expertise from HQ (a key component of the DRC's Strategic Plan) would be a key next step for reducing the transportation-related carbon footprint of future DRC emergency operations.</p>
<p>QUESTIONS</p>	<p>KEY POINTS/OBSERVATIONS AND DATA SOURCES</p>	

MANDATORY 20: Are there any negative environmental impacts anticipated by this operation? If so, how are they being mitigated?

Informants from the NS were cognizant of the environmental impact of the packaging used in the distribution of relief items (NFIs) on local environments where recycling systems are not well established or non-existent. To mitigate the impact and to integrate environmental considerations into response activities, the DRC has focused on reducing single-use plastics in its distributions. For example, the NFI kits (such as hygiene kits, kitchen sets, etc.) are packaged in cardboard boxes which can be reused in the community. The MHM kits were packaged in small reusable cloth knapsacks which ensured the privacy of the individuals receiving the kits and reduced plastic waste. As mentioned above, DRC offered menstrual cups to the community members who receive MHM kits with the intention of reducing waste from disposable products and to provide a more sustainable option for individuals who may not have the resources to purchase disposable menstrual hygiene products every month. The DRC continues its efforts to provide information to communities about the menstrual cup as part of its ongoing community health programming, as it recognizes that many myths and misconceptions remain at the societal level that need to be addressed to increase uptake.

NS informants also noted that the mobilization of teams from Santo Domingo to the affected provinces resulted in a higher-cost operation, both financially and environmentally. When possible, the NS mobilized as many volunteers as possible from provincial and municipal branches. Additionally, the use of the remittance service for cash distribution instead of the previously used “envelope method” (requiring cash-carrying vehicles driving from Santo Domingo to the field) also reduced vehicle use related to the operation. However, the NS remains quite centralized with most of the technical expertise sitting at HQ level. Part of the DRC’s Strategic Plan is to continue decentralizing technical expertise and response capacity to reduce dependence on the HQ, make response interventions timelier, and reduce the environmental and financial cost of mobilizing DRC staff and volunteers from Santo Domingo. *(Sources: KII with DRC DREF team and warehouse team; FGDs with community members; direct observation).*

DOHE Monitoring Matrix

Operation details		DREF/ Appeal Number: MDRDO015 DREF/Appeal Title: Dominican Republic Floods 2023 Target number beneficiaries: 10,000 people (2,000 families) Value of Operation (and coverage if known): CHF 498,654 (coverage 100%) Timeframe of Operation: Five months, ending November 30, 2023					
Direct investments		<ul style="list-style-type: none"> • Rapid Response - 1 Canadian(M), 2 (1M/1F) Regional - DOHE <ul style="list-style-type: none"> ○ The Canadian delegate is briefed/debriefed by relevant CRC units and thematic experts; regionally supported delegates are briefed/debriefed by the IFRC • Funds - \$40,000 CAD EDAF Contribution 					
Indirect investments		<ul style="list-style-type: none"> • Prior partnerships with Dominican Red Cross (under the previous Strategic Partnership portfolio⁵), deployments and support to previous emergency operations (e.g., DRC Hurricane Fiona Response 2022) through EDAF and DOHE regional drawdown. • Investments in the regional surge system under previous Strategic Partnership⁶ (training and development). 					
1.0 LM1100A: Level of satisfaction by Canadian technical experts that the overall operation provided PGIE sensitive humanitarian assistance							
No.	Main Questions	Scoring Methodology	Source of Information	Data Collection Methods	Data Analysis Methods	Final score	People consulted (omitted due to confidentiality)
1.1	Did the support received from Canadian rapid response personnel deployed to this operation contribute to achieving emergency response gaps as outlined in	5= Strongly agree; support received from CRC technical experts contributed significantly to achieving emergency response gaps 4= Agree; mostly contributed to achieving emergency response gaps 3= Neutral	-IFRC CCD -ARO Surge -ARO Operations Manager -DRC DREF Implementation Team	-KIIs -Surge Questionnaire -Desk Review	Quantitative and qualitative assessment subsequently analysed to produce a quantitative score.	5	

⁵ CRC and GAC supported capacity building of the DRC under the Capacity Building for Emergency Response in the Americas (CERA) Project, 2014-2019.

⁶ Under the CRC and GAC-funded Strengthening Global Emergency Response (SGER) Project.

<p>the emergency operation plan of action?</p> <p>*Note this question is asked for CRC reference only and is not included in the overall score calculation for the indicator</p>	<p>2= Disagree; support received from CRC technical experts mostly did not contribute 1= Strongly disagree; support received from CRC technical experts did not contribute at all</p>	<p>-Delegate EOM Reports & Debriefing Notes</p>				
<p>Rationale for the score</p>	<ul style="list-style-type: none"> • Some of the gaps reiterated at the planning stage of the operation, based on the DRC's experience with the previous DREF Hurricane Fiona 2022) response, were the need to strengthen the capacity at the HQ and branch levels in the areas of CVA and CEA (i.e. create processes for post-distribution monitoring and community feedback mechanisms), and decentralize the existing DANA capacity. Volunteer recruitment and retainment and local capacity strengthening was identified as a gap at the provincial and local levels. • The NS recognized gaps in technical capacity related to CVA and CEA and requested surge profiles to ensure high-quality service delivery in these areas. Although some surge staff were hired for the DREF, there were some tasks that could only be completed by longstanding NS personnel with necessary technical expertise in areas like DANA and knowledge of Movement information management systems, like the GO Platform. This meant that despite having staff available, the operation experienced some bottlenecks related to the organization's reliance on certain contributors. The DRC has identified increasing the expertise of additional staff members and volunteers (including at branch level) in technical areas like DANA, CEA, CVA, and IM as a priority, to increase operational efficiency in the future. • The additional gap identified by the IFRC ARO was related to the DREF processes, procedures, and standards capacity, which was mitigated by the IFRC RR delegates with the support of the IFRC CCD focal point. • Contributions of all three delegates, both Canadian and Regional supported by CRC, were significant (KII HNS, IFRC CCD). • DRC feedback: <i>Canadian Ops Manager delegate was working very well with the NS teams, exercising a highly inclusive and collaborative (trust-building) operational leadership approach; "[CRC Ops Manager] heavily supported the DREF update, data collection, coordination and reporting,"</i> • IFRC: <i>"From the perspective of ARO Operations, the deployments of Ops Managers helped close the existing gap in terms of IFRC process, procedures, and standards, as well as DREF application and reporting. Both Ops Manager delegates were able to support the IFRC CCD focal point in this connecting role and overall operational coordination."</i> • IFRC: <i>"...the support that DRC has received from the surge team (Rapid Response personnel) has allowed it to be more efficient operationally speaking, as the NS has been in a process of restructuring and operational changes which implies to some extent</i> 					

		<p>capacity building processes in execution, and the Rapid Response personnel has contributed to this process of development of skills and capabilities at the NS level” - (the comment applies to both Canadian and Regional delegates deployed to the emergency response).</p>					
	<p>Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report⁷</p>	<p>Please provide additional details as to how CRC technical experts contributed to closing emergency response gaps in implementation capacity or technical expertise outcomes as outlined in the emergency operation plan of action. Please report an extraordinary achievement of CRC technical experts if any. How was this support coordinated with the larger operation?</p> <ul style="list-style-type: none"> IFRC: “The CRC Ops Manager delegate established excellent rapport with the NS DREF implementation team and coordinated well with the IFRC stakeholders demonstrating inclusive leadership; the delegate led the DREF Operations Update coordination jointly with the IFRC CCD focal point.” <p>Do you [the interviewee] have any recommendations for the CRC on how to improve the support provided by our technical experts to be more relevant for future operations?</p> <ul style="list-style-type: none"> IFRC and HNS: supporting longer deployments is recommended (subject to delegate availability and confirmed operational requirement); better coordination allowing for missions to overlap is recommended (knowledge transfer debrief with the previous rotation delegates is key) - from KIIs. 					
1.2	<p>Did the support received from CRC-supported regional rapid response personnel deployed to this operation contribute to achieving emergency response gaps as outlined in the emergency operation plan of action?</p> <p>*Note this question is asked for CRC reference only and is</p>	<p>5= Strongly agree; support received from CRC technical experts contributed significantly to achieving emergency response gaps 4= Agree; mostly contributed to achieving emergency response gaps 3= Neutral 2= Disagree; support received from CRC technical experts mostly did not contribute 1= Strongly disagree; support received from CRC technical experts did not contribute at all</p>	<p>-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Project Implementation Team</p>	<p>-KIIs -Questionnaire -Observations</p>	<p>Quantitative and qualitative assessment subsequently analysed to produce a quantitative score.</p>	5	

⁷ Sub-questions can be used as additional interview questions to triangulate data for main question.

	not included in the overall score calculation for the indicator						
	Rationale for the score	<ul style="list-style-type: none"> The DRC team spoke highly of the RR delegates' contributions to operations coordination and to the CVA and CEA sectors (capacity strengthening in the latter areas); Ops Manager 3rd rotation significantly improved operational planning/activities as well as reporting on performance indicators, thus allowing to adequately record the project implementation progress. According to IFRC and DRC, the contributions of regional CRC-supported Ops Manager and CEA delegates to their respective sectors and beyond were outstanding –which is also a testimony to the effectiveness and efficiency of the ARO Surge Desk. During this operation, DRC innovated by combining a new electronic cash distribution modality with the effective CEA approach (designed and implemented by the regional CEA delegate), according to the IFRC CCD. The new CVA modality was introduced by the IFRC CVA delegate earlier in the operation, and then strengthened by the incorporation of CEA tools for effective community feedback and follow-up. The efforts were ongoing to conclude the distribution and post-monitoring distribution in the affected communities (IFRC CCD KII). <p>The CEA delegate incorporated post-distribution activities for cash and NFIs, helped improve and manage cash distribution process (by incorporating the ongoing support and post-distribution follow-up), set up a community feedback mechanism (call centre and WhatsApp helpline), and conducted focus groups with the affected communities.</p>					
	Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report	<p>Please provide additional details as to how the deployed technical experts contributed to achieving emergency response gaps in implementation capacity or technical expertise outcomes as outlined in the emergency operation plan of action. Please report an extraordinary achievement of deployed technical experts if any. How was this support coordinated with the larger operation?</p> <ul style="list-style-type: none"> The regional Ops Manager 3rd rotation delegate established excellent rapport with the DRC DREF implementation team and operationalized project tracking and reporting tools that allowed to effectively update project progress during their 1-month deployment, according to DRC and IFRC CCD (KIIs) The regional CEA delegate played a pivotal role in coordination and co-leading the CVA distributions in the communities, merging the areas of CVA and CEA to create an effective community feedback and post-distribution mechanisms, according to DRC and IFRC CCD (KIIs) 					
1.3	Did the operation integrate Protection, Gender, Inclusion, (and Engagement) or	5= Strongly agree 4= Agree 3= Neutral 2= Disagree	-IFRC CCD Focal point -ARO Surge -ARO Operations	-KIIs -Desk Review -Questionnaire -Observations	Quantitative and qualitative assessment subsequently	4/3/3/4– score: 3.5 -	

	<p>PGI(E), adequately in all the phases that had been completed at the time of the monitoring?⁸</p> <p>*PGI as defined by the IFRC MSC for PGI⁹</p>	<p>1= Strongly disagree</p>	<p>-DRC DREF Implementation Team -DRC PGI focal point -CRC Delegate EOM Report, Debriefing Notes, and survey</p>		<p>analysed to produce a quantitative score.</p>		
	<p>Rationale for the score</p>	<ul style="list-style-type: none"> The DRC has a dedicated PGI focal point who has collaborated in implementing the DREF. The following direct activities were implemented: PSEA workshop for staff and volunteers, design, and distribution of PSEA brochures (Elias Piña Province); however, the workshop had a somewhat limited impact, due to resource constraints - not many community volunteers were able to receive the training, according to the FDGs (no 'cascading sharing of knowledge' occurred). According to the IFRC CCD focal point, PGI did not receive strong focus from the beginning of the DREF implementation due to contextual and resource constraints. Observations during the visit: ongoing collaboration between PGI and Community Health within the HNS; strong integration of PGI and CEA lens into kit and cash assistance distribution as well as migration-related activities; within the DRC, gender-balanced staff, with women in management roles, prevalence of women volunteers (over 60%); during the time when the monitoring visit was being conducted, PGI considerations were being included in the operation through the following activities: <ul style="list-style-type: none"> Collection of SAADD during damage and needs assessment and recipient selection stages, kit and other assistance distribution, 					

⁸ Within this context, a PGI(E)-sensitive operation identifies and specifies the practical and strategic needs of women, men, girls and boys, differential needs, roles, responsibilities, and potential constraints which effect project activities or approaches. It considers gender norms, roles and relations and differences and tries to make changes within these rules and norms under the "do no harm" principle, but may not directly attempt to change the underlying discriminatory norms, but will address access to resources and services. [Source: CRC-IO GESI Commitments, Care Canada and UNWomen.](#)

⁹ Refer to *IFRC Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf* (ifrc.org) , as well as the IASC Guidelines on Gender-based Violence (https://interagencystandingcommittee.org/system/files/2015-iasc-gender-based-violence-guidelines_lo-res.pdf) and Core Humanitarian Standard/The Sphere Project <http://www.corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf> for Integrating Gender-Based Violence Interventions in Humanitarian Action.

		<ul style="list-style-type: none"> – Design and management of the community feedback mechanism and focus group discussions and post-distribution monitoring activities. • Considering that CEA is one of the PGIE components (Source: CRC GESI Team), the CEA delegate heavily contributed to mainstreaming the community engagement lens through the DREF activities. According to DRC and IFRC CCD (KIIs), <u>the integrated CEA component is one of the most significant achievements in this operation</u>. The implementation of CEA enabled effective post-distribution monitoring and channeling of community feedback through the established feedback mechanisms, allowing simultaneously to strengthen capacity of the HQ staff to replicate such tools going forward. • According to the CRC Ops Manager delegate, the PGI lens was applied in the operation; he also commented positively on the capacity to collect SADDD, the operational focus on people with disabilities, elderly, adolescents, female-headed households, and marginalized ethnicities. • Main barrier to PGI integration- resource limitation under DREF leading to limited outreach activities, coverage, and data on PGI, including PSEA. <p><u>*Gender Balance in Surge:</u> according to ARO Surge, <i>“we strive to have diverse groups and gender-equitable participation in terms of the personnel we deploy to support this and other operations. For this operation we deployed 4 women and 2 men to support the operation and the leadership was shared between male and female delegates.”</i> (This statement can be interpreted to represent a higher score than what was shared in the questionnaire).</p>
	<p>Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report</p>	<p>What did IFRC consider when planning for the operation as it relates to PGIE?</p> <ul style="list-style-type: none"> • IFRC: Training for volunteers and awareness raising campaigns specifically on the issue of prevention and response to sexual exploitation and abuse were considered (implemented partially due to dedicated resource constraints). It is worth noting that PGI received limited funding, with funding further diverted from PGI to other DREF activities in the revised DREF, limiting the range of available activities. • From conversations with the ARO and observations, PGI currently is a priority for the region, with the regional PGI Coordinator becoming an active part of capacity strengthening efforts among the RR delegates. The IFRC ARO elaborated a strategy for PGI and equity in leadership of emergency operations. Initiatives include a) development of women’s competencies program; b) sensitivity and awareness sessions on PGI issues; c) mandatory basic PGI training for all regional delegates prior to deploying. <p>Was the overall operation and operational approach appropriate within the socio-economic and cultural context?</p> <ul style="list-style-type: none"> • IFRC: <i>“...although it was not a transversal axis in the whole operation, these specific actions help to introduce the issue and make progress in the dialogue with the communities. <u>The approach was appropriate and generated a lot of interest, which allows us to continue working on the issue in future operations and at the program level.</u>”</i> (questionnaire)

1.4	<p>Was the support provided by Canadian rapid response personnel in line with agreed upon commitments (For example, Terms of References, Plan of Actions etc)?</p> <p>*Note this question is asked for CRC reference only and is not included in the overall score calculation for the indicator</p>	<p>5= Strongly Agree; support provided was exactly according to agreed-upon commitments 4= Agree; as agreed with small differences only 3= Neutral 2= Disagree; support provided was mostly not delivered according to agreed-upon commitments 1= Strongly disagree; wholly different from agreed upon commitments</p>	<p>-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team -Delegate EOM Report, Survey and Debriefing Notes</p>	<p>-KIIs -Desk Review -Questionnaire</p>	<p>Quantitative and qualitative assessment subsequently analysed to produce a quantitative score.</p>	<p>Responses: 5/5/4.5/ 4 – Score: 4.625</p>	
	<p>Rationale for the score</p>	<ul style="list-style-type: none"> • DRC, IFRC CCD, and ARO Operations confirm the achievements of the delegates were in line with agreed upon commitments, including the ToR and operational strategy. It was noted that the DRC and IFRC CCD focal point collaborated to define the ToRs for the incoming RR delegates, and that during the deployments, the Operation Manager delegates collaborated with both the DRC team and the IFRC CCD focal point and the CEA delegate collaborated closely with DRC and IFRC CEA Americas focal point. • IFRC: <i>"In accordance with the performance reviews of all personnel deployed and in compliance with the indicators established in the terms of reference, I can affirm that expectations have been met and that the performance of all personnel deployed has made a significant contribution to the development of the activities established in the action plan proposed by the NS."</i>(questionnaire) • CRC delegate: <i>"The ToR was missing key objectives and KPIs for the mission, but once the objectives became apparent in the field, the objectives were aligned with expectations....[The ToR] was pertinent to take the initiative for activities and achieving goals related to the mission."</i> (EOM) 					
	<p>Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report</p>	<p>Please provide more details as to how they were delivered. DRC: From the outset, response personnel adhered to the emergency response plan and strategy outlined by the NS with the support from the IFRC. At the same time, they were effective liaisons between the NS and the IFRC to monitor the operation and ensure compliance with the proposed indicators. This allowed for identification of gaps in the operation and proposal of quick and effective solutions for improvement. <u>"Effective coordination between different actors was always guaranteed."</u></p>					

2.0 LM 1100B: % of Delegates who felt their contribution to PGIE in the Operation was significant or very significant							
No.	Main Questions	Scoring Methodology	Source of Information	Data Collection Methods	Data Analysis Methods	Final score	People consulted (omitted due to confidentiality)
2.1	Was CRC's Canadian rapid response delegate(s) contribution towards the operation significant?	5= Very significant; CRC technical experts contributed very significantly to the operation 4= significant; CRC technical experts contributed significantly to the operation 3= moderately significant; CRC technical experts contributed moderately significant to the operation 2= Somewhat significant; CRC technical experts somewhat contributed to the operation 1= Not at all significant; CRC technical experts did not contribute to the operation	-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team	-Interviews -Desk Review -Questionnaire	Quantitative and qualitative assessment subsequently analysed to produce a quantitative score.	5	
	Rationale for the score	<ul style="list-style-type: none"> IFRC confirms that the knowledge and technical expertise of Canadian RR delegate were significant; DRC notes language skills of Canadian delegate were essential. Also noted that "<u>CRC delegate is strong, experienced individual, well-suited in emergency operations.</u>" (Kills and questionnaire) IFRC states that the CRC Ops Manager delegate established good coordination and collaboration with relevant parties, working through the bottlenecks, such as the underestimation of kits costs and procurement delays: "<i>[The delegate] had to deal with several challenges: delivery delays, changes related to the under-estimation of the costs of kits (including menstrual cups) that needed to be distributed and the overall changes (course correction) in the DREF operation that eventually led to the DREF update, including the implementation of the new CVA delivery model. He proved to be very effective in this coordinating role.</i>"(K11) DRC: The delegate collaborated to support the DREF update, data collection, coordination, and reporting. IFRC: "<i>[The delegate's] mix of technical knowledge, experience and motivation to manage operations make him a perfect candidate to build capacity in host National Societies and support the realization of the operation's objectives. His proven abilities,</i> 					

		<i>particularly his strong interpersonal skills and cultural awareness proficiency, not only underscore his readiness but also reinforce his capacity to excel in similar leadership and technical roles in future deployments.”(questionnaire)</i>					
	Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report	<p>Overall, were you satisfied with CRC’s rapid response delegate(s) contribution towards the operation?</p> <ul style="list-style-type: none"> IFRC: <i>“It was a very positive thing because the people deployed came to the field to fulfil very specific roles where the National Society had some deficiencies or gaps. This allowed on the one hand to ensure the success of some activities of the operation, and on the other hand, to strengthen the capacities of the Dominican Red Cross for future interventions. Specifically, there was a great contribution in the area of CEA (regional delegate) which was mainstreamed throughout the operation, something that had never been done before, and in the management of the operation (Canadian and regional), since the support provided allowed them to put in place mechanisms for effective monitoring of the operation and to improve some processes such as distributions.”</i> (questionnaire) IFRC: <i>“... the performance evaluations show the degree of dedication and commitment of the delegates during the development of the activities planned within the action plan and the terms of reference established for the mission. In general, we have had very good feedback from the Operations team and the National Society on the performance...skills such as leadership, coordination and transmission of knowledge have been highlighted and highly appreciated by all.”</i> (questionnaire) 					
2.2	Did CRC’s Canadian rapid response personnel contribute significantly towards PGIE in the operation, in line with their Terms of Reference (TOR)?	5= Very significant; CRC technical experts contributed very significantly to PGIE in the operation 4= significant; CRC technical experts contributed significantly to PGIE in the operation 3= moderately significant; CRC technical experts contributed moderately significant to PGIE in the operation 2= Somewhat significant; CRC technical experts somewhat contributed to PGIE in the operation 1= Not at all significant; CRC technical experts did not contribute to PGIE in the operation	-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team -CRC Delegate EOM Report & Debriefing Notes	Interviews Desk Review Questionnaire	Qualitative assessment subsequently analysed to produce a quantitative score.	3 responses – 3/3/4 =3.3	

<p>Rationale for the score</p>	<ul style="list-style-type: none"> Canadian RR delegate was briefed by both the CRC PGIE advisor prior to and the Americas PGI Coordinator in the beginning of the mission, - to incorporate PGI in the operation, within the limited scope it was possible. DRC: <i>"In his operational leadership and coordination role, the CRC Ops Manager was not directly implicated in undertaking the activities but played a facilitator/enabler role as an integral part of the DREF implementation team."</i> (KII) DRC has a strong PGI focal point. As previously noted, the PGI lens was incorporated into the operation (PGI PSEA workshop for staff and volunteers, SAADD collection, gender balanced approach in selecting beneficiaries, streamlining access to feedback collection lines, provision of gender-responsive hygiene and menstrual kits) but lacked an overarching approach, due to various constraints, including financial. The CRC Ops Manager delegate was satisfied with being able to use his existing knowledge, training, and previous experience to <u>"help ensure greater coordination and focus on PGIE and CEA principles,"</u> however, he felt that there were some limitations and competing priorities, such as the need to update the DREF and respond to concurrent emergencies. (From the EOM survey).
<p>Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report</p>	<p>Were PGIE components integrated in their TOR or objectives? If yes, did they achieve these specific objectives? If not, why?</p> <ul style="list-style-type: none"> IFRC: <i>"There was no full involvement in the PGI issue. Considering that there were only a few activities on this topic, only coordination and logistical issues were facilitated. [Similarly], the objectives proposed in the ToR were met."</i> <p>Example of interview or focus group discussion questions for beneficiaries/community members (where possible/appropriate):</p> <p>Cash: What do you think of the cash assistance received? How would you improve cash assistance distribution? What would you change about the way you were contacted for cash assistance distribution? From the cash assistance activities, what is the learning/lesson that the SN should continue to apply in the future? How was the experience with the Red Cross volunteers? What was the experience with the WhatsApp line for cash assistance recipients? What did you like most about the assistance activities developed by the Red Cross?</p> <p>Kits (various): What is the best about the kit you received? What did you like least about the kit/least useful? What do you think was missing in the kit? How did you feel about the delivery process? In your opinion, did you feel heard by the Red Cross? What is the best way to ask women about the contents of the kits? How did the family receive the kit? Would you change the packaging of the kit to protect women's privacy? Would you change the transmission of messages to promote women's privacy? Was there a document that came with the kit?</p>

3.0 LM 1110: % of Movement partners who are satisfied with CRC supported technical experts							
No.	Main Questions	Scoring Methodology	Source of Information	Data Collection Methods	Data Analysis Methods	Total score	People consulted (omitted due to confidentiality)
3.1	In general, were you satisfied with the quality of Canadian delegates deployed for this operation?	5= Very satisfied 4= Satisfied 3= Moderately Satisfied 2= Dissatisfied 1= Very dissatisfied	-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team -CRC Delegate EOM Report & Debriefing Notes	Interviews Desk Review Questionnaire	Qualitative assessment subsequently analysed to produce a quantitative score.	5/5/5/ 4.5= 4.875	
	Rationale for the score	<ul style="list-style-type: none"> • There was a consensus among the Movement partners that both Canadian and regional delegates were very technically competent, committed to delivering high quality assistance, and motivated. (KIIs and questionnaires). • Some of the competencies referred to include cultural adaptability, inclusive and people-centered leadership, and problem-solving skills and collaboration. • Language skills were an important asset of the CRC-supported RR delegates deployed to this operation, as all three are fluent Spanish speakers. • IFRC: <i>“The people deployed had an excellent profile and experience in emergency operations. Each of these individuals was able not only to articulate this expertise to the benefit of the operation, but also complemented each other to provide the National Society with effective support according to its needs.”</i> (questionnaire) • IFRC: <i>“The Surge system is based on the competencies of the candidates, who are carefully selected to ensure effective and efficient support to the recipient National Societies, as the Surge system is designed to fill operational gaps and build capacity within the National Societies. In this case the intervention has been successful and the fulfilment of the tasks, as well as the relationship between the rapid response personnel and the National Society staff has been satisfactory at the operational, political/strategic and knowledge transfer/capacity building and National Society [capacity strengthening] levels.”</i> (questionnaire) 					
	Supplementary tips for further inquiry, to	<p>Were Canadian delegate deployed to this operation professional, qualified, and capable?</p> <ul style="list-style-type: none"> • According to all Movement partners interviewed, all three delegates were highly professional, qualified, and capable. 					

	gather evidence for scoring and writing of the report						
3.2	In general, were you satisfied with the work completed by CRC rapid response delegate(s) deployed to this operation?	5= Very satisfied 4= Satisfied 3= Moderately Satisfied 2= Dissatisfied 1= Very dissatisfied	-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team	-Interviews -Desk Review -Questionnaire	Quantitative and qualitative assessment subsequently analysed to produce a quantitative score.	5	
	Rationale for the score	<ul style="list-style-type: none"> IFRC noted that <i>“the quality of work completed during the DREF operation would be severely affected without the additional expertise that RR delegates brought to the table, including DREF procedures and process, CVA and CEA expertise.”</i> (KII) All Movement partners interviewed emphasized that the following three enablers contributed to the success of more experienced delegates: <ol style="list-style-type: none"> Spanish language proficiency. Familiarity with cultural contexts and norms. Integration of local expertise in decision-making. IFRC: <i>“The IFRC team and the Dominican Red Cross have expressed their satisfaction with the performance of the delegates and their contribution to the development and fulfilment of the objectives established in the Action Plan. Due to very specific situations in the National Society (leadership changes and restructuring) in recent operations it has been necessary to deploy experts from different technical areas to support the National Society and the Rapid Response system has been vital and very supportive for the Dominican Red Cross.”</i> (questionnaire) 					
	Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report	<p>Were you satisfied with how the Canadian delegates integrated into the operation, into the NS? If yes, why? If no, why not?</p> <ul style="list-style-type: none"> According to the DRC, the Canadian Ops Manager delegate was very well integrated into the operation, coordinating well with IFRC focal point and DRC DREF implementation team; the delegate had adequate cultural competencies and was characterized by his <i>“inclusive leadership style”</i>. (KII and questionnaire) 					

4.0 Additional Surge System Questions

No.	Main Questions	Scoring Methodology	Source of Information	Data Collection Methods	Data Analysis Methods	Total score	People consulted (omitted due to confidentiality)
4.1	Did the rapid response system effectively support the operation?	5= Yes 3= Somewhat 1= No	-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team	-KIIs -Desk Review	Qualitative assessment subsequently analysed to produce a quantitative score.	4.25 (5,5,4,3)	
	Rationale for the score	<ul style="list-style-type: none"> From interviews and discussion groups: IFRC Surge and Operations agree that the Surge System and deployment of CRC-supported RR delegates effectively supported the operation. IFRC emphasized that the funding that CRC allocates to supporting regional RR delegates is a significant asset to the system, but that it is also <i>'difficult to find right (qualified) people for the job'</i> (<u>delegate availability and readiness factor regionally</u>); (it was also highlighted that the regional Ops Manager delegate has taken part in the regional Ops leadership program.) (KII) IFRC noted <u>the challenge "of having deployed so many Ops managers in such a short operation [that] generated difficulties in terms of the link between one and the other, despite the excellent profiles that were chosen. Continuity is often more effective, especially in this position. Additionally, the limitation of ONLY being able to deploy SURGE personnel in the first 3 months with operations that can last up to 6 months can be counterproductive because at the beginning we have a great capacity but by the end we no longer have it. In both cases, it generates gaps at the reporting stage."</u> (questionnaire) IFRC: <i>"The Rapid Response staff has been key to the development of the activities proposed in the action plan to respond to this emergency, they have strengthened the implementation arm of the National Society, they have efficiently and accurately oriented their counterparts on the best way to act and proceed and have conducted training for both members of the Dominican Red Cross and members of the community (training activities)."</i> (questionnaire) 					
	Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report	<p>In what ways could the rapid response system have better supported this operation? How could the surge system could be improved to better support emergency operations? What are the top 3 areas in which the system could be improved?</p> <ul style="list-style-type: none"> Decrease number of rotations, increase mission durations. Invest in readiness of regional delegates and regional registers. Ensure Ops Manager delegates' rotations overlap. 					

4.2	Was the support provided by CRC through the RCM Surge System timely?	<p>5= Strongly agree; the support provided by CRC was extremely timely 4= Agree; mostly timely 3=Neutral 2= Disagree; the support provided by CRC was mostly not timely 1= Strongly disagree; entirely untimely</p>	<p>-IFRC CCD Focal point -ARO Surge -ARO Operations -DRC DREF Implementation Team</p>	<p>-KIIs -Questionnaire -Desk Review</p>	<p>Qualitative assessment subsequently analysed to produce a quantitative score.</p>	<p>5/4/4/ 5= 4.5</p>	
	Rationale for the score	<ul style="list-style-type: none"> • IFRC: <i>“as the alerts were launched before the DREF, and so the HR process began with anticipation; the overall process was timely. “</i> • IFRC identify rapid deployment of regional delegates with accompanying funding by CRC <i>“as a significant asset. It was an advantage that, even before the DREF was approved, alerts were launched in the Surge mechanism to save time in the selection process. “In most cases, the support provided by Rapid Response personnel is punctual and very specific, without being limited to it.”</i> (questionnaire) <p>The activities in which the surge support was offered are related to:</p> <ul style="list-style-type: none"> – Monitoring and compliance with the action plan (Ops Managers) – Budget execution (Ops Managers) – Information Management – Cash and Voucher Assistance Programs – Community Participation and Accountability Activities. 					
	Supplementary tips for further inquiry, to gather evidence for scoring and writing of the report	<p>If you agree or strongly agree, what were some factors that made this support timely?</p> <p>IFRC: <i>“it was an advantage that, even before the DREF was approved, alerts were launched in the Surge mechanism, which allowed to save time in the selection process. “</i></p> <p>Please comment on any issues related to timeliness of the Surge System/usability.</p> <ul style="list-style-type: none"> • As a part of the feedback received regarding this response and in relation to the DOHE Regional Drawdown initiative used to fund the regional surge delegates, the IFRC pointed to <u>the existing barriers to availability, such as the numbers of available delegates /size of the rosters and capacity development opportunities (shadow/developing missions) (KII)</u> • DRC: It is important to have an Ops Manager delegate at the closing/reporting stage of the operation, which was not the case in this DREF. (KII) 					

ANNEX 1 - METHODOLOGY

The monitoring team used a mixed methods approach that included the collection of quantitative and qualitative data through desk reviews, key informant interviews (KII), focus group discussions (FGDs), direct observations, and distribution of questionnaires, accompanied by meetings with relevant stakeholders.

Secondary Data Collection

The monitoring team conducted a desk review of secondary data that was comprised of the qualitative and quantitative analysis of key documents published as part of the DREF Operation, including:

- DREF Operation document
- DREF Operation Update
- Operational Terms of Reference (ToR)
- CRC delegate EOM debrief, survey, report
- CRC delegate mission ToR
- CEA progress reports and CVA and CEA tools developed
- PSEA workshop concept note, workshop report and printed distribution materials
- Social Media posts

For a full list of documents reviewed and links to document available online, please see [Annex 3](#).

Primary Data Collection

Interviews, Surveys and Focus Group Discussions

The monitoring team carried out primary data collection through 13 (thirteen) key informant interviews (KIIs) and focus group discussions with 19 participants; with 15 National Society staff (10F/5M) from relevant technical areas involved in the implementation of the DREF, 2 (two) separate interviews with members of RCRC Movement including one with a member of the IFRC CCD (1M) and one with the Italian Red Cross (1M), and one KII each with a UNICEF representative (1F) and with a National Government EOC member (1M).

Additionally, the team completed surge-specific targeted data collection, including circulating surge questionnaires to 4 (four) stakeholders, one KII with the DRC Manager for Planning and Projects (1M) and the IFRC Americas Regional Operations Manager (1F) virtual KII, all as related to the deployments of the CRC-supported Rapid Response delegates. Understanding that all Movement Partners could not speak to all aspects of the response, the following elements were addressed to varying degrees depending on interviewee profiles:

- CRC-supported Canadian and regional Rapid Response personnel contributions to:
 - Overall emergency response, including outcomes outlined in the ToRs
 - Technical expertise (in line with role profile)
 - Integration of minimum standards for Protection, Gender, and Inclusion (PGI) in the response
 - Integration of Community Engagement and Accountability (CEA)
- Preparedness level and competencies of the deployed personnel.
- Recommendations to improve the support provided by CRC delegates

- Significance and quality of CRC support to the mobilization of regional Rapid Response personnel
- Timeliness and quality of CRC support to the IFRC Surge system
- Recommendations to improve timeliness of the CRC response system

Community Focus Group Discussions

During the field visits to two of the affected provinces (Barahona and Azua), the monitoring team participated in community focus group discussions designed as a post-distribution monitoring and follow up. The group discussions participants were representative of the affected community groups targeted through the DREF operation and separated as feasible to ensure open discussions. The FGDs (see [Annex 2c](#)) included open-ended questions focusing on the successes, challenges, lessons learnt, and efficiency of the support functions throughout the DREF operation. Similar group discussions were conducted with community leaders and branch volunteers.

The group discussions with the affected communities, community leaders, and branch volunteers mobilized for this operation were designed by the CEA Rapid Response delegate, with input from the DRC and the CRC monitoring team and facilitated by the CEA delegate, the DRC, and CRC team members. The community group discussions were facilitated over a period of two days. A total of 85 individuals (60 community members and 25 volunteers) participated in 9 group discussions, as follows:

- Barahona:
 - Three focus groups with 25 community members (84% female, 16% male):
 - recipients of kits (40%) and cash (40%), recipients of menstrual hygiene kits (20%)
 - One focus group with community leaders and one with branch volunteers – 15 participants (62% female, 38% male)
- Azua:
 - Three focus groups with 35 community members (67% female, 33% male):
 - recipients of kits (57%) and recipients of menstrual hygiene kits (43%)
 - One focus group with 10 branch volunteers (40% female, 60% male), including one active volunteer with disability.

Direct Observation

The field visits to the affected communities incorporated direct observations that complemented otherwise structured engagements and aided in furthering the review team's understanding of the group dynamics within the affected communities, among the branch volunteers, and at within DRC management. The CRC team's participation in field visits, jointly with the NS staff and Rapid Response CEA delegate, was an invaluable experience that strongly contributed to the overall understanding of the response context.

Limitations

Despite the overall well-structured monitoring visit itinerary, there were some limitations, as the monitoring team was bound by the NS team's community engagement plans conducted as a part of the DREF activities implementation. Due to time constraints, the monitoring team was unable to visit all the provinces targeted by the operation. The choice to visit Azua and Barahona was made by the DRC team based on planned DREF activities, which ensured that the monitoring mission did not place additional undue burdens on the operational team. Additionally, due to some initial operational delays and as the DREF implementation was still ongoing during the time of the

monitoring visit, the monitoring team was only able to assess progress towards the operation's expected results but was unable to provide findings/conclusions on overall results achieved.

Reporting

Reporting was conducted by Celine McGarvey and Alfia Sorokina, with review by Maria Alsalem (Manager, Emergency Operations – Financial Assistance), Nico Robicheau (Manager, Emergency Operations – Response Personnel), Neena Sachdeva (GESI Advisor) and Wartini Pramana (PMER Advisor).

- Celine completed the EDAF Monitoring Matrix, having reviewed findings from primary and secondary data, and scoring from interviews.
- Alfia completed the DOHE Monitoring Matrix, having reviewed findings from primary and secondary data, and scoring from interviews and surveys.
- The team drafted the joint report, consistent with both EDAF and DOHE project monitoring requirements, including recommendations for future monitoring missions based on the collected data and observations.

ANNEX 2 – MONITORING MISSION TERMS OF REFERENCE

NAME OF OPERATION	Dominican Republic: Floods 2023
APPEAL NUMBER	MDRDO015
DATES	18-26 October 2023
LOCATION(S)	Santo Domingo, Azua and Barahona, Dominican Republic
PARTICIPANTS	Alfia Sorokina – Program Officer, Deployment of Humanitarian Experts (DOHE) Celine McGarvey – Sr. Manager, International Emergency Response

BACKGROUND:

Between the 2nd and 4th of June 2023, the Dominican Republic experienced significant urban and rural flooding, overflowing rivers, and landslides. The National Meteorological Office (ONAMET) attributed these events to the presence of a trough at various levels of the troposphere, along with the passage of a tropical wave over the Caribbean Sea. These weather phenomena led to increased humidity and instability, resulting in heavy rainfall, thunderstorms, and strong wind gusts. The affected areas spanned several provinces, including Azua, Barahona, Bahoruco, Dajabón, Elías Piña, Espaillat, Independencia, La Vega, Pedernales, Santiago, and Santiago Rodríguez. Initial reports from branches of the Dominican Red Cross located in both the northern and southern provinces indicated varying degrees of damage to residential homes, businesses, crops, and livestock. Additionally, as a precautionary measure, essential services such as water, telecommunications, and electricity were suspended temporarily. Part of the damage reported also includes the Radio Communication repeater in the Southern Region, which was struck by lightning, leaving the Dominican Red Cross (DRC) branches in Azua, Barahona, Bahoruco, Independencia, Pedernales, Elías Piña and San Juan without radio communications.

The Dominican Red Cross (DRC), as part of the National Prevention, Mitigation and Response System (SN-PMR) was invited to participate from the onset of the emergency in all EOC coordination meetings. The DRC activated its Crisis Management Room to monitor the actions of the branches in the affected areas. Branch volunteers are supporting their communities by working closely with civil protection authorities in evacuations, search and rescue, as well as other assessment and intervention actions. As per the official government request, 300 mosquito nets, 200 chlorine tablets and 200 jars of disinfectant were delivered in the municipality of Dajabon and 275 chlorine tablets in the Dajabon penitentiary centre. Likewise, two workshops were held on the management of artisanal chlorine and 600 additional chlorine tablets were delivered to be pre-

positioned in immigration detention centers (CESFRONT). The International Federation of Red Cross and Red Crescent Societies (IFRC) has an office in Santo Domingo. This Country Cluster Delegation (CCD) supports and assists the Latin Caribbean countries (Cuba, Haiti and Dominican Republic). The CCD team is in contact and coordination with the Dominican Red Cross. The DRC is also part of the sectoral health and water, sanitation and hygiene promotion roundtables, and coordinates with the UNICEF and PAHO/WHO representations.

Initial reports from DRC assessments indicate that 84 houses have been completely destroyed, while 256 houses have suffered partial destruction. Additionally, 1,078 houses have been damaged and are currently inaccessible due to the flooding. A total of 10 aqueducts were affected and are currently out of service. As a result, a population of 95 107 individuals residing in the provinces of Bahoruco, Barahona, Azua, and San José de Ocoa are experiencing a disruption in their access to water. Rapid assessments have demonstrated the need to strengthen the promotion and prevention of emerging diseases typical of floods of this nature, as well as the early identification of health situations that may arise for rapid containment. Among the main concerns are those associated with gastrointestinal diseases, vector-borne diseases and acute respiratory infections, skin diseases, Tetanus, and conjunctivitis.

The operational objective of this DREF is to provide humanitarian assistance to families affected by the floods in the provinces of Azua, Bahoruco, Barahona, Dajabón, Elías Piña and Independencia. The DRC aims to assist a total of 10,000 people (2,000 families) through the implementation of actions under Shelter, Health, and WASH as well as dissemination of key messages with a Protection, Gender and Inclusion (PGI) and Community, Engagement and Accountability (CEA) approach. The IFRC allocated CHF 281 760 to respond to Dominican Republic Floods – June 2023.

Tropical Storm Franklin and DREF Revision

Furthermore, the provinces affected by the floods during early June were faced with additional vulnerabilities exacerbated by the passage of Tropical Storm (TS) Franklin: on 22 August, TS Franklin generated intense downpours, strong winds and storm surge. The Dominican Red Cross rapid response teams were mobilized in coordination with the national EOC at the HQ level. The mobile teams have been complementing civil defence efforts by assisting in evacuations. Reports from DRC branches indicated varying degrees of damage to residential homes, businesses, crops, and livestock.

As a result of the events, almost 100,000 people temporarily lost access to clean water. Additional factors contributing to the emergency response context are the increased migratory flow and the response to the explosion in San Cristobal.

Following the passage of TS Franklin in August 2023, DRC launched a DREF Operation Update in which the initial operation was extended to Nov 30, 2023, with the corresponding request for additional funding for a total of CHF 498,654 and a revised operational strategy. (See Annex 4A)

CRC Contributions to the response:

EDAF funds (CAD40,000) to support IFRC DREF Operation and Update

DOHE support/deployments:

- Operations Manager – duration: 3 months (Canadian RC)
- Operations Manager, 3rd rotation; 1 month (Regional drawdown)
- CEA Coordinator, 2 months (Regional drawdown) - extended

As part of its role to provide oversight of Canadian contributions to emergency response operations and CRC's efforts to ensure the quality of operations and level of accountability to all of its stakeholders, a mission to the Dominican Republic is proposed to monitor the implementation of the DREF Operation (as per the DREF Operation Application and Budget) and the contributions of both the EDAF and DOHE projects. CRC has an internal selection process of GAC-supported IFRC operations, and the DREF Operation MDRDO015, planned to end in November 2023, was selected for the mission. The selection was approved by IFRC, and the mission is planned to take place in October 2023. The mission will cover both financial and personnel support to the operation under the EDAF and DOHE projects. The exercise is facilitated by Dominican RC in coordination with the CRC team.

OBJECTIVES:

- Review the progress to date against the planned objectives/outputs/activities in the agreed DREF Operation Application and Budget.
- Establish key achievements, issues [challenges], and lessons learned within the DREF Operation to date, with the goal of identifying priority areas where CRC & GAC could consider further investments/advocacy, including at the DREF Advisory Group.

OUTPUT(S):

- An M&E review report including the EDAF and DOHE M&E matrices and relevant annexes (Financial checklist, quality assurance checklist, completed interview guides, and PGI and CEA considerations as applicable).

SCOPE:

The DREF monitoring mission will be carried out at NHQ level in Santo Domingo as well as in area(s) targeted through the activities planned, specifically Azua and/or Barahona for a period of one week.

ACTIVITIES PLANNED:

The DREF monitoring mission will be carried out from October 18-26, 2023, with the following schedule (including drafting, and finalization of the outputs of the mission).

Activity plan	Date	Time
Arrival	October 18	
Mission Introductory Meeting with DRC President and General Manager	October 19	10:00-11:00
Meeting with the DRC Country Office team and Senior Management	October 19	11:00-12:00

Security Briefing with DRC Security	October 19	14:00-14:30
Data Collection Methods – DRC Operations team	October 19	14:30-15:30
Key informant interviews with DRC programme staff involved in the implementation of the DREF operation to review progress against the agreed EPoA	October 19	15:30-16:30
Key informant interview with DRC finance staff to review the agreed Budget; including complete financial checklist.	October 20	16:30-17:30
Key informant interviews with other members of RCRC Movement (IFRC CCD and PNS (IRC)) and external partners (UNICEF)	October 20	
Travel from NHQ – Branch (Barahona)	October 21	
Key informant interviews with branch staff and volunteers involved in the implementation of the DREF operation (Barahona)	October 22	
Focus groups with communities targeted by the DREF operation, to carry out community discussions (Barahona)	October 22	
Key informant interviews with branch volunteers involved in the implementation of the DREF operation (Azua)	October 23	
Focus groups with communities targeted by the DREF operation, to carry out community discussions (Azua)	October 23	
Travel from Branch – NHQ	October 23	
Key Informant Interview – National Government EOC counterpart	October 24	
Visit to the DRC Logistics Warehouse	October 24	
Key Informant Interview – Protection, Gender and Inclusion DRC focal point	October 25	
Debrief with NS senior management (including agreement on next steps).	October 25	
Departure	October 26	

METHODOLOGY:

- Desk review of secondary data
- Key informant interviews, as per the visit agenda:
 - Community members targeted through the DREF operation – ensuring the sample is representative of all groups (and separated as required to ensure open discussion), e.g., men/women, children, elderly, people living with disability etc.).
 - DRC staff from relevant technical areas, and respective areas targeted by the DREF operation, HQ, and branch level.
 - Members of RCRC Movement including IFRC CCD Team, IFRC RO team, IRCCD.
 - External partners including in-country INGOs, Government, and United Nations [as relevant]: UNICEF.
- Community group discussions, with:
 - populations targeted through the DREF operation (and those not targeted if time available).

- NS volunteers.
- Direct observation - structured/unstructured.
- DOHE Surge questionnaires - circulate to relevant respondents: IFRC CCD, IFRC RO Surge and DRC DREF implementation team. (Three of four responses received)
- DOHE post-mission interviews:
- Interview with IFRC Americas Regional Operations Manager.

RESOURCES:

CRC will be responsible for the international costs, from the allocation that has been retained. The DRC will be responsible for preparing the budget for the in-country costs utilizing the allocation that has been made.

KEY CONTACTS:

Maria Alsalem – Manager, International Emergency Response

Nico Robicheau – Manager, Deployment of Humanitarian Experts Project, International Emergency Response

ANNEX 3A – VOLUNTEER DISCUSSION GUIDE

NAME OF OPERATION	
APPEAL NUMBER	

BRANCH	
NO. OF VOLUNTEERS INTERVIEWED	
LOCATION	

DIRECTIONS	<p>Volunteer discussions are intended collect information, by providing a setting in that they can discuss their involvement in the activities planned, and what support they received from the National Society, which can then inform lessons learned and recommendations. Questions have been prepared to help guide the discussion.</p> <p>Introduce yourself, explaining who you are working for and that you would like to ask a few questions about the Red Cross activities that have been carried out, and their involvement. Ask them if they are happy to participate and explain that the answers are confidential.</p> <p>Please note that efforts should be made to ensure that attendees of the focus groups discussion are representative of the volunteers all involved in the DREF operation.</p>
TIMEFRAME	45 - 60 min

1. Please tell us how you are involved; and what your role and responsibilities are in the response (DREF operation)?	
2. Please tell us what training you have received to assist with carrying out the activities planned in the operation?	
2.1 What training have you received? 2.2 What training was useful? And why? 2.3 What training was not useful? And why? 2.4 What other training do you think needs to be provided to help you carry out the activities? Or what was missing in these trainings?	
3. Please tell us what equipment/materials you have received to assist you with carrying out the activities?	
3.1 What equipment/materials did you receive? 3.2 What has been useful? 3.3 What has not been useful? Why?	

3.4 What else should be provided
4. Please tell us what other organizations are involved in the response to the floods and how you are interacting with them when carrying out the activities (how are you working together)?
5. Please tell us what is going well in the operation (successes), what is not going so well (challenges); and what is contributing to this?
6. Please tell us if you think there is anything that should be changed to improve the response (by the Red Cross), e.g. other activities etc.)
7. Please....what questions do you have for us?

Thank you for your time and sharing your views.

ANNEX 3B – FOCUS GROUP DISCUSSION & KEY INFORMANT INTERVIEW GUIDES

Cuestionarios para grupos focales y entrevistas con informantes clave DREF Inundaciones 2023

Presentación

- Esta es una compilación de cuestionarios sucintos dirigidos a identificar lecciones aprendidas y buenas prácticas derivadas del DREF Inundaciones 2023.
- Estos cuestionarios indagan en las causas que explicarían los hallazgos detectados en las encuestas aplicadas.
- Para facilitar el análisis (*transversalidad*), los cuestionarios poseen un mismo esquema temático.
- Este análisis permitirá a la SN ajustar su respuesta ante futuras emergencias, y consolidar las buenas prácticas detectadas.

A continuación, encontrará la lista de cuestionarios incluidos en este documento:

Grupos focales Internos:

- i) Personal voluntario ii) Líderes de filiales

Externos:

- iii) Comunidad destinataria de kits
- iv) Mujeres destinatarias de kits de higiene menstrual
- v) Comunidad destinataria de CVA

Entrevistas con informantes clave

- vi) Mujeres destinatarias de kits de higiene menstrual

En caso de consultas u observaciones, no dude en contactarnos:

Mary Cruz Madrigal cea.repdom@ifrc.org CEA Officer

Dominican Republic Flood Response - Disaster Response Emergency Fund (DREF)

I. Grupo focal (Interno) – Personal voluntario: *Introducción:* Como personal voluntario, ustedes constituyen el corazón del movimiento. Por esto, de una manera dinámica y lúdica deseamos conocer su percepción acerca de los aspectos por mejorar en futuras respuestas, y las buenas prácticas que se realizaron durante el reciente DREF. Sus respuestas se mantendrán anónimas. Su participación nos permitirá continuar mejorando nuestra respuesta a emergencias y seguir sirviendo de la mejor manera a nuestras comunidades.

1. **Dinámica rompe hielo focalizada:** *(Invite a la audiencia a jugar a la papa caliente, también conocida como pato pato ganso, o tingo tingo tango. En esta dinámica la facilitadora pone música alegre de fondo mientras la audiencia se pasa un objeto de mano en mano, la facilitadora para la*

*música, y la persona que quede con el objeto en la mano deberá responder una pregunta. **Haga 5 rondas rápidas por pregunta – Duración: 10 minutos***

PLANTEAMIENTO: Tome unos segundos para pensar en la reciente operación... *(haga pausa de unos segundos)* ahora les voy a mencionar algunos asuntos y agradecería que, si el juego lo indica, compartieran conmigo la **primera idea que se venga a su mente**. *(Inicias a jugar a la papa caliente)*

¿Qué viene a su mente cuando piensa en:

- ... la reciente operación.
- ... las personas que asistió durante la operación.
- ... lo mejor que hizo la SN durante la operación.
- ... lo que aprendió la SN durante la operación.
- ... lo que cambiaría de la operación.

2. Indagando escenarios: *(Procure mantener la velocidad de respuesta y el dinamismo adquirido, si es posible involucre al auditorio en la cuenta regresiva de esos 15 segundos, e incentive la participación voluntaria – Duración total: 13 minutos)*

PLANTEAMIENTO: Imaginemos que pudiese volver en el tiempo al día uno de esta operación, y puede dar un mensaje clave que durara **15 segundos**... Recuerde, solo tiene 15 segundos para transmitir ese mensaje...

- ¿Qué recomendación le daría al liderazgo durante esos 15 segundos? **(Duración: 3 minutos)**
- ¿Qué consejo se daría a si mismo(a) en esos 15 segundos? **(Duración: 3 minutos)**
- En esos 15 segundos ¿Qué le recomendaría a su equipo que evitara hacer? **(Duración: 3 minutos)**
- En esos 15 segundos ¿Qué le recomendaría a su equipo que repitiera / mantuviera? **(Duración: 3 minutos)**

3. Lecciones aprendidas: *(Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 9 minutos)*

PLANTEAMIENTO: ¿Qué aspectos mejoraría de la reciente operación de respuesta? **(Duración: 4 minutos)**

PLANTEAMIENTO: ¿Qué le mejoraría a las jornadas de entrega de kits? **(Duración: 4 minutos)**

4. Buenas prácticas: *(Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 9 minutos)*

PLANTEAMIENTO: ¿Qué fue lo que mejor implementó la SN durante la reciente operación de respuesta? **(Duración: 4 minutos)** PLANTEAMIENTO: Si usted fuera invitado(a) a un escenario global con líderes mundiales y le solicitaran que indique las dos mejores prácticas de la reciente operación... ¿Qué resaltaría? **(Duración: 4 minutos)**

5. **Cierre de cesión y próximos pasos:** *(Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional)*

II. Grupo focal (Interno) – Líderes de filiales: *Introducción:* El DREF de inundaciones 2023 ha sido una operación sobresaliente en diversos aspectos, esto debido a que el personal de la Sociedad Nacional y su voluntariado han dado lo mejor de sí mismos para servir a las comunidades. Identificar y salvaguardar las lecciones aprendidas y las buenas prácticas de esta operación puede significar futuras respuestas a emergencias más robustas y eficientes, por lo que quisiéramos comprender sus visiones acerca de asuntos específicos asociados al servicio prestado a las comunidades durante la operación.

1. **Dinámica rompe hielo focalizada:** *(Invite a la audiencia a jugar a la papa caliente, también conocida como pato pato ganso, o tingo tingo tango. En esta dinámica la facilitadora pone música alegre de fondo mientras la audiencia se pasa un objeto de mano en mano, la facilitadora para la música, y la persona que quede con el objeto en la mano deberá responder una pregunta. Haga 5 rondas rápidas por pregunta – Duración: 10 minutos)*

PLANTEAMIENTO: Tome unos segundos para pensar en la reciente operación... *(haga pausa de unos segundos)* ahora les voy a mencionar algunos asuntos y agradecería que, si el juego lo indica, compartieran conmigo la **primera idea que se venga a su mente.** *(Inicias a jugar a la papa caliente)*

¿Qué viene a su mente cuando piensa en:

- ... la reciente operación.
- ... las personas que asistió durante la operación.
- ... lo mejor que hizo la SN durante la operación.
- ... lo que aprendió la SN durante la operación.
- ... lo que cambiaría de la operación.

2. **Indagando escenarios:** *(Procure mantener la velocidad de respuesta y el dinamismo adquirido, si es posible involucre al auditorio en la cuenta regresiva de esos 15 segundos, e incentive la participación voluntaria – Duración total: 13 minutos)*

PLANTEAMIENTO: Imaginemos que pudiese volver en el tiempo al día uno de esta operación, y puede dar un mensaje clave que durara **15 segundos**... Recuerde, solo tiene 15 segundos para transmitir ese mensaje...

¿Qué recomendación le daría al liderazgo durante esos 15 segundos? **(Duración: 3 minutos)**

¿Qué consejo se daría a sí mismo(a) en esos 15 segundos? **(Duración: 3 minutos)**

En esos 15 segundos ¿Qué le recomendaría a su equipo que evitara hacer? **(Duración: 3 minutos)**

En esos 15 segundos ¿Qué le recomendaría a su equipo que repitiera / mantuviera? **(Duración: 3 minutos)**

3. **Lecciones aprendidas:** *(Se recomienda hacer preguntas de seguimiento - Duración: 9 minutos)*

PLANTEAMIENTO: ¿Qué aspectos mejoraría de la reciente operación de respuesta? (**Duración: 4 minutos**)

PLANTEAMIENTO: ¿Qué le mejoraría a las jornadas de entrega de kits? (**Duración: 4 minutos**)

4. **Buenas prácticas:** (*Se recomienda hacer preguntas de seguimiento - Duración: 9 minutos*)

PLANTEAMIENTO: ¿Qué fue lo que mejor implementó la SN durante la reciente operación de respuesta? (**Duración: 4 minutos**) PLANTEAMIENTO: Si usted fuera invitado(a) a un escenario global con líderes mundiales y le solicitaran que indique las dos mejores prácticas de la reciente operación... ¿Qué resaltaría? (**Duración: 4 minutos**)

5. **Cierre de cesión y próximos pasos:** (*Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional*)

II. Grupos focales (Externos) Comunidad destinataria de kits:

Introducción: Las comunidades son el centro de nuestras operaciones y razón de existir. Por esto, en este espacio seguro deseamos conocer su percepción acerca de lo que podríamos mejorar en futuras respuestas, y los aspectos positivos realizados durante la reciente operación. Sus respuestas se mantendrán anónimas y nos permitirán servir de la mejor manera a nuestras comunidades.

1. **Dinámica rompe hielo focalizada:** (*Invite a la audiencia a jugar a la papa caliente, también conocida como pato pato ganso, o tingo tingo tango. En esta dinámica la facilitadora pone música alegre de fondo mientras la audiencia se pasa un objeto de mano en mano, la facilitadora para la música, y la persona que quede con el objeto en la mano deberá responder una pregunta. Haga 5 rondas rápidas por pregunta – Duración: 10 minutos*)

PLANTEAMIENTO: Mientras jugamos, tengamos en la mente los servicios o asistencia que recibimos. Ahora, quien tenga el objeto en la mano al parar la música deberá **responder rápidamente a la pregunta:** (*Inicia primera ronda*)

¿Cuál fue el kit que recibió? (**Duración: 3 minutos**)

¿Qué fue lo que más le gustó del kit que recibió? (*Mencione el tipo de kit*) (**Duración: 3 minutos**)

¿Qué más le agregaría al kit que recibió? (*Mencione el tipo de kit*) (**Duración: 3 minutos**)

2. **Indagando escenarios:** (*Procure mantener el dinamismo adquirido en la anterior actividad e incentive la participación– Duración total: 21 minutos*)

PLANTEAMIENTO: Imaginemos que volvimos en el tiempo al día en que empezó esta operación de respuesta, y la Cruz Roja le pide su importante apoyo.

¿Qué le agregaría usted al kit que recibió, y por qué? (**Duración: 4 minutos**)

¿Qué le quitaría o cambiaría a ese kit, y por qué? (**Duración: 4 minutos**)

¿Cómo le sugeriría a Cruz Roja que les pregunte a las comunidades acerca del contenido de los kits?
(Duración: 4 minutos)

¿Le recomendaría a Cruz Roja que cambie algo durante las jornadas de entrega de kits? **(Duración: 4 minutos)**

¿Qué información le diría a Cruz Roja que brinde a las comunidades, antes de las entregas de kits?
(Duración: 4 minutos)

3. **Lecciones aprendidas:** *(Pregunte a la audiencia y plantee preguntas de seguimiento si lo requiere Duración: 7 minutos)*

PLANTEAMIENTO: ¿Qué mejoraría de la respuesta que recibió de Cruz Roja? **(Duración: 3 minutos)**

PLANTEAMIENTO: ¿Cree que la respuesta de Cruz Roja aportó al fortalecimiento de su comunidad?
¿Cómo? **(Duración: 3 minutos)**

4. **Buenas prácticas:** *(Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 7 minutos)*

PLANTEAMIENTO: ¿Qué fue lo que más le gustó de la respuesta que recibió de Cruz Roja?
(Duración: 3 minutos)

PLANTEAMIENTO: ¿Qué es lo que más recuerda la respuesta que recibió de Cruz Roja? **(Duración: 3 minutos)**

5. **Cierre de cesión y próximos pasos:** *(Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional)*

IV. Grupos focales (Externos) Mujeres destinatarias de kits de higiene menstrual

Introducción: Las comunidades son el centro de nuestras operaciones y nuestra razón de existir. En efecto, en este espacio seguro deseamos saber su opinión acerca de lo que podríamos mejorar en materia de kits de higiene menstrual para futuras respuestas, y conocer los aspectos positivos que usted detectó en la reciente operación. Sus respuestas se mantendrán anónimas y nos permitirán servir de la mejor manera a nuestras comunidades.

1. **Dinámica rompe hielo focalizada:** *(Invite a la audiencia a jugar a la papa caliente, también conocida como pato pato ganso, o tingo tingo tango. En esta dinámica la facilitadora pone música alegre de fondo mientras la audiencia se pasa un objeto de mano en mano, la facilitadora para la música, y la persona que quede con el objeto en la mano deberá responder una pregunta. Haga 5 rondas rápidas por pregunta – Duración: 10 minutos)*

PLANTEAMIENTO: Mientras jugamos, tengamos en la mente los kits de higiene menstrual que recibimos. Ahora, quien tenga el objeto en la mano al parar la música deberá **responder rápidamente a la pregunta:** *(Inicia primera ronda)*

¿Qué es lo mejor del kit que recibió? **(Duración: 3 minutos)**

¿Qué es lo que menos le gustó del kit que recibió? **(Duración: 3 minutos)**

¿Qué cree que faltó en el kit que recibió? (**Duración: 3 minutos**)

2. **Indagando escenarios:** (*Procure mantener el dinamismo adquirido en la anterior actividad e incentive la participación– Duración total: 25 minutos*)

PLANTEAMIENTO: Imaginemos que volvimos en el tiempo al día en que empezó esta operación de respuesta, y la Cruz Roja le pide su apoyo para mejorar el kit de higiene menstrual, las jornadas de entrega, y la comunicación estratégica.

¿Qué le agregaría usted al kit? Puede mencionar cantidades productos específicos (**Duración: 4 minutos**)

¿Qué le quitaría o cambiaría a ese kit? (**Duración: 4 minutos**)

¿Cuál es la mejor forma para preguntar a las mujeres acerca del contenido de los kits? (**Duración: 4 minutos**)

¿Cómo mejoraría las jornadas de entrega de kits? (**Duración: 4 minutos**)

¿Cambiaría el embalaje del kit para proteger la privacidad de las mujeres? (**Duración: 4 minutos**)

¿Cambiaría la transmisión de mensajes para promover la privacidad de las mujeres? (**Duración: 4 minutos**)

3. **Lecciones aprendidas:** (*Pregunte a la audiencia y plantee preguntas de seguimiento si lo requiere Duración: 4 minutos*)

PLANTEAMIENTO: De la respuesta de Cruz Roja en materia de higiene menstrual, ¿Cuál es el aprendizaje/lección que debe seguir aplicando la Sociedad Nacional de la Cruz Roja? (**Duración: 3 minutos**)

4. **Buenas prácticas:** (*Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 4 minutos*)

PLANTEAMIENTO: De la respuesta de Cruz Roja en materia de higiene menstrual, ¿Cuál considera que fue el mayor acierto de la Sociedad Nacional de la Cruz Roja? (**Duración: 3 minutos**)

5. **Cierre de cesión y próximos pasos:** (*Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional*)

V. Grupos focales (Externos) Comunidad destinataria de CVA:

Introducción: Las comunidades son el centro de nuestras operaciones y razón de existir. Por esto, en este espacio seguro deseamos conocer su percepción acerca de lo que podríamos mejorar en futuras respuestas, y los aspectos positivos realizados durante la reciente operación. Sus respuestas se mantendrán anónimas y nos permitirán servir de la mejor manera a nuestras comunidades.

1. **Dinámica rompe hielo focalizada:** (*Invite a la audiencia a jugar a la papa caliente, también conocida como pato pato ganso, o tingo tingo tango. En esta dinámica la facilitadora pone música*)

*alegre de fondo mientras la audiencia se pasa un objeto de mano en mano, la facilitadora para la música, y la persona que quede con el objeto en la mano deberá responder una pregunta. **Haga 5 rondas rápidas por pregunta – Duración: 13 minutos***

PLANTEAMIENTO: Mientras jugamos, tengamos en la mente los servicios o asistencia que recibimos. Ahora, quien tenga el objeto en la mano al parar la música deberá **responder rápidamente a la pregunta: (Inicia primera ronda)**

¿Qué piensa de la asistencia en efectivo recibida? **(Duración: 4 minutos)**

¿Cómo mejoraría las jornadas de entrega de asistencia en efectivo? **(Duración: 4 minutos)**

¿Qué cambiaría de la forma en que fue contactado(a) para las jornadas de entrega de asistencia en efectivo? **(Duración: 4 minutos)**

2. Indagando escenarios: *(Procure mantener el dinamismo adquirido en la anterior actividad e incentive la participación– Duración total: 9 minutos)*

PLANTEAMIENTO: Imaginemos que volvimos en el tiempo al día en que empezó esta operación de respuesta, y la Cruz Roja le pide su importante apoyo.

¿Cómo le sugeriría a Cruz Roja que consulte a las comunidades acerca de la asistencia en efectivo? **(Duración: 4 minutos)** ¿Qué información le diría a Cruz Roja que brinde a las comunidades, antes de entregar asistencia en efectivo? **(Duración: 4 minutos)**

3. Lecciones aprendidas: *(Pregunte a la audiencia y plantee preguntas de seguimiento si lo requiere Duración: 7 minutos)*

PLANTEAMIENTO: ¿Qué mejoraría de las actividades de asistencia en efectivo desarrolladas por Cruz Roja? **(Duración: 3 minutos)** PLANTEAMIENTO: De las actividades de asistencia en efectivo desarrolladas por Cruz Roja, ¿Cuál es el aprendizaje/lección que debe seguir aplicando la Sociedad Nacional en el futuro? **(Duración: 3 minutos)**

4. Buenas prácticas: *(Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 7 minutos)*

PLANTEAMIENTO: ¿Qué fue lo que más le gustó de las actividades de asistencia en efectivo desarrolladas por Cruz Roja? **(Duración: 3 minutos)**

PLANTEAMIENTO: De las actividades de asistencia en efectivo desarrolladas por Cruz Roja, ¿Cuál considera que fue el mayor acierto de la Sociedad Nacional de la Cruz Roja? **(Duración: 3 minutos)**

5. Cierre de cesión y próximos pasos: *(Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional)*

VI. Entrevista con informantes clave (Externos) – Mujeres destinatarias de kits de higiene menstrual:

Introducción: En este espacio seguro deseamos saber su opinión acerca de lo que podríamos mejorar en materia de kits de higiene menstrual para futuras respuestas, y conocer los aspectos positivos que usted detectó en la reciente operación. Sus respuestas se mantendrán anónimas y nos permitirán servir de la mejor manera a nuestras comunidades. Mil gracias por su participación.

1. **Dinámica rompe hielo focalizada: Duración: 4 minutos)**

PLANTEAMIENTO: Tome unos segundos para pensar en el kit de higiene menstrual... (*haga pausa de unos segundos*) ahora le voy a mencionar algunos asuntos, y agradecería que compartiera conmigo la **primera idea que se venga a su mente**.

¿Qué es lo mejor del kit que recibió? (*Duración: 1 minutos*)

¿Qué es lo que menos le gustó del kit que recibió? (*Duración: 1 minutos*)

¿Qué cree que faltó en el kit que recibió? (*Duración: 1 minutos*)

2. **Preguntas y escenarios: Duración total: 7 minutos)**

PLANTEAMIENTO:

¿Qué le agregaría usted al kit? Puede mencionar cantidades productos específicos (*Duración: 1 minutos*)

¿Qué le quitaría o cambiaría a ese kit? (*Duración: 1 minutos*)

¿Cuál es la mejor forma para preguntar a las mujeres acerca del contenido de los kits? (*Duración: 1 minutos*)

¿Cómo mejoraría las jornadas de entrega de kits? (*Duración: 1 minutos*)

¿Cambiaría el embalaje del kit para proteger la privacidad de las mujeres? (*Duración: 1 minutos*)

¿Cambiaría la transmisión de mensajes para promover la privacidad de las mujeres? (*Duración: 1 minutos*)

3. **Lecciones aprendidas: (Pregunte a la audiencia y plantee preguntas de seguimiento si lo requiere Duración: 3 minutos)**

PLANTEAMIENTO: De la respuesta de Cruz Roja en materia de higiene menstrual, ¿Cuál es el aprendizaje/lección que debe seguir aplicando la Sociedad Nacional de la Cruz Roja? (*Duración: 2 minutos*)

4. **Buenas prácticas: (Pregunte al personal y plantee preguntas de seguimiento si lo requiere Duración: 3 minutos)**

PLANTEAMIENTO: De la respuesta de Cruz Roja en materia de higiene menstrual, ¿Cuál considera que fue el mayor acierto de la Sociedad Nacional de la Cruz Roja? (*Duración: 2 minutos*)

5. **Cierre de cesión y próximos pasos:** *(Agradezca la participación, indique cómo serán usados los datos recolectados, brinde datos de información de contacto, y cierre la sesión con el protocolo acordado con la Sociedad Nacional)*

ANNEX 4 – LIST OF DOCUMENTS REVIEWED

1. [DREF Operation \(MDRDO015\) – Dominican Republic Floods June 2023](#)
2. [DREF Operation Update \(MDRDO015\) – Dominican Republic Floods June 2023](#)
3. [DREF Operation Final Report – Hurricane Fiona \(MDRDO014\)](#)
4. [Article: Dominican Republic Increases Logistics Capacity with Inauguration of Humanitarian Warehouse](#)
5. [Situation Reports #1-4, Tropical Storm Franklin \(IFRC GO\)](#)
6. [DRC Damage Assessment & Needs Analysis Report](#)
7. [Dominican National Emergency Operations Centre \(EOC\) Alert](#)
8. [Dominican Red Cross Strategic Plan \(2021-2025\)](#)
9. Final Report on Capacity Strengthening for Emergency Response in the Americas (CERA) (CRC-GAC Initiative 2014-19)

ANNEX 5 – LIST OF INTERVIEWS & FOCUS GROUP DISCUSSIONS (FGDs)

Name	Title	Organization	Date Interviewed
Dr. Miguel Sanz Flores	Dominican Red Cross National President	DRC	19 October 2023
Altagracia Capellán Castaños	Director, Emergency Management	DRC	19 October 2023
Téofilo Marmolejos Suárez	Specialist, Disaster Risk Management, Community Preparedness & Security	DRC	19 October 2023
Jesús De León Vallejo – Manager of Planning, Projects & Programs Altagracia Capellán Castaños – Director, Emergency Management Dr. Farrah Peña – Director, Health Lelly Pimentel Méndez – National Coordinator, Community Health and PSS Téofilo Marmolejos Suárez – Specialist, Disaster Risk Management, Community Preparedness & Security Johanna Segura – Project Manager (DREF) Ángela Sánchez – Operations Coordinator (DREF) Maricruz Madrigal Gómez – CEA Delegate (IFRC Rapid Response) Juan Almonte – Manager, Information Management Maria Isabel Guzmán – Coordinator, Planning	DRC DREF Implementation Team	DRC & IFRC	19 October 2023
Eneyda Almonte	Health & Nutrition Officer	UNICEF	20 October 2023
Antonio del Fiacco	Regional Representative, Central America & Caribbean	Italian Red Cross	20 October 2023
Mayra Caro – National Projects Administrator Ángela Sánchez – Operations Coordinator (DREF)	Finance & Project Administration Team	DRC	20 October 2023

Nicolas Segura Gutiérrez	Disaster Risk Management Coordinator	IFRC CCD	20 October 2023
Volunteers from branches in Barahona province		DRC	22 October 2023
Affected communities in Barahona province – recipients of cash assistance and NFIs		Affected community	22 October 2023
CRD leaders in Barahona province (DRC provincial branch president and municipal branch presidents)		DRC	22 October 2023
Volunteers from branch in Las Yayas, Azua province		DRC	23 October 2023
CRD branch president in Las Yayas, Azua province		DRC	23 October 2023
Members of affected communities in Azua province – recipients of NFIs		Community	23 October 2023
Álvaro Medina	Manager, Emergency Management	DRC	24 October 2023
Erwind Olivares Luciano	Deputy Director, Emergency Operations Centre	Government of the Dominican Republic	24 October 2023
Maricruz Madrigal Gómez	CEA Delegate (Rapid Response)	IFRC	20 October 2023
Paola Báez	Communications Officer	DRC	21
Olga Ramos	Logistics Manager	DRC	24
Jesús de Leon Vallejo	Manager of Planning, Projects & Programs	DRC	25 October 2023 (conducted on behalf of DOHE)
Mavel Vegazo Cabral	Director, Institutional Doctrine & PGI	DRC	25 October 2023
María Martha Tuna	Americas Regional Operations Manager	IFRC RO	14 November 2023 (conducted on behalf of DOHE)

ANNEX 6 – DREF OPERATION TARGETING STRATEGY

Total Targeted Population

Women:	4,100	Rural %	Urban %
Girls (under 18):	1,786	32.00 %	67.00 %
Men:	2,820	People with disabilities (estimated %)	
Boys (under 18):	1,294	0.50 %	
Total targeted population:	10,000		

Source: [IFRC GO - Emergency](#).