DREF Final Report

Dominican Republic: Population Movement

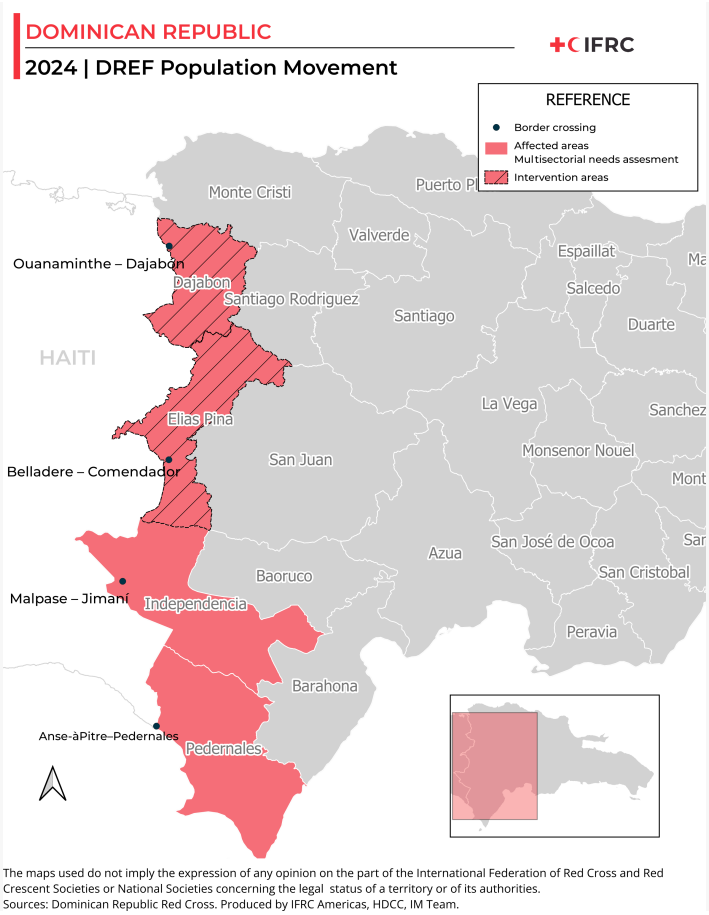
Haitians arrive at the border between the Dominican Republic and Haiti, in this aerial view from Dajabon, Dominican Republic, March 7, 2024. Source: AFP

Appeal: **MDRDO017**	Total DREF Allocation: **CHF 228,898**	Crisis Category: **Yellow**	Hazard: **Population Movement**
Glide Number: **-**	People Affected: **362,000 people**	People Targeted: **5,000 people**	People Assisted: **31,561 people**
Event Onset: **Slow**	Operation Start Date: **17-04-2024**	Operational End Date: **31-08-2024**	Total Operating Timeframe: **4 months**

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

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map of areas prioritized by Dominican Red Cross for direct intervention and multisectoral needs assessments. Source: DRC

Date when the trigger was met

04-04-2024

What happened, where and when?

Since February 2024, Haiti had witnessed an alarming surge in violence, reaching unprecedented levels that had exacerbated food insecurity and triggered numerous displacements. The borden between the Dominican Republic and Haiti was at the time embroiled in one of the most severe crises in decades. Despite the worsening security conditions, the International Organization for Migration (IOM) reported on 4 April that neighboring countries had forcibly returned over 13,000 people to Haiti in March alone, signifying a 46% surge compared to the previous month (1). Notably, 95% of these forced returns originated from the Dominican Republic. The highest incidence was reported at the Ouanaminthe-Dajabón and Belladere-Comendador borders, with significant spikes of 116% and 23%, respectively, compared to the previous month (2). It was worth highlighting that, during the year 2023, Dominican authorities reported that 174,677 foreigners were deported, with Haitian nationals having the highest incidence with a total of 174,602.

As the crisis escalates in Haiti, the Dominican Republic was bracing for a potential influx of people from Haiti. On 2 March, in an unprecedented series of attacks by armed groups, more than 3,000 prisoners were released from the capital's jail. This, coupled with prolonged violence, an assault on Port-au-Prince's international airport, and aggressive demonstrations by gang leaders, had fueled a substantial surge in migration flows.

On 15 March, Dajabón was thrown into chaos as hundreds of displaced Haitians arrived, fleeing the turmoil and insecurity in their homeland. Seeking protection and assistance, these displaced individuals overwhelmed the Dajabón market, a vital hub for cross-border commerce. The sudden influx strained the market's capacity and local infrastructure, leading to overcrowding and heightened tensions. In response, Dominican authorities tightened border controls, further exacerbating the tumultuous situation. The market emerged as a focal point of the humanitarian crisis, underscoring the urgent needs of the displaced Haitians and the challenges confronting the host community.

Similarly, border towns like Pedernales, Jimaní, and Elías Piña were grappling with a significant influx of Haitians due to Haiti's security crisis. This underscores the pressing necessity for targeted interventions and resources to address the multifaceted challenges faced by displaced individuals and host communities, ensuring the protection and provision of essential services to those in need.

Haitians push through the gates separating their country from neighboring Dominican Republic to access the binational market in Dajabon. Source: myanmaritv, March 2024

Haitians allowed into a farmer's market in the border town of Dajabón return with food. Source: NBC News, March 2024

Scope and Scale

The impact of this crisis was starkly evident in the influx of desperate Haitians into the local market in Dajabón on March 15. This surge in arrivals had heightened desperation, prompting Haitians to seek resources from neighboring areas such as Elías Piña, Independencia, and Pedernales, as security measures in Dajabón had tightened. The increased security measures and escalating violence against Haitians had also led to a covert migration of individuals to more tourist-oriented and economically viable areas like Punta Cana, Santiago, and Santo Domingo.

Presently, over 362,000 people in Haiti were displaced, seeking refuge in makeshift settlements within the country and across the border into the Dominican Republic. Children and adolescents make up approximately 32% of this displaced population, indicating a significant impact on young people. While specific data for other vulnerable groups, such as the elderly, persons with disabilities, pregnant and lactating women, and the chronically ill, were not readily available, their situations were grave, given their specific needs for care, support, and medical attention during crises.

The facilities in the Dominican Republic often lack adequate sanitation, security, and access to basic necessities. Hospitals and clinics in border areas were overwhelmed, while violence and insecurity impede medical services for both displaced people and host communities. The crisis had exacerbated food shortages, leaving many displaced individuals without access to nutritious meals, resulting in malnutrition among pregnant women and children, and lactating mothers unable to produce breast milk for their babies. Moreover, the psychosocial stress stemming from uncertainty, trauma, and fear was contributing to mental health issues.

The increasing demands for healthcare, sanitation, education, and economic opportunities were compounding the challenges for both the growing number of displaced Haitians seeking survival along the border and for host communities. This strain was stretching the already limited systems and resources of host communities, highlighting the infrastructure and response capacity limitations of border cities in the Dominican Republic. While the crisis was particularly acute in Dajabón, its repercussions were felt across wider regions such

as Elías Piña, Jimaní, and Pedernales as displaced people arrive in various parts of the Dominican Republic, including urban centers, rural areas, and border towns.

Source Information

Source Name	Source Link
1. Haitians Face Deepening Crisis as Siege in Port-au-Prince Stretches	https://www.iom.int/news/haitians-face-deepening-crisis-siege-port-au-prince-stretches
2. Statistics of people forcibly returned to Haiti (As of March 2024)	https://app.powerbi.com/view?r=eyJrIjoiYWZiYzU2MzktOWFkMC00MDk4LWFlOTQtNmQ0YTU1ODkzOTQ2IiwidCI6IjE1ODgyNjJkLTIzZmItNDNiNC1iZDZlLWJjZTQ5YzhlNjE4NiIsImMiOjh9
3. Haiti Update displacement situation	https://dtm.iom.int/reports/haiti-update-displacement-situation-sites-metropolitan-area-port-au-prince-04-april-2024?close=true
4. MEMORIA INSTITUCIONAL DGM 2023 - Republica Dominicana	https://migracion.gob.do/transparencia/wp-content/uploads/2024/01/MEMORIA-INSTITUCIONAL-2023-DGM-VF.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) has a Country Cluster Delegation (CCD) which supports and assists Cuba, Haiti, and the Dominican Republic. The CCD team is in contact and coordination with the Dominican Red Cross. In addition, the Health, Disasters, Climate, and Crisis Department of the IFRC Americas regional office in Panama is also in constant communication with the CCD and provides technical support to the Dominican Red Cross.
Participating National Societies	The Italian Red Cross is in constant communication with the National Society and is funding projects related to sexual and reproductive health and maternal and child nutrition on the border with Haiti.

ICRC Actions Related To The Current Event

Although the ICRC does not have a country office, it has supported the DRC in setting up the national Restoring Family Links (RFL) network and conducting related trainings. Communication has been established between the ICRC, IFRC and the DRC to coordinate the improvement of RFL capacities in the border branches and the national network for this response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No

National authorities	In response to the challenges posed by Haitian migration, the Dominican Republic's national authorities are actively monitoring the situation. The central government supervises the strategies implemented at the border. As of 15 September 2023, the government of the Dominican Republic decreed the closure of its land, sea, and air borders with Haiti. Another situation is monitored by the Government is the construction of an irrigation canal on the Masacre River, which runs along the borderline and is shared by the two countries. The General Direction of Migration oversees the flow of migrants in and out of the country, working closely with the Ministry of the Presidency, the Ministry of Defense, and the Ministry of Public Health, among others. The Dominican Republic is making efforts to manage migration dynamics amidst current socio-political complexities.
UN or other actors	In addition to the various efforts of the United Nations and international actors to address the crisis in Haiti, the World Food Program (WFP) and the United Nations are working to establish a humanitarian bridge to Haiti. This initiative aims to ensure the continued flow of aid and resources to affected populations in Haiti, despite challenging logistical and security conditions. WFP, in collaboration with partners, has been instrumental in delivering hot meals and essential supplies to displacement sites. Also, addressing the urgent needs of those displaced by violence and instability. In coordination with the DRC, WFP is focusing on strengthening the supply chain and distribution of assistance in Haiti through the DRC's regional logistics hub in Santo Domingo. In the Dominican Republic, coordination entails collaboration among multiple entities to deliver essential services like medical assistance, shelter, and legal support to migrants. IOM assumes a pivotal role in these coordination endeavors, facilitating communication and cooperation among diverse actors to enhance response efficiency and impact. Moreover, these mechanisms encompass strategic planning, information exchange, and collaborative program implementation to address both immediate and long-term migrant needs.

Are there major coordination mechanism in place?

Coordination mechanisms are in place to manage the response to the migration and humanitarian crisis affecting Haitian migrants. These mechanisms often involve various stakeholders, including international organizations such as IOM, government agencies, non-governmental organizations, and local community groups. They are designed to ensure a coherent and effective response to the complex needs of migrants and affected communities.

In the border provinces, cross-border dialogue tables convene, gathering all stakeholders involved in migration issues, including local governments, governmental bodies, and international organizations. Through these platforms, response actions are harmonized to address emerging challenges facing the migrant population. Agreements are forged among stakeholders to streamline response efforts and extend assistance to a broader array of people in need.

Needs (Gaps) Identified

Health

Displaced people confront a broad spectrum of health challenges, necessitating a comprehensive healthcare response. Access to primary healthcare was often limited, yet crucial for addressing immediate injuries and illnesses, as well as sustaining ongoing health needs. Maternal and child health services were particularly critical, especially for pregnant women and children requiring prenatal care, delivery services, and pediatric care, often arriving in precarious conditions. Mental health support was equally vital, as many migrants grapple with the psychological toll of displacement, necessitating counseling, and mental health interventions.

Chronic diseases like diabetes and hypertension demand continual monitoring and access to medication. The congested and often substandard living conditions of the displaced heighten the risk of infectious diseases, emphasizing the importance of clean water, sanitation, and infectious disease control measures. Nutritional assistance was imperative to combat and prevent malnutrition among this vulnerable population. The nutritional status of displaced people arriving at DRC branches raises concerns, given their compounded vulnerabilities due to displacement, economic hardship, and limited resource access. While specific nutritional data on displaced people in

these areas awaits needs assessments, it's widely acknowledged that displacement exacerbates nutritional risks.

Sexual and reproductive health services were also indispensable for ensuring comprehensive healthcare coverage for displaced individuals. Additionally, the looming threat of cholera, imported from Haiti, warrants immediate attention to forestall outbreaks, necessitating vigilant monitoring, rapid response, and treatment arrangements.

Vector-borne diseases pose another major health threat for displaced people since they were at risk of contracting diseases such as malaria and dengue fever, which were transmitted by mosquitoes. Prevention and control measures, including vector control strategies and access to appropriate medical treatment, were essential to mitigate the impact of these diseases on the displaced population.

Health facilities in host communities grapple with accommodating the influx, leading to overcrowding and resource strain, potentially compromising care quality. Specialized services, particularly those catering to maternal and child health, mental health, and chronic diseases, remain scarce despite the pressing needs of the displaced. Vulnerable groups, such as pregnant women, children, the elderly, and individuals with chronic illnesses or disabilities, encounter significant hurdles in accessing adequate healthcare.

Water, Sanitation And Hygiene

Ensuring the health and dignity of the displaced population hinges crucially on meeting their basic water, sanitation, and hygiene (WASH) needs. The imperative of providing access to clean and safe drinking water cannot be overstated, as it was essential to prevent dehydration and the spread of waterborne diseases, which were prevalent risks in displacement settings. Equally vital was the provision of adequate sanitation facilities, indispensable for curbing the transmission of infectious diseases and upholding a minimum level of privacy and dignity for displaced populations.

Reports from local branches underscore a severe deficiency in safe drinking water and adequate water facilities in health centers across border regions. Ongoing cholera outbreaks, exacerbated by overcrowding and insufficient sanitation at displacement sites, pose a significant risk of further disease transmission. Of particular concern was the WASH infrastructure, where water availability issues impede sanitation, hygiene, and waste management efforts. While water treatment plants were in place in branches like Elías Piña and Dajabón, and two others could be activated from Santo Domingo, their inactivity due to maintenance issues and missing components hampers an effective response.

Addressing these challenges entails providing hygiene interventions tailored to address specific needs, such as menstrual hygiene management. Specialized training, community WASH education, and adequate resources were essential to delivering the essential and timely assistance necessitated by the situation, effectively meeting the WASH needs of both host communities and the displaced.

Protection, Gender And Inclusion

Ensuring the safety of vulnerable populations, particularly unaccompanied children and those accompanied by adults who were not their parents, was a pressing concern. Plan International reports a 32% increase in the number of unaccompanied children lacking adequate support, underscoring the urgency of addressing their specific needs and vulnerabilities. These children, along with others lacking proper documentation, encounter significant obstacles in accessing essential services, emphasizing the necessity for inclusive and gender-

sensitive approaches that address diverse challenges.

Prioritizing physical safety, legal protection, access to psychosocial support, education, and livelihood opportunities was paramount. Empowering individuals to engage in decision-making processes and advocating for their rights were crucial steps in fostering an environment of dignity and respect. Enhancing data collection and building the capacity of humanitarian actors to integrate Protection, Gender, and Inclusion (PGI) principles were essential for targeted and effective interventions, emphasizing the need for a comprehensive and integrated approach in humanitarian endeavors.

Moreover, a considerable number of pregnant and/or breastfeeding women had been identified, requiring accommodation at the migrants center in Dajabón, where the current space fails to meet minimum conditions for their needs. Additionally, these centers lack segregation by sex or age, posing a risk of violence incidents that may endanger the migrants integrity, particularly children.

Migration And Displacement

In the realm of migration and displacement, IOM assumes a pivotal role, particularly in migrant centers, where it actively registers and aids vulnerable displaced individuals. Operating through its Border Resource Centers at official border crossings in Haiti, IOM offers critical support to migrants. However, due to high occupancy levels, there were instances where groups of migrants wait for several hours outside the centers in government vehicles.

Regular migrants and Dominican citizens had been affected by the intensified migration controls. Many of them were reported to had been stopped during these controls and taken to migrant centers for verification purposes. Once their migration status was resolved, they were released from these centers. However, according to reports from DRC branches, many of them face financial challenges in returning to their homes. Consequently, hundreds of individuals were left seeking resources to facilitate their journey back.

Finally, reports suggest that people displaced were also relocating to Punta Cana, Santo Domingo, and Santiago due to fear of attacks and limited access to essential services and resources at the border, although comprehensive government data remains scarce. With many displaced individuals still unregistered and the situation remains volatile, an increase in the number of displaced persons was anticipated.

Community Engagement And Accountability

The displaced population, along with host communities, require timely and pertinent information regarding available assistance and crucial messages to tackle the challenges posed by the influx, with increased awareness and resources.

Encouraging community involvement was vital to tailor response activities to the genuine needs of those affected, thus addressing not only the immediate situation but also bolstering community resilience against future crises. Despite efforts by the National Society to disseminate information through media and social networks, there exists a gap in effectively reaching all community members, primarily due to insufficient information channels and infrastructure issues hindering the flow of vital information.

There was a necessity to establish more resilient and accessible channels for disseminating information that can reach communities even when conventional infrastructure was compromised. Enhancing community engagement through participatory approaches would ensure that interventions were rooted in community context and needs, thereby enhancing the effectiveness and sustainability of response efforts.

Operational Strategy

Overall objective of the operation

By the end of the operation, a total of 31,562 people were reached, surpassing the initial target of 5,000 people at the Dominican border points of Dajabón and Elias Piña. The National Society implemented actions in multipurpose cash, Health, WASH. The teams were able to reach people through the dissemination of key messages with a focus on Protection, Gender and Inclusion (PGI) and Community, Participation and Accountability (CEA).

Operation strategy rationale

The development of this DREF Action Plan was grounded in insights provided by branches in the prioritized provinces. The secondary data was sourced from government, UN, and partner reports, as well as alerts and media coverage. A multisector needs assessment was conducted to complement existing information and guide the planned actions of the National Society to better assist the targeted population. The National Society provided direct assistance on the border points of the Dajabon and Elias Piña provinces.

The summary of the intervention included the following targets:

HEALTH:
- Provision of health services (Psychosocial Support (PSS) and/or first aid services) to 3,000 people.
- Procurement and distribution of 3,000 disease prevention and control kits in migrant centers.
- Sensitization for at least 5,000 people in migrant centers and host communities on health promotion and prevention of diseases with epidemic potential and vector-borne diseases.
- Epidemiological community surveillance to identify suspected cases in the communities and refer them to the nearest primary health care center, if necessary.

The DRC focused on enhancing community awareness regarding health and WASH-related risks, advocating for good practices, and fostering behavioral changes to mitigate the spread of communicable and vector-borne diseases. Volunteers would actively disseminate messages to ensure that individuals were well-informed about the key public health risks and can take appropriate individual and collective measures to mitigate them. The DREF also covered the distribution of key items, including prevention and control kits, in migrant centers.

WATER, SANITATION AND HYGIENE (WASH):
- Installation or reinforcement of 2 temporary water supply and distribution systems for access to water and hygiene services (water tanks, sinks) in Dajabon.
- Procurement and distribution of 3,000 individual hygiene kits in migrant centers.
- Procurement and distribution of 1,000 individual hygiene kits in host communities.
- Cleaning and disinfection events in 5 facilities - twice per facility (2 health facilities, 2 DRC branches, and 1 migrant center).

Based on initial needs identified by the branches, access to drinking water was essential. Efforts were made to improve access to water by installing or rehabilitating temporary water supplies and distribution points. Temporary water supply and distribution systems were initially installed (1) at the migrants' center and (1) near the binational market in Dajabón. The needs assessments were to indicate the need for rehabilitation. If not necessary, the new systems could be installed depending on the identified needs. In addition, to reduce the risk of cholera, waterborne diseases, and vector breeding sites, community handwashing facilities and community surveillance activities was implemented. The DREF would also cover the distribution of key items, including hygiene kits, in migrant centers and host communities.

MULTIPURPOSE CASH:
According to information provided by the branches, a significant number of regular migrants and Dominican citizens had been identified at the border points trying to return to their homes. These people were stopped in migration controls and taken to the migrant centers, where they undergo a documentation review process to verify their legal status. Those with regular immigration status were released yet often lack the financial means to return home. Through this conditional multipurpose cash program, the DRC aims to cover transportation and food expenses for these individuals to facilitate their return. The initial amount (16 CHF) had been determined based on the average cost of bus tickets plus food. However, it's important to note that a feasibility study was conducted to ascertain the final amount and distribution method.

PROTECTION, GENDER AND INCLUSION (PGI):
- Two trainings on the prevention of sexual exploitation and abuse for volunteers and community brigades in prioritized branches.
- At least 5,000 people reached with awareness-raising about sexual exploitation and sexual violence in migrant centers and host communities.
- At least 2,000 people reached with Restoring Family Link (RFL) services.

As a cross-cutting priority, the national society worked to enhance the capacity of its staff and volunteers to safeguarding against sexual exploitation and abuse and implement the minimum requirements at the operational level. Awareness-raising campaigns were conducted within communities. The operation ensured adequate response to address the needs of the targeted groups. To ensure that this operation upheld standards of quality and dignity, a Community Engagement and Accountability program was implemented, ensuring the involvement of the targeted population in assessing the quality of the assistance provided. Additionally, RFL services were provided in migrant centers.

NATIONAL SOCIETY DEVELOPMENT (NSD):
Strengthening the capacity of staff and volunteers in the prioritized branches was of utmost importance to ensure an effective response. As such, refresher trainings were provided in the field as needed, including Health, WASH and PGI/RFL. Additionally, reinforcement of the institutional visibility of 2 branches, 4 ambulances, and 2 vehicles assigned to the border area was planned.

MULTISECTORIAL NEEDS ASSESSMENT:
A significant aspect of this DREF operation entails conducting a multisectoral needs analysis, encompassing risk assessment for operational security in the area, across the four border points of Dajabon, Elias Piña, Independencia, and Pedernales. This was crucial for ensuring the comprehensive and complementary nature of the Movement's response. The multisectoral needs assessment aims to evaluate the situation across various sectors, including Health, WASH, and PGI/RFL, to inform the planned actions of the National Society. Depending on the results of the assessment, the operation could be scaled up through an operations update.

Targeting Strategy

Who was targeted by this operation?

Through this IFRC-DREF operation, the Dominican Red Cross targeted 5,000 individuals at the border points of Dajabon and Elias Piña (3,000 in migrant centers, 1,000 form host communities and 1,000 regular migrants and Dominican citizens. The targeted population had been affected by intensified migration controls and were taken to migration centers to undergo documentation verification and seek to return to their homes once their legal status had been verified.

Special emphasis was placed on vulnerable groups such as women, children, and the elderly. Leveraging community networks, the National Society identifies these groups and collaborates with migrant care institutions to pinpoint this specific demographic. The rationale behind targeting these groups was to ensure assistance reaches those most vulnerable and least capable of overcoming the emergency independently.

By prioritizing vulnerable individuals, marginalized communities, and those with specific needs, the National Society delivers tailored thereby maximizing the impact of the DREF operation and advancing equitable relief efforts.

Explain the selection criteria for the targeted population

To effectively reach the 1,000 households (5,000 people) directly benefiting from this DREF, the National Society collaborated with local authorities, community leaders and relevant stakeholders with knowledge of the affected areas and populations. Assessments were carried out to identify households and communities in need of immediate assistance. The operation targeted regular migrants and Dominican citizens who were attempting to return home after being released from migrant centers, where they were retained by local authorities for documentation verification and verification of legal status in the country. There were general selection criteria for all sectors, each sector had its own variables; and the selection was also based on the census conducted, the people affected and the conditions of vulnerability.

Total Targeted Population

Women	1,250	Rural	-
Girls (under 18)	1,750	Urban	-
Men	900	People with disabilities (estimated)	5%
Boys (under 18)	1,100		
Total targeted population	5,000		

Risk and Security Considerations (including "management")

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

Risk	Mitigation action
Insecurity	- Establish dialogue with local communities and authorities. - Conduct regular security assessments, including a monitoring visit by IFRC ARO security focal point - Implement appropriate physical security measures. - Train staff in security and first aid. - Coordinate with local security forces.

Risk of disease outbreaks such as dengue, malaria, or cholera due to overcrowding and lack of access to clean water and sanitation.	- Implement proper hygiene and sanitation measures. - Provide clean water and latrines. - Conduct awareness campaigns on disease prevention for staff and volunteers. - Establish epidemiological surveillance mechanisms.
Exploitation and Sexual Abuse	- Implement prevention and protection actions against exploitation and sexual abuse. - Train staff and volunteers to identify and prevent exploitation and sexual abuse.
Misinformation	- Establish clear and transparent communication channels. - Provide accurate and updated information to the population. - Monitor media and social networks to identify and combat misinformation. - Collaborate with community leaders and local organizations to disseminate accurate information.
Rains or storms hamper operational logistics	Follow up on activities by identifying possible immediate actions to be taken.
Delays in procurement	Due to possible delays in procurement, IFRC-DREF prioritizes the distribution of items already purchased and in NS warehouses that are ready for distribution. In addition, the immediate involvement of Logistics in the procurement and supply movement strategy is necessary to meet established operational deadlines.
Operational capacity limitations	The IFRC-DREF will provide remote support from the International Federation in the areas of monitoring, implementation, and technical support in coordination with the CCD.

Please indicate any security and safety concerns for this operation:

The operation faced a number of significant security and safety concerns due to the volatile context along the Dominican Republic–Haiti border:

Border Insecurity and Unrest:
The high influx of displaced people, coupled with increased border controls and enforcement measures, created tense and sometimes unpredictable conditions. In some cases, protests and spontaneous gatherings led to localized unrest, particularly near the Dajabón and Elías Piña border crossings.

Risk to Personnel and Volunteers:
Volunteers and staff operating in migrant centers and public spaces faced increased risk of exposure to violence or unrest. In response, the Dominican Red Cross ensured that 50 volunteers were provided with insurance coverage and adequate personal protective equipment (PPE) to carry out their tasks safely.

Health and Disease Hazards:
Overcrowding in migrant centers and host communities created conditions conducive to the spread of waterborne and vector-borne diseases (e.g., cholera, dengue, malaria). Volunteers were trained on safety protocols, use of PPE, and health surveillance procedures to minimize risks.

Operational Restrictions Due to Security:
The implementation of some components (notably the multipurpose cash transfer) was suspended after a feasibility and security study found unacceptable risks for beneficiaries and staff. This decision aligned with the 'do no harm' principle.

Mobility and Infrastructure Risks:
Road conditions, particularly during the rainy season, posed risks for transport and logistics. In remote areas, poor infrastructure limited access and required additional precautions for field missions.

Coordination with Local Authorities:

Regular security assessments were conducted with input from community leaders, local authorities, and law enforcement. This helped identify high-risk zones and inform safe deployment of teams. Lack of Child Safeguarding Risk Assessment: Although children represented a large portion of the displaced population, a formal Child Safeguarding Risk Assessment was not completed, which should be considered for future operations.	
Has the child safeguarding risk analysis assessment been completed?	No

Implementation

Multi Purpose Cash

Budget: CHF 17,626
Targeted Persons: 1,000
Assisted Persons: 0

Indicators

Title	Target	Actual
# of people reached with cash or voucher transfer program	1,000	0

Narrative description of achievements

As part of the original operational plan, the Dominican Red Cross (DRC) included a multipurpose cash assistance component aimed at supporting 1,000 migrants with unconditional financial aid to meet their immediate needs in a dignified and flexible manner. This modality was considered appropriate due to its potential for rapid impact and beneficiary choice.

To evaluate feasibility, the DRC—in coordination with the IFRC—conducted a comprehensive cash feasibility study and a context-specific security risk assessment in the provinces of Dajabón and Elías Piña, both marked by high population movement and limited infrastructure. These assessments analyzed the availability and reliability of financial service providers, market capacity, delivery mechanisms, and—critically—the protection risks and security implications for both beneficiaries and humanitarian staff.

The findings revealed a highly complex and volatile security environment, with elevated risks of theft, fraud, extortion, and violence, especially around migrant centers and informal crossings. There were also heightened concerns regarding the visibility of beneficiaries, which could have led to targeting or stigmatization. These factors posed significant ethical and operational challenges to delivering cash safely and accountably.

While the actual cash distribution was not implemented due to these risks, the investment in preparedness, assessments, and ethical decision-making marked a key achievement. The operation demonstrated a responsible approach that prioritized safety and dignity while strengthening the DRC's capacity to conduct robust contextual analyses for future cash-based responses.

Lessons Learnt

Conducting a thorough feasibility and security risk assessment before implementation was a best practice that enabled the DRC to make an informed and ethical decision aligned with humanitarian principles.

The process strengthened the National Society's capacity to carry out cash preparedness activities, including stakeholder consultations, risk mapping, and coordination with protection actors.

It emphasized that contextual appropriateness must guide modality selection. Even when cash is efficient in theory, it may not be feasible or ethical in volatile, protection-sensitive settings.

For future operations, establishing pre-positioned delivery mechanisms, formal agreements with vetted financial service providers, and

contingency plans in advance would improve readiness and reduce program disruption in insecure contexts.

The experience highlighted the value of documenting non-implementation decisions, showing transparency and a commitment to accountability and protection.

Challenges

The cash component faced substantial operational and protection-related challenges that ultimately led to its cancellation:

The volatile security context in border provinces, especially around informal migration routes and temporary settlements, presented a high risk of theft, extortion, and physical harm to both beneficiaries and staff.

Visibility of cash recipients in such a sensitive environment raised concerns of targeting, stigmatization, and coercion, particularly in the absence of safe distribution points or protection mechanisms.

The lack of secure and reliable financial service providers—particularly in Elías Piña—made it impossible to ensure accountable and confidential cash transfers.

These risks were assessed as exceeding acceptable thresholds under the 'do no harm' principle, leading to a deliberate and justified operational decision not to proceed with disbursements.

The decision had implications on programmatic reach, as 1,000 vulnerable individuals originally targeted with cash were not assisted under this modality

Health

Budget: CHF 48,713
Targeted Persons: 5,000
Assisted Persons: 31,562

Indicators

Title	Target	Actual
# of people assisted with first aid services and mental health and psychosocial support.	3,000	67
# of people receiving disease and epidemic prevention and control kits in migrant centers	3,000	3,000
# of people reached through health and hygiene promotion campaign	5,000	31,562
# of confirmed cases identified initially through community-based surveillance	500	1,124

Narrative description of achievements

The Dominican Red Cross (DRC) implemented a multi-layered health response targeting migrants and host communities in the provinces of Dajabón and Elías Piña. While certain targets were surpassed, others revealed key lessons for future planning.

A total of 31,562 individuals benefited from direct health-related services. These included 3,000 people who received hygiene kits for epidemic prevention and control, and 1,500 individuals who received STI prevention kits in migrant centers—fully achieving and exceeding the intended reach for this indicator.

In addition, extensive health and hygiene promotion campaigns reached more than 15,000 households, benefiting an estimated 31,562 people, far surpassing the original target of 5,000. These campaigns provided critical information on hygiene, menstrual and reproductive

health, mental health, and disease prevention, and were carried out through volunteer outreach, printed materials, and community sessions.

The Community-Based Health and First Aid (CBHFA) and community surveillance components were key strengths of the operation. Volunteers conducted 2,893 household visits, resulting in the detection and referral of over 1,100 suspected cases, including 536 cases of diarrhea/vomiting, 588 febrile cases, and 7 chronic health conditions—more than double the original target for early detection. This significantly contributed to epidemic prevention efforts in vulnerable areas.

However, the operation fell short of its target to assist 3,000 individuals with first aid and psychosocial support. Only 14 cases of pre-hospital assistance and 53 cases of psychological first aid were recorded. This gap underscores the need to reassess how these services are promoted, delivered, and documented in crisis contexts.

Although only 67 people were directly registered under first aid and MHPSS interventions, the operation also reached 2,893 households through CBHFA home visits, which included basic health education, emotional support, and referrals. This broader community-based health engagement contributed significantly to the spirit of the indicator and should be recognised as indirect support aligned with MHPSS objectives.

Lessons Learnt

The operation demonstrated that epidemiological surveillance and community health engagement are essential in border crisis contexts. The CBHFA approach was effective in detecting and referring potential outbreak cases, and should be scaled in future responses.

While IEC campaigns exceeded expectations, future efforts must improve delivery and visibility of clinical and psychosocial services, ensuring those in need can safely access them.

Providing targeted mental health support for volunteers should be prioritized as part of a duty of care strategy.

Coordination with local health authorities such as the Ministry of Public Health (MSP) ensured legitimacy and integration of services at the community level.

Flexible planning and decentralized decision-making are crucial in dynamic and shifting humanitarian environments, especially where migration patterns and access constraints evolve rapidly.

Challenges

The high mobility of the migrant population limited the DRC's ability to provide follow-up care, particularly in relation to psychosocial support and clinical services.

The relocation of migrant centers during implementation led to delays in activity deployment and required continuous adjustments in field strategies.

Volunteers faced emotional fatigue and lacked structured mechanisms for mental health support, despite being central to psychosocial outreach.

Underperformance in first aid and mental health support delivery reflected both access challenges and possible underreporting or limited demand during field operations.

Collecting outcome-level data (e.g., behavior change, long-term health impact) was difficult due to rapid population turnover and the short timeframe of the operation.

Water, Sanitation And Hygiene

Budget: CHF 78,341
Targeted Persons: 3,000
Assisted Persons: 5,000

Indicators

Title	Target	Actual
# of individual hygiene kits distributed in host communities	1,000	1,000
# of individual hygiene kits distributed in migrant centers	3,000	3,000
# of strategic points reached with installation/reinforcement of temporary water and sanitation access systems (water tanks, sinks, etc.)	2	4
# of facilities reached with cleaning and disinfection events	5	20

Narrative description of achievements

The WASH sector of the DREF operation was implemented with substantial results, contributing to improved hygiene conditions and epidemic prevention in migrant centers and host communities in Dajabón and Elías Piña. The Dominican Red Cross (DRC) fulfilled most planned activities and expanded its impact through coordinated efforts.

The original objective of installing or reinforcing two provisional water and hygiene systems was exceeded, with four systems established thanks to collaboration with local authorities. These included hydration and handwashing stations, and the deployment of reverse osmosis units for water purification in temporary migrant reception facilities.

A total of 3,000 hygiene kits were distributed in migrant centers, and the planned 1,000 kits for host communities were also delivered, meeting the sector's quantitative targets. Additionally, 3,000 EDA/cholera prevention kits (one per household) were distributed, and included brochures and stickers on cholera prevention, safe water treatment, and STI prevention, designed in Spanish and Creole.

Nine rapid WASH assessments were carried out in migrant centers, community facilities, and health centres. These assessments identified critical needs and included water quality testing (chlorine, pH, alkalinity), providing a technical evidence base for targeted interventions.

A key highlight was the successful implementation of cleaning and disinfection activities, reaching a total of 20 communities—four times the initial plan of conducting these sessions in five targeted facilities. These actions played an important role in reducing environmental health risks and were carried out by trained volunteers in coordination with local actors.

Hygiene promotion activities were a strong component of the response. Through door-to-door visits and community forums, the DRC reached 5,000 people with key messages. This included 5,028 IEC materials distributed on handwashing, menstrual hygiene, and cholera prevention. Campaign content was coordinated and validated with national health authorities and partners, including UNICEF, MSP, and AHF.

To strengthen local capacity, 56 volunteers were trained in health and hygiene promotion, including topics such as community-based epidemiological surveillance and PSEA integration. In coordination with CESFRONT and the Ministry of Public Health, 30 additional staff and volunteers were trained in SARAR and PHAST methodologies, enabling them to conduct participatory assessments and support long-term behavioural change in communities.

Lessons Learnt

•Local coordination was critical: partnerships with municipal authorities and the Ministry of Public Health enabled infrastructure scaling and alignment with national strategies.

•The SARAR and PHAST training sessions enhanced local ownership and volunteer engagement, improving the sustainability and contextual relevance of hygiene promotion.

•Flexibility in implementation was essential in responding to the dynamic displacement context, particularly regarding site relocations.

•The pre-positioning of hygiene kits and integration of culturally appropriate IEC materials improved distribution effectiveness and message retention among target populations.

•Future DREFs should include dedicated resources and tools for post-intervention monitoring, especially in hygiene behaviour and infrastructure usage

Challenges

•The relocation of migrant centers mid-operation delayed some WASH infrastructure installation and required constant real-time adaptation.

•Access challenges and site constraints limited full implementation of improvements in some facilities and delayed distribution activities.

•While hygiene promotion targets were met, monitoring behaviour change outcomes was constrained by time and the fluid movement of the affected population.

•The presence of temporary and informal settlements made water quality testing and sanitation system maintenance more difficult, particularly without formal infrastructure

Protection, Gender And Inclusion

Budget: CHF 12,503
Targeted Persons: 5,000
Assisted Persons: 5,000

Indicators

Title	Target	Actual
# of persons receiving information on protection from sexual exploitation and abuse (PEAS)	5,000	5,000
# of branches strengthening their capacities in PSEA (Protection from Sexual Exploitation and Abuse)	2	2
# of RFL services provided at migrant center	2,000	0

Narrative description of achievements

The Dominican Red Cross (DRC) prioritised Protection, Gender and Inclusion (PGI) as a cross-cutting theme throughout the operation, ensuring that vulnerable individuals—including women, children, and persons in situations of mobility—were reached with targeted actions that promoted safety, dignity, and access to information.

A major achievement was the organisation of two Prevention of Sexual Exploitation and Abuse (PSEA) training workshops in Dajabón and Elías Piña, delivered in June and July 2024. A total of 45 members of the DRC (27 women, 18 men), including volunteers and staff from both field branches and headquarters, participated in these sessions. The training focused on understanding core PGI concepts, PSEA principles, reporting mechanisms, and tools for community-based protection.

Following these trainings, participants applied their knowledge by conducting sensitisation campaigns on sexual abuse and exploitation prevention, particularly targeting girls, adolescents, and women in both migrant centers and host communities. The awareness-raising efforts were complemented by the distribution of over 5,000 brochures and IEC materials, developed specifically within the framework of this DREF operation, with support from the DRC's Health Directorate and Psychosocial Support team.

The campaigns contributed to an environment of greater awareness and accountability, enabling community members to better identify and report incidents of sexual violence and exploitation. These messages were delivered in safe, culturally appropriate formats, and aligned with the Fundamental Principles of the Red Cross Movement.

As per the operational indicators, the target of reaching 5,000 people with PSEA information was fully met, and the training of 45 Red Cross members in PGI/PSEA exceeded initial expectations, reflecting strong engagement across the institution.

Lessons Learnt

The DREF demonstrated that PSEA and PGI integration must be planned from the outset, with designated focal points and operational resources to strengthen the safeguarding environment.

Training volunteers and staff at both the headquarters and branch levels enabled a coordinated and consistent approach to PSEA messaging and community engagement.

The use of psychosocial support teams to reinforce PSEA efforts was an effective strategy, particularly in creating safe spaces for women and adolescent girls to ask questions and report concerns.

IEC materials tailored to the cultural context and linguistic needs (Spanish and Haitian Creole) improved message retention and accessibility.

For future operations, a PSEA community feedback mechanism (e.g. hotline, complaints box, or referral pathway) should be developed to ensure that disclosures can be received and acted upon safely and confidentially.

Challenges

• Despite reaching key training and awareness targets, structural limitations in migrant centers—such as the absence of gender-segregated spaces or safe, private areas—posed ongoing risks, especially for women, children, and unaccompanied minors.

The short operational timeframe limited the ability to establish sustained feedback or case referral mechanisms for survivors or at-risk individuals.

Sensitive cultural norms and stigma surrounding sexual abuse in some communities made open dialogue and disclosure difficult, even with trained facilitators.

Volunteers and staff, although trained, often lacked the technical and psychological tools to manage complex or severe protection cases requiring referral to specialised services.Despite reaching key training and awareness targets, structural limitations in migrant centers—such as the absence of gender-segregated spaces or safe, private areas—posed ongoing risks, especially for women, children, and unaccompanied minors.

The short operational timeframe limited the ability to establish sustained feedback or case referral mechanisms for survivors or at-risk individuals.

Sensitive cultural norms and stigma surrounding sexual abuse in some communities made open dialogue and disclosure difficult, even with trained facilitators.

Volunteers and staff, although trained, often lacked the technical and psychological tools to manage complex or severe protection cases requiring referral to specialised services.

Secretariat Services

Budget: CHF 29,288
Targeted Persons: 0
Assisted Persons: 0

Indicators

Title	Target	Actual
# of rapid response personnel deployed	1	2
# of support and follow-up monitoring visits	3	3

Narrative description of achievements

The IFRC Secretariat provided critical operational support throughout the implementation of the DREF MDRDO017 operation, ensuring effective coordination, technical guidance, and accountability across sectors.

Initially, the deployment of one Rapid Response personnel was foreseen, but in response to the complexity and scope of the operation, two Surge members were mobilised through the IFRC deployment mechanisms. These individuals supported operational management, monitoring, and coordination between the Dominican Red Cross, the Country Cluster Delegation (CCD), and the Regional Office for the Americas (ARO).

In addition, the Secretariat carried out more than three monitoring visits to the field, including:

A visit during the arrival of the first charter flight of relief items in November 2024,

A visit during the EVCA (Community-Based Vulnerability and Capacity Assessment) workshop in Guantánamo,

Multiple in-country missions by CCD staff to support planning, reporting, and final evaluation.

To support operational mobility and logistics, two vehicles were rented through the IFRC Vehicle Rental Programme (VRP). These vehicles enabled safe and timely deployment of staff, volunteers, and relief items across affected provinces, contributing to operational efficiency and field-level coordination.

The Secretariat also provided consistent remote technical support in areas such as Health, PGI, WASH, and Cash & Voucher Assistance (CVA), with direct involvement from the Americas Regional Office. This collaborative support strengthened the technical quality and alignment of interventions with global standards.

Lessons Learnt

The deployment of more than one surge personnel was instrumental in maintaining effective oversight and adapting to evolving operational needs. This reinforced the importance of flexible staffing models in emergency contexts.

The use of IFRC's Vehicle Rental Programme (VRP) was a cost-effective and reliable mechanism that ensured operational reach, safety, and timeliness—especially in border areas with limited transport infrastructure.

Consistent technical support from the Secretariat, both remotely and in-person, significantly improved sectoral implementation and accountability.

Future DREFs should anticipate the need for multiple field visits, especially in fluid humanitarian contexts, to provide timely guidance, strengthen volunteer engagement, and support adaptive planning on the ground.

Challenges

Rapid operational shifts, including the relocation of migrant centers and evolving security dynamics, required frequent adjustments to plans and continuous coordination with field teams.

Limited timeframes for field deployments, especially from regional surge personnel, placed pressure on coordination and reporting timelines.

The geographical distance between CCD offices and operational zones increased reliance on vehicle logistics and constant communication to ensure fluid implementation.

National Society Strengthening

Budget: CHF 42,427
Targeted Persons: 50
Assisted Persons: 50

Indicators

Title	Target	Actual
# of volunteers insured	50	50
# of volunteers who receive uniforms and PPE	50	50
# of people hired to support the implementation of the operation	5	5

Narrative description of achievements

The Dominican Red Cross (DRC) successfully strengthened its institutional and operational capacities through the DREF operation, particularly in the provinces of Dajabón and Elías Piña. A total of 50 volunteers were equipped with uniforms, personal protective equipment (PPE), and insurance coverage, enabling safe, visible, and effective field deployment in high-risk areas.

To ensure a coordinated and efficient operation, the DRC recruited a dedicated team of five staff members:

1 Operations Coordinator for 3 months,

1 Administrative Assistant for 3 months,

1 Field Coordinator for 2 months,

1 Driver based in Santo Domingo for 3.5 months,

1 Driver based in Dajabón for 2 months.

These personnel played a critical role in managing daily operations, overseeing field coordination, supporting financial and logistical processes, and ensuring the timely and safe movement of teams and relief items.

Additionally, the operation facilitated multiple refresher trainings for volunteers in the areas of Health, WASH, and Protection, Gender and Inclusion (PGI). These trainings helped ensure alignment with technical standards and improved the capacity of branches to respond to future emergencies.

Finally, the DRC convened a Lessons Learned Workshop at the end of the operation. This provided a space for volunteers, branch leaders, and headquarters staff to reflect on key outcomes, identify gaps, and develop recommendations to enhance future response efforts.
Training sessions were conducted to reinforce volunteer capacities in Health, WASH, and Protection, Gender, and Inclusion (PGI), aligned with the priorities of the operation. These trainings equipped volunteers with essential technical and community engagement skills needed for the delivery of key interventions in migrant centers and host communities.

Additionally, the DRC successfully organized a Lessons Learned Workshop at the conclusion of the operation. This space allowed volunteers, staff, and partners to reflect on achievements, identify areas for improvement, and formulate concrete recommendations for future operations.

Lessons Learnt

Hiring dedicated operational staff (coordinator, field, admin, drivers) greatly enhanced the efficiency and reach of the operation. This staffing model should be replicated in future DREFs where branch-level implementation is central.

Providing uniforms, insurance, and PPE was not only essential for safety, but also boosted volunteer morale and credibility within communities.

Training volunteers across sectors enabled a multisectoral response force capable of responding flexibly in different operational contexts.

The Lessons Learned Workshop proved highly valuable in institutionalizing operational insights and must be integrated as a standard component of emergency operations.

Future interventions would benefit from early branch readiness assessments and investments in logistics, administration, and digital reporting systems to ensure faster and more autonomous deployment.

Challenges

One of the main challenges encountered was the limited timeframe and funding available to scale support to additional branches beyond the two initially prioritized. Despite high needs along the border, the operation had to concentrate resources in Dajabón and Elías Piña.

The complex logistics environment also presented difficulties. Remote locations, poor road conditions, and the relocation of migrant centers delayed activity timelines and required greater effort from field teams.

Another limitation was the capacity gap at branch level in terms of digital tools, administrative procedures, and surge management. While the hired personnel helped bridge this gap, future operations would benefit from more extensive pre-positioned capacity.

Financial Report

Selected Parameters			
Reporting Timeframe	2024/4-2025/2	Operation	MDRDO017
Budget Timeframe	2024/4-2024/8	Budget	APPROVED

Prepared on 21/May/2025

All figures are in Swiss Francs (CHF)

DREF Operation

FINAL FINANCIAL REPORT

MDRDO017 - Dominican Republic - Pop. Movement

Operating Timeframe: 17 abr 2024 to 31 ago 2024

I. Summary

Opening Balance	**0**
Funds & Other Income	**228.898**
DREF Response Pillar	228.898
Expenditure	**-161.565**
Closing Balance	**67.333**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash	16.550	6.341	**10.209**
PO04 - Health	45.740	38.364	**7.376**
PO05 - Water, Sanitation & Hygiene	73.560	71.456	**2.104**
PO06 - Protection, Gender and Inclusion	11.740	4.280	**7.460**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	13.970	167	**13.804**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**161.560**	**120.608**	**40.952**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	27.500	18.002	**9.498**
EA03 - National Society Strengthening	39.838	22.955	**16.882**
Enabling Approaches Total	**67.338**	**40.957**	**26.380**
Grand Total	**228.898**	**161.565**	**67.333**

IFRC

Click here for the complete financial report

Please explain variances (if any)

A total of CHF 228,898 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 161,565. The unspent balance of CHF 67,333 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures include:

The financial implementation of the DREF operation MDRDO017 reflects significant budgetary efficiency and adaptation to operational realities. While the majority of planned activities were implemented, several budget lines show notable variances due to partial execution

or contextual adjustments.

Key budget variances include:

Multi-purpose Cash: Although the feasibility and security studies were conducted, the cash transfer component was not implemented due to contextual risks. Only CHF 6,341 were spent on planning and coordination, while the remaining funds were returned.

PGI and Community Engagement: Lower expenditure was reported under PGI due to the use of existing institutional tools and staff. While outreach and training targets were met, fewer materials and logistical expenses were required than initially planned.

WASH: While hygiene promotion and kit distribution targets were fully met, some activities (e.g. large-scale infrastructure reinforcement) were scaled down due to site relocations and logistical challenges, resulting in moderate underspending.

Health: Expenditures were slightly lower than forecast due to limited delivery of clinical and MHPSS services. However, epidemiological surveillance and health promotion were overachieved through volunteer-based outreach.

National Society Strengthening: Savings were achieved through in-house training and logistical optimisation, while still achieving planned staff recruitment, PPE distribution, and the Lessons Learned workshop.

Secretariat Services: Lower than expected costs were reported in travel and coordination due to hybrid remote/on-site surge support, even though two rapid response personnel were deployed and multiple field visits were conducted.

Pre-positioning of Kits:
A total of 620 hygiene kits, originally planned for distribution in host communities, remained undistributed at the end of the operation due to access and logistical constraints. These kits have been securely stored in the National Society's warehouse and will remain pre-positioned for future use exclusively within the framework of DREF operations, subject to the approval of the regional DREF focal point.

Contact Information

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

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Click here for reference