Community focus groups for CVA and Health promotion campaigns in Barahona. Source: DRC

<table>
<thead>
<tr>
<th>Appeal:</th>
<th>Total DREF Allocation:</th>
<th>Crisis Category:</th>
<th>Hazard:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRDO 015</td>
<td>CHF 498,654</td>
<td>Yellow</td>
<td>Flood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Glide Number:</th>
<th>People Affected:</th>
<th>People Targeted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>289,083 people</td>
<td>10,000 people</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event Onset:</th>
<th>Operation Start Date:</th>
<th>Operational End Date:</th>
<th>Total Operating Timeframe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden</td>
<td>19-06-2023</td>
<td>30-11-2023</td>
<td>5 months</td>
</tr>
</tbody>
</table>

Targeted Areas: Azua, Baoruco, Barahona, Dajabon, Elias Pina, Independencia

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

Date of event
23-08-2023

What happened, where and when?

Initially, between 2 and 4 June 2023, the Dominican Republic experienced numerous incidents of urban and rural flooding, river overflowing, and landslides. The National Meteorological Office (ONAMET, by its initials in Spanish) 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. The Emergency Operations Centre (EOC) issued nationwide alerts based on this information (1).

By 9 June, the EOC informed that the tropical wave affecting the Dominican Republic had moved away from the country and was currently positioned southwest of Haiti. However, the National Meteorological Office (ONAMET) cautioned that localized rainfall could still occur in certain areas of the country due to the prevailing instability.

Furthermore, the provinces affected by the floods during early June faced additional vulnerabilities exacerbated by the passage of Tropical Storm Franklin.

On 22 August, the Dominican Republic EOC through the information message #1 informed that TS Franklin was situated within the Caribbean Sea, poised to generate robust winds and heavy rainfall over Hispaniola and Puerto Rico at least until the following day.

The Dominican Red Cross rapid response teams were mobilized in coordination with the national Emergency Operations Center (EOC) at the main office in Santo Domingo. The mobile teams have been complementing civil defense efforts by assisting in both preventive and mandatory evacuations.
On 24 August, the EOC reported through information message #7 that the direct effects of TS Franklin have ceased over the Dominican Republic, such as intense downpours, strong winds, and storm surge, due to the distance and predicted path of this tropical cyclone. At that point, Franklin was already located 235 kilometers north/northeast of Puerto Plata (2).

Initial reports from branches of the Dominican Red Cross located in both the northern and southern provinces and situation reports from the country’s Disaster management system 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 temporarily suspended, the same as the previous storm that affected in June.

**Scope and Scale**

In relation to the initial emergency generated by floods in early June, the latest Situation Report #8, issued on 6 June by the Emergency Operations Center (EOC), highlighted that the greatest impact of the emergency was on the water supply. According to the Operations Directorate of the National Institute of Drinking Water and Sewerage (INAPA, by its initials in Spanish), a total of 10 aqueducts were affected and out of service. As a result, 95,107 people were affected and experienced a disruption in their access to water (1).

Furthermore, about Tropical Storm Franklin, the effects began to become evident once the storm left the Dominican territory with rains that have been causing flooding of rivers, streams and creeks.

According to the last Situation Report No. 7, issued on 24 August by the EOC, the biggest impact of the emergency was on the water supply. According to INAPA, a total of 92 aqueducts were affected including 91 out of service and 1 partially, affecting 289,083 people. Additionally, the Ministry of Housing and Buildings (MIVED) reported 749 houses affected by flood, out of which 12 houses were partially affected by a landslide, 159 houses were destroyed, and 39 communities were uncommunicated. Finally, the electricity service providers reported that around 27,329 people affected after the passage of Franklin (2).

Among the provinces affected reported by the Emergency Operations Center after the passage of TS Franklin were: Santo Domingo, National District, San Cristobal, Peravia, Barahona, San Juan, Independencia, Puerto Plata, Sanchez Ramirez, San Pedro de Macoris, LA Romana, San Jose de Ocoa, Azua, Pedernales, Bahoruco, Elías Piña, Duarte, María Trinidad Sánchez, Monte Plata, La Altagracia, La Vega, Monseñor Nouel, Hato Mayor, El seibo, Samaná, Dajabón, Montecristi, Hermanas Mirabal, Espaillat, Santiago Rodríguez, Santiago and Valverde; for a total of 25 provinces.

Taking into account this information, the DRC deployed the Damage Assessment and Needs Analysis teams to obtain more detailed data and information for decision-making.

In addition to this, although not directly related to the impact of TS Franklin, it is worth mentioning that the country have been facing an increased migratory flow, specifically through Elías Piña and Dajabón, whose conditions have become more precarious as a result of the floods.

Summary of affection:

**Event 1: June 2023 - Floods**

**Scale:** 95,107 people affected
Geographic scope: 15 Provinces including Azua, Baoruco, Barahona, Elias Pina, and Independencia.

Event 2: August 2023 - TS Franklin
Scale: 289,083 people affected
Geographic scope: All 32 provinces including Azua, Bahoruco, Barahona, Elias Pina, and Independencia.

Source Information

<table>
<thead>
<tr>
<th>Source Name</th>
<th>Source Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relief Web: Dominican Republic: Floods - Jun 2023</td>
<td><a href="https://reliefweb.int/disaster/fl-2023-000103-dom">https://reliefweb.int/disaster/fl-2023-000103-dom</a></td>
</tr>
</tbody>
</table>

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?
Yes
Please provide a brief description of those additional activities
The Dominican Red Cross teams articulated their response to the Health and WASH priorities, along with other agencies and local partners such as UNICEF and PAHO/WHO. Additional to the planned activities, the National Society was able to distribute cholera prevention and control kits, promotional materials for the prevention and management of cholera at home with materials provided by PAHO/WHO.

IFRC Network Actions Related To The Current Event

Secretariat
The IFRC supported the Dominican Red Cross through the implementation of the IFRC-DREF with immediate and short-term deployments and through the Americas Health, Disaster, and Climate Crises Teams. A total of 8 staff (3 operations coordinators, 1 CEA officer, and 4 CVA officers). The IFRC Country Cluster Delegation in Santo Domingo is in contact and coordination with the National Society and serves as a liaison with the different regional technical teams during the management of emergencies.

Participating National Societies
The Italian Red Cross Caribbean delegation is funding projects in the affected area and is in constant communication with the National Society.

Other Actors Actions Related To The Current Event

Government has requested international assistance
No
National authorities

The national authorities worked in a coordinated manner in response to this weather event. Among the most active government institutions during the response phase was the MOPC, which set up debris-clearing brigades to clear roads and ensure connectivity and access in the affected areas. All access roads were reopened in the first few weeks.

The Dominican Republic’s Presidential Social Plan supported the affected populations by distributing food, blankets, mosquito nets, and household utensils in the affected areas (example: https://presidencia.gob.do/noticias/plan-social-de-la-presidencia-equipa-viviendas-familias-de-region-sur-tras-inundaciones).

The National Institute of Drinking Water and Sewerage (INAPA) worked on different initiatives in response to the floods. For example, the INAPA worked on adapting the irrigation systems of the Yaque del Sur and Lago Enriquillo regional directorates, work that intensified after the floods generated by the trough that touched national territory in June. Source: https://presidencia.gob.do/noticias/indrhi-realiza-trabajos-de-adecuacion-en-sistemas-de-riego-de-barahona

The Ministry of Public Health and Social Assistance activated and deployed its response teams for assessments and interventions and issued flood and epidemiological alerts.

Further actions conducted by local authorities in relation to TS Franklin are listed in Situation Report No. 7 issued on 24 August (1).

UN or other actors

Coordination was carried out by the UN Resident Coordinator in the country, and situation reports were generated to reflect the impact of the event. As a result of this coordination, it was possible to know the action plans developed by external actors and local NGOs and thus better coordinate and avoid duplication of activities. The national society actively participates in the HCT coordination meetings.

The National Society worked with actors such as UNICEF, PAHO/WHO, IOM and other UN organizations on the ground. The initial health and WASH assessments, along with relief actions, were planned and implemented together with UNICEF Humanitarian Assistance in Health, Water, Sanitation and Hygiene for Migrants in Dajabon, Elias Piña and Independencia.

Are there major coordination mechanism in place?

The Water, Sanitation, and Hygiene Sectoral Group (GASH, by its initials in Spanish) was activated at national and local levels to facilitate the exchange of information, identification of needs, and joint actions. Information is exchanged, and joint actions are conducted with the Directorates of Risk Management, Health Promotion and Education, Epidemiology, and the Environmental Health Department of the Ministry of Public Health (MSP).

The GASH is a permanent coordination mechanism that intensifies its role in emergency and disaster situations. However, the exchange of information and meetings is periodic and permanent, including in normal situations.

Also, the WFP has created a Cash Working Group to coordinate partners in the country. An introductory meeting took place in July with IFRC’s participation.

**Needs (Gaps) Identified**

**Shelter Housing And Settlements**

Concerning the first flooding event, DRC assessments indicated that 84 houses were completely destroyed, 256 houses suffered partial destruction, and 1,078 were damaged and inaccessible during the floods. To date, all families have returned to their houses.

For the Tropical Storm Franklin event, reports made by the local authorities and the branches of the Dominican Red Cross, indicate that 749 houses were completely flooded, 12 houses have suffered partial destruction, and 159 houses have been destroyed.

The flooding event additionally presents a potential threat to the stability of the impacted houses’ foundations. As a result, conducting
vulnerability assessments on these structures becomes crucial, as well as workshops for communities on home reinforcement. This will also require the distribution of Shelter Tool Kits to strengthen the structure of the partially damaged houses. It is important to consider factors such as geographic location, construction type, quality of materials, dwelling structure, and resilience against flooding during the assessment process.

Reports from the branches in the affected provinces and the assessment teams deployed said that most of the people affected by the floods also lost their basic household and kitchen items.

Furthermore, assessing the potential impacts of flooding on dwellings and their occupants was essential. This evaluation encompassed structural damage, loss of belongings, disruption of basic services, health and safety risks to residents, as well as emotional and social impacts.

**Livelihoods And Basic Needs**

Technicians from the Ministry of Agriculture conducted an assessment and survey of the damage caused to agriculture and livestock as a result of the floods in the provinces of the south and southwest of the country.

Preliminarily, the most affected agricultural area was Padre Las Casas and many of its communities, and Las Yayas, both located in the province of Azua, where local roads were semi-destroyed, as well as some plantations of various crops. There was also total loss of bean crops in Padre Las Casas and tomato plantations.

In Fondo Negro, Barahona, some banana plantations were affected, while in Jimaní, the flooding of the Blanco River also destroyed several crops.

**Multi purpose cash grants**

Given the flood-related devastation in Barahona, Azua, Bahoruco, and Independencia provinces, cash assistance transfers were considered the most effective channel to support affected families. Coupled with the shortfall of the National Society Livelihood Specialist and the subsequent absence of a specialized livelihoods assessment, the implementation of a CVA program aligned well with the urgent and diverse needs. The CVA program offered immediate relief and autonomy to address priority needs such as food, WASH, health, livelihoods, shelter, and possibly education. This flexibility contrasts with the likely slower pace of microproject processes that might not adapt swiftly to the evolving context. Field observations indicate some stabilization in markets and access to banking mechanisms, making the integration of cash transfers opportune, especially with improved transportation routes.

Furthermore, it should be noted that following the passage of Tropical Storm Franklin, the DRC relief team, in collaboration with IFRC, conducted additional assessments on a sample of nearly 100 households in communities initially impacted by the previous floods (initially 950 households were assessed). Continued needs were observed primarily among the most vulnerable communities and those who lost their livelihoods. This included families with limited economic resources and reduced resilience capacity. Despite Franklin's lower-than-expected intensity, launching a multipurpose cash program facilitated recovery, enhanced community resilience, and addressed the already identified potential negative coping strategies.

**Health**

Until Epidemiological Week (SE) 30 of 2023, the Ministry of Public Health (MSP) reported that 3,667 cases of dengue had been reported, with cumulative incidence (AI) of 58.88 cases per 100 thousand inhabitants, with the highest incidence in Monte Cristi (276.15), Independencia (269.19), Dajabón (180.30), San José de Ocoa (156.37), Sánchez Ramírez (134.91), Barahona (126.66) and María Trinidad Sánchez (108.56).

Through sectoral health and WASH assessments in shelters and affected communities, the following needs were identified:

- Water for cooking, personal hygiene, cleaning, chlorine/disinfectants, buckets, mosquito nets, cleaning supplies and materials, preserved (canned) foods, tanks or water tanks, cooked foods, mattresses, sheets and blankets, clothes and shoes, health care personnel, alcohol/soap gel, drinking water, water chlorination kit, basic medicines, personal protective equipment (masks), basic first aid, psychological first aid, community-based epidemiological surveillance with emphasis on febrile and EDA surveillance in shelters and water quality surveillance (residual chlorine 0.2), and solid waste control.
Due to the rains and floods that have occurred in the country, especially affecting the southern provinces, and the trend of these events in recent epidemiological weeks in the region of the Americas and the Dominican Republic, and because the number of cases may increase in these situations, it is necessary to strengthen the actions of prevention and control of vector-borne diseases, especially dengue.

Likewise, various outbreaks of EDA and cholera were reported in provinces that were affected: Barahona, Elías Piña, Distrito Nacional, Santo Domingo, and Dajabón, and after the passage of storm Franklin, the chances of outbreaks due to these causes increased.

The actions to be reinforced include the intensification of community-based epidemiological surveillance actions with the mobilization of DRC volunteers in accompaniment to the actions of local authorities, as well as the distribution of spread kits (prevention of TVD) containing inputs and materials for the application of chlorine to tanks and covering them and mosquito nets as a preventive measure, in addition to the distribution of WRD/Cholera prevention kits and Information, Education and Communication (IEC) materials alluding to the subject, while raising awareness among the population for the prevention and control of these diseases, as well as the identification and elimination of breeding sites with the active participation of the community. It is necessary to maintain this activity and give it the necessary priority, to prevent and control cases and outbreaks of these acute diseases that have epidemic potential.

Other identified needs included the distribution of basic and menstrual hygiene kits, as well as the distribution of water, vector control days, and surface cleaning, among others.

Source:
(1) https://digepi.gob.do/documentos-epidemiologicos/boletines-semanales/

**Water, Sanitation And Hygiene**

During the first flood event, 11 aqueducts were affected in the provinces of Dajabón, Santiago Rodríguez, Elías Piña, Bahoruco, Independencia, Pedernales, and Azua. Sector-specific assessments and coordination meetings were conducted to formulate an appropriate response.

Based on the report provided by INAPA after the passage of Tropical Storm Franklin, 92 aqueducts were reported to be affected by electricity cuts. All electric networks were re-established.

In addition to the implications of the emergency, the existing contamination of streams and communities exacerbates the potential epidemiological risks associated with the event. It is important to note that exposure to floodwater can lead to skin infections, wounds, as well as the transmission of diseases such as leptospirosis, gastrointestinal illnesses, cholera, dengue fever, and malaria. Considering the continuous state of water-related diseases and basic sanitation, and in response to the alert issued by the Ministry of Public Health, NS will continue strengthening measures to safeguard water quality.

**Operational Strategy**

**Overall objective of the operation**

Through this IFRC-DREF application, the Dominican Red Cross provided humanitarian assistance to families affected by floods and Tropical Storm Franklin in the provinces of Azua, Bahoruco, Barahona, Dajabón, Elías Piña, and Independencia. The National Society assisted 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 the dissemination of key messages with a Protection, Gender, and Inclusion (PGI) and Community, Engagement and Accountability (CEA) approach.

**Operation strategy rationale**

The development of this IFRC-DREF Plan of Action has relied on Damage Assessment and Needs Analysis (EDAN, by its initials in Spanish) conducted by the National Society in 6 provinces of the southern region of the Dominican Republic. In addition, information provided by branches, secondary data from government reports, and alerts and reports issued by the Emergency Operations Centre, the Ministry of Public Health, the Directorate of Epidemiology, and the Water, Sanitation, and Hygiene Sectoral Group (GASH) have been utilized.

Considering that an official number of the total number of people affected was released with the total number, the one included in this proposal (289,083 people) was provided by the Operations Directorate of INAPA, which considers only the number of individuals without access to water.
In light of this, it is important to highlight that comprehensive multi-sectoral needs assessments have been conducted as part of this intervention. These assessments complement the existing information and inform the planned actions of the National Society in order to provide better assistance to the most vulnerable population affected by the emergency.

Summary of the intervention:

SHELTER:
As per preliminary damage reports, the greatest impact of the floods has been in the housing sector. Given the total and partial damage to homes, as well as the loss of personal belongings, the National Society aims to reach 800 families (4,000 people) through the implementation of shelter-related activities, including:

- Procurement and distribution of 800 kitchen sets. It is worth highlighting that 300 sets available in the humanitarian warehouse in Santo Domingo will be replenished through this IFRC-DREF, while the remaining 500 will be donated by the Dominican Red Cross without requesting their replenishment.
- Procurement and distribution of 500 shelter tool kits, along with community training for the reinforcement of affected homes.

MULTIPURPOSE CASH:
The DRC aims to reach a total of 500 families (2,500 people) in the most affected provinces (Azua, Barahona, Independencia and Bahoruco) with a single multipurpose cash transfer of 10,500 DOP (162 CHF). The transfer amount has been determined based on the minimum expenditure basket for food and health in the southern region of the country, and it will be transferred via a remittance agency (a preferred option by the majority of the affected population) to expedite assistance and mitigate risk.

Based on the CVA feasibility study conducted and after conducting rapid surveys after the passing of Tropical Storm Franklin, it is evident that vulnerabilities in the affected communities have been exacerbated. As a result, and in line with the feasibility study, the multipurpose cash program allows for tailored prioritization of individual needs identified in assessments both before and after Storm Franklin (Food, Wash, Repairs and Employment).

HEALTH:
The National Society aims to reach a total of 2,000 families (10,000 people) with health-related activities, including:

- Procurement and distribution of 2,000 prevention and control kits for acute communicable diseases (water-borne diseases and vector-borne diseases).
- Procurement and distribution of 2,000 mosquito nets.
- Health assessments, including mental health and psychosocial support, promotion, education, and communication actions to promote health and prevent diseases with epidemic potential (cholera, dengue, leptospirosis, etc.).
- Community surveillance will be implemented in selected provinces and communities. Volunteers from the branches in the 6 identified provinces will be deployed to identify suspected cases in the communities and refer them to the nearest primary health care centre, if necessary. The Dominican Red Cross community surveillance protocol has been activated in the selected provinces.

WATER, SANITATION AND HYGIENE (WASH):
The National Society aims to reach a total of 2,000 families (10,000 people) with Wash-related activities, including:

- Procurement and distribution of 2,000 14-litre buckets for the storage of safe water.
- Procurement and distribution of 2,000 family hygiene kits.
- Procurement and distribution 2,000 personal menstrual hygiene kits for women of childbearing age.
- Procurement for replenishment of 10,000 Jerrycans.

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA):
The National Society prioritizes the Community Engagement and Accountability (CEA) approach in all its activities. This approach is implemented by all work areas and is continuously monitored and advised by the National Society’s National Communication Department. Among the activities prioritized in the early response and recovery strategy are those associated with community participation in the different stages of the processes, the dissemination of information and key messages and the establishment of feedback mechanisms at the community level. Communities participated in interviews during rapid assessments, and during the distribution of relief items will be permanently consulted on the usefulness and proposals for improvement, with feedback mechanisms and satisfaction surveys will be conducted to strengthen National Society interventions in the future.

The National Society requires assistance in strengthening technical capacities in order to have application tools that contribute to highlight community participation in the interventions. Therefore, there is a need to consider a staff to provide support for the efficient and effective fulfillment of this line of action.

PROTECTION, GENDER AND INCLUSION (PGI):
As a cross-cutting sector, the National Society seeks to strengthen its staff and volunteers in protection from sexual exploitation and
abuse in order to implement the minimum requirements at the operational level. Awareness-raising campaigns will also be conducted at the community level and finally an analysis of the needs of the migrant population identified in the areas of intervention will be conducted.

The operation will guarantee an adequate response to meet the needs of the target groups. To ensure that this operation meets the standards of quality and dignity, a programme of communications and accountability to the community will be implemented, thus guaranteeing the involvement of beneficiaries in the quality of the assistance provided.

Targeting Strategy

Who was targeted by this operation?

Through this IFRC-DREF operation, the Dominican Red Cross provided humanitarian assistance to people affected by the floods and later impact of Tropical Storm Franklin in 6 provinces prioritized by the National Society (Azua, Bahoruco, Barahona, Dajabón, Elías Piña, and Independencia).

Special attention was given to vulnerable groups such as women, migrants, children, and the elderly. The National Society has networks at the community level that allow it to identify these groups and also collaborates with migrant care institutions that facilitate the identification of this specific population.

The logic behind targeting these particular groups is to ensure that assistance reaches those who are most at risk and least able to recover from the disaster on their own. By prioritizing vulnerable households, marginalized communities, migrants, and individuals with specific needs, the National Society provided targeted and tailored support, maximizing the impact of the IFRC-DREF operation and promoting equitable relief efforts.

Explain the selection criteria for the targeted population

To reach the 2,000 families (10,000 people) directly targeted by this IFRC-DREF effectively, the National Society collaborated with local authorities, community leaders, and relevant stakeholders who know the affected areas and populations. Assessments are being conducted to identify households and communities that require immediate assistance.

The selection criteria for persons to be assisted are the following:
- Families whose homes have suffered considerable damage or destruction of personal belongings.
- Families with at least one member who has a pre-existing health condition and that the conditions generated by the floods are unfavorable to their health.
- Families with at least one member under 5 years of age, persons over 60 years of age, pregnant women, and/or persons with disabilities.
- Families who have been directly affected by the floods.
- Families in communities with possible outbreaks of acute communicable diseases.
- Affected migrants.

It is worth mentioning that although there are general selection criteria for all sectors, each sector has its variables, and the selection will also be based on the census carried out, affected families, and vulnerability factors.

As per the Cash Transfer Program, the selection criteria included households whose source of income was affected by the impact of Tropical Storm Franklin and households where, at least, one of their members meets one of the following vulnerability criteria: chronic illness, disabilities, elderly, pregnant and lactating women, and single-parent households.
## Total Targeted Population

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Rural</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>4,100</td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td>Girls (under 18)</td>
<td>1,786</td>
<td>Urban</td>
<td>67%</td>
</tr>
<tr>
<td>Men</td>
<td>2,820</td>
<td></td>
<td>0.5%</td>
</tr>
<tr>
<td>Boys (under 18)</td>
<td>1,294</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total targeted population</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Risk and Security Considerations

### Please indicate about potential operation risk for this operations and mitigation actions

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
</table>
| Burnout syndrome                               | - Implement a rotating schedule to distribute workload evenly and prevent volunteers from becoming overwhelmed.  
  - Offer psychological support services, including counseling or debriefing sessions, to help volunteers cope with stress and emotional challenges. |
| Limited access to the areas with affected population due to the deterioration of the security situation | - NS with the support of IFRC will update its Security Plan and will constantly assess the situation to implement additional security mitigation measures.  
  - Constant coordination with information sources to avoid danger areas.  
  - Coordination with other Members of the movement in the area of security and Duty of Care. |
| New rains or storms hamper operational logistics. | Follow-up activities by identifying possible immediate actions to be taken.         |
| Difficulty in coordination                     | Strengthen liaison with government agencies by establishing effective communication channels. Cross-checking information collected with data from secondary sources. |
| New rains or storms hamper the National Society operational logistics. | Ensure that all volunteers involved in the operation have the necessary personal protective equipment for their operation and safety. |
| Delays in receiving humanitarian aid items      | Immediate involvement of Logistics in the procurement/supply movement strategy to meet established operational deadlines. |
| Health risks                                   | Ensure that staff and volunteers deployed to areas where there are acute disease outbreaks are protected according to basic health protocols (PPE) and conduct internal surveillance to identify possible positive cases. |
| Cholera                                        | - Provide comprehensive training to staff and volunteers on cholera prevention, including proper hygiene practices, safe water handling, and sanitation measures. |

### Please indicate any security and safety concerns for this operation

Concerning the main security problems that may arise in an emergency operation, within the framework of this operation, it was proposed to provide insurance coverage to 250 volunteers, of whom 156 volunteers registered with their insurance process. This number
of volunteers were those who were directly involved in the operation’s activities in the six provinces covered by the IFRC-DREF.

Has the child safeguarding risk analysis assessment been completed?

No

**Implementation**

**Shelter Housing And Settlements**

**Budget**: CHF 44,624  
**Targeted Persons**: 4,000  
**Assisted Persons**: 3,085

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># families receiving shelter tool kits</td>
<td>800</td>
<td>398</td>
</tr>
<tr>
<td># of families receiving technical support for housing strengthening</td>
<td>800</td>
<td>398</td>
</tr>
<tr>
<td># of families receiving kitchen sets</td>
<td>800</td>
<td>617</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

For the intervention of the shelter and housing action, taking into consideration the complementary evaluation within the framework of the emergency response, a more detailed information survey was carried out through community censuses that allowed the identification of direct beneficiaries for the delivery of shelter tool kits. Twenty-eight communities benefited, for a total of 398 families who received shelter kits.

Concerning the delivery of the kitchen kits, the same mechanism was used to select beneficiaries through community censuses, based on selection criteria, which benefited 617 families.

The goal was to deliver 800 shelter tool kits, but only 398 were delivered, and 800 kitchen kits were to be delivered, but only 617 were delivered. This was because another event occurred in the country that once again affected some of the provinces linked to the IFRC-DREF and other new ones, precisely in the closing week of the IFRC-DREF, so the remaining tool kits and kitchen kits were not delivered, and for this reason, the goal was not met 100%.

Additionally, out of the 800 shelter tool kits planned to be distributed, only 500 were to be replaced, i.e., the 500 that were part of the IFRCs local stock. The remaining 300 were from the National Society’s stock and due to space constraints they did not want to replace them. However, due to time constraints and the relevance of the delivery of the kits, the National Society only planned to deliver the 500 kits that were to be replaced.

Kits that were not delivered during the operation automatically enter the IFRC or National Society stock (as appropriate) to be available for the next emergency. The delegation office and the National Society, with the support of the Regional Logistics Unit, maintain an updated stock of pre-positioned kits in the Dominican Republic.

**Lessons Learnt**

During the lessons learned workshop for this operation, the teams recommended to maintain a stock of pre-positioned supplies and kits at the National Society’s headquarters and branches in order to be able to initiate the first response immediately. A protocol for the correct use of pre-positioned supplies should also be developed for this purpose.
Challenges

The DRC warehouses are not always stocked to ensure immediate response. It was recommended that planning and coordination with relevant involved in emergency response is improved to speed up purchasing processes.

Multi Purpose Cash

Budget: CHF 94,231
Targeted Persons: 2,500
Assisted Persons: 2,390

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of CVA feasibility study</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td># of households assisted with multipurpose cash</td>
<td>500</td>
<td>478</td>
</tr>
<tr>
<td># of sensitization and training workshops with the communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>regarding Cash and Voucher Assistance (CVA) component.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Narrative description of achievements

For this intervention, it was necessary to carry out a feasibility analysis of the cash transfer program, the objective of which was to analyze the viability of implementing cash transfer activities in four regions, the most affected by the emergency: Azua, Barahona, Bahoruco, and Independencia. The Dominican Red Cross assessed the feasibility of offering cash assistance to populations affected by this phenomenon and has proceeded together with IFRC staff to conduct field assessments, review of secondary information, and interviews with key personnel.

As part of the coordination activities, a damage assessment report was obtained from the communities affected by the floods. In addition, a validation of the information was carried out by the branches in conjunction with the Relief and Risk Management team at the headquarters in Santo Domingo.

The results of this analysis were used to identify selection criteria for the beneficiary, as shown below:
- Families where their homes and sources of income were affected by the floods and where at least one member of the family had one of the following vulnerability criteria:
  - Chronic illness
  - Disabilities
  - Over 60 years of age, Pregnant or lactating
  - Single-parent households

A market analysis was also carried out through direct observation and direct questions to the communities to find out if the markets had been affected during the floods and if they had problems obtaining certain products.

With this analysis, we were able to define the availability of banking and remittance agencies, the modality, and the delivery mechanism.

The amount of the transfer value was established based on the value of the basic food basket published by the Central Bank for the southern region of the country. According to the most recent data for June 2023, the monthly family basket is at DOP $35,116.58. Within the total, the costs corresponding to food and health are 23.84% and 4.74% respectively. Taking into account that some communities do not have a branch office available, the cost of transportation was included; in this sense, it was agreed to round up to a total of 30%. The transfer ranged to DOP 10,500 (35,000*30%). The initial target was to reach 500 families; however, the implementation resulted in 478 families reached.

The process of implementing a cash transfer programme was a milestone for the National Society because, while there had been some experience in the past, this was the first time a cash transfer programme had been implemented for this number of people. Similarly, this intervention was also the first time that the RedRose platform and the MoneyGram coding modality were used to access the funds. For the Dominican Red Cross, it was a very positive experience because the platform facilitated the process that we initially thought we were
going to face, facilitated the process of selecting beneficiaries, and is a mechanism that facilitates the implementation of activities in the established time.

This intervention allowed the National Society to build capacity through training and the establishment of a focal point within the NS structure. However, in order to continue working with this platform and to consider future interventions, it is necessary to continue training personnel to manage the platform, accompanied by specific training in cash transfer programmes.

It is also important to disseminate the lessons learned from this operation so that all sectors can feed into the processes and expand the opportunities for its implementation.

**Lessons Learnt**

- As a result of the lessons learned workshop, it was recommended that a Crisis Management Information Officer is designated for the operations. The person carrying out this role should be able to consolidate information from different sources and areas and develop standardized formats for the transfer of information within the National Society.
- The Communications department was prepared with a data bank of messages and infographics that served as the basis for the timely dissemination of key content.
- This CVA program carried out a robust CEA component. This was critical to make sure the participants retrieved the assistance, solved any issues, among other.

**Challenges**

The Operations Managers and CVA officers rotations implied a considerable increase in programmed expenses, as well as caused delays in deliveries and failure to meet planned deadlines.

- No local expertise

**Health**

**Budget:** CHF 42,281

**Targeted Persons:** 10,000

**Assisted Persons:** 19,238

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># people reached with health and hygiene promotion activities</td>
<td>10,000</td>
<td>19,238</td>
</tr>
<tr>
<td># of people reached by mental health and psychosocial support in the community</td>
<td>2,000</td>
<td>3,664</td>
</tr>
<tr>
<td># of people receiving disease and epidemic prevention and control kits, including mosquito nets</td>
<td>2,000</td>
<td>2,000</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

The response in the health sector, including those related to mental health and psychosocial support, was carried out in a coordinated and coordinated manner with other sectors, institutions and key actors, reaching a greater number of the affected population in the context of the emergency. In this sense, the actions developed by CRD received technical and financial support from UNICEF, PAHO/WHO DOR, local and national authorities of the MSP, INAPA and other sectors, in addition to the inputs and materials provided by CRD that facilitated the first response interventions and implementation of subsequent actions.

The health teams conducted 37 rapid health assessments in temporary shelters and communities in the provinces of Barahona, Dajabón, Santo Domingo, Distrito Nacional, Elías Piña, San Cristóbal, Azua, La Altagracia, La Romana, San Pedro de Macorís, Monte Plata and San Cristóbal, identifying needs related to health, water, sanitation and hygiene, psychosocial support, food, mosquito nets, medicines, materials and basic supplies. In addition, in the context of cholera, rapid water, sanitation and hygiene needs assessments have been
carried out at the migrant care center in Dajabón and Elías Piña, Pedernales, Barahona, Distrito Nacional and Santo Domingo Este. Beneficiaries (14,578): women (5,248), men (5,685) and unknown sex (3,645).

In response to the floods, community-based epidemiological surveillance actions were reinforced, including home visits and identification of cases of acute febrile illnesses, to whom the necessary information and recommendations were provided to avoid complications by going to the nearest health center in a timely manner. With these actions, 3,398 homes were visited and 693 cases of fever were identified in affected communities. Beneficiaries (13,020): women (5,885), men (5,517) and unknown sex (1,618).

Health promotion, basic hygiene and disease prevention:
Community awareness is a key element in changing habits and healthy lifestyles, which is why, through the actions carried out to promote health, basic hygiene and disease prevention (talks, meetings, community forums), 19,238 people have been reached in the communities affected by the floods of 2023, corresponding to the provinces of Azua, Bahoruco, Barahona, Dajabón, Independencia and Elías Piña. Also, 3,867 information, education and communication (IEC) materials were distributed, such as flyers, brochures, posters, stickers, etc., with messages about health promotion and basic and menstrual hygiene, prevention and control of acute communicable diseases such as dengue and cholera, Protection against Sexual Exploitation and Abuse (PEAS), among others. Beneficiaries (19,238): women (7,348), men (7,799) and unknown sex (4,091).

Prevention and control of vector-borne diseases:
2,914 untaditas kits (1 per family) and 2,680 mosquito nets (1 per family) including supplies and materials have been distributed as part of the “Cloro Untado, tanque Tapao” campaign to properly store water in tanks and prevent vector-borne diseases for families in affected territories. In addition, larvicides were applied in 2,914 homes. As part of the vector prevention and control actions, during the home visits, the containers used for water storage were observed, of which, tanks/tinacs constitute 41% (3,970/9,713), as the main water storage container in the homes visited. Of these, 18% (1,745/9,713) were positive and 100% were eliminated. It is important to note that 18% (715/3,970) of the tanks/tinacs were positive at the time of the visit. Beneficiaries (17,605): women (6,902), men (6,617) and unknown sex (4,086).

Prevention and control of waterborne diseases, acute diarrheal diseases (ADD), including cholera:
A campaign for the prevention and control of cholera and other waterborne diarrheal diseases (WDD) in the context of emergencies is implemented with outreach to 2,500 families with distribution of cholera prevention and control kits that include oral rehydration salts, containers for their preparation and conservation, soap, chlorine and IEC material on chlorine dosage for water treatment according to the container and use. In addition, CRD distributed 6,288 bottles of liquid chlorine and 3,398 disinfectant sprays (1 per family). Beneficiaries (9,218): women (2,578), men (2,231) and unknown sex (4,409).

Mental Health and Psychosocial Support (MHPSS) in emergencies:
In communities affected by floods, psychosocial support has been provided in communities prioritized for interventions in affected provinces, benefiting 3,664 children and adolescents under 12 years of age. Beneficiaries (3,664): females (1,765), males (1,894) and unknown sex (5).

Lessons Learnt
- The health assessments provided clarity on the actions that needed to be implemented to respond to the needs of the population.
- The operational strategy considered actions to respond to the diseases prevalent in the emergency: cholera and dengue fever.
- It is necessary to have a protocol to act against the contagion of volunteers and to consider the protection of volunteers during operations that could expose their health, through the acquisition of adequate protection kits for prevalent diseases.

Challenges
- It was necessary to reconsider the quantities of supplies and kits to be delivered, since, due to the lack of complete information on those affected, purchases were not sufficient. This made it necessary to resort to new procurement processes to cover the missing deliveries.
- Health activities had to be halted for some time due to delays in the arrival of supplies that were purchased outside the country.
- Some medical supplies could have been purchased locally, which would have prevented delays in deliveries.

Water, Sanitation And Hygiene

Budget: CHF 154,425
Targeted Persons: 10,000
Assisted Persons: 10,000
Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with menstrual hygiene kits</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td># of families reached with water buckets for safe water consumption</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td># of families reached with hygiene kits</td>
<td>2,000</td>
<td>1,450</td>
</tr>
</tbody>
</table>

Narrative description of achievements

The WASH services provided during the response was coordinated manner with other sectors, institutions and key actors. This allowed the Dominican Red Cross to reach a greater number of people of the affected population. The actions developed by Dominican Red Cross received technical and financial support from UNICEF, PAHO/WHO, local and national authorities of the Ministry of Public Health, INAPA and other sectors, in addition to the inputs and materials provided by CRD that facilitated the first response interventions and implementation of subsequent actions.

The National Society monitored water treatment, storage and use through home visits and water quality tests in 2,317 homes, identifying levels of residual chlorine from 0 to 8.2 (average = 2.8) and pH from 0.8 to 8.8 (average = 5.2). Likewise, 3,659 buckets (1 per family) were distributed for the proper storage of water at the household level in the communities affected by the floods of June 2023, and which have a tendency to increase acute diseases with epidemic potential, especially against dengue and cholera.

In response to cholera and diarrhoeal diseases identified in the affected communities, 9 water supply points were installed in the Elias Píña province with the support of UNICEF. In the province of Barahona, a response was provided to the health emergencies related to the outbreak of diarrhoeal disease and cholera in the communities of La Ciénaga, Bahoruco, Chifino, Arroyo, Quemaito, Juan Esteban and Los Cocos, with the support of inputs and materials from IFRC-DREF Floods, CRD, UNICEF and PAHO/WHO DOR, in coordination with local and national authorities of the MSP, INAPA and other sectors.

Basic family hygiene kits were delivered along with an awareness talk on basic hygiene and the distribution of IEC materials relevant to the subject. For this awareness-raising activity, trained volunteers are available to address the different age groups.

Lessons Learnt
- The health assessments provided clarity on the actions that needed to be implemented to respond to the needs of the population.

Challenges
- Since the National Society did not have selection criteria for the population to be assisted, it was necessary to wait for the complete census information before making deliveries. This caused a delay in the delivery of kits, which were delivered in October, when they should have been delivered two months earlier, and also increased the price.

Protection, Gender And Inclusion

<table>
<thead>
<tr>
<th>Budget</th>
<th>CHF 2,130</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Persons</td>
<td>2,000</td>
</tr>
<tr>
<td>Assisted Persons</td>
<td>2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of branches strengthening their capacities in PSEA (Protection from Sexual Exploitation and Abuse)</td>
<td>24</td>
<td>24</td>
</tr>
</tbody>
</table>
# of people receiving information on Protection from Sexual Exploitation and Abuse (PSEA) | 2,000 | 2,000

**Narrative description of achievements**

2,000 women were sensitized on PSEA within the framework of the activities of the health area and 24 volunteers were trained in PSEA, which supported the work of sensitization and identification of possible cases. In addition, PSEA material was handed out to the beneficiaries in all hygiene kit distributions.

**Lessons Learnt**

- The operations teams have developed key partnerships with United Nations agencies (UNICEF, WFP, PAHO/WHO, for example) where the capacity of volunteers has increased.
- Key tools have been improved to incorporate PGI aspects into rapid assessments and the delivery of timely, adequate humanitarian assistance through partnerships with local and community actors.
- It is important to go to the communities to understand the feasibility of the intervention. It is not just about delivering a code but considering the journey they have to make to get the service.

**Challenges**

- It is challenging to implement the minimum Protection, Gender and Inclusion standards during emergencies due to lack of human and material resources.
- The different National Society teams implementing activities in the field are often not aware of the risks associated with protection, gender and inclusion. Therefore, more training at the branch level is necessary, especially in border areas.
- No expertise at the National Society
- Limited IM support

**Community Engagement And Accountability**

**Budget:** CHF 4,260  
**Targeted Persons:** 10,000  
**Assisted Persons:** 10,000

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of lessons learned workshops</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td># of people reached through dissemination of key information and messages</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Percentage of people satisfied with receiving distributions in good quality and with dignity</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td># of volunteers trained in CEA</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td># of communications plans developed</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Narrative description of achievements**

Within the framework of the Cash Transfer Program and with the support of the IFRC, the Dominican Red Cross developed a script of key messages, that were implemented in community work to help communities understand the work of the Red Cross, cash transfers, selection criteria, and how to receive cash to ensure quality service and minimize the risks identified. The modality of how to transmit
these messages is pending, as is the distribution of brochures with detailed information. In addition, planning included, together with the presidents of the municipalities and community leaders, community workshops/meetings to ensure accountability with the community, and information on what we do and why we have done it this way. Post-distribution monitoring was carried out through a questionnaire where the affected people could respond through a QR code or through Kobo/RedRose collect.

Lessons Learnt

The CEA approach should be implemented from the beginning of the operation to ensure that the intervention responds adequately to the population’s requirements, that trust is generated in the institution and that feedback mechanisms are established to listen to the recommendations of the assisted population.

As part of the implementation of the Community Engagement and Accountability (CEA) approach, the information obtained through the Lessons Learned Workshop (at the community level) was complemented by Focus Group Feedback and key informant interviews were conducted with members of the Azua and Barahona communities. Dominican Red Cross volunteers provided their opinions and suggestions on the assistance received and how it could be improved in future opportunities. Among the most salient findings were the relevance of the contents of the hygiene kits, menstrual health kits, and cash deliveries to cope with the consequences of the tropical storm and floods, as they helped protect the population from the spread of vector-borne diseases and provided basic supplies to safeguard their dignity during this stage. Likewise, both community members and volunteers recognized the added value of receiving information to accompany the deliveries, both for informative purposes (about the contents, their use, and disease prevention) and logistical purposes (procedures to be followed during deliveries). Finally, recognition was given to the good treatment provided by the institution’s staff and volunteers.

Among the areas for improvement, the community pointed out that schools could be a better place to deliver menstrual hygiene kits upon since they are places where girls feel safer. Likewise, they requested that deliveries should not only be accompanied by brief talks but should also contain written material to be consulted at home. In addition, they requested that the contents of the kit be agreed upon with the community in advance, since not knowing the contents made it difficult for the elderly or people with disabilities to travel. They also requested that deliveries be announced in a timely manner and be made as punctually as possible. Volunteers requested more training on emergency operations and reinforcement of communication channels within the branch and with Headquarters.

Challenges

- The information on the emergency and the implementation of the operation arrives in different formats and sometimes untimely, depending on the area of the National Society that issues it, which increases the time needed to process the data and provide a timely response to the requesting area.
- The CEA training raised awareness among the volunteers on the subject.
- The induction on the scope of the operation and the activities to be carried out was useful for staff and volunteers since it allowed them to know in advance what was expected of them.
- The CEA approach should have been implemented from the beginning of the operation, from the damage and needs assessment stage.

Secretariat Services

Budget: CHF 77,213
Targeted Persons: 0
Assisted Persons: 0

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of rapid response personnel deployments</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td># vehicles rented for the operation</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Narrative description of achievements

This operation counted on very high expertise for its implementation having into account that this is the first time the NS considered a big amount for CVA in many years. Having into account also the limited staff of the NS and in order to strengthen the response capacity...
the following surge member were deployed:

• 3 operations Manager during 3 months (Swedish Red Cross, Canadian Red Cross, Mexican Red Cross)
• 3 CVA coordinators during the whole operation. It is important to mention that even though it was planned to have the CVA coordinator for 1 month, thanks to the support of the American Red Cross and the Canadian Red Cross, some of the SURGE positions were directly funded by them, leaving space to have more support on CVA. The operation counted on 2 deployments of CVA coordinators and also the deploy of ARO CVA team in two occasions.
• It was not possible to find a candidate for the IM deployment through the SURGE mechanism. Alert was suspended.
• A CEA officer was deployed for 2 months providing a unique support to the NS in the conformation of a CEA team and following up on the CVA component.
• 3 vehicles were rented for x 5 months to support the operation.
• Having into account that some of the SURGE deployments were covered by the American Red Cross and the Canadian Red Cross, and the constant need for visibility during the operations, visibility items were purchased for the CCD.

Lessons Learnt

- The deployment of personnel in Surge mode allowed the National Society to have the support of professionals specializing in emergency operations, who contributed significantly to the technical level of the operation. It would be better to have profiles for longer term (2 or 3 months) instead of 1 every month because the handover process can take longer than expected.
- The operations team should consider resources and availability for the rental of vehicles to fit the appropriate number of people working on the response and meet the needs of the operation (size and conditions), so that the vehicles do not have problems accessing areas with limited access, consume more fuel than expected, or run the risk of becoming disabled during a transfer.

Challenges

During the lessons learned workshop, it was identified that the inclusion of all areas of the National Society, including branches, in the planning stage of the operation would have accelerated the programmatic and support processes.

National Society Strengthening

Budget: CHF 79,492
Targeted Persons: 0
Assisted Persons: 0

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of volunteers receiving uniforms and personal protective equipment</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td># of insured volunteers</td>
<td>250</td>
<td>156</td>
</tr>
<tr>
<td>Lessons learned workshop conducted</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Narrative description of achievements

- All personnel budgeted for the implementation of the operation was hired accordingly.
- 250 volunteers from the affected provinces received visibility items (caps, vests and t-shirts)
- 156 volunteers insured. It was not possible to complete the insurance process because of delays in receiving the names of the persons to be insured.

Lessons Learnt

- The National Society's volunteers are trained to implement first response actions and the contracted staff has experience with field operations.
- The National Society will work on strengthening procedures for monitoring volunteers during their activities, considering not only the execution of the activities, but also their health status and needs.
- The Operations team should share the scheduling of activities and the progress of the operation with the Support Areas in a timely manner, so that they can organize the necessary logistics, especially when relocation or vehicle contracting is required. This could be done through monthly meetings, WhatsApp groups or in writing, as deemed most efficient.

- Review the purchasing processes to see if it is possible to simplify some of the stages. Also, work on an official list of qualified suppliers so as not to have to resort to foreign suppliers when purchases can be made locally. Furthermore, the National Society should consider integrating software to streamline purchasing processes.

- It is important to have pre-established lists of volunteers at branch level in order to facilitate the insurance process.

**Challenges**

- The information on the emergency and the implementation of the operation arrives in different formats and sometimes untimely, depending on the area of the National Society that issues it, which increases the time needed to process the data and provide a timely response to the requesting area.

- A review of the per diem table of the institution is necessary. The amounts granted correspond to the expenses of the place of destination and not to the position of the staff. This will allow everyone to be in the same position to disburse the amounts required without personal detriment.

- The complementary health insurance for volunteers is a challenge. It currently only covers accidents, with a policy that can cover medical attention in case of contagion of diseases, due to their constant exposure during the operation. In the case of infected volunteers, there should also be an action protocol.
Financial Report

DRED Operation

FINAL FINANCIAL REPORT

MDRO0015 - Dominican Republic - Floods June 2023
Operating Timeframe: 18 Jun 2023 to 30 Nov 2023

I. Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO01 - Shelter and Basic Households Items</td>
<td>44,623</td>
<td>88,051</td>
<td>-43,428</td>
</tr>
<tr>
<td>PO02 - Livelihoods</td>
<td>94,231</td>
<td>90,145</td>
<td>4,086</td>
</tr>
<tr>
<td>PO03 - Multipurpose Cash</td>
<td>42,280</td>
<td>48,410</td>
<td>-6,129</td>
</tr>
<tr>
<td>PO05 - Water, Sanitation &amp; Hygiene</td>
<td>154,425</td>
<td>54,788</td>
<td>99,637</td>
</tr>
<tr>
<td>PO06 - Protection, Gender and Inclusion</td>
<td>2,130</td>
<td>2,141</td>
<td>-11</td>
</tr>
<tr>
<td>PO07 - Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO08 - Migration</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO09 - Risk Reduction, Climate Adaptation and Recovery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO10 - Community Engagement and Accountability</td>
<td>4,960</td>
<td>1,943</td>
<td>2,017</td>
</tr>
<tr>
<td>PO11 - Environmental Sustainability</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Planned Operations Total</td>
<td>341,950</td>
<td>285,478</td>
<td>56,472</td>
</tr>
<tr>
<td>EA01 - Coordination and Partnerships</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EA02 - Secretarial Services</td>
<td>77,212</td>
<td>54,145</td>
<td>23,067</td>
</tr>
<tr>
<td>EA03 - National Society Strengthening</td>
<td>79,492</td>
<td>79,797</td>
<td>-305</td>
</tr>
<tr>
<td>Enabling Approaches Total</td>
<td>156,764</td>
<td>133,942</td>
<td>22,822</td>
</tr>
<tr>
<td>Grand Total</td>
<td>498,654</td>
<td>419,421</td>
<td>79,233</td>
</tr>
</tbody>
</table>

Please explain variances (if any)

A total of CHF 498,654 was allocated from the IFRC-DREF Fund for the implementation of this DREF Operation. The Dominican Red Cross spent a total of CHF 419,421. The remaining balance of CHF 79,234 will be returned to the Disaster Response Emergency Fund (DREF).

The most significant variances in the budget versus the actual expenditure include:

Logistics: Some cost estimates for transport and vehicle costs were lower than expected.
International staff: Staff initially considered within the IFRC-DREF were mostly covered by the Canadian Red Cross and the American Red Cross, so there was a significant saving on that budget line.

Operational costs: These were higher than budgeted, especially for the mobilization of volunteers several times for the same activity. In most cases due to weather conditions or sometimes due to deficiencies in the planning of the activities. This topic was discussed at length in the lessons learned workshop.

Travel costs: These were higher than expected, considering the high costs to get to the Dominican Republic, especially from Central America.
Contact Information

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

**National Society contact:** Altagracia Capellán Castaño, Director, Relief and Risk Management, dir.sgr@cruzroja.org.do

**IFRC Appeal Manager:** Elias Ghanem, Head of Country Cluster Delegation, elias.ghanem@ifrc.org

**IFRC Project Manager:** Nicolás Segura, Coordinator, Disaster Risk Management, nicolas.segura@ifrc.org

**IFRC focal point for the emergency:** Nicolás Segura, Coordinator, Disaster Risk Management, nicolas.segura@ifrc.org

**Media Contact:** Eduardo Rosario, Head of Communications, enc.com@cruzroja.org.do

[Click here for reference]