

# OPERATION UPDATE

## Jamaica | Hurricane Melissa

|  |   |
|--|---|
| <b>Emergency appeal №: MDRJM005</b><br><b>Emergency appeal launched: 29/10/2025</b><br><b>Operational Strategy published: 11/11/2025</b> | <b>Glide №:</b><br><b>TC-2025-000196-JAM</b>  |
| <b>Operation update #1</b><br><b>Date of issue: 09/12/2025</b>   | <b>Timeframe covered by this update:</b><br>From 29/10/2025 to 28/11/2025                     |
| <b>Operation timeframe: 24 months</b><br>(29/10/2025 - 31/10/2027)   | <b>Number of people being assisted: 180,000 people</b>  |
| <b>Funding requirements (CHF):</b><br>CHF 19 million through the IFRC Emergency Appeal<br>CHF 21 million Federation-wide                 | <b>DREF amount initially allocated:</b><br>CHF 1,000,000 (including CHF 80,000 Imminent DREF) |

To date, this Emergency Appeal, which seeks CHF 19,000,000, is 56.9 per cent funded. Further funding contributions are needed to enable the Jamaica Red Cross, with the support of the IFRC, to continue to address the urgent humanitarian needs of the communities affected by Hurricane Melissa in Jamaica.

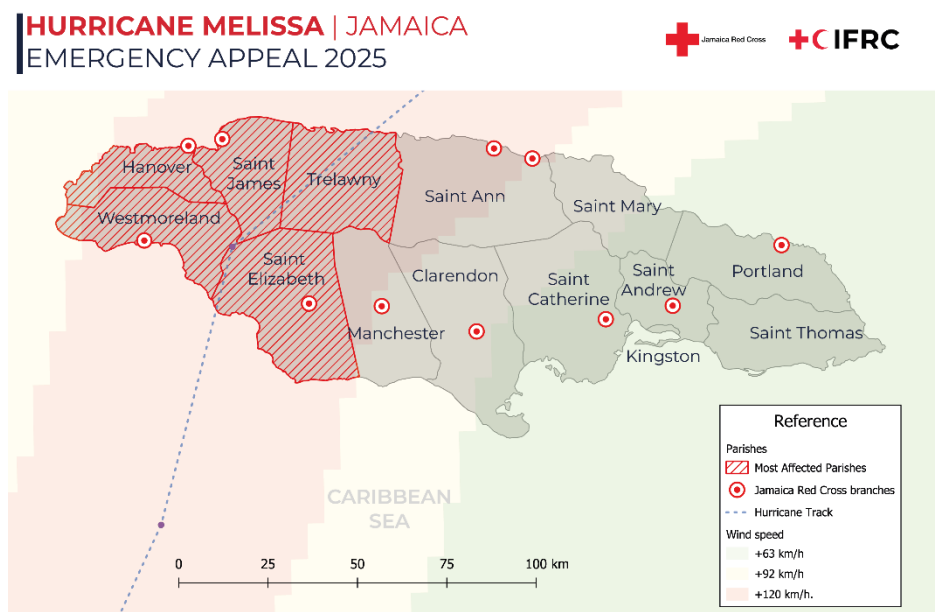


Hurricane Melissa, Petersfield School, Westmorland - Mental Health and Psychosocial Support (MHPSS) Activity. Jamaica Red Cross, 10 November 2025.

# A. SITUATION ANALYSIS

## Description of the crisis

On 28 October 2025, Hurricane Melissa made landfall in Jamaica as a Category Five storm, the strongest hurricane ever to strike Jamaica and one of the most powerful hurricanes to form in the Atlantic Basin. With winds of nearly 300 km (185 miles) per hour, the hurricane caused catastrophic damage across western and southern parishes—particularly St. Elizabeth, Westmoreland, Hanover, St. James, Trelawny, and Manchester. Close to 1.6 million people have been affected and, as of 26 November, 45 deaths have been confirmed, with an additional 32 deaths under investigation; and 17 people remain missing.<sup>1</sup>



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data source: Jamaica Red Cross, NOAA, IFRC. Produced by IFRC ARG IM team, November 2025.

Initial assessments indicate that over 156,000 houses need repair in Western Jamaica, directly affecting around 90,000 families. 113 out of the 881 emergency shelters remain activated island wide hosting approximately 1,441 people,<sup>2</sup> with others hosted in other households or informal shelters. 135 medical facilities suffered damage, including 5 major hospitals, and an average of just over 50% of primary health facilities are closed across five of the most affected parishes. Education services remain disrupted, with 21 tertiary institutions and 679 schools affected nationwide, most severely in the western parishes. Current assessments indicate 239 facilities with severe damage that may delay reopening, 339 with moderate damage that can operate during repairs, and 101 with minor impacts.<sup>3</sup>

At the height of the storm, approximately 77 percent of Jamaica Public Service's customers were without power, and the National Water Commission (NWC) reported a total shutdown of the water supply in Hanover and Westmoreland and severe disruptions in St. James and St. Elizabeth. Despite significant reconstruction efforts, as of November 25, approximately 25 percent of Jamaica Public Service's customers remain without power, while 19 percent of National Water Commission (NWC) customers remain without water.<sup>4</sup> More than 50 percent of health centers in Saint Elizabeth, Saint Catherine and Clarendon have no National Water Commission (NWC) water connections, and about 50 percent of water samples lack adequate residual chlorine content.

Rising groundwater levels and prolonged flooding, in addition to causing further disruption, isolation and damage to buildings and farmland, are further exacerbating significant public health risks. The Government of Jamaica declared

<sup>1</sup> [OPDEM Situation Report as of 28 November 2025. Health Cluster Update Report.](#)

<sup>2</sup> [IOM Caribbean: Hurricane Melissa - Situation Report No. 11](#)









<sup>3</sup> [Jamaica: Hurricane Melissa - Situation Report No. 5; OCHA](#)

<sup>4</sup> [CDEMA Hurricane Melissa Situation Report no. 16 as of 25 November 2025](#)

an outbreak of the bacterial disease Leptospirosis on 21 November. As of 26 November, there were 18 confirmed cases and 6 confirmed deaths. Cases of tetanus have also been recorded.

The World Bank, in coordination with the Inter-American Development Bank (IDB), has estimated that the physical damage to Jamaica caused by Hurricane Melissa totals US\$8.8 billion — equivalent to 41 percent of the country's 2024 GDP— making it the costliest hurricane in Jamaica's recorded history.

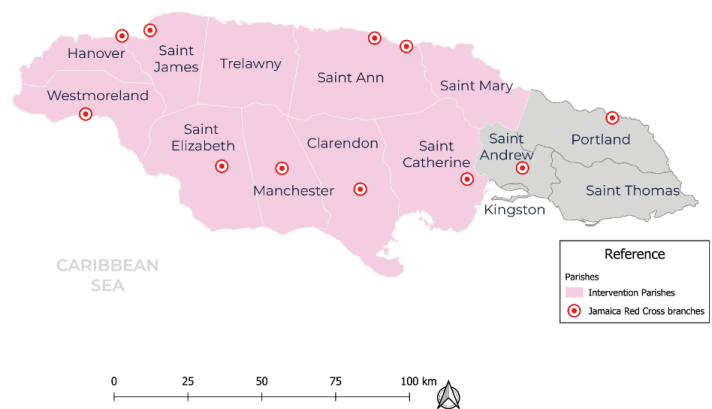
The National Emergency Operations Centre remains at Level 3. After Hurricane Melissa made landfall, the Government of Jamaica declared a national emergency on 29 October and appealed for international assistance. The Jamaica Red Cross, supported by IFRC, launched an Emergency Appeal for CHF 19 million to assist 180,000 people over 24 months.

| DISASTER OVERVIEW (as of 30 November)  |                             |                    |  |                                    |  |
|--|-----------------------------|--------------------|--|------------------------------------|--|
|   | People Affected             | <b>1.6 million</b> |   | Homes in need of repair            | <b>156,000</b>                         |
|   | Educational Centers Damaged | <b>600</b>         |   | Healthcare Institutions Damaged    | <b>135</b>                             |
|   | People displaced            | <b>270,000</b>     |   | People Missing                     | <b>17</b>                              |
|  | Fatalities                  | <b>45</b>          |  | Fatalities caused by Leptospirosis | <b>3 (confirmed)<br/>7 (suspected)</b> |

## Summary of response

The Jamaica Red Cross (JRC), operating as an auxiliary to public authorities in disaster management and emergency response, continues to support response efforts to Hurricane Melissa. With 13 branches, 25 staff, and approximately 2,000 volunteers, JRC is represented in the National Emergency Operations Centre (NEOC) and collaborates with the National Humanitarian Assistance Committee led by the Ministry of Labour and Social Security (MLSS).

### HURRICANE MELISSA | JAMAICA INTERVENTION PARISHES



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data source: Jamaica Red Cross, NOAA, IFRC. Produced by IFRC ARO IM team, November 2025.

Since the launch of the appeal, JRC has reached approximately 1,651 households (~4,953 people) with non-food items (NFIs), including blankets, kitchen sets, shelter tool kits, tarpaulins, cleaning kits, hygiene kits, jerry cans, solar lights, mosquito nets, and mattresses, in the hardest-hit parishes and affected pockets of St. Mary, Portland, and St. Thomas. The JRC has also supported an estimated 7,605 people with food assistance through 1,978 packages. Additional support has been provided to institutions and government entities, including infirmaries, children’s homes, the Ministry of Justice, health facilities, and municipal corporations. Shelter support continues, including the distribution of 67 mattresses at the Petersfield High School Shelter in Westmoreland.

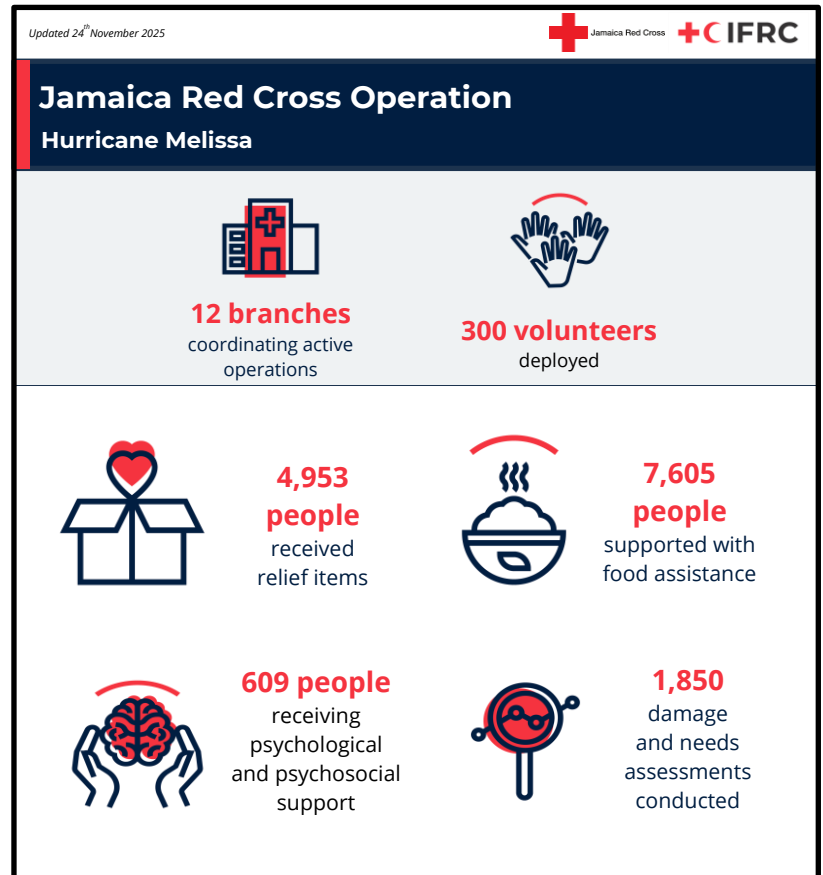
Mental Health and Psychosocial Support (MHPSS) teams have reached over 609 people (421 adults and 188 children) in the parishes of Manchester, St. Elizabeth, St. James, Hanover, and Westmoreland. MHPSS volunteers have consistently joined and supported distribution activities ensuring MHPSS presence and early support for individuals. Stand-alone MHPSS activities have been conducted in shelters with high needs such as Petersfield High school including group psycho education, child-friendly activities and individual psychological support.

Group activities were conducted in the Petersfield and Maude McLeod shelters in Westmoreland. In collaboration with the Ministry of Health and Wellness, JRC volunteers also supported the clean-up and debris removal at the Petersfield and Darliston health centres on 15 November 2025, helping move both facilities closer to the resumption of primary health services. Through funding from the IFRC Emergency Appeal, a heavy-duty equipment operator was engaged to accelerate this clearance work.

Household damage and needs assessments continue, with 1,850 assessments completed using Jamaica’s Household Disaster Impact and Needs Assessment (JHDINA) tool. The JRC has received approximately 160 tonnes of NFIs from IFRC and Partner National Societies to sustain relief operations and another shipment to Kingston arrived on 22 November, including 1,320 hygiene kits (12 tonnes). Logistics operational efficiency will be strengthened through the staging of mobile storage units, potentially to be installed in Santa Cruz and Black River.

Connectivity has been enhanced through the installation of Starlink units by Télécoms Sans Frontières at four branches, while Vodafone equipped a National Society vehicle with a mobile Starlink unit and established a charging Sstation at the Westmoreland Branch.

Operations are active in 12 branches and, of the 2,000 volunteers, around 300 are currently deployed island wide. The Hanover and Trelawny Branches are receiving reinforcement from National Headquarters and IFRC, and the Country Cluster Delegation (CCD) have deployed surge personnel to strengthen the National Society’s response capacity.



# Needs analysis

## Needs analysis

All organizations operating in Jamaica under the Hurricane Melissa response have been mandated to utilize the government-approved Jamaica Household Disaster Impact and Needs Assessment (JHDINA) tool. This assessment is owned by the Ministry of Labour and Social Security (MLSS) and curated by the Office of Disaster Preparedness and Emergency Management (ODPEM), with technical support from major humanitarian actors. Governance of this national, cross-agency assessment is facilitated through working groups co-chaired by the Jamaica Red Cross (JRC), ensuring standardized data collection and analysis across all sectors.

As of 24 November, approximately 19,000 JHDINA surveys have been completed collectively by multiple organizations across 13 parishes, though no data has yet been received from Westmoreland. While significant assessment activity has occurred in this parish, volunteers from multiple organizations were required to use traditional paper-based forms due to prolonged power outages in affected communities. This reliance on manual data collection has created a bottleneck in processing and interpreting results, as forms must be digitized before analysis. Current estimates indicate that 1,800 paper-based surveys from Westmoreland are pending digitization.

These assessments confirm critical needs for shelter, livelihoods, WASH, multi-purpose cash, protection, gender and inclusion (PGI), community engagement and accountability (CEA), and risk reduction, climate adaptation, and recovery.

## Shelter

Shelter needs remain high, with 87 percent of respondents listing building materials and 27 percent listing tarps among their top 5 needs. Housing damage is widespread: 40 percent of households reporting minor damage, 34 percent major damage, and 12 percent destroyed, leaving only 2 percent unaffected. While over 80 percent of households own their homes, insurance coverage is negligible at about 1 percent, suggesting a limited capacity for self-repair. Westmoreland shows the most severe impact, with one-third of homes destroyed. These findings highlight the urgent need for repairs and targeted reconstruction in the hardest-hit parishes.

## Livelihoods

Livelihoods support was not identified as a major priority among respondents, with only 1.3 percent of respondents ranking it within their top five needs. However, data suggests that households have experienced notable disruptions to their means of production. Sixteen percent reported losses to productive assets, primarily in agriculture. Crop losses accounted for eight percent of respondents, while livestock losses were reported by four percent. These figures indicate that while direct livelihood assistance may not be perceived as urgent, the impact on productive assets could have longer-term implications for household recovery and resilience.

## Health and Care

Within ten days of the start of the operation it became clear that health facilities across the heavily impacted areas had been damaged to varying degrees and health services severely disrupted generally. Resulting from a request by the Ministry of Health and Wellness (MOHW), the IFRC was asked to provide mobile health clinics to support the struggling primary health care system. The Canadian Red Cross Health ERU was deployed, and an operational model was agreed with MOHW. Currently, two mobile units are operational in Westmoreland, providing primary health care in Bethel Town (since November 27) and Petersfield (since November 28). Three additional units are under

consideration, with discussions ongoing with MOHW to identify priority sites. Also, the ongoing Leptospirosis outbreak highlights the fragile state of healthcare provision and the need for targeted health messaging.

Hurricane Melissa has also created a significant emotional and psychological burden, especially for children whose routines, schooling, social connections, and basic needs have been severely disrupted. Many are struggling to process loss, displacement, and the sudden breakdown of communication and daily structure. National mental health authorities report widespread stress, anxiety, and grief, emphasising the importance of maintaining social connection, checking in on others, and restoring routines to support coping. In response to these needs, the Ministry of Health has expanded its psychosocial and mental health outreach and is mobilising trained volunteers, including from the Jamaica Red Cross, to provide community-based support and ensure timely referral for those not coping.

## **WASH**

Hygiene needs are significant, with 18 percent of respondents listing hygiene kits among their top five priorities for both adults and children. This highlights gaps in basic supplies, especially for larger households where women are overrepresented, with 38 percent of women in homes of three or more and 17 percent in households of six or more, and for older adults who account for 34 percent of the population. This data suggests that hygiene kit distributions should be considered a priority.

Additionally, the Leptospirosis outbreak underscores the high exposure to contaminated flood waters, as well as broader sanitation- and vector-related disease risks.

## **Basic needs**

Following Hurricane Melissa, household-level data showed need for food (55%), building materials/shelter repair (28%), and water (7.5%) as the top priorities based on JHDINA surveys. Elevated vulnerability for the worst-affected parishes (St. Elizabeth, Westmoreland, Hanover, St. James, and Trelawny) demonstrates that basic needs are high and will likely last into the recovery period. Government and Jamaica Red Cross distributions are ongoing, but gaps remain in service and access. For example, localized inflation and access barriers have inflated market prices, e.g., taxi fares rising from JMD 350 to as high as JMD 1,500 per trip in some impacted corridors. However, market capacity is expected to normalize for essential goods by mid-December. In this context, a multipurpose cash assistance program is well-suited, with a minimum expenditure basket being calculated jointly with the JRC and validated among the Cash Working Group for harmonization purposes.

## **Protection, Gender and Inclusion (PGI)**

Women, who represent 57 percent of respondents, are more likely to live in larger households—with 38 percent in homes of three or more people and 17 percent in households of six or more—while men, though slightly more represented in smaller households (27 percent in homes of two or fewer), also predominantly live in larger households. The responding population is older overall, with 34 percent aged 60 and above, and elderly presence is significant at the household level, with 39 percent of households reporting at least one older person. Disability prevalence is lower but notable, with 5 percent of households reporting at least one person with a disability. These patterns point to heightened protection and care needs in female-headed and multi-generational households, as well as the importance of accessible services for older adults and persons with disabilities. A total of 673 households surveyed in impacted areas include pregnant women.

## Operational risk assessment

The Jamaica Red Cross is facing significant barriers in its emergency response to Hurricane Melissa that include:

- **Limited humanitarian access to remote areas:** Several remote communities remain hard to reach. Blocked roads and debris slow movements and limit how fast teams can reach people.
- **Logistical constraints:** The National Society warehouse at its headquarters in Kingston are full and storage options outside the capital remain scarce because many facilities in the affected areas were damaged. Entry point congestion and several donor shipments arriving at the same time and place put pressure on government customs clearance. Road access to western and southern parishes is disrupted. The National Society has limited logistics capabilities and is working at full capacity with fleet, transport, and procurement processes stretched.
- **Technical and human resource challenges:** Full staff and volunteer networks are unavailable, with some personally affected by damage and losses. The influx of untrained spontaneous volunteers requires supervision, and IT capacity needs strengthening as most systems are still handled manually.
- **Security challenges in affected parishes:** Infrastructure damage, including impassable roads, power outages, and disrupted communication, has increased the risk of looting and placed distributions, convoys, and storage sites at higher risk. Traffic congestion and stretched emergency services reduce response capacity, increasing operational risk for personnel and assets.
- **Communication constraints:** Damage to power and network infrastructure, is limiting the ability to liaise effectively with Red Cross volunteers, branch networks, and local authorities. Disruptions have slowed coordination, and the lack of standardized protocols, limited use of multiple channels, inconsistent training, and absence of centralized data storage further restrict operational efficiency.
- **Continued heavy rains and unstable slopes:** Continued rains may worsen flooding and landslides, potentially blocking access to some communities.
- **Health Risks to Staff and Volunteers:** The operation poses multiple health risks that could affect both affected communities and response personnel. Leptospirosis, a major concern due to widespread floodwaters, has prompted an official outbreak declaration by the Minister of Health, with 18 confirmed cases, and six confirmed deaths. Tetanus is also a risk in debris-clearing environments, with two confirmed cases in Westmoreland and St. Elizabeth. In addition, vector-borne diseases such as Dengue, Zika, and Chikungunya present an elevated risk because of increased standing water after the hurricane, although a surge in cases has yet to be observed. Power outages also disrupt the supply of fuel, jeopardizing the operations of pumping stations and its provision of safe water.
- **Information Management:** Timely reporting of relief distributions has been affected by the use of paper-based distribution forms during community distributions. This approach was necessary in areas with prolonged power and connectivity outages but introduces delays in data processing and limits real-time visibility of items reaching households. Current estimates rely on warehouse dispatch records and reconciliation of returned items, which provide an interim proxy but do not confirm final delivery to beneficiaries. To address this gap, a mass digitization process of paper distribution records is underway. Once completed, these digitized records will be cross-verified against dispatch data to produce validated figures reflecting actual community-level distributions. This process will ensure compliance with accountability standards.

Despite these challenges, the JRC, with the support from the IFRC Secretariat and Movement partners, continues to expand its humanitarian reach and refine its response strategies that build on input from community level engagement, observation and coordination with other local actors.

## B. OPERATIONAL STRATEGY

### Update on the strategy

Since the start of the operation in late-October, changes in the response environment have necessitated updates to the [Operational Strategy](#) published on 11 November, 2025.

An outbreak of Leptospirosis resulting from the vast areas of stagnant and polluted water left behind by Hurricane Melissa has called for the operation to also support the JRC and the Government response, primarily through targeted risk communication using multiple channels (aligned with MOHW key messages), through preventative and curative measures in Health ERU activities, through advocacy with the WASH Cluster and Hygiene Promotion (HP). An awareness campaign in support of the Government has been launched, initially through messaging at all distribution centres. HP activities have ramped up, and additional HP expertise may be sought from within the region and globally, if necessary.

The multipurpose cash program designed and included in the Operational Strategy to promote dignity of the affected population while covering their basic needs suffered a slight change as a consequence of the market assessment and feasibility analysis being finalized—an increase in prices was identified and a larger Minimum Expenditure Basket (MEB) was calculated jointly with JRC. Thus, the overall target was reduced by 215 households as the transfer value was slightly increased (roughly +10 CHF) per household. Besides the MEB, the minimum wage was also included as a parameter for the calculation of the transfer value.


The lack of robust coordination on the island has brought an influx of organizations with no specific areas of operation, leading to both overserved and underserved populations. The operation subsequently increased its initial target areas to reach underserved and, in some cases, remote communities that were impacted by the hurricane but not within the 5 parishes of Manchester, St. Elizabeth, St. James, and Westmoreland, which were heavily impacted. These include the parishes of Trelawny, St. Ann and St. Mary. This has necessitated the mobilization of additional volunteers from an already overstretched pool, further complicated by reduced numbers as many in the 5 hardest-hit parishes themselves have been impacted.

Volunteers from Kingston and St. Andrew and St. Catherine are being moved across the island to fill the gap, and there is limited further capacity to support Trelawny, St. Ann and St. Mary. JRC's Headquarters staff are heavily relied upon to support field operations, which leaves gaps in regular day-to-day activities. Recruitment of additional staff to bolster an already overstretched management is underway. The need for a robust volunteer recruitment campaign is also a priority moving forward.

The indicators included below have been reviewed and updated for each strategic sector of intervention to better reflect the key interventions and progress achieved.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
|  <b>Shelter, Housing and Settlements</b> | <b>Female &gt; 18:</b><br>8,556 | <b>Female &lt; 18:</b><br>2,852 |
|   | <b>Male &gt; 18:</b><br>8,319   | <b>Male &lt; 18:</b><br>2,773   |

|                   |  |
|-------------------|--|
| <b>Objective:</b> | <i>Communities in crisis-affected areas are supported in restoring and strengthening their well-being and dignity through the provision of essential items, and in restoring their homes with conditional cash assistance.</i> |
|-------------------|--|

|                        | Indicator   | Actual | Target              |
|------------------------|---|--------|---------------------|
|                        |   |        |                     |
| <b>Key indicators:</b> | <i>Number of households provided with shelter relief items (tarpaulins and shelter tool kits)</i>   | 1,558  | 7,500 (DREF: 2,000) |
|                        | <i>Number of households provided with essential household items (kitchen sets, mattresses, blankets, solar lamps)</i>                           | 1,366  | 7,500 (DREF: 2,000) |
|                        | <i>Number of households supported with the necessary roofing materials or financial assistance contributing to repairs for durable shelter.</i> | 0      | 1,000               |
|                        | <i>Number of households supported with financial assistance to cover labor for the roof repairs.</i>  | 0      | TBD                 |
|                        | <i>Number of carpenters, masons, and community members trained in "Build Back Safer" principles.</i>  | 0      | TBD                 |
|                        | <i>Percentage of surveyed people whose households received shelter-based assistance is satisfied with support provided</i>                      | 0      | 80%                 |

#### Actions during reporting period:

The following items have been distributed: 4,099 blankets, 238 kitchen sets, 1,558 shelter tool kits, 3,917 tarpaulins, 305 solar lights, 2,017 mosquito nets and 67 mattresses.

#### Planned next steps:

Design of shelter strategy for the repair of roofs, including training of carpenters and community members in BBS techniques, provision of construction materials as per need and construction support by trained carpenter teams.



## Livelihoods

|                                 |                               |
|---------------------------------|-------------------------------|
| <b>Female &gt; 18:</b><br>2,852 | <b>Female &lt; 18:</b><br>951 |
| <b>Male &gt; 18:</b><br>2,773   | <b>Male &lt; 18:</b><br>924   |

**Objective:** *People, community groups, and community-based organisations in crisis-affected areas are supported in restoring and strengthening their livelihoods.*

| <b>Key indicators:</b> | <b>Indicator</b>   | <b>Actual</b> | <b>Target</b>                    |
|------------------------|--|---------------|----------------------------------|
|                        | <i>Number of households receiving conditional cash assistance/vouchers to strengthen and/or recover their livelihoods.</i>                               | 0             | 2,500                            |
|                        | <i>Number of people who completed training in climate-smart livelihoods.</i>   | 0             | TBD                              |
|                        | <i>Percentage of people surveyed whose households received cash/ voucher assistance for livelihoods recovery are satisfied with the amount received.</i> | 0             | 80%                              |
|                        | <i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i>   | 0             | 5-7% of total households reached |

Vendors and customers alike in hard hit areas will struggle to restock basic supplies. In partnership with food producers, roadside vendors and community corner shops will be restocked with basic food items and customers from St. Elizabeth, particularly within those communities will be provided with cash assistance.

With St. Elizabeth being the major source of fresh produce, contributing to both livelihoods and recovery, farmers, fishers and herdsmen will be targeted to receive support to restore livelihoods.



## Multi-purpose Cash

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Female &gt; 18:</b><br>8,310 | <b>Female &lt; 18:</b><br>2,770 |
| <b>Male &gt; 18:</b> 8,081      | <b>Male &lt; 18:</b> 2,694      |

**Objective:** *Communities in crisis-affected areas are supported in restoring their dignity and meeting their diverse basic needs.*

| <b>Key indicators:</b> | <b>Indicator</b>   | <b>Actual</b> | <b>Target</b> |
|------------------------|--|---------------|---------------|
|                        | <i>Number of households who successfully received cash or voucher assistance to cover their immediate basic needs.</i> | 0             | 7,285         |
|                        | <i>Percentage of households that received cash assistance report being able to meet their priority needs.</i>          | 0             | 90%           |

|  |   |                                  |
|--|---|----------------------------------|
| <i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i> | 0 | 5-7% of total households reached |
| <i>Number of staff and volunteers trained in CVA.</i>                  | 0 | 50                               |

**Actions during reporting period:**

- Completed feasibility study, operations plan, and encashment plan.
- Coordinated with the Cash Working Group (CWG).
- Calculation of Minimum Expenditure Basket (MEB), and validation of transfer amount with JRC and CWG.

**Planned next steps:**

- Design AccessRC-assisted registration at Humanitarian Service Points, then test assisted registration and pilot group payments (100 HH).

The IFRC and the Jamaica Red Cross are assessing the justification for a multipurpose cash intervention designed to provide an initial blanket payment to affected households followed by a second payment for the most vulnerable households to help prevent negative coping strategies. The payment mechanisms under review are MoneyGram and potentially debit cards. As connectivity returns, cash enables households to flexibly prioritize food, water, temporary power/fuel, transport, and repair items.

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
|  <b>Health &amp; Care</b><br><i>(Mental Health and psychosocial support / Community Health / Medical Services)</i> | <b>Female &gt; 18:</b><br>68,445 | <b>Female &lt; 18:</b><br>22,815 |
|  | <b>Male &gt; 18:</b><br>66,555   | <b>Male &lt; 18:</b><br>22,185   |

**Objective:** *Strengthen the health of individuals and communities affected by the disaster through community level interventions and the restoration of health systems.*

|                        | <b>Indicator</b>  | <b>Actual</b> | <b>Target</b> |
|------------------------|---|---------------|---------------|
| <b>Key indicators:</b> | <i>Number of people reached through psychosocial support activities.</i>                | 609           | 1,500         |
|                        | <i>Number of people who received psychological support.</i>                             | 0             | 100           |
|                        | <i>Number of staff and volunteers trained in MHPSS.</i>                                 | 0             | 60            |
|                        | <i>Number of staff and volunteers equipped with personal protective equipment (PPE)</i> | 0             | (DREF: 150)   |
|                        | <i>Number of health promotion activities conducted at community level.</i>              | 12            | 10            |
|                        | <i>Number of clinics and shelters supported by the Health ERU.</i>                      | 9             | 5             |
|                        | <i>Number of health facilities supported for rehabilitation.</i>                        | 0             | 3             |


|   |     |         |
|---|-----|---------|
| Number of people reached with hygiene promotion activities. | 415 | 180,000 |
| Number of patients supported by the Health ERU              | 164 | 1500    |

**Actions during reporting period:**

- MHPSS services provided to 609 people (421 adults and 188 children), consisting of basics psychosocial recreational activities, focused psychosocial support sessions and one to one psychological support.
- Online MHPSS workshops for volunteers and an online workshop for Child Protection and Family Services Agency (CPFSA) have been facilitated.
- Online coordination meetings with MHPSS volunteers and twice a week meeting with Ministry of Health and Wellness.
- Health ERU supporting MOHW at rotating clinic sites and at shelter visits. Sites determined week-by-week by MOHW.
- Weekly meetings and frequent messaging with Western Regional Health Authority regarding ERU mobilization and needs.
- Summary of data collection system, RCHIS has been shared with MOHW – awaiting their approval to implement with Health ERU.
- Webinar on Leptospirosis recorded and available for JRC to distribute to staff and volunteers.
- Community Health Messaging on Leptospirosis distributed at distribution sites and with clinicians at every site visited.

**Planned next steps:**

- Stand up support to health clinics in Bethel Town and Petersfield with infrastructure, equipment, supplies, and staff.
- Increase number of clinic-support teams to a maximum of 5.
- Assist rehabilitation of damaged health posts.
- Integration of MHPSS in clinics.
- Community Health messaging.
- Structured MHPSS sessions in targeted communities.
- Increase number of trained volunteers in branches in affected parishes.
- Develop and print Information, Education, and Communication (IEC) material on MHPSS.
- Check in and psycho education session for JRC headquarters' staff.

|   |  |                                 |                                 |
|---|--|---------------------------------|---------------------------------|
|  | <b>Water, Sanitation and Hygiene</b>   | <b>Female &gt; 18:</b><br>8,556 | <b>Female &lt; 18:</b><br>2,852 |
|   |  | <b>Male &gt; 18:</b> 8,319      | <b>Male &lt; 18:</b> 2,773      |
| <b>Objective:</b>   | <i>Ensure that affected communities have access to the means for ensuring a basic level of hygiene, and household-level safe storage of drinking water during the relief and recovery phases, through distribution of hygiene and cleaning items, hygiene promotion campaigns and other initiatives.</i> |                                 |                                 |
| <b>Key indicators:</b>  | <b>Indicator</b>   | <b>Actual</b>                   | <b>Target</b>                   |
|   | <i>Number of households reached with hygiene items (hygiene kits, cleaning kits).</i>  | 1,651                           | 7,500 (DREF: 2,000)             |

|   |     |                     |
|---|-----|---------------------|
| <i>Number of people reached with menstrual hygiene kits.</i>  | 0   | 1,000 (DREF: 500)   |
| <i>Number of households reached with household-level safe storage solutions (e.g., jerrycans, buckets with tap/lid, etc.)</i> | 586 | 7,500 (DREF: 2,000) |
| <i>Number of community clean-up activities conducted in affected neighborhoods.</i>   | 1   | 10 (DREF: 4)        |

**Actions during reporting period:**

- The following items have been distributed: 1,184 cleaning kits, 1,651 hygiene kits, 586 jerry cans and 300 buckets. Additionally, the JRC has distributed 2,306 bottles of water.
- A water filtration system (supported by PIRAC) is operational providing 2,000 litres of water, both for the community and the Cambridge Health Centre in St. James parish.
- Clean-up operations in 12 communities in Black River, Trelawny, and Westmoreland.

**Planned next steps:**

- Provide safe water to 7,500 households.
- Hygiene promotion messaging through local volunteers.

The authorities are tirelessly working together with national and international partners to restore access to drinking water and sanitation. However, to date, around 40% of the systems in the western parishes are still out of service, with the need for clean water and sanitation remaining high.

On 21 November the Ministry of Health and Wellness (MOHW) announced an outbreak of Leptospirosis, a disease transmitted by bacteria that can survive for weeks to months in wet environments once excreted by infected animals. The WASH Cluster was asked by the MOHW to step up its efforts to fight the outbreak. IFRC is supporting the Jamaica Red Cross to ramp up Hygiene Promotion and Health Messaging campaigns and relief item distribution efforts. This is done by distributing government-approved health messaging materials, in the form of flyers, during relief item distributions, alongside the WASH Non-Food Items.

Also, the Jamaica Red Cross is conducting Hygiene Promotion training for volunteers together with UNICEF. The Health, WASH and Shelter Sector coordinators of IFRC and the respective focal points of the Jamaican Red Cross are closely coordinating regarding the most efficient and effective strategy to move forward. However, as indicated by MOHW's request, the scale of the outbreak requires a large-scale, coordinated effort of all Health and WASH partners in the country. At the initiative of the IFRC's WASH Coordinator, the WASH Cluster established a Technical Working Group in response to the Leptospirosis outbreak.

The French Red Cross (Plateforme d'intervention régionale Amérique Caraïbes - PIRAC), working hand-in-hand with the JRC on a bilateral basis, installed a Water Treatment Unit (in Cambridge: St. James Parish). JRC leadership, FRC, municipal authorities and media attended the launch, pictured below. This capacity will support a local health center, while also providing water to the local community.



**Protection, Gender and Inclusion**

Female > 18: N/A

Female < 18: N/A

Male > 18: N/A

Male < 18: N/A

**Objective:**

*Ensure that the affected population has access to and receives assistance in a non-discriminatory and equitable manner, with a focus on addressing the distinct needs of disadvantaged and vulnerable groups, through the implementation of comprehensive protection, gender, and inclusion (PGI) measures.*

**Key indicators:**

| Indicator  | Actual | Target |
|--|--------|--------|
| <i>A Child Safeguarding Risk Analysis is completed.</i>  | 0      | 1      |
| <i>Number of child friendly/safe spaces supported by the Jamaica Red Cross.</i>                          | 0      | 4      |
| <i>Number of mobile child friendly/safe kits provided to staff and volunteers to facilitate outreach</i> | 0      | 30     |
| <i>Number of National Society volunteers and staff who have signed the Code of Conduct.</i>              | 0      | 50     |

|  |   |    |    |
|--|---|----|----|
|  | <i>Number of National Society volunteers and staff trained on PGI, prevention and protection of sexual exploitation and abuse (PSEA) child safeguarding, and Dignity, Access, Participation, Safety (DAPS) framework.</i> | 39 | 50 |
|--|---|----|----|

Actions during reporting period:

- 39 people attended an online (recorded) Child Protection and Safeguarding briefing facilitated for volunteers.
- Key referral numbers for survivors of GBV shared with volunteers together with a short guidance of safe linking.

Next steps:

- Expand PGI training for branch focal points; integrate protection monitoring into distributions.
- Establish Child Friendly Spaces.

RFL Pool is supporting the JRC RFL with implementation of emergency response tools and procedures to ensure coherent Movement response related to Hurricane Melissa operation. Immediate response to the family requests for contact and information is followed by the next phase of response with focus on multifaceted needs of the families and capacity building and training of volunteers. "Asking for news" forms provided by JRC to support quick exchange of family news, connectivity services and hotline management streamlines collection of individual requests. Training of volunteers at the JRC HQ in cooperation with RFL staff and the RFL Pool includes hotline assistance and use of other relevant RFL tools and workflows, e.g., tracing requests, safe referrals and other support mechanisms.



## Community Engagement and Accountability

|   |   |               |               |
|---|---|---------------|---------------|
| <b>Objective:</b>   | <i>Ensure that the affected population and other stakeholders are engaged in the design, implementation, and monitoring of the response operation, to build transparency and trust.</i> |               |               |
| <b>Key indicators:</b>  | <b>Indicator</b>  | <b>Actual</b> | <b>Target</b> |
|   | <i>Percentage of people surveyed who report they know how to provide feedback about the operation.</i>  | 0             | TBD           |
|   | <i>Number of staff, volunteers, and leadership trained on community engagement and accountability.</i>  | 0             | 50            |
|   | <i>Percentage of people reporting that humanitarian assistance is delivered in a safe, respectful, accessible and participatory manner.</i>   | 0             | TBD           |
| <i>Number of post-distribution monitoring mechanisms established.</i> | 0   | 3             |               |

*AccessRC will be engaged in the CEA process.*



## Risk Reduction, climate adaptation and Recovery

|                                  |                                 |
|----------------------------------|---------------------------------|
| <b>Female &gt; 18:</b><br>24,507 | <b>Female &lt; 18:</b><br>8,169 |
| <b>Male &gt; 18:</b><br>23,830   | <b>Male &lt; 18:</b><br>7,943   |

|                        |   |               |               |
|------------------------|---|---------------|---------------|
| <b>Objective:</b>      | <i>Enable communities to reduce their vulnerability to future disasters and climate change impacts, and to strengthen their resilience capacity.</i>  |               |               |
| <b>Key indicators:</b> | <b>Indicator</b>  | <b>Actual</b> | <b>Target</b> |
|                        | <i>Number of multi-purpose needs assessments conducted.</i>   | 1             | 1             |
|                        | <i>Number of communities that have formed Community Disaster Response Teams with the support of the Jamaica Red Cross, with specific roles related to disaster preparedness and risk reduction.</i> | 0             | 10            |
|                        | <i>Number of Community Disaster Response Teams equipped.</i>  | 0             | 10            |
|                        | <i>Number of eVCAs conducted in communities.</i>  | 0             | 5             |
|                        | <i>Number of micro-projects undertaken which support risk reduction, climate adaptation, nature-based solutions and recovery.</i>   | 0             | 15            |
|                        | <i>Implementation of the PER Approach through the utilization of the mechanism to support DRM enhancement in line with the needs of the NS.</i>   | 0             | 1             |
|                        | <i>Number of preparedness infrastructures upgraded or equipped for emergency response (e.g., warehouse facilities, logistics hubs).</i>   | 0             | 4             |

The ability of local communities to anticipate, cope with and recover from disasters and crises, without compromising their long-term well-being is a key focus of the Jamaica Red Cross. Hurricane Melissa has reinforced locally driven resilience building is key to coordinated and timely responses, reduced impacts and faster recovery. Therefore, the National Society must increase its role to accompany, enable, and connect local communities on their journey of building resilience. The Appeal presents an opportunity for the Jamaica Red Cross to focus on a key activity outlined in its Strategic Plan 2021-2025 to achieve its goal of helping people to anticipate, respond to and quickly recover from disasters, which is to train and equip new Community Disaster Response Teams (CDRT) as well as re-train and re-equip existing teams.

CDRTs represent one of the most effective means of building community resilience, empowering and enabling local communities to lead their own resilience building journey. The JRC may target the building of new and re-equipping existing ones in the hardest areas hit by Hurricane Melissa. These teams would form the backbone of disaster risk management actions in vulnerable communities. Additionally, the adaptation and risk reduction capacities of the local communities could also be significantly improved through the execution of micro and medium sized projects, which emerge from community led assessments, such as eVCAs and resultant resilient

action plans. These projects could focus on preparedness and mitigation actions to reduce hazard impacts at the community level.

Hurricane Melissa has also resulted in significant damage to natural defenses such as mangroves and other forests, which increases the vulnerability of local communities to future impacts. The Jamaica Red Cross, being a climate champion National Society with a rich experience in implementing nature-based solutions projects should target the restoration of critical protective ecosystems, such as mangroves and upland forests, which improve climate adaptation, reduce occurrence and/or the impacts of storm surges, riverine flooding and landslides among other hazards and may also safeguard and improve livelihoods. Nature-based solution options may also be included in micro to medium-sized DRR projects in local communities, supported by the JRC.

## Enabling approaches



### National Society Strengthening

| Objective:             | <i>Contribute to improving existing services and capacities by making them more impactful, effective, widespread, and better related to the JRC's mandate and mission.</i> |        |        |
|------------------------|--|--------|--------|
|                        | Indicator  | Actual | Target |
| <b>Key indicators:</b> | <i>HR Review conducted and a report for the implementation of recommendations provided.</i>  | 0      | 1      |
|                        | <i>Number of Branch Organizational Capacity Assessments (BOCA) completed.</i>  | 0      | 2      |
|                        | <i>Number of Branches equipped with a safe and functional home base or Branch Office.</i>  | 0      | 2      |
|                        | <i>Number of volunteers insured for the operation.</i>   | 300    | 300    |
|                        | <i>Strong volunteer management system established to support increased comprehensively trained volunteer pool that provides opportunities for growth and development.</i>  | 0      | Yes/No |
|                        | <i>Resource Mobilisation plan for the JRC developed and implemented.</i>   |        | Yes/No |
|                        | <i>Training in financial planning and management conducted.</i>  |        | Yes/No |
|                        | <i>JRC has met all statutory obligations.</i>  |        | Yes/No |
|                        | <i>Conduct Humanitarian Leadership Training for staff and volunteers.</i>  | 0      | 1      |
|                        | <i>Conduct a Digital Maturity Assessment for the National Society.</i>   | 0      | 1      |

*Develop a Digital Transformation Strategy and support its implementation.*

Yes/No

This disaster has helped the JRC see the need for a larger volunteer pool with dedicated management to both train and maintain. While volunteers have been deployed from other sides of the island to support the response in the west, the numbers are still far below what is required. This operation is to be seen as an opportunity to enhance the JRC's own response capacity by recruiting and comprehensively training volunteers in both Health and WASH alongside their usual response activities of relief and shelter management.

In addition to a larger volunteer pool, staff recruitment both at the branch and national level is crucial to ensure capacities are maintained and well-functioning. This includes Disaster Risk Management, Branch Development, Volunteer Management, Shelter, and CVA. Other functions in Communications and Logistics will also require further staffing. Owing to the current response to Leptospirosis and the request from the government for the JRC to support their response, whether WASH capacity should be staffed, particularly in Hygiene Promotion is under discussion.



## Coordination and Partnerships

|                        |  |               |               |
|------------------------|--|---------------|---------------|
| <b>Objective:</b>      | <i>Strengthen coordination within the IFRC membership and the Movement to bring technical and operational complementarity and enhance cooperation with external partners.</i>                  |               |               |
| <b>Key indicators:</b> | <b>Indicator</b>   | <b>Actual</b> | <b>Target</b> |
|                        | <i>Membership coordination meetings with bilateral partners, organized, and updates shared with NS leadership, HEOPS and internal stakeholders.</i>  | 5             | 2             |
|                        | <i>Key partner &amp; Caribbean NS stakeholder meetings organized to triage offers of support to Jamaica Red Cross, and updates provided to internal stakeholders at NS, field, CCD levels.</i> | 6             | 3             |
|                        | <i>Co-support &amp; assist with coordination of high-profile donor government visits &amp; IFRC leadership in show of solidarity and support to the Jamaica Red Cross.</i>                     | 3             | 3             |

Focus remains on the coordination of bilateral interests of RCRC partners who would like to support the Jamaica Red Cross with immediate/on-going Relief efforts; as well as the medium-to-longer term interests of the Host National Society. This activity includes the internal coordination amongst components of the Red Cross Red Crescent Movement – and in this case liaising daily with the Jamaican Red Cross, coordinating with the French Red Cross (PIRAC) who are on the ground in a bilateral WASH capacity standing-up a Water Treatment Plant on behalf of the JRC and the Ministry of Health (MoH); coordinating with the ICRC through a member of the Restoring Family Links (RFL) Specialist Pool; as well as a host of regional National Societies from across the Caribbean who continue to support the Jamaica Red Cross bilaterally with national fundraising campaigns, Media-A-Thons, surge personnel, and the triage of unsolicited goods. In addition, supporting high-level visits of government donors, and IFRC Regional Director and IFRC President.



## Secretariat Services

**Objective:** *The IFRC secretariat is capable and equipped to support hurricane response and preparedness in delivering services as planned in the Emergency Appeal in a timely manner and in full compliance with IFRC policies, procedures, and minimum standards as stated in the Sphere guidelines and Humanitarian charter.*

|                        | Indicator  | Actual | Target         |
|------------------------|--|--------|----------------|
| <b>Key indicators:</b> | <i>Number of Rapid response surge personnel mobilized to reinforce operational capacity.</i> | 22     | TBD (DREF: 12) |
|                        | <i>Number of IFRC monitoring missions.</i>   | 0      | TBD            |

The IFRC English and Dutch-speaking Caribbean Country Cluster Delegation has provided strategic, operational and technical support to the JRC since the start of the emergency. This includes personnel to provide technical support in the field, as well as coordination with external actors.

21 Rapid Response members and 4 Emergency Response Units: Logistics, Relief, Emergency Health Clinics, and Operations Support Hub are currently supporting JRC operations across sectors. (1x Head of Emergency Operations, 1x Membership Coordinator, 1x Security Coordinator, 1x Health Coordinator, 1x MHPSS Coordinator, 1x WASH Coordinator, 1x RFL Coordinator, 1x Field Coordinator, 1x PMER Coordinator, 1x IM Coordinator, 1x CVA Coordinator, 1x Supply Chain Coordinator, 1x Shelter Coordinator, 1x Communications Coordinator, 1x Welcome Service & Administration, 1x ERU Emergency Clinic, 1x ERU Logistics, 1x ERU Relief, 1x Audio Visual Officer, 1x ERU Operations Support Hub and 1x ERP Officer)

The Secretariat continues to facilitate regular inter-departmental briefings and partner coordination to ensure alignment across the IFRC Network and maintain momentum in technical Rapid Response / ERU deployments and donor engagement. The IFRC Emergency Appeal launched on 29 October 2025 supports Secretariat Services including operational costs, personnel, logistics, and sectoral activities.

## D. FUNDING

The IFRC Secretariat funding requirement is CHF 19 million, as part of the Federation-wide funding requirement of CHF 21 million. As of 9 December 2025, CHF 10,811,250 has been raised toward the IFRC Secretariat funding requirement.

| Funding Coverage | Funding Requirement (CHF) | Amount Raised (CHF) | Funding Gap (CHF) | Coverage (%) |
|------------------|---------------------------|---------------------|-------------------|--------------|
| IFRC Secretariat | 19,000,000                | 10,811,250          | 8,188,750         | 56.9 %       |

## Contact information

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

### In the Jamaican National Society

- **President:** Allasandra Chung, [president@jamaicaredcross.org](mailto:president@jamaicaredcross.org)
- **Director General:** Yvonne Clarke, [yclarke@jamaicaredcross.org](mailto:yclarke@jamaicaredcross.org)
- **Operational Coordination:** Leiska Powell, Emergency Services Manager, [lpowell@jamaicaredcross.org](mailto:lpowell@jamaicaredcross.org)

### For IFRC Americas

- **Head of IFRC English and Dutch-speaking Caribbean Country Cluster Delegation:** Necephor Mghendi, [necephor.mghendi@ifrc.org](mailto:necephor.mghendi@ifrc.org),
- **Head of Health, Disaster, Climate and Crises:** Marianna Kuttothara, [marianna.kuttothara@ifrc.org](mailto:marianna.kuttothara@ifrc.org)
- **Regional Operations, Evolving Crises and Disasters Manager:** María Martha Tuna, [maria.tuna@ifrc.org](mailto:maria.tuna@ifrc.org)

### For IFRC Geneva

- **Senior Officer, Operations Coordinator:** Antoine Belair, [antoine.belair@ifrc.org](mailto:antoine.belair@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **Head of Strategic Partnerships and Resource Mobilisation:** Mónica Portilla, [monica.portilla@ifrc.org](mailto:monica.portilla@ifrc.org)
- **Strategic Partnerships and Resource Mobilisation in Emergencies Manager:** Mei Lin León, [meilin.leon@ifrc.org](mailto:meilin.leon@ifrc.org)

### For In-Kind donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** Jose Fernando Giraldo, [fernando.giraldo@ifrc.org](mailto:fernando.giraldo@ifrc.org)
- **Regional Logistics Manager:** Stephany Murillo, [stephany.murillo@ifrc.org](mailto:stephany.murillo@ifrc.org)

### Reference



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Appeal](#)
- [Operational Strategy](#)

## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.