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| <b>Emergency appeal №: MDRJM005</b><br><b>Emergency appeal launched: 29/10/2025</b><br><b>Operational Strategy published: 11/12/2025</b> | <b>Glide №:</b><br><b>TC-2025-000196-JAM</b>  |
| <b>Operation update #3</b><br><b>Date of issue: 07/07/2026</b>   | <b>Timeframe covered by this update:</b><br>From 29/10/2025 to 11/06/2026                     |
| <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) |

*This Emergency Appeal, which seeks CHF 19,000,000, is 62.18 per cent funded<sup>1</sup>. 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.*



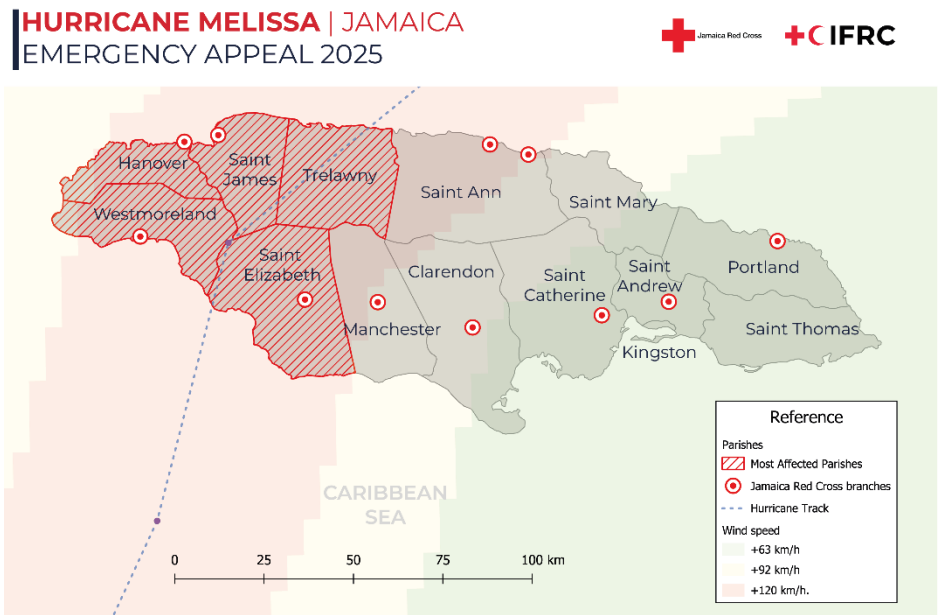
*First roof repairs implemented in April by Red Cross-trained carpenters as part of recovery efforts in St. Elizabeth Parish.*

<sup>1</sup> By 31 May 2026.

# 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 were affected. The hurricane resulted in 45 confirmed deaths and widespread destruction across western and southern Jamaica, making it the hurricane with the largest financial impact in the country's recorded history.











At the height of the storm, approximately 77 percent of Jamaica Public Service customers were without power, while water services experienced major disruptions across several western parishes. Although essential services have largely been restored, recovery challenges persist for households whose housing, livelihoods, and community infrastructure were severely affected.

Six months after Hurricane Melissa, significant recovery needs remain despite substantial progress in restoring essential services and reducing displacement. Approximately 90,000 households remain displaced, while many affected families continue to face damaged housing, reduced livelihood opportunities, and limited means to self-recover. Recovery efforts have increasingly shifted from emergency relief to restoring housing, livelihoods, community services, and resilience building in the most severely affected parishes. Housing recovery remains one of the most significant unmet needs, with approximately 146,000 buildings sustaining major damage during the hurricane. Many vulnerable households continue to require support to safely repair or restore their homes. The number of active shelters has reduced significantly since the peak of the response, with 41 shelters remaining operational and hosting approximately 272 people, down from 90 shelters and nearly 1,000 occupants earlier in the operation. Health service restoration has progressed, with all 24 hospitals now operational nationwide. Recovery efforts are increasingly focused on strengthening community health services, restoring damaged facilities, and supporting the psychosocial recovery of affected populations. The Jamaica Red Cross has also transitioned into recovery programming, completing 640 household shelter assessments, identifying 340 households for roof repair assistance, and training 276 community members in Build Back Safer techniques to support safer housing recovery.

The response also faced significant public health challenges following widespread flooding and disruption to water and sanitation systems. A leptospirosis outbreak was declared during the response period, highlighting the heightened risk of waterborne and vector-borne diseases following major disasters. While public health

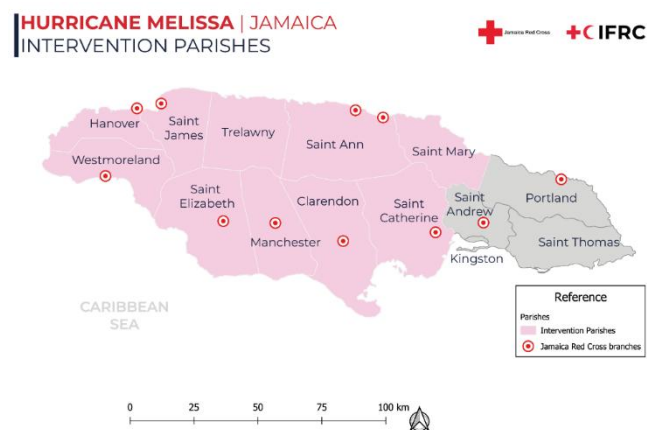
conditions have improved significantly, disease surveillance, community health promotion, and psychosocial recovery remain important components of ongoing recovery efforts.

The World Bank, in coordination with the Inter-American Development Bank (IDB), 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.<sup>2</sup>

| DISASTER OVERVIEW as of 7 April   |                       |              |   |                                    |              |
|---|-----------------------|--------------|---|------------------------------------|--------------|
|  | People Affected       | ~1.6 million |  | Buildings in need of repair        | 215,000      |
|  | HH displaced          | 90,000       |  | Hospitals open                     | 24 (of 24)   |
|  | Shelters still active | 41           |  | Occupants in shelters              | 272          |
|  | Fatalities            | 45           |  | Fatalities caused by leptospirosis | 12 confirmed |

Source: Office of Disaster Preparedness, [www.odpem.org.jm/emergency-relief/](http://www.odpem.org.jm/emergency-relief/)

## Summary of response



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 AFD IM team, November 2025.

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 through the Humanitarian Assistance Committee (HAC), where the Jamaica Red Cross serves as a co-chair of technical coordination structures supporting national humanitarian response efforts. Operations were active in 11 branches and, of the 2,000 volunteers, around 300 were deployed island wide. The Hanover and Trelawny Branches received reinforcement from National Headquarters and IFRC, and the Country Cluster Delegation (CCD) deployed surge personnel to strengthen the National Society's response capacity.

JRC completed 1,850 assessments using Jamaica's Household Disaster Impact and Needs Assessment (JHDINA) tool, contributing to a national dataset of more than 22,000 household surveys. The assessment continues to serve as the primary evidence base for humanitarian targeting, recovery planning, and inter-agency coordination. Through contributions from the IFRC and Partner National Societies, the Jamaica Red Cross mobilised substantial quantities of relief supplies, including 11,898 tarpaulins, 4,621 shelter toolkits, 14,664 blankets, 5,855 hygiene kits, 13,538 jerry cans, 6,805 mosquito nets and other essential household items. These resources supported large-

<sup>2</sup> [World Bank, IDB, Estimate Hurricane Melissa Damage to Jamaica Totals All-Time-High of US\\$8.8 Billion \(19 November 2025\)](https://www.worldbank.org/en/news/press-release/2025/11/19/estimate-hurricane-melissa-damage-to-jamaica-totals-all-time-high-of-us8.8-billion)

scale distributions reaching approximately 15,300 households (45,900 people) across the most affected parishes and provided a foundation for the transition from emergency relief to recovery programming.

Since the launch of the appeal, the JRC has reached approximately 15,300 households (approximately 45,900 people) with non-food item assistance, 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. Within the overall 45,900 people reached, the JRC provided food assistance to an estimated 8,832 people through the distribution of 2,944 food 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 transitioned into recovery programming. These activities formed part of the overall operational reach of approximately 45,900 people and included the distribution of 4,621 shelter toolkits and 11,898 tarpaulins, completion of 640 shelter assessments, identification of 340 households for roof repair assistance, and the training of 276 community members in Build Back Safer techniques. While approximately 25% of the overall target population has been reached to date, the operation has progressively transitioned from large-scale emergency relief to more resource-intensive recovery interventions, including multipurpose cash assistance and roof repairs, which require greater investment per household and longer implementation timelines.

Separately, Mental Health and Psychosocial Support (MHPSS) teams have reached over 2,574 people in the parishes of Manchester, St. Elizabeth, St. James, Hanover, Trelawny, St. Ann and Westmoreland. MHPSS volunteers have consistently joined and supported distribution activities ensuring MHPSS presence and early support for individuals. Stand-alone MHPSS activities were conducted in shelters with high levels of need, including Petersfield High and Primary school, Unity School and Maude McLeod shelter in Westmoreland. These activities included group psychoeducation sessions, child-friendly psychosocial and recreational activities and individual psychological support. A staff care session for 18 staff and volunteers was also facilitated in HQ.

In collaboration with the Ministry of Health and Wellness, JRC volunteers supported debris removal and early recovery activities at the Petersfield and Darliston health centres, contributing to the restoration of primary healthcare services in affected communities, 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.

Separately, external communications focused on strengthening the visibility of the Jamaica Red Cross and IFRC response among donors, Movement partners, government counterparts, media, and the wider public. Key messages and reactive lines were updated in line with the latest operational information and Movement coordination, while proactive communications plans and stakeholder engagement activities helped maintain consistent public messaging, demonstrate programme results, and support resource mobilisation and public confidence in the operation.

Key messages and reactive lines were updated in line with the latest SitRep and Movement coordination, alongside the development of a proactive communications and content plan, and a celebrity / stakeholder engagement strategy tailored for each thematic area of the operation.

## **NEEDS ANALYSIS**

All organizations responding to Hurricane Melissa in Jamaica were mandated to use 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 of the Humanitarian Assistance Committee (HAC), co-chaired by the Jamaica Red Cross (JRC) ensuring standardized data collection and analysis across all sectors.

To support evidence-based decision making, the Jamaica Red Cross and IFRC strengthened the use of the JHDINA through the development of an enhanced Vulnerability Index. The tool combines household assessment data with information on partner response activities, enabling the operation to identify communities at the intersection of high vulnerability and low humanitarian coverage. This approach helped prioritize underserved populations and improve the equity and effectiveness of humanitarian assistance.

A consolidation of the 22,307 household surveys was completed providing a robust evidence base for humanitarian response and recovery planning. While initial power outages in some communities required paper-based forms, these have since been digitized, allowing for consolidated analysis across all affected areas.

Key findings from the 22,307 completed household assessments included:

- Food security: Food remained the highest reported need (55.5%), followed by building materials and shelter repair (28.4%) and water (7.5%), together accounting for over 91% of reported household needs.
- Shelter: Housing damage was widespread, with 40% of homes sustaining minor damage, 33% major damage, and 12% completely destroyed, reinforcing the need for shelter repair and building materials.
- Livelihoods: Sixteen per cent of households reported livelihood asset losses, primarily affecting crops (7.6%) and livestock (3.7%), highlighting the need for income recovery support.
- Health, WASH and Protection: Access to safe water, hygiene items and healthcare remained priority concerns in affected communities. Vulnerability analysis also identified households with older persons (28%), persons with disabilities (5%), and pregnant or breastfeeding women (3%), reinforcing the need for inclusive, multi-sectoral recovery support.

Among surveyed households, 55.5 per cent identified food as a priority need, followed by building materials and shelter repair (28.4%) and water (7.5%). Together, these represented over 91 per cent of all priority needs reported through the assessment.

Vulnerability indicators showed that many households include elderly members (28%), pregnant or breastfeeding individuals (3%), and people with disabilities (5%) highlighting protection and inclusion needs.

## **Shelter**

Shelter needs remain high, as many of the 146,000 buildings that sustained major damage were homes. Damage assessments showed 40% of homes with minor damage, 33% with major damage, and 12% destroyed, with the need for building materials and shelter solutions is continuously reinforced. While over 80 percent of households own their homes, insurance coverage is negligible at about 1 percent, suggesting a limited capacity for self-repair.

Government-led shelter recovery is being advanced through the Restoration of Owner or Occupant Family Shelters (ROOFS) Programme, which provides financial assistance to households whose homes were damaged by Hurricane Melissa and assessed through the Ministry of Labour and Social Security. The government of Jamaica's initiative is largescale targeting 116,000 households islandwide. Complementing this national effort, the IFRC and Jamaica Red Cross launched a targeted Roof Repair Programme to support vulnerable households whose homes sustained significant roof damage during the hurricane. The programme combines household assessments, roofing materials, technical supervision, Build Back Safer principles, and support from trained local carpenters to help families restore safe and resilient shelter conditions.

## Livelihoods

Damage, losses, and additional costs associated with the passage of Hurricane Melissa is estimated at J\$1.953 trillion (US\$ 12.232 billion) or 56.7 per cent of 2024 Gross Domestic Product (GDP). This represents more than four times that of Hurricane Gilbert, previously the costliest hurricane in the country's history. As such, there is need for targeted livelihood interventions for the most severely affected parishes', namely: Westmoreland, St Elizabeth, St James, St Ann, Trelawny and Manchester, where structural damage and loss of productive assets (notably crops at 7.6% and livestock at 3.7%) compound recovery needs. Small-scale agricultural livelihoods remain a cornerstone of Jamaica's economy, contributing approximately 8% to GDP<sup>3</sup> and employing around 250,000 people, or 12% of the labour force. However, agriculture was already a precarious livelihood, before the storm arrived in the middle of the main harvest season. St. Elizabeth Parish, Jamaica's agricultural heartland, was devastated across every major crop category. Small-scale farmers experience any loss as a significant loss, and with most operating on five acres or less, the destruction of an entire harvest typically leaves no financial buffer for recovery. Its cross-sectoral impact disrupted lives, livelihoods, economic, social, cultural, and environmental systems. Three subsectors accounted for 81% of the overall impact: housing, tourism and the environment.

Based on this, the JRC has prioritised three sectors; fishers, farmers and owners of micro-enterprises for technical and material support, including livelihood recovery grants, replacement of productive assets and equipment, technical training, and climate-smart livelihood practices, to help re-establish their livelihoods, with an emphasis on climate-smart activities and risk reduction strategies. Fishers were prioritised because coastal communities in the affected parishes rely heavily on small-scale fisheries for household income and food security, making the restoration of livelihoods in this sector an important component of early recovery. Where appropriate, cash assistance is used as a modality to support livelihoods activities.

## Health and Care

Health facilities across the heavily impacted areas were damaged to varying degrees by the passage of Hurricane Melissa and health services were severely disrupted. As a result of a request from 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. Two mobile units were operational in Westmoreland, providing primary health care in rotating sites as determined by the Western Regional Health Authority. Non-Communicable Diseases are a large concern in Jamaica and the limited access to primary health care made it difficult for many people to maintain their health without regular checkups and prescriptions.

Hurricane Melissa also created a significant emotional and psychological burden across all affected communities, impacting adults, older persons, caregivers and children. Disruptions and losses to housing, livelihood schooling, social networks, and access to basic services undermined daily routines and a sense of safety for many households. Many struggled to process loss, displacement, and the sudden breakdown of communication and daily structure with children being particularly affected due to interruptions to schooling, play and social connection. National mental health authorities reported widespread stress, anxiety, and grief, and emphasised the importance of maintaining social connection, checking in on others, and restoring routines to support coping and recovery. In response to these needs, the Ministry of Health and Wellness expanded its mental health and psychosocial outreach and mobilised trained volunteers, including from the Jamaica Red Cross, to provide

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<sup>3</sup> Data from OECD. Other sources provide slightly higher figures. More men than women work in agriculture, but the proportion (and the total labour force) varies seasonally.

community-based psychosocial support, PM+ and ensure timely referral for individuals experiencing heightened or prolonged distress.

Initial findings shared through the MHPSS Working Group further indicated that the highest reported psychosocial needs were among community members themselves, particularly caregivers, women and children. The early coordination efforts of the MHPSS Working group also highlighted that approximately half of all MHPSS services provided by partner organizations were delivered online. JRC, however, only delivers MHPSS in person and thus represented a substantial proportion of all in person for MHPSS service delivery.

A very low proportion of households (0.07%) identified counselling (psychological or social) as a priority need. This finding is consistent with other post-disaster needs assessments where affected populations primarily prioritize immediate survival and material needs. MHPSS needs are often less visible, influenced by cultural stigma, and not easily expressed in the acute phase of a crisis. Experience from previous responses however shows that the value and impact of MHPSS interventions are more frequently recognized at later stages of the response, once basic needs are covered.

## **WASH**

Substantial progress was made in restoring water services, thereby reducing, but not eliminating, the needs in this sector. Hurricane Melissa caused widespread destruction across Western Jamaica and left significant volumes of debris, damaged bulky items (including zinc sheets/corrugated roofing and furniture) and household waste in and around communities. Where bulky waste accumulates, it creates a habitat and breeding ground for disease vectors, particularly rodents and mosquitoes. An assessment of the Western Regional Health Authorities' (WRHA) bulky waste removal activities showed that JRC operations were well organised, effective, and clearly beneficial to the underserved and vulnerable communities. These interventions delivered immediate public health and recovery value by (1) reducing rodent and mosquito habitat and breeding grounds which is critical given current Leptospirosis/Dengue risks, (2) accelerating hurricane recovery through removal of debris and damaged bulky items (including zinc sheets and furniture), and (3) improving environmental health, safety, and community wellbeing.

Hurricane Melissa exposed acute vulnerabilities during emergencies, particularly for children returning to school environments which were previously used as emergency shelter and have been impacted by flooding, debris, damaged sanitation facilities, and increased vector breeding. Children and adults must adopt and sustain priority hygiene and risk-reduction behaviours in post-hurricane contexts—particularly in schools and flood-affected communities—contributing to reduced outbreak risks (including leptospirosis and vector-borne diseases) and supporting safer recovery.

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

Assessment data continued to highlight significant protection and inclusion considerations throughout the operation. Older people, people with disabilities, pregnant and breastfeeding women, and female-headed households were consistently identified among the groups facing the greatest barriers to recovery. JHDINA findings indicated that 28 per cent of households included elderly persons, 5 per cent included persons with disabilities, and approximately 3 per cent included pregnant or breastfeeding individuals, reinforcing the importance of targeted protection and inclusion measures across all sectors of the response.

These demographic patterns reflect nationally recognized vulnerability factors and informed the integration of Protection, Gender and Inclusion (PGI) considerations throughout the operation. The combination of

displacement, economic stress, damaged housing, and disruption of essential services continued to increase protection risks for women, children, older persons, and persons with disabilities during both the response and recovery phases.

These concerns were reinforced through Mental Health and Psychosocial Support (MHPSS) activities conducted in shelters and affected communities, where participants highlighted issues related to overcrowding, privacy, caregiver stress, and safety. In response, the Jamaica Red Cross strengthened referral pathways, safeguarding measures, disability inclusion actions, and community-based support mechanisms to promote equitable access to assistance and reduce the risk of exclusion among vulnerable groups.

## Operational risk assessment

The following main risks have been identified for this phase of the operation:

- **Recovery phase transition:** As the operation transitioned from surge support to longer-term implementation, there was a risk of reduced operational continuity, delayed decision-making, and loss of institutional knowledge following the departure of surge personnel. This can affect programme implementation, coordination, and monitoring during the recovery phase. To mitigate this risk, key operational responsibilities were progressively transitioned to Jamaica Red Cross, while the Country Office continued recruitment for key operational positions. Core support functions, including logistics and procurement, were also strengthened to ensure continuity following the end of the Immediate Response Protocol (IRP).
- **Customs and supply chain constraints:** There was a risk that supply chain disruptions and limited market availability of specialised construction materials would delay procurement and implementation of shelter activities. High demand within Jamaica's construction sector and the need to import specialised materials affected availability. To mitigate this risk, the National Society consolidated procurement through large-scale suppliers and strengthened procurement planning, including forecasting future material requirements.
- **Risk of demurrage costs:** There was a risk that delays in customs clearance and cargo release would result in demurrage and detention charges, increasing operational costs and delaying programme implementation. Nine containers had arrived and were awaiting customs clearance at the end of the reporting period. Close coordination with the relevant authorities continued to expedite clearance and minimise additional costs.
- **Financial oversight and pledge management:** There was a risk that staff transitions and end-of-pledge reporting deadlines would affect financial oversight, expenditure monitoring, and timely donor reporting during the transition to recovery. Financial management remained dependent on Country Cluster Delegation support while recruitment and handover activities were underway. To mitigate this risk, financial monitoring, expenditure tracking, and regular coordination between the Jamaica Country Office and CCD continued throughout the reporting period.
- **Shelter grant deadline:** There was a risk that the 5 May 2026 shelter grant deadline would delay procurement, delivery, and documentation of shelter materials, potentially affecting timely implementation of the Roof Repair Programme. To mitigate this risk, shelter procurement was prioritised, bulk purchasing was used to shorten lead times, suppliers were closely followed up on availability and delivery schedules, shipment planning was aligned with confirmed customs clearance, daily progress was monitored, and partial receipt procedures were applied where compliant and appropriate.

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.

Six months after Hurricane Melissa made landfall on 28 October 2025, the response in Jamaica is progressively transitioning from emergency relief to a recovery-oriented operation. While life-saving assistance has largely been delivered, notable humanitarian needs remain, particularly among the most vulnerable populations, requiring a continued, carefully phased approach that bridges relief and longer-term recovery.

This transition is reflected in a gradual reorientation of operational priorities, from the provision of immediate assistance to interventions that support early recovery, rehabilitation, and resilience-building. Current efforts increasingly focus on restoring livelihoods, supporting safer housing solutions, strengthening community-based health services including mental health and psychosocial support, and improving access to water, sanitation, and hygiene. At the same time, targeted support continues to ensure that individuals facing barriers to access are not left behind during the shift in operational focus.

A key milestone in this transition was the Recovery Conference held on 21 April 2026 in Kingston, co-convened by IFRC and the Jamaica Red Cross, together with ODPEM and MFAFT. The conference brought together national authorities and humanitarian partners to align recovery priorities, reinforce coordination mechanisms, and ensure coherence between humanitarian and government-led recovery efforts. It provided an important platform to consolidate lessons learned from the response phase and to shape a shared vision for recovery. The conference reinforced alignment between government ministries, humanitarian actors and the Jamaica Red Cross recovery strategy, while helping identify priority actions across shelter, livelihoods, health, hygiene, and community resilience.

At the conference, the Jamaica Red Cross presented its recovery strategy, structured around five priority areas: shelter, livelihoods, health (including mental health), hygiene, and community resilience. The strategy emphasizes a people-centred approach, grounded in community engagement, data-driven assessments, and strong coordination with national authorities. This ensures that recovery interventions are responsive to the evolving needs of affected communities while remaining aligned with national recovery frameworks.

The operation is entering a critical phase in which sustained support, strengthened partnerships, and adaptive programming will be essential to address remaining vulnerabilities and support communities' recovery efforts.

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 (from 7500 to 7,285) 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 targets for the shelter programme (shelter repairing activity) were also reduced from 1,000 houses to 340 houses, as well as carpenters' training and community training in BBS principles, to provide meaningful support to those who need it. The reduction in the target was largely due to the high costs of building materials that will be required to procure roofing kits that embody the Build Back Safer principles.


Variations in operational presence and geographic coverage among responding organizations resulted in both overserved and underserved communities. 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 mobilised 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>Livelihoods</b> | <b>Female<sup>4</sup> &gt; 18:</b>  | 2,852                     | <b>Female &lt; 18:</b> | 951 |
|  | <b>Male &gt; 18:</b>  | 2,773                     | <b>Male &lt; 18:</b>   | 924 |
| <b>Objective:</b>  | <i>People, community groups, and community-based organisations in crisis-affected areas are supported in restoring and strengthening their livelihoods.</i> |                           |                        |     |
| <b>Key indicators:</b>   | <b>Indicator</b>  | <b>Actual<sup>5</sup></b> | <b>Target</b>          |     |
|  | <i>Number of households receiving conditional cash assistance/vouchers to strengthen and/or recover their livelihoods.</i>                                  | 0                         | 4,800                  |     |
|  | <i>Number of people who completed training in climate-smart livelihoods.</i>  | 0                         | 3,500                  |     |

<sup>4</sup> Disaggregated figures for each sector represent targets, not actuals.

<sup>5</sup> Actuals for this sector have not been reached as the programme is expected to start in August 2026.


|  |   |     |
|--|---|-----|
| <i>Percentage of people surveyed whose households received cash/ voucher assistance for livelihoods recovery are satisfied with the amount received.</i> | 0 | 65% |
| <i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i>   | 0 | 21  |

The objective of Jamaica Red Cross' livelihoods project is to contribute to the national recovery of the productive sectors, namely agriculture, fisheries, and tourism. Specifically, the project aims to restore and strengthen the recovery of three livelihood groups severely affected by the hurricane – Farmers, Fishers, and Small and Micro-enterprises at the community level. To achieve the objectives, the project will be organized into three components:

1. Conditional Cash Grants
2. Climate-smart and Business Continuity Training
3. Resilient Micro-projects

The geographic focus of this component will be coastal fishing communities and productive farming communities in the most affected parishes of St. Elizabeth, Westmoreland, Hanover, St. James, Trelawny, St Ann and Manchester. Farmers with smaller holdings, and a focus on nationally important food crops will be prioritised for assistance, as will women, single parent families, youth and persons with disabilities, and others who may face higher barriers to recovery.

The climate-smart livelihoods approach aligns with the Government's National Outcome 14: Hazard Risk Reduction and Adaptation to Climate Change. Key partnerships to implement this component will be with RADA, National Fisheries Authority (NFA) and Heart Trust NTA, Authorities under the Ministry of Agriculture, Fisheries and Mining.

|   |   |                         |                                  |       |
|---|---|-------------------------|----------------------------------|-------|
|  <b>Multi-purpose Cash</b> | <b>Female &gt; 18:</b>  | 8,310                   | <b>Female &lt; 18:</b>           | 2,770 |
|   | <b>Male &gt; 18:</b>  | 8,081                   | <b>Male &lt; 18:</b>             | 2,694 |
| <b>Objective:</b>   | <i>Communities in crisis-affected areas are supported in restoring their dignity and meeting their diverse basic needs.</i> |                         |                                  |       |
| <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>      | 6,904                   | 7,285                            |       |
|   | <i>Percentage of households that received cash assistance report being able to meet their priority needs.</i>               | 22%                     | 90%                              |       |
|   | <i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i>  | 11.2% (814 respondents) | 5-7% of total households reached |       |
|   | <i>Number of staff and volunteers trained in CVA.</i>   | 25                      | 50                               |       |

The IFRC and the Jamaica Red Cross implemented a multipurpose cash assistance programme using the IFRC's AccessRC platform to support households affected by Hurricane Melissa. The intervention combined digital self-registration, assisted registration, community outreach, and targeted inclusion measures to ensure assistance reached both highly affected and underserved households. Cash assistance enabled recipients to prioritise their most urgent needs while supporting household recovery and local market activity.


By the end of the reporting period, a total of JMD 423,325,000 had been disbursed to 6,904 households affected by Hurricane Melissa. Of these, 6,220 households collected their first instalment, 5,191 second instalments were issued, and 4,289 households completed the full assistance package. The programme processed more than 10,000 successful cash transfers through MoneyGram, including proxy payment arrangements established to support individuals facing barriers to collection.

The second instalment phase was successfully implemented, prioritising vulnerable households identified through programme criteria and community outreach activities. The staggered payment approach helped manage operational capacity while ensuring continued support to households facing the greatest recovery challenges.

The Jamaica Red Cross helpline remained a key Community Engagement and Accountability mechanism throughout implementation, supporting beneficiary inquiries related to registration, eligibility, payment collection, and AccessRC. Feedback received through the helpline informed programme adjustments and strengthened support to households experiencing payment or registration challenges.

JRC-led registration activities continued throughout April across St. Elizabeth, St. James, Trelawny, Manchester, and Clarendon. A total of 814 Post Distribution Monitoring surveys were completed through a combination of AccessRC-based surveys, telephone interviews, and volunteer-led follow-up activities. Findings confirmed that cash assistance enabled households to prioritise food, housing, healthcare, education, utilities, and debt-related expenses according to their individual needs. The PDM also generated valuable lessons for future cash programming, including the importance of assisted registration, targeted outreach, and accessible communication channels.

Operational learning from the AccessRC platform, payment delivery systems, Post Distribution Monitoring, and community outreach activities have been documented and shared with the IFRC and Partner National Societies. The programme strengthened national cash preparedness and contributed to the Jamaica Red Cross's capacity to deliver future cash interventions at scale.

|   |   |               |                        |        |
|---|---|---------------|------------------------|--------|
|  <b>Health &amp; Care</b><br><i>(Mental Health and psychosocial support / Community Health / Medical Services)</i> | <b>Female &gt; 18:</b>  | 68,445        | <b>Female &lt; 18:</b> | 22,815 |
|   | <b>Male &gt; 18:</b>  | 66,555        | <b>Male &lt; 18:</b>   | 22,185 |
| <b>Objective:</b>   | <i>Strengthen the health of individuals and communities affected by the disaster through community level interventions and the restoration of health systems.</i> |               |                        |        |
| <b>Indicator</b>  | <b>Actual</b>   | <b>Target</b> |                        |        |

|                        |   |       |         |
|------------------------|---|-------|---------|
| <b>Key indicators:</b> | <i>Number of people reached through psychosocial support activities.</i>                | 3,360 | 1,500   |
|                        | <i>Number of staff and volunteers trained in MHPSS.</i>                                 | 89    | 60      |
|                        | <i>Number of staff and volunteers equipped with personal protective equipment (PPE)</i> | 300   | 300     |
|                        | <i>Number of sites where health promotion information has been shared</i>               | 20    | 10      |
|                        | <i>Number of clinics and shelters supported by the Health ERU</i>                       | 23    | 5       |
|                        | <i>Number of health facilities supported for rehabilitation.</i>                        | 0     | 3       |
|                        | <i>Number of people reached with hygiene promotion information.</i>                     | 3,000 | 180,000 |
|                        | <i>Number of patients supported by the Health ERU</i>                                   | 742   | 1,500   |

**The Health ERU** operations concluded in the second week of February 2025. During its deployment, the team successfully treated 742 patients at its facilities. Two mobile units were operational in Westmoreland, providing primary health care in rotating sites as determined by the Western Regional Health Authority. A handover ceremony to the Western Health Authority in St. James for medical equipment and supplies was held on 4 March 2026. The donation, provided by the Canadian Red Cross, through the Jamaica Red Cross, is valued at 267,156 USD / JMD 42.7 million and will complement the authority's efforts to respond to the affected population in western Jamaica.

The work of the Health ERU was not limited to patient support but extended to capacity building. Community health training in blood pressure and blood sugar measurement strengthened JRC volunteers' capacity to conduct standardized, low-threshold screening for non-communicable diseases within community and outreach settings. Infection Prevention Control training for Healthcare Associates in Darliston Health Centre was completed, reinforcing evidence-based infection prevention and control practices aligned with national standards and post-hurricane risk profiles. First Aid training (delivered by JRC) for Infirmity staff ensured that first aid competencies of infirmity staff were strengthened to improve immediate response capacity in acute and resource-limited situations. On-the-job mentoring enabled continuous skills transfer, contextual problem-solving, and consolidation of training outcomes within routine clinical operations

The **MHPSS** teams and volunteers continued to expand their reach across shelters, schools, and communities, providing both structured and non-structured support, including recreational activities, psychoeducation on stress and coping, Psychological First Aid (PFA), and individual and group sessions for adults and children across seven parishes. Particular attention was given to hard-to-reach shelters where, despite having smaller populations, needs remain acute due to the protracted situation and heightened vulnerability. Ongoing efforts are in place to scale up branch-level coaching and wellbeing sessions. While the National Society targeted 1,500 people at the start of the operation, the overwhelming needs on the groups necessitated an expansion in the National Society's intervention over the period. For the long-term, the JRC anticipates that this specific type of support will be required. Please see feedback from one of the institutions:


*"Many of our students were struggling emotionally after the hurricane. The psychosocial support activities helped them regain confidence, reconnect with their peers, and develop healthier coping strategies. We saw a noticeable improvement in their overall well-being." Educator, Green Island High School.*

Cross-sector coordination strengthened through meetings with the CVA team and the Child Protection and Family Services Agency (CPFSA), focusing on alignment of referral pathways and support for the most vulnerable groups. MHPSS support was integrated into cash registration, contributing to more dignified, safe, and people-centred assistance.

JRC and IFRC contributed to the MHPSS Stakeholders' Consultation, convened by the Ministry of Health and Wellness and PAHO, supporting the development of a six-month action plan. Key issues highlighted challenges from the Hurricane Melissa response, the importance of a layered and community-based approach, and the need for strengthened coordination. Jamaica Red Cross was highlighted as a strong partner and implementer, and recommendations were made to make further use of JRC's trained MHPSS volunteers in future emergency responses.

Multiple "Caring for Staff and Volunteers" sessions were conducted (in-person and online), providing structured psychosocial support, stress management, and peer support spaces. Participation remained strong, reflecting high demand for wellbeing support following the response. Ongoing efforts are in place to scale up branch-level coaching and wellbeing sessions.

A two-day joint **Protection, Gender and Inclusion (PGI) training, including Mental Health and Psychosocial Support** (MHPSS), was conducted from 27 to 28 April 2026, (see further in the PGI section).

|   |  |                                 |                              |
|---|--|---------------------------------|------------------------------|
|  | <b>Water, Sanitation and Hygiene</b>   | <b>Female &gt; 18:</b><br>8,556 | <b>Female &lt; 18:</b> 2,852 |
|   |  | <b>Male &gt; 18:</b><br>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>  | 5,956                           | 7,500                        |
|   | <i>Number of people reached with menstrual hygiene kits.</i>   | 1,039                           | 1,000                        |
|   | <i>Number of households reached with household-level safe storage solutions (e.g., jerrycans, buckets with tap/lid, etc.)</i>  | 13,538                          | 7,500                        |

Number of community clean-up activities conducted in affected neighborhoods.

6

10

In January 2026, an assessment of the Western Regional Health Authorities' (WRHA) bulky waste removal activities was conducted. As part of the assessment, it was noted that JRC interventions delivered immediate public health and recovery value by (1) reducing rodent and mosquito habitat and breeding grounds which is critical given Leptospirosis/Dengue risks, (2) accelerating hurricane recovery through removal of debris and damaged bulky items (including zinc sheets and furniture), and (3) improving environmental health, safety, and community wellbeing.

In addition, training on Chlorine Tablet usage for Jamaica Red Cross staff and volunteers was conducted. This was done in conjunction with the finalization of the poster on the usage of Chlorine Tablets in close collaboration with the Environmental Health Department of the Ministry of Health & Wellness (MOHW). These, along with handwashing flyers adapted to the Jamaican context, were printed.

The informative materials were also shared during distributions to ensure recipients were able to use the items appropriately. These activities complemented and improved the efficacy of distribution of hygiene related materials to hardest-hit parishes to protect households from water and vector borne diseases like leptospirosis and dengue.

Three additional community clean ups were also conducted in Hanover, St. James and Trelawny.



### Protection, Gender and Inclusion

Female > 18: 31

Female < 18: N/A

Male > 18: 40

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 |
|--|--------|--------|
| A Child Safeguarding Risk Analysis is completed.   | 1      | 1      |
| Number of child friendly/safe spaces supported by the Jamaica Red Cross.   | 66     | 4      |
| Number of mobile child friendly/safe kits provided to staff and volunteers to facilitate outreach  | 30     | 30     |
| Number of National Society volunteers and staff who have signed the Code of Conduct.   | 67     | 50     |
| 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. | 95     | 50     |

The IFRC PGI Officer deployed to Jamaica on 17 March, strengthening in-country capacity to support the integration of Protection, Gender and Inclusion across the response.

A two-day joint **Protection, Gender and Inclusion (PGI) training, including Mental Health and Psychosocial Support (MHPSS)**, was conducted from 27 to 28 April 2026, bringing together 25 participants from 10 Jamaica Red Cross branches, plus HQ representatives. Participants included shelter managers, emergency response volunteers, and Health and Care team members, strengthening cross-sectoral understanding of PGI principles and their practical application in humanitarian response. The agenda combined interactive sessions and practical exercises, covering core PGI concepts such as diversity, equity and inclusion, bias and power dynamics, safeguarding including PSEA and child protection, and gender-based violence prevention and response. It also introduced community engagement and accountability (CEA) approaches and integrated MHPSS components. Safeguarding capacity was also reinforced through Prevention of Sexual Exploitation and Abuse (PSEA) training sessions delivered to 42 shelter programme participants (28 male and 14 female) in Westmoreland Parish and St. Elizabeth Parish, improving awareness of expected behaviors, reporting mechanisms and survivor-centered approaches. A PSEA guide for Jamaica Red Cross volunteers.

Safe referral pathways for vulnerable groups were strengthened through coordination with TransWave Jamaica, enabling **LGBTQIA+ individuals affected by Hurricane Melissa** to access IFRC CVA and shelter assistance after being excluded from shelter services. Additional engagement with Equality for All Foundation Jamaica helped map available services and identify opportunities to expand inclusion within Jamaica Red Cross referral mechanisms.

Cross-sector coordination between Jamaica Red Cross and IFRC teams resulted in the development of a **Standard Operating Procedure (SOP)** to strengthen the inclusion of vulnerable groups in CVA programming, with clearer referral pathways and improved coordination between CVA, MHPSS and PGI functions. The National Society's capacity in PGI and safeguarding was further strengthened with the support of the IFRC for the drafting of a Prevention and Response to Sexual Exploitation and Abuse (PSEA) Policy and a Child Safeguarding Plan. These are expected to be endorsed by governance within the calendar year.

**Disability inclusion** was advanced through engagement with Jamaica Red Cross technical counterparts, including the identification of priority actions for strengthening support to persons with disabilities in disaster contexts; a concept note is being developed to guide future programming.

**School support materials for children** affected by Hurricane Melissa have been received and preparations are ongoing with the Jamaica Red Cross for coordinated distribution to children returning to school in affected communities.

Coordination with national protection actors was strengthened through participation in the **UNFPA-led Child Protection Working Group**, contributing to child safeguarding priorities for integration into Jamaica's revised national child protection policy and supporting alignment between emergency response activities and national protection systems.



## 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>  | 7%            | 70%           |
|                        | <i>Number of staff, volunteers, and leadership trained on community engagement and accountability.</i>  | 28            | 50            |
|                        | <i>Percentage of people reporting that humanitarian assistance is delivered in a safe, respectful, accessible, and participatory manner.</i>  | 91%           | 80%           |
|                        | <i>Number of post-distribution monitoring mechanisms established.</i>   | 3             | 3             |

It is important to note that CEA principles and practices underpin all activities that are implemented throughout this operation. As such, sector-specific indicators have been included.


Community Engagement and Accountability (CEA) principles and practices continue to underpin all operational activities including in MHPSS, PGI, CVA, relief distributions, and helpline services. Sector-specific feedback mechanisms and indicators were integrated across interventions to strengthen accountability and ensure community feedback informs ongoing implementation.

PGI and MHPSS-related feedback mechanisms were further integrated into cash and relief operations, including through referrals into CVA support pathways and post-distribution monitoring processes. The CVA helpline and associated support systems continued to function as key accountability channels, providing direct beneficiary engagement, troubleshooting, and follow-up support for affected households. AccessRC was further embedded into CEA processes, with continued use for feedback collection and monitoring to strengthen real-time community engagement and response adaptation.

A Post-Distribution Monitoring (PDM) report assesses the effectiveness and relevance of the Jamaica Red Cross (JRC) Multipurpose Cash Assistance (MPCA) in response to Hurricane Melissa was conducted between February and April 2026, based on 814 household surveys and key informant interviews. The analysis focused on programme performance across key areas, including targeting, timeliness, delivery mechanisms, community engagement, coordination, and overall impact on assisted households. Findings show that cash assistance was widely valued and enabled households to address priority needs—primarily food, housing, and healthcare—while preserving dignity and flexibility. However, the transfer value (JMD 35,000) was insufficient relative to the Minimum Expenditure Basket (MEB), with only 22% of households reporting they could meet most or all of their basic needs. There was not a change to the value of the instalments.

The Jamaica Red Cross also conducted an emergency Non-Food Items (NFI) distribution to affected households across multiple parishes. This Post-Distribution Monitoring (PDM) survey was implemented to assess whether items reached intended beneficiaries, to measure satisfaction and usefulness of the distributed items, and to identify gaps and lessons learned for improvement in future humanitarian distributions. Surveys were conducted as telephone interviews between 21 and 24 April 2026 by a team of four trained JRC volunteers. Respondents were contacted using the distribution registration list as a sampling frame. The preliminary report generated was based on 112 completed surveys with 91% of

respondents (100 of 110 with valid responses) confirmed they were treated with respect and dignity during the distribution. 93% of respondents confirmed that the items fully met their household needs and 93% of respondents stated they were 'Yes, completely' satisfied with the overall distribution process.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
|  <b>Risk Reduction, climate adaptation and Recovery</b> | <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   |

**Objective:** *Enable communities to reduce their vulnerability to future disasters and climate change impacts, and to strengthen their resilience capacity.*

| <b>Key indicators:</b> | <b>Indicator</b>  | <b>Actual</b>   | <b>Target</b> |
|------------------------|---|---|---------------|
|                        |   | <i>Number of multi-purpose needs assessments conducted.</i> | 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>   | 3   | 4             |

The warehouse rehabilitation in the National Headquarters (NHQ) in Kingston and across the most impacted branches within the Jamaica Red Cross continued over this reporting period. At NHQ, the repairs include the following:

- Extending the landing ramp to improve loading and offloading of supplies; improve access of forklift from ramp to warehouse
- Increase storage capacity of warehouse by adding racks to enable storage of supplies for 500 HHs for IFRC repositioned stick plus 800 HHs for JRC
- Improved fire safety via the installation of smoke detectors, fire alarm system, installation of an additional 10 fire extinguishers
- Renovated bathroom and office space in warehouse
- Installation of extractor fans to improve ventilation

- Installation of a generator

At branch level, the Portland and St. James Branches are retrofitting the existing storage containers by restoring the areas that are showing signs of rust. Ramps are also being added to improve access to the storage facility and a roof installed to help with cooling and extend the life of the container. In the case of St. James, storage racks are also being added to improve storage capacity.

Community Resilience is the over-arching operational approach of the Jamaica Red Cross in its recovery strategy which aims to strengthen resilience, promote risk reduction, and enhance disaster preparedness at the community level. The objective of the programme is to identify and build upon capacities and opportunities within communities, to develop and strengthen resilience. Communities in the highly affected parishes, with high levels of underlying vulnerability, and which are not supported by other agencies with similar objectives will be targeted. The approach is strongly aligned to both government recovery and longer-term plans, and the JRC 5-year strategic plan.

The adaptation and risk reduction capacities of the local communities will be improved through the execution of micro and medium sized projects, which will emerge from community led assessments, such as eVCAs and the resultant resilient action plans. These projects will focus on preparedness and mitigation actions to reduce hazard impacts at the community level.

The Jamaica Red Cross will draw on its experience in implementing nature-based solutions projects and has incorporated climate smart programming will target the restoration of critical protective ecosystems, such as mangroves and upland forests, which will 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.

## 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> |        |        |
|-----------------|--|--------|--------|
| Key indicators: | Indicator  | Actual | Target |
|                 | <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> | No  | Yes/No |
| <i>Resource Mobilisation plan for the JRC developed and implemented.</i>  | No  | Yes/No |
| <i>Training in financial planning and management conducted.</i>   | No  | Yes/No |
| <i>JRC has met all statutory obligations.</i>   | Yes | 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      |
| <i>Develop a Digital Transformation Strategy and support its implementation.</i>  | Yes | Yes/No |

Hurricane Melissa highlighted the importance of sustained investment in volunteer development, branch capacity, and organizational systems to support large-scale emergency operations. 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.

Significant progress was made in planning across key National Society Development areas with the Jamaica Red Cross. The National Society held a Strategic Planning Meeting on March 30-31 alongside the IFRC Head of Delegation and Head of Country Office to develop their Strategic Plan 2026-2031. This exercise has supported the National Society in defining its long-term transformation plan with a focus on strengthening its auxiliary role, enhancing leadership and governance, and improving financial sustainability.

The Jamaica Red Cross strategic planning meeting had four major outputs: a five-year vision positioning JRC as a community-powered, financially sustainable humanitarian leader with world-class disaster management and psychosocial services; a set of core service priorities including disaster preparedness and response, resilience-building, psychosocial support, and community health mobilization, alongside revenue-generating activities such as first aid/CPR training, home nursing certification, and ambulance services; a financial sustainability roadmap centered on IFRC cost recovery, leveraging physical assets, and organizational structure priorities emphasizing stronger branch capacity, separation of business and humanitarian functions, investment in people and systems,

and protection of JRC's brand, volunteer culture, and disaster management capabilities. These decisions were reinforced by personal commitments from leadership to ensure momentum and implementation. Over the next few months, the Jamaica Red Cross with support from the Country Cluster Delegation (CCD) and Country Office (CO), will focus on advancing its transformation agenda through the finalization of its Strategic Plan. Efforts will continue to strengthen financial sustainability through the development of a business development plan aimed at better leveraging National Society assets and expanding income-generating initiatives, including commercial first aid, ambulance services, and other strategic opportunities. The National Society will also continue engaging with public authorities to strengthen its auxiliary role while support for leadership and governance strengthening remain a priority to ensure the JRC is well positioned for long-term sustainability, effectiveness, and growth.



## 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>Indicator</b>   | <b>Actual</b> | <b>Target</b> |
| <b>Key indicators:</b> | <i>Membership coordination meetings with bilateral partners, organized, and updates shared with NS leadership, HEOPS and internal stakeholders.</i>  | 6             | 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             | 4             |

Coordination remained focused on aligning the interests and contributions of Red Cross Red Crescent Movement partners in support of the Jamaica Red Cross' immediate relief operation while laying the foundation for longer-term recovery and institutional strengthening. Daily coordination was maintained with the Jamaica Red Cross, Partner National Societies, the ICRC, the French Red Cross (PIRAC), and regional National Societies supporting the operation through surge personnel, bilateral fundraising initiatives, media campaigns, technical assistance and the coordination of unsolicited in-kind donations. Particular collaboration with the French Red Cross enabled the establishment of a Water Treatment Plant in support of the Jamaica Red Cross and the Ministry of Health, while the ICRC deployed expertise through its Restoring Family Links Specialist Pool.

The Hurricane Melissa operation mobilized surge personnel representing more than 22 nationalities. During the initial phase of the response, network coordination was facilitated through a dedicated Membership Coordinator working closely with the Jamaica Red Cross, the IFRC Country Cluster Delegation and the Regional Office. This significantly strengthened Movement coordination and enabled the efficient deployment and rotation of personnel and relief equipment.

To support coordinated decision-making across the IFRC Network, three Partner National Society coordination calls were convened on 30 October, 12 November 2025 and 9 March 2026. These meetings brought together Movement partners from across the Americas and Europe to share operational updates, coordinate technical and financial support, align bilateral assistance with the priorities of the Jamaica Red Cross and begin planning the transition from emergency response to recovery.

Humanitarian diplomacy formed an important component of the operation. Throughout the reporting period, the Jamaica Red Cross and IFRC facilitated a series of high-level engagements involving IFRC leadership, donor governments and development partners. In November 2025, the IFRC Regional Director for the Americas visited Jamaica, undertaking bilateral meetings with the diplomatic missions of the United States, Canada, the United Kingdom and Japan, while also initiating dialogue with the Ministry of Foreign Affairs and Foreign Trade regarding strengthened IFRC engagement in Jamaica. The operation also facilitated the visit of Canada's Secretary of State, the Honourable Randeep Sarai, to the Jamaica Red Cross headquarters, highlighting Canada's significant contribution to the health response, relief and surge deployment.

In January 2026, the IFRC President undertook high-level meetings with the Prime Minister, the Minister of Foreign Affairs and Foreign Trade, the Minister of Labour and Social Security and other senior Government officials. These engagements further strengthened recognition of the Jamaica Red Cross as an auxiliary to the public authorities and positioned the IFRC Network as a strategic partner in reconstruction, shelter recovery, cash assistance, livelihoods, health and mental health.

The response also highlighted opportunities to further strengthen the Jamaica Red Cross' capacity to fully exercise its auxiliary role. In response, the IFRC, working closely with the Ministry of Foreign Affairs and Foreign Trade, advanced the establishment of an IFRC Country Office in Jamaica. Government approval was granted on 30 March 2026 and publicly announced by the Minister of Foreign Affairs during the visit of the IFRC Secretary General in April.

The Secretary General's visit, held alongside the Recovery Conference, marked a significant milestone in the operation. The visit elevated political engagement, reinforced Government ownership of the reconstruction agenda, strengthened the positioning of the Jamaica Red Cross as the humanitarian auxiliary to public authorities, and created new opportunities for strategic partnerships and resource mobilization. Throughout the operation, the Jamaica Red Cross and IFRC also facilitated multiple field visits for donor governments, including the United Kingdom, the United States and Japan, strengthening confidence in the operation and the network and promoting continued support for Jamaica's reconstruction.



## 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> | 117 | No set target as this will be ongoing as needed |
|                        | <i>Number of IFRC monitoring missions.</i>   | 27  | No set target as this will be ongoing as needed |

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.

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.

In total **117 international surge personnel**, 67 of them female and 50 male, from over **30 countries** and **18 National Societies** were deployed to Jamaica to support the national response.

## D. FUNDING<sup>6</sup>

|             |                         |
|-------------|-------------------------|
| Funding     | 11,814,551              |
| Expenditure | -5,660,532              |
| Balance     | <u><u>6,154,019</u></u> |

| Funding Coverage | Funding Requirement (CHF) | Amount Raised (CHF) | Funding Gap (CHF) | Coverage (%) |
|------------------|---------------------------|---------------------|-------------------|--------------|
| IFRC Secretariat | 19,000,000                | 11,814,551          | 7,185,449         | 62.18 %      |

## Contact information

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

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<sup>6</sup> By 31 May 2026.

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#### 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.

All figures in Swiss Francs (CHF)

APPEAL

## MDRJM005 - Jamaica - Hurricane

OPERATING TIMEFRAME  
 23 Oct 2025 to 31 Oct 2027

APPEAL LAUNCH DATE  
 24 Oct 2025

REPORT STATUS

INTERIM

### SECTION I Emergency Appeal Funding Requirements

TOTAL FUNDING REQUIREMENTS

**19,000,000**

CHF

DONOR RESPONSE\* (as per 07 Jul 2026)

**11,814,551**

CHF

APPEAL COVERAGE

**62%**

of total funding requirement

### SECTION II IFRC Operating Budget Implementation

| STRATEGIC PRIORITIES & ENABLING APPROACHES             | OP STRATEGY       | OP BUDGET        | EXPENDITURE      | VARIANCE         |
|--|-------------------|------------------|------------------|------------------|
| AP000 - Undefined output                               | 0                 | 0                | 0                | 0                |
| PO01 - Shelter and Basic Household Items               | 0                 | 3,040,021        | 1,126,270        | 1,913,751        |
| PO02 - Livelihoods                                     | 0                 | 60,800           | 22,333           | 38,467           |
| PO03 - Multi-purpose Cash                              | 0                 | 1,509,000        | 2,138,396        | -629,396         |
| PO04 - Health  | 0                 | 96,000           | 5,502            | 90,498           |
| PO05 - Water, Sanitation & Hygiene                     | 0                 | 601,800          | 171,934          | 429,866          |
| PO06 - Protection, Gender and Inclusion                | 0                 | 53,000           | 24,731           | 28,269           |
| PO07 - Education                                       | 0                 | 0                | 0                | 0                |
| PO08 - Migration                                       | 0                 | 0                | 0                | 0                |
| PO09 - Risk Reduction, Climate Adaptation and Recovery | 19,000,000        | 1,642,213        | 279,264          | 1,362,949        |
| PO10 - Community Engagement and Accountability         | 0                 | 0                | 1,042            | -1,042           |
| PO11 - Environmental Sustainability                    | 0                 | 0                | 0                | 0                |
| <b>Planned Operations Total</b>                        | <b>19,000,000</b> | <b>7,002,834</b> | <b>3,769,474</b> | <b>3,233,360</b> |
| EA01 - Coordination and Partnerships                   | 0                 | 112,500          | 34,687           | 77,814           |
| EA02 - Secretariat Services                            | 0                 | 1,897,649        | 1,641,573        | 256,075          |
| EA03 - National Society Strengthening                  | 0                 | 724,830          | 214,798          | 510,032          |
| <b>Enabling Approaches Total</b>                       | <b>0</b>          | <b>2,734,979</b> | <b>1,891,058</b> | <b>843,921</b>   |
| <b>TOTAL</b>   | <b>19,000,000</b> | <b>9,737,813</b> | <b>5,660,532</b> | <b>4,077,281</b> |

### SECTION III Operating Movement & Closing Balance

|   |                  |
|---|------------------|
| Opening Balance                                 | -3,587           |
| Income (includes outstanding DREF Loan per IV.) | 11,307,302       |
| Expenditure                                     | -5,660,532       |
| <b>Closing Balance</b>                          | <b>5,643,183</b> |
| Deferred Income                                 | 712,459          |
| Funds Available                                 | 6,355,642        |

### SECTION IV DREF Loan

|                                  |       |           |             |   |              |           |
|----------------------------------|-------|-----------|-------------|---|--------------|-----------|
| * not included in Donor Response | Loan: | 1,000,000 | Reimbursed: | 0 | Outstanding: | 1,000,000 |
|----------------------------------|-------|-----------|-------------|---|--------------|-----------|

## SECTION V Contributions by Donor and Other Income

| Opening Balance                             |                   |               |                  |                  |                   | -3,587          |  |
|---|-------------------|---------------|------------------|------------------|-------------------|-----------------|--|
| INCOME TYPE                                 | Cash              | InKind Goods  | InKind Personnel | Other Income     | TOTAL             | Deferred Income |  |
| American Red Cross                          | 3,919,130         | 0             | 0                | 0                | 3,919,130         | 0               |  |
| Belgian Red Cross (Flanders)                | 55,854            | 0             | 0                | 0                | 55,854            | 0               |  |
| Benevity, Inc                               | 2,679             | 0             | 0                | 0                | 2,679             | 0               |  |
| Bloomberg                                   | 0                 | 0             | 0                | 0                | 0                 | 0               |  |
| British Red Cross                           | 1,668,119         | 0             | 0                | 0                | 1,668,119         | 0               |  |
| DREF Allocations                            | 0                 | 0             | 0                | 920,000          | 920,000           | 0               |  |
| ELMA Relief Foundation                      | 250,000           | 0             | 0                | 0                | 250,000           | 0               |  |
| FBAF Allocations                            | 0                 | 0             | 0                | 80,000           | 80,000            | 0               |  |
| Great Britain - Private Donors              | 210,200           | 0             | 0                | 0                | 210,200           | 0               |  |
| Greenaap Consultants Ltd                    | 40,269            | 0             | 0                | 0                | 40,269            | 0               |  |
| Italian Government Bilateral Emergency Fund | 186,258           | 0             | 0                | 0                | 186,258           | 0               |  |
| Japanese Government                         | 215,704           | 0             | 0                | 0                | 215,704           | 589,090         |  |
| Japanese Red Cross Society                  | 25,618            | 0             | 0                | 0                | 25,618            | 0               |  |
| King Charles III Charitable Fund (KCCF)     | 15,761            | 0             | 0                | 0                | 15,761            | 0               |  |
| KPMG International Cooperative(KPMG-I)      | 79,961            | 0             | 0                | 0                | 79,961            | 0               |  |
| Liechtenstein Red Cross                     | 59,080            | 0             | 0                | 0                | 59,080            | 0               |  |
| Luxembourg Government                       | 231,986           | 0             | 0                | 0                | 231,986           | 0               |  |
| Nestle                                      | 3,876             | 0             | 0                | 0                | 3,876             | 0               |  |
| New Zealand Government                      | 137,490           | 0             | 0                | 0                | 137,490           | 0               |  |
| New Zealand Red Cross                       | 10,441            | 0             | 0                | 0                | 10,441            | 0               |  |
| On Line donations                           | 141,880           | 0             | 0                | 0                | 141,880           | 0               |  |
| Other                                       | 7,187             | 0             | 0                | 0                | 7,187             | 0               |  |
| RA Tickets Ltd                              | 2,092             | 0             | 0                | 0                | 2,092             | 0               |  |
| Red Cross of Monaco                         | 18,557            | 0             | 0                | 0                | 18,557            | 0               |  |
| Slovenian Red Cross                         | 4,667             | 0             | 0                | 0                | 4,667             | 0               |  |
| Spanish Red Cross                           | 155,271           | 37,928        | 0                | 0                | 193,199           | 0               |  |
| Swiss Government                            | 250,000           | 0             | 0                | 0                | 250,000           | 0               |  |
| The Netherlands Red Cross                   | 300,963           | 0             | 0                | 0                | 300,963           | 0               |  |
| The Republic of Korea National Red Cross    | 26,777            | 0             | 0                | 0                | 26,777            | 0               |  |
| Turkish Red Crescent Society                | 15,000            | 0             | 0                | 0                | 15,000            | 0               |  |
| United States Government - PRM              | 2,224,553         | 0             | 0                | 0                | 2,224,553         | 123,369         |  |
| Z Zurich Foundation                         | 10,000            | 0             | 0                | 0                | 10,000            | 0               |  |
| <b>Total Contributions and Other Income</b> | <b>10,269,374</b> | <b>37,928</b> | <b>0</b>         | <b>1,000,000</b> | <b>11,307,302</b> | <b>712,459</b>  |  |
| <b>TOTAL INCOME AND DEFERRED INCOME</b>     |                   |               |                  |                  | <b>11,307,716</b> | <b>712,459</b>  |  |