

OPERATION UPDATE

Cuba | Hurricane Melissa

Emergency appeal №: MDRCU013 Emergency appeal launched: 30/10/2025 Operational Strategy published: 17/11/2025	Glide №: FL-2025-000201-CUB
Operation update #1 Date of issue: 01/12/2025	Timeframe covered by this update: From 30/10/2025 to 30/11/2025
Operation timeframe: 24 months (30/10/2025 - 31/10/2027)	Number of people being assisted: 100,000
Funding requirements (CHF): CHF 15 million through the IFRC Emergency Appeal CHF 16.5 million Federation-wide	DREF amount initially allocated: CHF 1 million

To date, this Emergency Appeal, which seeks CHF 15,000,000, is 18 percent funded. Further funding contributions are needed to enable the Cuban Red Cross, with the support of the IFRC, to continue to address the urgent humanitarian needs of the communities affected by Hurricane Melissa in Cuba.

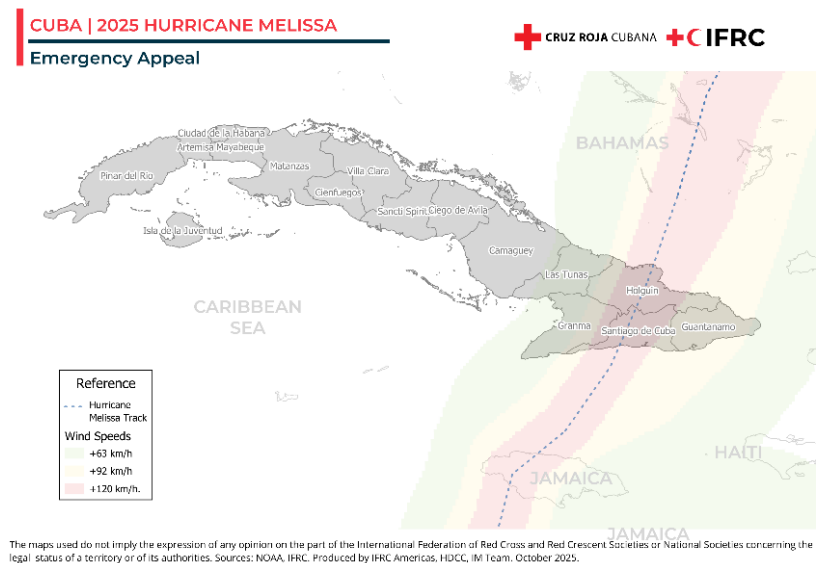


Psychosocial support session in the El Aguacate community in Santiago de Cuba with children during the distribution of humanitarian aid, led by Julio, CRC's psychologist.

A. SITUATION ANALYSIS

Description of the crisis

Hurricane Melissa developed from a tropical wave on 25 October 2025 and rapidly intensified into a Category 5 storm by 28 October, with sustained winds of 185 mph (295 km/h) and a central pressure of 892 millibars – making it one of the most powerful hurricanes ever recorded in the Caribbean basin. After striking Jamaica as a Category 5 hurricane, Melissa made landfall in Santiago de Cuba on 29 October as a Category 3 hurricane with sustained winds of 125 mph (195 km/h). The storm produced extreme rainfall of up to 25 inches, resulting in catastrophic flooding, landslides, and significant storm-surge impacts. Close to 2.2 million people have been affected, and no fatalities have been reported.



Cuban authorities, supported by the Cuban Red Cross (CRC), undertook extensive preparedness measures, including mass evacuations, with approximately 735,000 evacuated prior to the storm,¹ the activation of shelters, and the safeguarding of critical assets to reduce the storm’s devastating effects. The provinces of Guantánamo, Santiago de Cuba, Holguín, Granma, Las Tunas, and Camagüey were placed under the highest alert level before landfall, with Santiago de Cuba suffering the most severe damage. Heavy rainfall caused widespread flooding in areas such as Charco Redondo and Las Villas Reservoir, while landslides and storm surge compounded destruction across affected communities. As of mid-November, approximately 53,000 people remain evacuated,² while the region continues to face a multi-crisis emergency, with concurrent outbreaks of dengue and chikungunya, which have further strained local health services. Recent estimates from health authorities indicate that 30 percent of Cuba’s population has recently suffered from various arboviral diseases.³ The epidemiological situation is deteriorating rapidly, with a sharp rise in febrile illnesses, more municipalities reporting increased case numbers, and a growing number of severe cases— including minors—requiring intensive care. Chikungunya and dengue transmission remain active, and vector control teams have detected thousands of *Aedes Aegypti* breeding sites and a high infestation index. These conditions, combined with post-hurricane access constraints, are heightening health risks and further straining health services already impacted by the hurricane.⁴









¹ [Plan of Action – Response to Hurricane Melissa: United Nations System in Cuba](#)

² [OCHA. Cuba, Hurricane Melissa: Flash Update No. 6](#)

³ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 7 \(as of 14 November 2025\)](#)

⁴ [Cubadebate: MINSAP informa sobre situación epidemiológica nacional \(24 November, 2025\)](#)

Preliminary assessments indicate that nearly 149,000 homes are affected, including 95,000 in Santiago de Cuba alone.⁵ Of the 642 health facilities that sustained damage, 235 have already been rehabilitated,⁶ helping allow essential healthcare services to resume. Additionally, 2,117 educational centers have sustained damage,⁷ affecting healthcare delivery and schooling for over 670,000 students.⁸ Around 450,000 people lack access to safe water, and critical services such as electricity, transport, and communications remain disrupted.

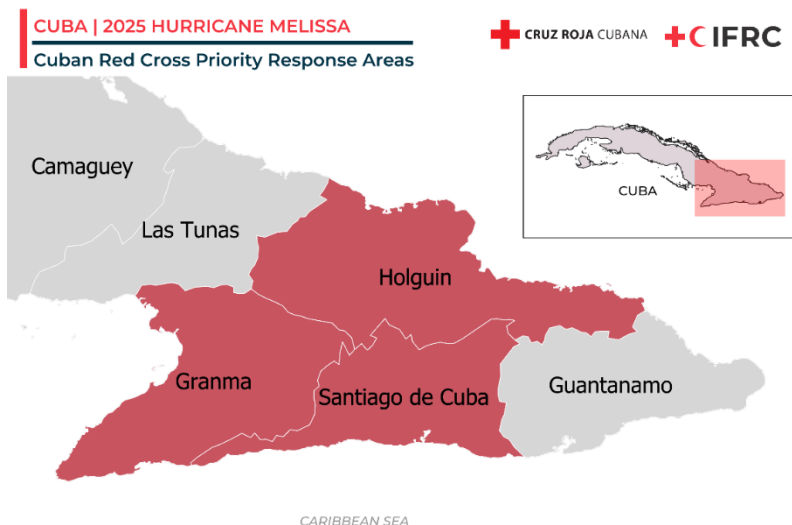
DISASTER OVERVIEW (as of November 30)					
	People In Need	2.2 million		People Remain Evacuated	53,000
	Educational Centers Damaged	2,117		Healthcare Institutions Damaged	642
	Households Damaged	149,000		Crops Damaged (Hectares)	158,000
	Population Recently Affected by Arboviral Diseases	30%		Fatalities	0

Summary of response

Overview of the host National Society and ongoing response

The Cuban Red Cross (CRC) maintains a nationwide presence with 39,648 volunteers organized across 15 departmental and 183 local branches. It is integrated into the National Health System and works in close coordination with the National Civil Defence System and the Ministry of Public Health (MINSAP). Through its Operations and Relief Department, the CRC leads disaster relief efforts and manages prevention, preparedness, response, and recovery activities at the community level, including Restoring Family Links (RFL).

The CRC is an active member of the Civil Defence Council and plays a key role in Cuba's disaster management structure. Its collaboration with the National Civil Defence



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. Sources: ICRC; UN. Produced by IFRC Americas, HDCC, IM Team, November 2025.

⁵ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 7](#)

⁶ [PAHO Regional Situation Report 4 - Hurricane Melissa](#)

⁷ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 6 \(as of 8 November 2025\)](#)

⁸ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 4](#)

System and MINSAP ensures a unified approach to emergency preparedness and response. This partnership enables joint planning and execution of mass evacuations, shelter management, and health interventions during disasters. The CRC also coordinates with international actors such as the UNETE group to strengthen response capacity.

Ahead of Hurricane Melissa, CRC mobilized staff and volunteers 72 hours before landfall, initiating evacuations on 26 October. An initial total of 4,436 volunteers were deployed to support rescue operations, conduct damage assessments, and provide psychosocial support in 35 evacuation centers. As of 30 November, 2,884 volunteers and 163 staff remain activated, carrying out key activities such as providing psychosocial support, assisting in protection centers, delivering emergency supplies, and supporting the setup of essential facilities, including a field hospital in Río Cauto (Granma) and WFP warehouses in Contramaestre (Santiago de Cuba). The CRC distributed 1,000 pre-positioned family relief kits and began delivering IFRC-provided items—such as kitchen sets, hygiene kits, bedding, mosquito nets, solar lamps, and plastic sheeting—to affected communities in Santiago de Cuba, Granma, and Holguín. Additionally, 612 volunteers have provided RFL services, processed 325 search cases, and transmitted 34 Red Cross messages via amateur radio.

Needs analysis

Needs analysis

Following the hurricane's impact, urgent needs have emerged across affected provinces resulting from disrupted access to water, electricity, healthcare, and education. Damaged infrastructure and flooding have heightened health and sanitation risks, compounded by ongoing disease outbreaks and the cumulative effects of previous disasters, leaving vulnerable populations with limited coping capacity.

The Cuban Red Cross, part of Directive No. 1 of the Republic of Cuba, participates in all levels of the Civil Defense Councils. Following an adverse event, the Civil Defense Council leads damage assessments and needs analyses with support from relevant offices. In this emergency, Civil Defense coordinated with the Housing Office and social workers to assess property damage and identify people impacted. The CRC supported this process by cross-checking the verified lists against the Appeal's selection criteria—developed with IFRC support—to ensure that identified needs are translated into transparent, traceable, and appropriately targeted assistance for the most vulnerable.

This section summarizes the unmet needs and response gaps identified in Cuba. It draws on rapid assessments and situation reports from multiple actors, including the CRC, OCHA, and other humanitarian organizations, and highlights current and emerging vulnerabilities, health and protection risks, and limitations in coping capacity.

Shelter

Hurricane Melissa affected approximately 150,000 homes, forcing families into overcrowded schools, universities, and temporary collective centres. Pre-existing housing deficits and slow reconstruction exacerbate exposure to hazards, increasing vulnerability to further storms and continuous rainfall. Urgent support is needed to provide safe, durable shelter solutions that reduce overcrowding and associated protection risks, especially for women, children, and people with disabilities, and to restore dignity to displaced families and enable the resumption of education services.

Livelihoods

Hurricane Melissa resulted in significant impact in livelihoods across Cuba, with 158,000 hectares of crops damaged – grains, cassava, plantains, and coffee among the hardest hit.⁹ In Santiago de Cuba, continued flooding has delayed comprehensive assessment of coffee production losses. Damage to fishing vessels and livestock has also affected

⁹ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 7 \(As of 14 November, 2025\)](#)

food availability and household livelihoods. These effects coincide with additional disruptions to the national power system, where existing infrastructure limitations and fuel constraints have contributed to widespread outages, affecting food storage, distribution, and market operations.

Health

Damage to 642 healthcare institutions (235 of which have already been rehabilitated), medicine shortages, damaged road access, affected medical equipment, losses in medical supplies, electricity outages, and disrupted infrastructure have significantly constrained healthcare delivery.¹⁰ The surge in suspected cases of Dengue, Oropouche and Chikungunya in Cuba, since the arboviral diseases outbreak declared in October by the MINSAP, especially in Matanzas and the eastern provinces, is driven by heavy rainfall that boosts mosquito breeding and disease transmission. Limited access to fumigation and vector-control equipment, coupled with low community awareness, hampers prevention efforts. Inadequate training for early case detection and the absence of essential tools like mosquito nets and sprayers exacerbate the crisis, while affected populations face psychological distress and economic hardship due to illness and hospitalization. Additionally, severe disruptions to the power grid have heightened the risk of difficulties in health care access, especially in communities with limited access to refrigeration, supply chains, and essential services.

Water, Sanitation, and Hygiene (WASH)

Access to safe drinking water is critically limited due to damaged networks and power outages. Emergency purification plants serve only a fraction of the affected populations, and hygiene awareness campaigns are urgently needed to prevent disease outbreaks. Immediate support to restore water infrastructure and expand purification capacity to reach underserved communities is needed. Without adequate WASH interventions, the risk of waterborne illnesses and hygiene-related infections will continue to rise, especially among children and vulnerable groups.

Protection, Gender, and Inclusion (PGI)

Women, children, persons with disabilities, and rural households face heightened protection risks, interrupted education, and reduced coping capacity. Over 670,000 students, including 8,500 with disabilities, have been impacted by school closures, increasing vulnerability and psychosocial distress. Targeted PGI support is needed to ensure safe and inclusive recovery services. Without coordinated interventions, marginalised groups risk being left behind in both the humanitarian response and long-term recovery efforts.

Disaster Risk Reduction (DRR)

Existing socioeconomic conditions, previous storm impact, and ongoing rainfall contribute to elevated disaster risk in affected regions. Limited shelter options and extended recovery timelines increase exposure to hazards, while the extended hurricane season threatens further damage to housing, livelihoods, and ecosystems. Strengthening disaster risk reduction efforts – including resilient infrastructure, early warning systems, and community-based preparedness – can help reduce potential impacts. Investing in mitigation measures and climate-adaptive planning may also support efforts to limit future losses and protect at-risk populations from escalating environmental threats.

Restoring Family Links (RFL)

The CRC is actively conducting Restoring Family Links (RFL) activities to reconnect families separated by the disaster and plans to acquire additional RFL kits to strengthen its capacity. However, widespread power outages and severe damage to telecommunications—leaving only a fraction of landlines and radio base stations operational—have

¹⁰ [OCHA. Cuba, Hurricane Melissa: Flash Update No. 6 \(As of 8 November, 2025\)](#)

significantly hindered communication and emergency coordination. In this context, digital connectivity has become critical, both for locating missing relatives and for supporting the psychosocial well-being of affected communities. Access to charging, Wi-Fi, and communication tools provides reassurance, reduces anxiety, and helps maintain resilience during the crisis.

Operational risk assessment

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

- Prolonged operations and overlapping emergencies (e.g. hurricanes, arbovirus outbreak, earthquake) may lead to volunteer fatigue and reduced capacity for sustained engagement.
- Exposure to vector-borne diseases and unsafe environments during community work may increase infection or accident risk among volunteers or IFRC staff.
- Delays in the procurement and transport of essential supplies due to import restrictions as a result of the US embargo pose a significant challenge in emergency situations.
- Looting of government trucks transporting food assistance due to the unavailability or scarcity of supplies at the local level.
- Insufficient funds pose a risk to operational continuity.

B. OPERATIONAL STRATEGY


Update on the strategy

The [Operational Strategy](#) for this response was published on November 17, 2025.

The indicators have been reviewed and updated for each strategic sector of intervention to better capture the progress and key actions. The updated indicators are presented in Section C.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements	Female > 18: 20,280	Female < 18: 5,070
	Male > 18: 19,720	Male < 18: 4,930

Objective:	Support families in achieving safe sheltering solutions in the short and long-terms, with an emphasis on the Build Back Better (BBB) approach.
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Key indicators:	Indicator	Actual	Target
	Number of households provided with relief items (tarpaulins, shelter tool kits, and sleeping kits)	500	5,000 (DREF: 2,200 ¹¹)
	Number of households provided with essential household items (kitchen sets, mattresses, bedding sets, and solar lamps)	500	15,000 (DREF: 2,200 ¹²)
	Number of people who attended basic awareness raising sessions on safe shelter	500	5,000 (DREF: 2,200)
	Number of staff and volunteers trained in participatory methods such as PASSA	0	TBD
	Number of people who attended home repair training workshops and technical orientation sessions on roof repair, safe roofing practices, and Build Back Safer guidance ¹³	0	TBD
	Number of households provided with roofing kits ¹⁴	0	3,100
	Number of repair toolkits distributed	0	80

The Cuban Red Cross (CRC) is carrying out shelter operations, prioritizing moderately and severely damaged homes in municipalities of the provinces of Santiago de Cuba, Granma, and Holguín, the areas most affected by Hurricane Melissa.

¹¹ 2,200 shelter toolkits; 300 sleeping kits

¹² 2,200 kitchen sets; 4,400 solar lamps (2 per household)

¹³ The indicator was revised from “Number of technical orientation sessions conducted for school management committees on safe roofing practices, including Build Back Safer guidance” to “Number of people who attended home repair training workshops and technical orientation sessions on roof repair, safe roofing practices, and Build Back Safer guidance”, integrating “Number of community roofing brigade members who attended home repair training workshops.” The change was made to better capture the reach of the activity by measuring participant attendance rather than the number of sessions held.

¹⁴ The indicator “Number of households with repaired or rehabilitated roofs” was removed, and “Number of households provided with roofing kits” retained. This change was made to avoid duplication, as both indicators measure the same result

During the relief phase, 500 households received essential items—including tarpaulins, shelter toolkits, kitchen and bedding kits, sleeping kits, and solar lamps—to restore basic habitability. Alongside distributions, awareness sessions on safe shelter practices, such as securing tarpaulins, ensuring ventilation, and controlling humidity, were conducted. These initial distribution efforts prioritized households with senior citizens, households with children, and households of people with disabilities, according to the PGI criteria established for the operation.

The Cuban Red Cross had 986 Family Kits pre-positioned, donated by the Chinese Red Cross, which were intended to support affected households in eastern Cuba. To date, 468 kits have been distributed in Granma, 238 in Santiago de Cuba, and 280 in Holguín.

The Cuban Red Cross, with IFRC support, hopes to expand the coverage of the Appeal's funds to support early recovery in communities impacted by Hurricane Melissa. The operational goal is to provide roofing for 5,000 homes with tarpaulins and shelter toolkits, 15,000 homes with Non-Food Items (NFIs) to replace loss of essential household items, and 5,000 people with awareness sessions on safe construction practices and the use of roofing materials.

Additionally, it is expected that 3,100 homes will benefit from roofing kits for functional home rehabilitation (reinforcement of lightweight structures, roof fixing and sealing, wind and water resistance), prioritizing them based on accessibility, material availability, and installation capacity. The National Society will provide training in roof repair using participatory methodologies (e.g., PASSA) and develop technical guidelines for school management committees on safe roofs, promoting contextualized, culturally acceptable, and affordable solutions for most vulnerable households in line with the Build Back Safer approach.

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18:	20,280	Female < 18:	5,070
	Male > 18:	19,720	Male < 18:	4,930
Objective:	Implement health promotion activities and provide first aid and psychological support services at the community level to reduce the risk of increased morbidity and mortality, and enhance the overall well-being of the affected population.			
Key indicators:	Indicator¹⁵	Actual	Target	
	Number of people reached with mental health and psychosocial services (MHPSS).	0	TBD	
	Number of volunteers and staff trained in mental health and psychosocial support (including psychological first aid).	0	TBD	
]]	Number of people trained in community-based health and first aid (CBHFA).	0	TBD	

¹⁵ The indicators “Number of community awareness messages delivered on distress, grief, and coping through appropriate channels (e.g., radio, leaflets, or distribution points)” and “Number of community-based surveillance awareness and promotion activities conducted” were removed to streamline reporting and avoid duplication, as other health & care indicators are already in place.

<i>Number of volunteers trained in Epidemic Control for Volunteers (ECV).</i>	0	TBD
<i>Number of households provided with mosquito nets and repellent</i>	500	15,000 (DREF: 2,200 ¹⁶)
<i>Number of branches receiving first aid kits and haemorrhage control kits</i>	0	50
<i>Number of local health care centres receiving backup power sources (e.g. solar panels, generators)</i>	0	3
<i>Number of provincial health facilities receiving procured medicines and medical supplies¹⁷</i>	0	(DREF: 4)

The Cuban Red Cross and the Ministry of Public Health (MINSAP) have prioritized epidemiological analysis and identification of medication and medical supply needs following the hurricane. The President of the Cuban Red Cross has periodically attended to coordination meetings chaired by MINSAP to define operational priorities by province in this context.

In response to this identification, the Canadian Red Cross has donated 30 PAHO Interagency Emergency Health Kits (IEHK) containing medications and medical supplies, to reinforce the healthcare provided by MINSAP in the affected province, which will be shipped by air. Currently shipping documents are at the request of the ministerial authorization to proceed to dispatch.

To reduce the risk of dengue, oropouche and chikungunya transmission, mosquito nets were distributed to 500 families (the same families prioritized for shelter). These actions are coordinated with local vector control campaigns and the risk communication strategy, which includes practical messages on the proper use, identification, and elimination of indoor vector breeding sites, as well as the elimination of standing water.

The Cuban Red Cross, in coordination with specialized personnel from the MINSAP, provided Psychological First Aid (PFA) and psychosocial support in vulnerable and hard-to-reach communities. The interventions took place in Aserradero and Uvero (Guamá Municipality), El Cristo (Santiago de Cuba Municipality), and Aguacate (Palma Soriano Municipality), prioritizing immediate support, basic guidance, and referrals when necessary.

In addition, the Cuban Red Cross provided operational support with 5 volunteers at a field hospital in the Vivienda Campesina community, Río Cauto Municipality (Granma Province), contributing to its installation and start-up to reinforce health care in the affected area.

In this Appeal, the Cuban Red Cross plans to strengthen capacities through training in PFA, community based health and first aid (CBHFA), Epidemic Control for Volunteers (ECV), and community surveillance (VBC), with referral pathways to the public health care system.

Furthermore, it will reinforce arbovirus surveillance by distributing mosquito nets and repellents to prioritized households, along with messages on proper use and the elimination of breeding sites. At the same time, they are purchasing larvicide, motorized foggers, and insecticides so that, in conjunction with the Ministry of Public Health

¹⁶ Mosquito nets

¹⁷ The indicator “Number of medications and medical supplies distributed” was removed, and “Number of provincial health facilities receiving procured medicines and medical supplies” retained. This change was made to avoid duplication, as both indicators measure the delivery of medical supplies

(MINSAP), they can implement measures to stop the transmission of arboviruses by eliminating the vector. Funds from this Appeal will enable continued purchases of medications, medical supplies, and backup power sources (solar panels/generators) for local health centers, supporting the cold chain, lighting, and the operation of vital equipment.



Water, Sanitation and Hygiene

Female > 18:

20,280

Female < 18:

5,070

Male > 18:

19,720

Male < 18:

4,930

Objective:

Increase access to safe drinking water, sanitation facilities, and hygiene promotion services for the affected population to reduce the risk of waterborne diseases.

Indicator¹⁸

Actual

Target

Number of households reached with hygiene kits

500

15,000 (DREF: 2,200)

Number of people reached with menstrual hygiene kits.

0

15,000 (DREF: 700)

Key indicators:

Number of households reached with household water storage and water treatment items.

0

15,000 (DREF: 2,200¹⁹)

Number of community-level hygiene promotion / awareness sessions conducted

0

10

Number of volunteers and staff trained in WASH.

0

120

Number of households reached through community health and vector control campaigns.

0

(DREF: 2,200)

Swiss government and Swiss Red Cross teams supported the rapid response following Hurricane Melissa, in collaboration with the Cuban Red Cross. WASH specialists were deployed from Switzerland and, in collaboration with the Institute of Hydraulic Resources of Santiago de Cuba, assessed and installed a water treatment plant at the "Alberto Fernández Montes de Oca" Municipal Hospital in San Luis, thereby improving the hospital's water quality.

Simultaneously, personnel from Aguas Turquino and the local Municipal Operations and Relief Group were trained to use portable water analysis laboratories, strengthening their capacity to respond to future emergencies and ensuring the quality of life for patients at the hospital and in surrounding communities. The coordination and installation of safe water systems were also carried out, benefiting 12 communities in the municipality of San Luis. With the installation of water storage tanks (bladders and WTUs) with capacities of 10,000 m³ and 5,000 m³ and water distribution systems, water supply cycles in these localities are being shortened, assisting 2,928 households (16,204 people).

¹⁸ The indicator "Number of people provided with an improved protected source of drinking water" has been deleted. This activity was implemented by the Swiss Government and Swiss Red Cross, in collaboration with the Cuban Red Cross. As it was not directly implemented by CRC, the indicator is removed from CRC reporting.

¹⁹ 2,200 water tanks (33 GL); 198,000 aquatabs for 2,200 households

Table of Water Tanks or Reservoirs (Bladders & WTU) installed in the Communities of the Municipality of San Luis, Santiago de Cuba:

No.	People's Council	Community	Installed Volume	Reached Household	Total
1	Emma Rosa Chui	Julio Maceo	10 M ³	250	1250
2	Emma Rosa Chui	Alberto Fernández	10 M ³	564	1939
3	Emma Rosa Chui	José Maceo	5 M ³	320	1500
4	Capitán San Luis	Villa Blanca	5 M ³	288	1440
5	Capitán San Luis	Villa Blanca	5 M ³	256	1280
6	Capitán San Luis	López Peña	10 M ³	125	2000
7	Capitán San Luis	Barrio ATM	5 M ³	288	1440
8	Capitán San Luis	Nuevo Capitán San Luis	5 M ³	65	325
9	Dos Caminos	Antonio Guiteras	10 M ³	250	1250
10	Dos Caminos	Zona 74	5 M ³	400	2000
11	Rafel Reyes	Las Gorgojas	5 M ³	90	1500
12	José Martí	Vectores	5 M ³	32	280
	Total			2,928	16,204

With the support of the IFRC, the Cuban Red Cross distributed 500 hygiene kits to families who also received the previously mentioned Shelter kits and mosquito nets. These distributions were accompanied by the promotion of key hygiene messages.

This Appeal is expected to reach 15,000 households with hygiene kits and water storage and treatment solutions (jerrycans, buckets with taps and lids, aquatabs/household water filters), along with key messages on proper use.

In addition, it is expected to reach 15,000 people with menstrual hygiene kits and 15,000 people with dignity kits. These distributions will be accompanied by promotion of accessible hygiene, with a PGI approach to cultural relevance and safeguards.

Finally, actions are planned to strengthen the Cuban Red Cross's capacity through WASH training for staff and volunteers on water quality, chlorination, prevention of waterborne diseases, and related topics.



Protection, Gender and Inclusion

Objective:	Ensure that Cuban Red Cross staff and volunteers identify the needs of the most at risk and particularly disadvantaged groups, facilitating access to assistance, equitable participation, and safe and dignified conditions in collective centres.		
Key indicators:	Indicator²⁰	Actual	Target
	<i>Number of Cuban Red Cross staff and volunteers trained on protection of sexual exploitation and abuse (PSEA) and all forms of child safeguarding.</i>	0	150
	<i>Number of community awareness campaigns conducted on PSEA, including dissemination of printed safeguarding key messages.</i>	0	10
	<i>Number of device charging kits distributed to support RFL services during emergencies.</i>	0	6

All actions of the operation are planned and executed in accordance with the principles and standards of Protection, Gender, and Inclusion (PGI), with a focus on “do no harm”, accessibility, dignity, safety, and informed participation.

The Cuban Red Cross (CRC) has mainstreamed PGI so that all distribution, training, and services incorporate specific actions to prevent the risks of exclusion, violence, exploitation, or abuse and to guarantee equitable access, with an emphasis on people at greatest risk.

*So far, 596 households from 49 communities have received assistance, out of which 51 percent of women and 49 percent men in the population. Of these, 1,032 are under 18, **706 are 60 or older, and 86 people with disabilities also get help.***

To prevent and respond to Sexual Exploitation and Abuse (SEA) and strengthen child protection, staff and volunteers will receive mandatory training on the code of conduct, safe reporting channels, and the handling of confidential complaints.

Since the beginning of the response, the CRC has been providing search and rescue services, 612 volunteers implemented Restoring Family Links (RFL) services and carried out 325 search cases across all hurricane phases, 34 Red Cross messages were transmitted via Cuban amateur radio operators. To better support their actions, local branches in the affected areas will be provided with RFL kits—backpacks developed by the Mexican Red Cross—that are used for charging electrical devices. This action not only opens a communication channel with family members but also allows the community to access support lines and official service information.

²⁰ The indicators “The Cuban Red Cross has a Protection, Gender and Inclusion (PGI) focal person”, “Number of safe spaces established for women and children in shelters” and “The Cuban Red Cross has standalone, integrated or mainstreamed PGI programming that meets agreed minimum standards” were removed to streamline reporting and avoid duplication, as other PGI indicators are already in place.



Source: Mexican Red Cross RFL Device Charging Kits

To maintain the quality of PGI's cross-cutting implementation within the operation, training reinforcements, accessible printed materials, simplified channels for sensitive complaints, coordination with CEA and MHPSS are planned. This framework ensures that PGI is not an add-on, but rather the ethical and practical foundation of all actions, guaranteeing safe, relevant, and genuinely inclusive assistance.



Community Engagement and Accountability

Female > 18:

12,168

Female < 18:

3,042

Male > 18:

11,832

Male < 18:

2,958

Objective:

Strengthen community engagement and accountability to enable the CRC to have a thorough understanding of community needs, integrating meaningful community participation, and implementing effective mechanisms to listen to and act on community feedback throughout the response.

Key indicators:

Indicator	Actual	Target
Number of complaints, questions, suggestions, inquiries and appreciations received through the feedback mechanism.	0	TBD
Number of staff, volunteers and leadership trained in community engagement and accountability.	0	150
Percentage of affected people surveyed report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.	0	70%
Percentage of people surveyed who report they know how to provide feedback about the operation.	0	70%
Number of satisfaction surveys completed.	0	5-7% of total households reached


The operation incorporates Community Engagement and Accountability (CEA) as a cross-cutting approach, ensuring two-way communication, informed participation, and decision-making informed by community feedback. From design to

closure, transparent, timely, and practical messages are established to inform people about what is offered, who can benefit, where and when services are offered, and how they can exercise their right to ask questions, file complaints, or make suggestions without fear of reprisal.

Leaders remain informed about the delivery of the assistance, promoting open community participation. Social workers conduct coordinated visits and assess family vulnerabilities using Washington Group criteria to ensure population safety and transparency in the process. To ensure transparency and accountability in the activities of the Cuban Red Cross, 7 Feedback Committees were established, one for each municipality, to encourage greater community participation in the actions carried out by the National Society.

For the essential household items, announcements specifying eligibility criteria, kit contents, and safe use instructions are provided. In WASH, key hygiene and water storage/treatment practices are reinforced with visual materials and short demonstrations. In Health/MHPSS, key health promotion, disease prevention and psychosocial self-care messages and alerts are disseminated. Coordination with PGI ensures inclusive language, accessibility, and safety, and with RFL, information is provided on device charging points and times, as well as contact lines. All community sessions include time for questions and feedback.

To maintain the quality of CEA implementation, ongoing CEA training for National Society staff is planned. Topics such as active listening, communication, and complaint management (including sensitive complaints) have been established in these training sessions.

	Risk Reduction, climate adaptation and Recovery	Female > 18: 5,704	Female < 18: 1,901
		Male > 18: 5,916	Male < 18: 1,479
Objective:	Strengthen community resilience to better respond to multiple hazards when a catastrophe strikes again and reduce vulnerability to future disasters and climate change impacts through targeted activities that strengthen readiness, preparedness, early action, response, and ultimately, resilience. This includes enhancing the capacities of the local National Society and relevant entities through the priority actions below.		
Key indicators:	Indicator	Actual	Target
	Number of volunteers and staff trained in EVCA.	0	TBD
	Number of participants trained in Anticipatory Action T1 to build competencies for designing, implementing, and institutionalizing AA systems.	0	TBD
	Number of municipal-level AA training sessions or ToT sessions conducted to strengthen skills in identifying community needs and risks.	0	TBD
	Number of Simplified Early Action Protocols (SEAPs) developed and validated for communities or municipalities.	0	TBD

The Cuban Red Cross will train its staff and volunteers in Enhanced Vulnerability and Capacity Assessment (VCA) so everyone can use the same method to assess local risks, impacts, and capacities.

The training will be based on a "do no harm" approach and will include Protection, Gender and Inclusion issues, as well as Community Accountability (CA) mechanisms such as feedback channels, complaint management, and the sharing of results. Using simple, easy-to-replicate tools such as short forms, community mapping, timelines, and prioritization matrices to profile neighborhoods, key services, and the most vulnerable groups will be the top priority. These tools should be easy to understand and use.

At the same time, Anticipatory Action workshops will be held to provide the Tier 1 skills for assessing and identifying hazards, using a mix set of data collection and analysis tools, laying the foundations for the future development of simplified early action protocols, including its testing, for the Cuban Red Cross to work with local governments. In these workshops, participants will learn how to analyze hazards and exposures, define verifiable triggers, assign roles and responsibilities in advance, and plan budgets and lightweight pre-positioning that can be triggered in anticipation of a disaster.

Finally, at the community or municipal level, Simplified Early Action Protocols (SEAPs) will be created and tested. These will include information about triggers, action packages, time windows, responsible parties, and minimum logistical needs. The Health, WASH, and Shelter sectors will work together to set up operational links. This way, when the set thresholds are met, the preventive response can be carried out quickly, coordinated and tracked. Results will be monitored, and lessons learned will be used to continually improve.

Enabling approaches



National Society Strengthening

Objective:	Strengthen the CRC's response capacities by supporting ongoing institutional and operational development in line with the National Society's strategy and preparedness plans, leveraging rapid response expertise and laying the foundations for longer-term capacity strengthening throughout the operation.		
Key indicators:	Indicator²¹	Actual	Target
	Number of volunteers provided with equipment for protection, safety and support (e.g. PSS) appropriate to the emergency.	0	TBD
	Number of volunteers trained through National Intervention Team (NIT) training on needs assessment, emergency response protocols, and coordination.	0	TBD

²¹ The indicator "The National Society has identified knowledge transfer mechanisms from surge capacity to their staff for the duration of the operation" was removed to streamline reporting and avoid duplication. The limited ability of surge personnel to travel to Cuba due to visa restrictions also constrains the implementation of this indicator.

	<i>Number of electric or solar generators procured and installed in affected CRC branches.</i>	0	(DREF: 4)
	<i>Number of volunteers mobilized for response activities.</i>	0	(DREF: 500)

The National Society will establish formal mechanisms for its staff and volunteers to learn new skills and acquire new abilities throughout the operation. This will include structured shadowing, shift logs, short reviews of what went well and what could have been improved at each milestone, on-site micro-training sessions, and offline access to standard materials such as SOPs, checklists, and sector-specific guides.

At the same time, volunteers will receive the appropriate personal protective equipment, safety gear, and psychosocial support for the situation, e.g., basic fieldwork PPE, flashlights and personal first-aid kits, hydration and active breaks, and access to psychological first aid and referral pathways to medical and social services. The CRC will set up a delivery and replenishment control system that focuses on safe use, maintenance, and reporting incidents. This will be done first for those working in the provinces prioritized for the intervention,

To improve response capacity, a National Intervention Team (NIT) training course will be established. The training will focus on assessing needs, following protocols, coordinating across organizations, and setting quality and accountability standards. The training will include both theory and practice, with short simulations, data-collection forms, and decision-making exercises under pressure. This will ensure that field procedures align with the CRC's information and logistics systems.

To keep operations ongoing in the affected CRCs branches, generators or solar panels will be procured. This step will help with important tasks such as coordinating, communicating and managing inventory. Three vehicles (two hardtops and one pick-up) were dispatched from Panama to Cuba on 26 November and have arrived in La Habana cargo port of Mariel on 1 December, currently under customs clearance process.



Secretariat Services

Objective:	The IFRC secretariat is capable and equipped to support hurricane response and preparedness, 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.		
Key indicators:	Indicator²²	Actual	Target
	<i>Number of rapid response personnel supporting the operation.</i>	2	2 (DREF: 1)
	<i>Number of field monitoring visits conducted by the Latin Caribbean CCD to oversee DREF implementation.</i>	1	12(DREF: 6)

²² The indicator “Joint coordination tools and mechanisms are in use within the Membership’s response (Yes/No)” was removed since this level of coordination is not currently present within the response operation and is therefore not directly relevant.

<i>Number of ARO technical support and monitoring missions conducted.</i>	0	(DREF: 2)
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The operation has a rapid response team (Surge) already mobilized to support technical and operational management. An Operations Coordinator (Bolivian Red Cross) and a Supply Chain Coordinator (Swiss Red Cross) have been deployed within the first two weeks of the operation. This support is further complemented by a multi-country team based in Panama, including an Ops Coordinator (Bolivian Red Cross), PMER Coordinator (American Red Cross), IM Coordinator (British Red Cross), a SIMS Coordinator (British Red Cross) working remotely, and an ERP Officer (IFRC) based in Trinidad and Tobago. This contingent is responsible for planning, procurement, information sharing, monitoring, and operational preparedness in close coordination with the National Society.

Regarding field monitoring, the Programs and Operations Coordinator of the Latin Caribbean CCD accompanied the Cuban Red Cross in field distribution activities, verifying delivery procedures, targeting criteria, and community feedback mechanisms.

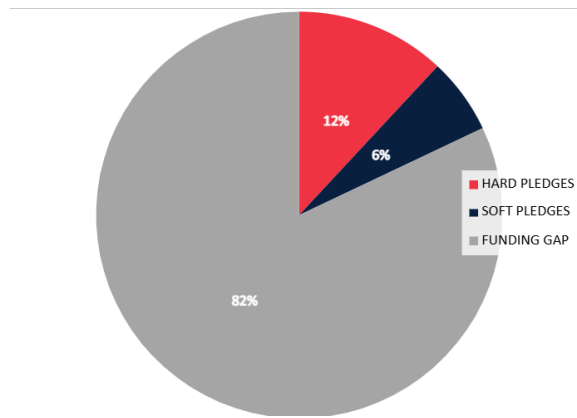
The IFRC Regional Communications Manager undertook a mission to Cuba to collect photos and testimonies, that could translate into visibility content to further support the outreach efforts. A press release was published for the one-month mark of the passing of Hurricane Melissa, focusing on mental health and psychosocial support.

Additional technical support and monitoring visits are planned, according to operational priorities and access conditions. These missions will strengthen program quality, financial management, and accountability, with working sessions alongside CRC focal points to consolidate goals, verify deliverables, and adjust procurement plans and distribution schedules.

D. FUNDING

Include summary of current financial status: income and expenditure.

Total hard pledges, in kind contributions and soft pledges CHF 2,695,352 as per the pie below.



Funding Coverage	Funding Requirement (CHF)	Amount Raise (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	15,000,000	2,695,352	12,304,648	18%

Contact information

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

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- **Operational coordination:** Luis Calero, calero@infomed.sld.cu

At the IFRC:

- **Head of Latin Caribbean Country Cluster Delegation:** Daniel Bolaños, daniel.bolanos@ifrc.org
- **Operations Coordinator for Latin Caribbean Country Cluster Delegation:** Nicolás Segura, nicolas.segura@ifrc.org
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For IFRC Geneva:

- **Senior Officer, Operations Coordinator:** Antoine Belair, antoine.belair@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

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

For In-Kind donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** José Fernando Giraldo, fernando.giraldo@ifrc.org
- **Regional Logistics Manager:** Stephany Murillo, stephany.murillo@ifrc.org

Reference documents



Click here for:

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

How we work

All IFRC assistance seeks to adhere to 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.