

Emergency appeal №: MDRCU013 Emergency appeal launched: 30/10/2025 Operational Strategy published: 17/11/2025	Glide №: FL-2025-000201-CUB
Operation update #4 Date of issue: 30/06/2026	Timeframe covered by this update: From 30/10/2025 to 30/04/2026
Operation timeframe: 24 months (30/10/2025 – 31/10/2027)	Number of people being assisted: 100,000
Funding requirements (CHF): CHF 18 million through the IFRC Emergency Appeal CHF 19.5 million Federation-Wide	DREF amount initially allocated: CHF 997,990

To date, this Emergency Appeal, which seeks 18,000,000 Swiss francs, is 29.8% funded¹. Further funding contributions are needed to enable the Cuban Red Cross, with the support of the IFRC, to continue to address the growing humanitarian needs of the communities affected by Hurricane Melissa in Cuba and the compounded effects of increasing health risks and persisting energy constraints.



Distribution in Cauto Cristo, Granma Province. Source: Cuban Red Cross.

¹ Including soft pledges (see Funding section).

A. SITUATION ANALYSIS

Description of the crisis

Melissa originated as a tropical wave on 25 October 2025 and rapidly intensified into a Category 5 storm by 28 October, reaching sustained winds of 185 mph (295 km/h) and a central pressure of 892 millibars, ranking it among the most powerful hurricanes ever recorded in the Caribbean basin (NOAA, 2025). After striking Jamaica as a Category 5 hurricane, Melissa made landfall in eastern Cuba on 29 October as a Category 3 hurricane with sustained winds of 125 mph (195 km/h). The system produced rainfall totals of 10–25 inches (250–635 mm), with localised peaks of 15 inches at Charco Redondo and 14 inches at Las Villas Reservoir, causing severe flooding, landslides, and significant storm-surge impacts across the provinces of Granma, Santiago de Cuba, Holguín, and Guantánamo. Close to 2.2 million people were affected, with no fatalities reported (OCHA, 2025a).

Cuban authorities, supported by the Cuban Red Cross (CRC), undertook extensive preparedness measures. The provinces of Guantánamo, Santiago de Cuba, Holguín, Granma, Las Tunas, and Camagüey were placed under the highest alert level, more than 735,000 people were evacuated, and approximately 120,000 sought shelter in state facilities (United Nations System in Cuba, 2025). The impact on infrastructure and essential services was widespread. More than 215,000 homes were damaged or destroyed – a figure potentially rising to 300,000 – affecting an estimated 645,000 people, half of whom are considered vulnerable, with approximately 2,669 people still displaced as of mid-December 2025 (IOM, 2025). Of the 642 healthcare institutions that sustained damage, 235 have since been rehabilitated (PAHO/WHO, 2026a). A total of 2,117 educational centres were affected, disrupting schooling for over 670,000 students (OCHA, 2025b). Around 450,000 people lacked access to safe water in the immediate aftermath (OCHA, 2025c). Livelihoods were also heavily impacted: at least 158,000 hectares of crops were damaged or destroyed – including grains, cassava, plantains, and coffee – alongside significant losses to fishing vessels and livestock (OCHA, 2025b; IOM, 2025).

Recovery has been particularly challenging due to pre-existing structural vulnerabilities and the cumulative effects of prior disasters, including Hurricanes Oscar and Rafael in 2024, from which many communities had not yet fully recovered (IFRC, 2025). Cuba has faced four consecutive years of significant shocks without a sustained recovery window, contributing to a marked deterioration in socioeconomic conditions. Between 2019 and 2025, key health indicators have deteriorated: infant mortality increased from 5.0 to 9.9 per 1,000 live births; maternal mortality from 37.4 to 44.1 per 100,000 live births; and the low-birth-weight rate from 5.4% to 7.8% (United Nations System in Cuba, 2026; MINSAP, 2025). Communicable diseases have also increased, with tuberculosis rising from 5.7 to 12.2 per 100,000 inhabitants, syphilis from 38.1 to 72.3, and hepatitis A from 3.4 to 25.9 per 100,000 inhabitants (United Nations System in Cuba, 2026). Food production has declined by more than 50% between 2021 and 2025, while the resident population is estimated to have decreased by approximately 14–18% due to sustained outward migration (United Nations System in Cuba, 2026).









The situation has been further aggravated by concurrent outbreaks of dengue, Oropouche, and chikungunya, declared by Cuba's Ministry of Public Health (MINSAP) in October 2025. A total of 27,755 cases of Oropouche, 30,894 of dengue, and 52,674 of chikungunya have been reported nationwide (United Nations System in Cuba, 2026). Heavy rainfall following the hurricane intensified mosquito breeding and accelerated disease transmission, placing additional pressure on the already constrained health system (OCHA, 2025d). Contributing factors include deteriorating environmental hygiene, persistent shortages of medicines and diagnostic reagents, and a reduced

health workforce. Approximately 2 million people with hypertension, 1 million with diabetes, and 1 million with asthma have experienced disruptions in treatment, increasing the risk of complications (United Nations System in Cuba, 2026).

Cuba is also experiencing severe energy and fuel constraints that have become a dominant compounding factor across all sectors. Cuba's domestic oil production covers only around 40% of estimated daily demand of 100,000 barrels, leaving the system highly exposed to external supply disruptions (CFR, 2026). Since January 2026, disruptions in petroleum product imports – linked to broader geopolitical dynamics and international market conditions – have sharply reduced fuel availability nationwide (ACAPS, 2026). The national electricity grid has experienced recurring failures, including at least three complete collapses between late 2025 and March 2026; during the most severe episode, on 16 March, approximately 10 million people were left without electricity (OCHA/UNCT, 2026). Daily power cuts have lasted between 12 and 20 hours, with some areas experiencing outages of 48–72 hours or more during grid-collapse events (ACAPS, 2026). Nighttime light reflectance data indicate a 38.5% year-on-year reduction in light output across Cuba, with a 34.6% drop in March 2026 alone (ACAPS/NASA, 2026).

The effects of these energy and fuel constraints are wide-ranging and cross-cutting. With more than 80% of Cuba's water pumping infrastructure electricity-dependent, prolonged blackouts are severely affecting access to safe water, sanitation, and hygiene (IFRC, 2026). Close to one million people depend on water tanker trucks, many of which face operational limitations due to reduced fuel availability (OCHA, 2026). Solid waste collection has been significantly reduced in many areas, heightening public health risks. The health system is under sustained pressure: between January and March 2026, approximately 96,387 surgical procedures were not carried out, including over 11,000 involving children; all 46 blood banks have lost operational capacity; and cold chain failures are affecting the national immunisation programme and placing at risk the care of 32,000 pregnant women, 2,888 dialysis patients, and 28,000 cancer patients undergoing oncological treatment (OCHA/UNCT, 2026; United Nations System in Cuba, 2026).

In the social sphere, reduced access to food, essential services, and income has deepened existing vulnerabilities. As of 2024, 29% of the Cuban population were eating only two meals a day and 4% only one (DW, 2025). In the first quarter of 2026, 115 protest events were recorded nationwide – the highest number since monitoring began in 2018 – concentrated in March and linked to prolonged blackouts, food shortages, and medicine scarcity (ACLED, 2026). These dynamics reflect the convergence of compounding pressures: the energy and fuel constraints, the ongoing recovery needs in communities affected by Hurricane Melissa, and the persistent deteriorating health situation together place Cuban communities – particularly in the eastern provinces and those recently affected by arboviruses and hepatitis A outbreaks – at heightened and escalating risk.

DISASTER OVERVIEW					
	People In Need	2.2 million		People Still Displaced	2,760 ²
	Educational Centres Damaged	2,117		Healthcare Institutions Damaged	642
	Households Damaged	215,000		Crops Damaged (Hectares)	158,000
	Fatalities due to Arboviral Diseases	55		Confirmed 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 organised 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 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 mobilised staff and volunteers 72 hours before landfall and initiated evacuations on 26 October 2025. Since then, 4,115 volunteers have supported the operation, with 1,333 volunteers still active in distributions and psychosocial activities. To date, 741 household have received essential shelter and household items, (including tarpaulins, shelter toolkits, kitchen kits and solar lamp) as well as information on safe shelter practices. Community health and vector-control activities have reached over 1,542 people and 651 families have received hygiene kits and hygiene-promotion messages. In addition, 19 CRC staff members and 452 volunteers have been trained in Psychological First Aid (PFA) and community-based health and first aid (CBHFA) to expand support in affected communities, while more than 2,680 people have received psychosocial support.

Needs analysis

Throughout 2025 and into the current reporting period, Cuba has faced multiple, overlapping shocks, including drought, recurrent disease outbreaks (Dengue, Zika, Chikungunya and Oropouche), the lingering impacts of an earthquake and most recently, Hurricane Melissa, which caused extensive destruction in the eastern provinces as

² Most recent data as of 17 December 2025: PAHO, Regional Situation Report – Hurricane Melissa, Sitrep No. 7, 27 January 2026, paho-regional-sitrepmelissa-v2.pdf.

well as arboviral and hepatitis A outbreaks in provinces such as Matanzas. While recovery from the hurricane is ongoing, the country is simultaneously experiencing a sharp socio-economic deterioration driven by barriers to fuel availability. Fuel shortages have become the primary systemic shock, triggering cascading effects across all sectors of the economy and public services. In response, the Cuban government has activated a national contingency plan to address acute energy and fuel constraints.

Political and economic dynamics, fuel scarcity and the decline in tourism are collectively pushing the country towards heightened fragility, with a significant risk of economic collapse, breakdown of essential health and water systems, severe degradation of sanitation services and major disruption of food supply chains. About two months after fuel cuts began, drastic effects are already noticeable in all sectors in which the Cuban Red Cross and the IFRC are operating.

Health

Health needs are heightened due to the combined impact of Hurricane Melissa, ongoing disease outbreaks and nationwide energy shortages, as well as limited availability of medicines and medical supplies. Damage to 642 health facilities, along with losses of medical equipment, disrupted road access, and shortages of essential medicines have significantly constrained service delivery nationwide. These challenges are compounded by widespread and prolonged electricity outages, which interrupt basic healthcare functions, limit diagnostic capacity, and restrict emergency response. Authorities have prioritised medical emergencies, key public health programmes such as mother and child health and oncological treatments, as well as fuel for domestic production of essential medicines but maintaining minimum functionality across facilities remains difficult.

The health situation is further strained by an arboviral disease outbreak declared by the Ministry of public Health in October 2025, with widespread circulation of dengue, Oropouche and chikungunya. More than 47,750 cases have been recorded and 55 reported fatalities.³ Limited access to fogging equipment, sprayers and insecticides, combined with low community awareness, is hindering vector-control efforts. Illness, hospitalization and loss of income are contributing to psychological distress and heightened economic vulnerability. By early 2026, both suspected and confirmed cases show a sustained decline across all regions, although the reduction is less in the eastern provinces (those most affected by Hurricane Melissa).⁴ While the epidemic peak appears to be receding, significant health risks persist due to environmental and structural vulnerabilities in the country and scarcity of medicines and medical supplies.

Electricity instability has severely disrupted health-service continuity. Power cuts compromise cold-chain systems for vaccines and temperature-sensitive medicines, threaten neonatal and intensive-care equipment, and place dialysis patients and people dependent on artificial breathing machines at immediate risk. According to the minister of public health, by April 2026 96,387 people, including 11,193 children, are currently on the national surgical waiting list, but energy restrictions are forcing non-urgent procedures to be postponed in favour of oncology and life-saving surgeries. Around 30,000 children may miss timely vaccinations despite available stock, as intermittent refrigerated transport cannot be assured. An estimated 32,000 pregnancies require essential diagnostic ultrasounds that are increasingly difficult to guarantee. Furthermore, 117,000 oncological patients await treatment, from which 16,000 radiotherapy

³ CubaHeadlines, 20 December 2025, <https://www.cubaheadlines.com/articles/317085>.

⁴ Cubadebate, Cuba Avanza en el control de las arbovirosis, 28 January 2026, <http://www.cubadebate.cu/noticias/2026/01/28/cuba-avanza-en-el-control-de-las-arbovirosis/>.

patients and 12,000 chemotherapy patients people face critical risks due to unreliable power supply and lack of medicines and medical supplies.

Access to medicines continues to deteriorate. The Cuban biopharmaceutical industry, responsible for 62% of the essential medicines list, faces continued shortages of raw materials due to constraints linked to international oil supply and international supply chains. Hospitals and pharmacies continue to face acute shortages, while parallel markets, largely supplied through diaspora networks, are expanding. These informal channels can create health and safety risks due to their uncertain origin and storage conditions, which may potentially affect the safety and effectiveness of medicines. Only households with sufficient financial means can purchase medicines through these informal channels⁵.

Interruptions in water access due to the prolonged energy and fuel limitations affect hygiene routines and the continuity of health services, further heightening risks for vulnerable populations, especially in provinces recovering from Hurricane Melissa, arboviral outbreaks and other infectious diseases, such as Hepatitis A. Prolonged blackouts, lack of connectivity, lack of sleep and hygiene conditions compounded by rising temperatures affect stress levels of the population signalling an increase in protection and mental-health needs.

Overall, the fragility of the health system requires urgent support to sustain primary health care, protect essential public-health functions, restore cold-chain capacity and safeguard critical services such as dialysis, oncology and neonatal care.

Water, Sanitation, and Hygiene (WASH)

The damage done by Hurricane Melissa to water infrastructure, including 201 facilities and 97 underground systems, has reduced access to safe drinking water, while electricity-dependent pumping systems remain highly unstable due to electricity instability. Approximately 86% of the population relies on electric pumping to access water, leaving communities vulnerable to prolonged service interruptions. In many areas, water cuts have lasted between 5 and 42 days. Around 700,000 water-delivery cistern trucks are no longer fully operational. Although national authorities have prioritised fuel allocation for water supply, outages and resource shortages continue to limit service continuity.

Electricity instability further threatens water quality. Outages affect water treatment processes and pumping stations, reducing water availability and compromising hygiene conditions at household and facility levels. Emergency purification plants are operating but reach only a fraction of affected populations. The fragility of water infrastructure means that even short-duration power outages can result in prolonged supply interruptions. Frequent electricity cuts and voltage fluctuations are damaging pumping equipment, while aging infrastructure and leakages further reduce system efficiency. As a result, localized failures rapidly escalate into broader service disruptions, leaving affected populations without clear timelines for service restoration. At national level, 87% of water pumping systems are dependent on the National Electrical System, which with the current electric and fuel constraints impact up to 2.3 million people due to lack of fuel and energy. Water pumping stations at municipal level only work 2-3 hours per day, hindering the filling of tanks and reservoirs and above all the access to safe water for large parts of the population⁶.

Solid-waste management has continued to deteriorate noticeably. Fuel shortages have disrupted waste-collection services, leading to the accumulation of uncollected waste and debris, particularly in provinces impacted by

⁵ Cubadebate. Control y fiscalización: La respuesta del Minsap al mercado ilegal de medicamentos. 23 December 2025. [Cubadebate](#)

⁶ Cubadebate. ¿Qué acciones implementan los sectores eléctrico, industrial e hidráulico ante el déficit de combustibles?. 26 March 2026. [Cubadebate](#)

Hurricane Melissa and arboviral outbreaks, where potential breeding grounds for vectors have increased at makeshift garbage dumps. This has resulted in the disruption of sanitation services, increased vector-borne disease risks and worsening environmental health conditions.

The current conditions, reduced water access, sanitation breakdown and limited hygiene services, significantly heighten the risk of disease outbreaks, increasing exposure to waterborne and vector-borne diseases particularly among children and vulnerable groups. Immediate support is needed to restore damaged systems, strengthen hygiene promotion to prevent the increasing public health risks as well as to expand purification capacity as well as integrating alternative power sources to ensure operativity of pumping systems.

Recent reports indicate the emergence of localized hepatitis outbreaks in Matanzas—one of the priority provinces under the arboviral DREF and a key area affected by Hurricane Melissa. Cases have been identified across several municipalities, with clusters concentrated in urban and peri-urban communities, straining a system already facing constraints that affect continuity of services. Given that hepatitis is transmitted through contaminated water and poor sanitation, this development highlights the deterioration of WASH conditions and confirms the existence of multiple concurrent public health threats affecting the same populations. The co-occurrence of arboviral and waterborne diseases in the same geographic areas reinforces the need to integrate these provinces into the Emergency Appeal's scope, ensuring a comprehensive response to overlapping and interrelated health risks without expanding the operational footprint.

Shelter

Hurricane Melissa damaged or destroyed approximately 215,000 homes⁷, displacing families into overcrowded schools, universities and temporary collective centres. Pre-existing housing deficits and slow reconstruction exacerbate exposure to hazards, leaving households increasingly exposed to storms and prolonged rainfall. In the most affected provinces, large numbers of homes remain unrepaired, including an estimated 17,000 in Holguín, 9,100 in Santiago de Cuba and 8,100 in Granma.⁸

Chronic under-maintenance is intensifying shelter-related risks, contributing to structural degradation, poor hygiene conditions, roof deterioration, leaks and persistent humidity. These factors heighten the likelihood of respiratory illnesses, arthritis, fungal infections and skin diseases.

Shelter support is still needed in the eastern provinces to provide safe and durable shelter solutions that restore dignity and reduce overcrowding and associated protection risks, particularly for women, children and people with disabilities.

Livelihoods

Hurricane Melissa caused extensive damage to livelihoods across affected provinces, with an estimated 158,000 hectares of crops affected.⁹ Damage to fishing vessels and livestock has further reduced food availability and undermined household income sources. These impacts coincide with severe disruptions to the national power

⁷ OCHA, Cuba: Seis Semanas después del huracán Melissa, 23 December 2025, <https://reliefweb.int/node/4192553>.

⁸ Granma, Los nuevos Techos, 26 Januari 2026, <https://www.granma.cu/cuba/2026-01-26/los-nuevos-techos-26-01-2026-22-01-30>.

⁹ OCHA, Cuba: Hurricane Melissa, Flash Update No. 7, 15 November 2025, <https://reliefweb.int/node/4187084>.

system, where widespread outages and fuel shortages continue to affect food storage, distribution and market operations.

Constraints in food preparation and preservation at household level have deepened due to prolonged power cuts. Domestic public transport systems have been significantly curtailed, limiting mobility, reducing economic activity and affecting access to markets. Rising costs of transport, food and basic goods are placing additional pressure on households, amplifying vulnerability and increasing the likelihood of negative coping mechanisms -such as reducing food intake- as well as humanitarian needs.

National agricultural production is expected to decline further due to shortages of pesticides and limited fuel availability for transport and processing. Reports already indicate agricultural products going to waste in warehouses. Under current financial and fuel limitations, domestic food production faces significant risks, food imports are expected to decrease in quantity and diversity, dietary quality is likely to deteriorate and household purchasing power will continue to erode.

Nutritional risks are increasing due to the loss of livelihoods as main sectors of the economy, such as tourism, continue declining¹⁰ (a reduction of 56% of international travellers by April 2026 compared to 2025). Also, disruptions in international supply chains limit food availability, which in combination of an almost null food storage capacity at household level due to lack of energy and fuel, are increasing restrictions for food consumption. This is particularly critical with at risk groups such as elderly people and children. Priority actions include strengthening recovery actions with a focus on livelihoods in communities affected by Hurricane Melissa.

Protection, Gender, and Inclusion (PGI)

The humanitarian situation in Cuba continues to deteriorate due to the convergence of structural vulnerabilities and recent emergencies. Hurricane Melissa caused significant damage to homes, schools and roads, directly affecting spaces that serve as protective environments for children and adolescents, and limiting safe access to education, basic services and community support networks. At the same, the energy and fuel shortages are heightening everyday protection risks, particularly in communities most affected by the hurricane and provinces that are epidemiological hotspots with high transmission of arboviral diseases and are facing additional public health risks. Prolonged and repeated blackouts disrupt domestic life, mobility and personal safety, forcing people to move in complete darkness using torches or candles to carry out basic activities, which increases exposure to accidents, violence and harassment. These conditions disproportionately affect women, adolescents and older people, deepening existing inequalities and further weakening the capacity of communities to cope with and recover from the ongoing emergency.

Cuban Red Cross staff and volunteers face similar challenges. Fuel shortages limit their ability to mobilise teams, conduct community visits and ensure safe travel following trainings or field activities. Despite these barriers, community participation remains essential. Communities continue to demonstrate strong local organisation and willingness to engage, but require support to mitigate protection risks, ensure safe access to essential services and strengthen collective-care networks in the face of increasing insecurity.

Disaster Risk Reduction (DRR)

Cuba remains highly exposed to climate-related hazards, particularly hurricanes, heavy rainfall and coastal flooding, which continue to affect communities recovering from the impact of Hurricane Melissa. Recent assessments by

¹⁰ ONEI, Cuba: Arrival of international travelers, April 2026, <https://www.onei.gob.cu/>

United Nations agencies and humanitarian partners in the country indicate that damage to housing, basic infrastructure and public services has increased the vulnerability of many households, particularly in eastern provinces where recovery remains ongoing. At the same time, nationwide energy and fuel shortages have disrupted critical services such as water supply, waste management and transportation, further reducing the coping capacity of communities and local institutions ahead of new shocks.

These overlapping pressures create a complex risk environment in which communities face recurrent hazards while still recovering from previous impacts. Strengthening disaster risk reduction therefore remains critical. Priority actions include reinforcing community-based early warning systems, strengthening preparedness and contingency planning at community level, promoting safer and more resilient housing practices, and supporting risk awareness and preparedness activities led by the Cuban Red Cross. These efforts aim to enhance community resilience and reduce the impact of future climate-related events.

Operational risk assessment

Below is an updated risk analysis, building on the version included in the Operational Strategy. It reflects the realities encountered during implementation and outlines the mitigation measures undertaken to prevent, reduce, or address the consequences of identified risks. It also incorporates newly emerging risks that were not previously considered.

Risks previously identified in the Operational Strategy		
Risk	Reality during implementation period	Mitigation actions
1. Prolonged operations and overlapping emergencies (e.g. hurricanes, virus outbreak, earthquake) may lead to volunteer fatigue and reduced capacity for sustained engagement.	<ul style="list-style-type: none"> - The implementation of activities of the Emergency Appeal coincided geographically and chronologically with DREF activities for the arboviral epidemic in Granma, Santiago de Cuba and Holguín, increasing volunteer workload. 	<ul style="list-style-type: none"> - The National Society prioritised DREF activities (those feasible under the context) and rescheduled activities from the Emergency Appeal. - The CRC reinforced MHPSS activities for volunteers. - Rotations and rest periods were introduced to protect volunteer well-being and maintain long-term commitment.
2. Exposure to vector-borne diseases and unsafe environments during community work may increase infection or accident risk among volunteers or IFRC staff.	<ul style="list-style-type: none"> • Several mild and moderate cases of dengue and chikungunya were recorded among Cuban Red Cross leadership, staff and volunteers. • No accidents involving personnel were reported during operational activities. • Fuel shortages and prolonged blackouts have increased exposure to unsafe environments and heightened safety risks faced by volunteers, especially when travelling to remote areas or returning home after dark. 	<ul style="list-style-type: none"> • Referral pathways established with MINSAP to ensure timely medical attention for staff and volunteers presenting symptoms compatible with dengue or chikungunya. • Regular vector-control and prevention measures implemented at branch level (elimination of breeding sites, fumigation, etc.) • Strengthened operational security protocols and adjusted activity schedules to reduce long-distance travel and ensure volunteers return home before nightfall.

- 3. 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.
 - Geopolitical context has reduced freight availability to Cuba.
 - Fuel shortages and electricity outages have caused significant delays in customs clearance and cargo release.
 - Logistics Tracking Sheet has been developed to monitor procurement progress and identify bottlenecks early on.
 - A contingency plan to face the fuel scarcity in Cuba has been created which include photovoltaic equipment for the ports of Mariel and Santiago de Cuba to ensure power continuity during customs procedures.

- 4. Looting of government trucks transporting food assistance due to the unavailability or scarcity of supplies at the local level.
 - No such incidents were reported during the operation.
 - Maintain the mitigation measures previously established, being:
 - Close coordination with local authorities and communities.
 - Sharing in advance distributions plans.
 - Using visible CRC logos.
 - Using a community targeting approach to identify the most vulnerable households.

- 5. Insufficient funds pose a risk to operational continuity.
 - Ensuring sufficient funding for the Emergency Appeal has proven to be difficult with currently only 29% assured funding (hard pledges and in-kind donations).
 - Continued proactive resource mobilisation by the IFRC.
 - Focus on strengthened donor engagement through partnership-oriented strategies.
 - Using the Mobilisation Table to track and communicate contributions and funding gaps.

New risks identified during the implementation period			
Risk	Likelihood	Impact	Mitigating actions
6. Power and connectivity disruptions reduce branch operability.	High	High	<ul style="list-style-type: none"> • Purchase and install photovoltaic solutions for CRC headquarters and branches. • Telecom equipment to be procured for HQ and branches (SAT, VHF, etc). • Portable power stations to ensure business continuity.
7. Fuel shortages reduce branch operability by limiting mobility, logistics, and coordination for critical activities.	High	High	<ul style="list-style-type: none"> • Acquire electric vehicles for CRC headquarters and branches, charged by solar energy, to reduce dependence on fuel and ensure operational mobility. • Expand shipping routes and companies mapping

				to diversify existing supplier database for Cuba
8.	Fuel shortages prevent trucks carrying humanitarian aid from reaching affected communities.	High	High	<ul style="list-style-type: none"> Explore options to access and supply fuel for humanitarian purposes, adhering to procurement and transport mechanisms that comply with regulatory frameworks. Service agreements with private fuel suppliers and UN agencies adhering to procurement and transport mechanisms that comply with regulatory frameworks
9.	Protracted fuel and energy constraints and uncertainty affect psychosocial state of staff and volunteers and communities	High	High	<ul style="list-style-type: none"> CRC reinforced MHPSS activities with volunteers and communities.

B. OPERATIONAL STRATEGY

Update on the strategy

The Operational Strategy¹¹ for this response was published on 17 November 2025. Since publication, indicators across each strategic sector of intervention were reviewed and adjusted to ensure adaptation to the rapidly evolving fuel and electricity limitations in Cuba. These restrictions have significantly affected the operational environment. As large portions of the response depend on electricity and fuel, the operation introduced targeted adjustments to safeguard continuity and ensure the operation can be implemented under current conditions.

To mitigate disruptions and maintain essential functionality, the operation has incorporated measures to strengthen operational capacity at priority Cuban Red Cross branches and selected Ministry of Public Health facilities. These adaptations aim to protect minimum operational continuity by reducing dependency on grid power and fuel, supporting solid-waste management in affected municipalities and exploring mechanisms to ensure CRC's humanitarian mobility during acute fuel shortages. At the same time, the deterioration of water, sanitation, and hygiene (WASH) conditions—driven by prolonged power outages, infrastructure damage, and limited access to safe water—has intensified health risks beyond arboviruses. The emergence of waterborne diseases, including confirmed localized hepatitis outbreaks in Matanzas and suspected cases in Santiago de Cuba and other provinces, demonstrates that affected populations are now exposed to multiple transmission pathways linked to the same

¹¹ IFRC, Cuba: Hurricane Melissa, <https://www.ifrc.org/emergency/cuba-hurricane-melissa>.

structural drivers. These outbreaks, associated with contaminated water, inadequate sanitation, and poor hygiene conditions, highlight the need to adjust the operational strategy.

This evolving context reflects a **multi-sectoral and evolving emergency** characterized by the compounded effects of energy shortages, infrastructure degradation, and health system constraints, where facilities are already under strain due to rising caseloads and reduced operational capacity. The coexistence of arboviral diseases and waterborne infections within the same provinces reinforces the need for a holistic and integrated response that considers:

- The **inclusion of provinces** of Matanzas, and Guantanamo within the Hurricane Melissa Emergency Appeal, justified by the convergence of overlapping, interrelated humanitarian risks affecting the same geographic areas and populations. Although these provinces were not originally included in the Emergency Appeal's geographical scope, they represent the epidemiological and operational epicenters of worsening public health conditions, where the impacts of Hurricane Melissa have directly amplified the transmission of vector-borne diseases.
- Revision of sectoral priorities:
 - **Health:** This sector has emerged as the most critical area due to the convergence of multiple disease outbreaks, including dengue, chikungunya, oropouche, and confirmed and suspected cases of hepatitis. These are occurring in a context of strained health services, scarcity of medicines and medical supplies, reduced operational capacity, and increasing caseloads, requiring strengthened support to disease prevention, community surveillance, and health promotion.
 - **Water, Sanitation and Hygiene (WASH):** WASH remains a key driver of health risks, with damage to water systems, poor sanitation conditions, and reliance on unsafe water sources contributing directly to both vector-borne and waterborne disease transmission. The increasing evidence of fecal-oral transmission (e.g., hepatitis) highlights the need for integrated WASH and health interventions, particularly in high-risk communities.
 - **Shelter:** Shelter needs remain relevant; however, they will now be more geographically focused, with interventions concentrated in the original provinces included in the Emergency Appeal, where hurricane-related damage to housing and infrastructure remains most significant. These families have yet to resolve their shelter situation in the face of the ongoing hurricane season. Early recovery actions will remain focused on Granma, Holguin and Santiago.

Integrating these provinces into the Emergency Appeal for the Health and WASH sectors, therefore ensures greater operational coherence, maximizes the impact of existing resources, and enables an effective response to compound and mutually reinforcing risks affecting the same populations, without requiring additional funding or significant changes to planned targets.

Importantly, the inclusion of these provinces does not represent an expansion of the Emergency Appeal but rather a realignment of the operational footprint to reflect the evolving nature of needs, as activities, resources, and intervention modalities (WASH, vector control, health promotion, procurement of medicines and medical supplies and community engagement) are already consistent across both operations and can be implemented within existing capacities and budgetary allocations.

These adaptations do not alter the strategic vision or priorities of the Emergency Appeal but are necessary measures to ensure that the Emergency Appeal remains relevant, evidence-based, and responsive to current needs, while maximizing the effectiveness of available resources so that humanitarian assistance can be delivered despite the severe energy constraints affecting the country, while addressing the interconnected drivers of vulnerability affecting already vulnerable populations.

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:	<i>Support families in achieving safe sheltering solutions in the short and long-terms, with an emphasis on the Build Back Better (BBB) approach.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of households provided with relief items (tarpaulins, shelter tool kits, and sleeping kits)</i>	741	5,000 (DREF: 2,200 ¹²)
	<i>Number of households provided with essential household items (kitchen sets, bedding sets, and solar lamps)</i>	741	15,000 (DREF: 2,200 ¹³)
	<i>Number of people who attended basic awareness raising sessions on safe shelter</i>	741	5,000 (DREF: 2,200)
	<i>Number of staff and volunteers trained in participatory methods such as PASSA</i>	0	75
	<i>Number of people who attended home repair training workshops and technical orientation sessions on roof repair, safe roofing practices, and build back safer guidance</i>	0	200
	<i>Number of households provided with roofing kits</i>	0	3,100
<i>Number of repair toolkits distributed</i>	0	80	

The Cuban Red Cross (CRC) continues to implement shelter assistance in the provinces of Santiago de Cuba, Granma and Holguín, the provinces most affected by Hurricane Melissa. The response is structured in two phases: emergency assistance and early recovery.

¹² 2,200 shelter toolkits; 300 sleeping kits

¹³ 2,200 kitchen sets; 4,400 solar lamps (2 per household)


During the emergency phase, 741 households received essential household and shelter items, including tarpaulins, shelter toolkits, kitchen kits and solar lamps, to restore basic habitability. Awareness sessions on safe shelter practices, covering for example ventilation, humidity, securing tarpaulins, were delivered to these households.

With IFRC support, CRC is now transitioning into the recovery phase. The objective is to assist 3,100 households with roofing kits for the reinforcement of lightweight structures, fixing of roof and sealing, ensuring wind and water resistance. Complementary toolkits (e.g. drills, ladders, gloves, welding machines) and electric generators will be distributed as well to enable the reparations. These distributions will be accompanied by training and technical guidance on safe roof repair and Build Back Safer approaches. The National Society will further strengthen community capacity by facilitating participatory training methodologies such as PASSA and by developing technical guidelines for school management committees on safe roofs. This approach promotes practical, culturally appropriate and affordable repair techniques for the most vulnerable households and supports safer reconstruction across affected communities.

Progress on the shelter indicators has been limited since the last Operations Update. Due to fuel and energy constraints, distributions of these items was only resumed in early April, when fuel supply was secured for CRC's vehicles after an extensive due diligence process was completed. CRC's volunteers have conducted face-to-face sessions promoting the use of tarpaulins and emergency tool kits to ensure the protection of the 741 families reached.



Cuban Red Cross: Distribution in Community in Guama, Santiago Province

	Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 8,160	Female < 18: 2,040
		Male > 18: 7,840	Male < 18: 1,960
Objective:	<i>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.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of people reached with mental health and psychosocial services (MHPSS)</i>	2,680	20,000
	<i>Number of volunteers and staff trained in mental health and psychosocial support</i>	471	60

<i>Number of people trained in psychological first aid (PFA)¹⁴</i>	471	600
<i>Number of people trained in community-based health and first aid (CBHFA)</i>	0	80
<i>Number of volunteers trained in Epidemic Control for Volunteers (ECV)</i>	37	60
<i>Number of branches receiving first aid kits and haemorrhage control kits</i>	2	50
<i>Number of local health care centres receiving backup power sources (e.g. solar panels, generators)</i>	0	15
<i>Number of provincial, municipal and local health facilities receiving procured medicines and medical supplies¹⁵</i>	8	20 (DREF: 4)
<i>Number of branches with community pharmacies set up</i>	0	5
<i>Number of rapid repair brigades established</i>	0	45
<i>Number of community health promoters trained</i>	0	80

The Cuban Red Cross, in coordination with specialised personnel from the Ministry of Public Health, has provided Psychological First Aid (PFA) and psychosocial support to people in affected and hard-to-reach communities. During April, 38 people received psychological first aid and were referred to specialists. 21 of them were in the municipality of Guama, Santiago de Cuba Province, and 17 in the municipality of Cauto Cristo, Granma Province. A total of 2,680 people have been assisted up to date. All volunteers have been integrated into psychosocial support teams within the communities, focusing their efforts on both population directly affected by the disaster and the general population experiencing emotional distress. Listening spaces have been established in nurses' and family doctors' offices, community centers, schools, and workplaces to provide emotional support and containment. Coping and resilience tools are offered, strengthening individual and community capacities to face adversity.


To reinforce community-level health capacity, CRC plans to expand training in PFA and Community-based Health and First Aid (CBHFA). To date, 19 CRC staff members and 452 volunteers have been trained in mental health and psychosocial support to provide PFA in affected communities.

¹⁴ This indicator has been corrected.

¹⁵ This indicator has been revised to include distribution of medicines and medical supplies in 2 additional provinces: Matanzas and Guantanamo.

Volunteers in the priority provinces have been trained in Epidemic Control for Volunteers (ECV), these trainings will be expanded to include the provinces of Matanzas and Guantánamo, that have been affected by arboviral outbreaks exacerbated by Hurricane Melissa but also have reported outbreaks of Hepatitis A. The branches have conducted vector control training, accompanying and supporting community awareness campaigns on mosquito breeding site control. They are also supporting vector control measures in communities with the highest proliferation rates. These 37 volunteers (14 in Santiago de Cuba, 11 in Granma and 12 in Holguín) are now equipped to conduct community awareness campaigns on mosquito-breeding site elimination and to support vector-control measures in communities with the highest transmission risk.

The healthcare centres that will receive back up power sources have been identified, and the procurement process is ongoing. The solar panels and generators are currently being purchased and will be installed in the health facilities of Santiago, Holguin and Granma. Additional healthcare centres will be identified for the Provinces of Matanzas and Guantanamo. Donated medicines and medical supplies intended for distribution were delivered 8 provincial and municipal health facilities reaching 2,645 people.

	Water, Sanitation and Hygiene	Female > 18: 20,280	Female < 18: 5,070
		Male > 18: 19,720	Male < 18: 4,930
Objective:	<i>Increase access to safe drinking water, sanitation facilities, and hygiene promotion services for the affected population to reduce the risk of waterborne diseases.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of households reached with hygiene kits</i>	651	15,000 (DREF: 2,200)
	<i>Number of people reached with menstrual hygiene kits</i>	0	15,000 (DREF: 700)
	<i>Number of households reached with household water storage and water treatment items</i>	233	15,000 (DREF: 2,200 ¹⁶)
	<i>Number of community-level hygiene promotion / awareness sessions conducted</i>	733	10
	<i>Number of volunteers and staff trained in WASH</i>	13	120
	<i>Number of households provided with mosquito nets</i>	703	5,000 (DREF: 2,200) ¹⁷
	<i>Number of households reached through community health and vector control campaigns</i>	1,542	(DREF: 2,200)

¹⁶ 2,200 water tanks (33 GL); 198,000 aqua tabs for 2,200 households.

¹⁷ The target has been adjusted from 15,000 to 5,000 households. Please refer to section B of the report for the explanation.

<i>Number of solid waste removal and environmental clean-up campaigns conducted¹⁸</i>	12	TBD
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With support from the IFRC, the Cuban Red Cross provided 651 households with hygiene kits and 233 households were reached with water storage and treatment (jerrycans, water filters, buckets). These distributions were accompanied by key messages on hygiene promotion. This operation is expected to reach a total of 15,000 people with menstrual hygiene kits and 15,000 households with water storage and treatment solutions (jerrycans, buckets with taps and lids, aqua tabs/household water filters), along with key messages on proper use. Staff and volunteers from the Cuban Red Cross will be trained in WASH to strengthen local capacities.

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. These specialists also trained 13 staff members in using, installing and checking the water purification plants as well as installing safe water systems in communities. As of April 2026, 178 m3 of water have been produced, ensuring safe water for 4,123 families in that community, ensuring safe water and shortening supply cycles.

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. So far 7,250,000 liters of safe water have been produced reaching 2,928 families (16,204 people).

Mosquito nets were distributed to 703 families to reduce the risk of dengue, Oropouche and chikungunya. These distributions were part of local vector control campaigns with community messaging on correct use, identification and elimination of indoor breeding sites and the removal of standing water. During distributions CRC's volunteers conducted face-to-face talks promoting hygiene and the proper use of mosquito nets. Many families expressed their gratitude for helping in preventing mosquitoes, as arboviral diseases are prevalent in the communities. Since the start of the response 1,542 households have been reached through community health and vector control campaigns. Also, 733 sessions on hygiene promotion and awareness were conducted at community level, significantly exceeding the target of 10. This increase is explained by the change to house-to-house sessions conducted during distributions, rather than mass gatherings, considering existing movement restrictions. Alternative technologies for water pumping and water purification as well as waste management will be explored to reduce environmental and public-health risks.

	Protection, Gender and Inclusion		
Objective:	<i>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.</i>		
	Indicator	Actual	Target

¹⁸ This indicator has been added. Please refer to section B for the explanation.

Key indicators:	<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>	45	150
	<i>Number of community awareness campaigns conducted on PSEA, including dissemination of printed safeguarding key messages.</i>	5	10
	<i>Number of device charging kits distributed to support RFL services during emergencies.</i>	9	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 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.

With DREF funding for the Arbovirus response, a four-day PGI and CEA training was conducted in Santiago de Cuba with staff and volunteers engaged in the arbovirus and post-hurricane Melissa responses. The workshop strengthened practical skills, promoted integration of PGI and CEA in emergency operations, and created a cohort of trained individuals able to replicate the training in their branches. The workshop focused on operationalising PGI, ensuring safe, dignified and inclusive participation of communities in all response activities. Additionally, the training focused on strengthening skills to better understand communities, promote their meaningful participation in decision-making and establish effective feedback mechanisms. External partners (UNICEF, PROSALUD¹⁹ and the University of Oriente) contributed sessions on child protection risks, gender-based violence, referral pathways and preventing harassment and violence in community and educational settings. Their contributions provided essential contextual insights and identified opportunities for improved local coordination and access to support services. Through this training, a core group of replicators was established to support institutionalisation of PGI in branches of the Cuban Red Cross. With funding from the Hurricane Melissa response, the training was replicated with 15 staff members and 30 volunteers of the branches in Santiago de Cuba, Granma and Holguín.

Community awareness activities were carried out in five primary schools in Santiago de Cuba, Holguin and Granma to promote key protection messages. These actions complemented the Ministry of Education’s existing programmes and helped strengthen coordination with other local actors involved in protection. By linking PGI efforts with institutions that have established responsibilities at community level, the Cuban Red Cross reinforced local protection mechanisms and enhanced its role in coordinated, community-based action. Up to date 86 students have been reached through these activities. There is no specific focal point designated so far but PGI is integrated into the response by the operations staff and trained volunteers.



Community Engagement and Accountability

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.

¹⁹ Health Promotion and Disease Prevention Unit of the Ministry of Public Health (MINSAP) in Cuba.

Key indicators:	Indicator	Actual	Target
	<i>Number of complaints, questions, suggestions, inquiries and appreciations received through the feedback mechanism.</i>	96	N/A
	<i>Number of staff, volunteers and leadership trained in community engagement and accountability.</i>	17	150
	<i>Percentage of people surveyed report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.</i>	N/A	70%
	<i>Percentage of people surveyed who report they know how to provide feedback about the operation.</i>	N/A	70%
	<i>Number of community feedback committees formed.</i>	9	7

Throughout implementation, the Cuban Red Cross maintains an open dialogue with communities, engaging both formal and informal leaders in the priority areas. Selection criteria, lists of selected households and details on the items to be distributed are clearly communicated, ensuring transparent and participatory processes. Social workers from each community supported house-to-house visits, jointly assessing vulnerabilities based on CRC criteria and ensuring safe, equitable access for the most at risk families.

As explained under Protection, Gender and Inclusion, 17 staff members and volunteers participated in a joint PGI – CEA training.

To ensure transparency and accountability in the activities of the Cuban Red Cross, 9 feedback Committees were established, one for each municipality where supplies were delivered, to encourage greater community participation in the actions carried out by the National Society. Up to date 96 inquiries have been received and addressed mostly focusing on selection criteria and some expressing gratitude for the support provided.

	Risk Reduction, climate adaptation and Recovery	Female > 18: 5,704	Female < 18: 1,901
		Male > 18: 5,916	Male < 18: 1,479

Objective: *Communities in high-risk areas are prepared for and able to respond to disasters.*

Key indicators:	Indicator	Actual	Target
	<i>Number of volunteers and staff trained in EVCA.</i>	0	75
	<i>Number of participants trained in Anticipatory Action T1 to build competencies for designing, implementing, and institutionalizing AA systems.</i>	0	75

<i>Number of municipal-level AA training sessions or ToT sessions conducted to strengthen skills in identifying community needs and risks.</i>	0	3
<i>Number of Simplified Early Action Protocols (SEAP) developed and validated for communities or municipalities.</i>	0	1

During the first months following Hurricane Melissa, efforts focused primarily on emergency assistance, early recovery, and priority actions across the Shelter, Health and WASH sectors. CRC is transitioning into the recovery phase, key activities related to anticipatory action and Enhanced Vulnerability and Capacity Assessment (EVCA) implementation will take place during the 3rd quarter of 2026; these actions aim to strengthen community resilience to multiple hazards, enhance preparedness, and reduce vulnerability to future disasters and climate-related impacts.

Also, a recovery framework focused on livelihoods will be developed to inform future revisions of the Emergency Appeal as well as the CRC country plan. The framework will be supported by the findings of the EVCA application in the provinces of Holguin, Granma and Santiago and the adaptation of Household Economic Security tools.

To achieve this, the Cuban Red Cross will train staff and volunteers in the EVCA methodology to strengthen their skills in identifying community needs, risks and capacities using simple, replicable tools such as community mapping, timelines and priority matrices.

Anticipatory Action workshops will equip participants with the basic skills and competencies to design, implement and institutionalise anticipatory systems. In these workshops, participants will learn how to analyse hazards and exposures, define verifiable triggers, assign pre-agreed roles and responsibilities, ensure budget and pre-position emergency supplies.

Additionally, a Simplified Early Action Protocol (SEAP) will be developed and validated. This protocol will set out triggers, action plans, timeframes, responsible parties and minimum logistical requirements. Health, WASH and Shelter sectors will work together to ensure a comprehensive approach. Once thresholds are met, early actions can be implemented rapidly and in a coordinated manner. The protocol's effectiveness will be monitored and lessons will be captured to support continuous learning and improvement. In parallel, conditions for prepositioning stock for the current Hurricane season are being explored with the CRC to ensure timely and effective anticipatory action is ensured.

Enabling approaches

	National Society Strengthening		
Objective:	<i>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.</i>		
	Indicator	Actual	Target

Key indicators:	<i>Number of volunteers provided with equipment for protection, safety and support (e.g. PSS) appropriate to the emergency.</i>	0	200
	<i>Number of volunteers trained through National Intervention Team (NIT) training on needs assessment, emergency response protocols, and coordination.</i>	0	20
	<i>Number of electric or solar generators procured and installed in affected CRC branches.</i>	3 ²⁰	5 (DREF: 1)
	<i>Number of volunteers mobilized for response activities.</i>	4,115	(DREF: 500)

The Cuban Red Cross received four vehicles to be used in the affected territories, thereby reinforcing their fleet and achieving greater operational capacity in the areas most affected by Hurricane Melissa. One of the vehicles received is a hybrid, ensuring that despite the limitations in accessing fuel it remains operational.

The Swiss Government and Swiss Red Cross donated three portable generators. These assets are used in Santiago de Cuba to ensure operational capacity of local branches during power outages.

A National Society Development (NSD) Coordinator has been recruited and started duties in March. This position will provide ongoing strategic guidance, coordination and technical support to strengthen overall National Society development processes and ensure alignment with organisational priorities. A Logistics Officer has been recruited and will start duties in July, hence focused logistical support for this operation is ensured.

In total 4,115 volunteers have been mobilised for response activities, of whom 1,333 are currently still active in the operations. This number significantly exceeds initial expectations. When the target was set, it was anticipated that recruiting and sustaining enough volunteers would be challenging due to the combined pressures of Hurricane Melissa, the ongoing arbovirus epidemic and chronic vulnerabilities across the country. Despite these constraints, volunteer engagement has been exceptionally strong, demonstrating the deep commitment of Cuban Red Cross volunteers to fulfilling the humanitarian mandate and supporting their communities.



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:	Indicator	Actual	Target
	<i>Number of rapid response personnel supporting the operation.</i>	3	2 (DREF: 1)
	<i>Number of field monitoring visits conducted by the Latin Caribbean CCD to oversee DREF implementation.</i>	6	12 (DREF: 6)

²⁰ The figure reported in Operation Update 2 was incorrect as visits conducted under the Arbovirus DREF were mistakenly included. The number included in this update reflects the correct data for this Emergency Appeal only.

Number of ARO technical support and monitoring missions conducted.

5

(DREF: 2)

A rapid response team (Surge) was mobilised to support technical and operational management. The following profiles were deployed up until now: an Operations Coordinator (Bolivian Red Cross), a Supply Chain Coordinator (Swiss Red Cross), and a PMER officer (American Red Cross succeeded by the Netherlands Red Cross). The first three months of the operation, a team based in Panamá and Trinidad Tobago provided support to all countries affected by Hurricane Melissa, including Cuba. This included an operations coordinator (Bolivian Red Cross), PMER coordinator (American Red Cross), IM Coordinator (British Red Cross), SIMS Coordinator (British Red Cross), ERP Officer (IFRC). These profiles were responsible for planning, procurement, information sharing, monitoring and operational preparedness in close coordination with the National Society. As part of the stabilization of the operation, a dedicated Operations Manager based in Dominican Republic was recruited during April and has taken charge of the operation, focusing on the transitioning of the operation into recovery phase and the adaptation of the operational strategy based on contextual changes and evolving needs.

The Country Cluster Delegation conducted 6 field monitoring visits to support, oversee and verify the implementation of activities. These visits aim to ensure that response activities are carried out in accordance with operational standards, donor requirements, and organizational policies, while also providing technical guidance, identifying challenges, and facilitating timely corrective actions.

Following a mission of the IFRC regional communications manager to Cuba, a press release was published for the one-month mark of the passing of Hurricane Melissa.²¹

Field monitoring proved challenging during the reporting period due to visa constraints. Travel to the field requires a specific visa, and although members of the CCD and Surge teams submitted applications, these were not processed in a timely manner. The visas were not denied, but the unexpectedly long processing times prevented deployment from international staff. The issue was repeatedly raised during strategic discussions with the Cuban Red Cross and government counterparts; however, delays persisted.

D. FUNDING

The Emergency Appeal MDRCU013 – Cuba: Hurricane Melissa has a total IFRC funding requirement of CHF 18,000,000 (CHF 19,500,000 Federation-wide). As of 30 April 2026, the appeal has mobilised CHF 5,356,725, including confirmed contributions, in-kind support and soft pledges, representing 29.8% coverage.

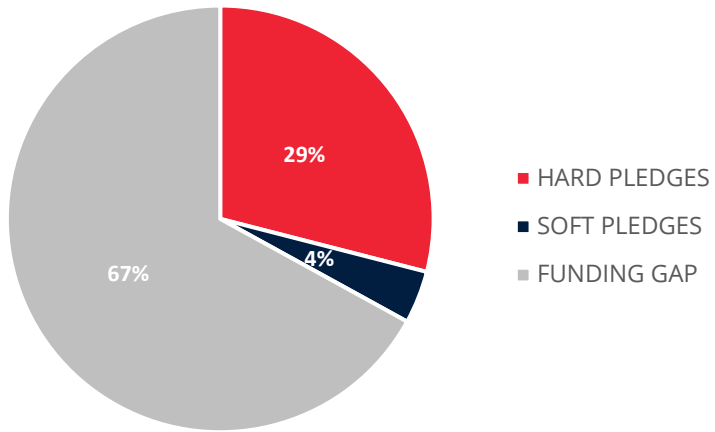
Confirmed contributions amount to CHF 5,257,572.00, including CHF Swiss francs in cash pledges and CHF 150,739 in in-kind donations. In addition, CHF 91,270 have been indicated through soft pledges that are currently pending formal confirmation.

Despite these contributions, the operation still faces a funding gap of CHF 14,143,275 to fully implement the planned activities in support of the Cuban Red Cross response to Hurricane Melissa. Resource mobilisation efforts remain ongoing to secure additional funding and ensure the continuation and scale-up of humanitarian assistance to affected communities.

See the distribution in the graph and table below:

²¹ IFRC, Press release, 28 November 2025, <https://www.ifrc.org/press-release/ifrc-warns-growing-psychological-toll-children-and-families-one-month-after-hurricane>.

Funding Coverage



Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	18,000,000	5,356,725	12,643,275	29.8%

Contact information

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

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For In-Kind donations and Mobilization table support

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Reference documents

↘ 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.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/10-2026/4	Operation	MDRCU013
Budget Timeframe	2025-2027	Budget	APPROVED

Prepared on 09 Jun 2026

All figures are in Swiss Francs (CHF)

MDRCU013 - Cuba - Hurricane

Operating Timeframe: 30 Oct 2025 to 31 Oct 2027; appeal launch date: 30 Oct 2025

I. Emergency Appeal Funding Requirements

Total Funding Requirements	18,100,000
Donor Response* as per 09 Jun 2026	5,084,577
Appeal Coverage	28.09%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	2,230,915	165,210	2,065,705
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	694,923	4,455	690,468
PO05 - Water, Sanitation & Hygiene	545,600	46,830	498,770
PO06 - Protection, Gender and Inclusion	16,000	0	16,000
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	418,300	95,401	322,900
PO10 - Community Engagement and Accountability	10,000	0	10,000
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	3,915,738	311,896	3,603,843
EA01 - Coordination and Partnerships	0	2,748	-2,748
EA02 - Secretariat Services	482,073	156,667	325,406
EA03 - National Society Strengthening	221,979	120,532	101,447
Enabling Approaches Total	704,052	279,946	424,106
Grand Total	4,619,790	591,842	4,027,948

III. Operating Movement & Closing Balance per 2026/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	4,596,471
Expenditure	-591,842
Closing Balance	4,004,629
Deferred Income	516,000
Funds Available	4,520,629

IV. DREF Loan

* not included in Donor Response	Loan :	997,990	Reimbursed :	0	Outstanding :	997,990
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Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/10-2026/4	Operation	MDRCU013
Budget Timeframe	2025-2027	Budget	APPROVED

Prepared on 09 Jun 2026

All figures are in Swiss Francs (CHF)

MDRCU013 - Cuba - Hurricane

Operating Timeframe: 30 Oct 2025 to 31 Oct 2027; appeal launch date: 30 Oct 2025

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	1,579,008				1,579,008		
Belize Red Cross Society	1,855				1,855		
British Red Cross	105,119				105,119		
Bulgarian Red Cross	1,014				1,014		
DREF Response Pillar				997,990	997,990		
ELMA Relief Foundation	250,000				250,000		
German Red Cross	36,079				36,079		
Hong Kong Red Cross, Branch of the Red Cross Socie	19,579				19,579		
Italian Government Bilateral Emergency Fund	180,730				180,730		
Italian Red Cross	110,110				110,110		
Japanese Red Cross Society	25,220				25,220		
New Zealand Red Cross	10,441				10,441		
On Line donations	10,393				10,393		
Red Cross of Monaco	13,918				13,918		
Sage Foundation	8,009				8,009		
Spanish Government	-51,950				-51,950	516,000	
Spanish Red Cross	10,565				10,565		
Spanish Red Cross (from Spanish Government*)	147,115				147,115		
Swiss Government	250,000				250,000		
The Canadian Red Cross Society	251,383	27,894			279,277		
The Canadian Red Cross Society (from Canadian Gov	282,187				282,187		
The Netherlands Red Cross (from Netherlands Govern	250,803				250,803		
The Republic of Korea National Red Cross	26,777				26,777		
UNDP - United Nations Development Programme (fron	32,232				32,232		
Z Zurich Foundation	20,000				20,000		
Total Contributions and Other Income	3,570,587	27,894	0	997,990	4,596,471	516,000	
Total Income and Deferred Income					4,596,471	516,000	