

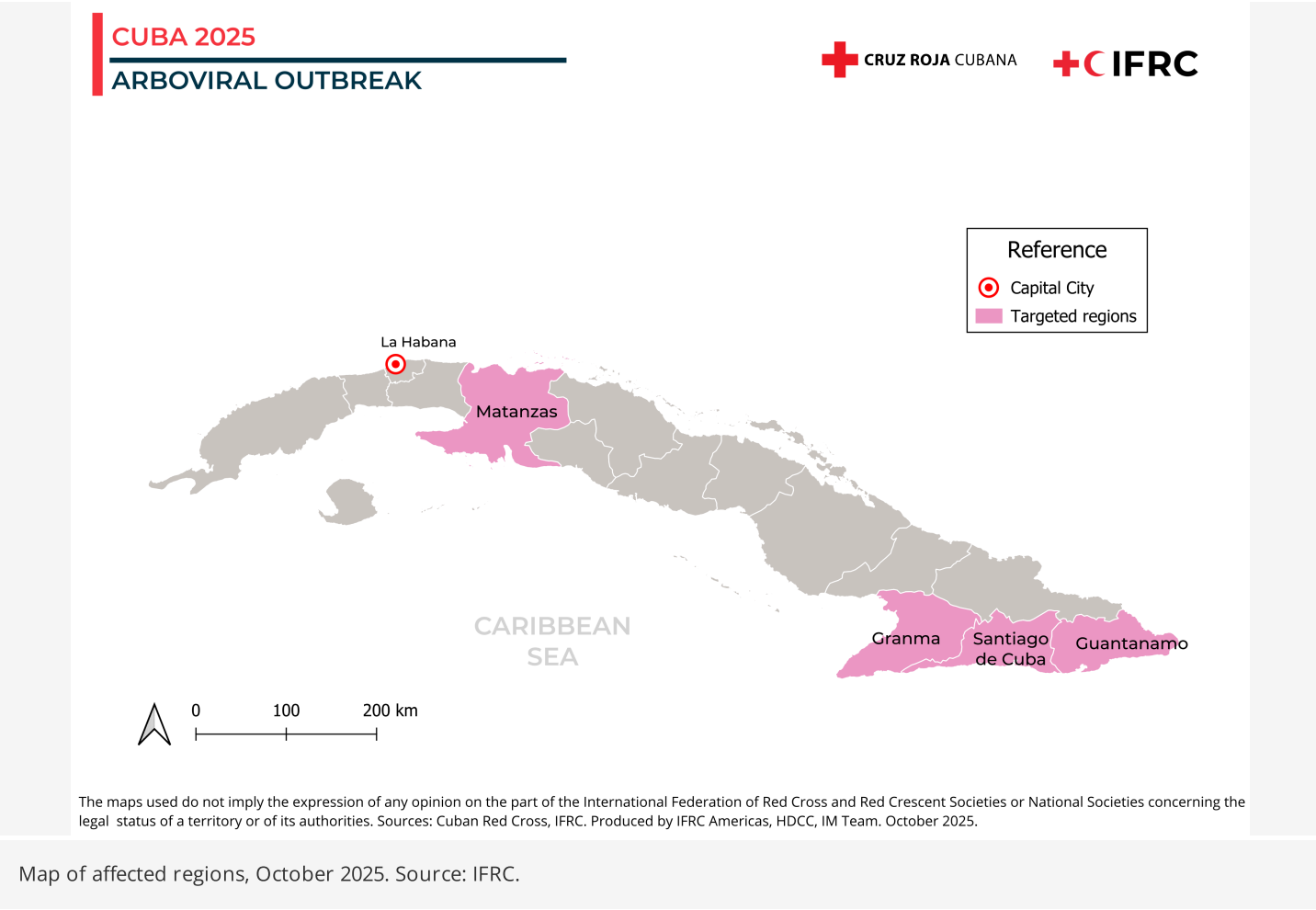


Community training session in Guantánamo, Cuba. Source: Cuban Red Cross.

Appeal: MDRCU012	Total DREF Allocation: CHF 380,077	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 38,938 people	People Targeted: 10,000 people	People Assisted: 21,049 people
Event Onset: Sudden	Operation Start Date: 17-10-2025	Operational End Date: 30-06-2026	Total Operating Timeframe: 8 months
Targeted Regions: Granma, Guantanamo, Matanzas, Santiago de Cuba			

The major donors and partners of the IFRC-DREF include Red Cross National Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date of event

15-10-2025

What happened, where and when?

In the eastern provinces of Granma, Santiago de Cuba, and Guantánamo, a sharp rise in suspected and confirmed cases was reported from late September 2025 onward. Epidemiological projections at the time indicated that transmission was expected to continue increasing in these provinces during the following weeks.

On 6 October 2025, during a high-level meeting held in Matanzas and chaired by the President of the Republic, MINSAP identified Matanzas as the epicenter of the national outbreak. The Minister of Public Health attributed the situation to a combination of environmental, climatic, and structural factors, including persistent rainfall, high temperatures, inadequate waste management, and challenges in water supply, which had created favorable conditions for mosquito proliferation (salud.msp.gob.cu, 10 October 2025).

On 15 October 2025, the Ministry of Public Health (MINSAP) issued an official update confirming the simultaneous circulation of dengue, oropouche, and chikungunya viruses throughout the country and reported the first dengue-related fatalities.

To strengthen the response, MINSAP deployed a medical contingent composed of physicians, nurses, epidemiologists, and technicians, led by the Minister of Public Health, to the municipalities of Cárdenas and Colón, with support from brigades from Havana and other provinces. These teams implemented intensified fumigation campaigns, environmental sanitation measures, larval and adult mosquito control, and active epidemiological surveillance. Hospitals managed patients presenting warning signs or severe symptoms, while authorities promoted community participation through the elimination of breeding sites and the implementation of local focal-control measures.



The co-circulation of multiple arboviruses significantly increased the public health burden. Hospitals in the most affected provinces experienced sustained pressure owing to growing numbers of admissions, leading authorities to decentralize care to municipal facilities for patients without warning signs. Pregnant women, children, older adults, and persons with disabilities were prioritized for medical follow-up because of their increased risk of complications. Reports of recurrent febrile syndromes and multiple infections within short periods suggested overlapping transmission cycles.

The outbreak occurred in a context of heightened national vulnerability. Less than a year earlier, Hurricanes Oscar (Category 1, Guantánamo) and Rafael (Category 3, Artemisa) had caused extensive damage to infrastructure, power systems, and essential services. The cumulative effects of these events had weakened key public health and vector-control capacities while increasing community vulnerability.

Within this context, the Cuban Red Cross (CRC), in its auxiliary role to public authorities, supported the government-led response from 4 October 2025 onward through health promotion activities, vector-control interventions, and community-based self-focal actions aimed at eliminating mosquito breeding sites. However, limited access to essential materials and supplies constrained the organization's ability to expand and sustain the response at the required scale.

In the weeks following the official declaration of the outbreak, the epidemiological situation evolved rapidly from an initial concentration in Matanzas and the eastern provinces to a nationwide epidemic.

The impact of Hurricane Melissa further exacerbated the outbreak. Intense rainfall, localized flooding, and damage to housing, water supply systems, and road infrastructure created favorable conditions for the proliferation of *Aedes aegypti* mosquitoes in the provinces prioritized under the DREF operation. Simultaneously, damage to bridges and secondary roads hindered access to certain communities, causing temporary disruptions to fumigation and focal-control activities that MINSAP had been implementing since the onset of the outbreak.

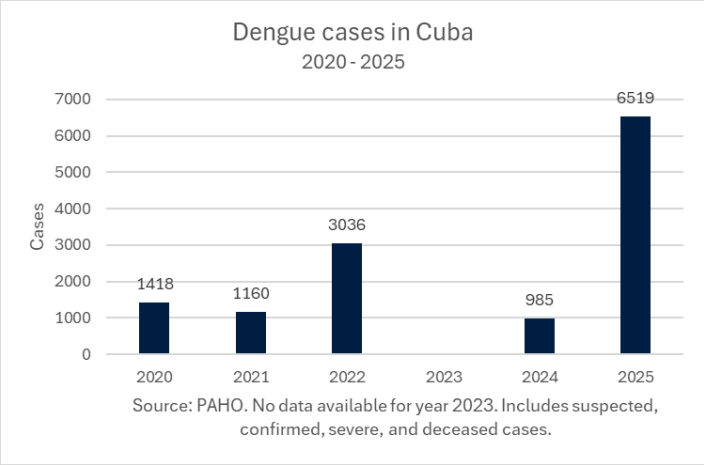
Hurricane Melissa acted as an epidemiological amplifier during the most critical phase of the outbreak. Increased breeding opportunities resulting from heavy rainfall and flooding, combined with reduced operational access caused by infrastructure damage, contributed to higher transmission rates in the most affected eastern provinces. These conditions also increased demand for clinical case management services.

This "double impact", characterized by heightened entomological risk and reduced operational access, contributed to increased transmission and incidence rates in the eastern provinces and generated an immediate rise in demand for healthcare services.

According to MINSAP, by epidemiological week (EW) 48, the arboviral endemic channel remained within the epidemic zone, and incidence continued to increase in both the eastern provinces and Matanzas. During EW 48, 5,717 new chikungunya cases were reported, bringing the cumulative total for 2025 to 38,938 cases. Dengue transmission remained active across 14 provinces, 43 municipalities, and 51 health areas. Although only three deaths had been reported up to November, MINSAP confirmed a total of 33 arboviral disease-related deaths by the end of EW 48, predominantly among individuals under 18 years of age. Severe cases, including severe dengue requiring hospitalization, continued to be reported and required specialized clinical management.

The rapid deterioration of the epidemiological situation, reflected in the increase in confirmed deaths and severe cases, shifted the operational focus from vector control alone toward ensuring timely and effective clinical case management





Dengue cases in Cuba (2020–2025).



Community vector control activities on external water tanks.
Source: CRC

Scope and Scale

As of mid-October 2025, the Ministry of Public Health (MINSAP) had reported 6,519 suspected and 166 confirmed dengue cases, 4,119 suspected and 36 confirmed Oropouche cases, and 34 confirmed chikungunya cases across 15 provinces, with Matanzas, Granma, Santiago de Cuba, and Guantánamo among the most affected. The scale of the health emergency was considerable, with preliminary assessments indicating widespread impacts on both the national health system and community well-being across multiple provinces.

Dengue incidence in Cuba exhibited significant annual variation between 2020 and 2025, culminating in a marked resurgence in 2025. Following moderate transmission levels in 2020 and 2021, with 1,418 and 1,160 cases respectively, and an increase in 2022 to 3,036 cases, reported infections declined to 985 cases in 2024. By October 2025, however, the country had recorded 6,519 dengue cases, representing more than a six-fold increase compared with 2024 and more than double the 2022 peak, making it the highest number of reported dengue cases during the previous six-year period.

The sharp increase reflected intensified viral transmission and elevated entomological risk, associated with favorable environmental conditions and the persistence of mosquito breeding sites. Climatic factors contributed to the spread of dengue and other arboviral diseases by increasing temperatures, accelerating mosquito life cycles, and facilitating viral transmission. Higher rainfall and humidity levels created additional breeding habitats, while flooding and coastal inundation further favored mosquito proliferation. Concurrently, urbanization, population movements, and milder winter conditions increased exposure and extended the transmission season.

During the period of concurrent dengue and Oropouche epidemics, the risk of additional communicable disease outbreaks remained high because of prolonged flooding, limited access to safe water, and inadequate hygiene conditions. These factors also heightened vulnerability to waterborne, foodborne, respiratory, and other vector-borne diseases.

Although Cuba's health system continued providing essential services through existing personnel and available resources, severe shortages of diagnostic reagents, laboratory supplies, antibiotics, medicines, and operational materials placed significant pressure on healthcare workers and affected service continuity.

In the eastern provinces, heavy rainfall intensified mosquito proliferation and increased transmission risk. Health authorities promoted



focal treatment measures and community-based vector control activities to eliminate *Aedes aegypti* breeding sites. Older adults, children, and persons with disabilities were among the most affected groups, particularly those residing in marginalized and low-income communities characterized by poor housing conditions and inadequate infrastructure, which increased both disease susceptibility and service interruptions.

Aging infrastructure and economic constraints compounded the effects of consecutive disasters, including recent hurricanes, leaving many communities struggling to recover and perpetuating existing vulnerabilities. The cumulative impact of overlapping crises, including natural hazards, epidemics, and resource shortages, weakened community resilience and increased humanitarian needs.

Based on standard humanitarian and public health planning assumptions, it was estimated that between 20 and 30 per cent of the population could have been exposed to risk during the arboviral outbreak. This estimate extended beyond confirmed and suspected cases and reflected broader population vulnerability resulting from widespread *Aedes aegypti* presence, waste accumulation, uncovered water storage, and limited vector-control capacity.

By epidemiological week (EW) 48, the impact of the epidemic had extended beyond case numbers and had disrupted daily life and household functioning in affected communities.

The co-circulation of dengue and chikungunya increased the number of individuals requiring clinical evaluation, monitoring, and treatment for warning signs, placing additional pressure on primary healthcare services and referral hospitals. Chikungunya led to prolonged disability among many affected individuals due to persistent arthralgia, delaying their return to normal activities, while dengue continued to present the risk of rapid progression to severe forms requiring hospitalization and close clinical monitoring.

A significant indication of epidemiological deterioration was observed in rising case fatality rates. By the end of epidemiological week 48, a total of 33 arboviral-related deaths had been confirmed, including 12 attributed to dengue, 7 of whom were under 18 years of age, and 21 attributed to chikungunya, including 14 individuals under 18 years of age. These figures highlighted the disproportionate impact on the pediatric population and underscored the need to strengthen clinical follow-up and case management capacity in order to reduce preventable mortality.

Despite the nationwide epidemiological context, the intervention remained geographically focused on the prioritized eastern provinces and Matanzas, where the highest disease burden, the most severe outcomes, and the most critical gaps in healthcare capacity and medical supplies had been identified. National epidemiological data were used to contextualize disease trends but did not imply an expansion of the operational area.

Throughout the operation, the principal operational challenge was maintaining continuity of clinical care while ensuring the availability of essential medicines and medical-surgical supplies for both outpatient and inpatient treatment, including patients presenting warning signs or severe illness. Supply constraints combined with increased demand generated by the epidemic placed additional strain on response capacity and increased the risk of preventable complications and deaths.

Hurricane Melissa further affected the response by damaging 642 health facilities and reducing service capacity during a period of heightened demand. While the Melissa Emergency Appeal addressed immediate health needs and service disruptions caused by the hurricane, it did not cover the ongoing shortages of medicines and medical supplies required for the management of the arboviral epidemic. Addressing these needs exceeded the scope of the Appeal. The DREF operation therefore filled a critical gap in epidemic response and complemented existing interventions rather than duplicating them.

The territorial distribution of impacts reflected a combination of densely populated urban centres, particularly Havana, Santiago de Cuba, and other provincial capitals in eastern Cuba, and remote rural communities where irregular water supply, solid waste accumulation, and deteriorated road infrastructure increased both transmission risk and barriers to accessing institutional support. In these areas, households with fewer economic resources had limited capacity to repair damaged homes, acquire protective materials, or recover livelihoods affected by crop losses and reduced income. Access constraints and intermittent operational disruptions also affected the consistency of vector-control activities, increasing the importance of maintaining adequate operational equipment, including thermonebulizers, to sustain effective coverage.

Within this context, although the DREF operation targeted at least 10,000 people in four prioritized provinces, the overall scale of risk extended to several million people exposed to arboviral transmission and the effects of recent hydrometeorological events. As outlined in the original operational plan, the Cuban Red Cross intervention complemented the response led by MINSAP and the Civil Defense System in areas where high transmission, socioeconomic vulnerability, and infrastructure damage converged. In line with evolving needs identified throughout the response, support was provided to strengthen the availability of essential medicines and medical supplies for patient management, while also reinforcing vector-control capacity through improved access to key operational equipment, including thermonebulizers.



Source Information

Source Name	Source Link
1. Granma	https://www.granma.cu/cuba/2025-10-07/refuerzan-acciones-ante-situacion-epidemiologica-en-matanzas-07-10-2025-22-10-25
2. Agencia Cubana de Noticias	https://www.acn.cu/salud/actualizan-sobre-situacion-epidemiologica-en-cuba
3. Organización Panamericana de la Salud	https://www.paho.org/es/situacion-crisis-cuba
4. Radio 26	https://www.radio26.cu/destacadas/alerta-epidemiologica-en-matanzas-por-incremento-de-enfermedades-diarreicas-dengue-y-chikungunya/
5. Cibercuba	https://www.cibercuba.com/noticias/2025-10-15-u1-e129488-s27061-nid312980-minsap-reporta-cifra-cubanos-fallecidos-dengue
6. Canal Caribe	https://www.youtube.com/results?search_query=caribe+noticias+cuba+hoy+minsap
7. Operations Update #3 MDRCU013	https://go.ifrc.org/emergencies/7687/reports
8. Granma	https://www.granma.cu/cuba/2025-10-08/arribara-a-matanzas-contingente-medico

IFRC Network Actions Related To The Current Event

Secretariat	The Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti, together with the Americas Regional Office (ARO), worked in close coordination with the Cuban Red Cross (CRC) throughout the operation, providing technical and strategic support for the development and implementation of the DREF intervention. This collaboration ensured coherence, quality assurance, and alignment with IFRC operational standards and regional health and disaster management frameworks, while reinforcing the National Society's leadership and auxiliary role in supporting the response to the health emergency.
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ICRC Actions Related To The Current Event

Throughout the operation, the Cuban Red Cross maintained regular communication and coordination with the ICRC delegation in Caracas, Venezuela, which provided support to the National Society. This ongoing engagement facilitated information sharing, operational alignment, and complementary technical support in line with the humanitarian response objectives



Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>During the epidemiological emergency, the National Defence Council adopted a series of mandatory measures in accordance with existing legislation, pre-established contingency plans, and the specific requirements of the public health response. To support implementation, Regional, Provincial, and Municipal Defence Councils were activated, together with the Basic Health Groups established under the national emergency management structure. These bodies implemented the Health Disaster Risk Reduction Plans, which defined specific response phases and actions according to the evolution of the outbreak.</p> <p>Throughout the emergency, specialized scientific and technical institutions continuously monitored, analyzed, and processed epidemiological information to support decision-making. The Ministry of Public Health (MINSAP) regularly issued Early Warning Bulletins for decision-makers and the general population, strengthening risk monitoring, informing preparedness measures, and facilitating timely response actions as the outbreak evolved.</p> <p>National authorities closely monitored the situation throughout both the arboviral outbreak and the aftermath of Hurricane Melissa. The National Defence Council and the Presidency held regular meetings with experts and senior health officials to review MINSAP reports on arboviral disease trends and hurricane impacts. Particular emphasis was placed on the most affected territories, where authorities promoted coordinated approaches to post-disaster recovery and dengue and chikungunya control efforts.</p> <p>Within the health sector, MINSAP strengthened technical coordination through regular meetings with its expert committees and provincial health directorates. These meetings served to review epidemiological data, adjust surveillance and vector-control strategies, and disseminate updated prevention messages to the population. National media channels were consistently used to inform the public about the evolution of the epidemic, communicate recommended protective measures, and reinforce the importance of primary healthcare services and community participation in the response.</p> <p>National authorities also maintained coordination with the Civil Defence System and international partners, particularly PAHO/WHO and United Nations agencies, to support disease surveillance, vector-control activities, and early recovery efforts in the most affected areas. This external support was integrated within the nationally led response strategy coordinated by MINSAP and the National Defence Council. Within this framework, the Cuban Red Cross continued to complement government-led health interventions in alignment with national priorities and identified response needs.</p>
UN or other actors	<p>The Pan American Health Organization/World Health Organization (PAHO/WHO) focused its efforts on strengthening the preparedness of health personnel, enhancing vector-control techniques, and supporting the introduction of new technologies for arboviral disease surveillance. It also contributed to improving medical care and community-level health services in the most affected areas.</p> <p>The Cuban Red Cross (CRC) complemented these efforts by prioritizing communities and areas that were underserved or difficult to access. Throughout the operation, the CRC worked in close coordination with the Ministry of Public Health (MINSAP), the</p>



Disaster Risk Management Centres, and the Civil Defence System to align priorities, ensure complementarity, and maximize the overall impact of the national and international response to the outbreak.

The United Nations system in Cuba developed and implemented a joint action plan to support the national response to both the arboviral epidemic and the impacts of Hurricane Melissa. The plan focused on health, water and sanitation, and the protection of vulnerable groups in the most affected provinces. This support helped sustain essential services in areas where infrastructure damage and service disruptions had increased the risk of dengue and chikungunya transmission.

As part of these efforts, PAHO/WHO provided technical and operational assistance aimed at preventing and controlling arboviral diseases. Support included strengthening epidemiological and laboratory surveillance, enhancing clinical case management capacities, and reinforcing vector-control interventions. In coordination with national authorities, other United Nations agencies also supported the restoration of basic services and the dissemination of risk communication and community engagement activities in prioritized communities.

Are there major coordination mechanism in place?

In line with its auxiliary role to the public authorities, the Cuban Red Cross (CRC) actively participated in coordination meetings with the National Civil Defence Staff, the Ministry of Public Health (MINSAP), and the Territorial Defence Councils throughout the operation. These coordination mechanisms facilitated joint planning, information sharing, and the harmonized implementation of response activities based on evolving epidemiological data, forecasts, and risk assessments.

At the operational level, the CRC supported vector-control interventions, the cleaning and disinfection of elevated water tanks, and the identification and elimination of mosquito breeding sites in coordination with local health authorities. In addition, the CRC contributed to the evacuation and assistance of bedridden persons and provided support in nine Protection Centres established to accommodate displaced families. These actions helped ensure that humanitarian assistance remained aligned with national response priorities, standards, and coordination frameworks.

Needs (Gaps) Identified



The rapid increase in suspected cases of dengue, Oropouche, and chikungunya across Cuba represented a major public health concern throughout the operation. The situation was particularly severe in Matanzas and the eastern provinces of Granma, Santiago de Cuba, and Guantánamo, where intense and recurrent rainfall contributed to increased mosquito breeding and heightened disease transmission.

A critical challenge identified during the response was the limited availability of specialized fumigation and vector-control equipment, which constrained the capacity of authorities and communities to eliminate mosquito breeding sites and contributed to the continued spread of arboviral diseases. At the same time, insufficient community awareness of preventive measures and the need to eliminate household breeding sites further increased transmission risks.

The early identification of suspected cases at the community level was affected by limited training among volunteers, community leaders, and residents, as well as weaknesses in local surveillance mechanisms. In addition, affected populations experienced psychosocial stress associated with the loss of family members, reduced household income resulting from illness and hospitalization, and the prolonged health impacts of infection. The limited availability of mosquito nets, thermo-nebulizers, and household spraying equipment highlighted the need for additional operational resources to reduce exposure and interrupt transmission.

To address these challenges, the operation prioritized:

Community-based health and hygiene promotion activities.

Measures to improve access to safe water and strengthen environmental sanitation.

Reinforcement of community surveillance and prevention mechanisms to reduce transmission risks.



Implementation of vector-control and environmental health interventions in high-risk areas.

Strengthening institutional and community response capacities through the provision of thermo-nebulizers, spraying equipment, and personal protective equipment.

Support to the health system for case detection, clinical management, and timely referral of patients.

Educational campaigns in schools and communities, together with community clean-up and breeding-site elimination campaigns in households and public spaces.

Analysis conducted during the response highlighted the need for trained personnel, adequate protective equipment, biomedical supplies, mosquito nets, and other essential resources to support an effective health response. These gaps directly affected the capacity of health services and communities to respond to the emergency and limit further disease transmission.

Key findings from the initial assessment included:

Insufficient pre-positioned mosquito nets within the Cuban Red Cross to meet the needs of health facilities and affected communities.

The need for additional training and technical guidance for active volunteers on arboviral disease prevention and response.

Psychological distress among affected populations associated with loss of income, illness, and hospitalization.

The need to strengthen community education and awareness regarding arboviral disease prevention and appropriate health-seeking behaviours.

Information available up to epidemiological week (EW) 48 confirmed that the health response continued to face significant operational constraints, particularly at the primary healthcare level. The growing caseload exposed critical shortages of essential medicines and medical supplies required to sustain patient management across different levels of care, including inpatient services for people presenting warning signs or severe disease.

According to MINSAP, a substantial proportion of patients with febrile syndromes were managed at the household level, while health services prioritized higher-risk groups, including children and adolescents, older persons, and individuals with pre-existing health conditions, within a context of constrained clinical and diagnostic resources. Access to healthcare services was further complicated in areas affected by Hurricane Melissa, where damage to roads and infrastructure disrupted referrals, continuity of care, and the timely delivery of medicines and medical supplies needed for case management.

In the area of vector control, health authorities identified important operational gaps related to both human resources and equipment. Shortages of trained fumigation operators and recurrent equipment breakdowns reduced the coverage and frequency of interventions in affected communities. Consequently, increasing the availability of functional thermo-nebulizers was identified as a priority measure to sustain large-scale adult mosquito-control activities and minimize operational interruptions.

Health activities reinforced through the operation included:

Strengthening the promotion of protective behaviours against arboviral diseases.

Supporting the availability and replenishment of essential medicines and medical supplies.

Reinforcing community-based surveillance and early detection activities.

Supporting vector-control operations through equipment, supplies, and community participation.

Enhancing health education and risk communication efforts to improve prevention and timely care-seeking behaviours.



Water, Sanitation And Hygiene

Reports from UN agencies and PAHO/WHO on the impacts of Hurricane Melissa in Cuba indicated that water supply and sanitation services remained limited or disrupted in several affected areas, while damage to infrastructure forced many households to rely on temporary water supply solutions.

According to the Ministry of Public Health (MINSAP), the continued increase in arboviral diseases across the country was aggravated by heavy rainfall and flooding, which caused failures in water systems and contamination, particularly in high-risk and low-lying areas.

Water extraction, treatment, and distribution systems proved highly vulnerable to structural damage, ruptures, and contamination. At the household level, water storage practices, including the use of uncovered containers, created favorable conditions for mosquito breeding. These circumstances highlighted the importance of providing safe household water-storage solutions with secure lids in affected communities. Safe water storage contributed to reducing standing water around homes and constituted an important preventive measure to support outbreak-control efforts.

Complementary hygiene-promotion and environmental sanitation activities were also required, including community clean-up campaigns

and solid-waste removal initiatives designed to mitigate environmental conditions associated with disease transmission. These actions contributed to reducing exposure, strengthening prevention measures, and promoting healthier living conditions in vulnerable communities.

Key findings from the initial assessments included:

Many communities relied on open water sources or artisanal wells, which served as potential mosquito breeding sites.

Hygiene-promotion interventions were needed to improve community practices and reduce transmission risks.

The cleaning of elevated water tanks and the removal of informal waste disposal sites were necessary to eliminate potential mosquito breeding grounds.

Throughout the operation, key hygiene and sanitation messages were disseminated through community networks and volunteer activities to increase awareness and encourage positive behavioural changes. These efforts supported improved access to safe water, the prevention of waterborne and vector-borne diseases, and early recovery in the most affected communities.

Additional reports from UN agencies and PAHO/WHO indicated that, following Hurricane Melissa, many households had stored water in tanks and containers for extended periods because of continued disruptions in water services. According to PAHO, inadequate covering, cleaning, and maintenance of these containers increased the risk of Aedes mosquito proliferation and arboviral disease transmission.

These conditions coincided with the ongoing arboviral epidemic and underscored the importance of integrating WASH interventions with vector-control activities. In response to operational gaps identified by MINSAP, efforts were made to strengthen adult mosquito-control capacity, including support for maintaining fumigation coverage through improved access to operational equipment such as thermonebulizers.

Assessment reports also documented sanitation challenges, including the accumulation of solid waste, debris, and stagnant water in several communities affected by Hurricane Melissa. These environmental conditions increased the risk of infectious disease outbreaks, including the arboviral diseases already circulating in the country. As a result, the Cuban Red Cross complemented safe water interventions with activities aimed at reducing breeding sites associated with inadequate drainage, household water storage, and poor waste management, in coordination with local authorities and humanitarian partners.

WASH activities implemented during the operation included:

Support to health brigades conducting household fumigation and focal vector-control activities.

Organization of community clean-up campaigns to remove waste, debris, and water-holding containers from households and public spaces.

Integration of WASH-specific messages into risk communication and community engagement activities related to arboviral disease prevention and control.

These interventions contributed to reducing environmental health risks, strengthening community awareness, and supporting broader efforts to prevent and control arboviral disease transmission in the affected provinces.



Protection, Gender And Inclusion

During the emergency, vulnerable groups, including women, children, older adults, and persons with disabilities, faced heightened protection, gender, and inclusion risks. Assessments conducted throughout the operation highlighted that the specific needs of these groups could be overlooked in the absence of comprehensive and inclusive planning. A key challenge identified during the response was the limited capacity of some personnel and volunteers to systematically identify and address protection concerns, particularly those affecting children and other at-risk populations.

Addressing these needs required targeted actions to ensure the safety, dignity, and equitable access to assistance of all affected individuals. The Cuban Red Cross (CRC) implemented its established Protection, Gender and Inclusion (PGI) and Protection from Sexual Exploitation and Abuse (PSEA) policies throughout the operation. Continued efforts to strengthen the integration of these approaches helped reduce the risk of reproducing existing inequalities and contributed to the delivery of safer and more inclusive humanitarian assistance. Integrating PGI considerations across all intervention sectors remained essential to ensuring that the needs of all population groups were considered and that the wellbeing and protection of the most vulnerable were prioritized.

Key findings from the initial assessment included:

The protection of children, older adults, pregnant women, and other vulnerable groups needed to be prioritized across all response

activities.

Additional training was required for response personnel on the Minimum Standards for Protection, Gender and Inclusion in Emergencies to support inclusive and safe operations.

Refresher sessions were needed to strengthen awareness and application of the National Society's PSEA Policy.

The collection and analysis of sex-, age-, and disability-disaggregated data (SADD) were necessary to identify specific vulnerabilities and support equitable response planning.

The integration of PGI principles across the different sectors of the operation contributed to improving the safety, dignity, participation, and access of affected populations, helping to ensure that humanitarian assistance was both inclusive and accountable.

Information available up to epidemiological week (EW) 48 confirmed that the arboviral epidemic had a significant age- and gender-related impact. A substantial proportion of severe cases and fatalities occurred among individuals under 18 years of age, highlighting the importance of systematically incorporating child protection considerations into health, WASH, vector-control, and community engagement interventions implemented by the Cuban Red Cross (CRC). At the same time, the burden of caring for sick family members fell disproportionately on women caregivers, many of whom experienced increased workloads, psychological stress, loss of income, and reduced opportunities to access information and psychosocial support services.

The combined effects of Hurricane Melissa and the arboviral epidemic also heightened protection risks for people accommodated in temporary shelters. Overcrowding, limited privacy, and increased family tensions created additional vulnerabilities within these settings. Children, women, older persons, and persons with disabilities were particularly exposed to risks of neglect, exclusion, and other protection concerns when vector-control activities, relief distributions, or the organization of communal spaces did not adequately consider their specific needs. These findings reinforced the importance of maintaining a protection-centred approach throughout the implementation of the response.



Community Engagement And Accountability

A significant need was identified to strengthen public education and awareness on the transmission, prevention, and early recognition of dengue, Oropouche, and chikungunya, particularly in rural and hard-to-reach areas. While traditional communication channels such as radio and television were used throughout the response, their effectiveness was constrained by ongoing energy shortages and irregular coverage in some parts of the country.

As the arboviral epidemic expanded through epidemiological week (EW) 48, while communities were simultaneously coping with the effects of Hurricane Melissa, the need for more systematic community communication and feedback mechanisms became increasingly evident in prioritized areas, including newly affected communities and Shelter Centres. Although official information on the epidemiological situation and prevention measures was regularly disseminated, the evolving nature of the outbreak and the simultaneous circulation of multiple arboviruses highlighted the importance of providing opportunities for community members to ask questions, express concerns, and receive clear and consistent information aligned with MINSAP guidance.

In this context, the IFRC's experience in responding to arboviral emergencies provided valuable references for strengthening the Community Engagement and Accountability (CEA) approach within the operation. Community dialogue tools, rumour-tracking mechanisms, and adapted communication materials were used to better reach different population groups, including children and adolescents, older persons, caregivers, and persons with disabilities. The integration of these practices contributed to aligning health, WASH, and vector-control interventions with the perceptions, priorities, and needs identified within affected communities while helping to maintain trust in the actions of the Cuban Red Cross and public health authorities.

Initial assessments revealed that many volunteers lacked formal training in Community Engagement and Accountability (CEA), limiting their capacity to establish effective two-way communication with communities. The absence of standardized feedback mechanisms increased the risk of misinformation and reduced opportunities to systematically identify and address community concerns, potentially affecting participation in prevention and response activities.

Strengthening community participation therefore emerged as a key component of the response, not only to improve public knowledge of disease prevention measures but also to promote active involvement in surveillance, vector-control, and community-based response activities.

Key findings from the initial assessment included:

Volunteers required additional training in CEA approaches and tools to effectively engage with communities.

Public education and risk communication on arboviral diseases needed to be reinforced through local media and community-based channels.

A structured community feedback and participation mechanism was needed to ensure that communities remained informed, consulted, and actively involved in the actions implemented by the Cuban Red Cross (CRC).

Targeted CEA capacity-strengthening activities enabled volunteers to facilitate trusted, culturally appropriate, and inclusive communication processes while supporting the establishment of feedback mechanisms that informed ongoing response actions and strengthened community ownership of the intervention.

The progression of the epidemic through EW 48, combined with the humanitarian consequences of Hurricane Melissa, further demonstrated the value of systematic community engagement and feedback mechanisms in both prioritized communities and Shelter Centres. Lessons learned during the operation confirmed that regularly adapting messages, addressing rumours, and incorporating community feedback were critical to maintaining public trust and supporting the effectiveness of health, WASH, and vector-control interventions.

Operational Strategy

Overall objective of the operation

Through this IFRC-DREF operation, the Cuban Red Cross sought to mitigate the public health impact of vector-borne diseases, including dengue, Oropouche, and chikungunya, through an integrated approach combining community-based prevention, vector-control activities, and close coordination with the national health system. The operation targeted the most affected and vulnerable populations and provided direct assistance to at least 10,000 people over the eight-month implementation period.

Operation strategy rationale

The operation prioritized rapid and targeted interventions in the four provinces with the highest disease incidence and environmental risk. The strategy combined vector-control measures, WASH interventions, and community mobilization activities to help contain the spread of dengue, oropouche, and chikungunya. Activities were selected based on epidemiological data provided by MINSAP, operational feasibility, and complementarity with government-led response efforts.

The DREF Plan of Action was developed on the basis of the Initial Damage and Needs Assessment (EDAN) conducted by the Government of Cuba through the Ministry of Public Health (MINSAP) and coordinated by the National Defence Council. The assessment identified a significant increase in arboviral diseases, particularly dengue, Oropouche, and chikungunya, with the most critical epidemiological situation observed in Matanzas, Granma, Santiago de Cuba, and Guantánamo. These provinces were prioritized due to the high number of suspected and confirmed cases, the intensification of rainfall and flooding, and the resulting increase in mosquito breeding sites. In response to needs identified by MINSAP and the continued rise in cases, the operational strategy was strengthened to support the availability of essential medicines and medical supplies and to improve adult mosquito-control capacity through the provision of key equipment, including thermo-nebulizers.

This analysis was complemented by secondary data from MINSAP's surveillance network, Civil Defence situation reports, and provincial health authorities, all of which confirmed a sustained upward trend in infections and highlighted critical operational gaps affecting both healthcare delivery and outbreak response capacity. These gaps included shortages of essential medicines and medical supplies, as well as insufficient availability and functionality of fumigation equipment.

Based on these findings, the Government of Cuba requested support from the Cuban Red Cross (CRC) to assist 10,000 people in the four priority provinces. The CRC intervention focused on epidemiological control, WASH, health promotion, and capacity strengthening, ensuring a coordinated, inclusive, and community-based approach to disease prevention and control. In coordination with MINSAP, the operation also supported case management through the provision of essential medicines and medical supplies and helped strengthen vector-control operations through improved access to thermo-nebulizers where required.

Strategic Rationale and Coordination Framework

The operation built upon the CRC's auxiliary role to public authorities and its active participation in the National Civil Defence System. Throughout the response, the CRC worked in close coordination with MINSAP, provincial health directorates, and local Defence Councils, ensuring that interventions complemented national efforts and addressed identified operational gaps.

At the Movement level, the operation received technical and strategic support from the IFRC Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti, with additional guidance and quality assurance provided by the Americas Regional Office (ARO). The



IFRC Regional Logistics Unit (RLU) in Panama conducted a rapid procurement and delivery analysis to address logistical and importation challenges affecting Cuba. Most internationally procured items were consolidated through Panama to increase efficiency, while water tanks and selected supplies were sourced locally through pre-identified suppliers.

This approach incorporated lessons learned from previous operations, particularly the DREF responses to Hurricanes Oscar and Rafael in 2024, which highlighted the importance of early logistical planning, effective community engagement, and institutional capacity strengthening to overcome contextual constraints. Despite persistent logistical and market limitations, timely and coordinated deliveries remained an important contribution to addressing ongoing humanitarian needs.

The strategy prioritized rapid and targeted actions combining epidemiological response, WASH interventions, risk communication, and institutional strengthening, addressing both immediate needs and longer-term resilience.

Summary of the Operational Strategy

Health

The health component aimed to reduce the transmission, morbidity, and mortality associated with arboviral diseases through early detection, timely referral, health education, and strengthened clinical care, implemented in coordination with health authorities.

Water, Sanitation and Hygiene (WASH)

The WASH component sought to improve access to safe water, reduce environmental health risks, and strengthen vector-control measures in coordination with MINSAP and Civil Defence authorities. Through these interventions, the CRC contributed to reducing environmental factors associated with disease transmission and promoted safer water-storage and hygiene practices within affected communities. Activities were implemented in close coordination with vector-control operations, recognizing the importance of maintaining adequate fumigation capacity, including the use of thermo-nebulizers, in high-risk areas. The operation also contributed to strengthening large-scale adult mosquito-control activities by improving access to this equipment where operational gaps existed.

Regarding insecticide-treated mosquito nets (ITNs), the intervention was fully aligned with MINSAP standards and protocols. Rather than being distributed for general household prevention, ITNs were used as a clinical and epidemiological tool within the national arboviral containment strategy implemented through the Primary Health Care system.

Within this framework, ITNs were used to:

- Protect febrile patients under home-based observation supervised by the Family Doctor and Nurse Programme.

- Protect patients accommodated in community isolation centres where individuals with febrile syndromes were monitored by health personnel.

- Support focal vector-control protocols in high-transmission areas by isolating febrile patients from asymptomatic individuals and reducing exposure to vector mosquitoes.

Eligibility criteria for ITN allocation were established and prescribed by community health physicians based on clinical diagnosis, disease progression, and underlying health conditions. Depending on medical assessment, patients were managed either at home or in community isolation centres. As a result, individual mosquito nets could be reused successively for multiple patients under medical supervision.

In coordination with MINSAP, the Cuban Red Cross prioritized ITN distribution to:

- Households with confirmed or suspected febrile cases under home observation.

- Community isolation centres established for non-hospitalized patients with febrile syndromes.

This targeted use of ITNs remained consistent with national clinical protocols, strengthened community-based care and infection-control practices, and complemented household-level vector-control interventions.

Community Engagement and Accountability (CEA)

Community Engagement and Accountability (CEA) was integrated throughout the operation to promote transparency, trust, and community participation. CEA activities ensured that communities were informed, consulted, and actively involved in the response, contributing to the accountability and relevance of CRC interventions.

Protection, Gender and Inclusion (PGI)

The PGI component ensured that interventions were implemented in an inclusive, equitable, and protective manner in line with the IFRC Minimum Standards for PGI in Emergencies. PGI considerations were integrated across all sectors to ensure that women, children, older



adults, persons with disabilities, and other vulnerable groups were appropriately prioritized and protected throughout the response.

National Society Development (NSD)

The operation strengthened the CRC's institutional readiness, volunteer safety measures, and logistical capacity to support sustained and effective response activities. These efforts contributed to operational continuity, institutional learning, and longer-term preparedness capacities within the National Society.

IFRC Coordination

Throughout the operation, the IFRC Country Cluster Delegation (CCD) provided technical oversight, coordination, monitoring, and support in close collaboration with the IFRC Americas Regional Office (ARO). This partnership ensured strategic alignment, accountability, and adherence to IFRC quality standards during implementation.

Overall, the operation sought to reduce morbidity and mortality associated with vector-borne diseases through an integrated, community-centred, and evidence-based response combining Health, WASH, CEA, PGI, and NSD interventions.

The multi-sectoral strategy:

Strengthened vector-control capacity and reduced environmental health risks.

Promoted safer water-storage practices and improved hygiene behaviours.

Reinforced community participation, inclusion, and accountability.

Enhanced the CRC's institutional readiness and volunteer safety.

By addressing both immediate epidemiological threats and underlying vulnerabilities, the operation contributed to national efforts to control the outbreak, strengthen community resilience, and protect public health, while remaining aligned with IFRC strategic priorities on health, climate resilience, and accountable humanitarian action.

Targeting Strategy

Who was targeted by this operation?

Through this operation, the Cuban Red Cross (CRC) targeted approximately 10,000 people in the provinces of Matanzas, Granma, Santiago de Cuba, and Guantánamo, the areas most severely affected by the concurrent outbreaks of dengue, Oropouche, and chikungunya. These provinces were prioritized based on epidemiological information provided by the Ministry of Public Health (MINSAP) and the National Civil Defence System, which identified them as areas with the highest concentration of suspected and confirmed cases, compounded by heavy rainfall and increased mosquito breeding.

Logic Behind Targeting

The targeting strategy was based on three key considerations:

Epidemiological evidence: The selected provinces consistently reported the highest incidence of arboviral infections, sustained transmission patterns, and environmental conditions favorable to vector proliferation.

Government coordination: The operation was designed to complement and support the national response strategy led by MINSAP and the Civil Defence System, ensuring that CRC interventions addressed identified gaps in prevention, community engagement, case management support, and vector control.

Community vulnerability analysis: Information gathered from local authorities, health facilities, and CRC branches highlighted that the selected communities faced limited access to health services, insufficient awareness of preventive measures, and weaknesses in WASH infrastructure, all of which increased their vulnerability to infection.

The CRC implemented the operation in close coordination with community health centers, epidemiological surveillance networks, Local Disaster Risk Management Centres (CGRR), Civil Defence authorities, and community-based organizations, including the Federation of Cuban Women (FMC) and national associations representing persons with disabilities (ACLIFIM, ANCI, and ANSOC). These partnerships supported a coordinated and evidence-based approach to identifying and reaching populations at greatest risk.



According to data from the 2022 National Population and Housing Census, the average household size in Cuba was 3.3 persons. Based on this estimate, assistance provided to approximately 3,030 households enabled the operation to reach around 10,000 people through integrated Health, WASH, PGI, and CEA interventions.

Target Groups and Prioritization Criteria

Particular attention was given to population groups whose circumstances increased both their exposure to infection and their vulnerability to the consequences of disease. These groups included:

- Women, particularly pregnant women, due to increased health risks and caregiving responsibilities.
- Children and adolescents, who faced a higher risk of severe disease and disruptions to education and daily activities.
- Older adults, who were more vulnerable to severe health outcomes and mobility limitations.
- Persons with disabilities, who often experienced barriers to accessing healthcare, information, and hygiene services.
- Low-income households living in marginalized, densely populated urban and peri-urban areas with limited access to safe water, sanitation services, and vector-control measures.
- Migrant and transient populations, where present, whose access to health information and services could be limited.

Coordination with organizations such as FMC, ACLIFIM, ANCI, ANSOC, and local authorities proved essential for identifying vulnerabilities, promoting inclusion, and avoiding duplication with government-led interventions.

Targeting Methodology and Approach

Targeting activities were carried out jointly with local health authorities, Civil Defence structures, and community leaders to ensure that selection criteria remained transparent, inclusive, and evidence-based. The process included:

- Reviewing epidemiological information and risk maps provided by MINSAP and Civil Defence authorities.
- Identifying communities and neighbourhoods with the highest reported vector density and disease incidence.
- Coordinating with local councils and risk-management committees to validate beneficiary selection processes.
- Applying community feedback mechanisms through Community Engagement and Accountability (CEA) approaches to adjust interventions in response to changing needs and feedback received from communities.

Throughout implementation, Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) principles guided the targeting process, helping to ensure equitable access, participation, safety, and inclusion for all population groups.

Rationale for the Selected Approach

The targeting approach ensured that the DREF operation:

- Complemented government-led response efforts and remained aligned with national coordination mechanisms.
- Focused resources on the geographic areas and population groups facing the highest epidemiological risk and levels of vulnerability.
- Promoted inclusion through the systematic integration of PGI and CEA principles during planning and implementation.
- Maximized the use of the CRC's existing volunteer network, operational presence, and logistical capacities in the four priority provinces.

The strategy also reflected the DREF "no-regrets" approach, allowing timely assistance to reach populations most at risk while adapting to the evolving epidemiological situation throughout the implementation period.

Explain the selection criteria for the targeted population

The operation targeted approximately 10,000 people in the provinces of Matanzas, Granma, Santiago de Cuba, and Guantánamo, which were identified by the Ministry of Public Health (MINSAP) as the areas most affected by dengue, Oropouche, and chikungunya, in a context further aggravated by heavy rainfall, flooding, and high mosquito density.

The targeting approach combined epidemiological, environmental, and social vulnerability criteria, prioritizing communities experiencing active transmission, limited access to health services, and inadequate water, sanitation, and hygiene conditions. Coordination with the Civil Defence System, local health authorities, and community organizations, including the Federation of Cuban Women (FMC) and the national associations of persons with disabilities (ACLIFIM, ANCI, and ANSOC), ensured that beneficiary selection remained transparent, inclusive, and complementary to government-led response efforts.

Particular attention was given to women, especially pregnant women, children, older adults, and persons with disabilities, as these groups faced higher health risks and greater barriers to accessing prevention measures and healthcare services. The operation also



integrated Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) principles throughout implementation, helping to ensure that assistance was delivered in a safe, equitable, inclusive, and accessible manner for all affected populations.

Total Assisted Population

Assisted Women	14,745	Rural	60%
Assisted Girls (under 18)	-	Urban	40%
Assisted Men	6,304	People with disabilities (estimated)	2%
Assisted Boys (under 18)	-		
Total Assisted Population	21,049		
Total Targeted Population	10,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Importation procedures and transportation of materials into Cuba are often lengthy due to strict administrative regulations and limited shipping routes. Delays could affect the timely delivery of fumigation equipment, water tanks, and hygiene materials.	The IFRC Regional Logistics Unit (RLU) and CCD have conducted a rapid procurement and delivery analysis. All supplies will be pre-positioned and consolidated in Panama for efficiency, with direct delivery of certain items (e.g., water tanks) through pre-identified local suppliers. Coordination with national authorities on customs clearance and prioritised shipments will ensure timely delivery.

Prolonged operations and overlapping emergencies (e.g., hurricanes, health crises) may lead to volunteer fatigue and reduced capacity for sustained engagement.	The operation provided protective equipment, visibility items, psychosocial support, and insurance coverage for all volunteers. Rotational deployment will be implemented to ensure rest periods and maintain operational efficiency.
Exposure to disease vectors and unsafe environments during fumigation and community work may increase infection or accident risk among volunteers.	Volunteers received training on biosafety, PGI, and health protocols, and will be provided with personal protective equipment (PPE) (helmets, boots, gloves, overalls, etc.). The CRC will coordinate closely with MINSAP to ensure adherence to public health safety standards.
The national financial environment and restrictions on international transactions may cause delays in fund transfers or procurement processes.	Financial transactions will be managed under IFRC's standard DREF control mechanisms, with close support from the CCD finance team and monitoring by the ARO Finance Department. Contingency plans are in place to adjust procurement routes if needed.
Low community awareness or misinformation could undermine prevention efforts and reduce participation in vector control activities.	Strong Community Engagement and Accountability (CEA) activities, including information sessions, feedback mechanisms, and local media campaigns, will promote trust, transparency, and participation. Community leaders and health promoters will act as trusted messengers to disseminate accurate information.
Delays in the procurement and transport of essential supplies due to import restrictions pose a significant challenge in emergency situations.	Early coordination with the IFRC Regional Logistics Unit (RLU) in Panama and Cuban authorities will help mitigate delays in procurement and transport.
Lack of coordination or duplication with government or partner actions could affect operational coherence and credibility.	The CRC continued to coordinate with the National Defence Council, MINSAP, and other partners (PAHO/WHO, Civil Defence) to ensure complementarity of actions. The CCD and ARO will provide ongoing technical oversight and quality assurance, ensuring accountability to both communities and donors.
Continuous rainfall and flooding in eastern provinces could accelerate mosquito breeding and expand the geographic spread of Dengue, Oropouche, and Chikungunya, increasing caseloads and demand for assistance.	The CRC maintained close coordination with MINSAP and epidemiological surveillance units to adjust operational priorities and scale activities accordingly. Rapid health messages and community mobilisation will be reinforced in areas showing new transmission.



Please indicate any security and safety concerns for this operation:

The overall security environment in Cuba remained stable throughout the operation, supported by the strong presence of local authorities and well-established national crisis-management mechanisms under the National Civil Defence System. No major security incidents were reported that significantly affected the implementation of the DREF operation. Nevertheless, several operational safety risks were identified and actively managed to ensure the protection of staff and volunteers during field activities.

Key Security and Safety Risks

Health and Vector Exposure

Volunteers and staff involved in fumigation, vector-control activities, and community outreach were exposed to risks associated with mosquito bites, chemical handling, and heat-related illnesses due to prolonged periods of outdoor work.

Mitigation: Field personnel were provided with appropriate personal protective equipment (PPE), including masks, gloves, goggles, boots, and long-sleeved protective clothing. Volunteers received training on the safe use of fumigation equipment, first aid, and infection prevention and control measures in coordination with MINSAP.

Movement and Transport Risks

Limited fuel availability, deteriorated road infrastructure, and periodic flooding resulting from heavy rainfall affected mobility and increased operational challenges in some areas.

Mitigation: Field movements were coordinated with Civil Defence authorities and local government structures in accordance with established security and transportation procedures. Vehicles were inspected before deployment, and travel plans were adjusted when adverse weather conditions posed additional risks.

Community Interaction Risks

Although community acceptance of the Cuban Red Cross remained generally high, concerns and misconceptions related to vector-control chemicals and public health interventions occasionally created challenges during field activities.

Mitigation: Volunteers received training in Community Engagement and Accountability (CEA) and conflict-sensitive communication approaches to promote trust, transparency, and community acceptance. Activities were implemented in coordination with community leaders and local health authorities to reinforce legitimacy and strengthen community participation.

Occupational Safety and Volunteer Wellbeing

Volunteers working in demanding operational environments experienced risks associated with fatigue, dehydration, and psychosocial stress.

Mitigation: The CRC promoted appropriate work-rest cycles, ensured access to drinking water and food during activities, and provided psychosocial support when required. Insurance coverage remained in place for all volunteers participating in the operation.

Public Gatherings and Communicable Disease Risks

Community mobilization and outreach activities created potential exposure to communicable diseases during interactions with affected populations.

Mitigation: CRC teams applied infection prevention and control (IPC) measures throughout the operation, including the use of PPE and the implementation of appropriate health and safety practices during community activities.

Overall Security Management

The Cuban Red Cross managed security throughout the operation in accordance with the IFRC Security Framework, under the guidance of the Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti, and in coordination with the Americas Regional Security Unit.

All operational activities were implemented in line with IFRC security procedures and the Stay Safe framework. Staff and volunteers received regular security briefings, maintained communication through established channels, and followed standard operating



procedures for field deployments.

While the overall security risk level in Cuba remained low during the implementation period, weather-related events, epidemiological developments, and logistical constraints were continuously monitored to ensure that activities were conducted safely, efficiently, and in compliance with IFRC security standards.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Budget: CHF 49,000

Targeted Persons: 10,000

Assisted Persons: 14,601

Targeted Male: 7,494

Targeted Female: 7,107

Indicators

Title	Target	Actual
# of community awareness campaigns conducted on vector control and breeding site elimination.	8	54
# of people reached with community awareness activities.	10,000	14,601
# of workshops conducted for health personnel on dengue case management.	4	4
# volunteers and staff trained in vector-borne and early symptoms identification	30	30
# of educational sessions conducted in schools and communities.	50	50

Narrative description of achievements

The operation supported the Cuban Red Cross in implementing comprehensive community-based health interventions aimed at preventing and reducing the transmission of arboviral diseases in high-risk areas. In coordination with local health authorities, 54 communities were reached through community awareness campaigns on mosquito breeding-site control across the selected municipalities in the provinces of Matanzas, Granma, Santiago de Cuba, and Guantánamo. Vector-control actions were also implemented, reaching a total of 4,492 households through community mobilization, environmental sanitation, and source reduction activities.

Health promotion and risk communication activities were carried out by 449 Cuban Red Cross volunteers, who conducted door-to-door awareness sessions, community health fairs, and face-to-face educational activities in the most affected communities. As a result, 14,601 people were reached with key messages on dengue prevention, vector control, early identification of symptoms, and timely healthcare-seeking behaviour, including 7,107 women and 7,494 men.

To strengthen local response capacities, the operation organized one specialized dengue case-management workshop for 30 healthcare



professionals, including dengue specialists, general practitioners and nurses involved in emergency care, patient follow-up and referral processes. In addition, 410 volunteers were trained on vector identification and early symptom recognition through 26 workshops held across the four targeted provinces. Santiago de Cuba hosted 19 workshops, in the municipalities of San Luis (11) and Santiago de Cuba (8). In Granma, three workshops were held: two in Manzanillo and one in Bayamo. Guantánamo and Matanzas hosted two workshops each: one in Yateras and one in the municipality of Guantánamo, and one in Cárdenas and one in the municipality of Matanzas. These trainings enhanced the National Society's ability to support surveillance, health promotion and community-based epidemic prevention activities.

The operation also supported the Ministry of Public Health's fumigation campaign through the deployment of 410 volunteers across the four targeted provinces. Vector-control interventions were conducted in 39 high-risk communities, where 4,139 households were visited and inspected. Volunteers actively participated in mosquito breeding-site elimination, identification of potential vector hotspots, inspection of water storage facilities, and support to fumigation activities. Through these combined efforts, the operation strengthened community awareness, enhanced local capacities for disease prevention and response, and contributed to reducing the risk of arboviral disease transmission in the targeted areas.

Lessons Learnt

The operation highlighted the importance of leveraging the Cuban Red Cross branch network and volunteer base to sustain implementation in a challenging operational environment. The combination of community awareness campaigns, health promotion activities, school interventions, and capacity-building workshops proved effective in strengthening community preparedness and supporting dengue prevention efforts. Training health personnel on the clinical management of dengue and equipping community brigadiers with knowledge on early symptom identification and referral pathways contributed to enhanced coordination between communities and the health system. Furthermore, integrating educational activities in schools and communities increased awareness of practical prevention measures and promoted community ownership in the elimination of mosquito breeding sites. The experience also demonstrated the value of early procurement planning and close coordination between operational, logistics, and health teams to mitigate the impact of supply chain constraints and ensure the timely availability of essential medicines, medical supplies, and educational materials.

Challenges

The implementation of the operation was affected by significant logistical constraints associated with the Cuban context. Persistent fuel shortages, transportation limitations, disruptions in supply chains, and challenges in accessing certain goods and services affected the timely procurement, distribution, and mobilization of resources. These constraints required additional planning and coordination for the implementation of community awareness campaigns supporting fumigation activities and the elimination of mosquito breeding sites across eight municipalities. Similar challenges were encountered in the printing and dissemination of educational and hygiene promotion materials, as well as in the procurement of medicines and medical supplies required to support health interventions.

The organization of workshops on dengue clinical management for first- and second-level healthcare personnel, training sessions for community brigadiers on early symptom detection and referral, and educational activities in schools and communities also required considerable logistical efforts to ensure participant attendance and the availability of materials. Despite these difficulties, the Cuban Red Cross successfully conducted 50 educational sessions reaching school and community members, maintained the continuity of planned activities, and demonstrated strong adaptability through effective local coordination, volunteer engagement, and efficient use of available resources.



Water, Sanitation And Hygiene

Budget: CHF 165,600
Targeted Persons: 10,000
Assisted Persons: 21,049
Targeted Male: 6,304
Targeted Female: 14,745

Indicators

Title	Target	Actual
# of sprayers procured and operationalised for vector control.	40	40



# of provinces supplied with Vector-bourne control chemicals	4	4
# of water tanks procured and distributed to targeted households.	650	650
# people reached through Hygiene Promotion activities	10,000	21,049
# Families reached through cleaning kits for household water tanks or containers.	650	650
# of mosquito nets procured and distributed to targeted families.	1,300	1,300
# of family menstrual kits procured and distributed	650	650
# of people reached with community fumigation	10,000	10,000

Narrative description of achievements

The operation strengthened Water, Sanitation and Hygiene (WASH) actions to reduce the risk of arboviral diseases and promote healthier practices in the targeted communities. Hygiene promotion activities were implemented across the intervention areas with the support of 324 Cuban Red Cross volunteers, reaching a total of 21,049 people, including 6,304 men and 14,745 women. Among those reached, 234 persons with disabilities participated in hygiene promotion activities, comprising 130 men and 104 women, ensuring that outreach efforts were inclusive and accessible to vulnerable groups.

To support household-level vector prevention and safe water management, 650 water tank cleaning kits were distributed in the province of Matanzas, benefiting 1,271 people, including 637 men and 634 women. These distributions were complemented by hygiene promotion activities focused on the proper cleaning and maintenance of water storage containers to prevent mosquito breeding.

The operation also distributed 1,300 mosquito nets in Matanzas, reaching the same 1,271 beneficiaries (637 men and 634 women), contributing to the reduction of exposure to mosquito bites and strengthening household protection measures against arboviral diseases.

The operation also procured insecticide (cypermethrin) to support vector control activities. However, due to the time constraints of the DREF operation, the insecticide could not be distributed within the implementation period. To ensure the effective use of the procured resources, the item was subsequently shipped to Cuba through the Melissa Emergency Appeal, enabling its use in planned vector control activities and maintaining support for public health actions in response to identified operational needs.

In addition, 180,000 water purification tablets were distributed in Matanzas and a further 48,000 tablets were delivered in Guantánamo, a province experiencing high levels of mosquito proliferation. These distributions supported safe water practices and helped reduce health risks associated with inadequate water treatment and storage.

To address the specific needs of women and girls, 650 menstrual hygiene kits were distributed to women of reproductive age in the municipalities of Guantánamo and Yateras. This intervention contributed to promoting dignity, personal hygiene, and equitable access to essential hygiene supplies.

Through the combined implementation of hygiene promotion, distribution of WASH items, safe water interventions, and vector prevention measures, the operation enhanced community knowledge, supported healthier behaviours, and contributed to reducing public health risks in the targeted provinces.

Lessons Learnt

The operation demonstrated that combining hygiene promotion with practical WASH interventions significantly increased community adoption of disease prevention measures. Training volunteers and communities on environmental sanitation, water storage hygiene, mosquito breeding site elimination, and household-level vector control proved effective in strengthening preventive behaviours. The distribution of water tank cleaning kits, mosquito nets, water purification tablets, and menstrual hygiene kits was most effective when accompanied by tailored hygiene promotion activities and community engagement. The operation also highlighted the value of working



closely with local health authorities, the Health Promotion and Disease Prevention (PROSALUD), schools, and community organizations to reinforce key messages and sustain behaviour change. Furthermore, the inclusion of persons with disabilities and vulnerable groups in hygiene promotion activities contributed to more accessible and inclusive WASH interventions, ensuring that prevention measures reached those most at risk.

Challenges

WASH interventions faced significant logistical constraints linked to fuel shortages, transportation limitations, and delays in the arrival of supplies and equipment. The delivery of hygiene items, water treatment products, and vector control equipment required continuous adaptation and coordination with multiple partners. The lessons learned process highlighted the importance of ensuring that environmental sanitation, vector control, and fumigation activities are only conducted when adequate equipment and personal protective gear are available. Participants also identified the need to diversify vector-control tools and avoid relying exclusively on fuel-powered thermal foggers, particularly in contexts where fuel availability is limited. Delays in the procurement and transportation of critical supplies further emphasized the importance of strengthening inventory management, pre-positioning essential items, and accelerating logistics processes to support timely emergency response.

Protection, Gender And Inclusion

Budget: CHF 18,900
Targeted Persons: 1,000
Assisted Persons: 3,993
Targeted Male: 2,046
Targeted Female: 1,947

Indicators

Title	Target	Actual
# of CRC staff and volunteers trained on PGI and PSEA minimum standards.	30	28
# of schools where PGI and inclusion sessions were implemented.	8	18

Narrative description of achievements

Protection, Gender and Inclusion (PGI) considerations were mainstreamed throughout the operation to ensure that assistance was delivered in a safe, dignified, and equitable manner. Volunteers and staff were sensitized and trained on PGI principles, strengthening their capacity to identify vulnerabilities, promote inclusive participation, and address the specific needs of women, men, children, older persons, people with disabilities, and other at-risk groups.

Through awareness-raising and community outreach activities, a total of 3,965 students were reached, including 2,030 males and 1,935 females. Among those reached, 31 students with disabilities participated in the activities, comprising 20 males and 11 females, ensuring that inclusion considerations were effectively integrated into the intervention. The operation promoted equitable access to information and services, while the collection and use of sex-, age-, and disability-disaggregated data supported evidence-based decision-making and the identification of specific needs among vulnerable groups.

In addition, the operation strengthened institutional capacities through the training of 28 volunteers, including 12 women and 16 men, on Protection, Gender and Inclusion approaches. This capacity-building effort enhanced the National Society's ability to identify protection risks, support vulnerable groups, promote inclusive practices, and integrate PGI considerations across community-level interventions.

These efforts contributed to strengthening protection, reducing barriers to participation, and fostering a more inclusive and people-centered response that respected the dignity and diversity of all community members.



Lessons Learnt

The operation demonstrated the value of integrating Protection, Gender and Inclusion (PGI) considerations across all response activities to ensure that assistance was accessible, safe, and responsive to the diverse needs of affected populations. Training volunteers and staff on PGI principles strengthened their capacity to identify and address barriers faced by women, older persons, people with disabilities, and other vulnerable groups. The experience highlighted the importance of collecting disaggregated data and consulting directly with different community groups to better understand specific vulnerabilities and priorities. Community feedback mechanisms also proved essential for identifying protection concerns and promoting equitable access to services. The response reinforced that early integration of PGI measures enhances the quality, inclusiveness, and accountability of interventions while helping to reduce the risk of exclusion and discrimination.

Challenges

Ensuring meaningful participation of all population groups remained a challenge, particularly for individuals with limited mobility, older persons, and those living in remote areas. Cultural norms and existing social barriers occasionally influenced participation and access to information for some groups, requiring additional efforts to promote inclusive engagement. Limited resources and time constraints also affected the level of targeted support and outreach that could be provided to the most vulnerable populations. Furthermore, the systematic identification and monitoring of protection risks required continuous capacity strengthening among volunteers and staff. Despite these challenges, PGI considerations were incorporated throughout the operation, contributing to a more inclusive and people-centered response.



Community Engagement And Accountability

Budget: CHF 29,500

Targeted Persons: 1,000

Assisted Persons: 299

Targeted Male: 109

Targeted Female: 180

Indicators

Title	Target	Actual
# of CRC staff and volunteers trained on using data and evidence for decision-making.	25	28
# of feedback mechanisms established	8	9
# of recommendations identified to improve future epidemic response operations.	10	11
% of community feedback addressed within two weeks	70	100

Narrative description of achievements

Community Engagement and Accountability (CEA) activities were integrated throughout the operation to ensure that communities were informed, consulted, and actively involved in decision-making processes. A total of 28 volunteers and staff members (16 men and 12 women) were trained in CEA approaches, strengthening their capacity to understand community needs, promote meaningful participation, and establish effective feedback systems. Nine feedback mechanisms were set up across the targeted municipalities, enabling communities to raise questions, provide suggestions, and share concerns related to the response. Additionally, 271 post-distribution surveys were conducted to assess community satisfaction and gather recommendations, revealing high levels of satisfaction with the assistance provided, confidence in the feedback channels, and positive perceptions regarding transparency, participation, and the relevance of the support received. These efforts contributed to improving accountability, strengthening trust between the



communities and the Cuban Red Cross, and ensuring that community voices informed operational decisions throughout the response.

The planned workshop on evidence-based humanitarian decision-making was not conducted as planned originally. Instead, the objectives were integrated into a combined CEA and PGI training for volunteers, looking to maximize resources and strengthening complementary skills.

Lessons Learnt

The implementation of Community Engagement and Accountability (CEA) activities highlighted the importance of establishing feedback mechanisms early in the operation to build trust and promote community participation. Training volunteers and staff on CEA principles strengthened their ability to engage effectively with affected populations, gather community perceptions, and address concerns in a timely manner. Post-distribution monitoring demonstrated that communities valued transparent communication and accessible channels for providing feedback, which contributed to high levels of satisfaction with the response. The operation also reinforced the need to continuously analyze community feedback and adapt interventions accordingly, ensuring that assistance remains relevant, inclusive, and responsive to evolving needs. Furthermore, integrating CEA across all operational sectors enhanced accountability, improved decision-making, and strengthened the relationship between the Cuban Red Cross and the communities it served.

Challenges

Several challenges were encountered during the implementation of Community Engagement and Accountability (CEA) activities. Limited access to some communities, combined with transportation constraints and adverse weather conditions, occasionally affected the timely collection and analysis of community feedback. Ensuring consistent participation across different population groups, particularly vulnerable individuals and those living in remote areas, required additional outreach efforts and tailored communication approaches. Furthermore, managing and responding to feedback in a timely manner demanded continuous coordination among operational teams to ensure that community concerns and recommendations were effectively integrated into response activities. Despite these challenges, the operation maintained functional feedback mechanisms and continued to promote transparent communication and community participation throughout the intervention.



Secretariat Services

Budget: CHF 22,500

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring visits conducted by the CCD to the Cuban Red Cross operation.	6	6
# of months of technical support provided by the CCD DREF Coordination and Climate-Smart Livelihoods Officer.	3	3

Narrative description of achievements

The IFRC Secretariat provided technical, operational, and administrative support throughout the implementation of the operation, ensuring compliance with DREF procedures, quality standards, and reporting requirements. Continuous coordination was maintained with the Cuban Red Cross National Society, facilitating the planning, monitoring, and adaptation of response activities as needed. Technical guidance was provided in key areas including epidemic preparedness and response, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), cash and voucher assistance where applicable, and monitoring and reporting.



The Secretariat also supported the operation through regular coordination meetings, technical reviews, and oversight of financial and operational processes to ensure effective use of resources and accountability to donors and affected communities. Monitoring visits and remote follow-up mechanisms contributed to tracking progress against planned indicators, identifying challenges, and documenting good practices and lessons learned.

In addition, the Secretariat facilitated knowledge sharing and coordination among Movement partners, helping to strengthen operational capacities and ensure alignment with regional and global strategies for epidemic preparedness and response. The close collaboration between the IFRC Secretariat and the Cuban Red Cross contributed to the successful achievement of operational objectives and the timely completion of the DREF operation.

Lessons Learnt

Regular technical accompaniment and coordination between the IFRC Secretariat and the National Society proved essential for maintaining operational quality and ensuring compliance with DREF standards. Early and continuous communication facilitated timely problem-solving, adaptive management, and effective monitoring of progress. The operation also reaffirmed the importance of integrating technical support across sectors, enabling a more coordinated and people-centered response. Strengthening documentation and knowledge management throughout implementation contributed to capturing lessons learned and enhancing preparedness for future epidemic response operations.

Challenges

The operation faced some challenges related to evolving contextual conditions, competing operational priorities, and logistical constraints that required continuous adaptation and coordination. The implementation timeline required careful monitoring to ensure that activities, procurement processes, and reporting requirements remained on track. Maintaining regular coordination among multiple technical areas and stakeholders also demanded sustained efforts to ensure efficient information flow and timely decision-making. Despite these challenges, the Secretariat's support enabled effective operational management and contributed to the achievement of the planned results.



National Society Strengthening

Budget: CHF 71,380

Targeted Persons: 180

Assisted Persons: 180

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of TF-34 thermo-nebulisers procured and delivered to provincial branches.	6	6
# of monitoring visits conducted by CRC Headquarters.	6	5
# of provincial vehicles repaired or maintained for operational use.	4	4
# of volunteers equipped with full PPE and operational kits.	180	180

Narrative description of achievements

The operation significantly strengthened the operational capacity and preparedness of the Cuban Red Cross to respond to public health emergencies and vector-borne disease outbreaks. To enhance vector control capabilities, six (6) TF-34 thermo-nebulisers (bazookas) were

procured and deployed to support mosquito control activities in the targeted provinces. Capacity strengthening efforts were supported through the procurement of training materials, including paper, pens, notebooks, envelopes, and printer cartridges, enabling the effective delivery of workshops and technical training sessions for volunteers and staff.

To ensure adequate oversight and quality implementation, five monitoring visits were conducted by Cuban Red Cross Headquarters, facilitating field supervision, operational follow-up, and technical support to local branches. The operation also improved operational mobility through the maintenance and repair of vehicles in the four targeted provinces, ensuring timely deployment of personnel and resources to affected communities.

Furthermore, the operation enhanced volunteer safety and response readiness through the procurement and distribution of personal protective equipment (PPE) and operational tools for 180 volunteers participating in emergency response groups. The equipment included helmets, overalls, work boots, raincoats, headlamps, battery chargers, bleeding-control kits, Red Cross vests, branded T-shirts and caps, whistles, and rechargeable batteries. These investments strengthened the National Society's capacity to conduct safe and effective field operations, improved volunteer protection, and reinforced preparedness for future emergencies. Through these actions, the Cuban Red Cross increased its institutional resilience, operational efficiency, and ability to deliver timely and effective humanitarian assistance.

Lessons Learnt

The operation reaffirmed the importance of investing in preparedness, equipment, and volunteer development as key components of an effective emergency response. The availability of specialized vector-control equipment and adequate PPE increased the efficiency and safety of field operations, while regular monitoring visits supported implementation quality and strengthened coordination between headquarters and local branches. The intervention also highlighted the value of maintaining operational assets, such as vehicles and emergency equipment, to ensure rapid deployment and uninterrupted service delivery during outbreaks and other emergencies.

Challenges

The operation faced significant logistical challenges linked to the complex operating environment in Cuba. Limitations in the availability of transportation, fuel shortages, and constraints in local supply chains affected the timely procurement, distribution, and movement of materials and personnel across the targeted areas. Import and acquisition processes for certain items required additional coordination and extended lead times, while communication and connectivity limitations occasionally affected operational follow-up and coordination between the national and local levels. These factors increased the need for adaptive planning, prioritization of resources, and close monitoring of implementation timelines. Despite these constraints, the Cuban Red Cross demonstrated considerable flexibility and commitment, leveraging its branch network, volunteer capacity, and local partnerships to ensure that planned activities were carried out and operational objectives were achieved.



Financial Report



DREF Operation

Final Report (CHF)

Date from: 17 Oct 2025 to 31 Aug 2026

MDRCU012 - Cuba- Arboviral Outbreak

Operating timeframe: *Start date: 17-Oct-2025 End date: 30-Jun-2026*

Appeal launch date: *24-Oct-2025*

I. Summary

	Actual (CHF)
Opening Balance	0
Funds & Other Income	380,077
DREF Response Pillar	380,077
DREF Anticipatory Pillar	
Expenditure	-285,797
Closing Balance	94,280

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health	49,000	34,213	14,787
PO05 - Water, Sanitation & Hygiene	165,600	102,680	62,920
PO06 - Protection, Gender and Inclusion	18,900	18,719	181
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	23,197	14,677	8,520
PO10 - Community Engagement and Accountability	29,500	14,650	14,850
PO11 - Environmental Sustainability			
Planned Operations Total	286,197	184,939	101,258
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	22,500	27,145	-4,645
EA03 - National Society Strengthening	71,380	73,713	-2,333
Planned Operations Total	93,880	100,858	-6,978
Total	380,077	285,797	94,280

III. Expenditure by budget category & group

Prepared on 28-Sep-2026

Page 1 of 3

[Click here for the complete financial report](#)

Please explain variances (if any)

The project closed with an unspent balance of approximately 94,000 Swiss francs against the approved budget of 380,077 Swiss francs. The variance is mainly attributable to expenditures being incurred strictly on the basis of actual implementation needs and costs. In particular, 650 water tanks had been budgeted at an estimated unit cost of approximately 80 Swiss francs; however, following the procurement process and negotiations with the supplier in Colombia, the full planned quantity was acquired at a significantly lower unit cost, resulting in savings of approximately 45,000 Swiss francs. In addition, two workshops with a combined budget of approximately



25,000 Swiss francs were implemented within a single operational arrangement, allowing the same target population and planned activities to be covered without requiring the full amount originally budgeted. Transportation expenditure was also below the Swiss francs budgeted amount, as the existence of other ongoing operations in Cuba allowed transportation costs to be allocated across projects based on their actual use and respective share of operational requirements. Consequently, only the costs directly attributable to the Arbovirolos project were charged to the operation. The final balance therefore reflects the difference between the initial planning assumptions and the actual costs required to deliver the planned activities, applying strict budgetary control and ensuring that expenditures were charged only when necessary and directly attributable to the project.



Contact Information

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