

# OPERATION UPDATE

## Cuba | Hurricane Melissa

<b>Emergency appeal №: MDRCU013</b> <b>Emergency appeal launched: 30/10/2025</b> <b>Operational Strategy published: 17/11/2025</b>	<b>Glide №:</b> <b>FL-2025-000201-CUB</b>
<b>Operation update #3</b> <b>Date of issue: 04/10/2026</b>	<b>Timeframe covered by this update:</b> From 30/10/2025 to 04/04/2026
<b>Operation timeframe: 24 months</b> (30/10/2025 – 31/10/2027)	<b>Number of people being assisted: 100,000</b>
<b>Funding requirements (CHF):</b> CHF 18 million through the IFRC Emergency Appeal CHF 19,5 million Federation-Wide	<b>DREF amount initially allocated:</b> CHF 1 million

To date, this Emergency Appeal, which seeks 18,000,000 Swiss francs, 28.6% funded. Further funding contributions are needed to enable the Cuban Red Cross, with the support of the IFRC, to continue to address the urgent humanitarian needs of the communities affected by Hurricane Melissa in Cuba.



Cuban Red Cross volunteers distribute shelter and WASH NFI to affected families in communities in Santiago de Cuba province as part of the Hurricane Melissa response. Source: Cuban Red Cross.

# A. SITUATION ANALYSIS

## Description of the crisis

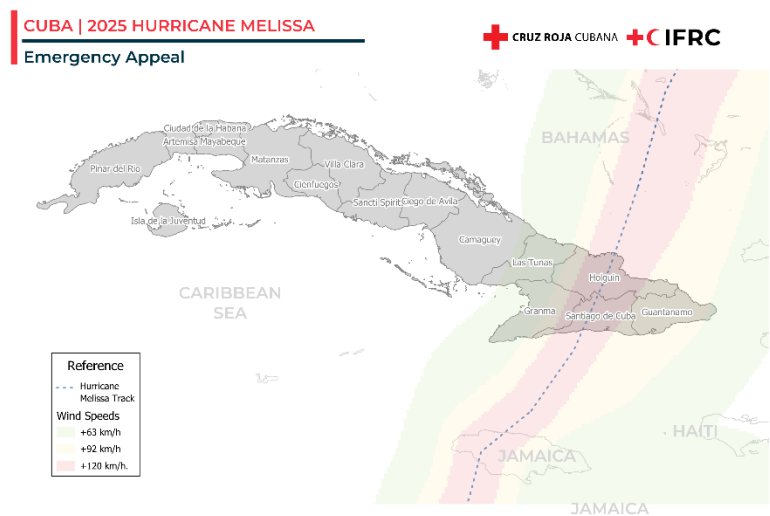
Hurricane Melissa originated as a tropical wave on October 25, 2025, and rapidly intensified into a Category 5 storm by October 28. The hurricane reached sustained winds of 185 mph (295 km/h) and a central pressure of 892 millibars, ranking it among the most powerful hurricanes ever recorded in the Caribbean basin.

Following landfall in Jamaica, the system advanced toward Cuba, prompting extensive emergency preparations. Over 735,000 individuals were evacuated, and approximately 120,000 sought shelters prior to Hurricane Melissa making landfall in eastern Cuba on October 29 as a Category 3 hurricane with sustained winds of 125 mph (195 km/h).

The hurricane produced rainfall totals of up to 25 inches, resulting in severe flooding, landslides, and significant storm surge impacts in the provinces of Granma, Santiago de Cuba, Holguín, and Guantánamo

The eastern provinces, Santiago de Cuba, Granma and Holguín, are among the hardest-hit provinces. Urgent needs persist as communities face disrupted access to water, electricity healthcare and education. Flooding and damaged infrastructure have heightened public health and sanitation risks, particularly in areas where coping capacities were already strained. These challenges are compounded by the cumulative impacts of previous disasters, including Hurricane Oscar (2024), from which many communities have not fully recovered. The situation was further aggravated by outbreaks of Dengue, Oropouche, and Chikungunya. Heavy rainfall following the hurricane increased mosquito breeding sites, accelerating transmission and placing additional pressure on the already overstretched health system.

Over the past months, energy instability and acute fuel shortages have emerged as a dominant driver within Cuba's current humanitarian emergency. Cuba's domestic oil production covers only approximately 27–30% of national consumption needs, with imports having declined by over 35% in the first ten months of 2025 compared to the previous year.<sup>1</sup> The consequences are pervasive. Recurring failures in the national electrical grid, which experienced at least three complete collapses between late 2025 and March 2026, the most severe on 16 March leaving approximately 10 million of Cuba's 11 million inhabitants without electricity<sup>2</sup>, have cascaded into humanitarian impacts well beyond the energy sector. With 84% of the country's water pumping infrastructure electricity-dependent, nearly one million people were already relying on water trucking prior to the March collapse.<sup>3</sup> The national surgical











The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Sources: NOAA, IFRC. Produced by IFRC Americas, HDCC, IM Team. October 2025.

<sup>1</sup> [Reuters Cuba-struggles-ease-power-cuts-amid-reduced-fuel-supplies-venezuela-mexico-2025-11-19/](#)

<sup>2</sup> [NPR / AP / CNN, March 16–22, 2026 | Grid collapses and cascading humanitarian impacts](#)

<sup>3</sup> [UN News \(OCHA briefing\), February 26, 2026 | Water trucking and pumping infrastructure dependency](#)

waiting list has reached tens of thousands of patients,<sup>4</sup> while cold-chain disruptions are generating delays in routine health services including vaccination. Acute fuel shortages have simultaneously grounded waste collection, restricted medical staff mobility, disrupted customs processing, and constrained humanitarian distribution capacity across the island.<sup>5</sup>

DISASTER OVERVIEW					
	People In Need	2.2 million		People Still Displaced	2,760 <sup>6</sup>
	Educational Centres Damaged	2,117		Healthcare Institutions Damaged	642
	Households Damaged	215,000		Crops Damaged (Hectares)	158,000
	Fatalities due to Arboviral Diseases	55		Confirmed Fatalities	0

## Summary of response

### Overview of the host National Society and ongoing response

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

The CRC is an active member of the Civil Defence Council and plays a key role in Cuba's disaster management structure. Its collaboration with the National Civil Defence System and MINSAP ensures a unified approach to emergency preparedness and response. This partnership enables joint planning and execution of mass evacuations, shelter management, and health interventions during disasters. The CRC also coordinates with international actors such as the UNETE group to strengthen response capacity.

Ahead of Hurricane Melissa, CRC mobilised staff and volunteers 72 hours before landfall and initiated evacuations on 26 October 2025. Since then, 4,115 volunteers have supported the operation, with 1,115 volunteers still active in distributions and psychosocial activities. To date, 500 households have received essential shelter and household items, (including tarpaulins, shelter toolkits, kitchen kits and solar lamp) as well as information on safe shelter practices. Community health and vector-control activities have reached over 1,300 people and 500 families have received hygiene kits and hygiene-promotion messages. In addition, 19 CRC staff members and 444 volunteers have been

<sup>4</sup> [CBS News / NPR, March 16, 2026 | Statement on surgical postponements](#)

<sup>5</sup> [NPR / CNBC, March 2026 | Fuel rationing, transport, airline and mobility impacts](#)

<sup>6</sup> Most recent data as of 17 December 2025: PAHO, Regional Situation Report – Hurricane Melissa, Sitrep No. 7, 27 January 2026, [paho-regional-sitrepmelissa-v2.pdf](#).

trained in Psychological First Aid (PFA) and community-based health and first aid (CBHFA) to expand support in affected communities, while more than 2,600 people have received psychosocial support.

## Needs analysis

Throughout 2025 and into the current reporting period, Cuba has faced multiple, overlapping shocks, including drought, recurrent disease outbreaks (Dengue, Zika, Chikungunya and Oropouche), the lingering impacts of an earthquake and most recently, Hurricane Melissa, which caused extensive destruction in the eastern provinces. While recovery from the hurricane is ongoing, the country is simultaneously experiencing a sharp socio-economic deterioration driven by the cessation of fuel supplies from Venezuela, the suspension of fuel deliveries from Mexico and severe limitations on fuel availability from Russia. Fuel shortages have become the primary systemic shock, triggering cascading effects across all sectors of the economy and public services. In response, the Cuban government has activated a national contingency plan to address acute energy and fuel constraints.

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

### Shelter

Hurricane Melissa damaged or destroyed approximately 215,000 homes<sup>7</sup>, displacing families into overcrowded schools, universities and temporary collective centres. Pre-existing housing deficits and slow reconstruction exacerbate exposure to hazards, leaving households increasingly exposed to storms and prolonged rainfall. In the most affected provinces, large numbers of homes remain unrepaired, including an estimated 17,000 in Holguín, 9,100 in Santiago de Cuba and 8,100 in Granma.<sup>8</sup>

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

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

### Livelihoods

Hurricane Melissa caused extensive damage to livelihoods across affected provinces, with an estimated 158,000 hectares of crops affected.<sup>9</sup> Damage to fishing vessels and livestock has further reduced food availability and undermined household income sources. These impacts coincide with severe disruptions to the national power system, where widespread outages and fuel shortages continue to affect food storage, distribution and market operations.

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

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

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

Households are increasingly facing constraints in food preparation and preservation due to prolonged power cuts. Domestic public transport systems have been significantly curtailed, limiting mobility, reducing economic activity and affecting access to markets. Rising costs of transport, food and basic goods are placing additional pressure on households, amplifying vulnerability and increasing the likelihood of negative coping mechanisms and humanitarian needs.

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

According to the World Food Programme, up to 4.5 million people, approximately half of the population, are projected to face food insecurity. Currently, an estimated 1.6 million people are already food insecure. The decline in tourism and loss of livelihoods are expected to exacerbate these risks in the near term. Early signs point to reduced food intake and declining dietary quality, with widespread food insecurity likely in the coming months if no mitigating measures are put in place.

## **Health**

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

The health situation is further strained by an arboviral disease outbreak declared by the Ministry of public Health in October 2025, with widespread circulation of Dengue, Oropouche and Chikungunya. More than 47,750 cases have been recorded and 55 reported fatalities.<sup>10</sup> Limited access to fogging equipment, sprayers and insecticides, combined with low community awareness, is hindering vector-control efforts. Illness, hospitalisation and loss of income are contributing to psychological distress and heightened economic vulnerability. By early 2026, both suspected and confirmed cases show a sustained decline across all regions, although the reduction is less in the eastern provinces (those most affected by Hurricane Melissa).<sup>11</sup> While the epidemic peak appears to be receding, significant health risks persist due to environmental and structural vulnerabilities in the country.

Electricity instability is severely disrupting health-service continuity. Power cuts compromise cold-chain systems for vaccines and temperature-sensitive medicines, threaten neonatal and intensive-care equipment, and place dialysis patients and people dependent on artificial breathing machines at immediate risk. According to the minister of public health, 96,387 people, including 11,193 children, are currently on the national surgical waiting list, but energy restrictions are forcing non-urgent procedures to be postponed in favour of oncology and life-saving surgeries.

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<sup>10</sup> CubaHeadlines, 20 December 2025, <https://www.cubaheadlines.com/articles/317085>.

<sup>11</sup> Cubadebate, Cuba Avanza en el control de las arbovirosis, 28 Januari 2026, <http://www.cubadebate.cu/noticias/2026/01/28/cuba-avanza-en-el-control-de-las-arbovirosis/>.

Around 30,000 children may miss timely vaccinations despite available stock, as intermittent refrigerated transport cannot be assured. An estimated 32,000 pregnant women require essential diagnostic ultrasounds that are increasingly difficult to guarantee. Furthermore, 16,000 radiotherapy patients and 2,999 people dependent on haemodialysis face critical risks due to unreliable power supply. Staffing challenges compound the situation, with 85% neonatology specialists living outside the municipalities where they work, making daily transport increasingly difficult under fuel constraints.<sup>12</sup> Overall, people with chronic illnesses and recurrent infections are disproportionately affected as access to essential care becomes increasingly fragile.

Access to medicines continues to deteriorate. Even before the current crisis, 68% of medicines were not reaching the health system. Hospitals and pharmacies now face acute shortages, while parallel markets, largely supplied through diaspora networks, are expanding. Only households with sufficient financial means can purchase medicines through these informal channels.

Interruptions in water access, hygiene routines and the continuity of health services further heighten risks for vulnerable populations, especially in provinces recovering from Hurricane Melissa. Rising social stress, domestic violence and community-level tensions have also been reported, signalling an increase in protection and mental-health needs.

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

### **Water, Sanitation, and Hygiene (WASH)**

The damage done by Hurricane Melissa to water infrastructure, including 201 facilities and 97 underground systems, has reduced access to safe drinking water, while electricity-dependent pumping systems remain highly unstable due to electricity instability. Approximately 86% of the population relies on electric pumping to access water, leaving communities vulnerable to prolonged service interruptions. In many areas, water cuts have lasted between 5 and 42 days. Although national authorities have prioritised fuel allocation for water supply, outages and resource shortages continue to limit service continuity.

Electricity instability further threatens water quality. Outages affect water treatment processes and pumping stations, reducing water availability and compromising hygiene conditions at household and facility levels. Emergency purification plants are operating but reach only a fraction of affected populations.

Solid-waste management has also deteriorated noticeably. Fuel shortages have disrupted waste-collection services, leading to the accumulation of uncollected waste and debris, particularly in provinces impacted by Hurricane Melissa. This has resulted in the collapse of sanitation services, increased vector-borne disease risks and worsening environmental health conditions.

The current conditions, reduced water access, sanitation breakdown and limited hygiene services, significantly heighten the risk of disease outbreaks, particularly among children and vulnerable groups. Immediate support is

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<sup>12</sup> Granma, Más pacientes y familias que sufren: un objetivo del cerco energético a Cuba, 11 March 2026, <https://www.granma.cu/cuba/2026-03-10/mas-pacientes-y-familias-que-sufren-un-objetivo-del-cerco-energetico-a-cuba-10-03-2026-10-03-38>.

needed to restore damaged systems, expand purification capacity and strengthen hygiene promotion to prevent a secondary public-health crisis.

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

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

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

### **Disaster Risk Reduction (DRR)**

Cuba remains highly exposed to climate-related hazards, particularly hurricanes, heavy rainfall and coastal flooding, which continue to affect communities recovering from the impact of Hurricane Melissa. Recent assessments by United Nations agencies and humanitarian partners in the country indicate that damage to housing, basic infrastructure and public services has increased the vulnerability of many households, particularly in eastern provinces where recovery remains ongoing. At the same time, nationwide energy and fuel shortages have disrupted critical services such as water supply, waste management and transportation, further reducing the coping capacity of communities and local institutions ahead of new shocks.

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

### **Restoring Family Links (RFL)**

Restoring Family Links remains a need in the eastern provinces, where telecommunications and electricity services were severely disrupted after Hurricane Melissa, leaving people without reliable means of communication. Prolonged power outages, sometimes exceeding 20 hours, combined with fuel shortages have further affected transportation, economic activity and access to essential services, heightening community vulnerability and anxiety. In this context, the Cuban Red Cross is providing RFL services to help families reconnect. However, widespread outages and damaged telecommunications infrastructure continue to hinder the ability to locate missing relatives and support coordination. Access to charging points, Wi-Fi and basic communication tools has therefore become indispensable, not only for

tracing and restoring contact between family members, but also for reducing stress and supporting the psychosocial well-being of affected communities.

## Operational risk assessment

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

Risks previously identified in the Operational Strategy		
Risk	Reality during implementation period	Mitigation actions
1. Prolonged operations and overlapping emergencies (e.g. hurricanes, virus outbreak, earthquake) may lead to volunteer fatigue and reduced capacity for sustained engagement.	<ul style="list-style-type: none"> <li>- The implementation of activities of the Emergency Appeal coincided geographically and chronologically with DREF activities for the arboviral epidemic in Granma, Santiago de Cuba and Holguín, increasing volunteer workload.</li> </ul>	<ul style="list-style-type: none"> <li>- The National Society prioritised DREF activities (those feasible under the context) and rescheduled activities from the Emergency Appeal.</li> <li>- The CRC reinforced MHPSS activities for volunteers.</li> <li>- Rotations and rest periods were introduced to protect volunteer well-being and maintain long-term commitment.</li> </ul>
2. Exposure to vector-borne diseases and unsafe environments during community work may increase infection or accident risk among volunteers or IFRC staff.	<ul style="list-style-type: none"> <li>• Several mild and moderate cases of dengue and chikungunya were recorded among Cuban Red Cross leadership, staff and volunteers.</li> <li>• No accidents involving personnel were reported during operational activities.</li> <li>• Fuel shortages and prolonged blackouts have increased exposure to unsafe environments and heightened safety risks faced by volunteers, especially when travelling to remote areas or returning home after dark.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral pathways established with MINSAP to ensure timely medical attention for staff and volunteers presenting symptoms compatible with dengue or chikungunya.</li> <li>• Regular vector-control and prevention measures implemented at branch level (elimination of breeding sites, fumigation, etc.)</li> <li>• Strengthened operational security protocols and adjusted activity schedules to reduce long-distance travel and ensure volunteers return home before nightfall.</li> </ul>
3. Delays in the procurement and transport of essential supplies due to import restrictions as a result of the US embargo pose a significant challenge in emergency situations.	<ul style="list-style-type: none"> <li>• Geopolitical context has reduced freight availability to Cuba.</li> <li>• Fuel shortages and electricity outages have caused significant delays in customs clearance and cargo release.</li> </ul>	<ul style="list-style-type: none"> <li>• Logistics Tracking Sheet has been developed to monitor procurement progress and identify bottlenecks early on the timeline.</li> <li>• A contingency plan to face the fuel scarcity in Cuba has been created which include photovoltaic equipment for the ports of Mariel and Santiago de Cuba to ensure power continuity during customs procedures.</li> </ul>

- 4. Looting of government trucks transporting food assistance due to the unavailability or scarcity of supplies at the local level.
  - No such incidents were reported during the operation.
  - Maintain the mitigation measures previously established, being:
    - Close coordination with local authorities and communities.
    - Sharing in advance distributions plans.
    - Using visible CRC logos.
    - Using a community targeting approach to identify the most vulnerable households.
  
- 5. Insufficient funds pose a risk to operational continuity.
  - Ensuring sufficient funding for the Emergency Appeal has proven to be difficult with currently only 29% assured funding (hard pledges and in-kind donations).
  - Continued proactive resource mobilisation by the IFRC.
  - Focus on strengthened donor engagement through partnership-oriented strategies.
  - Using the Mobilisation Table to track and communicate contributions and funding gaps.

New risks identified during the implementation period			
Risk	Likelihood	Impact	Mitigating actions
6. Power and connectivity disruptions reduce branch operability.	High	High	<ul style="list-style-type: none"> <li>• Purchase and install photovoltaic solutions for CRC headquarters and branches.</li> </ul>
7. Fuel shortages reduce branch operability by limiting mobility, logistics, and coordination for critical activities.	High	High	<ul style="list-style-type: none"> <li>• Acquire electric vehicles for CRC headquarters and branches, powered by solar energy, to reduce dependence on fuel and ensure operational mobility.</li> </ul>
8. Fuel shortages prevent trucks carrying humanitarian aid from reaching affected communities.	High	High	<ul style="list-style-type: none"> <li>• Explore options to access and supply fuel for humanitarian purposes, adhering to procurement and transport mechanisms that comply with regulatory frameworks.</li> </ul>

## B. OPERATIONAL STRATEGY

### Update on the strategy

The Operational Strategy<sup>13</sup> for this response was published on 17 November 2025. Since publication, indicators across each strategic sector of intervention have been reviewed and adjusted to better capture the progress and key actions.

<sup>13</sup> IFRC, Cuba: Hurricane Melissa, <https://www.ifrc.org/emergency/cuba-hurricane-melissa>.

While the overall strategic priorities and sectors of intervention remain unchanged, the rapidly evolving fuel and electricity limitations in Cuba have significantly affected the operational environment. As large portions of the response depend on electricity and fuel, the operation has introduced targeted adjustments to safeguard continuity and ensure the operation can be implemented under current conditions.

To mitigate disruptions and maintain essential functionality, the operation has incorporated measures to strengthen operational capacity at priority Cuban Red Cross branches, selected Ministry of Public Health facilities and customs offices in Mariel and Santiago de Cuba (see Annex 1). These adaptations aim to protect minimum operational continuity by reducing dependency on grid power and fuel, facilitating timely customs procedures and dispatch of humanitarian consignments, supporting solid-waste management in affected municipalities and exploring mechanisms to ensure CRC's humanitarian mobility during acute fuel shortages. These adjustments require the allocation of an additional 3 million Swiss francs and are organised under four complementary strategies:

**1. Decentralised photovoltaic systems**

Installation of photovoltaic systems at CRC headquarters and branches in Santiago de Cuba, Holguín and Granma, as well as 11 first-level MINSAP facilities, three polyclinics and two customs-clearance sites. The aim is to provide autonomous, reliable electricity to sustain essential branch operability, health-service functionality and customs processes during prolonged blackouts.

**2. Solid-waste management support**

- a. Procurement and deployment of four electric solid-waste collection trucks to stabilise municipal waste-collection services in hurricane-affected provinces, reducing environmental and public-health risks.
- b. Deployment of CRC volunteer waste-collection brigades to conduct targeted clean-up campaigns in high-risk areas while mechanised systems are being established or operating at reduced capacity.

**3. Electric tricycles for CRC mobility**

Procurement of electric tricycles for CRC headquarters and branches in Santiago de Cuba, Holguín and Granma to ensure minimum mobility for coordination, supervision and essential operational tasks amid fuel constraints.

**4. Humanitarian fuel continuity mechanism**


Exploring possible procurement of a structured humanitarian fuel channel under CRC governance to safeguard mobility for essential functions, including ambulance services, distribution, branch coordination and volunteer deployment.

These adaptations do not alter the strategic vision or priorities of the Emergency Appeal but are necessary measures to maintain operational continuity and ensure that humanitarian assistance can be delivered despite the severe energy constraints affecting the country.

Additionally, the Health & Care component of the operational strategy will be expanded to include the establishment of community pharmacies in selected Cuban Red Cross branches to improve timely access to essential medicines. To support safe and appropriate use of medication, WhatsApp information channels will be created to provide guidance and reduce the risks of self-medication. Volunteers with basic technical skills will provide fast technical services and repair low-complexity medical equipment at health facilities. Community health promoters will also be trained to reinforce health education, support early identification of health problems and provide first response.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION


	<b>Shelter, Housing and Settlements</b>	Female > 18: <b>20,280</b>	Female < 18: <b>5,070</b>
		Male > 18: <b>19,720</b>	Male < 18: <b>4,930</b>
<b>Objective:</b>	Support families in achieving safe sheltering solutions in the short and long-terms, with an emphasis on the Build Back Better (BBB) approach.		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	Number of households provided with relief items (tarpaulins, shelter tool kits, and sleeping kits)	500	5,000 (DREF: 2,200 <sup>14</sup> )
	Number of households provided with essential household items (kitchen sets, mattresses, bedding sets, and solar lamps)	500	15,000 (DREF: 2,200 <sup>15</sup> )
	Number of people who attended basic awareness raising sessions on safe shelter	500	5,000 (DREF: 2,200)
	Number of staff and volunteers trained in participatory methods such as PASSA	0	75
	Number of people who attended home repair training workshops and technical orientation sessions on roof repair, safe roofing practices, and build back safer guidance	0	200
	Number of households provided with roofing kits	0	3,100
Number of repair toolkits distributed	0	80	
<p>The Cuban Red Cross (CRC) continues to implement shelter assistance in the provinces of Santiago de Cuba, Granma and Holguín, the provinces most affected by Hurricane Melissa. The response is structured in two phases: emergency assistance and early recovery.</p> <p>During the emergency phase, 500 households received essential household and shelter items, including tarpaulins, shelter toolkits, kitchen kits and solar lamps, to restore basic habitability. Awareness sessions on safe shelter practices, covering for example ventilation, humidity, securing tarpaulins, were delivered to these households.</p> <p>Additionally, the Cuban Red Cross distributed 986 pre-positioned family kits, donated by the Chinese Red Cross, to affected households in Santiago de Cuba (238), Granma (468) and Holguín (280).</p>			

<sup>14</sup> 2,200 shelter toolkits; 300 sleeping kits

<sup>15</sup> 2,200 kitchen sets; 4,400 solar lamps (2 per household)

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

Progress on the shelter indicators has been limited since the last Operations Update. The containers carrying the required shelter kits and materials were held in customs due to slow processing caused by intermittent electricity and reduced operational capacity of customs offices. The cargo was finally released at the end of February 2026. However, distributions of these items have not yet begun, as worsening fuel shortages have made it extremely difficult to transport items to targeted communities. Distributions are expected to resume, as there is a clear path developed by IFRC and CRC logistics to solve these constraints.

	<b>Health &amp; Care</b> (Mental Health and psychosocial support / Community Health / Medical Services)	Female > 18: <b>20,280</b>	Female < 18: <b>5,070</b>
		Male > 18: <b>19,720</b>	Male < 18: <b>4,930</b>
<b>Objective:</b>	Implement health promotion activities and provide first aid and psychological support services at the community level to reduce the risk of increased morbidity and mortality and enhance the overall well-being of the affected population.		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	Number of people reached with mental health and psychosocial services (MHPSS)	2642	20,000
	Number of volunteers and staff trained in mental health and psychosocial support	0	60
	Number of people trained in psychological first aid (PFA) <sup>16</sup>	463	6000
	Number of people trained in community-based health and first aid (CBHFA)	0	80
	Number of volunteers trained in Epidemic Control for Volunteers (ECV)	34	60

<sup>16</sup> This indicator has been added. Please refer to section B for the explanation.

<i>Number of branches receiving first aid kits and haemorrhage control kits</i>	2	50
<i>Number of local health care centres receiving backup power sources (e.g. solar panels, generators)</i>	0	11 <sup>17</sup>
<i>Number of provincial, municipal and local health facilities receiving procured medicines and medical supplies</i>	0	12 (DREF: 4)
<i>Number of branches with community pharmacies set up<sup>18</sup></i>	0	4
<i>Number of rapid repair brigades established<sup>19</sup></i>	0	4
<i>Number of community health promoters trained<sup>20</sup></i>	0	80

*The Cuban Red Cross, in coordination with specialised personnel from the Ministry of Public Health, has provided Psychological First Aid (PFA) and psychosocial support to people in affected and hard-to-reach communities. A total of 2,642 people (1,254 women, 1,388 men) were reached. About 41% of the people assisted with MHPSS services were minors, while 29% were people elderly.*

*To reinforce community-level health capacity, CRC plans to expand training in PFA and Community-based Health and First Aid (CBHFA). To date, 19 CRC staff members and 444 volunteers have been trained in mental health and psychosocial support to provide PFA in affected communities. All volunteers are now part of psychosocial support teams within their communities to provide psychosocial support to people affected by Hurricane Melissa and others experiencing emotional distress. These volunteers are present in community centres, schools, workplaces and health centres to provide emotional support.*

*Volunteers in the three priority provinces have been trained in Epidemic Control for Volunteers (ECV). These 34 volunteers (14 in Santiago de Cuba, 11 in Granma and 9 in Holguín) are now equipped to conduct community awareness campaigns on mosquito-breeding site elimination and to support vector-control measures in communities with the highest transmission risk.*

*The Pan American Health Organization (PAHO) supported branches in Santiago de Cuba with a tent and two first aid kits to strengthen its operational capacities during emergencies.*

*The healthcare centres that will receive back up power sources have been identified. The solar panels and generators are currently being purchased and will be installed in the 11 identified health facilities.*

<sup>17</sup> This target has been increased from 3 to 11 health facilities. Please refer to section B for the explanation.

<sup>18</sup> This indicator has been added. Please refer to section B for the explanation.

<sup>19</sup> This indicator has been added. Please refer to section B for the explanation.

<sup>20</sup> This indicator has been added. Please refer to section B for the explanation.

*In response to the expanded scope of the Health and Care initiative, the operation has introduced several new indicators and revised selected existing targets. The new indicators include Psychological First Aid training, provision of backup power sources to health facilities, supply of medicines and medical supplies to health facilities, establishment of community pharmacies in branches, formation of rapid repair brigades, and training of community health promoters*

- Health & Care - Number of people trained in psychological first aid | New indicator*

This indicator has been added to capture an expanded focus on Psychological First Aid (PFA) within the operation. Previously, PFA was included as part of the broader Mental Health and Psychosocial Support (MHPSS) training. However, the CRC aims to significantly scale up its psychosocial support capacity in response to the multiple crises affecting communities across Cuba. Offering specific PFA training, which is shorter and less intensive than full MHPSS training, allows a larger number of volunteers and community members to be trained, creating a wider network of responders able to provide immediate emotional support.
- Number of local health care centres receiving backup power sources (e.g. solar panels, generators) | Increased from 3 to 11 health facilities.*

The target for this indicator has been increased as part of the strategy to strengthen operational capacity of health care facilities and guarantee health-service continuity.
- Number of provincial, municipality and local health facilities receiving procured medicines and medical supplies | Increased from 4 to 12 health facilities.*

The target for this indicator has been increased to include municipal and community-level health facilities in addition to provincial ones. This adjustment responds to the widespread and chronic shortages of medicines and medical supplies in Cuba, further exacerbated by ongoing fuel and electricity constraints that limit national supply chains.
- Number of branches with community pharmacies set up | New indicator*

This indicator has been added in response of chronic shortages of essential medicines, the expansion of informal and black-market medicine trade and the resulting risks of unsafe self-medication. Community pharmacy points will be established at Red Cross branches to collect donated medicines and redistribute them safely to designated pharmacies, improving access to essential treatments and reducing reliance on unregulated sources.
- Number of rapid repair brigades established | New indicator*

This indicator has been added to address the shortage of medical supplies and the difficulty in replacing damaged equipment. Volunteers with technical repair skills will form brigades that can be quickly deployed to fix medical equipment of low complexity, helping health facilities maintain essential functionality under current constraints.
- Number of community health promoters trained | New indicator*

This indicator has been added in response of the current situation in Cuba where the health systems is under strain. Training community health promoters will help relieve pressure on general practitioners and nurses by strengthening community-level health education, early detection of warning signs and providing basic medical support.

<b>Water, Sanitation and Hygiene</b>	Female > 18: <b>20,280</b>	Female < 18: <b>5,070</b>
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Male > 18:  
**19,720**

Male < 18:  
**4,930**

**Objective:**

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

**Key indicators:**

Indicator	Actual	Target
Number of households reached with hygiene kits	500	15,000 (DREF: 2,200)
Number of people reached with menstrual hygiene kits	0	15,000 (DREF: 700)
Number of households reached with household water storage and water treatment items	0	15,000 (DREF: 2,200 <sup>21</sup> )
Number of community-level hygiene promotion / awareness sessions conducted	0	10
Number of volunteers and staff trained in WASH	13	120
Number of households provided with mosquito nets	500	5,000 (DREF: 2,200) <sup>22</sup>
Number of households reached through community health and vector control campaigns	1,316	(DREF: 2,200)
Number of solid waste removal and environmental clean-up campaigns conducted <sup>23</sup>	<b>0</b>	<b>12</b>

*With support from the IFRC, the Cuban Red Cross provided 500 households with hygiene kits. These distributions were accompanied by key messages on hygiene promotion. This operation is expected to reach a total of 15,000 households with (menstrual) hygiene kits and water storage and treatment solutions (jerrycans, buckets with taps and lids, aqua tabs/household water filters), along with key messages on proper use. Staff and volunteers from the Cuban Red Cross will be trained in WASH to strengthen local capacities.*

*Swiss government and Swiss Red Cross teams supported the rapid response following Hurricane Melissa, in collaboration with the Cuban Red Cross. WASH specialists were deployed from Switzerland and, in collaboration with the Institute of Hydraulic Resources of Santiago de Cuba, assessed and installed a water treatment plant at the "Alberto Fernández Montes de Oca" Municipal Hospital in San Luis, thereby improving the hospital's water quality. These specialists also trained 13 staff members in using, installing and checking the water purification plants as well as installing safe water systems in communities.*

*Simultaneously, personnel from Aguas Turquino and the local Municipal Operations and Relief Group were trained to use portable water analysis laboratories, strengthening their capacity to respond to future emergencies and ensuring the*

<sup>21</sup> 2,200 water tanks (33 GL); 198,000 aqua tabs for 2,200 households.

<sup>22</sup> The target has been adjusted from 15,000 to 5,000 households. Please refer to section B of the report for the explanation.

<sup>23</sup> This indicator has been added. Please refer to section B for the explanation.

quality of life for patients at the hospital and in surrounding communities. The coordination and installation of safe water systems were also carried out, benefiting 12 communities in the municipality of San Luis.

Mosquito nets were distributed to 500 families to reduce the risk of dengue, oropouche and chikungunya. These distributions were part of local vector control campaigns with community messaging on correct use, identification and elimination of indoor breeding sites and the removal of standing water. An additional 2,280 mosquito nets donated by the Canadian Red Cross and 1,500 mosquito nets donated by French Red Cross have recently been released by customs.

Since the start of the Hurricane Melissa response, volunteers from the Cuban Red Cross have promoted hygiene practices during the distribution of hygiene kits and mosquito nets. Through community health and vector-control activities, 1,316 households have been reached to date. Vector control has become a key community priority, and local campaigns continue to be carried out to reduce breeding sites and prevent further transmission.

To reflect the adjustments made to the WASH response in the current context, the operation has revised selected targets and added new indicators. These updates capture the reduced need for mosquito net distributions under current epidemiological conditions, as well as the increased focus on solid-waste removal and environmental clean-up campaigns as part of the response to fuel shortages and disrupted waste collection services.

- *Number of households provided with mosquito nets | Lowered from 15,000 to 5,000 households.*  
The target has been adjusted, as mosquito nets and mosquito repellent will no longer be procured. Current epidemiological trends show dengue and chikungunya cases remaining with a stable range, reducing the need for additional distributions. Therefore, distribution of these items will be limited to the items already available through DREF funds and in-kind donations. The budget originally allocated for the procurement of mosquito nets will be reallocated to the fuel purchase line, as fuel availability remains one of the primary operational constraints in the current context.
- *Number of solid waste removal and environmental clean-up campaigns conducted | New indicator*  
This indicator has been added to reflect the planned deployment of Cuban Red Cross volunteer brigades to conduct targeted solid-waste removal and environmental clean-up campaigns in high-risk urban areas. These actions serve as an immediate mitigation measure to reduce environmental health risks caused by the accumulation of solid waste resulting from fuel shortages and disrupted garbage collection services.



## Protection, Gender and Inclusion

### Objective:

*Ensure that Cuban Red Cross staff and volunteers identify the needs of the most at risk and particularly disadvantaged groups, facilitating access to assistance, equitable participation, and safe and dignified conditions in collective centres.*

### Key indicators:

#### Indicator

*Number of Cuban Red Cross staff and volunteers trained on protection of sexual exploitation and abuse (PSEA) and all forms of child safeguarding.*

#### Actual

17

#### Target

150

Number of community awareness campaigns conducted on PSEA, including dissemination of printed safeguarding key messages.	2	10
Number of device charging kits distributed to support RFL services during emergencies.	0	6

All actions of the operation are planned and executed in accordance with the principles and standards of Protection, Gender, and Inclusion (PGI), with a focus on 'do no harm', accessibility, dignity, safety, and informed participation. The Cuban Red Cross has mainstreamed PGI so that all distribution, training and services incorporate specific actions to prevent the risks of exclusion, violence, exploitation or abuse and to guarantee equitable access, with an emphasis on people at greatest risk.

With DREF funding for the Arbovirus response, a four-day PGI and CEA training was conducted in Santiago de Cuba with staff and volunteers engaged in the arbovirus and post-hurricane Melissa responses. The workshop strengthened practical skills, promoted integration of PGI and CEA in emergency operations, and created a cohort of trained individuals able to replicate the training in their branches. The workshop focused on operationalising PGI, ensuring safe, dignified and inclusive participation of communities in all response activities. Additionally, the training focused on strengthening skills to better understand communities, promote their meaningful participation in decision-making and establish effective feedback mechanisms. External partners (UNICEF, PROSALUD<sup>24</sup> and the University of Oriente) contributed sessions on child protection risks, gender-based violence, referral pathways and preventing harassment and violence in community and educational settings. Their contributions provided essential contextual insights and identified opportunities for improved local coordination and access to support services. Through this training, a core group of replicators was established to support institutionalisation of PGI in branches of the Cuban Red Cross. With funding from the Hurricane Melissa response, the training was replicated with 13 staff members and 4 volunteers of the branches in Santiago de Cuba, Granma and Holguín.

Community awareness activities were carried out in two primary schools in Santiago de Cuba and Granma to promote key protection messages. These actions complemented the Ministry of Education's existing programmes and helped strengthen coordination with other local actors involved in protection. By linking PGI efforts with institutions that have established responsibilities at community level, the Cuban Red Cross reinforced local protection mechanisms and enhanced its role in coordinated, community-based action.



## Community Engagement and Accountability

### Objective:

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

### Key indicators:

#### Indicator

Number of complaints, questions, suggestions, inquiries and appreciations received through the feedback mechanism.

#### Actual

89

#### Target

N/A

<sup>24</sup> Health Promotion and Disease Prevention Unit of the Ministry of Public Health (MINSAP) in Cuba.

<i>Number of staff, volunteers and leadership trained in community engagement and accountability.</i>	17	150
<i>Percentage of people surveyed report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.</i>	N.A.	70%
<i>Percentage of people surveyed who report they know how to provide feedback about the operation.</i>	N.A.	70%
<i>Number of community feedback committees formed.</i>	9	7

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

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

*To ensure transparency and accountability in the activities of the Cuban Red Cross, 9 feedback Committees were established, one for each municipality where supplies were delivered, to encourage greater community participation in the actions carried out by the National Society.*

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

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

<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Number of volunteers and staff trained in EVCA.</i>	0	75
	<i>Number of participants trained in Anticipatory Action T1 to build competencies for designing, implementing, and institutionalizing AA systems.</i>	0	75
	<i>Number of municipal-level AA training sessions or ToT sessions conducted to strengthen skills in identifying community needs and risks.</i>	0	3
	<i>Number of Simplified Early Action Protocols (SEAP) developed and validated for communities or municipalities.</i>	0	1


During the first months following Hurricane Melissa, efforts focused primarily on emergency assistance, early recovery, and priority actions across the Shelter, Health and WASH sectors. Activities under this objective are planned for a later stage of implementation and aim to strengthen community resilience to multiple hazards, enhance preparedness, and reduce vulnerability to future disasters and climate-related impacts.

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

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

Additionally, a Simplified Early Action Protocol (SEAP) will be developed and validated. This protocol will set out triggers, action plans, timeframes, responsible parties and minimum logistical requirements. Health, WASH and Shelter sectors will work together to ensure a comprehensive approach. Once thresholds are met, early actions can be implemented rapidly and in a coordinated manner. The protocol's effectiveness will be monitored and lessons will be captured to support continuous learning and improvement.

## Enabling approaches

	National Society Strengthening		
<b>Objective:</b>	<i>Strengthen the CRC's response capacities by supporting ongoing institutional and operational development in line with the National Society's strategy and preparedness plans, leveraging rapid response expertise and laying the foundations for longer-term capacity strengthening throughout the operation.</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Number of volunteers provided with equipment for protection, safety and support (e.g. PSS) appropriate to the emergency.</i>	0	200
	<i>Number of volunteers trained through National Intervention Team (NIT) training on needs assessment, emergency response protocols, and coordination.</i>	0	20
	<i>Number of electric or solar generators procured and installed in affected CRC branches.</i>	3 <sup>25</sup>	4 (DREF: 1)
	<i>Number of volunteers mobilized for response activities.</i>	4,115	(DREF: 500)

<sup>25</sup> The figure reported in Operation Update 2 was incorrect as visits conducted under the Arbovirus DREF were mistakenly included. The number included in this update reflects the correct data for this Emergency Appeal only.

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

The Cuban Red Cross received three vehicles to be used in the affected territories, thereby reinforcing their fleet and achieving greater operational capacity in the areas most affected by Hurricane Melissa.

A National Society Development (NSD) Coordinator has been recruited and started duties in March. This position will provide ongoing strategic guidance, coordination and technical support to strengthen overall National Society development processes and ensure alignment with organisational priorities.

In total 4,115 volunteers have been mobilised for response activities, of whom 1,115 are currently still active in the operations (652 deliver kits and supplies, 463 provide psychosocial support). This number significantly exceeds initial expectations. When the target was set, it was anticipated that recruiting and sustaining enough volunteers would be challenging due to the combined pressures of Hurricane Melissa, the ongoing arbovirus epidemic and chronic vulnerabilities across the country. Despite these constraints, volunteer engagement has been exceptionally strong, demonstrating the deep commitment of Cuban Red Cross volunteers to fulfilling the humanitarian mandate.



## Secretariat Services

### Objective:

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

### Key indicators:

Indicator	Actual	Target
Number of rapid response personnel supporting the operation.	3	2 (DREF: 1)
Number of field monitoring visits conducted by the Latin Caribbean CCD to oversee DREF implementation.	3	12 (DREF: 6)
Number of ARO technical support and monitoring missions conducted.	1	(DREF: 2)

A rapid response team (Surge) has been mobilised to support technical and operational management. The following profiles are deployed up until now: an Operations Coordinator (Bolivian Red Cross), a Supply Chain Coordinator (Swiss Red Cross), and a PMER officer (American Red Cross succeeded by Netherlands Red Cross). The first three months of the operation, a team based in Panamá and Trinidad Tobago provided support to all countries affected by Hurricane Melissa, including Cuba. This included an operations coordinator (Bolivian Red Cross), PMER coordinator (American Red Cross), IM Coordinator (British Red Cross), SIMS Coordinator (British Red Cross), ERP Officer (IFRC). These profiles were responsible for planning, procurement, information sharing, monitoring and operational preparedness in close coordination with the National Society.

The Country Cluster Delegation conducted 3 field monitoring visits to support, oversee and verify the implementation of activities. These visits aim to ensure that response activities are carried out in accordance with operational standards, donor requirements, and organizational policies, while also providing technical guidance, identifying challenges, and facilitating timely corrective actions.

*Following a mission of the IFRC regional communications manager to Cuba, a press release was published for the one-month mark of the passing of Hurricane Melissa.<sup>26</sup>*

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

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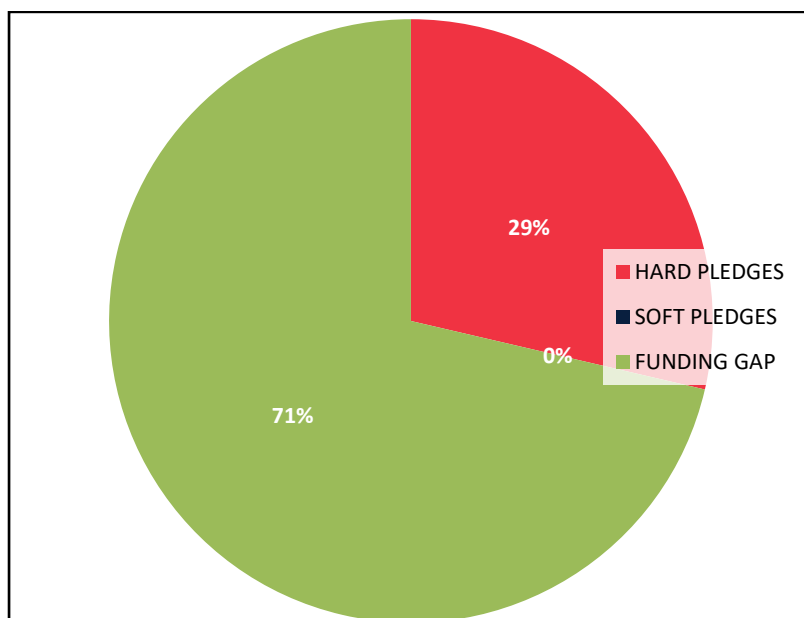
<sup>26</sup> IFRC, Press release, 28 November 2025, <https://www.ifrc.org/press-release/ifrc-warns-growing-psychological-toll-children-and-families-one-month-after-hurricane>.

## D. FUNDING

The Emergency Appeal MDRCU013 – Cuba: Hurricane Melissa has a total IFRC funding requirement of 18,000,000 Swiss francs (CHF 16,500,000 federation-wide). As of 5 April 2026, the appeal has mobilised 5,156,192 Swiss francs, including 5,005,453 Swiss francs in cash pledges and 150,739 Swiss francs in in-kind donations.

Despite these contributions, the operation still faces a funding gap of 12,843,809 Swiss francs to fully implement the planned activities in support of the Cuban Red Cross response to Hurricane Melissa. Resource mobilisation efforts remain ongoing to secure additional funding and ensure the continuation and scale-up of humanitarian assistance to affected communities.

See the distribution in the graph and table below.



Funding Coverage	Funding Requirement (CHF) <sup>27</sup>	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	15,000,000	5,156,192	12,843,809	28.6%

<sup>27</sup> CHF = Swiss francs

## Contact information

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

### In the Cuban Red Cross

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### For IFRC Resource Mobilization and Pledges support

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

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

- **Regional Head, Global Supply Chain:** Stephany Murillo, [stephany.murillo@ifrc.org](mailto:stephany.murillo@ifrc.org)

### Reference documents

↘ Click here for:

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

## How we work

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