



Community vector control on external water tanks, Santiago de Cuba. CRC

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	
Event Onset: Sudden	Operation Start Date: 17-10-2025	New Operational End Date: 30-06-2026	Total Operating Timeframe: 8 months
Reporting Timeframe Start Date: 10-10-2025		Reporting Timeframe End Date: 31-03-2026	
Additional Allocation Requested: 0		Targeted Regions: Granma, Guantanamo, Matanzas, Santiago de Cuba	

Description of the Event

CUBA 2025

ARBOVIRAL OUTBREAK

CRUZ ROJA CUBANA + CIFRC



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: Cuban Red Cross, IFRC. Produced by IFRC Americas, HDCC, IM Team. October 2025.

Map of areas affected and areas targeted by the National Society. Source: CRC

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 has been reported since late September 2025. Epidemiological forecasts anticipate continued increases in transmission in these provinces over the coming weeks.

On 6 October, during a high-level meeting held in Matanzas, chaired by the President of the Republic, MINSAP confirmed Matanzas as the epicenter of the national outbreak. The Minister of Public Health attributed the situation to a convergence of environmental, climatic, and structural factors—persistent rains, high temperatures, inadequate waste management, and water supply challenges—all of which have created optimal conditions for mosquito proliferation (salud.msp.gob.cu, 10 Oct 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 across the country, and reported the first fatalities associated with Dengue.

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 Cárdenas and Colón municipalities, supported by brigades from Havana and other provinces. These teams carry out intensified fumigation, environmental sanitation, larval and adult mosquito control, and active epidemiological surveillance, while hospitals manage patients with warning signs and severe symptoms. Authorities have also emphasized community participation, urging households to eliminate breeding sites and sustain local focal control actions.

The co-circulation of multiple arboviruses has significantly increased the public health burden. Hospitals in affected provinces are under strain due to rising admissions, prompting the decentralization of care to municipal facilities to manage patients without warning signs.



Pregnant women, children, older adults, and people with disabilities are being prioritized for medical follow-up due to their heightened risk of complications. Reports of recurrent febrile syndromes and multiple infections within short periods indicate overlapping transmission cycles.

This outbreak unfolds in a fragile national context. Less than a year ago, Hurricanes Oscar (Category 1, Guantánamo) and Rafael (Category 3, Artemisa) caused extensive infrastructural damage, power outages, and disruptions to basic services. These consecutive events have weakened essential systems, reduced vector control capacity, and increased community vulnerability.

Within this challenging context, the Cuban Red Cross (CRC), leveraging its auxiliary role, has been supporting the government-led response since 4 October 2025 through health promotion, vector control activities, and community “self-focal” interventions aimed at eliminating breeding sites. However, limited access to essential materials and supplies has constrained the CRC’s capacity to scale up and sustain a timely, coordinated response.

In the weeks following the official declaration of the outbreak, the situation described in the DREF shifted from a focus on Matanzas and eastern provinces to a nationwide epidemic.

The effects of Hurricane Melissa have further amplified the impact of the outbreak. Intense rainfall, localized flooding, and damage to housing, water supply networks, and roads created favorable conditions for *Aedes aegypti* breeding in provinces prioritized by DREF. At the same time, damage to bridges and secondary roads made it more difficult for health brigades and vector control teams to reach certain communities, leading to temporary interruptions in fumigation and focal control activities that MINSAP had been carrying out since the onset of the event.

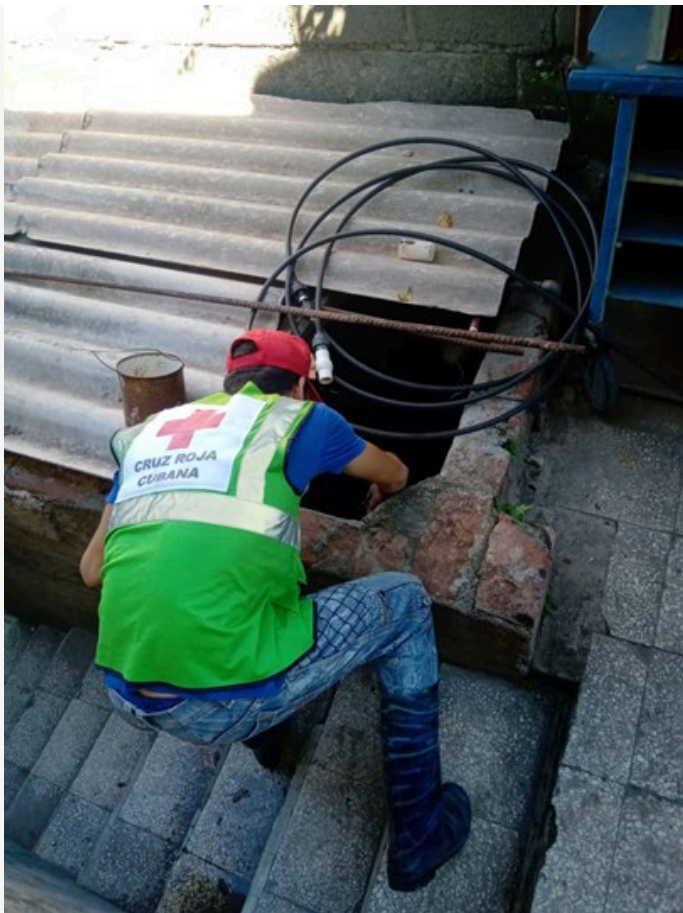
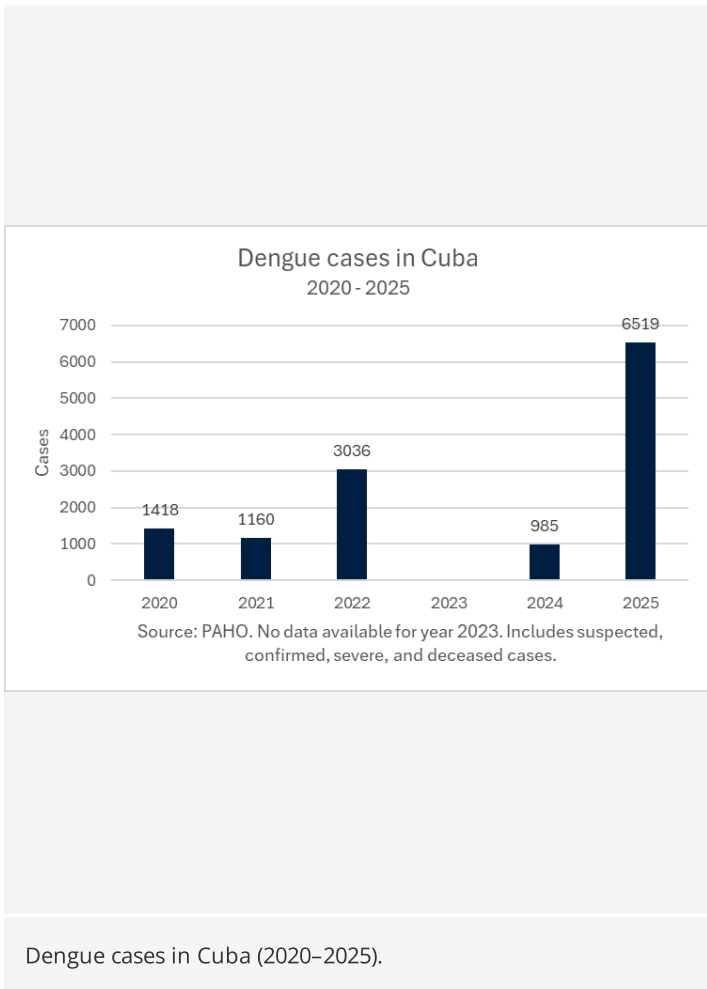
Hurricane Melissa served as an epidemiological amplifier at the outbreak’s most critical point. Intense rainfall and localized flooding, together with damage to housing, water networks, and roads, increased the availability of breeding sites and favored the proliferation of *Aedes aegypti* in the most affected eastern provinces, where the highest risk is currently concentrated. In parallel, damage to bridges and secondary roads constrained access to some communities and disrupted the deployment of health brigades and vector-control teams, reducing the continuity of fumigation and focal control activities that MINSAP had been implementing since the onset of the event.

This “double impact” (increased entomological risk combined with reduced operational access) in the eastern provinces contributed to higher transmission and incidence and immediately increased the demand for clinical case management.

According to MINSAP, by epidemiological week (EW) 48, the arboviral endemic channel remained in the epidemic zone, with incidence continuing to rise in the eastern provinces and Matanzas province. During EW 48, 5,717 new chikungunya cases were reported (38,938 cumulative in 2025), along with ongoing dengue transmission across 14 provinces, 43 municipalities, and 51 health areas. While only three deaths had been reported up to November, MINSAP confirmed 33 deaths from arboviral diseases by the end of EW 48, mainly among people under 18 years of age. Severe cases requiring hospital admission, including severe dengue, persisted and required close clinical monitoring in specialized units.

This abrupt shift, marked by a sharp increase in confirmed deaths and severe disease, indicates that the main operational challenge is now sustaining timely clinical management rather than vector control alone.





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

Dengue cases in Cuba (2020–2025).

Scope and Scale

As of mid-October 2025, the Ministry of Public Health (MINSAP) 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 the most affected. The scale of this health emergency is significant, with preliminary assessments indicating widespread impacts on the national health system and the well-being of communities across multiple provinces.

Dengue cases in Cuba have shown significant year-to-year variation between 2020 and 2025, with a pronounced resurgence in 2025. After moderate transmission levels in 2020–2021 (1,418 and 1,160 cases, respectively) and a marked increase in 2022 (3,036 cases), the country experienced a decline to fewer than 1,000 cases in 2024 (985 cases). However, as of 2025, Cuba has reported 6,519 dengue cases, representing a more than six-fold increase compared to 2024 and over twice the 2022 peak, making this the highest number of dengue cases reported in the past six years.

This sharp upsurge indicates intensified viral transmission and elevated entomological risk, likely linked to favorable environmental conditions and persistent breeding sites. Climate change is driving the spread of dengue and other arboviral diseases across the island by increasing temperatures, accelerating mosquito life cycles, and enhancing viral transmission. Rising rainfall and humidity have created additional breeding sites, while flooding and coastal inundation further contribute to conditions conducive to mosquito proliferation. Rapid urbanization and internal migration have intensified population exposure, while milder winters are extending the transmission season.

Amid concurrent Dengue and Oropouche epidemics, the risk of additional communicable disease outbreaks remains high due to prolonged flooding, limited access to safe water, and poor hygiene conditions—factors that also increase vulnerability to water- and food-borne diseases, respiratory infections, and other vector-borne illnesses.

While Cuba’s health system continues to deliver essential services through existing staff and resources, it faces severe shortages of diagnostic reagents, laboratory supplies, antibiotics, medicines, and operational materials, placing significant strain on healthcare workers and affecting service continuity.

In the eastern provinces, heavy rains have intensified mosquito proliferation. Health authorities continue to promote focal treatments and community-based vector control to eliminate *Aedes aegypti* breeding sites. Older adults, children, and persons with disabilities are among the most affected groups, particularly those living in marginalized or low-income communities with poor housing and



infrastructure, which heighten susceptibility to disease and service disruption.

The country's aging infrastructure and economic constraints have compounded the effects of consecutive disasters, including recent hurricanes, leaving many communities struggling to recover and perpetuating cycles of vulnerability. The cumulative impact of overlapping crises—natural hazards, epidemics, and resource shortages— continues to erode community resilience and increase humanitarian needs.

Based on standard humanitarian and public health planning assumptions, it is estimated that 20–30% of the population could be at risk during the current arboviral outbreak. This figure extends beyond the number of confirmed or suspected cases and reflects broader population vulnerability to ongoing transmission, given the widespread presence of *Aedes aegypti* mosquitoes and environmental factors such as waste accumulation, uncovered water containers, and limited vector control capacity.

As of epidemiological week 48, the epidemic's impact extends beyond case numbers, causing ongoing disruptions to daily life and household functioning.

The co-circulation of dengue and chikungunya increases the number of people requiring clinical evaluation, monitoring, and treatment for warning signs, overloading primary care services and, consequently, referral hospitals. Specifically, chikungunya is creating a scenario where patients develop persistent arthralgia that prolongs disability and prevents them from returning to their normal activities, while dengue always carries the risk of rapidly progressing to severe forms requiring hospitalization and close monitoring.

A worrying sign of epidemiological deterioration is the increase in reported case fatality rates: at the close of epidemiological week 48, 33 deaths from arboviruses were confirmed, 12 from dengue (7 under 18 years of age) and 21 from chikungunya (14 under 18 years of age), demonstrating the disproportionate impact on the pediatric population and the need to strengthen clinical follow-up and the capacity to resolve cases in order to prevent avoidable deaths. In terms of coverage, this update does not extend the intervention to the entire national territory: it remains a localized, focused response in the prioritized eastern provinces and Matanzas, where the greatest disease burden, the worst outcomes, and the most critical gaps in healthcare capacity and supplies are concentrated. National data and trends only serve to contextualize the epidemiological behavior, not to expand the area of application.

The main operational challenge is maintaining continuous clinical care and ensuring adequate supplies of essential medicines and medical-surgical materials for both outpatient and inpatient care, including for patients with warning signs and critical illness. Supply restrictions and increased demand from the epidemic are straining response capacity and raising the risk of preventable complications and deaths.

Hurricane Melissa further damaged healthcare infrastructure, affecting 642 facilities and reducing capacity during a period of high demand. While the Melissa Emergency Appeal addresses immediate health needs and service disruptions caused by the hurricane, it does not cover the ongoing, critical shortage of medications and supplies for the arboviral epidemic, which requires enhanced surveillance and management of severe cases. The Appeal cannot address these needs without exceeding its mandate. This DREF is designed to fill the epidemic health gap and complements, rather than duplicates, existing efforts.

The territorial distribution of the impact reflects a combination of densely populated urban areas — particularly in Havana, Santiago de Cuba and other eastern capital provincials — and remote rural communities in eastern provinces, where irregular water supply, accumulation of solid waste and deteriorated roads increase both the risk of transmission and the barriers to receiving institutional support. In these settings, households with fewer economic resources have the least capacity to repair damaged housing, acquire protective materials and reorganize their livelihoods after crop losses or other income reductions. Limited access and intermittent disruptions also challenge the consistency of vector control activities, increasing the importance of adequate operational equipment, including thermonebulizers, to maintain effective coverage.

Within this framework, although the DREF operation focuses on at least 10,000 people in four prioritised provinces, the effective scale of risk encompasses several million people exposed to arboviral transmission and to the effects of recent hydrometeorological disasters. The intervention of the Cuban Red Cross, as described in the original plan, aims to complement the response of MINSAP and the Civil Defense system in areas where high transmission, socioeconomic vulnerability, and infrastructure damage converge. In line with the evolving needs identified by MINSAP, this includes reinforcing the availability of essential medicines and medical supplies to sustain patient management and supporting vector control capacity through improved access to key operational equipment such as thermonebulizers.

Source Information

Source Name	Source Link
1. Granma	https://www.granma.cu/cuba/2025-10-08/arribara-a-matanzas-contingente-medico
2. Granma	https://www.granma.cu/cuba/2025-10-07/refuerzan-acciones-



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

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No



Please explain the summary of changes and justification:

Through this operation update no. 1, the Cuban Red Cross aims to inform about:

(i) A two-month no cost timeframe extension (new end date: 30 June 2026)

The extension will allow completion of critical pending activities resulting from logistical delays and recent operational constraints in Cuba, ensuring proper closure and accountability of the intervention. This extension does not represent a change in the scope, operational strategy, priority sectors, or target population.

JUSTIFICATION FOR THE EXTENSION:

Operational constraints: the operation has been affected by prolonged power outages, physical fuel shortages, interruptions in water supply, mobility limitations and logistical difficulties at ports and in internal transport. These factors have caused delays in the arrival of consignments, nationalization processes and the distribution of supplies to prioritized provinces and communities.

Need to complete logistical chains: in order to meet delivery commitments to beneficiary families and the planned activities (for example, satisfaction surveys and feedback mechanisms), additional time is essential to consolidate reception, transport and distribution of the goods.

In the third operations update to the MDRCU013 emergency appeal for the response to Hurricane Melisa, high-risk issues for the operation were identified, related to fuel shortages, which prevent trucks carrying humanitarian aid from reaching affected communities. To mitigate these disruptions and maintain essential functionality, agreements, administrative actions, and fuel procurement efforts are being carried out to ensure the continuity of activities. This will enable operations to move forward without stopping, supporting timely dispatch of humanitarian consignments in line with the applicable procurement and transport mechanisms under relevant regulatory frameworks. Additionally, measures are being implemented to strengthen operational capacity at priority Cuban Red Cross branches and selected Ministry of Public Health facilities and customs offices in Mariel and Santiago de Cuba.

The Operations Update No. 3 document for the Emergency Appeal Cuba: Hurricane Melissa (MDRCU013) can be accessed at <https://tinyurl.com/EA-MDRCU013>

PENDING ACTIVITIES:

Receipt, nationalization and transport of consignments:

Pending items include the arrival and nationalization of 650 water tanks, 650 menstrual kits, 60 sprayers, chemical products for vector control, 6 TF-34 thermal foggers, operational kits and personal protective equipment for 180 volunteers; as well as the onward transport of these supplies to provinces and communities.

Final distribution to households:

Direct delivery to beneficiary families (tanks, cleaning kits, mosquito nets, menstrual kits) requires additional time for last-mile logistics and to ensure selection and registration criteria.

Closure activities: administration of satisfaction surveys, consolidation of family and community registries, systematization of CEA data, and organization of the lessons-learned workshop to document findings and recommendations.

Benefits expected from the extension

- Allow orderly completion of the logistical chain (reception, nationalization, internal transport and distribution). Ensure effective delivery of supplies already received and those in transit, without compromising quality or selection criteria.
- Guarantee execution of the lessons-learned workshop and consolidation of monitoring information, community feedback and satisfaction surveys.
- Preserve the integrity of the approved objectives and intervention logic, avoiding changes to scope or beneficiaries.

IFRC Network Actions Related To The Current Event

Secretariat

The Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti and the Americas Regional Office (ARO) are working in close coordination with the Cuban Red Cross (CRC) to provide technical and strategic support for the development of this DREF request. This collaboration ensures 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 responding to the ongoing health emergency.

ICRC Actions Related To The Current Event

Keep constant communication with the ICRC delegation in Caracas, Venezuela in charge of supporting the Cuban Red Cross.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>During the current epidemiological situation, the National Defence Council has adopted a series of mandatory national measures in accordance with existing legislation, pre-approved contingency plans, and the specific requirements of the health emergency. To ensure effective implementation, Regional, Provincial, and Municipal Defence Councils have been activated, along with the Basic Health Groups established under the country's national structure. These bodies are implementing the Health Disaster Risk Reduction Plans, which outline specific stages and phases according to the evolution of the event.</p> <p>Specialised and scientific institutions are continuously monitoring, analysing, and processing epidemiological data to guide decision-making. The Ministry of Public Health (MINSAP) is issuing Early Warning Bulletins directed at both decision-makers and the general population, with the aim of enhancing vigilance, informing preparedness actions, and ensuring timely response measures to address the evolving arboviral outbreak.</p> <p>National authorities have kept a close eye on the situation throughout the outbreak and after Hurricane Melissa hit. The National Defense Council and the Presidency have met regularly with experts and high-ranking health officials to review MINSAP reports on arboviral diseases and hurricane damage. They have also given advice to the areas and sectors that were hit the hardest. In these places, they have stressed the importance of coordinating post-disaster recovery and efforts to control dengue and chikungunya.</p> <p>At the level of health care, MINSAP has improved technical coordination by holding regular meetings with its expert group and provincial health directorates to review available epidemiological data, adjust surveillance and vector control measures, and disseminate new prevention messages to the public. Authorities have consistently used national media to keep the public informed about the progress of the epidemic, explain recommended actions, and stress the importance of primary health care and community involvement in the response.</p> <p>Also, national authorities have continued to work with the Civil Defence system and international organizations, especially PAHO/WHO and the United Nations system, to support national efforts in monitoring, vector control, and early recovery in the hardest hit areas. This outside help, which is part of the national strategy led by MINSAP and the National Defense Council, gives the Cuban Red Cross a way to continue supporting the government's health efforts, in line with the country's priorities.</p>
UN or other actors	<p>The Pan American Health Organization / World Health Organization (PAHO/WHO) is focusing its efforts on strengthening health personnel preparedness, enhancing vector control techniques, and introducing new technologies for the surveillance of arboviral</p>



diseases. It is also supporting the improvement of medical care and community-level health services in the most affected areas.

The Cuban Red Cross (CRC) response will complement these efforts, prioritising communities and areas that may be underserved or difficult to access. The CRC is working in close coordination with the Ministry of Public Health (MINSAP), the Disaster Risk Management Centres, and the Civil Defence system to align priorities, ensure complementarity, and maximise the impact of the national and international response to the ongoing outbreak.

The United Nations system in Cuba has put together a joint action plan to help the national response to the arboviral epidemic and the effects of Hurricane Melissa. The plan focuses on health, water, and sanitation, and protecting vulnerable groups in the provinces that were hit hardest. This support is meant to help keep important services running in areas where damage to infrastructure and service interruptions have increased the likelihood of dengue and chikungunya spreading.

As part of this effort, PAHO/WHO has provided technical and operational support specifically to stop and control arboviral diseases. This includes improving epidemiological and laboratory surveillance, clinical case management, and vector control activities. Along with national authorities, other UN agencies have helped restore basic services and spread information about risks in prioritized communities.

Are there major coordination mechanism in place?

The Cuban Red Cross (CRC), in fulfilment of its auxiliary role to the public authorities, is actively participating in coordination meetings with the National Civil Defence Staff, the Ministry of Public Health (MINSAP), and the Territorial Defence Councils. These coordination mechanisms ensure joint planning, information sharing, and harmonised implementation of response actions based on evolving forecasts and risk assessments.

At the operational level, the CRC is supporting vector control activities, cleaning and disinfection of elevated water tanks, and identification of mosquito breeding sites in collaboration with local health authorities. Additionally, the CRC is assisting in the evacuation of bedridden persons and providing support in nine Protection Centres established to host displaced families, ensuring that humanitarian assistance is aligned with national response priorities and standards.

Needs (Gaps) Identified



The rapid increase in suspected cases of Dengue, Oropouche, and Chikungunya across Cuba is a growing public health concern. The situation is particularly critical in Matanzas and in the eastern provinces of Granma, Santiago de Cuba, and Guantánamo, where intense and recurrent rainfall has significantly increased mosquito breeding and disease transmission.

A critical gap persists in the availability of specialised fumigation and vector-control equipment, limiting the capacity of authorities and communities to eliminate mosquito breeding sites and contributing to rising infection rates. At the same time, low community awareness regarding preventive measures and the elimination of household breeding sites further amplifies the spread of arboviral diseases.

The early identification of suspected cases at community level is hindered by the limited training of volunteers, community leaders, and residents, as well as by weak local surveillance mechanisms. Affected populations are also experiencing psychological distress, linked to the loss of family members, reduced household income due to hospitalisation, and prolonged illness. The absence of mosquito nets, thermo-nebulisers, and household sprayers underscores the urgent need for operational tools to reduce exposure and control transmission.

To address these gaps, key interventions must focus on:

- Conducting community-based health and hygiene promotion sessions;
- Ensuring access to safe drinking water and promoting environmental sanitation;
- Strengthening community surveillance and prevention mechanisms to reduce transmission risks;
- Implementing effective vector-control and environmental health measures in high-risk areas;
- Reinforcing institutional and community response capacities through the provision of thermo-nebulizers, sprayers, and protective equipment;
- Supporting the health system in diagnosis, clinical management, and timely referral of cases;



- Delivering educational campaigns in schools and communities and organizing community clean-up and breeding-site elimination campaigns in households and public spaces.
- Based on the analysis, there is a pressing need for trained personnel, adequate protective equipment, biomedical supplies, mosquito nets, and other essential resources to ensure a rapid and effective health response. These gaps directly affect the ability of the health system and communities to respond to the ongoing emergency and prevent further disease spread.

Key findings from the initial assessment

- Lack of pre-positioned mosquito nets within the Cuban Red Cross to meet the demands of health centers and communities.
- Active volunteers require additional training and guidance on arboviral disease response and prevention.
- Psychological distress among affected populations due to loss of income from hospitalization and illness.
- Need for stronger community education and awareness on arboviral prevention and health-seeking behaviors.

The information available up to epidemiological week 48 shows that the health response is facing sustained limitations in the operational capacity of the system, particularly at the primary health care level. The increased caseload has also highlighted critical gaps in the availability of essential medicines and medical supplies required to sustain patient management across levels of care, including inpatient services for cases with warning signs and severe symptoms.

MINSAP has indicated that a significant proportion of people with febrile syndromes are managed at the household level, while health services must prioritize the care of higher-risk groups (people under 18 years of age, older people and those with comorbidities) in the context of constrained clinical and diagnostic resources. In addition, physical access to some services is challenging in areas affected by Hurricane Melissa, where damage to roads and infrastructure has complicated referrals and continuity of care, including the timely provision of medicines and medical supplies needed for case management.

In vector control, specific gaps related to human resources and equipment have been identified and described by the health authorities themselves: shortages of operators for fumigation machines and frequent breakdowns of these devices, which limit the coverage and frequency of interventions in communities. In this context, the need to increase the availability of functional thermonebulizers has been identified to sustain adult mosquito control at scale and reduce operational downtime.

Health activities to be reinforced:

- Strengthening the promotion of protective behaviors against arboviral diseases.
- Support the availability and replenishment of essential medicines and medical supplies.



Water, Sanitation And Hygiene

Reports from UN agencies and PAHO/WHO about the effects of Hurricane Melissa in Cuba show that in some areas affected, water and sanitation services are still limited or disrupted, and infrastructure has been damaged, forcing people to rely on temporary water supply solutions.

According to the Ministry of Public Health of Cuba (MINSAP), the continued increase in arboviral diseases across the country has been compounded by recent heavy rainfall and flooding, which have led to water system collapses and contamination, particularly in high-risk and low-lying areas.

Water extraction, treatment, and distribution systems are highly vulnerable to ruptures, contamination, and structural damage, while household water storage practices, such as the use of uncovered containers, are creating ideal breeding conditions for mosquitoes. This highlights the urgent need for the distribution of safe household water tanks with secure lids in affected communities. Enabling safe water storage significantly reduces standing water around households, serving as a key preventive measure to lower infection rates and support broader outbreak-control efforts.

Complementary hygiene promotion and environmental sanitation activities are also needed, including community clean-up campaigns and solid-waste removal, to mitigate environmental risks that contribute to disease transmission. These actions will help reduce exposure, strengthen prevention, and promote healthier living conditions in vulnerable communities.

Key findings from the initial assessment:

- Many communities rely on open water sources or artisanal wells, which serve as mosquito breeding sites.
- Hygiene-promotion activities are needed to improve community practices and reduce transmission risks.
- Cleaning of elevated water tanks and removal of micro-dumps are necessary to eliminate potential mosquito breeding grounds.

At the same time, key hygiene and sanitation messages will be disseminated through community and volunteer networks to raise awareness and encourage positive behavior change. These collective efforts aim to improve access to safe water, prevent water-borne and vector-borne diseases, and support early recovery in the most affected areas.

Reports from UN agencies and PAHO/WHO about the effects of Hurricane Melissa in Cuba show that in some areas affected, water and sanitation services are still limited or disrupted, and infrastructure has been damaged, forcing people to rely on temporary water supply



solutions. In this situation, many homes are storing water in tanks and other containers for longer periods. PAHO says that this is a major risk factor for the spread of Aedes when containers aren't properly covered, cleaned, or replaced.

This situation is like the ongoing arboviral epidemic and underscores the importance of integrating WASH efforts with vector-control goals. In line with operational gaps identified by MINSAP, sustaining this integration also requires strengthened adult mosquito control capacity, including additional thermonebulizers to maintain effective fumigation coverage in affected areas.

At the same time, many reports describe problems with sanitation, solid waste, and debris buildup, and stagnant water in some communities after Melissa. These problems increase the risk of outbreaks of infectious diseases, including arboviral diseases already spreading in the country. These conditions make it even more important for the Cuban Red Cross to do more than just provide access to safe water. They need to work closely with local authorities and other humanitarian partners to reduce breeding sites linked to poor drainage, household water storage, and poor waste management.

Strengthening WASH activities:

- Support to health brigades in household fumigation and focal control.
- Setting up community clean-up campaigns to get rid of trash, debris, and things that collect water in yards and public spaces.
- Including specific WASH messages in activities that help people understand the risks of arboviral diseases and get involved in their communities.



Protection, Gender And Inclusion

During emergencies, vulnerable groups—including women, children, older adults, and persons with disabilities—often face heightened protection, gender, and inclusion risks. Their specific needs are frequently overlooked in the absence of comprehensive and inclusive planning. A critical gap persists among response personnel in identifying and addressing protection concerns, particularly those affecting children and other at-risk groups.

Addressing these needs requires targeted interventions to ensure safety, dignity, and equitable access to assistance for all. The Cuban Red Cross (CRC) has an established Protection, Gender and Inclusion (PGI) and Protection from Sexual Exploitation and Abuse (PSEA) Policy; however, without systematic reinforcement, emergency operations risk unintentionally reproducing existing inequalities and failing to deliver safe and inclusive assistance. Strengthening PGI integration is therefore essential to ensure that all population groups are included in the response, and that the security and wellbeing of the most vulnerable remain a core priority.

Key findings from the initial assessment:

- The protection of children, older adults, pregnant women, and other vulnerable groups must be prioritised in all response activities.
- Training of response personnel is needed on Minimum PGI Standards in Emergencies to ensure inclusive and safe operations.
- Refresher sessions are required to reinforce awareness and application of the National Society's PSEA Policy.
- Data collection disaggregated by sex, age, and disability (SADD) is necessary to identify specific needs and inform equitable response planning.

Integrating PGI principles across all sectors of the response will enhance the safety, dignity, and participation of all affected individuals, helping to ensure that humanitarian assistance is both inclusive and accountable.

The information updated to epidemiological week 48 confirms that the impact of the arboviral epidemic has a strong age and gender dimension. A significant proportion of severe cases and deaths is concentrated among people under 18 years of age, which reinforces the need to systematically integrate the protection of this age group into all health, water, sanitation and vector control interventions, as well as into community activities led by the Cuban Red Cross (CRC). At the same time, the burden of caring for sick family members falls largely on women caregivers, who face long days of work, stress, loss of income and reduced access to information spaces and psychosocial support.

The combined impact of Hurricane Melissa and the epidemic have also increased protection risks for people displaced in temporary shelters, where overcrowding, a lack of privacy, and family tensions may occur. In these settings, people under 18 years of age, women, older persons and people with disabilities are exposed to heightened risks of violence, neglect and exclusion, especially when vector control measures, distribution of relief items, or the organization of common spaces do not take their specific needs into account.



Community Engagement And Accountability

There is a significant need to increase public education and awareness about the transmission, prevention, and early recognition of Dengue, Oropouche, and Chikungunya, particularly in rural and hard-to-reach areas. Although traditional communication channels such as radio and television continue to be used, their effectiveness is limited by the country's current energy constraints and irregular coverage in some territories.

The expansion of the arboviral epidemic up to epidemiological week 48, in a context where the effects of Hurricane Melissa are also being managed, reinforces the need for more systematic community communication and feedback mechanisms in the prioritized areas, including newly affected communities and Shelter Centres. Although official messages on the epidemiological situation and prevention measures are already in place, the evolving nature of the outbreak and the coexistence of multiple arboviruses make it necessary to provide regular spaces where people can ask questions, express concerns, and receive clear answers consistent with MINSAP guidance.

In this regard, the experience of the IFRC in arboviral emergencies provides concrete references to strengthen the CEA approach within the operation, using simple tools for community dialogue, rumour management and adaptation of messages to different groups (people under 18 years of age, older persons, caregivers, people with disabilities). More systematically integrating these practices into the intervention will help align health, WASH, and vector-control activities with the actual perceptions and needs of prioritized communities and maintain trust in the actions of the Cuban Red Cross and the health authorities.

Many volunteers currently lack formal training in Community Engagement and Accountability (CEA), which limits their capacity to establish timely and effective two-way communication with affected communities. In the absence of trained personnel and structured feedback mechanisms, there is an increased risk of misinformation spreading and of community concerns going unaddressed, which can weaken public trust and reduce participation in preventive health measures.

Strengthening community participation is therefore essential—not only to ensure that people are informed about disease prevention, but also to promote their active involvement in surveillance, vector control, and response efforts.

Key findings from the initial assessment

- Volunteers lack training in CEA approaches and tools to effectively engage with communities.
- There is a need to reinforce public education and information dissemination on arboviral diseases through local media and community channels.
- A structured mechanism for community participation and feedback is required to ensure that communities are fully informed and involved in the actions of the Cuban Red Cross (CRC).

Targeted CEA capacity building will allow volunteers to facilitate trusted, culturally appropriate, and inclusive communication with communities, while ensuring that feedback loops are established to guide the ongoing health response and reinforce community ownership.

The expansion of the arboviral epidemic up to epidemiological week 48, in a context where the effects of Hurricane Melissa are also being managed, reinforces the need for more systematic community communication and feedback mechanisms in the prioritized areas, including newly affected communities and Shelter Centres. Although official messages on the epidemiological situation and prevention measures are already in place, the evolving nature of the outbreak and the coexistence of multiple arboviruses make it necessary to provide regular spaces where people can ask questions, express concerns, and receive clear answers consistent with MINSAP guidance.

In this regard, the experience of the IFRC in arboviral emergencies provides concrete references to strengthen the CEA approach within the operation, using simple tools for community dialogue, rumour management and adaptation of messages to different groups (people under 18 years of age, older persons, caregivers, people with disabilities). More systematically integrating these practices into the intervention will help align health, WASH, and vector-control activities with the actual perceptions and needs of prioritized communities and maintain trust in the actions of the Cuban Red Cross and the health authorities.

Any identified gaps/limitations in the assessment

The Cuban Red Cross (CRC) received official epidemiological information from the Ministry of Public Health (MINSAP) on confirmed cases of Dengue, Oropouche, and Chikungunya, which served as the basis for its initial community-based needs assessment. The objective of this assessment was to identify and understand the scope and impact of the epidemiological situation, as well as the capacity of affected populations to meet their immediate survival and health needs.

Four assessment teams—one per province (Matanzas, Granma, Santiago de Cuba, and Guantánamo)—composed of specialised staff and trained volunteers, were deployed to conduct field assessments using a community participation approach. This participatory methodology helped ensure that local perspectives and needs were reflected in the analysis.

Despite these efforts, several gaps and limitations were identified. Beyond the challenges related to community participation, the National Society faces critical shortages of operational supplies and vector-control materials, which may limit both the scale and effectiveness of its response. The lack of specialised fumigation and vector-control equipment remains a significant operational constraint in addressing an outbreak of this magnitude, impacting the capacity to reduce mosquito proliferation and transmission risks in the most affected areas.

It is also important to note that the assessment was conducted before Hurricane Melissa's impact in four specific provinces and within a limited timeframe, in a context where the arboviral epidemic was already evolving. The hurricane's subsequent landfall has significantly changed the situation in several of these areas, and it is therefore likely that unmet or only partially identified needs have increased or shifted, especially in other municipalities and in hard-to-reach communities within the same provinces. This is particularly relevant in relation to health follow-up, household-level WASH conditions and protection needs in households and Shelter Centres, as well as the availability of essential medicines and medical supplies to support patient management, including inpatient care, in the affected areas.



The National Society's resource constraints also limit the breadth and depth of the assessment. Limited availability of transport, fuel, vector-control equipment and specialized personnel or volunteers in some areas reduced the number of communities that could be visited and the frequency of field visits. In addition, constraints in key operational equipment, including limited availability and frequent breakdowns of fumigation devices, may not be fully captured in the assessment, reinforcing the need to consider additional thermonebulizers to sustain adult mosquito control at scale.

This has affected the possibility of systematically collecting disaggregated information for all groups in situations of greater vulnerability.

Finally, although the assessment was coordinated with MINSAP and is based on official epidemiological information, it is acknowledged that the specific needs of certain vulnerable groups—such as people under 18 years of age, older people, people with disabilities and those temporarily housed in Shelter Centers or other collective settings—may not be fully reflected in this initial analysis. These findings will need to be complemented through ongoing community feedback mechanisms and additional qualitative information as the operation progresses.

Operational Strategy

Overall objective of the operation

Through this IFRC-DREF operation, the Cuban Red Cross aims to mitigate the public health impact of vector-borne diseases—such as dengue, Oropouche, and chikungunya—through integrated community-based prevention, vector control, and coordination with the national health system. The operation will target the most affected and vulnerable populations, with direct assistance to at least 10,000 people over six months.

Operation strategy rationale

The operation prioritises rapid, targeted interventions in the four provinces with the highest disease incidence and environmental risk. The strategy combines vector control, water and hygiene improvement, and community mobilisation to contain the spread of Dengue, Oropouche, and Chikungunya. Activities were selected based on epidemiological data from MINSAP, feasibility of implementation, and complementarity with government response efforts. The development of this DREF Plan of Action is based on 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 an alarming increase in arboviral diseases, particularly Dengue, Oropouche, and Chikungunya, with the most critical situation observed in Matanzas, Granma, Santiago de Cuba, and Guantánamo. These provinces were prioritised due to the high number of confirmed and suspected cases, the intensification of rainfall and flooding, and the consequent increase in mosquito breeding sites. To address MINSAP's identified needs and the rising number of cases, the operational strategy will be strengthened. This ensures essential medicines and medical supplies are always available and improves adult mosquito control capacity by providing key equipment such as thermonebulizers.

This analysis was complemented by secondary data from MINSAP's surveillance network, Civil Defence situation reports, and provincial health authorities, all confirming a sustained upward trend in infections and highlighting the need for integrated community and institutional interventions. These data also show important operational gaps that affect the ability to provide care and respond, such as insufficient essential medicines and medical supplies and fumigation equipment that isn't always available or working properly.

Based on the findings, the Government of Cuba requested the support of the Cuban Red Cross (CRC) to assist 10,000 people in the four priority provinces. The CRC's intervention focuses on epidemiological control, WASH, health promotion, and capacity strengthening, ensuring a coordinated, inclusive, and community-based approach to disease prevention and control. This includes working with MINSAP to provide additional support for case management through essential medicines and medical supplies, as well as improving access to thermonebulizers where needed to strengthen vector control operations.

Strategic Rationale and Coordination Framework

The operation builds on the CRC's auxiliary role to public authorities and its active participation in the National Civil Defence system. The CRC works in close coordination with MINSAP, provincial health directorates, and local Defence Councils, ensuring that actions complement national efforts and fill operational gaps.

At the Movement level, the operation is supported technically and strategically by the IFRC Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti, with additional guidance and quality assurance from the Americas Regional Office (ARO). The IFRC Regional Logistics Unit (RLU) in Panama has carried out a rapid procurement and delivery analysis to address Cuba's logistical and importation challenges. Most international supplies will be consolidated in Panama for efficiency, while water tanks and other items will be procured locally through pre-identified suppliers.

This approach draws on lessons learned from previous operations (notably DREFs for Hurricanes Oscar and Rafael in 2024), which emphasised the importance of advance logistical coordination, community engagement, and capacity reinforcement to overcome



contextual limitations. Despite chronic logistical and market constraints, timely and well-coordinated deliveries remain highly valuable, as humanitarian needs in Cuba are continuous and systemic.

The strategy prioritises rapid, targeted actions combining epidemiological response, WASH improvement, risk communication, and institutional strengthening — ensuring that both immediate needs and longer-term resilience are addressed.

Summary of the Operational Strategy

HEALTH

The health component aims to reduce transmission and, especially, morbidity and mortality from arboviral diseases through early detection, timely referral, health education, and strengthened clinical care, in coordination with health authorities.

WATER, SANITATION AND HYGIENE (WASH)

The WASH component aims to improve access to safe water, reduce environmental risks, and reinforce vector-control measures in coordination with MINSAP and Civil Defence authorities. Through the WASH interventions, the CRC will help reduce the environmental factors driving the epidemic and promote safer water and hygiene practices in the affected communities. These efforts will be implemented in close coordination with vector-control operations, recognizing that strengthened fumigation capacity (including thermonebulizers) is essential to sustain adult mosquito control in high-risk settings. It will also improve large-scale adult mosquito control by making thermonebulizers available where they are needed.

Regarding the use of insecticide-treated mosquito nets (ITNs), this intervention fully aligns with the standards and protocols of the Ministry of Public Health (MINSAP) in Cuba. ITNs are not distributed for general household prevention; rather, they are deployed as a clinical and epidemiological tool within the national arboviral containment strategy implemented through the Primary Health Care system.

Within this framework, ITNs are used to:

- Isolate febrile patients at home, under the supervision of the Family Doctor and Nurse Programme, ensuring that suspected cases remain protected from mosquito exposure while under observation.
- Protect patients housed in community isolation centers, where individuals with febrile syndromes who do not require hospitalization are monitored by medical personnel every four hours.
- In areas with high transmission, all febrile cases are isolated from asymptomatic individuals as part of the focal vector-control protocol. The use of mosquito nets in these settings is essential to prevent new infections, as they act as a physical and chemical barrier between patients and vector mosquitoes.
- The inclusion criteria for ITN distribution will be prescribed by community health doctors, based on clinical diagnosis of febrile syndrome, disease progression, and existing comorbidities of each patient. According to these medical criteria, patients may be admitted either at home or in community isolation centers. Therefore, a single mosquito net may be used successively for multiple patients, according to medical supervision and the needs identified in each community.

The Cuban Red Cross, in coordination with MINSAP, will prioritize ITN distribution for:

- Households with confirmed or suspected febrile cases under home-based observation.
- Community isolation centers established for non-hospitalized febrile patients.

This targeted use of ITNs ensures alignment with MINSAP's clinical protocols, strengthens community-based care and infection control, and complements focal vector-control interventions (fumigation and larval elimination at the household level).

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA)

CEA is fully integrated into the operation to ensure transparency, community trust, and participation at every stage. CEA activities ensure that communities are actively engaged, consulted, and informed, strengthening accountability and improving the relevance of CRC interventions.

PROTECTION, GENDER AND INCLUSION (PGI):

The PGI component ensures that all interventions are inclusive, equitable, and protective, in line with IFRC's Minimum Standards for PGI in Emergencies. PGI considerations will be integrated across all operational sectors to ensure that the most vulnerable groups—including women, children, older adults, and persons with disabilities—are prioritised and protected throughout the response.

NATIONAL SOCIETY DEVELOPMENT (NSD)

The operation will strengthen the CRC's institutional readiness, volunteer safety, and logistical capacity to support sustained and effective response operations. These measures will ensure operational continuity, volunteer safety, and institutional learning, contributing to the long-term preparedness of the National Society.

IFRC COORDINATION

The IFRC Country Cluster Delegation (CCD) will provide continuous technical oversight, coordination, and monitoring in close collaboration with the IFRC Americas Regional Office (ARO). This partnership ensures strategic alignment, accountability, and adherence to IFRC quality standards throughout the operation.

Finally, this operation aims to reduce morbidity and mortality linked to vector-borne diseases through an integrated, community-driven,



and evidence-based response that combines Health, WASH, CEA, PGI, and NSD interventions.

This multi-sectoral strategy will:

- Strengthen vector-control capacity and reduce environmental health risks.
- Promote safe water storage and improved hygiene practices.
- Reinforce community participation, inclusion, and accountability.
- Enhance CRC's institutional readiness and volunteer safety.

The proposed approach addresses both immediate epidemiological threats and systemic vulnerabilities, while aligning with IFRC's Strategic Priorities on Health, Climate, and Accountable Humanitarian Action. It ensures that assistance is timely, safe, inclusive, and effective, supporting Cuba's broader efforts to control the outbreak and protect public health.

Targeting Strategy

Who will be targeted through this operation?

Through this operation, the Cuban Red Cross (CRC) aims to reach 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 prioritised based on epidemiological data provided by the Ministry of Public Health (MINSAP) and the National Civil Defence system, which identified them as hotspots with the highest concentration of suspected and confirmed cases, compounded by heavy rains and increased mosquito breeding.

Logic Behind Targeting

The targeting strategy is grounded in:

Epidemiological evidence: The selected provinces show the highest reported incidence of arboviral infections, sustained transmission patterns, and climatic conditions favourable for vector proliferation.

Government coordination: The operation is designed to complement and support the national response plan led by MINSAP and the Civil Defence, ensuring that CRC interventions address gaps in prevention, community engagement, and vector control.

Community vulnerability analysis: Data from local authorities, health centres, and the Cuban Red Cross indicate that the selected communities have limited access to health services, low awareness of preventive practices, and insufficient WASH infrastructure—factors that heighten their exposure to infection.

The CRC will implement this operation in close collaboration with community health centres, epidemiological surveillance networks, Local Disaster Risk Management Centres (CGRR), Civil Defence authorities, and community-based organisations such as the Federation of Cuban Women (FMC) and the national associations of persons with disabilities (ACLIFIM, ANCI, and ANSOC). These partnerships will ensure a coordinated, data-driven approach to identifying and reaching the most at-risk populations.

According to the 2022 National Population and Housing Census, the average household size in Cuba is 3.3 persons; thus, the planned support to approximately 3,030 households will reach roughly 10,000 individuals through combined Health, WASH, PGI, and CEA interventions.

Target Groups and Prioritisation Criteria

Special attention will be given to vulnerable groups whose conditions heighten their risk of infection and reduce their ability to cope with health shocks. These include:

Women, particularly pregnant women, due to higher biological and social vulnerability to disease complications and care burdens.

Children and adolescents, who are at risk of severe disease and disruption of schooling.

Older adults, who face higher morbidity risks and mobility constraints.

Persons with disabilities, whose access to health services, information, and hygiene infrastructure is often limited.

Low-income households in marginalised or densely populated urban and peri-urban areas with limited access to safe water, sanitation, and vector control.

Migrant or transient populations, where present, who may lack regular access to health information and services.



CRC's coordination with community associations (e.g., FMC, ACLIFIM, ANCI, ANSOC) and local authorities will be essential for mapping vulnerability, ensuring inclusion, and avoiding duplication with government-led interventions.

Targeting Methodology and Approach

Targeting will be carried out jointly with local health authorities, Civil Defence structures, and community leaders, ensuring that criteria are transparent, inclusive, and evidence-based. The process will involve:

Reviewing epidemiological and risk maps shared by MINSAP and Civil Defence.

Identifying communities and neighbourhoods with the highest reported vector density and confirmed cases.

Coordinating with local councils and risk management committees to validate selection lists.

Applying a community feedback mechanism (through CEA) to inform and adjust the targeting process based on evolving needs and community feedback.

In line with IFRC standards, PGI and CEA considerations will guide the entire targeting process to guarantee equal access, safety, and participation for all groups.

Rationale for the Selected Approach

This targeting approach ensures that the DREF operation remains:

Complementary to government efforts and aligned with the national coordination system.

Focused on the geographical and demographic areas of highest vulnerability and epidemiological risk.

Inclusive, by integrating PGI and CEA principles in both planning and implementation.

Pragmatic, by operating within CRC's existing presence, volunteer network, and logistical capacity in the four provinces.

The strategy is also shaped by the DREF operational principle of "no regrets", ensuring timely assistance to the most at-risk populations even as the epidemiological situation evolves.

Explain the selection criteria for the targeted population

The operation will target approximately 10,000 people in the provinces of Matanzas, Granma, Santiago de Cuba, and Guantánamo, identified by the Ministry of Public Health (MINSAP) as the areas with the highest incidence of Dengue, Oropouche, and Chikungunya, aggravated by heavy rainfall, flooding, and high mosquito density.

The targeting logic combines epidemiological, environmental, and social vulnerability criteria, prioritising communities with active transmission, limited access to health services, and poor water and sanitation conditions. Coordination with Civil Defence, local health authorities, and community associations (FMC, ACLIFIM, ANCI, ANSOC) ensures that selection is transparent, inclusive, and complementary to government response efforts.

Special attention will be given to women (particularly pregnant women), children, older adults, and persons with disabilities, who face higher health risks and barriers to prevention and care. The approach also integrates Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) principles to ensure that assistance is safe, equitable, and accessible to all affected groups.



Total Targeted Population

Women	4,550	Rural	60%
Girls (under 18)	1,200	Urban	40%
Men	3,100	People with disabilities (estimated)	2%
Boys (under 18)	1,150		
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
Prolonged operations and overlapping emergencies (e.g., hurricanes, health crises) may lead to volunteer fatigue and reduced capacity for sustained engagement.	The operation will provide 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 will receive 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.



<p>Low community awareness or misinformation could undermine prevention efforts and reduce participation in vector control activities.</p>	<p>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.</p>
<p>Delays in the procurement and transport of essential supplies due to import restrictions pose a significant challenge in emergency situations.</p>	<p>Early coordination with the IFRC Regional Logistics Unit (RLU) in Panama and Cuban authorities will help mitigate delays in procurement and transport.</p>
<p>Lack of coordination or duplication with government or partner actions could affect operational coherence and credibility.</p>	<p>The CRC will continue 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.</p>
<p>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.</p>	<p>The CRC will maintain 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.</p>
<p>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.</p>	<p>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.</p>



Please indicate any security and safety concerns for this operation:

The overall security environment in Cuba remains stable, with a strong presence of local authorities and coordinated national mechanisms for crisis management under the National Civil Defence System. There are no major security threats anticipated that could prevent the implementation of this DREF operation. However, certain operational safety risks exist and will be carefully managed to protect staff and volunteers during field activities.

Key Security and Safety Risks

Health and Vector Exposure:

Volunteers and staff involved in fumigation, vector control, and community outreach are at risk of mosquito bites, chemical exposure, and heat-related illnesses due to long working hours outdoors.

Mitigation: All field personnel will receive protective equipment (PPE), including masks, gloves, goggles, boots, and long-sleeved overalls. Volunteers will be trained in safe handling of fumigation equipment, first aid, and infection prevention protocols coordinated with MINSAP.

Movement and Transport Risks:

Limited fuel availability, deteriorated road infrastructure, and potential flooding during heavy rains may delay travel and increase the risk of road accidents.

Mitigation: Movements will be authorised and coordinated through the Civil Defence and local authorities, following established security clearance and transport protocols. All vehicles will be inspected before deployment, and travel will be avoided during severe weather alerts.

Community Interaction Risks:

While community acceptance of the CRC is generally high, misinformation or fear around vector-control chemicals or health interventions may cause occasional tension or misunderstanding.

Mitigation: Volunteers will be trained in Community Engagement and Accountability (CEA) and conflict-sensitive communication to promote trust and transparency. Activities will be coordinated with community leaders and local health authorities to ensure legitimacy and acceptance.

Occupational Safety and Volunteer Welfare:

Volunteers working extended hours in high-stress environments may face fatigue, dehydration, or psychosocial distress.

Mitigation: The CRC will ensure adequate rest cycles, access to hydration and nutrition, and provide psychosocial support when required. Insurance coverage is in place for all volunteers participating in the operation.

Public Gatherings and Epidemic Risk:

As the operation involves community mobilisation, there is potential exposure to infectious diseases during interactions.

Mitigation: CRC teams will follow infection prevention and control (IPC) measures, maintain physical distancing when feasible, and ensure proper use of PPE.

Overall Security Management

The Cuban Red Cross will manage all security matters in line with the IFRC Security Framework, under the supervision of the Country Cluster Delegation (CCD) for Cuba, the Dominican Republic, and Haiti, and in coordination with the Americas Regional Security Unit.

All operations will adhere to the IFRC's "Stay Safe" guidelines, ensuring that volunteers and staff receive security briefings, maintain regular communication, and follow standard operating procedures (SOPs) for field missions.

The security level for Cuba remains low, but continuous monitoring of weather, epidemiological, and logistical conditions will ensure that the operation is conducted safely, efficiently, and in full compliance with IFRC security standards.

Has the child safeguarding risk analysis assessment been completed?

Yes



Planned Intervention



Budget: CHF 49,789
Targeted Persons: 10,000
Targeted Male: -
Targeted Female: -

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	14,122
# of workshops conducted for health personnel on dengue case management.	4	4
# volunteers and staff trained in vector-bourne and early symptoms identification	30	30
# of educational sessions conducted in schools and communities.	50	50

Progress Towards Outcome

The health component of the operation was affected by Hurricane Melissa, which required the National Society to prioritize the immediate response and revise the activity timeline. In this context, the formal health activities planned in the DREF (community campaigns, training for health personnel, educational sessions in schools and communities, and volunteer training) have not yet been implemented on the planned scale in the four target provinces. The Cuban Red Cross is coordinating with MINSAP and provincial health directorates to ensure that rescheduling aligns with the current epidemiological situation and health priorities.

Regarding health-related procurement, this is currently in the acquisition process within the operation's overall procurement package. This process entails acquiring training materials (stationery, printing supplies, basic logistical support) and tools for developing and distributing educational resources for the population and schools. Considering the sustained increase in cases and the operational gaps identified by MINSAP—particularly shortages of essential medicines and medical consumables to sustain patient management across levels of care, including inpatient services—the operation will update the initial procurement strategy to include an increased purchase of these items, in coordination with health authorities and aligned with national protocols.

Once this procurement phase is completed, the National Society plans to launch community campaigns progressively, educational sessions, and training for health personnel and volunteers in the four prioritized provinces, ensuring coherence with the WASH, PGI, and CEA components, as well as with MINSAP's technical guidance.

We initiated community awareness campaigns focused on controlling mosquito breeding sites in nine municipalities within the provinces of Matanzas, Granma, Santiago de Cuba, and Guantánamo. Anti-vector interventions were conducted in 54 high-risk communities across these provinces and are ongoing. Through direct engagement and community discussions, Cuban Red Cross volunteers provided awareness activities to 14,122 individuals, comprising 7,089 women and 7,033 men.

A specialized workshop on dengue case management was conducted for 20 health professionals working in emergency, urgent care, and intensive care settings. Participants included five dengue specialists, nine general medicine specialists, and six nurses. Concurrently, 27 volunteers received training in vector identification and early symptom recognition, supported by specialized health staff in Santiago de Cuba, Granma, and Guantánamo.



In collaboration with the Ministry of Public Health, 369 volunteers participated in community fumigation campaigns across the four provinces, utilizing MINSAP supplies due to the absence of procured fumigation inputs. These activities were implemented in 35 high-risk communities, benefiting 13,358 individuals and covering 3,323 households.



Water, Sanitation And Hygiene

Budget: CHF 177,163

Targeted Persons: 10,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of sprayers procured and operationalised for vector control.	40	0
# 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	19,413
# 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

Progress Towards Outcome

A total of 650 household water storage tanks were procured and distributed to targeted families in prioritized communities across the four provinces. This intervention aimed to promote safer household water storage practices, reduce reliance on unsafe or improvised containers, and minimize the risk of mosquito breeding associated with inadequate water storage.

In parallel, 650 families were reached through the distribution of cleaning kits for household water tanks and containers. These kits supported the regular cleaning and maintenance of water storage systems, contributing to improved water quality while reinforcing key hygiene practices and vector-prevention behaviors at the household level.

To strengthen personal protection measures, 1,300 mosquito nets were procured and distributed to targeted households, with priority given to families with vulnerable members. This action reduced exposure to mosquito bites, particularly during peak transmission periods, and complemented broader community-level vector-control efforts.

Additionally, 650 family menstrual hygiene kits were procured and distributed, ensuring dignified access to essential menstrual health supplies. This intervention addressed the specific hygiene needs of women and girls in the affected communities and contributed to strengthening overall household WASH resilience.

Community fumigation activities reached approximately 10,000 people in high-risk areas, identified in coordination with local health authorities. These actions were implemented as part of integrated vector-control strategies to reduce mosquito density and interrupt arboviral transmission, reinforcing preventive measures at the community level.

Hygiene promotion and vector-control activities were carried out in 44 communities across nine prioritized municipalities in the four



provinces. Using key messages and communication materials provided by MINSAP through PROSALUD, these actions reached 19,413 people, promoting preventive behaviors related to hygiene and vector control.

Although some equipment planned under this component—such as thermonebulizers and sprayers—has not yet arrived in the country, this delay did not hinder the implementation of planned activities. The Cuban Red Cross, in close coordination with the Ministry of Public Health (MINSAP) and Civil Defense, successfully carried out fumigation, vector-control, environmental clean-up, and hygiene promotion activities using available local and provincial resources, prioritizing communities with the highest epidemiological risk. These efforts ensured continuity of arbovirus prevention actions despite the challenging context following Hurricane Melissa.

All remaining equipment and supplies foreseen under this component—including thermonebulizers, vector-control inputs, and WASH materials—have already been procured and are currently en route to Cuba. Their arrival will strengthen ongoing WASH and vector-control actions and support their sustainability and expansion beyond the emergency phase, in alignment with national health strategies and long-term efforts to reduce Aedes breeding sites and prevent arboviral diseases.



Protection, Gender And Inclusion

Budget: CHF 18,531

Targeted Persons: 1,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of CRC staff and volunteers trained on PGI and PSEA minimum standards.	30	58
# of schools where PGI and inclusion sessions were implemented.	8	17

Progress Towards Outcome

During the reporting period, the Protection, Gender and Inclusion (PGI) component has been applied transversally across the actions carried out by the National Society, even though several activities planned in the original plan have had to be rescheduled due to the impact of Hurricane Melissa and operational adjustments in the response. In this context, the priority has been to ensure that the interventions already underway, especially those related to the distribution of relief items, house-to-house visits, and community work—are conducted with a focus on protection, respect, and non-discrimination toward the people assisted.

In this framework, actions have been undertaken to strengthen the Code of Conduct, Protection, Gender and Inclusion, the PSEA Policy and the Statutes and Regulations of the Cuban Red Cross, to guarantee trust, acceptance, confidentiality and transparency with the community, among other aspects. These contents have been reinforced in the guidance provided to staff and volunteers involved in field activities, emphasizing the importance of ethical behavior, the prevention of abuse, and the protection of people under 18 years of age, older persons, and people with disabilities during community interventions. This review and reminder of internal normative frameworks help ensure that communities perceive the response as safe and respectful of their dignity.

From February 4 to 7, 2026, the Cuban Red Cross conducted joint training in Santiago de Cuba on CEA and PGI for staff and volunteers involved in the Arboviral Outbreak DREF operation and Hurricane Melissa response. There were 28 people there, 16 men and 12 women. UNICEF, PROSALUD (Minister of Health), and the University of Oriente also participated, contributing to a deeper understanding of the local context and a deeper analysis of risks affecting children and adolescents. The workshop built on previous efforts in child participation and protection.

The training aimed to implement the PGI approach by instructing participants in the effective use of CEA tools. This supports inclusive community participation and ensures humanitarian actions remain safe and dignified.

PGI sessions were held in 17 schools, including 9 primary, 5 secondary, and 3 pre-university institutions, reaching 3,135 students. The sessions addressed PGI issues, safety, dignity, and risks faced by children and adolescents. They reinforced child protection, participation, and strategies to prevent bullying and violence in schools and communities. Local response systems, referral pathways, and available safe spaces were also discussed.





Community Engagement And Accountability

Budget: CHF 34,613
Targeted Persons: 1,000
Targeted Male: -
Targeted Female: -

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	0
% of community feedback addressed within two weeks	70	0

Progress Towards Outcome

During the reporting period, the Community Engagement and Accountability (CEA) component was affected by Hurricane Melissa and the need to redirect efforts toward immediate response and the reprogramming of the operation. In this context, the formal CEA activities planned in the DREF have not yet been fully implemented in the four prioritized provinces; however, the National Society, with the support of the IFRC, has moved forward along two parallel lines: on the one hand, maintaining participation and transparency practices within the interventions already underway and, on the other, planning the joint roll-out of CEA activities, aligning them with the Health and WASH components.

In practice, concrete community participation actions linked to the delivery of assistance have been carried out. The process of distributing relief items keeps both formal and informal community leaders informed, fostering open and honest community participation. To this end, the Cuban Red Cross has worked closely with social workers, conducting joint house-to-house visits and assessing vulnerabilities in accordance with the family selection criteria defined by the National Society. This approach has helped to generate transparency and a sense of security among the assisted population regarding who receives support and why, reducing perceptions of arbitrariness and strengthening trust in the institution.

In addition, nine Feedback Committees have been established, one in each municipality of intervention, with the aim of strengthening preparedness and safe access for volunteers in the prioritized communities. These committees serve as reference spaces for channeling community concerns, observations, and suggestions to the Cuban Red Cross and local authorities and constitute a concrete foundation on which the formal CEA mechanisms foreseen in the operation will be structured, including the management of comments, complaints, and recommendations from the population.

From 4 to 7 February 2026, the Cuban Red Cross held a joint training in Santiago de Cuba on Community Engagement and Accountability (CEA) for 28 participants, including 16 men and 12 women. The training aimed to strengthen participants' ability to understand communities, encourage meaningful participation in decision-making, establish effective feedback mechanisms, and systematically include community input in emergency operations.



Secretariat Services

Budget: CHF 23,963
Targeted Persons: 0
Targeted Male: -
Targeted Female: -



Indicators

Title	Target	Actual
# of monitoring visits conducted by the CCD to the Cuban Red Cross operation.	6	4
# of months of technical support provided by the CCD DREF Coordination and Climate-Smart Livelihoods Officer.	3	3

Progress Towards Outcome

During the reporting period, the IFRC Secretariat has continued to support the Cuban Red Cross through technical guidance, coordination, and operational management of the DREF operation. 4 monitoring visits by the Country Cluster Delegation were made by the project manager and finance team to support implementation, coordination, and quality assurance of the DREF operation.

This has included accompaniment on the revision of the Emergency Plan of Action to reflect the combined impact of the arboviral epidemic and Hurricane Melissa; support to planning and budgeting; as well as PMER, finance, and logistics/back-office functions.

IFRC Latin Caribbean Cluster staff traveled to Cuba to meet with National Society Staff and plan activities for the next weeks

The Secretariat is also providing close support to the ongoing procurement processes (including health, WASH, and visibility items) and to the integration of cross-cutting approaches such as PGI and CEA, ensuring that the National Society has the tools and accompaniment needed to implement the operation in line with IFRC standards and national priorities.



National Society Strengthening

Budget: CHF 76,020

Targeted 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	4
# of provincial vehicles repaired or maintained for operational use.	4	2
# of volunteers equipped with full PPE and operational kits.	180	180

Progress Towards Outcome

Under this operation, National Society Strengthening focuses on consolidating the operational, technical and volunteer capacities of the Cuban Red Cross in the four target provinces and at the headquarters level. The DREF support is contributing to strengthening structures and systems through staff and volunteer training (in health, vector control, WASH, PGI, and CEA), improved planning and monitoring practices, and closer coordination with MINSAP and local authorities.

In addition, the provision of equipment and materials for operations (including training tools, basic logistics support, and visibility items)



is helping enhance the National Society's ability to mobilize, protect, and support its volunteers in the field. These investments are expected to leave a lasting legacy beyond the emergency, improving the CRC's preparedness and response capacity for future arboviral outbreaks and other health emergencies.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The implementation of this DREF operation will be carried out primarily through the Cuban Red Cross (CRC) network of volunteers and technical staff at the national, provincial, and municipal levels, with coordination and technical support from the IFRC Country Cluster Delegation (CCD).

A total of 1,300 volunteers (400 in Matanzas, 300 in Granma, 300 in Santiago de Cuba, and 300 in Guantánamo) and 32 staff members will participate in the operation across the four target provinces — Matanzas, Granma, Santiago de Cuba, and Guantánamo.

Of these volunteers:

1,120 volunteers will participate directly in health and WASH activities, including:

- Awareness and hygiene promotion campaigns.
- Cleaning and disinfection of household and elevated water tanks.
- Fumigation and vector-control campaigns.
- Active community surveillance (pesquisas) to identify fever cases and eliminate mosquito breeding sites.

180 volunteers will provide logistical support, including loading and unloading containers, warehouse management, and distribution of supplies to affected communities.

All volunteers will receive orientation and training on epidemic control, hygiene promotion, Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA), and the safe use of fumigation equipment. They will also be provided with personal protective equipment (PPE) and insurance coverage for the duration of the operation.

Staff

A total of 32 CRC staff members will oversee and support implementation across the operational structure:

National Headquarters (4 staff):

- Secretary General
- Operations Coordinator
- Health Focal Point
- Logistics/Finance Officer

Provincial and Municipal Levels (28 staff):

- 7 per province (3 provincial-level technical staff and 4 municipal-level coordinators).
- Staff will lead coordination, monitoring, logistics, and reporting activities, ensuring alignment with government and IFRC standards.

These teams will ensure that all interventions are implemented according to the Plan of Action, maintain close coordination with MINSAP and Civil Defence authorities, and support volunteer management, procurement, and monitoring.

This structure ensures that implementation is community-driven, supported by trained technical staff, and logistically feasible given the operational capacities and volunteer presence in each territory.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Cuban Red Cross (CRC) volunteer network reflects a broad representation of gender, age, and social diversity consistent with the country's population profile. The CRC has a strong tradition of gender balance in its volunteer base—women make up a significant proportion of health and community volunteers, while both women and men participate equally in operational and leadership roles. The volunteer teams in this DREF operation include youth volunteers, experienced responders, and community members from the same areas where activities are implemented, ensuring strong cultural understanding and community acceptance.



However, the CRC recognises that there is still room to increase the participation of young women in technical areas (such as logistics and vector control) and to enhance inclusion of persons with disabilities and other underrepresented groups. To address these gaps, the CRC is:

Promoting inclusive volunteer recruitment, ensuring equal access to training and participation opportunities for women, men, and youth.

Applying Protection, Gender and Inclusion (PGI) and CEA principles in volunteer mobilisation and community engagement.

Providing orientation on PGI and PSEA standards to all volunteers to ensure safe, respectful, and culturally appropriate interaction with affected populations.

Through these measures, the CRC seeks to ensure that its volunteer network remains inclusive, representative, and sensitive to the needs and perspectives of the people it serves.

If there is procurement, will it be done by National Society or IFRC?

Coordination has been maintained with the Regional Logistics Unit since the beginning of the DREF formulation to ensure that all the articles, items, kits, etc., included in the action plan can be delivered taking into account the time taken by the shipping companies and the time the Cuban Government grants import permits. The above taking into account that all purchasing processes will be done through the IFRC and following all the processes and protocols.

Based on recent operational experiences in Cuba, it has been observed that humanitarian goods typically take 1.5 to 3 months to reach the intended beneficiaries from the moment the Logistic requisition is submitted for processing. Air Freight is being considered in order to mitigate long times of delivery by sea.

How will this operation be monitored?

This operation will be monitored through coordination between the Cuban Red Cross (CRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC). A continuous monitoring system will be implemented, focused on the constant collection of data regarding the activities and outcomes of the operation. The CRC will be responsible for gathering information in the field, while the IFRC will provide technical support to ensure that the data is used effectively in decision-making.

The monitoring system will be based on predefined indicators and direct feedback from the beneficiary communities. Periodic meetings will be held to ensure the operation aligns with the established objectives and that resources are being utilized efficiently.

The IFRC will conduct eight monitoring visits in coordination with the Cuban Red Cross. These visits will leverage the latest monitoring systems and best practices from previous operations to strengthen the CRC's Planning, Monitoring, Evaluation, and Reporting (PMER) capacities. By combining frequent local monitoring with strategic regional support, this operation will ensure efficient implementation, alignment with objectives, and effective resource use.

Particularly, the Country Cluster Delegation (CCD) will conduct four monitoring visits to oversee the implementation of activities and collect data on both indicator achievements and financial resource execution. These visits will ensure consistent follow-up and operational accountability.

Please briefly explain the National Societies communication strategy for this operation

The Cuban Red Cross (CRC) communication strategy will focus on documenting and broadly disseminating the response activities, their impact on the community, and the coordination with key stakeholders. Both press and digital media, including social networks, will be utilized to ensure a steady flow of information about the operation's progress. However, given the connectivity and energy access issues in the country, formats will be adapted to the resources and capacities available.

In terms of support from the Secretariat, the Communications Unit will continue to provide technical assistance and training to the Cuban Red Cross to enhance and adapt its communication strategies in line with the operation's needs and the working context. This includes close coordination with the Cuban Red Cross and the Civil Defense Council (CCD), ensuring key information is communicated consistently, accurately, and timely, as well as coordination with the international press.

This support from the Secretariat will include the collection of photos and videos, the development of impact stories, reputational crisis management, and crisis communication training for local teams and the newly established communications unit of the CRC. The roles involved in this strategy include the National Society's communications team, the IFRC Regional Communications Manager, and CCD



representatives. They will work together to ensure the operation's visibility, strengthen community trust in the response, advocate for humanitarian assistance in sanctioned countries, and demonstrate the IFRC's capacity to deliver it.



Contact Information

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