



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

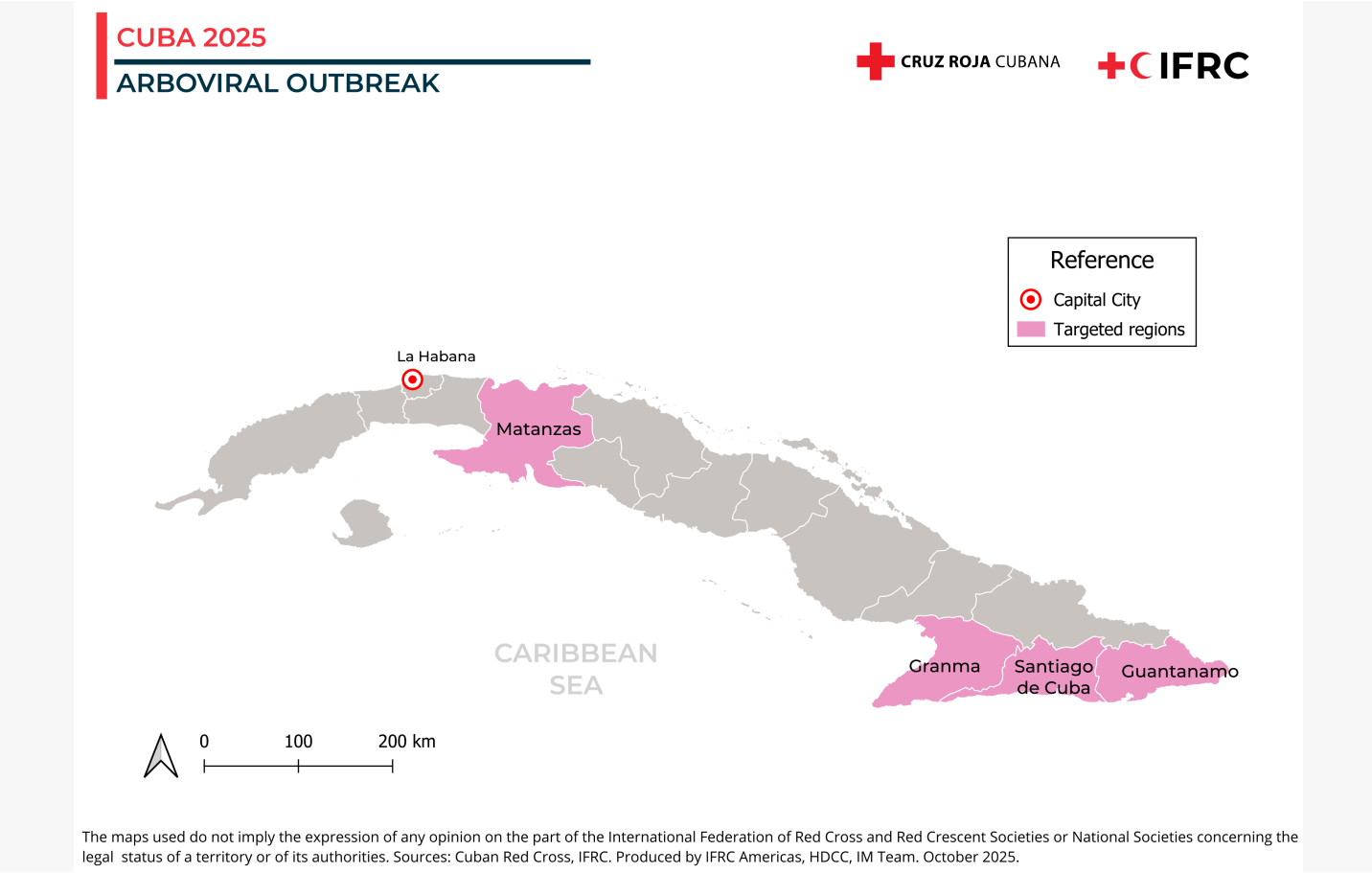
Appeal: MDRCU012	Hazard: Epidemic	Country: Cuba	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 380,077	
Glide Number: -	People Affected: 10,672 people	People Targeted: 10,000 people	
Operation Start Date: 17-10-2025	Operation Timeframe: 6 months	Operation End Date: 30-04-2026	DREF Published: 24-10-2025
Targeted Regions: Granma, Guantanamo, Matanzas, Santiago de Cuba			



Description of the Event

Date of event

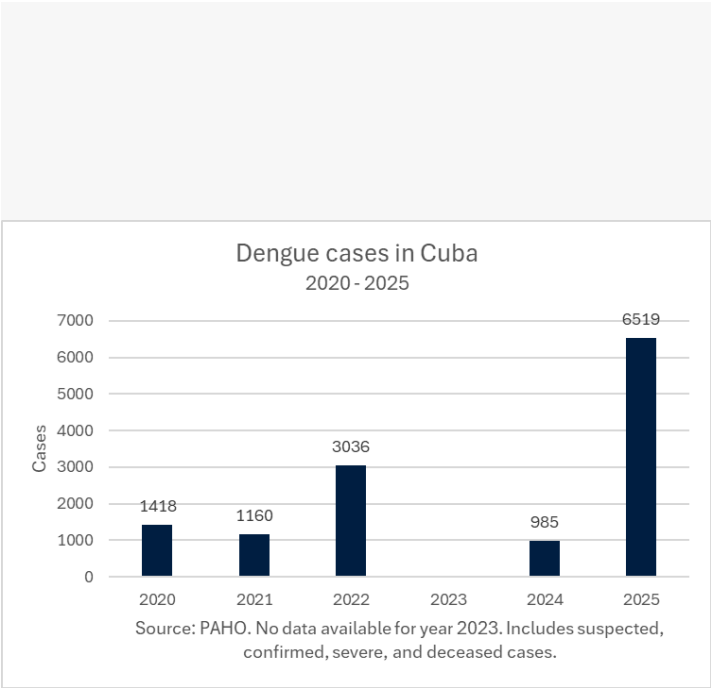
15-10-2025



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.



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

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.

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. MINSAP	https://salud.msp.gob.cu/?p=44461

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that	-



event(s)	
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Lessons learned:	
The Cuban Red Cross has not previously requested DREF funds to respond to arboviral diseases. However, experience from past disaster operations has provided valuable lessons that are being applied to mitigate similar challenges in the current response. In 2024, Cuba was hit by two major hurricanes—Oscar, which struck the eastern province of Guantánamo, and Rafael, which affected the western province of Artemisa. Both operations generated important learning, particularly in logistics chain management, from the rapid procurement of relief items to their timely in-country distribution. To overcome earlier delays, a two-phase logistics strategy was introduced, significantly improving response times and cost efficiency: - Air transport for low-volume, high-priority items to meet urgent humanitarian needs immediately after impact. - Maritime transport for large-volume relief items, such as mattresses and water tanks, ensuring cost-effective delivery for medium-term needs. This dual approach effectively balanced speed and cost-efficiency, enhancing the overall quality of the response. The operations also underscored the importance of timely preparedness and pre-positioning of resources within the country to optimize future responses. These lessons have been integrated into the current operational plan to strengthen efficiency, coordination, and effectiveness. Additionally, Community Engagement and Accountability (CEA) has become a cornerstone of the Cuban Red Cross's operations. Feedback mechanisms and community consultations have ensured that humanitarian actions align with the real needs and priorities of affected communities, reinforcing trust, participation, and transparency throughout the response.	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

04-10-2025

Shelter, Housing And Settlements	Support is being provided in 9 Protection centers with 14 volunteers
Health	31 people received first aid and psychosocial support. 12 bedridden patients were transferred to health centers.
Coordination	The Relief and Operations Groups of the Cuban Red Cross (CRC) are supporting multiple response actions at the community and institutional levels. Volunteers are assisting with the evacuation of bedridden persons, conducting household-level vector-control (“self-focal”) activities, identifying febrile cases, and participating in the fumigation of workplaces and homes. They are working in close coordination with the Territorial Defence Councils, providing operational support to the Fire Brigade in rescue and relief operations, and assisting in Protection Centres by attending to displaced and sheltered families. Additionally, CRC teams are supporting the transfer of bedridden patients from health facilities to safer locations as preventive and protective measures.
National Society Readiness	The Cuban Red Cross (CRC) has mobilized a total of 373 volunteers and 52 staff members from its Relief and Operations, Psychosocial Support, Restoring Family Links (RFL), and



	Shelter (Protection Centers) groups to support the national response to the ongoing arboviral outbreak. Matanzas Province: 100 volunteers from the Municipal Groups of Matanzas, Cárdenas, and Colón have been activated to support vector-control campaigns, epidemiological surveillance, and health promotion activities in affected communities. Granma Province: 10 specialized volunteers from the Operations and Rescue Group have been deployed to reinforce vector control and community mobilization activities. Santiago de Cuba Province: 107 volunteers have supported Defense Councils in population evacuations, waste removal, and the identification and referral of febrile cases in coordination with local health authorities. Guantánamo Province: 156 volunteers have been mobilized, including 14 assigned to Protection Centers, providing assistance to 2,558 people temporarily housed in collective shelters. Across all affected territories, the CRC activated a total of: 4 specialized Relief and Operations Groups (31 volunteers); 16 Municipal Groups (158 volunteers); 22 Community Groups (104 volunteers); 40 volunteers from Restoring Family Links (RFL) teams; 5 radio operators ensuring emergency communications; 17 volunteers providing psychosocial support to affected families; 3 communication volunteers (journalists) documenting and disseminating response activities; and 14 volunteers supporting nine Protection Centers for displaced or vulnerable persons. Volunteers have been actively engaged in community surveillance, the identification of febrile cases, elimination of mosquito breeding sites, environmental sanitation, and the dissemination of health and hygiene messages in coordination with the Ministry of Public Health and local authorities.
Activation Of Contingency Plans	The Cuban Red Cross (CRC) has activated its Disaster Risk Reduction and Response Plan at both the national and territorial levels to address the ongoing public health emergency and to coordinate actions with the Ministry of Public Health and local authorities.

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.
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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.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	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. 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.
UN or other actors	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 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.
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.



Water, Sanitation And Hygiene

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.



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.



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.

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.

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.



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.

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.

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.

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 focuses on reducing disease transmission, strengthening early detection and case management, and increasing community awareness and participation, directly reaching 10,000 people in the four priority provinces. The interventions will strengthen the local health system's capacity to identify, manage, and prevent arboviral infections while mobilising communities to take ownership of preventive actions.

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.

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 3,300 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	4,500	Rural	60%
Girls (under 18)	1,500	Urban	40%
Men	2,700	People with disabilities (estimated)	2%
Boys (under 18)	1,300		
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.
Low community awareness or misinformation could undermine prevention efforts and reduce participation in vector control activities.	Strong Community Engagement and Accountability (CEA) activities, including information sessions, feedback mechanisms, and local media campaigns, will promote trust, transparency, and participation. Community leaders and health promoters will act as trusted messengers to disseminate accurate information.
Delays in the procurement and transport of essential supplies due to import restrictions pose a significant challenge in emergency situations.	Early coordination with the IFRC Regional Logistics Unit (RLU) in Panama and Cuban authorities will help mitigate delays in procurement and transport.
Lack of coordination or duplication with government or partner actions could affect operational coherence and credibility.	The CRC 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.
Continuous rainfall and flooding in eastern provinces could accelerate mosquito breeding and expand the geographic spread of Dengue, Oropouche, and Chikungunya, increasing caseloads and demand for assistance.	The CRC 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.



Importation procedures and transportation of materials into Cuba are often lengthy due to strict administrative regulations and limited shipping routes. Delays could affect the timely delivery of fumigation equipment, water tanks, and hygiene materials.

The IFRC Regional Logistics Unit (RLU) and CCD have conducted a rapid procurement and delivery analysis. All supplies will be pre-positioned and consolidated in Panama for efficiency, with direct delivery of certain items (e.g., water tanks) through pre-identified local suppliers. Coordination with national authorities on customs clearance and prioritised shipments will ensure timely delivery.

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



Health

Budget: CHF 49,789

Targeted Persons: 7,000

Indicators

Title	Target
# of community awareness campaigns conducted on vector control and breeding site elimination.	8
# of people reached with community awareness activities.	7,000
# of workshops conducted for health personnel on dengue case management.	4
# volunteers and staff trained in vector-borne and early symptoms identification	30
# of educational sessions conducted in schools and communities.	50
# of people reached with community fumigation	5,000

Priority Actions

- Implementation of community awareness campaigns to support fumigation and the elimination of mosquito breeding sites in households and communities across eight municipalities.
- Printing and dissemination of educational and hygiene promotion materials.
- Workshops on the clinical management of dengue with warning signs for first- and second-level health personnel.
- Workshops on early symptom identification and timely referral for community brigadiers.
- Educational sessions in schools and communities on practical dengue prevention measures (50 sessions, each engaging approximately 50 participants).



Water, Sanitation And Hygiene

Budget: CHF 177,161

Targeted Persons: 10,000

Indicators

Title	Target
# of sprayers procured and operationalised for vector control.	40
# of provinces supplied with Vector-borne control chemicals	4
# of water tanks procured and distributed to targeted households.	650

# people reached through Hygiene Promotion activities	10,000
# Families reached through cleaning kits for household water tanks or containers.	650
# of mosquito nets procured and distributed to targeted families.	1,294
# of family menstrual kits procured and distributed	650

Priority Actions

- Procurement of sprayers (backpack-type) for fumigation and vector control activities.
- Procurement of chemicals for vector-control campaigns (insecticides, BTI).
- Procurement of 650 household water tanks (33 gallons) with secure lids.
- Procurement of 180,000 water purification tablets (Aquatabs).
- Implementation of hygiene and health promotion campaigns in affected communities.
- Procurement and distribution of 650 family cleaning kits for household water tanks or containers.
- Procurement and distribution of 1,300 insecticide
- Treated mosquito nets prioritised for families with children under five, older adults, or hospitalised patients, coordinated with MINSAP guidelines
- Procurement and distribution of 650 menstrual kits



Protection, Gender And Inclusion

Budget: CHF 18,531

Targeted Persons: -

Indicators

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

Priority Actions

- Workshop on Protection, Gender and Inclusion (PGI), Safeguarding, and Protection from Sexual Exploitation and Abuse (PSEA).
 - Educational sessions in schools (two municipalities per province) to promote inclusion, protection, and health awareness among children and adolescents. These will also include messages on child protection, safeguarding, and gender-based violence prevention. This also includes older adults and people with special abilities.
 - Basic psychosocial support (PFA) sessions will be provided to caregivers, community members, and volunteers.
- Educational sessions in schools.



Community Engagement And Accountability

Budget: CHF 34,613

Targeted Persons: 1,000

Indicators

Title	Target
# of CRC staff and volunteers trained on using data and evidence for decision-making.	25

# of feedback mechanisms established	8
# of recommendations identified to improve future epidemic response operations.	10
% of community feedback addressed within two weeks	70

Priority Actions

- Workshop on Evidence-Based Humanitarian Decision-Making.
- Printing of materials (surveys, key messages, posters, and community feedback boxes).
- Procurement of phone cards to establish community feedback and information hotlines.
- Lessons Learned Workshop at the end of the operation.
- Community feedback will be collected through suggestion boxes, WhatsApp lines, and meetings in distribution sites. Feedback will be reviewed weekly and used to adjust activity schedules and messaging.



Secretariat Services

Budget: CHF 23,963

Targeted Persons: 0

Indicators

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

Priority Actions

- (6) monitoring visits by the Country Cluster Delegation (CCD) to support implementation, coordination, and quality assurance of the DREF operation.
- Climate-Smart Livelihoods Officer for three months to provide technical, operational, and reporting support to the Cuban Red Cross.



National Society Strengthening

Budget: CHF 76,020

Targeted Persons: 0

Indicators

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



Priority Actions

- Procurement of six (6) TF-34 thermo-nebulisers (bazookas) for vector control operations.
- Procurement of training materials (paper, pens, notebooks, envelopes, printer cartridges, etc.) for workshops and capacity-building sessions.
- Six (6) monitoring visits by the CRC Headquarters (covering accommodation, meals, and transport).
- Maintenance and repair of vehicles in the four targeted provinces to ensure operational mobility.
- Procurement of personal protective equipment (PPE) and operational tools for 180 volunteers deployed in emergency response groups, including:
 - 180 helmets
 - 180 overalls
 - 180 pairs of work boots
 - 180 raincoats
 - 180 headlamps
 - 180 battery chargers
 - 180 bleeding-control kits
 - 180 whistles
 - 360 rechargeable AA batteries

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.



Budget Overview



DREF OPERATION

- Cuban Red Cross
Cuba: Arboviral Outbreak

Operating Budget

Planned Operations	280,095
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	49,789
Water, Sanitation & Hygiene	177,163
Protection, Gender and Inclusion	18,531
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	34,613
Environmental Sustainability	0
Enabling Approaches	99,982
Coordination and Partnerships	0
Secretariat Services	23,963
National Society Strengthening	76,020

TOTAL BUDGET 380,077

all amounts in Swiss Francs (CHF)

Internal

10/22/2025

#V2022.01

[Click here to download the budget file](#)



Contact Information

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[Click here for the reference](#)

