



A Jamaica Red Cross team completing a damage and needs assessment in Holland Village, St. Elizabeth (2 November 2025).

Appeal No: MDRJM005	To be assisted: 180,000 people	Appeal launched: 29/10/2025
Glide No: TC-2025-000196-JAM	DREF allocated: CHF 1,000,000 (including Imminent DREF)	Disaster Categorisation: Orange
Operation Start date: 29/10/2025	Operation End date: 31/10/2027	

IFRC Secretariat Funding requirement: CHF 19 million
Federation-wide funding requirement: CHF 21 million

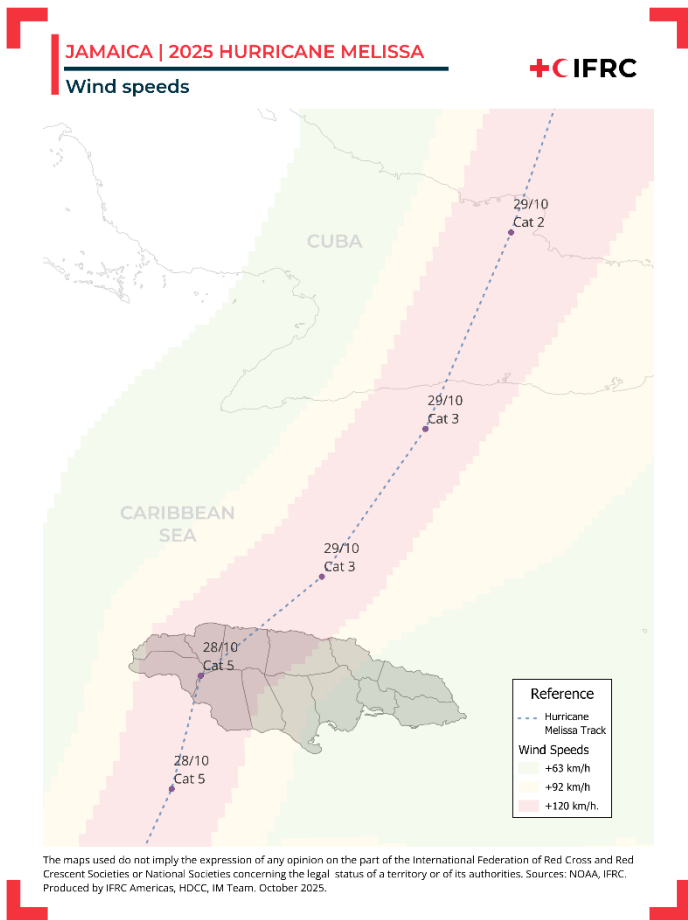


A woman signs a distribution receipt form at a distribution point in Holland Village, St. Elizabeth (2 November 2025).

TIMELINE

- 21 October 2025:** A Tropical Storm Watch is in effect in Jamaica.
- 23 October 2025:** CHF 80,000 is allocated from the IFRC's Forecast-based Action by the DREF/Disaster Response Emergency Fund (DREF) for early action activities to prepare for Tropical Storm Melissa.
- 24 October 2025:** The Jamaican Government issues a hurricane warning, as the Jamaican Red Cross completes pre-positioning of relief items and distribution outreach in six high-risk parishes.
- 27 October 2025:** Hurricane Melissa strengthens to a Category 5 Hurricane, 268 emergency shelters are active throughout the country, with the Jamaican Red Cross managing 27 of them.
- 28 October 2025: Category 5 Hurricane Melissa makes landfall in Jamaica at noon.**
- 29 October 2025:** An Emergency Appeal launched for CHF 19M (with a DREF allocation of totalling CHF 1M).
- 30 October 2025:** Field distributions and assessments begin, as well as Rapid Response Personnel/IFRC Secretariat deployments upon the re-opening of airports.
- 1-4 November 2025:** 160 tons of relief items are shipped to Jamaica as part of contributions to this Emergency Appeal, including shipments from the Canadian Red Cross and PIRAC.
- 8-9 November 2025:** Rapid Response alert for a Health ERU was issued on 8 November, and the deployment order was confirmed on 9 November.

DESCRIPTION OF THE EVENT



Sixteen months after Hurricane Beryl passed along the south coast of Jamaica, Category 5 Hurricane Melissa made landfall on the island 28 October 2025. Much like her predecessor, Melissa made history as one of the strongest hurricanes to form in the Atlantic Basin and the strongest hurricane to ever make landfall in Jamaica. Hurricane Melissa has left in its wake a trail of unprecedented destruction. A total of 1.6 million people have been affected, resulting in 32 confirmed deaths with eight additional unverified fatalities under review, with search and rescue operations still underway in the most heavily impacted western parishes.¹ As of 4 November, the Jamaica Public Service Company (JPS) reported that 206,000 of its 550,000 customers have had their power restored. Post-landfall, the National Water Commission (NWC) reported that there was a total shut down of the water supply in Hanover and Westmoreland and severe disruptions in St. James and St. Elizabeth, but as of 4 November, NWC restored access to 65 per cent of its customer base. According to the World Food Programme (WFP),

¹ [OCHA. Jamaica: Hurricane Melissa, Situation Report No.3](#)

over 213,000 buildings may have been damaged, leading to an estimated 25,000 individuals in shelters or displaced. As of 4 November, 2,487 people were still in 184 active shelters, while countless communities have been cut off due to fallen trees and power lines, landslides, and compromised road infrastructure.² Health facilities in the most affected parishes have also been severely compromised. While assessments are still ongoing, Hurricane Melissa has clearly left a devastating mark across the Jamaican landscape. The western parishes of Hanover, St. Elizabeth, Trelawny, Manchester, Westmoreland and St. James have been the most affected, overlapping with the previously most affected parishes from Beryl along the southern coast.

In response to Hurricane Melissa, on 29 October, the Government of Jamaica declared a state of emergency and issued a call to the international community for support in relief and recovery efforts. The Jamaica Red Cross has echoed this call and, in coordination with the International Federation of the Red Cross and Red Crescent Societies, has launched an Emergency Appeal to support those most heavily impacted by the passing storms.

Severity of Humanitarian conditions

1. Impact on accessibility, availability, quality, use, and awareness of goods and services.

The immediate material needs for the most affected communities in the Western parishes of Jamaica are food, water, and temporary shelter solutions. These items are no longer available locally and need to be brought in from other parishes. After distributing its supplies during the anticipatory action phase of the emergency and in the days immediately following the disaster, the Jamaica Red Cross has procured additional supplies (hygiene kits, cleaning kits, menstrual hygiene kits, shelter kits, kitchen sets, and other essential items) externally, enabling access to a greater quantity of standardised items. The Government of Jamaica has also published a

² [CDEMA. Hurricane Melissa Situation Report No. 11](#)

preliminary needs list for international assistance³, to help address strained local capacity in meeting the scale of needs on the ground.

2. Impact on physical and mental well-being

Most primary care health centres in affected parishes have been closed since 24 October, and only health care centres in Kingston, St. Catherine, and St. Andrew have reopened as of 4 November.⁴ Public hospitals are currently operating for emergency services only, while three major hospitals have sustained severe damage. The physical and digital isolation of western communities has caused significant mental and physical distress. The extensive damage to road infrastructure has resulted in the most-affected communities in Westmoreland, Hanover, Saint Elizabeth, Saint James, and Trelawny waiting for several days to receive material relief. This isolation extends into digital connectivity as power and internet outages have limited access to information that may benefit well-being. The lack of online access and cell service means that people have not been able to contact their loved ones, causing additional stress and anxiety. Jamaica Red Cross volunteers supporting field activities have reported feeling intense mental distress after experiencing grief and witnessing catastrophic levels of damage.

3. Risks and vulnerabilities

Hurricane Melissa has compounded existing vulnerabilities in Jamaica, particularly in parishes still recovering from Hurricane Beryl in 2024, such as St. Elizabeth, Westmoreland, and Hanover. Jamaica is among the most disaster-prone countries in the

Caribbean and ranks as the third most exposed globally to multiple natural hazards, with over 96 per cent of its GDP and population at risk. Melissa's impact adds to a series of climate-related shocks that have eroded household resilience, destroying crops, livestock, and tools, and threatening food security and income sources. With the planting season approaching, losses of seeds, land, and irrigation systems may delay recovery without immediate support.

Infrastructure damage has further limited access to assistance for remote and underserved communities. Blocked roads, disrupted transport and communications, prolonged power outages, and reduced access to clean water are increasing health risks, while exposure to debris heightens vulnerability. Ensuring an inclusive, community-led approach will be critical to reaching those most affected and supporting early recovery efforts.

Currently, the westernmost parishes face the most severe needs across food, WASH, shelter, health, and livelihoods. Physical and digital isolation makes these communities particularly vulnerable during the early response phase. Additionally, 8–10 per cent of the population identifies as Rastafari and requires specific dietary considerations, while UN Women estimates that over 445,000 affected women and girls will have distinct protection and recovery needs⁵. Addressing these diverse and urgent priorities will require coordinated, well-resourced interventions that place equity and resilience at the centre of the response.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Jamaica Red Cross (JRC), composed of 13 branches, 25 staff, and some 2,000 volunteers, carried out anticipatory actions before landfall by pre-positioning relief across eight high-risk parishes and completing early distributions of shelter items, hygiene and cleaning kits, and water to vulnerable communities. Imminent response operations began on 30 October, notably in St. James and St. Elizabeth, with the National Society setting

³ [Hurricane Melissa - Preliminary Needs List](#)

⁴ [PAHO. Hurricane Melissa, Jamaica, Situation Report #9](#)

⁵ [OCHA. Jamaica: Hurricane Melissa, Situation Report No.1](#)

up and managing up to 31 shelters during the anticipatory and immediate phases. In the days that followed, JRC scaled-up distributions, reaching over 6,100 households with food, water, hygiene kits and tarpaulins and completing the targeted distributions of 2,125 shelter items, 233 hygiene kits, 159 cleaning kits, and water for 547 people, while Mental Health and Psychosocial Support teams expanded their reach to more than 100 people across five parishes (up from 73).

To support the operations and community connectivity, family links and community Wi-Fi services were activated in partnership with the Vodafone Foundation and Télécoms Sans Frontières, and Starlink installations went live in St. Elizabeth, Westmoreland, and Manchester, with additional installations scheduled for St. James, Hanover and Trelawny.

1.2 Capacity and response at the national level

The Office of Disaster Preparedness and Emergency Management (ODPEM), with support from the Caribbean Disaster Emergency Management Agency (CDEMA) and UN agencies, continues to coordinate the national emergency response. Operations are managed through the National Emergency Operations Centre (NEOC), where the Jamaica Red Cross is represented.

The National Society is also working closely with the National Humanitarian Assistance Committee, which is led by the Ministry of Labour and Social Security (MLSS), as well as the Parish Disaster Committees, which are chaired by Municipal Corporations, to coordinate coverage of distributions as well as damage and needs assessments, to avoid overlaps or gaps.

As relief organisations and responders arrived in-country to assist with the response, the Office for the Coordination of Humanitarian Affairs (OCHA) has initiated inter-agency coordination and information sharing meetings. The Jamaica Red Cross is also coordinating with Télécoms Sans Frontières, which installed a Starlink system in the Westmoreland National Society branch, and is working on improving connectivity at additional branch offices. The system was made accessible for other humanitarian actors in the early response at a time when internet and cell service were still unavailable. Additionally, the Vodafone Foundation's response team is contributing to connectivity restoration by deploying emergency communication solutions, supporting reliable access for responders, and secure data transfer for humanitarian operations. Further to this, SpaceX has donated 15 Starlink units to strengthen connectivity for Jamaica Red Cross branches and the most affected communities.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The Jamaica Red Cross is one of 13 Red Cross Societies that form part of the IFRC's Dutch and English-speaking Country Cluster Delegation (CCD) in Port of Spain (POS). The IFRC, through the POS CCD and the Americas Regional Office, is supporting the Jamaica Red Cross in coordinating its regional resources. While there are no Participating National Societies (PNSs) in country, the IFRC Secretariat has played a key coordination role during the early stages of the response, bringing together PNSs interested in supporting the JRC as they respond to Hurricane Melissa.

An Imminent DREF request was made by the National Society on 22 October and was formally approved on 23 October, giving the Jamaica Red Cross the resources to conduct early actions and response activities. Subsequently, an Emergency Appeal for CHF 19 million was launched on 29 October 2025 and a DREF allocation of CHF 1 million in support of the JRC was approved.

Additionally, three staff members of the POS CCD were deployed to Jamaica on 30 October 2025, a Senior Finance Officer, Information Management Officer, and PMER Officer (seconded from the American Red Cross). The

Security Focal point for the Cluster arrived in country on 31 October 2025 and was then followed by a Planning and Operations Manager, Human Resources Manager, and Head of Delegation. In addition, several alerts and deployment orders for Rapid Response Personnel within the SURGE mechanism were launched, including Head of Emergency Operations, CVA Coordinator, Shelter Coordinator, Communications Coordinator, Supply Chain Coordinator, Welcome Services Officer, Membership Coordinator, MPHSS and Health Coordinators, WASH Coordinator, RFL Coordinator, and Relief and Logistics ERU team leads. The alerts issued were in line with the most pressing needs of the National Society. Additional profiles may be launched as the situation evolves.

Coordination has been established with the French Red Cross, which has a presence in the Caribbean as a regional platform, PIRAC (Plateforme d'Intervention Régionale Amériques-Caraïbes). Two engineers from PIRAC have been integrated into the team to support the installation of two water treatment units, which are in high demand by the government for hospitals. Training on their use will be provided to the Jamaica Red Cross. A third delegate brings hygiene promotion expertise and will work under the guidance of the WASH and Health Coordinators. The timeframe for this support will be determined by surge technical leads. The WASH engineers will complete the installation and training within one month. The French Red Cross has also utilised French military assets to deploy stocks from its warehouse in Guadeloupe to Jamaica.

The delivery of 75 tons of in-kind donations from the Canadian Red Cross represents a critical infusion of humanitarian aid at a time when communities across Jamaica are grappling with severe shelter, health, and livelihood challenges in the aftermath of Hurricane Melissa. This contribution complements the Movement's emergency response by ensuring that lifesaving and life-sustaining relief reaches those most isolated and underserved. These supplies are not just material goods – they are essential tools for survival and dignity, helping families protect themselves from the elements, maintain hygiene, and restore a sense of security amid widespread infrastructure damage and disrupted access. By rapidly mobilising and airlifting these resources into Jamaica, the Canadian Red Cross has reinforced the Movement's commitment to meeting urgent needs and supporting recovery pathways for vulnerable populations when they need it most.

A fully self-sufficient Mobile Health Unit from the Canadian Red Cross will be deployed on 12 November to support basic primary health care, antenatal and neonatal care, and essential pharmaceutical services. The unit is self-contained, with its own generator and connectivity, but will operate in close coordination with the Jamaica Red Cross and national health authorities to ensure aligned planning, referral pathways, and integration with existing services.

ICRC

The International Committee of the Red Cross (ICRC), from its Delegation in Venezuela, provides accompaniment and technical support to Restoring Family Links (RFL) activities based on technical guidance and needs in emergency situations and response, facilitating tools, protocols, and activating the Movement's Global Family Links Network. As a result of the hurricane, telecommunications have been significantly impacted and the need for RFL has been identified. In response to a request from the Jamaica Red Cross, the ICRC activated its pool of RFL specialists and an RFL Coordinator supported by the Danish Red Cross was deployed to Jamaica.

2.2 International Humanitarian Stakeholder capacity and response

The Government of Jamaica, supported by humanitarian and development partners, continues to lead national response efforts focused on access restoration, life-saving assistance, and early recovery measures. Coordination is facilitated through the National Humanitarian Assistance Committee, chaired by the Ministry of Labour and Social Security, and supported by Parish Disaster Committees to ensure coverage of high-risk areas. The United Nations, through a UNDAC team of 16 specialists, is coordinating with more than 60 organisations – including authorities, NGOs, UN agencies, and the private sector – to register offers of assistance and streamline delivery processes.

Humanitarian actors are augmenting national capacity: Samaritan's Purse established an emergency field hospital replacing the damaged Black River Hospital, staffed with medical and logistics personnel, while PAHO delivered medical and trauma kits and deployed technical experts to support disease surveillance and service

continuity.⁶ The World Food Programme is working to stabilise supply chains and has signalled plans to set up a cash assistance programme to reach affected households, complementing in-kind relief and supporting recovery in hard-hit areas. In addition, naval assets from France and the Netherlands are supporting logistics with water treatment and medical supplies. The International Organization for Migration launched a Flash Appeal to support affected populations, including persons with disabilities, while private-sector facilitation is being supported through the OCHA/Connecting Business Initiative.

At the national coordination level, the Jamaica Red Cross remains fully engaged in the National Emergency Operations Centre structure, participating in technical EOCs, including the Ministry of Health and Wellness EOC, where twice-daily briefings are conducted. The JRC is also partnering with a local fuel provider to secure fuel supply for the operations.

2.3 Gaps in the response

This section outlines the urgent unmet needs and response gaps identified in Jamaica, drawing on rapid needs assessments and situation reports carried out by multiple actors, including the Jamaica Red Cross, OCHA, and other humanitarian organisations. The analysis highlights current and emerging vulnerabilities, potential health and protection risks, and areas where communities may struggle to cope.

Shelter

Shelter loss in Montego Bay is substantial: Preliminary assessments indicate that up to 5,200 people in Montego Bay alone may have lost roofs or sustained severe housing damage. Communities in Hanover, Westmoreland, St. James, St. Elizabeth, Manchester, and Trelawny are facing severe shelter needs following Hurricane Melissa.⁷ Physical and digital isolation has made these areas particularly vulnerable during the early response phase. As of 4 November, nine shelters are operational, managed by Jamaica Red Cross branches, supporting 226 individuals. While essential household items have been distributed in five parishes (Portland, St. James, Clarendon, St. Elizabeth, and Manchester), many communities remain underserved, and upcoming distributions are still pending. Infrastructure damage, including blocked roads and disrupted communications, continues to restrict access to remote communities, delaying shelter assistance.

Livelihoods

Livelihoods have been severely impacted, particularly in the coastal communities of St. Elizabeth, Manchester, and Clarendon, where tourism, agriculture, and fishing are primary income sources. Repeated exposure to destructive hurricanes – Beryl in 2024 and Melissa in 2025 – has eroded household resilience, destroying crops, livestock, and tools, and threatening food security. The government estimates losses of between USD 6 and 7 billion, equivalent to 28–32 per cent of Jamaica’s 2024/25 GDP.⁸ The storm severely hit the agriculture and tourism sectors, destroying crops and livestock in St. Elizabeth, Manchester, and Westmoreland, and forcing the temporary closure of major resorts. Housing damage is extensive, with more than 120,000 buildings affected, many classified as severely or catastrophically damaged.¹ With the planting season approaching, losses of seeds, land, and irrigation systems risk delaying recovery without immediate support. These communities will also require resilience-building and climate adaptation measures ahead of the 2026 hurricane season to reduce future risk and strengthen recovery pathways.

Health

Health risks are increasing due to prolonged outages, exposure to debris, and limited access to clean water and sanitation. Damaged infrastructure has disrupted health service delivery, leaving vulnerable populations at risk of disease outbreaks. All secondary hospitals are operating in emergency-only mode, focusing on critical and urgent cases. Five major hospitals sustained severe damage, including the inoperable Black River Hospital. With

⁶ [PAHO. PAHO scales up its emergency health response across the Caribbean following Hurricane Melissa](#)

⁷ [OCHA. Jamaica: Hurricane Melissa – Situation Report No. 1](#)

⁸ [JIS. Damage from Hurricane Melissa Estimated at Up to US\\$7 Billion](#)

over 3,000 hospital beds affected and several facilities running beyond capacity, maintaining essential health services for vulnerable groups, especially children and pregnant women, remains a priority.⁹ Beyond physical health, the emergency has significantly increased mental health and psychosocial support needs. Past hurricane response data shows that up to 1 in 5 affected individuals may experience moderate to severe psychological distress in the months following impact,¹⁰ immediate interventions are therefore required not only to restore access to essential medical services and reach communities isolated by damaged roads, but also to provide timely, culturally appropriate mental health and psychosocial support for affected populations.

Water, Sanitation, and Hygiene (WASH)

Access to safe drinking water remains a critical challenge. Current distributions of bottled water and hygiene supplies cover only a fraction of the 30,000 people in need. PAHO indicated that damage to water and sanitation systems, prolonged power outages, stagnant water, and population displacement have created conditions for the spread of vector-borne, respiratory, food, and waterborne diseases requiring urgent scale-up of WASH interventions, including water purification, hygiene promotion, and the restoration of community water points.¹¹

Protection, Gender, and Inclusion (PGI)

Protection and inclusion needs remain critical. UN Women estimates that over 445,000 affected women and girls require tailored protection and recovery support, including measures to prevent gender-based violence and ensure safe access to services. Additionally, 8–10 per cent of the population identifying as Rastafari have specific dietary requirements that must be integrated into food assistance plans. Communication challenges due to damaged networks and power systems have further constrained engagement with communities, limiting feedback and accountability mechanisms.

Disaster Risk Reduction (DRR)

The repeated impact of hurricanes highlights the urgent need for resilience-building and climate adaptation measures. Coastal communities dependent on tourism, agriculture, and fishing require targeted DRR interventions to strengthen infrastructure, diversify livelihoods, and prepare for future shocks. Investments in early warning systems, community preparedness, and climate-smart agriculture will be essential to reduce vulnerability ahead of the 2026 hurricane season.

Restoring Family Links (RFL)

Telecommunications disruptions caused by Hurricane Melissa have left many families unable to reconnect, creating an urgent need for RFL services. The ICRC, through its Venezuela Delegation, is providing technical support and activating the Movement's Global Family Links Network to deliver tools and protocols for restoring contact between separated family members. Strengthening RFL interventions is essential to address isolation and help families re-establish communication during this emergency.

OPERATIONAL CONSTRAINTS

The Jamaica Red Cross is facing significant barriers in its emergency response to Hurricane Melissa that include:

- Humanitarian access to remote communities that have been cut-off remains a significant challenge. Distribution efforts are being compromised by roadways blocked with varying amounts of debris.
- Logistical constraints, including limited warehouse space and transportation, are hampering the efficient delivery of goods and services. The National Society will utilise temporary storage solutions, such as

⁹ [OCHA. The Caribbean: Hurricane Melissa, Flash Update No. 5](#)

¹⁰ [WHO. Mental Health in Emergencies](#)

¹¹ [PAHO. Regional Situation Report – Hurricane Season 2025, Hurricane Melissa, Sitrep No. 2](#)

short-term storage units, and coordinate with local entities for additional space while also improvising other suitable spaces within its premises. Vehicles for transporting goods as well as personnel involved in the operations will be rented locally, and the Jamaica Red Cross will partner with other local companies and humanitarian agencies to augment transport capabilities.

- Technical and human resource challenges to implementing effective response operations, as the full network of staff and volunteers remain unavailable, with some personally affected by damage and losses. Additionally, the influx of untrained spontaneous volunteers requires supervision and support from more experienced personnel, who may not be immediately available. There is also a need to increase IT capacity, given that most systems are currently handled manually.
- Significant security challenges have emerged in the affected parishes of St. Elizabeth, Westmoreland, and St. James. Severe infrastructure damage, including impassable roads due to damage or flooding, power outages, and disrupted communication, has increased the risk of looting, placing distributions, convoys, and storage sites at higher risk. Traffic congestion due to the influx of relief operations is causing prolonged standstills, leaving staff vulnerable in stalled vehicles. The establishment of storage and distribution points has further heightened exposure to theft in the affected areas. In some areas, power is still out, road signage has been damaged, and emergency services are stretched thin. These conditions reduce both the deterrence effect of security forces and the ability to rapidly respond to incidents, increasing operational risk for personnel and assets on the ground.
- Severe communication constraints have arisen due to damage to power and network infrastructure, limiting the ability to liaise effectively with Red Cross volunteers, branch networks, and local authorities. These disruptions have slowed coordination and information flows during critical phases of the response. The operational efficiency of the Jamaica Red Cross has been constrained by the lack of standardised communication protocols and limited adoption of multiple communication channels. Inconsistent training on communication tools and the absence of centralised, cloud-based storage for data and devices further restricts the ability to maintain reliable connectivity and information flows during the response. Additionally, weather patterns may result in flooding in other areas due to antecedent moisture and worsen flood conditions in locations that are already inundated. Landslides are also a concern, potentially restricting access to some communities due to blocked roads.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a Federation-wide approach, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities and assist in leveraging the capacities of all members of the IFRC network in the country to maximise the collective humanitarian impact. While no PNSs are permanently present in Jamaica, several are deploying Rapid Response personnel through the IFRC Surge mechanism. These include the Barbados Red Cross, Danish Red Cross, Canadian Red Cross, Austrian Red Cross, British Red Cross, and American Red Cross.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in response to the emergency. This includes the Operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

OPERATIONAL STRATEGY

Vision

This Emergency Appeal aims to provide immediate humanitarian assistance as well as medium-term recovery support to withstand future climate-related shocks and stresses to 180,000 people (60,000 families) living in the affected parishes of St. Elizabeth, Manchester, Clarendon, St. Catherine, St. James, Hanover, St. Ann, Westmoreland, Trelawny, and St. Mary. The response will be conducted over 24 months, with an emergency phase of three months followed by recovery activities.

The relief efforts will encompass various forms of assistance, including shelter; livelihoods; multipurpose cash assistance; mental health and psychosocial support; water, sanitation and hygiene; risk reduction; and recovery interventions. Considerations for protection, gender, and inclusion, as well as community engagement and accountability, will underpin all activities.

This Emergency Appeal includes actions that will address some National Society capacity strengthening measures based on existing gaps. Priority will be given to branch development, digital transformation, finance and risk management, HR and volunteer management capacity, and safeguarding. Importantly, ensuring accountability will remain a cornerstone of the operation. Actions will build on the advances made during the Hurricane Beryl operation, ensuring continuity and standardisation of processes. Systems and structures will be established to ensure that operations are as seamless and transparent as possible, with close adherence to Red Cross standards in service to those most affected.

Lifesaving activities, particularly the provision of emergency shelter and food packages to remote communities, will be the focus in the coming weeks. During this time, market assessments and analysis will be conducted to guide both cash and livelihoods interventions. The lack of digital access will require innovative approaches to CVA, while ensuring the integrity of personal data and the security of recipients.

Anticipated climate-related risks and adjustments in the operation

With the rainy season in Jamaica extending from May through November, there is a risk of additional rains within the initial month of the operation. Excessive rainfall could further aggravate conditions in flood-prone areas and delay the recovery process for communities. In Manchester and Saint Elizabeth, the National Society is monitoring a potential secondary threat. Heavy rains have increased groundwater levels that continue to increase. As water levels in sinkholes and other underground water systems rise, it may result in the temporary displacement of communities due to flooding. Hurricane season also continues through the end of November, posing a risk of further storm exposure.

The IFRC will be working with the Jamaica Red Cross to rapidly initiate climate-change adaptation and resilience-building activities within the first six months of the project, so that communities are prepared ahead of the 2026 hurricane season. Capacity building and education will be essential to support livelihood and housing reconstruction efforts that incorporate future climate risks. Having endured two severe hurricanes in the past 16 months, it is critical for Jamaica to strengthen its resilience and preparedness for extreme storm events.

Targeting

1. People to be assisted

Based on an analysis of UNOSAT wind forecasts and demographic data, it is estimated that 1.6 million people have been affected. While the effects of Hurricane Melissa will be felt throughout the whole country, this Emergency Appeal will initially focus on the Parishes of St. Elizabeth, Manchester, Clarendon, St. Catherine, St. James, Hanover, St. Ann, Westmoreland, Trelawny, and St. Mary, which were directly in the storm's path. According to the Statistical Institute of Jamaica, the average household consists of three people. The estimated reach per sector or thematic area is as follows:

Sector	Households	People
Shelter	7,500	22,500
Household livelihoods assistance	2,500	7,500
Multi-purpose cash	7,500	22,500
Health and hygiene awareness	60,000	180,000
Water, Sanitation and Hygiene	7,500	22,500

Protection, Gender and Inclusion	N/A	27,000
Community Engagement and Accountability	N/A	144,000
Risk Reduction, Climate Adaptation and Recovery	N/A	64,450

Overall, the response will prioritise families or households with limited economic resources that meet the following criteria:

- Households whose houses have been damaged or destroyed
- Households that have suffered heavy losses of livelihoods (particularly among those dependent on the agricultural, fishing and tourism sectors)
- Households headed by single mothers
- Households with dependent elderly adults
- Households with children under five years of age and/or pregnant women
- Households with people with disabilities

In addition to these general criteria, sector-specific prioritisation will be based on the following:

- **Shelter:** Families whose homes were fully or partially destroyed, sustained damage from high winds and flooding, or lost essential household items.
- **Livelihoods:** Families that experienced partial or total loss of their primary income-generating activity.
- **Multi-Purpose Cash:** Families whose homes were fully or partially destroyed or who have experienced partial or total loss of their primary income-generating activity.
- **Outpatient Health Services:** Populations that experienced interrupted access to primary health care services as a result of the emergency.
- **Health promotion activities** will prioritize communities affected by the floods with limited access to health services.
- **Water, Sanitation, and Hygiene:** Families without access to safe drinking water.

This selection process will be coordinated by branches of the National Society, in collaboration with the national authorities and Parish Disaster Committees. The government will oversee the collection and dissemination of a needs list, which will guide communities in prioritising assistance.

To ensure that vulnerable populations are effectively reached throughout the response, all needs assessments, response plans, and coordination mechanisms will systematically integrate a Protection, Gender and Inclusion (PGI) analysis. This will include sex-and-age disaggregated data (SADD), targeted consultations with women, children, older people, persons with disabilities and other at-risk groups, and the application of a gender and diversity lens to inform targeting, distribution modalities, site layouts, and outreach strategies.

Needs assessments are ongoing; however, results are not yet fully available due to access constraints and extensive damage. Sex-disaggregated targets will be included once the needs assessment is completed.

2. Considerations for protection, gender, and inclusion and community engagement and accountability

Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA) will be carried out in a cross-cutting manner to meet the IFRC's Minimum Standards for PGI in emergencies while promoting community participation in decision-making. The JRC will prioritise the safety and dignity of all individuals, ensuring protection measures for vulnerable groups such as children, older people, and persons with disabilities. Gender-sensitive approaches will ensure equitable access to resources and services. Inclusion will be strengthened by engaging diverse community members in planning and decision-making processes.


Selection criteria and targeting will be transparently communicated through community meetings, local leaders, and media. Feedback mechanisms will be established to ensure community input and accountability, building trust and collaboration in the relief efforts.

PLANNED OPERATIONS

INTEGRATED ASSISTANCE


 Shelter, Housing, and Settlements	Female > 18: N/A	Female < 18: N/A	CHF 3,887,000
	Male > 18: N/A	Male < 18: N/A	Total target: 22,500 people (7,500 households)
Objective:	Communities in crisis-affected areas are supported in restoring and strengthening their well-being and dignity through the provision of essential items, and in restoring their homes with conditional cash assistance.		
Priority Actions:	<p>Emergency Response Phase</p> <ol style="list-style-type: none"> 1. Distribution of essential household items (e.g. blankets, sleeping mats, kitchen sets, solar lamps, kitchen kits). 2. Distribution of emergency shelter items (tarpaulins, shelter tool kits) and provision of training for use. 3. Deployment of a Logistics ERU to support operational efficiency. <p>Recovery Phase:</p> <ol style="list-style-type: none"> 1. Provision of conditional cash transfers towards housing repair and reconstruction costs, to the most affected households, based on the results of damage and needs assessments. 2. Training for carpenters and masons in the communities through Build Back Safer principles. 3. Develop and implement, in collaboration with key government partners, a national education awareness programme about hurricane and wind proofing of houses with hurricane straps. 4. Conduct monitoring activities, including post-distribution surveys to determine the effectiveness and impact of the assistance. 		
 Livelihoods	Female > 18: N/A	Female < 18: N/A	CHF 3,008,000
	Male > 18: N/A	Male < 18: N/A	Total target: 7,500 people (2,500 households)
Objective:	People, community groups, and community-based organisations in crisis-affected areas are supported in restoring and strengthening their livelihoods.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct a livelihoods needs assessment in the affected areas. 2. Conduct a recovery assessment. 3. Recovery assistance: i) provision of conditional cash transfers to households and existing community groups, using community grants/group cash transfer towards the purchase or repair of 		

	<p>necessary livelihood materials, equipment, labour, or other critical resources, to the most affected sectors (agriculture, fisheries, tourism), and the MLSS and other partners' social protection planned cash transfers.</p> <p>Recovery assistance: ii) provision of climate-smart livelihoods training to support community adaptation and resilience.</p> <p>4. Conduct monitoring activities, including post-distributions surveys, to determine the effectiveness and impact of the assistance.</p>
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 Multi-purpose Cash	Female > 18: N/A	Female < 18: N/A	CHF 3,615,000
	Male > 18: N/A	Male < 18: N/A	Total target: 22,500 people (7,500 households)
Objective:	Communities in crisis-affected areas are supported in restoring their dignity and meeting their diverse basic needs.		
Priority Actions:	<ol style="list-style-type: none"> 1. Conduct a CVA feasibility study. 2. Conduct a market assessment to identify gaps in markets and collaborate with local markets and vendors to ensure the availability and affordability of goods. 3. Implement an unconditional MPC programme for emergency assistance to cover the essential needs of households. 4. Deploy a Relief ERU to support large-scale distribution, including the digitisation of cash distributions. 5. Conduct monitoring activities to determine the effectiveness and impact of the assistance. 		

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)


 Health and Care <i>(Mental Health and Psychosocial Support/ Community Health/Medical Services)</i>	Female > 18: N/A	Female < 18: N/A	CHF 1,482,000
	Male > 18: N/A	Male < 18: N/A	Total target: 180,000 people (60,000 households)
Objective:	Strengthen the health of individuals and communities affected by the disaster through community level interventions and the restoration of health systems.		
Priority Actions:	Mental Health and Psychosocial Support <ol style="list-style-type: none"> 1. Develop an MHPSS programme to support the affected population, staff, and volunteers. 		


	<ol style="list-style-type: none"> 2. MPHSS training for staff and volunteers to support the demand for services. 3. Provide MHPSS sessions at the community level (inclusive of collective shelters), to support men, women, and children who may have experienced distress and trauma because of the disaster. 4. Provide MHPSS sessions for staff and volunteers. <p>Community Health and Wellness</p> <ol style="list-style-type: none"> 1. Conduct key stakeholder interviews to assess health needs and service gaps. 2. Develop key messages aligned with identified health priorities. 3. Develop and implement an awareness campaign focusing on health promotion and disease prevention. 4. Provide personal protective equipment for staff. <p>Restoration of Medical Facilities</p> <ol style="list-style-type: none"> 1. Deploy Mobile Health Units in coordination with the Ministry of Health and Wellness. 2. Support the rehabilitation of rural health facilities in affected areas, in collaboration with the Ministry of Health and Wellness.
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 <p>Water, Sanitation, and Hygiene</p>	Female > 18: N/A	Female < 18: N/A	CHF 1,103,000
	Male > 18: N/A	Male < 18: N/A	Total target: 22,500 people (7,500 households)
Objective:	Ensure that affected communities have access to proper sanitation and clean drinking water during the relief and recovery phases, through household distributions of hygiene and cleaning items, as well as community based clean-up activities.		
Priority Actions:	<p>Emergency Response Phase</p> <ol style="list-style-type: none"> 1. Distribute essential hygiene materials (e.g. hygiene kits, cleaning kits, menstrual hygiene kits) to provide emergency assistance at the household level. 2. Distribute household water treatment solutions (e.g. jerrycans and buckets equipped with a tap and lid, chlorine) to facilitate access to clean drinking water. 3. Conduct education sessions on hygiene, safe water practices, and basic sanitation. 4. Organise community-led clean-up interventions to improve sanitation in the most-affected neighbourhoods, through the work of Community Disaster Response Teams (CDRTs) in the five most affected parishes. 		


PROTECTION AND PREVENTION

PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

 Protection, Gender, and Inclusion	Female > 18: N/A	Female < 18: N/A	CHF 215,000
	Male > 18: N/A	Male < 18: N/A	Total target: 27,000 people
Objective:	Ensure that the affected population has access to and receives assistance in a non-discriminatory and equitable manner, with a focus on addressing the distinct needs of disadvantaged and vulnerable groups, through the implementation of comprehensive protection, gender, and inclusion (PGI) measures.		
Priority Actions:	<ol style="list-style-type: none"> 1. Produce mobile child-friendly kits for staff and volunteers to establish a safe and supportive environment for displaced families, particularly children, where they can participate in age-appropriate activities and receive psychosocial support. 2. Support the creation of child-friendly spaces in impacted communities. 3. Ensure that provisions are made for disabled people to have equitable access to interventions. 4. Conduct child protection analysis and provide child safeguarding briefing for volunteers to ensure the integration of minimum standards for access and participation across all intervention areas. 5. Conduct PGI training for National Society volunteers and staff, to strengthen the capacities of the JRC, with an emphasis on safeguarding, PSEA and DAPS. 6. Ensure the signing of the code of conduct by all insured volunteers. 7. Promote the completion of the PGI and Protection from Sexual Exploitation and Abuse (PSEA) online courses via the learning platform by volunteers. 8. Establish referral and coordination mechanisms with other organisations. 9. Coordinate with the ICRC to support the Restoring Family Links (RFL) programme. 10. Hire a safeguarding Officer for the JRC and a CEA/PGI Officer for the CCD. 		

 Community Engagement and Accountability	Female > 18: N/A	Female < 18: N/A	CHF 253,000
	Male > 18: N/A	Male < 18: N/A	Total target: 144,000 people
Objective:	Ensure that the affected population and other stakeholders are engaged in the design, implementation, and monitoring of the response operation, to build transparency and trust.		
Priority Actions:	<ol style="list-style-type: none"> 1. Establish mechanisms to collect, respond to, and use community feedback to guide the response, including 		


	<p>consultation meetings, focus group discussions, and post distribution monitoring surveys.</p> <ol style="list-style-type: none"> 2. Provide prioritised, timely, accurate, and trusted information to the affected population based on information needs and their preferred information channels. 3. Conduct CEA training for volunteers to enable their engagement with diverse communities. 4. Establish a complaints mechanism applicable to both ERUs and distribution processes, with a specific focus on preventing sexual exploitation and abuse (PSEA).
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 Risk Reduction, Climate Adaptation and Recovery	Female > 18: N/A	Female < 18: N/A	CHF 1,023,000
	Male > 18: N/A	Male < 18: N/A	Total target: 64,450 people


Objective:	Enable communities to reduce their vulnerability to future disasters and climate change impacts, and to strengthen their resilience capacity.
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Priority Actions:	<ol style="list-style-type: none"> 1. Conduct a multi-purpose needs assessment. 2. In the medium to long-term, conduct recovery assessments to identify and address risks and vulnerabilities. 3. Revive/establish Community Disaster Response Teams (CDRTs), including training for National Society branches and communities CEWS. 4. Equip CDRTs with response gear and other equipment. 5. Implement micro DRR/CCA projects. 6. Implement public awareness campaigns on disaster risk reduction and early warning early action. 7. Develop an Anticipatory Action Feasibility Study. 8. Conduct an EVCA workshop. 9. Conduct an Anticipatory Action Tier 1 workshop with the National Society and key actors. 10. Integrate nature-based solutions into recovery interventions to promote environmental sustainability and community resilience (for example, mangrove restoration and community greenhouses), in close coordination with government authorities. These will be guided by hydrological assessments. 11. Provide recovery assistance through local authorities by supporting agricultural and tourism microproject interventions, aiming to restore and strengthen both critically affected sectors within the context of Jamaica, based on completed assessments. 12. Implement the Preparedness for Effective Response (PER) Approach in line with the needs of the National Society. 13. Support the enhancement of the JRC's response capacity (e.g. warehouse upgrades, box trucks for distribution). 14. Support the National Society in advancing their legal status in country through legislative advocacy.
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Enabling approaches

 National Society Strengthening	Female > 18: N/A	Female < 18: N/A	CHF 888,000
	Male > 18: N/A	Male < 18: N/A	Total target: 400 people
Objective:	Contribute to improving existing services and capacities by making them more impactful, effective, widespread, and better related to the JRC's mandate and mission.		
Priority Actions:	<p>National Society Development</p> <ol style="list-style-type: none"> 1. Conduct HR reviews and support the implementation of recommended actions. 2. Restore and develop the five most impacted western branches, guided by BOCA assessments. 3. Enhance financial management systems and provide training in financial planning and management. 4. Develop and implement a resource mobilisation plan for the JRC. 5. Support the JRC in meeting all its statutory obligations. <p>Leadership Development</p> <ol style="list-style-type: none"> 1. Conduct Humanitarian Leadership Training for staff and volunteers. 2. Support the National Society's leadership with succession planning. 3. Train and empower volunteers to matriculate to leadership positions within the JRC. <p>Volunteer Management and Development</p> <ol style="list-style-type: none"> 1. Ensure duty of care towards volunteers through insurance coverage, provision of equipment, protective clothing, visibility, MHPSS, recognition, and security training. 2. Improve volunteer management structures (national and branch levels), particularly in the designation of focal points with specific responsibilities to volunteer development and database management. 3. Training for volunteers in technical areas where gaps have been identified (e.g. CVA, MHPSS, etc.). 4. As often as possible, ensure that volunteers are updated on the overall status of the operations and included in the decision-making processes related to the operations. <p>Digital Transformation</p> <ol style="list-style-type: none"> 1. Conduct a Digital Maturity Assessment for the National Society. 2. Develop a Digital Transformation Strategy and support its implementation. <p>Auxiliary role and legislative advocacy</p> <ol style="list-style-type: none"> 1. Support the JRC in developing and pursuing tailored strategies to support their advocacy efforts with the public authorities to strengthen their auxiliary role. 		

 Coordination and Partnerships	Female > 18: N/A	Female < 18: N/A	CHF 338,000
	Male > 18: N/A	Male < 18: N/A	Total target: N/A
Objective:	Strengthen coordination within the IFRC membership and the Movement to bring technical and operational complementarity and enhance cooperation with external partners.		
Priority Actions:	<p>Membership Coordination</p> <ol style="list-style-type: none"> 1. Ensure membership-wide coordination through operational meetings to update and revise the strategy, as necessary. 2. Regularly engage in information sharing with the IFRC membership on contextual updates and any operational and technical needs. 3. Consolidate and harmonise multilateral and bilateral support provided to the National Societies through a coordinated Federation-wide approach. 4. Harmonise planning, monitoring, and reporting among IFRC members with National Societies in the lead and coordinated by the IFRC. 5. Coordinate regularly with partners supporting the operation remotely. <p>Engagement with external partners</p> <ol style="list-style-type: none"> 1. Closely coordinate with parish and national level authorities, primarily civil protection systems, through participation in national and local Emergency Operations Centres. 2. Ensure coordination by engaging in relevant forums organised by the authorities or responsible coordination agencies as assigned by the HCT system. 3. Coordinate and collaborate with regional actors and partners in the humanitarian space. 4. Engage with relevant diplomatic representations through the IFRC's multilateral offices and National Societies headquarters to help unlock specific challenges. <p>Movement Cooperation</p> <ol style="list-style-type: none"> 1. Coordinate with the ICRC the implementation of Restoring Family Links (RFL) services as required in this operation. 2. Conduct a Movement Induction Course (to be aligned with Leadership Development). 		

 IFRC Secretariat Services	Female > 18: N/A	Female < 18: N/A	CHF 3,192,000
	Male > 18: N/A	Male < 18: N/A	Total target: N/A
Objective:	The IFRC secretariat is capable and equipped to support hurricane response and preparedness in delivering services as planned in the Emergency Appeal in a timely manner and in full compliance with IFRC policies, procedures, and minimum standards as stated in the Sphere guidelines and Humanitarian charter.		
Priority Actions:	<p>1. Human Resources, Surge and Emergency Response Units (ERU) deployment: The Port of Spain Country Cluster Delegation will</p>		

support the Jamaica Red Cross by providing complementary technical and support service staff as required to ensure accountability and compliance with regards to the operation, including surge personnel. Surge support has been mobilised across key technical areas, including: Rapid Response Personnel (HeOps Shelter, CVA, Health, MHPSS, WASH, IM, Security, PMER, Finance, HR Coms, Wellcome Services, Supply Chain) and three ERUs (Health, Logs, and Relief).

2. PMER, information management and learning: The IFRC will support needs assessments, planning, capturing learning, reporting and evaluations. The CCD will also help in developing and maintaining a monitoring system for the operation, including an appropriate data-management mechanism (e.g. a centralised database for storing and retrieving data), support to establish mechanisms that capture and share real time learning in the operation. The IFRC Secretariat will also assist the National Society in promoting the systematic application of the IFRC Minimum Standards for PGI in Emergencies across sectoral plans, PMER, information management, and learning activities, so that protection, gender, and inclusion considerations consistently inform targeting, implementation, and evaluation.

3. Logistics and supply chain management: Activities will aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage, and transport to distribution sites in accordance with the operation's requirements and aligned with the IFRC's logistics standards, processes, and procedures.

4. Finance and administration: The IFRC will provide the necessary support to the operation to plan, review, and validate budgets, timely fund transfers, technical assistance to the National Society regarding expense justification procedures, and the review and validation of operational liquidations.

5. Communications and advocacy: Support will be provided to the National Society to increase their outreach and advocacy. The communications team will continue to engage the media and use social media to position the Jamaica Red Cross as a key actor in the response.

6. Security: Given the significant flood-related threats in Jamaica, including challenges with access to clean water and food, seasonal mosquito-borne diseases, and difficult road conditions in flood-affected areas, comprehensive measures are being implemented to ensure the safety and security of all RCRC personnel engaged in this operation. These measures include, but are not limited to, Security Training for staff and volunteers, continuous situation monitoring, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment briefings on the current security context. Additionally, contingency plans and completion of relevant IFRC e-learning courses (such as Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, and

Volunteer Security) are required. IFRC Regional and Global Security Units will coordinate with IFRC HoCCD to identify and support additional safety and security needs.

7. Partnerships and Resource Mobilization: Support will be provided to the Jamaica Red Cross in building partnerships at the national and international levels to mobilize resources for the operation. This will be achieved through the organisation of field visits with donors, embassies, and partners to showcase results and impacts. In addition, regular information-sharing meetings will be held in close collaboration with the JRC.

Risk management

The IFRC is taking a proactive approach to risk management, implementing an optimal set of controls to maximise the effectiveness and efficiency of the operation. A detailed risk register will be created and regularly maintained between the Head of Delegation for the Cluster, IFRC Operations Coordinator, the Head of Emergency Operations, and the Risk Management Coordinator for the Americas. The register will include more details, including the risk owner and the residual risk after implementing mitigation actions. A risk management plan will be developed to ensure proper implementation of these measures. All IFRC personnel must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Levels 1-3. Volunteers involved in the operation should be properly insured.

Risk	Likelihood	Impact	Mitigating actions
1. Pillaging attempts during the transportation or distribution of material items.	Medium (early response phase)/ Low (recovery phase)	Medium	<ul style="list-style-type: none"> Ensure proper planning Rent and drive a closed box truck for transportation Design and implement security procedures to ensure the safety and security of all staff and volunteers in the field Standard IFRC Security Training for volunteers
2. Insufficient volunteer manpower to reach affected communities due to the large scale of the disaster and the fact that many volunteers are impacted themselves.	Low	Medium	<ul style="list-style-type: none"> Mobilise volunteers from less impacted parishes in the northeast to help bridge capacity gaps in the southwest Volunteers specialised in MHPSS conduct wellness checks to ensure the mental well-being of active volunteers
3. Risk of physical exhaustion and emotional distress among personnel and volunteers.	Medium	High	<ul style="list-style-type: none"> Mental health and psychosocial support for volunteers and staff involved in the response
4. Procurement delays resulting in untimely distributions.	Low	Medium	<ul style="list-style-type: none"> Close coordination with the IFRC CCD to align timelines and ensure that consignments are delivered efficiently and according to requirements

			<ul style="list-style-type: none"> • Close coordination with the government to ensure that customs clearance and permissions are acquired • Deployment of the Logistic ERU + module that includes internal capacity to enhance the efficiency of local procurement
5. Delays in dispatch and last-mile distribution of relief items may occur due to disruptions in the supply chain, particularly because of transportation and fleet capacity constraints.	High	High	<ul style="list-style-type: none"> • Establish rapid vehicle rental agreements with local suppliers and logistics partners to ensure immediate fleet availability during peak operational periods • Activate framework agreements or short-term leasing contracts • Pre-identify and vet transport providers (trucking companies, 4x4 operators) at the national and parish levels • Coordinate with government and private-sector partners (e.g. civil protection, local businesses) for temporary vehicle support • Purchase of box trucks and 4x4 vehicles
6. Heightened exposure to theft or assault among the population prioritised under the multipurpose cash programme, resulting from increased cash circulation.	Medium	High	<ul style="list-style-type: none"> • Promote digital or voucher-based transfer mechanisms, wherever feasible, to limit physical cash handling • Conduct community awareness sessions on personal safety, confidentiality, and the secure handling of cash assistance • Engage community leaders and volunteers to support crowd control and provide the local context on potential security concerns • Establish a feedback and incident-reporting mechanism to monitor and promptly respond to any protection or security issues
7. Funding gap: Insufficient funds pose a risk to the continuity of operations.	Medium	Medium	<ul style="list-style-type: none"> • Proactive donor engagement and fundraising
8. Highly politicised environment.	Low	Medium	<ul style="list-style-type: none"> • Ensure that communication efforts underline and explain the principled humanitarian actions at the National Society and IFRC levels • Monitor and react to rumours or miscommunications including on social media





- Proactively manage messaging to avoid association with a political party

Quality and accountability

Federation-wide monitoring and reporting will be implemented throughout the operation. Regular internal reporting will be maintained while adhering to IFRC standards in external reporting. IFRC Planning, Monitoring, Evaluation, and Reporting (PMER) and Information Management (IM) teams will engage with all National Societies for consultation and support in establishing and maintaining the necessary systems and practices for regular monitoring.

A harmonized list of indicators, with data regularly collected and reported, will represent a complete picture of the IFRC's network solidarity and response efforts. Disaggregated data will be collected as much as possible to reflect the needs of the different groups. The secretariat will support the collection of data from the Jamaica Red Cross to generate interactive dashboards with information on services and people reached in addition to producing regular reports on activities.

Evaluation and learning will be achieved by conducting a final cross-country evaluation per country and, if feasible, a Federation-wide, lessons learned workshop. The Federation-wide list of indicators defined for the initial phase of the operation is as follows (the list could be updated and include new indicators as the operation evolves):

Intervention areas	
Integrated assistance	
	Shelter and basic household items
Indicators	
Number of households provided with shelter tool kits Number of households provided with kitchen sets Number of essential household items (mats, blankets, solar lamps) distributed Number of people (and households) provided with cash/voucher assistance only contributing to repairs or construction (for material and/or labour) for durable/sustainable shelter	
	Livelihoods
Indicators	
Number and percentage of households receiving cash transfers/vouchers from the Jamaica Red Cross are satisfied with the time/period that the cash/vouchers were received Total spent for the livelihood programme/operation in CHF as cash transfers	
	Multi-purpose Cash
Indicators	
Number of people (and households) who successfully received cash for basic needs after being identified and processed for transfers Percentage of people reporting that humanitarian assistance is delivered in a safe, respectful, accessible, accountable, and participatory manner	
Health and Care including Water, Sanitation, and Hygiene (WASH)	
	Health and Care <i>(Mental Health and Psychosocial Support/Community Health/Medical Services)</i>
Indicators	

Number of people who receive mental health and psychosocial services in emergency situations from the Jamaica Red Cross

Number of community activities conducted which focus on health promotion as a response to an emergency



Water, Sanitation, and Hygiene

Indicators

Number of households reached with hygiene supplies

Number of households reached with cleaning supplies

Number of households reached with menstrual hygiene kits

Number of target communities/sites in the Jamaica Red Cross community cleaning response

Protection and Prevention

(Protection, Gender, and Inclusion (PGI), Community Engagement and Accountability (CEA), Migration, Risk Reduction, Climate Adaptation and Recovery, Environmental Sustainability, Education)



Protection, Gender, and Inclusion

Indicators

Programme has completed the IFRC Child Safeguarding Risk Analysis

Number of child friendly/safe spaces supported by the Jamaica Red Cross

Number of National Society volunteers and staff who have signed the Code of Conduct

Number of National Society volunteers and staff trained in PGI

Number of National Society volunteers and staff that had a background check



Community Engagement and Accountability

Indicators

Number and percentage of complaints or feedback about the Jamaica Red Cross operation which receive a response through established community communications

Number of staff, volunteers, and leadership trained on community engagement and accountability (disaggregated by staff/volunteers/sex)

Number of satisfaction surveys completed



Risk Reduction, Climate Adaptation, and Recovery

Indicators

Number of communities that have formed Community Disaster Response Teams with the support of the Jamaica Red Cross, with specific roles related to disaster preparedness and risk reduction

Number of micro-projects undertaken which support risk reduction, climate adaptation and recovery

The Jamaica Red Cross implements nature-based solutions, with a particular focus on planting trees and mangroves in the response or recovery operations

Enabling approaches



National Society Strengthening

Indicators

The National Society has identified knowledge transfer mechanisms from surge capacity to their staff for the duration of the operation

Number of volunteers provided with equipment for protection, safety, and support (e.g. PSS) appropriate to the emergency



Coordination and Partnerships

Indicators

Membership coordination meetings organised, and updates are provided to the Membership partners (Yes/No)

Key partner meetings organised, and updates provided to all partners (Yes/No)



Secretariat Services

Indicators

Number of rapid response personnel who support the operation

Number of volunteers involved in the response who are insured

Throughout the appeal implementation cycle, the POS CCD will provide technical support to the Jamaica Red Cross for quality assurance across different sectors (finance, logistics, human resources, PMER). Knowledge transfer and capacity-building will be incorporated within the missions of Surge delegates supporting the response. As part of this appeal, the Jamaica Red Cross intends to strengthen the capacity of its staff and volunteers in various areas, including financial planning and management, leadership development, and community engagement and accountability.

The operation has included a systematic approach to Monitoring, Evaluation and Learning (MEL), information sharing, and reporting, while a comprehensive MEL plan will be developed and implemented at the country level. This will include regular monitoring of the key indicators outlined in the above table and targeted activities to reach the identified affected individuals.

A child protection analysis and a child safeguard briefing for volunteers is planned as part of the Protection, Gender, and Inclusion activities. PGI training will also be provided for National Society staff and volunteers, alongside a mandatory Protection from Sexual Exploitation and Abuse (PSEA) online training to be completed by all volunteers. All insured volunteers are and will be required to have signed the code of conduct.

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement	IFRC Secretariat Funding Requirement in support of the Federation Wide funding ask
21 million CHF	19 million CHF

Breakdown of the IFRC secretariat funding requirement:



OPERATIONAL STRATEGY

MDRJM005 - Jamaica Red Cross Hurricane Melissa

FUNDING REQUIREMENTS

Planned Operations	14,586,000
Shelter and Basic Household Items	3,887,000
Livelihoods	3,008,000
Multi-purpose Cash	3,615,000
Health	1,482,000
Water, Sanitation, and Hygiene	1,103,000
Protection, Gender, and Inclusion	215,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	1,023,000
Community Engagement and Accountability	253,000
Environmental Sustainability	0
Enabling Approaches	4,418,000
Coordination and Partnerships	338,000
Secretariat Services	3,192,000
National Society Strengthening	888,000
TOTAL FUNDING REQUIREMENTS	19,004,000

Contact information

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

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- **Regional Head, Global Supply Chain:** Jose Fernando Giraldo, fernando.giraldo@ifrc.org
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Reference



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