

OPERATION UPDATE -2-

Jamaica | Hurricane Melissa

Emergency appeal №: MDRJM005 Emergency appeal launched: 29/10/2025 Operational Strategy published: 11/11/2025	Glide №: TC-2025-000196-JAM
Operation update #2 Date of issue: 24/12/2025	Timeframe covered by this update: From 29/10/2025 to 20/12/2025
Operation timeframe: 24 months (29/10/2025 - 31/10/2027)	Number of people being assisted: 180,000 people
Funding requirements (CHF): CHF 19 million through the IFRC Emergency Appeal CHF 21 million Federation-wide	DREF amount initially allocated: CHF 1,000,000 (including CHF 80,000 Imminent DREF)

To date, this Emergency Appeal, which seeks CHF 19,000,000, is 49.5 per cent funded. Further funding contributions are needed to enable the Jamaica Red Cross, with the support of the IFRC, to continue to address the urgent humanitarian needs of the communities affected by Hurricane Melissa in Jamaica.

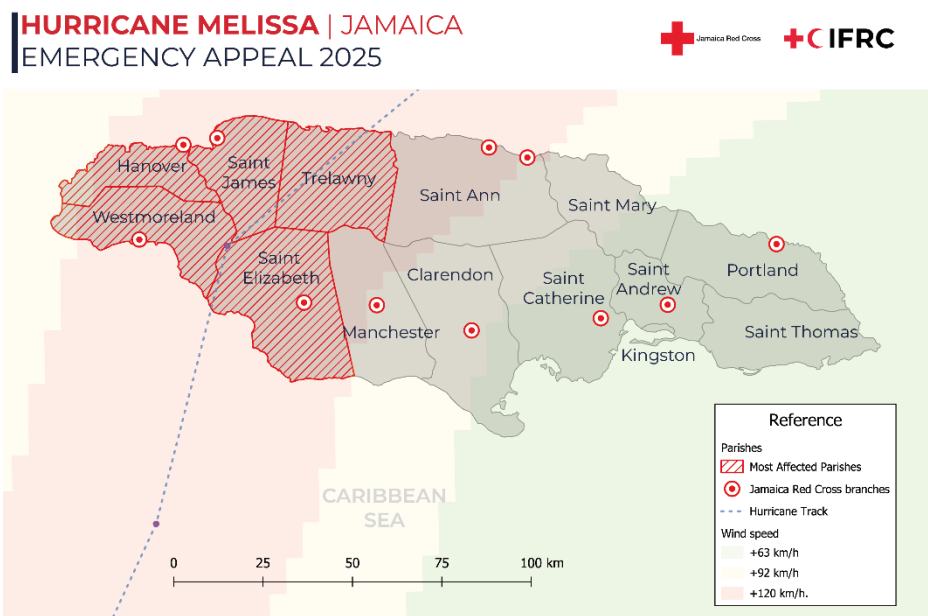


JRC facilitating an MHPSS session with children at the Distribution site in Abraham community - Santa Cruz, St Elizabeth

A. SITUATION ANALYSIS

Description of the crisis

On 28 October 2025, Hurricane Melissa made landfall in Jamaica as a Category Five storm, the strongest hurricane ever to strike Jamaica and one of the most powerful hurricanes to form in the Atlantic Basin. With winds of nearly 300 km (185 miles) per hour, the hurricane caused catastrophic damage across western and southern parishes—particularly St. Elizabeth, Westmoreland, Hanover, St. James, Trelawny, and Manchester. Close to 1.6 million people have been affected and, as of 12 December, 45 deaths have been confirmed, with an additional 32 deaths under investigation; and 12 people remain missing.¹



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data source: Jamaica Red Cross, NOAA, IFRC. Produced by IFRC ARC IM team, November 2025.

At the height of the storm, approximately 77 percent of Jamaica Public Service’s customers were without power, and the National Water Commission (NWC) reported a total shutdown of the water supply in Hanover and Westmoreland and severe disruptions in St. James and St. Elizabeth. Restoration efforts are ongoing, and as of 8 December 83 percent of Jamaica Public Service’s customers have their electricity restored and 85 percent of National Water Commission (NWC) customers regained water service. Electricity has also been restored to 97 percent of major hospitals.

Over six weeks after the passage of Hurricane Melissa, the humanitarian situation in Jamaica remains severe. Displacement persists, with around 90,000 households (approximately 279,000 people) still unable to return home, a figure that has remained largely unchanged.² Over 156,000 houses need repair in Western Jamaica, directly affecting around 90,000 families.³ 90 out of the 881 emergency shelters remain activated island wide hosting approximately 968 people,⁴ with others hosted in other households or informal shelters. A total of 135 medical facilities suffered damage, including 5 major hospitals. Health restoration efforts are underway with 89 percent of facilities (305 of 343) now operational. These efforts are being supported by field hospitals, surge staffing, mobile clinics, temporary roofing, and alternative arrangements for communication, power, and water supply.⁵

¹ PAHO: Situation Report #23 – 6-12 December 2025

² CDEMA SitRep #18 (9 December)









³ IOM Caribbean: Hurricane Melissa - Situation Report No. 10 (19 November 2025)

⁴ PAHO: Situation Report #23 – 6-12 December 2025

⁵ CDEMA SitRep #18 (9 December)

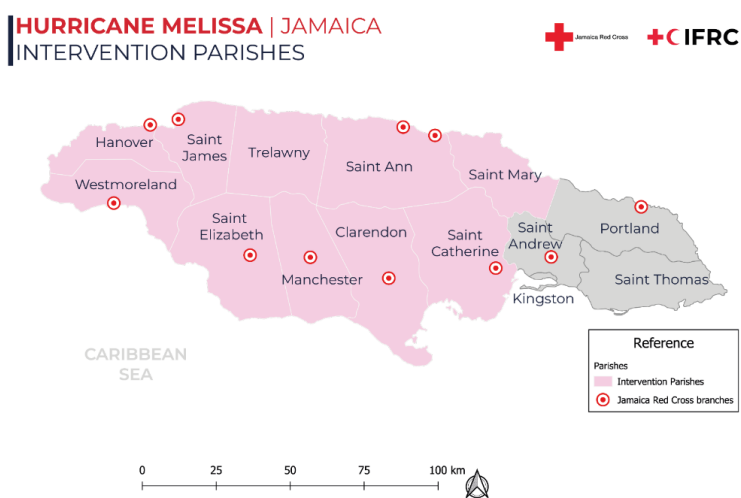
Rising groundwater levels and prolonged flooding, in addition to causing further disruption, isolation and damage to buildings and farmland, are further exacerbating significant public health risks. Following the declaration of a leptospirosis outbreak on 28 November, updated figures as of 10th December indicate 91 suspected or probable cases of which 30 were lab confirmed cases reported post-Hurricane Melissa. A total of 12 deaths has been reported among suspected cases, seven of which have been confirmed as caused by leptospirosis. The outbreak is concentrated in St. James, St. Ann, and St. Catherine. Suspected dengue cases are currently under epidemiologic surveillance. As of 4 December 2025, dengue activity in Jamaica remains low, with the National Surveillance Unit of the Ministry of Health and Wellness reporting 500 suspected or probable dengue cases for 2025 and two suspected dengue-related deaths.⁶

The World Bank, in coordination with the Inter-American Development Bank (IDB), has estimated that the physical damage to Jamaica caused by Hurricane Melissa totals US\$8.8 billion — equivalent to 41 percent of the country's 2024 GDP— making it the costliest hurricane in Jamaica's recorded history.⁷

DISASTER OVERVIEW (as of December 13)					
	People Affected	1.6 million		Homes in need of repair	156,000
	Educational Centers Damaged	600		Healthcare Institutions Damaged	135
	People displaced	279,000		People Missing	12
	Fatalities	45		Fatalities caused by Leptospirosis	7 (confirmed) 5 (suspected)

Summary of response

The Jamaica Red Cross (JRC), operating as an auxiliary to public authorities in disaster management and emergency response, continues to support response efforts to Hurricane Melissa. With 13 branches, 25 staff, and approximately 2,000 volunteers, JRC is represented in the National Emergency Operations Centre (NEOC) and collaborates with the National Humanitarian Assistance Committee led by the Ministry of Labour and Social Security (MLSS). Operations are active in 12 branches and, of the 2,000 volunteers, around 300 are currently deployed island wide. The Hanover and Trelawny Branches are receiving reinforcement from National Headquarters and IFRC, and the Country Cluster Delegation (CCD) have deployed surge personnel to strengthen the National Society's response capacity

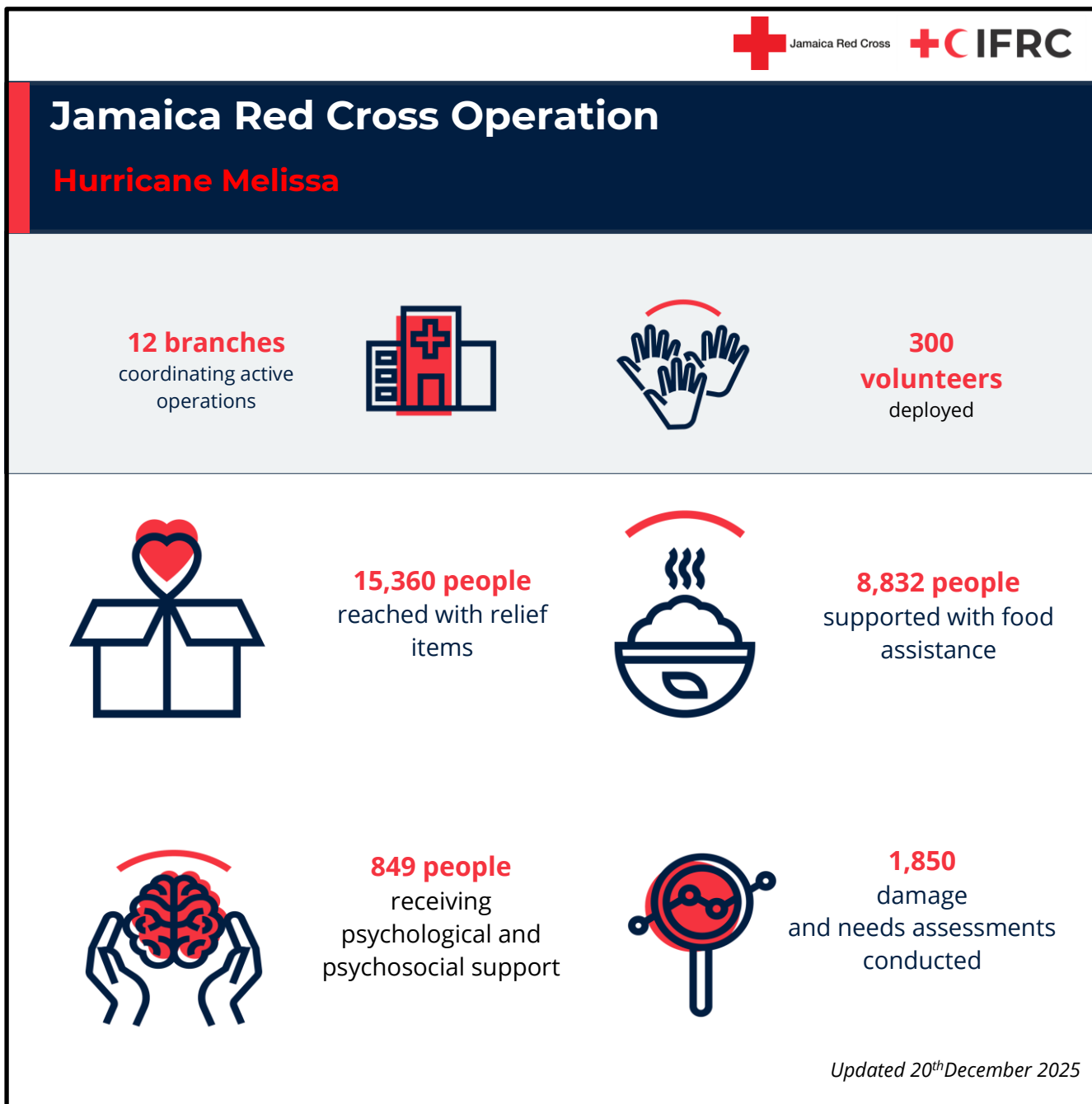


The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data source: Jamaica Red Cross, NOAA, IFRC. Produced by IFRC/ARO IM team; November 2025.

⁶ PAHO: Situation Report #23 – 6-12 December 2025

⁷ World Bank, IDB, Estimate Hurricane Melissa Damage to Jamaica Totals All-Time-High of US\$8.8 Billion (19 November 2025)

Since the launch of the appeal, JRC has reached approximately 5,120 households (~15,360 people) with non-food items (NFIs), including blankets, kitchen sets, shelter tool kits, tarpaulins, cleaning kits, hygiene kits, jerry cans, solar lights, mosquito nets, and mattresses, in the hardest-hit parishes and affected pockets of St. Mary, Portland, and St. Thomas. The JRC has also supported an estimated 8,832 people with food assistance with 2,944 packages.



Additional support has been provided to institutions and government entities, including infirmaries, children's homes, the Ministry of Justice, health facilities, and municipal corporations. Shelter support continues, including the distribution of 67 mattresses at the Petersfield High School Shelter in Westmoreland.

Mental Health and Psychosocial Support (MHPSS) teams have reached over 800+ people in the parishes of Manchester, St. Elizabeth, St. James, Hanover, Trelawny, St Ann and Westmoreland. MHPSS volunteers have consistently joined and supported distribution activities ensuring MHPSS presence and early support for individuals. Stand-alone MHPSS activities have been conducted in shelters with high levels of need, including Petersfield High and Primary school, Unity school and Maude Mc Leod shelter in Westmoreland. These activities included including group psychoeducation sessions, child-friendly psychosocial and recreational activities and individual psychological support. A staff care session for 18 staff and volunteers was facilitated in HQ. In

collaboration with the Ministry of Health and Wellness, JRC volunteers also supported the clean-up and debris removal at the Petersfield and Darliston health centres on November 15, 2025, helping move both facilities closer to the resumption of primary health services. Through funding from the IFRC Emergency Appeal, a heavy-duty equipment operator was engaged to accelerate this clearance work.

Household damage and needs assessments continue, with 1,850 assessments completed using Jamaica's Household Disaster Impact and Needs Assessment (JHDINA) tool. The JRC has received approximately 160 tonnes of NFIs from IFRC and Partner National Societies to sustain relief operations and another shipment to Kingston arrived on Saturday, 22 November, including 1,320 hygiene kits (12 tonnes). Logistics operational efficiency will be strengthened through the staging of mobile storage units, potentially to be installed in Santa Cruz and Black River.

Connectivity has been enhanced through the installation of Starlink units by Télécoms Sans Frontières at four branches, while Vodafone equipped a National Society vehicle with a mobile Starlink unit and established a charging station at the Westmoreland Branch.

A major innovation during this operation has been the creation of an enhanced Vulnerability Index that now goes beyond mapping exposure and household impact. The tool integrates relief distribution data from partner organizations, allowing the Jamaica Red Cross to identify underserved communities by highlighting areas that are both highly vulnerable and outside the reach of existing relief efforts. This cross-sectional approach ensures that assistance is targeted where gaps truly exist, strengthening equity and efficiency in the response.

The index has been validated through field visits and recovery operations by National Society teams and branches, confirming its accuracy on the ground. Its effectiveness is further demonstrated by the Cash and Voucher Assistance team, which found a 93% correlation between communities flagged by the index and the locations of households that both seek and qualify for cash assistance under Red Cross Movement criteria. This data-driven tool is now informing all programme strategies and will remain a cornerstone for planning beyond the emergency phase, marking a significant step forward in how the Jamaica Red Cross prioritizes and delivers aid with transparency and accountability to everyone it serves.

Field communications focused on a data-driven approach, strengthening strategic messaging, increasing visibility of the Hurricane Melissa response, and positioning content to support raising awareness, educating audiences, encouraging donors and mobilising volunteers for recruitment purposes. A key objective of our communications approach is to reach new and existing audiences and to encourage positive sentiment surrounding Jamaica Red Cross' direct response as well as IFRC's support, combatting misinformation and disinformation identified through data analysis which will be used to inform our content.

Key messages and reactive lines were updated in line with the latest SitRep and Movement coordination, alongside the development of a proactive communications and content plan, and a celebrity / stakeholder engagement strategy tailored for each thematic area of the operation.

Field coverage thus far has included a communications support plan for Cristain Torres, Deputy Regional Director of IFRC Americas' field visit to Black River, resulting in a vlog and piece to camera depicting the scale of impact and community reach through aid distribution, as well as content gathering for ERU to show behind the scenes of logistics, volunteer testimonies and other evergreen digital assets. Cross-departmental coordination advanced with WASH, CVA and is in development for MHPSS, in order for output to align with public health, cash and psychosocial messaging.

Reputational risk guidance was drafted to support current and upcoming high-level visits. Proactive media support was planned for upcoming activities and multiple videos highlighting relief delivery, clean-up efforts, volunteer visibility and resilience were finalised, ensuring consistent, credible and ethical storytelling that amplifies

operational impact and supports the Emergency Appeal.

Links to live content: (links are only to one social channel)

- Resilience piece: <https://www.instagram.com/reel/DSMsC2wCD1T/?igsh=d3kwZnE3c3l3MHBi>
- Cristian Torres' Black River field visit and distribution: <https://www.instagram.com/reel/DSVEwjekaYX/?igsh=MTJxdGQ4d3gxd29hNA==>
- Vlog: Mafoota relief distribution: <https://www.instagram.com/reel/DSXFF8FEV8q/?igsh=MXQ4OWY4N2c1dXF3OQ==>
- Clean-up with volunteers: <https://www.instagram.com/reel/DScQsWUCHfP/?igsh=dGdxaGYwenRtcWpx>

Key data from live content: (timespan of one week) - ***This data is from organic posting, meaning no paid spend was put behind this output.***

- On average, we've been able to reach 55% new audiences with our content
- Overall organic reach across all social media platforms: 67,733 people
- Overall engagements across all social media platforms: 3,360
- As a result of our content, we've attracted 2,500 additional profile visits on Instagram alone
- Overall retention rate on content is 18.4% above average (meaning audiences stayed on our content to watch for longer than other posts)
- Average skip rate of content: 64.9% (typical skip rate is 83.3%)
- Top countries our content was viewed in: Iran, Jamaica, Canada, UK
- On average content is most popular with demographics from the ages of 18-44
- Best performing channels: Meta and Instagram
- Best performing content: [here](#) (Meta) and [here](#) (IG) - the 'resilience' piece.
- Lowest performing channels: X and LinkedIn
- An overall positive sentiment on all posts

Needs analysis

Needs analysis

All organizations responding to Hurricane Melissa in Jamaica are mandated to use the government-approved Jamaica Household Disaster Impact and Needs Assessment (JHDINA) tool. This assessment is owned by the Ministry of Labour and Social Security (MLSS) and curated by the Office of Disaster Preparedness and Emergency Management (ODPEM) with technical support from major humanitarian actors. Governance of this national, cross-agency assessment is facilitated through working groups of the Humanitarian Assistance Committee (HAC), co-chaired by the Jamaica Red Cross (JRC) ensuring standardized data collection and analysis across all sectors.

As of the latest consolidation, 22,307 household surveys have been completed across all 13 parishes, including Westmoreland (3,574 households). While initial power outages in some communities required paper-based forms, these have since been digitized, allowing for comprehensive analysis.

Key findings confirm critical needs across multiple sectors with quantified priorities among the 21,872 responses validated as of mid-December:

- Food (55.5%), building materials and shelter repair (28.4%), and water (7.5%) dominate household needs, accounting for over 91% of all responses.
- Secondary needs include bedding and blankets (2.1%), tarpaulin (1.4%), electricity (0.8%), clothing (0.5%), and hygiene kits for adults (0.3%) and children (0.25%).
- Livelihood losses are significant with 16% of households reporting asset loss primarily crops (7.6%) and livestock (3.7%) signaling the need for income recovery support.
- Housing damage is widespread with 40% minor damage, 33% major damage, and 12% destroyed reinforcing the demand for shelter repair and building materials.

Table of Priority Needs	
Food	55.47%
Building material	28.36%
Water	7.52%
Bedding & Blankets	2.12%
Tarpaulin	1.39%
Electricity	0.77%
Clothes	0.48%
Livelihood support - (eg. farmers, fisherfolk, shop owners etc.)	0.46%
Temporary housing or shelter	0.40%
Adult hygiene & care products	0.30%
Infant/ Children hygiene and care products	0.25%
Medication/medicine Building material	0.20%
Medical attention	0.08%
Counselling (Psychological or social)	0.07%

Source: By author- from government-approved Jamaica Household Disaster Impact and Needs Assessment

Vulnerability indicators show that many households include elderly members (28%), pregnant or breastfeeding individuals (3%), and people with disabilities (5%) highlighting protection and inclusion needs.

Government and JRC distributions are ongoing, but localized inflation and transport barriers such as taxi fares rising from JMD 350 to JMD 1,500 continue to limit access. Market capacity for essential goods is expected to normalize by mid-December making multipurpose cash assistance a viable modality. A minimum expenditure basket is being finalized with JRC and validated by the Cash Working Group to ensure harmonization.

Shelter

Shelter needs remain high with 87 percent of respondents listing building materials and 27 percent listing tarps among their top 5 needs, while 4 percent is mentioning the need for a temporary shelter Housing damage is widespread. Damage assessments show 40% of homes with minor damage, 33% with major damage, and 12% destroyed, reinforcing the demand for building materials and shelter solutions. While over 80 percent of households own their homes, insurance coverage is negligible at about 1 percent, suggesting a limited capacity for self-repair. The Government of Jamaica is currently designing a cash-based repair program that will allocate different amounts of financial assistance to households based on the level of damage. The specific amount for

each damage category has not yet been determined or made public. At the same time, following the information from the shelter working group, most humanitarian organizations are expected to leave Jamaica at the beginning of 2026, marking the likely end of the emergency support. There is currently no substantial information on the number of organizations or the funding that will be available for longer-term recovery initiatives.

Westmoreland shows the most severe impact, with one-third of homes destroyed. These findings highlight the urgent need for repairs and targeted reconstruction in the hardest-hit parishes. Therefore, JRC has decided to prioritize roof repairs in the following parishes: Westmoreland, Hanover, St. James, and St. Elizabeth. The process of selecting up to three roof repair clusters within each parish is currently underway. Lessons learned from Hurricane Beryl indicate that without timely assistance, vulnerable households may remain without roof repairs for up to 18 months after the disaster—as was the case in several parishes affected by Beryl.

Livelihoods

Geographic vulnerability is concentrated in St. Elizabeth, Westmoreland, Hanover, St. James, and Trelawny, where structural damage and loss of productive assets (notably crops at 7.6% and livestock at 3.7%) compound recovery needs. Though Livelihoods support was not identified as a major priority among respondents, with only 1.3 percent of respondents ranking it within their top five needs, more recent data has indicated that livelihoods support will be a major priority among respondents. Data suggests that households have experienced notable disruptions to their means of production. Livelihood losses are significant with 16% of households reporting asset loss primarily crops (7.6%) and livestock (3.7%) signaling the need for income recovery support. These figures indicate that while direct livelihood assistance may not be perceived as urgent, the impact on productive assets could have longer-term implications for household recovery and resilience.

Market dynamics: Government and Jamaica Red Cross distributions are ongoing, but gaps persist due to localized inflation and transport barriers, with taxi fares rising from JMD 350 to JMD 1,500 in some corridors. Market capacity for essential goods is expected to normalize by mid-December, making multipurpose cash assistance a viable modality. A minimum expenditure basket is under development with JRC and the Cash Working Group to ensure harmonization.

Food remains a top priority for the affected population in places like Darliston and Petersfield, and while the overall supply of fresh produce has not bounced back fully to-date, supply chains in the affected areas have recovered in most other food products. Baking and wholesale products, for example, have rebounded from 20% distribution to 100%. Markets in towns have reopened and large supermarkets and distributors in urban areas like Montego Bay demonstrated resilience and have fully reopened. Lumber and shelter supplies are also recovering quickly. Post Distribution Monitoring of the most recent test group is expected to validate these assumptions.

Health and Care

Within ten days of the start of the operation, it became clear that health facilities across the heavily impacted areas had been damaged to varying degrees and health services severely disrupted. Resulting from a request from the Ministry of Health and Wellness (MOHW), the IFRC was asked to provide mobile health clinics to support the struggling primary health care system. The Canadian Red Cross Health ERU was deployed, and an operational model was agreed with MOHW. Currently, two mobile units are operational in Westmoreland, providing primary health care in rotating sites as determined by the Western Regional Health Authority. Non-Communicable Diseases are a large concern in Jamaica and the limited access to primary health care has made it difficult for many people to maintain their health without regular checkups and prescriptions. Also, the ongoing Leptospirosis

outbreak highlights the fragile state of healthcare provision and the need for targeted health messaging, which is being rolled out with distributions and with the clinical team.

Hurricane Melissa has also created a significant emotional and psychological burden across all affected communities, impacting adults, older persons, caregivers and children. Disruptions and losses to housing, livelihood schooling, social networks, and access to basic services have undermined daily routines and a sense of safety for many households. Many are struggling to process loss, displacement, and the sudden breakdown of communication and daily structure with children being particularly affected due to interruptions to schooling, play and social connection. National mental health authorities report widespread stress, anxiety, and grief, emphasising the importance of maintaining social connection, checking in on others, and restoring routines to support coping and recovery. In response to these needs, the Ministry of Health and Wellness has expanded its mental health and psychosocial outreach and is mobilising trained volunteers, including from the Jamaica Red Cross, to provide community-based psychosocial support, PM+ and ensure timely referral for individuals experiencing heightened or prolonged distress.

Initial findings shared through the MHPSS Working Group further indicate that the highest reported psychosocial needs are among community members themselves, particularly caregivers, women and children. The early coordination efforts of the MHPSS Working group also highlight that by mid-November, approximately half of all MHPSS services provided by partner organizations were delivered online. JRC, however, only delivers MHPSS in person and thus represents a substantial proportion of all in person for MHPSS service delivery. As of mid-November 2025, 9 out of 16 organizations participating in the MHPSS Working group had not yet initiated MHPSS activities on the group; underscoring again the importance of the JRC rapid response; strong MHPSS volunteer base and early community engagement in addressing MHPSS needs from the very beginning.

A very low proportion of households (0.07%) identified counselling (psychological or social) as a priority need. This finding is consistent with other post-disaster needs assessments where affected populations primarily prioritize immediate survival and material needs. MHPSS needs are often less visible, influenced by cultural stigma, and not easily expressed in the acute phase of a crisis. Experience from previous responses however shows that the value and impact of MHPSS interventions are more frequently recognized at later stages of the response, once basic needs are covered.

WASH

The leptospirosis outbreak remains a concern with 91 suspected, probable, or confirmed cases reported, including 30 laboratory-confirmed and 12 related deaths. While case numbers declined in the past two weeks, that positivity rates have risen, prompting a review of surveillance systems. PAHO has reported vector indices have also increased due to expanded mosquito breeding sites linked to water storage needs. Hygiene and access to safe water needs remain significant, with 18 percent of respondents listing hygiene kits among their top five priorities for both adults and children and about 8 percent listing access to clean water as a high priority. This highlights gaps in basic WASH supplies, especially for people with disabilities and larger households where women are overrepresented, with 38 percent of women in homes of three or more and 17 percent in households of six or more, and for older adults who account for 34 percent of the population. Surveillance data, needs assessment data, ongoing demand during relief distribution and the withdrawal of other partners underscore the need to continue water and hygiene kit distributions as a key priority.

The authorities are tirelessly working together with national and international partners to restore access to drinking water and sanitation. However, the need for clean water and sanitation remains high, with a significant

number of people still having no access to water. In some of the most affected parishes, like St. Elizabeth, 44% of the customers of the National Water Commission remain without water; in Hanover, 42%; in Trelawny, 42%; in Westmoreland, 35% and in St. James, 32%. This shows that in nearly all of the most affected Western parishes, more than 1/3 of people remain without access to water.

Additionally, the Leptospirosis outbreak and ongoing dengue transmission underscores the high exposure to contaminated flood waters, as well as broader sanitation- and vector-related disease risks. This indicates the need to prioritize hygiene promotion and risk communication and community engagement interventions to protect public health. Approximately 90 shelters remain open in seven parishes, housing over 950 people, with reported hygiene risk factors including limited water, poor hygiene and accumulated solid waste. Shelter residents have been identified as a priority population for hygiene promotion, as well as the need to continue surveillance and risk communication related to food and water quality, vector control, wastewater, and solid waste to the general population. Rodent infestations remain an issue particularly with piles of hurricane debris and stagnant water remaining. The Jamaica Red Cross and partners have also identified the need to develop child- and youth-friendly risk communication tools targeting school settings set to reopen in January.

Protection, Gender and Inclusion (PGI)

Women, who represent 57 percent of respondents, are more likely to live in larger households, with 38 percent in homes of three or more people and 17 percent in households of six or more, while men, though slightly more represented in smaller households (27 percent in homes of two or fewer), also predominantly live in larger households. The responding population is older overall, with 34 percent aged 60 and above, and elderly presence is significant at the household level, with 39 percent of households reporting at least one older person. Disability prevalence is lower but notable, with 5 percent of households reporting at least one person with a disability. These patterns point to heightened protection and care needs in female-headed and multi-generational households, as well as the importance of accessible services for older adults and persons with disabilities. A total of 673 households surveyed in impacted areas include pregnant women.

These demographics reflect nationally recognized risk factors articulated at policy level by the Office of the Prime Minister. The authorities acknowledge the exacerbating vulnerabilities particularly for women, children, older persons and persons living with disabilities due to the combination of household overcrowding, economic stress, displacement and disruption of services. These conditions are recognized to increase risk of violence, neglect, exploitation and social exclusion especially within multi-generational and female headed households. These risks were also confirmed during MHPSS sessions with women in shelters facilitated the by JRC MHPSS team. Women participating in these sessions highlighted overcrowding, lack of privacy, caregiver tiredness and concerns about safety particularly at night.

Operational risk assessment

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

- **Limited humanitarian access to remote areas:** Several remote communities remain hard to reach. Blocked roads and debris slow movements and limit how fast teams can reach people.
- **Logistical constraints:** A sharp increase in incoming relief items placed the National Society logistics capacity under stress, with the Kingston warehouse operating at full capacity and staff stretched by intensive warehousing and dispatch work. The opening of a warehouse in Montego Bay on 25 November eased pressure but did not fully absorb the surge. Transport for cargo was difficult to secure due to tight local market availability. Common services support, including WFP, was used where possible, but pickups and deliveries were sometimes unreliable because of the same market constraints. During the emergency phase, changes in government procedures for humanitarian cargo imports added an extra layer of

complexity to customs clearance and extended timelines. The Government of Jamaica remained proactive and effective in resolving challenges as they arose, which helped limit overall operational impact.

- **Interagency Coordination:** At the outset there was limited coordination of the many agencies responding to the disaster. The Government of Jamaica does not request the activation of the IASC cluster system and as a result, for the initial months, meetings amongst UN and other large agencies were taking place outside of the governments coordination mechanisms lead by the Office of the Minister, the Ministry of Social Services and Labor and the Office of Disaster Preparedness and Emergency Management. In recent weeks, with many first response agencies now leaving, the Government has become a focal point for coordination particularly involving JRC, IFRC, WFP, IOM, World Central Kitchen, Food for the Poor and Samaritans Purse. The JRC and the IFRC remain engaged in all coordination meetings and in particular with the Cash Working Group, the Ministry of Health and Wellness and the Ministry of Water. The Jamaica Red Cross remain a close partner of the Ministry of Social Security and Labour.
- **Technical and human resource challenges:** Full staff and volunteer networks are unavailable, with some personally affected by damage and losses. The influx of untrained spontaneous volunteers requires supervision, and IT capacity needs strengthening as most systems are still handled manually.
- **Security challenges in affected parishes:** Infrastructure damage, including impassable roads, power outages, and disrupted communication, has increased the risk of looting and placed distributions, convoys, and storage sites at higher risk. Traffic congestion and stretched emergency services reduce response capacity, increasing operational risk for personnel and assets.
- **Communication constraints:** Damage to power and network infrastructure, is limiting the ability to liaise effectively with Red Cross volunteers, branch networks, and local authorities. Disruptions have slowed coordination, and the lack of standardized protocols, limited use of multiple channels, inconsistent training, and absence of centralized data storage further restrict operational efficiency.
- **Continued heavy rains and unstable slopes:** Continued rains may worsen flooding and landslides, potentially blocking access to some communities.
- **Health Risks to Staff and Volunteers:** The operation poses multiple health risks that could affect both affected communities and response personnel. Leptospirosis, a major concern due to widespread floodwaters, has prompted an official outbreak declaration by the Minister of Health, with 91 suspected cases, 30 confirmed cases, and seven of twelve confirmed deaths. Tetanus is also a risk in debris-clearing environments, with two confirmed cases in Westmoreland and St. Elizabeth, including one death. In addition, vector-borne diseases such as Dengue, Zika, and Chikungunya present an elevated risk because of increased standing water after the hurricane, although a surge in cases has yet to be observed. Power outages also disrupt the supply of fuel, jeopardizing the operations of pumping stations and its provision of safe water.
- **Information Management:** Timely reporting of relief distributions has been affected by the use of paper-based distribution forms during community distributions. This approach was necessary in areas with prolonged power and connectivity outages but introduces delays in data processing and limits real-time visibility of items reaching households. Current estimates rely on warehouse dispatch records and reconciliation of returned items, which provide an interim proxy but do not confirm final delivery to beneficiaries. To address this gap, a mass digitization process of paper distribution records is underway. Once completed, these digitized records will be cross-verified against dispatch data to produce validated figures reflecting actual community-level distributions. This process will ensure compliance with accountability standards.

Despite these challenges, the JRC, with the support from the IFRC Secretariat and Movement partners, continues to expand its humanitarian reach and refine its response strategies that build on input from community level engagement, observation and coordination with other local actors.

B. OPERATIONAL STRATEGY

Update on the strategy

Since the start of the operation in late-October, changes in the response environment have necessitated updates to the [Operational Strategy](#) published on 11 November, 2025.

An outbreak of Leptospirosis resulting from the vast areas of stagnant and polluted water left behind by Hurricane Melissa has called for the operation to also support the JRC and the Government response, primarily through targeted risk communication using multiple channels (aligned with MOHW key messages), through preventative and curative measures in Health ERU activities, through advocacy with the WASH Cluster and Hygiene Promotion (HP). An awareness campaign in support of the Government has been launched, initially through messaging at all distribution centres. HP activities have ramped up, and additional HP expertise may be sought from within the region and globally, if necessary. With the increased risk of vector-borne diseases, mosquito nets have been included as part of the NFI distribution and procurement. The Jamaican population is familiar with the use of these nets for vector control and have made requests for same. However, recognising that this is not the most effective method, considerations for large scale procurement of repellents are being explored.

The multipurpose cash program designed and included in the Operational Strategy to promote dignity of the affected population while covering their basic needs suffered a slight change as a consequence of the market assessment and feasibility analysis being finalized—an increase in prices was identified and a larger Minimum Expenditure Basket (MEB) was calculated jointly with JRC. Thus, the overall target was reduced by 215 households as the transfer value was slightly increased (roughly +10 CHF) per household. Besides the MEB, the minimum wage was also included as a parameter for the calculation of the transfer value.

The targets for the shelter programme were also reduced to provide meaningful support to those who need it. The reduction in the target was largely due to the high costs of building materials that will be required to procure roofing kits that embody the Build Back Safer principles.


The lack of robust coordination on the island has brought an influx of organizations with no specific areas of operation, leading to both overserved and underserved populations. The operation subsequently increased its initial target areas to reach underserved and, in some cases, remote communities that were impacted by the hurricane but not within the 5 parishes of Manchester, St. Elizabeth, St. James, and Westmoreland, which were heavily impacted. These include the parishes of Trelawny, St. Ann and St. Mary. This has necessitated the mobilization of additional volunteers from an already overstretched pool, further complicated by reduced numbers as many in the 5 hardest-hit parishes themselves have been impacted.

Volunteers from Kingston and St. Andrew and St. Catherine are being moved across the island to fill the gap, and there is limited further capacity to support Trelawny, St. Ann and St. Mary. JRC’s Headquarters staff are heavily relied upon to support field operations, which leaves gaps in regular day-to-day activities. Recruitment of additional staff to bolster an already overstretched management is underway. The need for a robust volunteer recruitment campaign is also a priority moving forward.

The indicators included below have been reviewed and updated for each strategic sector of intervention to better reflect the key interventions and progress achieved.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements	Female > 18: 8,556	Female < 18: 2,852
	Male > 18: 8,319	Male < 18: 2,773

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.*

	Indicator	Actual	Target
Key indicators:	<i>Number of households provided with shelter relief items (tarpaulins and shelter tool kits)</i>	3,716	7,500
	<i>Number of households provided with essential household items (kitchen sets, mattresses, blankets, solar lamps)</i>	2232	7,500
	<i>Number of households supported with the necessary roofing materials or financial assistance contributing to repairs for durable shelter.</i>	0	360
	<i>Number of households supported with financial assistance to cover labor for the roof repairs.</i>	0	180
	<i>Number of carpenters, masons, and community members trained in "Build Back Safer" principles.</i>	0	300
	<i>Percentage of surveyed people whose households received shelter-based assistance is satisfied with support provided</i>	0	80%

Actions During Reporting Period:

The following items have been distributed: 1,389⁸ blankets, 0⁹ kitchen sets, 2,338 shelter tool kits, 3,716 tarpaulins, 832 solar lights, 971 mosquito nets and 11 mattresses. Exit surveys have been implemented at distribution sites, showing 100% satisfaction.

In Clarendon, Manchester, and St Elizabeth- three parishes impacted by both Hurricane Beryl in July 2024 and Hurricane Melissa in October 2025, assessments were conducted for households identified by the Ministry of Labour and Social Security and handed over to JRC for inclusion in a shelter assistance project. From this list, 31 households have been selected to receive roofing materials. Bills of Quantities were prepared to ensure that each household receives the correct number of materials needed for roof repairs.

This assessment demonstrates that vulnerable households lack the means to self-recover. Without roof repair assistance, damaged roofs are likely to remain unrepaired for up to 18 months after a hurricane and deteriorate further when exposed to subsequent storms.

The Shelter Strategy has also been approved by JRC, and the budget has been submitted for approval. The project aims to repair approximately 360 houses in four parishes (Westmoreland, Hanover, St. James and St. Elizabeth) by providing roofing materials and labour support to vulnerable households while simultaneously building local capacity through training initiatives. The identification of the repair clusters within these parishes is ongoing; it has been agreed to have a maximum of 3 clusters per parish to facilitate the supervision of the construction works. The exact number of roofs repaired will depend on the size and damage level of each roof and the available budget. A kobo assessment will be designed to ascertain the vulnerability of the households and damage of the houses. Following this vulnerability assessment, 50% of the selected households will receive labour assistance. To ensure skilled labor availability, carpenter training will be organized with the goal of having at least one trained carpenter per cluster. Additionally, one construction training course per cluster will be conducted to enable unskilled workers

⁸ Following the implementation of an enhanced distribution tracking and control system by the CCD in coordination with National Society (including improved verification and consolidation), previously reported shelter distribution figures were validated and revised. As a result, totals may differ from earlier reporting.

⁹ Idem.


to become carpenter assistants and will be open to interested community members. Each carpenter team will consist of four members, one carpenter and three trained assistants, and will be equipped with toolkits that they can retain at the end of the project. In total, twelve teams will operate across four parishes, with one team assigned to each cluster. These teams will be linked to households selected based on vulnerability criteria to carry out roof repairs.

Before the start of the project in each cluster, Build Back Safer training will be held for the affected population and all interested community members. Materials will be delivered directly to households by the supplier according to the Bill of Quantities prepared by the JRC shelter team. Daily site supervision will be provided for those supported, and technical advice will also be offered to the wider community to ensure quality and promote resilience.

Planned next steps:

Preparation of distribution list as per Bill of quantities for 31 households for distribution in the third week of December. Design of Build back Safer training for these households, their carpenters and all interested community members to be held before the distribution takes place.

Several meetings were held with the representative of the Jamaica Institution of Engineers (JIE) to explore potential collaboration on construction training. As a result of these discussions, it was agreed that starting in 2026, joint "Build Back Safer" trainings will be conducted in partnership with JIE and Habitat for Humanity, which has a long-standing relationship with JIE in delivering these trainings. Additionally, a TOR has been prepared to hire a local engineer or architect to support site supervision and carpenter training. The goal is to have this role operational by early 2026.

 Livelihoods		Female > 18:	Female < 18:
		Male > 18:	Male < 18:
		2,852	951
		2,773	924
Objective:	<i>People, community groups, and community-based organisations in crisis-affected areas are supported in restoring and strengthening their livelihoods.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Number of households receiving conditional cash assistance/vouchers to strengthen and/or recover their livelihoods.</i>	0	2,500
	<i>Number of people who completed training in climate-smart livelihoods.</i>	0	TBD
	<i>Percentage of people surveyed whose households received cash/voucher assistance for livelihoods recovery are satisfied with the amount received.</i>	0	80%
	<i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i>	0	5-7% of total households reached

A detailed programme and targets in this sector will be finalized following the completion of the assessments.



Multi-purpose Cash

Female > 18:
8,310

Female < 18:
2,770

Male > 18: 8,081

Male < 18: 2,694

Objective:

Communities in crisis-affected areas are supported in restoring their dignity and meeting their diverse basic needs.

Key indicators:

Indicator	Actual	Target
<i>Number of households who successfully received cash or voucher assistance to cover their immediate basic needs.</i>	62	7,285
<i>Percentage of households that received cash assistance report being able to meet their priority needs.</i>	0	90%
<i>Number of Post-Distribution Monitoring (PDM) surveys conducted.</i>	0	5-7% of total households reached
<i>Number of staff and volunteers trained in CVA.</i>	5	50

Actions during reporting period:

- Coordinated with the Cash Working Group (CWG) and established a standard initial transfer value of JMD35,000 per household
- Completed IFRC Request for Payment process to RedRose Financial Service Provider Requests
- Designed and piloted 2 AccessRC assisted registration sites at the Darliston Health Centre (Westmoreland) and the Ramble Maternal Health Clinic once (Hanover) for vulnerable groups who could not apply on their own
- Sent test payments to 130 households – this target was established based on the registration at assisted sites that naturally targeted the most vulnerable population. This was done in conjunction with self-registration data that fell within the parameters indicated by the vulnerability analysis too.

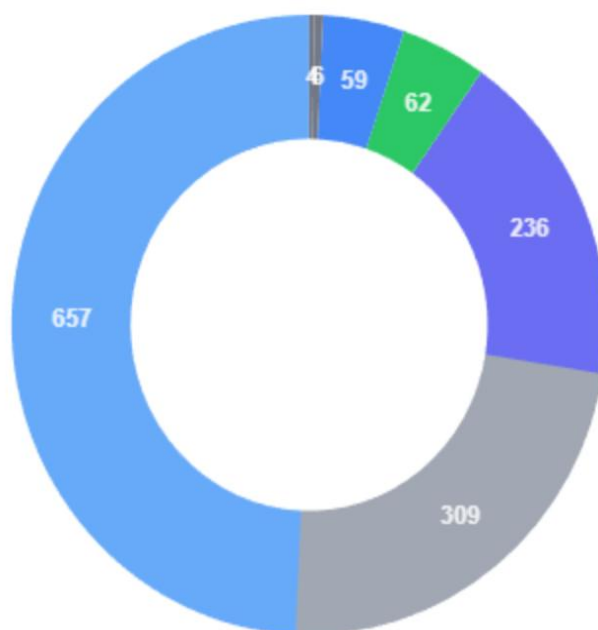
Planned next steps:

- Assess test payments and continue processing applications over the holiday period
- Monitor self-registrations and plan future assisted-registration sites based on vulnerability analysis data sets
- Agree with CWG on target areas to set up Humanitarian Service Points
- Establish a robust CEA Helpline and casework system in January

The IFRC and the Jamaica Red Cross have launched a multipurpose cash intervention using the Federation's AccessRC model designed to provide an initial payment to affected households followed by a second payment for the most vulnerable households to help prevent negative coping strategies. The payment mechanism chosen for this response will be MoneyGram pickup, while debit cards will continue to be assessed for potential use in sectoral programming. As connectivity returns, cash enables households to flexibly prioritize food, water, temporary power/fuel, transport, and repair items.

To date, there are over 780 applications for cash assistance in need of review from Westmoreland, Hanover, and Saint Elizabeth parishes. In addition, 80 applicants have been found ineligible due to lack of damage to the home or geographic location outside the target parishes. Lessons learnt from a pilot group of 130 payments and collaboration with the JRC to determine the next steps in implementation. As of December 20th, 13,900 CHF has been collected from MoneyGram agents (2.8 million JMD).

- Draft
- Applied (Unreviewed)
- Applied (Reviewed)
- Withdrawn
- Payment Initiated
- Payment Success
- Canceled



Application statuses in AccessRC as of 18 December, 2025



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18:

68,445

Female < 18:

22,815

Male > 18:

66,555

Male < 18:

22,185

Objective:

Strengthen the health of individuals and communities affected by the disaster through community level interventions and the restoration of health systems.

Key indicators:	Indicator	Actual	Target
		<i>Number of people reached through psychosocial support activities.</i>	849
	<i>Number of people who received psychological support.</i>	5	100
	<i>Number of staff and volunteers trained in MHPSS.</i>	0	60
	<i>Number of staff and volunteers equipped with personal protective equipment (PPE)</i>	0	300
	<i>Number of sites where health promotion information has been shared</i>	20	10
	<i>Number of clinics and shelters supported by the Health ERU.</i>	19	5
	<i>Number of health facilities supported for rehabilitation.</i>	0	3


<i>Number of people reached with hygiene promotion information.</i>	3,000	180,000
<i>Number of patients supported by the Health ERU</i>	405	1500

Actions during reporting period:

- MHPSS services provided to 854 people (544 adults and 310 children), consisting of basics psychosocial recreational activities, focused psychosocial support sessions and one to one psychological support.
- Online MHPSS workshops for volunteers and an online workshop for Child Protection and Family Services Agency (CPFSA) have been facilitated.
- Online coordination meetings with MHPSS volunteers and twice a week meeting with Ministry of Health and Wellness.
- Health ERU supporting MOHW at rotating clinic sites and at shelter visits. Sites determined week-by-week by MOHW and Western Regional Health Authority.
- Weekly meetings and frequent messaging with Western Regional Health Authority regarding ERU mobilization and needs.
- Summary of data collection system, RCHIS has been shared with MOHW – awaiting their approval to implement with Health ERU.
- Webinar on Leptospirosis recorded and available for JRC to distribute to staff and volunteers.
- Community Health Messaging on Leptospirosis distributed at distribution sites and with clinicians at every site visited.
- Health ERU supported two pop-up Maternal Health events with MHPSS, physician, and nurse in St. James and Hanover.
- Health ERU supported a holiday community family event in Petersfield with health and hygiene promotion activities and basic primary care.
- 2 Weatherhaven tents have been set up at Savannah-La-Mar health facility to enable local staff more space to work due to damaged facility.
- Health ERU team has supported the Westmoreland JRC Branch with community outreach activities, serving food, and assisting community members.
- Information, Education, and Communication (IEC) material on MHPSS developed and adapted

Planned next steps:

- Health ERU working with WRHA to determine facilities for rehabilitation support once WRHA is ready to move into rehabilitation and recovery phase.
- Explore the option of Increasing the number of clinic-support teams to a maximum of 5.
- Assist rehabilitation of damaged health posts.
- Integration of JRC MHPSS in clinics.
- Continued Community Health messaging.
- Increase number of trained volunteers in branches in affected parishes.
- Residential community based MHPSS training with 5 volunteers of all the affected branches

	Water, Sanitation and Hygiene	Female > 18: 8,556	Female < 18: 2,852
		Male > 18: 8,319	Male < 18: 2,773
Objective:		<i>Ensure that affected communities have access to the means for ensuring a basic level of hygiene, and household-level safe storage of drinking water during the relief and recovery phases, through distribution of hygiene and cleaning items, hygiene promotion campaigns and other initiatives.</i>	

	Indicator	Actual	Target
Key indicators:	<i>Number of households reached with hygiene items (hygiene kits, cleaning kits).</i>	2,267	7,500
	<i>Number of people reached with menstrual hygiene kits.</i>	170	1,000
	<i>Number of households reached with household-level safe storage solutions (e.g., jerrycans, buckets with tap/lid, etc.)</i>	2079	7,500
	<i>Number of community clean-up activities conducted in affected neighborhoods.</i>	3	10

Actions during reporting period:

- The following items have been distributed: 707 cleaning kits, 2,267 hygiene kits, 3,563 jerry cans, and 2,079 buckets. Additionally, the JRC has distributed 2,264 bottles of water and 8 water filters.
- A water purification system (supported by PIRAC and Veolia Foundation) is operational, providing around 6,000 litres of water per day, both for the community and the Cambridge Health Centre in St. James parish.
- Clean-up operations in 3 communities in 2 parishes. In Westmoreland, the Petersfield and Darliston communities were targeted in one event. In St. James, communities in Montego Bay were supported across 2 clean up events.
- Hygiene Promotion risk communication materials related to safe water, leptospirosis and dengue prevention distributed to communities via volunteers, health ERU mobile clinics and relief distribution
- Risk communication and community engagement plan initiated in collaboration with communications, including a social media strategy and disinformation monitoring
- Distributed personal protective equipment (PPE) and training to volunteers and staff involved in clean ups

Planned next steps:

- Provide access to the means to ensure a basic level of hygiene, and household-level safe storage of drinking water to a total of 7,500 households.
- Hygiene promotion messaging for priority populations through local volunteers, staff, community partners, social media influencers, radio, town criers for rural sites and video.
- Development of a hygiene promotion in schools' program and adaptation of WASH in Schools IEC materials for Jamaica

The WASH Cluster was asked by the MOHW to step up its efforts to fight the outbreak. IFRC is supporting the Jamaica Red Cross and MOHW Risk Communication and Community Engagement Unit to ramp up Hygiene Promotion and Health Messaging campaigns and relief item distribution efforts. This is done by distributing government-approved health messaging materials during mobile clinics, clean ups and relief item distributions, alongside the WASH Non-Food Items. WASH has also partnered with communications on a risk communications strategy including radio, social media, influencers and print materials and proactive monitoring of mis and disinformation related to the outbreak and WASH interventions. A collaboration between Jamaica Red Cross, IFRC, MOHW and the

Ministry of Education on child-friendly hygiene promotion materials, including an adaptation of the IFRC CHAST (Child Hygiene and Sanitation Training) curriculum and materials is currently being discussed.

The Health, WASH and Shelter Sector coordinators of IFRC and the respective focal points of the Jamaica Red Cross are closely coordinating regarding the most efficient and effective strategy to move forward. However, as indicated by MOHW's request, the scale of the leptospirosis outbreak requires a large-scale, coordinated effort of all Health and WASH partners in the country. Dengue also remains a concern, with the National Surveillance Unit of the MOHW reporting 500 suspected/probable with zero (0) confirmed dengue cases and 2 suspected dengue related deaths for 2025 as of Dec 4, 2025.

The French Red Cross (Plateforme d'intervention régionale Amérique Caraïbes - PIRAC), supported by Veolia Foundation, is working together with the Jamaica Red Cross on a bilateral basis, and has installed a Water Purification Unit in Cambridge, St. James Parish. This water purification unit is supporting the local community and a health center. The mobile unit is mounted on a pickup truck, for easy overnight storage in a warehouse facility.





Protection, Gender and Inclusion

Female > 18: 31

Female < 18:
N/A

Male > 18: 40

Male < 18:
N/A

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.

	Indicator	Actual	Target
Key indicators:	<i>A Child Safeguarding Risk Analysis is completed.</i>	0	1
	<i>Number of child friendly/safe spaces supported by the Jamaica Red Cross.</i>	0	4
	<i>Number of mobile child friendly/safe kits provided to staff and volunteers to facilitate outreach</i>	0	30
	<i>Number of National Society volunteers and staff who have signed the Code of Conduct.</i>	32	50
	<i>Number of National Society volunteers and staff trained on PGI, prevention and protection of sexual exploitation and abuse (PSEA) child safeguarding, and Dignity, Access, Participation, Safety (DAPS) framework.</i>	39	50

Actions during reporting period:

- 39 people attended an online (recorded) Child Protection and Safeguarding briefing facilitated for volunteers.
- Key referral numbers for survivors of GBV shared with volunteers together with a short guidance of safe linking.
- Child Safeguarding Risk Analysis initiated with JRC
- 32 National Society and Volunteers have signed the Code of Conduct and self declaration form since the beginning of the response
- ERU Health team has initiated review of PGI checklist and gender marker for Emergencies and is exploring how to adapt it to the context
- Mobile one-off child friendly spaces have been implemented at sites

- ERU relief integrated PGI considerations into the distribution process by establishing a priority lane for individuals with specific needs and expanding seating and shaded waiting areas

Next steps:

- Expand PGI training for branch focal points; integrate protection monitoring into distributions.
- WASH is developing child and youth friendly hygiene promotion materials and a training program for volunteers, staff, families and teachers.
- Finalise Child Safeguarding Risk Analysis and develop action plan
- Training on RFL including MHPSS

RFL Pool is supporting the JRC RFL with implementation of emergency response tools and procedures to ensure coherent Movement response related to Hurricane Melissa operation. Immediate response to the family requests for contact and information is followed by the next phase of response with focus on multifaceted needs of the families and capacity building and training of volunteers. "Asking for news" forms provided by JRC to support quick exchange of family news, connectivity services and hotline management streamlines collection of individual requests. Training of volunteers 9 at the JRC HQ in cooperation with RFL staff and the RFL Pool has been conducted. The training included hotline assistance and use of other relevant RFL tools and workflows, e.g., tracing requests, safe referrals, MHPSS, and other support mechanisms.



Community Engagement and Accountability

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.*

Key indicators:	Indicator	Actual	Target
		<i>Percentage of people surveyed who report they know how to provide feedback about the operation.</i>	0
	<i>Number of staff, volunteers, and leadership trained on community engagement and accountability.</i>	0	50
	<i>Percentage of people reporting that humanitarian assistance is delivered in a safe, respectful, accessible and participatory manner.</i>	0	80%
	<i>Number of post-distribution monitoring mechanisms established.</i>	1	3

It is important to note that CEA principles and practices underpin all activities that are implemented throughout this operation. As such, sector specific indicators have been included.

Actions During the Reporting Period:

- Hygiene Promotion and Communications Teams have begun developing CEA activities, including stakeholder and influencer mapping of Jamaican Civil Society organizations via the Council of Voluntary Services (CVSS) and social media monitoring.
- Hygiene promotion has initiated social media monitoring and conducted key informant interviews with beneficiaries to assess community acceptability, access and mis and disinformation related to WASH interventions.
- MHPSS has procured feedback boxes and distributed to field sites

AccessRC will be further engaged in the CEA process.



Risk Reduction, climate adaptation and Recovery

Female > 18: 24,507	Female < 18: 8,169
Male > 18: 23,830	Male < 18: 7,943

Objective:

Enable communities to reduce their vulnerability to future disasters and climate change impacts, and to strengthen their resilience capacity.

Key indicators:	Indicator	Actual	Target
		<i>Number of multi-purpose needs assessments conducted.</i>	1
	<i>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.</i>	0	10
	<i>Number of Community Disaster Response Teams equipped.</i>	0	10
	<i>Number of eVCAs conducted in communities.</i>	0	5
	<i>Number of micro-projects undertaken which support risk reduction, climate adaptation, nature-based solutions and recovery.</i>	0	15
	<i>Implementation of the PER Approach through the utilization of the mechanism to support DRM enhancement in line with the needs of the NS.</i>	0	1
	<i>Number of preparedness infrastructures upgraded or equipped for emergency response (e.g., warehouse facilities, logistics hubs).</i>	0	4

The ability of local communities to anticipate, cope with and recover from disasters and crises, without compromising their long-term well-being is a key focus of the Jamaica Red Cross. Hurricane Melissa has reinforced that locally driven resilience building is key to coordinated and timely responses, reduced impacts and faster recovery. Therefore, the NS has recognized the need to increase its role in accompanying, enabling, and connecting local communities on their journey of building resilience. The Appeal presents an opportunity for the Jamaica Red Cross to focus on a key activity outlined in its Strategic Plan 2021-2025 to achieve its goal of helping people to anticipate, respond to and quickly recover from disasters, which is to train and equip new Community Disaster Response Teams (CDRT) as well as re-train and re-equip existing teams. CDRTs represent one of the most effective means of building community resilience, empowering and enabling local communities to lead their own resilience building journey. The JRC will target the building of new and re-equipping existing ones in the hardest areas hit by Hurricane Melissa. These teams will form the backbone of disaster risk management actions in vulnerable communities. Additionally, the adaptation and risk reduction capacities of the local communities could also be significantly improved through the execution of micro and medium sized projects, which will emerge from community led assessments, such as eVCAs and the resultant resilient action plans. These projects will focus on preparedness and mitigation actions to reduce hazard impacts at the community level.

Hurricane Melissa has also resulted in significant damage to natural defenses such as mangroves and other forests, which increases the vulnerability of local communities to future impacts. The Jamaica Red Cross, being a climate champion National Society with rich experience in implementing nature-based solutions projects will target the restoration of critical protective ecosystems, such as mangroves and upland forests, which will improve climate adaptation, reduce occurrence and/or the impacts of storm surges, riverine flooding and landslides among other hazards and may also safeguard and improve livelihoods. Nature-based solution options will also be explored as critical components in micro to medium-sized DRR and CCA projects in local communities, supported by the JRC, with NbS to be firmly embedded in the NS' recovery strategy. Additionally, the JRC will pursue the improvement of critical infrastructure, as part of its recovery efforts, to include warehousing facilities at both the NHQ and Branch levels, which are essential to prepositioning of risk reduction supplies and localized response capabilities by Branches, Area Groups and CDRTs.

Enabling approaches



National Society Strengthening

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.

	Indicator	Actual	Target
Key indicators:	<i>HR Review conducted and a report for the implementation of recommendations provided.</i>	0	1
	<i>Number of Branch Organizational Capacity Assessments (BOCA) completed.</i>	0	2
	<i>Number of Branches equipped with a safe and functional home base or Branch Office.</i>	0	2
	<i>Number of volunteers insured for the operation.</i>	300	300
	<i>Strong volunteer management system established to support increased comprehensively trained volunteer pool that provides opportunities for growth and development.</i>	0	Yes/No
	<i>Resource Mobilisation plan for the JRC developed and implemented.</i>		Yes/No
	<i>Training in financial planning and management conducted.</i>		Yes/No
	<i>JRC has met all statutory obligations.</i>		Yes/No
	<i>Conduct Humanitarian Leadership Training for staff and volunteers.</i>	0	1
	<i>Conduct a Digital Maturity Assessment for the National Society.</i>	0	1
	<i>Develop a Digital Transformation Strategy and support its implementation.</i>		Yes/No

This disaster has helped the JRC see the need for a larger volunteer pool with dedicated management to both train and maintain. While volunteers have been deployed from other sides of the island to support the response in the west, the numbers are still far below what is required. This operation is to be seen as an opportunity to enhance the JRC's own response capacity by recruiting and comprehensively training volunteers in both Health and WASH alongside their usual response activities of relief and shelter management.

In addition to a larger volunteer pool, staff recruitment both at the branch and national level is crucial to ensure capacities are maintained and well functioning. This includes Disaster Risk Management, Branch Development, Volunteer Management, Shelter, and CVA. Other functions in Communications and Logistics will also require further staffing. Owing to the current response to Leptospirosis and the request from the government for the JRC to support their response, whether WASH capacity should be staffed, particularly in Hygiene Promotion is under discussion.



Coordination and Partnerships

Objective:	<i>Strengthen coordination within the IFRC membership and the Movement to bring technical and operational complementarity and enhance cooperation with external partners.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Membership coordination meetings with bilateral partners, organized, and updates shared with NS leadership, HEOPS and internal stakeholders.</i>	5	2
	<i>Key partner & Caribbean NS stakeholder meetings organized to triage offers of support to Jamaica Red Cross, and updates provided to internal stakeholders at NS, field, CCD levels.</i>	6	3
	<i>Co-support & assist with coordination of high-profile donor government visits & IFRC leadership in show of solidarity and support to the Jamaica Red Cross.</i>	3	3

Focus remains on the coordination of bilateral interests of RCRC partners who would like to support the Jamaica Red Cross with immediate/on-going Relief efforts; as well as the medium-to-longer term interests of the Host National Society. This activity includes the internal coordination amongst components of the Red Cross Red Crescent Movement – and in this case liaising daily with the Jamaican Red Cross, coordinating with the French Red Cross (PIRAC) who are on the ground in a bilateral WASH capacity standing-up a Water Treatment Plant on behalf of the JRC and the Ministry of Health (MoH); coordinating with the ICRC through a member of the Restoring Family Links (RFL) Specialist Pool; as well as a host of regional National Societies from across the Caribbean who continue to support the Jamaica Red Cross bilaterally with national fundraising campaigns, Media-A-Thons, surge personnel, and the triage of unsolicited goods. In addition, supporting high-level visits of government donors, and IFRC Regional Office Director and IFRC President.



Secretariat Services

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.*

	Indicator	Actual	Target
Key indicators:	<i>Number of Rapid response surge personnel mobilized to reinforce operational capacity.</i>	22	No set target as this will be ongoing as needed
	<i>Number of IFRC monitoring missions.</i>	0	No set target as this will be ongoing as needed

The IFRC English and Dutch-speaking Caribbean Country Cluster Delegation has provided strategic, operational and technical support to the JRC since the start of the emergency. This includes personnel to provide technical support in the field, as well as coordination with external actors.

21 Rapid Response members and 4 Emergency Response Units: Logistics, Relief, Emergency Health Clinics, and Operations Support Hub are currently supporting JRC operations across sectors. (1x Head of Emergency Operations, 1x Membership Coordinator, 1x Security Coordinator, 1x Health Coordinator, 1x MHPSS Coordinator, 1x WASH Coordinator, 1x RFL Coordinator, 1x Field Coordinator, 1x PMER Coordinator, 1x IM Coordinator, 1x CVA Coordinator, 1x Supply Chain Coordinator, 1x Shelter Coordinator, 1x Communications Coordinator, 1x Welcome Service & Administration, 1x ERU Emergency Clinic, 1x ERU Logistics, 1x ERU Relief, 1x Audio Visual Officer, 1x ERU Operations Support Hub and 1x ERP Officer)

The Secretariat continues to facilitate regular inter-departmental briefings and partner coordination to ensure alignment across the IFRC Network and maintain momentum in technical Rapid Response / ERU deployments and donor engagement. The IFRC Emergency Appeal launched on 29 October 2025 supports Secretariat Services including operational costs, personnel, logistics, and sectoral activities.

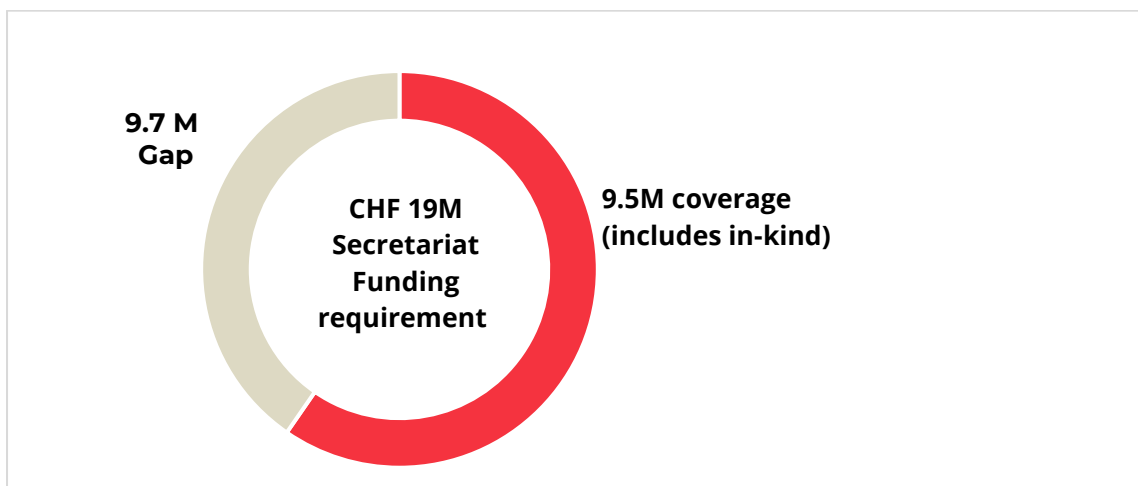
D. FUNDING

Include summary of current financial status: income and expenditure.

Funding [Hard Pledges Only]	7,255,508.00
YTD Expenditure 05/12/25	<u>-187,415.00</u>
Balance	<u><u>7,068,092.00</u></u>

The IFRC Secretariat funding requirement is CHF 19 million, as part of the Federation-wide funding requirement of CHF 21 million. As of December 1st, 2025, CHF 9,211,420 has been raised toward the IFRC Secretariat funding requirement.

Funding Coverage	Funding Requirement (CHF)	Amount Raise (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	19,000,000	9,599,163	9,738,580	49.5%
Bilateral				



Contact information

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

In the Jamaican National Society

- **President:** Allasandra Chung, president@jamaicaredcross.org
- **Director General:** Yvonne Clarke, yclarke@jamaicaredcross.org
- **Operational Coordination:** Leiska Powell, Emergency Services Manager, lpowell@jamaicaredcross.org

For IFRC Americas

- **Head of IFRC English and Dutch-speaking Caribbean Country Cluster Delegation:** Necephor Mghendi, necephor.mghendi@ifrc.org,
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For IFRC Geneva

- **Senior Officer, Operations Coordinator:** Antoine Belair, antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

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- **Strategic Partnerships and Resource Mobilisation in Emergencies Manager:** Mei Lin León, meilin.leon@ifrc.org

For In-Kind donations and Mobilization table support:

- **Regional Head, Global Supply Chain:** Jose Fernando Giraldo, fernando.giraldo@ifrc.org
- **Regional Logistics Manager:** Stephany Murillo, stephany.murillo@ifrc.org

Reference



Click here for:

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

How we work

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