



UNITED NATIONS POPULATION FUND

HURRICANE MELISSA

REGIONAL SITUATION REPORT

8 - 18 November

Highlights

The recovery from Hurricane Melissa is underway but the scale of the damage and the needs of those affected remain urgent and immense. There is a critical need for humanitarian funding to rebuild essential infrastructure; respond to the escalating health crises; and ensure the provision of food, clean water, shelter, healthcare, and protection services for people affected.

UNFPA is urgently addressing the sexual and reproductive health (SRH) and protection needs of affected women and girls. With support to 13 health facilities and three mobile clinics, UNFPA and its partners have delivered critical SRH services to 1,350 people.

UNFPA is empowering communities through six women and girls' safe spaces and targeted outreach programmes. Through these efforts, 1,659 individuals have received vital support, including information on the prevention of gender-based violence (GBV) and services available to survivors.



4.1 million

Total people affected¹



1.4 million

Women of reproductive age²



58,900

Estimated pregnant women²



1.86 million

People targeted w/ SRH services



814,000

People targeted w/ GBV programmes

¹ECHO, Emergency Response Coordination Centre, The Caribbean - Hurricane Melissa Update.

²Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Regional Situation Overview

Hurricane Melissa has caused extensive human and material losses across the Caribbean region. Immediate humanitarian needs remain critical. However, the delivery of essential humanitarian assistance is hindered by widespread infrastructure damage, blocked and flooded roads, and the fact that many affected communities are in remote and difficult to access areas.

Stagnant floodwaters combined with damaged infrastructure have also created sanitation issues, raising the risk of infectious disease outbreaks. In Cuba, health risks are compounded by existing outbreaks of arboviral diseases, which are particularly high-risk for pregnant women and their babies.

Health services, including SRH, have been disrupted, especially in the hardest-hit areas. In Cuba, more than 600 health facilities were affected by Hurricane Melissa. In Jamaica, five major hospitals suffered severe damage, and about 40% of all health facilities are still facing power instability. These challenges have strained the health system; making it difficult to maintain medical supplies, for communities to access timely care, and ensure the continuity of critical services such as emergency obstetric care and prenatal check-ups.

Currently, 5,064 people still remain in shelters across Jamaica, Haiti and Cuba. Many of these facilities—originally intended for short-term use—are operating with limited resources, and are struggling to meet essential needs such as clean water and menstrual hygiene supplies. Thousands of women and girls are living in conditions that lack adequate privacy, security, and separate sanitation facilities. These gaps increase their vulnerability to GBV and exploitation, particularly those residing alone, pregnant women, adolescent girls, and survivors of prior violence, underscoring the urgent need for enhanced protection measures.

Response efforts are focused on rebuilding health systems, supporting people who have been evacuated or displaced, preventing further disease outbreaks, and strengthening long-term resilience. With the humanitarian response in the Caribbean projected to cost tens of millions of US dollars, a significant increase in funding will be required to meet current and emerging needs.



UNFPA Response

UNFPA continues to actively contribute to inter-agency coordination efforts, supporting Humanitarian Coordinators and working closely with UN Country Teams to ensure that SRH and GBV priorities are fully integrated into the collective response to Hurricane Melissa. UNFPA also contributes to joint analysis, planning and decision-making processes across clusters and thematic working groups, helping ensure coherence between national priorities, inter-agency strategies and field-level implementation.

In Haiti, three UNFPA funded mobile clinics delivered SRH and GBV services to 1,281 people displaced by the hurricane, including 26 pregnant women and eight breastfeeding mothers. In Jamaica, UNFPA provided integrated SRH and GBV services at a displacement shelter, reaching 55 women and adolescent girls with vital healthcare and information.

In Haiti and Jamaica, UNFPA conducted awareness-raising sessions on GBV with 1,585 community members affected by Hurricane Melissa. These sessions aim to prevent GBV and ensure that survivors are informed about available support services and how to access them. Following the sessions, UNFPA distributed 971 dignity kits to women and adolescent girls, as well as 160 mama kits to new mothers, prioritizing those who were displaced and most in need.

In Cuba, assessments have been conducted in affected areas, and the distribution of 40 inter-agency reproductive health (IARH) kits, and contraceptives—which include 10,000 IUDs, and 4,200 subdermal implants—is underway. Additionally, 650 dignity kits have been provided to health authorities for distribution to women and girls.

UNFPA and its implementing partners also continued to ensure that the women and girls have access to psychosocial support through the existing women and girls' safe spaces and GBV services points. In Haiti and Jamaica, UNFPA provided counselling and psychosocial support to 442 women and girls affected by Hurricane Melissa.

Regional Results Snapshot

**1,350**

People reached with SRH services

**13**

Health facilities supported

**1,659**People reached with GBV prevention,
mitigation and response activities**6**Safe spaces for women and
girls supported**1,781**Non-food items (dignity and mama
kits) distributed to individuals**442**Women and girls received
psychosocial support

Haiti

Situation Overview

Hurricane Melissa caused substantial human and material losses across multiple regions of Haiti, particularly in the departments of South, Grand'Anse, South-East, Nippes, West, Artibonite, and North-West. The storm claimed 43 lives, and assessments undertaken by The General Directorate of Civil Protection report that 18,791 houses have been flooded, 10,574 houses have been badly damaged, and 1,325 completely destroyed, displacing affected families. Light flooding was reported at the hospital in Les Cayes and minor damage was observed in Jérémie and Port-de-Paix.

Of the 16,000 people who initially took refuge in shelters, 1,749 still remain across 10 shelters. For the women and girls who have lost everything in the hurricane, there is a high need for hygiene and sanitary items. However, significant shortages of tailored dignity and hygiene kits, as well as challenges with the transportation of items is hindering distributions. In addition, psychosocial support, and access to financial assistance and livelihood support so they can get back on their feet is critical.

Of major concern is a severe deficit in holistic care and the referral system of GBV cases in hospitals in the affected areas. The lack of information, liaison teams, and specialized services, as well as access difficulties due to security, logistical, and financial reasons, is compromising survivors' access to quality care. A 70% funding shortfall for GBV interventions as part of the overall humanitarian response in Haiti is severely limiting the availability and quality of medical treatment, psychological support, and legal services to protect, treat, and support survivors of GBV.

UNFPA Response

Sexual and reproductive health: In collaboration with implementing partners, Centre for Development and Health (CDS), and Women in Association for the Development of Haiti and for the Strengthening of Social Integration (FADHRIS), three UNFPA funded mobile clinics delivered SRH and GBV services at temporary shelters in Julie Meyotte and Gâté. A total of 1,281 people displaced by the hurricane – including 26 affected pregnant women and eight breastfeeding women – received services. In addition, 14 deliveries were recorded in UNFPA-supported health facilities, of which six required emergency cesarean sections.

Gender-based violence: As the lead agency for the GBV Sub-Group, UNFPA coordinates closely with members, and provides regular technical advice to the Humanitarian Coordinator and the UN Country Team.



1,295

People reached with
SRH services
95% female, 5% male



1,229

People reached with
GBV prevention,
mitigation and response
activities
81% female, 19% male



10

Health facilities
supported



4

Safe spaces for women
and girls supported



74

Women and girls received
psychosocial support

UNFPA and implementing partners established GBV service points in affected communities and new displacement sites to address the absence of counseling or support for survivors of violence. A total of 74 women and girls received counseling and psychosocial support. Of these, 23 were referred to safe and temporary accommodation due to their houses destroyed or severely damaged by Hurricane Melissa.

In collaboration with women's organization FADHRIS and LGBTQI+ organization SEROvie, awareness raising sessions on GBV services and how to access them were held with approximately 1,155 people – 80% who were women and girls at reproductive age – in Marie César - Pétion-Ville, Argentine Bellegarde, Port-au-Prince, Espas Lwazi Timoun and Ecole Mixte de la Grâce. After the sessions, UNFPA distributed 618 dignity kits to women and adolescent girls and 160 mama kits to new mothers.



Jamaica

Situation Overview

Hurricane Melissa is the worst climate disaster in Jamaica's history, affecting around 1.6 million people. Authorities have confirmed 45 deaths, with nearly 36,000 people in immediate need of food aid. Over 100,000 homes have been damaged, and 31% of the population still remain cut off from electricity and telecommunications.³

Essential health services have been severely disrupted due to damaged health facilities (including maternity wards), power outages, and fuel shortages. This limits access to life-saving SRH services and maternal and newborn care. The Ministry of Health and Wellness is intensifying efforts to strengthen maternal and child health services, ensuring that pregnant and breastfeeding women receive the medical care and essential supplies needed for safe pregnancies and the healthy development of newborns.

Currently, 97 shelters still remain open, hosting a total of 1,296 people. Adolescent girls in the affected parishes west of the island, reported feeling unsafe in shelters, as overcrowding and the absence of proper lighting has increased the risk of sexual violence. A significant humanitarian gap exists in the implementation of proactive risk mitigation strategies for at-risk populations in shelters. In addition, critical, multi-sectoral GBV services are limited or inaccessible due to facility damage and displacement, hindering the provision of clinical, psychosocial, and legal support to GBV survivors. Immediate funding is required to establish minimum standards for GBV prevention and response in Jamaica.

UNFPA Response

Sexual and reproductive health: UNFPA is actively engaged in the Health Technical Working Group led by the World Health Organization to ensure that SRH is fully integrated into the broader health sector response, as well as shares information on SRH response activities to avoid duplication of efforts.

Together with Caribbean Technical Assistance and Education Centre (C-TECH) and the University Hospital of West Indies, UNFPA supported an integrated SRH/GBV information and service provision at the Petersfield shelter. A total of 55 women and adolescent girls were reached with critical SRH services and information.⁴



55

People reached with
SRH services



430

People reached with
GBV prevention,
mitigation and response
activities



3

Health facilities
supported



2

Safe spaces for women
and girls supported



368

Women and girls received
psychosocial support

³ Office of Disaster Preparedness and Emergency Management in Jamaica.

⁴ [Jamaica Observer. Care beyond shelter: Counselling, medical services, including preventing unwanted pregnancies, for hurricane victims still housed at Petersfield High School. 18 November 2025.](#)

In collaboration with C-TECH, a total of 368 counselling and psychosocial support services were provided to women and girls. Services offered included psychological first aid, mental health triage and referral. UNFPA also joined the Ministry of Health and Wellness to assess the impact of the hurricane, especially on maternal and child health services at Black River Hospital. First responder psychosocial sessions were also held with staff, given their increased workloads, having witnessed distressing scenes, and providing care to people living in desperate conditions, whilst they themselves are also personally impacted.

Gender-based violence: UNFPA is supporting inter-agency coordination on GBV with UN Women, and joined joint assessments with other agencies, deploying a GBViE Specialist to the Rapid Needs Assessment Team in the first days after the hurricane.

Together with the Bureau of Gender Affairs; the Ministry of Culture, Gender, Entertainment and Sport; and C-TECH, UNFPA visited two safe spaces for women and girls (Women's Centre of Jamaica Foundation of Savannah la Mar, and the Treasure Beach Women's Group), HIV clinics, and the Cornwall Regional Hospital, as part of the gender-based violence in emergencies (GBViE) programming. During the visits, UNFPA conducted GBV awareness sessions with 430 people, which aimed to prevent GBV and ensure that survivors know where to access help. Psychosocial support was also provided to improve the wellbeing of those affected by the hurricane. In addition, 353 dignity kits were distributed to women and adolescent girls at the emergency shelters to ensure they had basic health and hygiene supplies, and information on available GBV support services.

A GBViE Specialist from the UNFPA Global Emergency Response Team was deployed to Jamaica to support the scale-up of the GBV response and reinforce emergency operations. The Specialist is providing technical assistance to implementing partners, and strengthening GBV response systems.



Women received dignity kits, which contain hygiene supplies such as soap, washing detergent, sanitary pads, and other essential items.
© UNFPA Caribbean / Sheldon Levene

Cuba

Situation Overview

Just over two weeks after Hurricane Melissa passed, 53,000 people remain evacuated, including 2,019 in shelters, due to damage to their homes. Approximately 150,000 houses in eastern Cuba have been affected, with 2,300 of these completely destroyed.⁵ In Santiago de Cuba province, housing damage is particularly severe, with 63% of the affected houses located there. In addition, nearly 60% of Santiago de Cuba province remains without electricity, with healthcare centres having to rely on generators.

Recent heavy rainfall and flooding in the provinces of Granma and Holguín have forced additional evacuations, and are complicating recovery in those areas. Basic services, housing, and critical infrastructure have experienced severe damage. Collapsed bridges or blocked roads are isolating some communities and causing delays to the restoration of basic services.

Adding to this complex scenario are recent outbreaks of different types of arboviral diseases, including oropouche virus, dengue, and chikungunya. The heavy rains and floodwaters have created breeding grounds for infected mosquitoes and health authorities estimate that 30% of Cuba's population has recently suffered from arboviral disease. Pregnant women and their babies are at high risk due to life-threatening and irreversible adverse outcomes, including miscarriage, stillbirth, and congenital abnormalities. Due to this, pregnant women require urgent hospitalization if infected.

UNFPA Response

Sexual and reproductive health: UNFPA participated in joint assessments with the UN Country Team and is engaged in the health and shelter coordination structures alongside other UN agencies.

UNFPA also conducted a field mission to Santiago de Cuba province, visiting health centres and communities affected by Hurricane Melissa. The team met with government officials and representatives from the Ministry of Public Health, as well as pregnant women and healthcare workers, to identify the most urgent needs. During visits to the Maternity Homes⁶ in the El Cobre community, the Provincial Maternity Home, and the Southern Maternity Home, discussions with healthcare staff allowed for the identification of the main needs for medications, contraceptives, and supplies in these primary healthcare institutions.

In response, UNFPA is in process of distributing 10,000 IUDs and 4,200 subdermal implants for family planning, and 40 IARH kits which contain supplies for managing childbirth care and complications, the clinical management of sexual violence, and treatment of STIs, to the municipalities of the four affected provinces. Acquisition of additional IARH kits, including 12 anti-shock garments⁷ is also underway. A need for 504 dignity kits for all pregnant women in the Maternity Homes was also identified, and UNFPA supplied the public health authorities in Santiago de Cuba province with 650 dignity kits for distribution.

⁵ [OCHA, Cuba, Hurricane Melissa: Flash Update No. 7, 14 November, 2025](#).

⁶ Maternity Homes are primary healthcare institutions located in communities. They can be considered an intermediate step between the health centre and the hospital. Pregnant women stay in them to improve their nutritional status, address social needs, be close to hospital facilities, and receive rest or outpatient medical treatment.

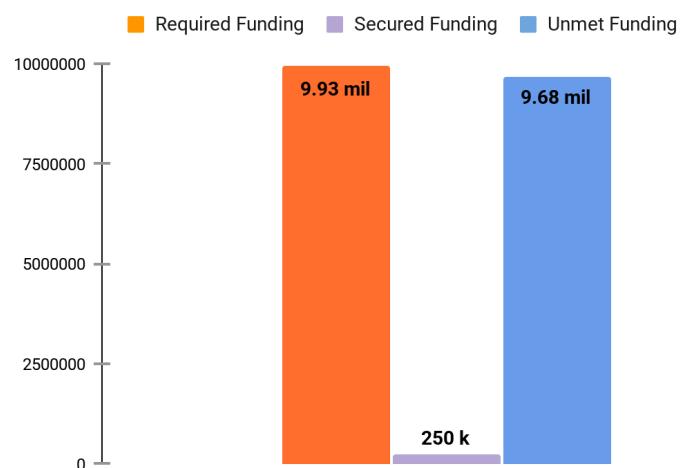
⁷ The Non-pneumatic Anti-Shock Garment (NASG) reduces maternal mortality by decreasing blood flow to the uterus and stabilizing women in hypovolemic shock. It can keep a woman with postpartum hemorrhage alive for up to 48 hours—compared to about 30 minutes without intervention—providing crucial time to transfer the patient to a hospital and initiate definitive treatment.

Regional Funding Status

UNFPA is appealing for US\$9.93 million for the Hurricane Melissa response. This includes US\$7 million for Jamaica, US\$1.37 million for Haiti, and US\$1.56 million for Cuba.

Currently, only US\$250,000 has been provided through the UNFPA Humanitarian Thematic Fund and US\$136,000 of in-kind support has been provided by Canada.

Additional funding is urgently needed to address the scale of the crisis and ensure that the health and protection needs of women and girls are not forgotten during this emergency.



Disclaimer: Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

“During this hurricane, one little hole initially appeared in the ceiling and then everything just disappeared. We did not expect anything like that to happen - it's a hospital, so we expected to be safe. The experience is not something that I wish for anyone; it was traumatizing. But the nurses were there for us and helped us throughout all of that. They're our mothers - that's what we call them. They are here assisting us in every way they can.”

— Julia, who is pregnant with her first child, was at Cornwall Hospital in Jamaica when Hurricane Melissa hit. The roof of the maternity ward of the hospital ripped off during the storm and left the facility severely damaged.

Current Donors

- UNFPA Emergency Fund / Humanitarian Thematic Fund
- Government of Canada

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