



Hurricane Melissa

Situation Report

19 - 30 November 2025

Highlights

With tens of thousands still displaced, livelihoods disrupted, and health facilities damaged across the Caribbean, the impact from Hurricane Melissa continues to create dire humanitarian needs, with women and girls disproportionately impacted.

Contaminated and stagnant floodwaters are heightening health risks, contributing to outbreaks of arboviral diseases in Cuba, leptospirosis in Jamaica, and cholera in Haiti. Pregnant women face heightened danger, as infections can lead to serious complications for both the mother and baby.

As part of the United Nations system response to Hurricane Melissa, UNFPA is delivering life-saving sexual and reproductive health (SRH) services and gender-based violence (GBV) prevention and response across Jamaica, Haiti and Cuba. In coordination with national authorities, UN agencies and local partners, efforts prioritize the most affected women, adolescents and other vulnerable populations.

Through support to 51 health facilities, four mobile clinics and nine women and girls' safe spaces, UNFPA reached 22,061 people with SRH and GBV services during the reporting period.

However, with only 4 per cent of UNFPA's US\$9.93 million appeal currently funded, without urgent support, critical gaps in care will widen, and women and girls will be left without essential and lifesaving health and protection services.



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

¹[ECHO 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

Jamaica, Haiti and Cuba continue to face humanitarian and recovery challenges following Hurricane Melissa. Displacement, disrupted essential services, and heightened health risks—particularly for women, girls, and other vulnerable populations—remain pressing concerns.

Widespread displacement persists across the affected countries, with many people unable to return home and relying on temporary shelter arrangements or community support. Overcrowding, lack of privacy, and insecure conditions is increasing the risk of GBV for those displaced.

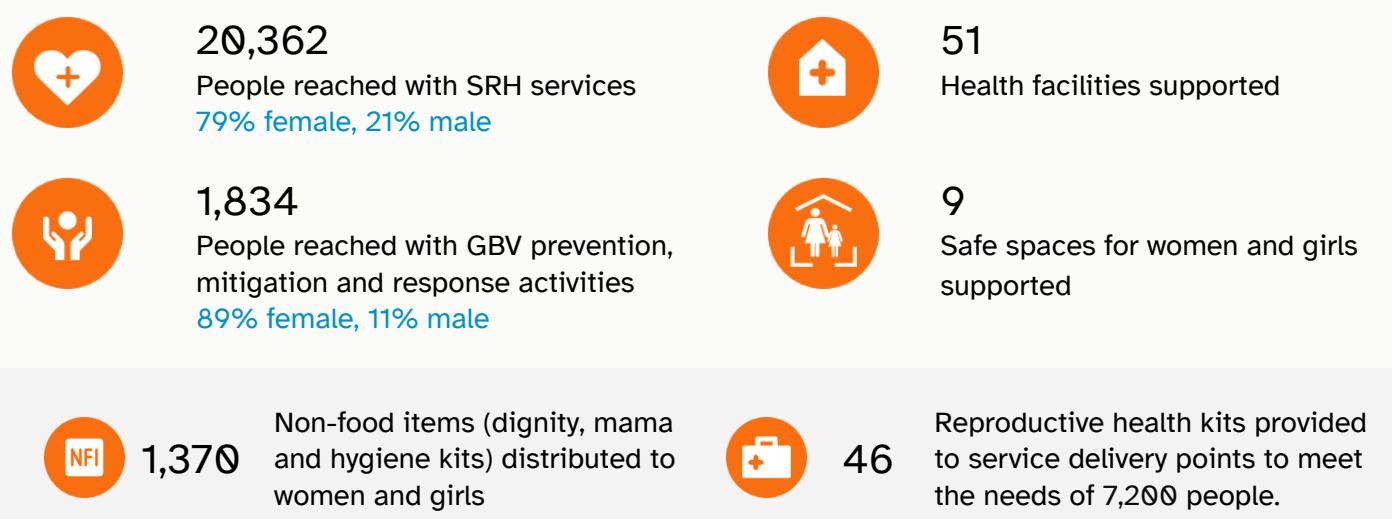
Floodwaters have contaminated water sources and created breeding grounds for mosquitoes, heightening public health issues. Authorities have declared outbreaks of arboviral diseases in Cuba and leptospirosis in Jamaica. The risk to pregnant women is particularly concerning due to the risk of severe fetal complications, including miscarriage, stillbirth, premature birth, and neonatal death. Haiti is also facing an ongoing cholera crisis, worsened by displacement and affected water and sanitation facilities.

UNFPA Response

Sexual and reproductive health: 46 inter-agency reproductive health (IARH) kits³ were delivered to health facilities in Cuba and Haiti to support deliveries, treatment of STIs, and the clinical management of rape, of 7,200 people over a 3 month period. In addition, 650 hygiene kits and 50 mama kits were distributed to pregnant and postpartum women. In Cuba, 10,000 IUDs were provided to family planning services, and in Haiti, four mobile clinics provided 2,212 people with free essential SRH services.

Gender-based violence: In Haiti and Jamaica, a total of 670 women and adolescent girls affected by Hurricane Melissa received dignity kits. The kits contain essential hygiene supplies as well as vital GBV information, and serve as critical entry points to GBV services. In Jamaica, GBV awareness sessions and psychosocial support were provided to 579 people, and in Haiti, GBV mobile teams were deployed to affected areas, providing 502 women and adolescent girls with psychosocial support and information on available GBV support services.

Regional Results Snapshot



³An IARH kit is a specialized, standardized set of essential medicines, supplies, and equipment specifically designed for immediate, life-saving reproductive healthcare during humanitarian crises.

Haiti

Situation Overview

The period is marked by an escalation of gang violence and a rapidly deteriorating humanitarian situation in Artibonite, West and Centre department. Coupled with Hurricane Melissa's situation, the insecurity has sparked massive displacement, with women and girls being the most affected.⁴ They have limited access to essential services, including SRH and GBV services. The ongoing violence is also impacting on humanitarian access to the affected areas, preventing humanitarian organizations and agencies from assisting the affected people, compromising access to quality care and the full deployment of services.

UNFPA and its implementing partners were forced to postpone some planned dignity kit distributions and mobile clinic activities due to increased insecurity over the past two weeks. These conditions have restricted movement and created challenges in distributing kits through WFP, particularly in areas such as Petit-Goâve, the South, and Gonaïves, where women and girls are in urgent need of health and hygiene supplies.

UNFPA Response

Despite the logistic, security constraints and limited financial resources, UNFPA and its partners continue to provide life-saving SRH and GBV services. The activities focused on the dignity kits distribution, SRH and GBV services within supported health facilities, deployment of mobile teams, awareness raising activities, and strengthening referral pathways for survivors of GBV.

Sexual and reproductive health:

UNFPA and its implementing partner Centre for Health Development (CDS) is conducting a rapid assessment within Petit Goave hospital. There is a huge need for essential medicines—including antipyretics, analgesics, antibiotics, antiparasitics, antiemetics, vitamin supplements, and anti-anemics—as well as medical supplies such as syringes, gloves, bandages, gauze, cotton, betadine, alcohol, hydrogen peroxide. UNFPA is mobilizing supplies to ensure that the 10 supported-health facilities have essential medicines and equipment to continue the provision of maternal health and GBV services.

In West department and Petit Goave, UNFPA supported the deployment of four mobile clinics, providing essential medicines and IARH kits to provide free curative consultations, family planning services, prenatal care, referral to medical facilities for emergency obstetric assistance, psychosocial support, and information on SRH and GBV. A total of 2,212 people, including 1,684 women, 528 men, and 25 people with reduced mobility were provided with services. The mobile clinics were implemented by Centre for

⁴ Haiti – Emergency Tracking Tool 79 — Displacement following armed attacks in Petite Rivière de Artibonite (18 - 19 November 2025)



2,212

People reached with
SRH services

76% female, 24% male



1,212

People reached with
GBV prevention,
mitigation and response
activities

100% female



10

Health facilities
supported



4

Safe Spaces for women
and girls supported

Health Development (CDS), World Relief, Women in Action for the Development of Haiti and for the Strengthening of Social Integration (FADHRIS), Médecins du Monde, and La Fontaine Hospital Centre (CHF).

Four IARH kits were delivered to supported-health facilities in the West department, which will service 800 women. In addition, UNFPA provided Médecins Sans Frontières (MSF) with two clean deliveries kits, which will support 200 women during at-home delivery or in an under-equipped maternity unit without skilled birth attendants. In addition, 50 mama kits were distributed to pregnant and postpartum women at Petit Goave.

Gender-based violence:

UNFPA continues to ensure that women and girls have access to hygiene materials. A total of 660 affected women and girls received dignity kits, which were distributed by UNFPA's implementing partners, ONA lalue, Lalue-Pompe à essence, Kay Kolibri, Ecole Darius Denis.

GBV mobile teams were deployed in affected areas in the west department as well as in Petit Goave, as an entry point for case management services, psychosocial support, and provision of information on GBV services. Between 19 to 30 November, 502 women and adolescent girls participated in awareness activities and received psychosocial support. However, due to the escalation of gang violence in late November, the GBV mobile team was forced to reduce activities.

To strengthen safe and timely referrals of GBV cases and women and girls at heightened risk, the GBV Sub-Cluster partners updated the existing referral pathways for areas affected by Hurricane Melissa.



Jamaica

Situation Overview

More than a month after Hurricane Melissa made landfall, many communities across western and south-central Jamaica continue to face severe needs. Displacement remains significant, with approximately 279,000 people still unable to return home.

Many displaced families are no longer in formal shelters and are instead staying with relatives or community members while awaiting viable transitional housing options. However, about 1,100 people still remain in around 100 emergency shelters open across seven parishes. Shelter support remains critical, along with sustained needs for food assistance, water and hygiene supplies, tarpaulins, bedding, baby items, essential medical products, and materials for temporary housing repairs.

Restoration of critical services continues but remains uneven. Approximately 144,000 households are still without power, while around 96,000 households lack reliable piped supply. Water trucking continues in the hardest-hit areas, delivering roughly 100,000 gallons per day. These service gaps are prolonging displacement and daily hardship, limiting hygiene practices and food storage, and slowing the reopening of health facilities, and small businesses.

Health concerns remain a major issue. The Ministry of Health and Wellness has confirmed an active leptospirosis outbreak, with 45 suspected cases, 18 confirmed cases, and 12 deaths. The parishes of St. James, St. Ann, and St. Elizabeth are among the most affected. The risk of fetal complications—including miscarriage and stillbirth—poses a significant concern for pregnant women, particularly during the first and second trimesters. Ongoing response efforts include mobile clinics, environmental health inspections, risk-communication campaigns, water safety guidance, and psychological first aid.

UNFPA Response

Sexual and Reproductive Health:

The UK Foreign, Commonwealth and Development Office has provided support for the deployment of a sexual and reproductive health in emergencies (SRHiE) specialist to join the UNFPA team in Jamaica to support the scale-up of the SRH response and reinforce emergency operations. The specialist is providing technical assistance to implementing partners, and strengthening SRH response systems.

Gender-based violence:

UNFPA, in collaboration with its partners, conducted GBV awareness sessions and services in two locations of Trelawny and Westmoreland. A total of 414 individuals (164 and 250 respectively) were provided with information about services available, as well as received group and individual psychosocial support. From the participants, 10 women and adolescent girls were identified as highly vulnerable and received UNFPA dignity kits. The activities were organized in partnership with the Bureau of Gender Affairs, Jamaican Constabulary Force, and other GBV actors such as the Women Center of



579

People reached with
GBV prevention,
mitigation and response
activities
66% female, 34% male



3

Safe Spaces for women
and girls supported

Jamaica Foundation (WCJF), Child Protection and Family Services Agency (CPFSA), and the Ministry of Justice.

UNFPA, UN Women and UNICEF collaborated on a One UN effort to deliver a joint awareness session on the protection from sexual exploitation and abuse (PSEA) for the Jamaica Defense Force and key first responders from the Office of the Prime Minister.

Specialists from the UNFPA Global Emergency Response Team (GERT) also facilitated a webinar organized by the Ministry of Health and Wellness on GBV, interpersonal violence, the clinical management of rape, and mental health and psychosocial support for survivors, reaching 104 health care workers.

On 28 November, UNFPA chaired the third GBV Sub Working Group to promote coordinated information sharing and prioritization of GBV protection needs across the humanitarian response. The session included updates on the GBV service mapping, and the launch of an online gender-based violence in emergencies (GBViE) capacity assessment survey to inform the development of a capacity-building strategy.

Adolescents and Youth:

During a visit to Peterville, UNFPA engaged adolescent girls on their situation and created awareness on GBV. Discussion also focused on understanding their needs, ranging from health, physical survival, psychological recovery, and protection from harm. A total of 15 girls attended the session.

During the Ms and Mr Jamaica event, UNFPA raised awareness on roles of young people, GBV and SRH among youth in the contexts of the post Hurricane Melissa and on prioritizing safe and meaningful participation, empowerment of young people - including boys, on behavioral change for broader GBV prevention efforts, and information on GBV helpline. Over 150 people attended the event, including 51 girls, 47 boys, 28 women and 24 men.



Cuba

Situation Overview

The recovery efforts in the affected areas are still underway, with the National Defense Council in charge of allocating resources and donations. Access to energy has improved, mainly in urban areas.

The government decided to return to normal operations in the provinces of Holguín, Granma, and Guantánamo, while the province of Santiago de Cuba remains in a recovery phase under the direction of the Provincial Defense Council and its municipal and zonal defense councils. The provinces that have returned to normal operations will continue reconstruction efforts with the support of administrative structures, local organizations, and the participation of the population.

The epidemiological situation remains challenging, with an increase in arboviruses in the affected territories. An increase in febrile syndromes is reported in seven provinces, including three of the eastern provinces of the country: Las Tunas, Holguín and Granma. The Ministry of Public Health has developed an updated care protocol with a specific focus on pregnant women and newborns.

UNFPA Response

Operating under the Health and Shelter Clusters, and working in close collaboration with the Ministry of Public Health (MoH) and Federation of Cuban Women, UNFPA continues to support the emergency response, ensuring the SRH and GBV needs are being met in communities affected by Hurricane Melissa.

Sexual and reproductive health:

UNFPA continued to identify the most urgent needs of individuals and health facilities regarding medicines and supplies, supporting the procurement and distribution of essential health commodities, such as IARH kits and contraceptives. These have been delivered to the affected provinces, following a visit to the area conducted alongside the Ministry of Foreign Trade and MoH to meet with health personnel and other key stakeholders.

A total of 650 hygiene kits were distributed to pregnant and postpartum women at maternal health facilities in Santiago de Cuba province. In addition, 10,000 IUDs were delivered to family planning services, and 40 IARH kits—which will service 6,200 people—arrived at health facilities in Holguín, Granma, Santiago de Cuba and Guantánamo.

Gender-based violence:

An Inter-Agency Working Group was activated, with the participation of MoH, UNFPA and other UN agencies, to optimize needs identification and complementarities in procurement. A key component of the response was UNFPA's active advocacy for the inclusion of the PSEA in the inter-agency response, which led to the identification of two spaces in the affected territories to address PSEA and GBV needs; the creation of strategic alliances with the Pan American Health Organization (PAHO) and UNDP for a more comprehensive response; the production and distribution of key informative materials on PSEA; and the sensitization of service personnel.



18,150

People reached with
SRH services

79% female, 21% male



41

Health facilities
supported



2

Safe Spaces for women
and girls supported

UNFPA, in its role as the lead agency of the Inter-Agency Working Group for PSEA is supporting two safe spaces for the provision of services for GBV care and prevention. A working meeting was held with the Federation of Cuban Women to select additional safe spaces and identify the actions to be implemented.

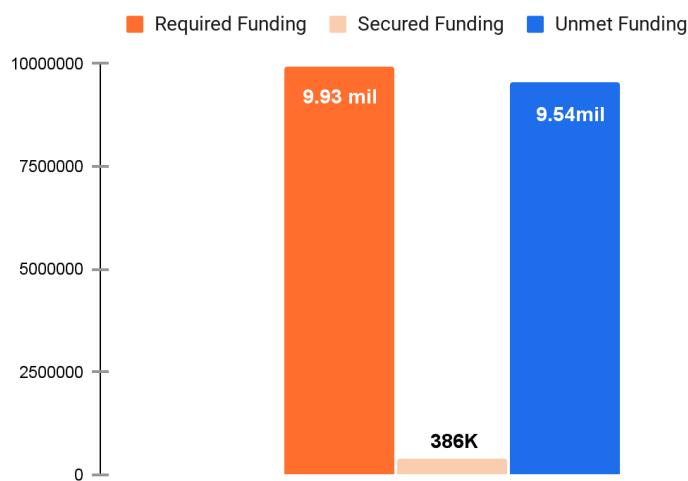
In coordination with the Federation of Cuban Women and the National Union of Jurists of Cuba, UNFPA also updated informational materials on sexual exploitation and abuse—including the availability of services—which are being reproduced for distribution in communities and service centres in the province of Santiago de Cuba where the hurricane response is being implemented.

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.

Current Donors

- UNFPA Emergency Fund / Humanitarian Thematic Fund
- Government of Canada
- UK Foreign, Commonwealth and Development Office

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