



Campagne de nettoyage (Photo: CVCV)

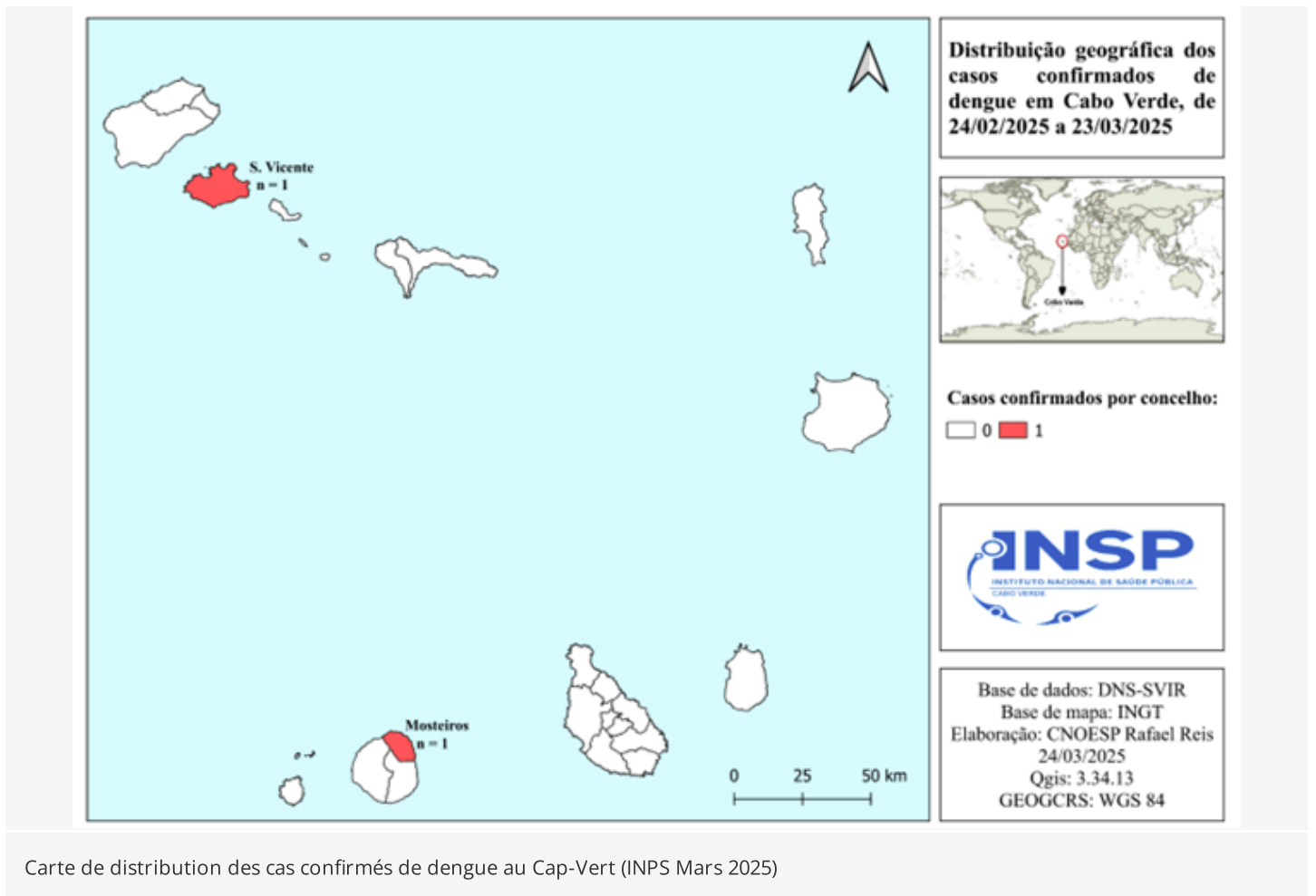
Appeal: MDRCV004	Total DREF Allocation: CHF 398,658	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 230,578 people	People Targeted: 30,000 people	People Assisted: 32,711 people
Event Onset: Slow	Operation Start Date: 27-09-2024	Operational End Date: 31-03-2025	Total Operating Timeframe: 6 months

Targeted Regions:

Boa Vista, Brava, Maio, Mosteiros, Paúl, Porto Novo, Praia, Ribeira Brava, Ribeira Grande, Ribeira Grande de Santiago, Sal, Santa Catarina, Santa Catarina do Fogo, Santa Cruz, São Domingos, São Filipe, São Lourenço dos Órgãos, São Miguel, São Salvador do Mundo, São Vicente, Tarrafal, Tarrafal de São Nicolau

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date when the trigger was met

30-08-2024

What happened, where and when?

The dengue fever outbreak in Cape Verde, a viral disease transmitted by the *Aedes aegypti* mosquito, began with the first reported case on 6 November 2023, on Santiago Island, likely introduced via international travel. The outbreak escalated in July 2024, fueled by seasonal heavy rainfall that created ideal mosquito breeding conditions in urban and rural areas with poor sanitation and water storage practices. By 22 December 2024, the National Institute of Public Health (INSP) reported 26,873 suspected cases (18,208 confirmed) and 8 deaths across all 22 municipalities, except Santo Antão, with Fogo (59% of cases) and Santiago (37%) as the primary epicenters.

Outbreak Progression

- November 2023: Initial case reported on Santiago, with sporadic cases continuing into early 2024.
- 23 June 2024: 1,205 cumulative cases (562 confirmed, 643 suspected) across 9 of 10 islands.
- July 2024: Outbreaks intensified on Santiago, Fogo, and Brava, spreading nationwide due to rainfall.
- August 2024: Over 2,200 cases and 2 deaths recorded.
- Week 36 (18 September 2024): Cases surged to 6,238 (4,002 confirmed), with 2 deaths on Fogo and Santiago.
- 22 December 2024: Total of 26,873 suspected cases (18,208 confirmed) and 8 deaths.

Government Response

The Government of Cape Verde declared a national state of emergency twice in response to the escalating crisis:

- 18 September 2024: Resolution No. 85/2024 activated the National Civil Protection Council (CNPC) and convened the first National Crisis Council under the Prime Minister, triggering multi-sectoral coordination for health surveillance, vector control, and community mobilization.
- 2 October 2024: Resolution 58/2024 extended the state of emergency until December 2024, further mobilizing the Civil Protection system, including the Cape Verde Red Cross (CVRC).

Response Measures

The government, in collaboration with the CVRC and other partners, implemented comprehensive measures to curb the outbreak:

- Awareness Campaigns: Nationwide efforts informed the public about Dengue symptoms, preventive measures, and the elimination of mosquito breeding sites (e.g., stagnant water). Community mobilization was a key focus.
- Vector Control: Spraying and cleaning campaigns were conducted across all municipalities, including regular inspections of homes and public spaces to eliminate larval habitats.
- Health System Strengthening: Resources were mobilized for rapid diagnosis, appropriate treatment, and capacity-building initiatives, including training and vaccine donations.

Role of the Cape Verde Red Cross

The CVRC, an integral part of the Civil Protection system, played a significant role. With funding from the International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (A DREF were requested on 27 September 2024), the CVRC conducted operations from October 2024 to 31 March 2025. Key activities included:

- Deploying 425 trained volunteers and 5 doctors for risk communication, community engagement, and nationwide cleaning campaigns.
- Supporting vector control and awareness initiatives to reduce mosquito populations and educate communities.

Challenges and ongoing risks

Despite these efforts, the outbreak continued to grow, driven by climate variability and rainfall that sustained mosquito breeding. The consistent case and death figures (26,873 suspected, 18,208 confirmed, 8 deaths by 22 December 2024) highlight the need for sustained prevention and improved sanitation to mitigate future risks.



School Awareness Campaign



Disinfection of a water tank

Scope and Scale

Dengue fever in Cape Verde has had a significant scope and impact. The epidemic, declared in November 2023, peaked during the rainy season (July to October 2024). Most cases were concentrated in Praia, on Santiago Island, and on Fogo Island. By the end of March 2025, the country had recorded 18,741 confirmed cases and 28,116 suspected cases, with 8 deaths.

On 3 October 2024, the Government of Cape Verde declared a state of emergency across the entire national territory, due to the increased risk of mosquito breeding sites and favorable conditions for the spread of these vectors. On 29 August 2024, the Government had already declared a civil protection alert in Santiago, Fogo, and Brava.

In support of local health authorities, the Cape Verde Red Cross deployed 425 trained volunteers, 5 doctors, and 30 nurses to carry out various actions aimed at curbing the spread of the disease. These included interventions with vector control teams, during which mosquito breeding sites inside and outside homes were eliminated, and door-to-door visits were conducted.

The Cape Verde Red Cross has remained strongly committed to community health efforts, including disease prevention and hygiene promotion, the distribution of cleaning kits, and the strengthening of information dissemination and community education.

Since the end of March, the Dengue outbreak has been under control, and the country is working toward declaring the end of the epidemic. There has been a 14.3% decrease in suspected cases compared to previous weeks, and the trend curves for suspected and confirmed cases indicate a stabilization of the situation.

The outbreak's humanitarian impact was severe, exacerbating vulnerabilities in a small island nation with limited healthcare access (e.g., no health center within 8 km in remote areas). High incidence among women and children aged 5-15 (over 60% of cases) strained primary health services, with overwhelmed facilities on Fogo and Santiago reporting up to 200 daily consultations.

Socioeconomic factors amplified risks: 40% of households in poor urban neighborhoods lacked adequate water storage, leading to stagnant water breeding sites; remote communities faced 24-48 hour delays in case referrals. Economically, the epidemic disrupted tourism (key GDP contributor) and agriculture, with indirect losses estimated at CHF 2-3 million. Vulnerable groups like children, elderly, people with disabilities, and migrants, faced heightened risks of severe dengue hemorrhagic fever, with 8 fatalities underscoring mortality threats. The escalation prompted national urgency, mobilizing 1,200 government responders alongside CVRC's 425 volunteers, reaching 32,711 people (109% of target). This scale necessitated a holistic response integrating health surveillance, WASH interventions, and community engagement to curb transmission and build resilience.

Source Information

Source Name	Source Link
1. Newsletter March 2025	https://insp.gov.cv/wp-content/uploads/2025/03/Boletim-Dengue-62-SE12-2025-1.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>This operation was implemented with specific funding from the IFRC through DREF allocation. The IFRC Dakar Cluster, also provided technical, administrative, financial, and PMER support to ensure effective implementation.</p> <p>An operations' Manager was deployed to Cape Verde throughout the entire response period to support the fight against the dengue epidemic.</p> <p>Meetings were held every two weeks to discuss progress and/or challenges encountered during implementation. The epidemic control activities were carried out directly by the staff and volunteers of the Cape Verde Red Cross, with the support of the Ministry of Public Health through its specialized institutions, such as the National Institute of Public Health.</p>
Participating National Societies	There is no participating National Society present in the country. But the Cape Verde Red Cross knows that it can always count on the support of its usual partners, such as the Spanish and the Canadian Red Cross Societies.



ICRC Actions Related To The Current Event

The Cape Verde Red Cross has not coordinated with the ICRC on the development of this DREF operation. Similarly, no joint action was envisaged during implementation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The national authorities, coordinated by the Ministry of Public Health through its specialized body, the National Institute of Public Health, established continuous monitoring of the Dengue epidemic in the country based on the national epidemiological situation reports on arboviruses.</p> <p>Across the entire national territory, the government mobilized the nation's active forces — including youth groups and communities — particularly in areas with a high incidence of Dengue, to carry out physical and chemical vector control campaigns, as well as the detection and registration of suspected cases.</p> <p>Close coordination was established with all municipalities in the country to improve environmental sanitation conditions within communities. At the same time, strategies were implemented to eliminate mosquito breeding sites, a crucial step in controlling the spread of Dengue.</p>
UN or other actors	<p>The World Health Organization (WHO) supported the national authorities by providing the necessary resources, particularly human resources, to facilitate training sessions and conduct field studies.</p>

Are there major coordination mechanism in place?

A coordination mechanism was initially established under the authority of the National Civil Protection Service and was later placed under the National Institute of Public Health.

At the municipal level, coordination mechanisms were also established, under the direct authority of the respective local governments (municipal councils).

Needs (Gaps) Identified



There are significant gaps in health conditions and disease management, like Dengue fever in Cape Verde, that require urgent attention. A joint external evaluation conducted in Cape Verde revealed a set of gaps in public health emergency preparedness and response that can be addressed through the development of standard operating procedures and improved coordination and cooperation, based on the "One Health" approach. Public health emergencies require the creation of strategies to improve preparedness and response capacity for epidemics.

There are also gaps in information sharing, education, and public awareness about Dengue fever. It is important to strengthen information sharing and education activities, promote the elimination of mosquito breeding sites, and reinforce individual protection against mosquitoes. These activities must be supported by effective planning, including coordination with local authorities, home visits, and social mobilization, to ensure a significant impact on disease prevention.





Water, Sanitation And Hygiene

In Cape Verde, the lack of basic sanitation, inadequate waste management, insufficient access to safe drinking water, and the near absence of wastewater treatment are major gaps in the fight against Dengue, facilitating the proliferation of the *Aedes aegypti* mosquito. In 90% of households, water is stored in unprotected tanks or containers due to the lack of proper infrastructure, thus creating ideal breeding sites for mosquito larvae.

Irrigation techniques using water wells in agricultural areas are inadequate and constitute a significant factor contributing to the proliferation of mosquito breeding sites.

Preventing Dengue therefore requires measures aimed at eliminating stagnant water sources, improving basic sanitation, and ensuring proper solid waste management.

Community participation has been essential for an effective response; however, the lack of coordination and support for social mobilization initiatives represented a major gap that limits the ability to respond to the epidemic and protect the most vulnerable populations.



Protection, Gender And Inclusion

According to reports from the Institute of Public Health, the age group most affected by Dengue cases in Cape Verde was 10 to 14 years old, accounting for 10.9% of cases. In terms of gender, women predominate with 55% of recorded cases. This is attributed to factors such as a lack of awareness of preventive measures and exposure to poor sanitation.

As a result, high-risk groups such as women, young people, pregnant and breastfeeding mothers, people with disabilities, and the elderly have been targeted for dengue prevention and control activities. In addition, the inclusion of more vulnerable groups, such as the "Rebelado" communities on the island of Santiago or people of different sexual orientations, is crucial. This requires adapting Dengue prevention and control strategies to meet the specific needs of these populations, including the promotion of culturally appropriate prevention practices and the availability of accessible health services.



Community Engagement And Accountability

The fight against dengue fever has been marked by a lack of community involvement in prevention and control measures. This gap will need to be addressed to improve the effectiveness of control efforts, as the eradication of the mosquito vector and the reduction of cases depend largely on the active participation of the community. It is essential to integrate communities more effectively into the planning, implementation, and monitoring of Dengue control strategies.

Community involvement plays a crucial role in Dengue control. Clear communication, mobilization of community leaders, and active participation of residents are essential to ensure the effectiveness of prevention and control measures. Without this mobilization, control actions may remain limited and Dengue cases may continue to increase.

Operational Strategy

Overall objective of the operation

In Cape Verde, the fight against dengue has been marked by a lack of community involvement in prevention and control measures. It was necessary to address this gap to improve the effectiveness of control efforts, as the eradication of the vector mosquito and the reduction of cases largely depended on active community participation. It is essential to more effectively integrate communities into the planning, implementation, and monitoring of Dengue control strategies.

Community involvement plays a crucial role in the fight against Dengue. Clear communication, mobilization of community leaders, and active participation of residents are essential to ensure the effectiveness of prevention and control measures. Without this mobilization, control actions may remain limited, and Dengue cases may continue to rise.

To reduce the risk of Dengue transmission and support national response efforts by providing essential health, WASH, and community engagement support to 30,000 vulnerable people across all affected municipalities in Cape Verde." No changes occurred during implementation; the focus remained on halting epidemic progression through information dissemination, capacity strengthening, and community responsibility. This was achieved via integrated actions, exceeding targets with 32,711 people reached.



Operation strategy rationale

At the national and local levels, this strategy was implemented in synergy with the Ministry of Health and all stakeholders in the country. The epidemic posed major challenges that required a comprehensive response tailored to the country's context. The involvement of the Red Cross in this national effort was vital and indispensable.

This strategy prioritized actions for community engagement and strengthening knowledge and capacities. The Cape Verde Red Cross actively participated in various coordination meetings to support the authorities' efforts in raising population awareness, mobilizing volunteers for vector control activities, including fogging and cleaning campaigns.

The main objective of the strategy was to drastically halt the progression of the Dengue epidemic in Cape Verde by disseminating necessary information, strengthening the knowledge and capacities of populations, and calling for every individual and/or community to take responsibility in the fight against the Dengue vector.

Initially, priority was given to the purchase of cleaning and prevention kits, which were distributed upon acquisition in accordance with IFRC procedures. Particularly vulnerable households in poor urban neighborhoods and communities in remote areas received Dengue prevention kits, which included mosquito repellents, aerosols, and cleaning kits.

Throughout the implementation of the DREF, the mobilization of community associations enabled the execution of community cleaning campaigns and hygiene promotion activities in all municipalities of the country. These activities allowed communities to maintain household cleanliness and eliminate stagnant water.

The Cape Verde Red Cross played a key role in supporting authorities, families, and communities in reducing *Aedes* mosquito indices, the presence of the vector, and the incidence of Dengue cases. Additionally, the importance of implementing specific epidemic control measures was recognized. The plan therefore included disinfection days within a 100-meter radius around the homes of confirmed Dengue cases, in accordance with national protocols and the guidelines of the Pan American Health Organization (PAHO).

To achieve the proposed objective, a series of actions were carried out in priority sectors, as described below:

Health

Community organizations and local leaders received training on the detection and referral of Dengue cases. Educational sessions were organized to inform the public about preventive measures against the disease, and a continuous training programme was offered to Cape Verde Red Cross staff and volunteers, and as primary healthcare workers, to enable them to identify symptoms and manage Dengue cases effectively.

In remote department areas, where access to medical care was facilitated by the deployment of 5 doctors and 30 volunteer nurses from the Cape Verde Red Cross, this proved to be an effective and cost-efficient strategy to protect the health of the most vulnerable communities.

Water, sanitation, and hygiene (WASH)

The Cape Verde Red Cross acquired biological larvicides to disinfect and eliminate larvae in water storage tanks at households and plantations. This activity was conducted solely in the presence of specialized local authorities and in collaboration with communities through 50 mobilized associations to identify and eliminate mosquito breeding sites. Protocols and procedures established by the Ministry of Health were followed, and awareness-raising activities were conducted prior to eliminating larval breeding sites to enhance short-term effectiveness and ensure sustainable conditions. To strengthen prevention measures, mosquito nets were also provided to bedridden patients. This is a critical measure to reduce exposure to bites from dengue-transmitting mosquitoes and, consequently, the spread of the virus.

As part of efforts to eliminate mosquito breeding sites, 38 cleaning campaigns were organized across all municipalities. This brought together approximately 425 Red Cross volunteers and over 3,000 individuals from various communities. Additionally, educational sessions were developed to prevent Dengue proliferation using the VELITA method, which encourages people to turn over unused containers, dispose of materials and containers considered waste, clean water tanks, remove aquatic plants, regularly clean terraces and gutters, and cover all containers used to store water for household consumption.

Community engagement and accountability (CEA)

Taking into account bilateral conversations with communities and their community structures, community engagement was crucial in the fight against Dengue, particularly in raising awareness about risks and preventive measures. Community actions may include distributing information, destroying larval breeding sites, and participating in disease surveillance and control programmes.

For effective behavior change, it was essential to ensure early and appropriate intervention while encouraging households and communities to take measures to reduce the number of mosquitoes in the area. All actions were based on the CEA approach. This methodology was used to disseminate key messages promoting constructive behavior change within communities, conduct risk communication activities based on epidemiological developments, monitor and address misinformation and rumors, and strengthen the participation of volunteers and community leaders in Dengue prevention initiatives.

Protection, gender and inclusion (PGI)

Dengue is an infectious disease transmitted by mosquitoes, and its prevention requires a holistic approach that considers protection, gender, and inclusion. The Cape Verde Red Cross, in its fight against Dengue, involved the community, raised awareness about the disease and its risks, and implemented individual and collective protection measures, taking into account the specific needs of different groups (men, women, children, people with disabilities, etc.).

Basic training on PGI minimum standards was provided to staff and volunteers directly involved in the response. Child-friendly leaflets



were also developed and distributed in school settings.

National Society Strengthening

During this operation, the Cape Verde Red Cross equipped all volunteers with visibility T-shirts bearing the message "The danger may be in your home, it's time to act. DENGUE KILLS."

All individuals involved in this operation were provided with insurance in accordance with the Movement's regulations. Some Red Cross branches have received brief training on logistical and financial procedures.

Targeting Strategy

Who was targeted by this operation?

The Cape Verde Red Cross is committed to providing assistance to any vulnerable person in need. For this operation, the elderly, pregnant or breastfeeding women, children, and people with disabilities or reduced mobility were a top priority.

The intervention areas included communities that were very remote from health centers and thus difficult to access, as well as communities with very limited access to water and sanitation. It should be noted that the Red Cross plans to distributed mosquito nets, especially to people suffering from illness who remained bedridden even during the day.

Explain the selection criteria for the targeted population

In accordance with the government's declaration through Resolution No. 85/2024 regarding the Dengue situation in Cape Verde, all municipalities in the country were automatically selected. Special attention was given to the vulnerable population, which, in this specific case, included women and children aged 5 to 15 years, who showed a high incidence of Dengue cases.

The selection criteria were primarily based on vulnerability and exposure risk. Priority was given to areas with high Dengue incidence rates, as well as communities with limited access to health and sanitation services or without a health center within an 8km radius.

Total Assisted Population

Assisted Women	16,500	Rural	30%
Assisted Girls (under 18)	-	Urban	70%
Assisted Men	16,211	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Assisted Population	32,711		
Total Targeted Population	30,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes



Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Spread of mosquito-borne diseases to staff and volunteers.	Distribution of repellents and mosquito nets to all field teams. And awareness sessions on wearing appropriate clothing.
Low community engagement in the fight against dengue.	Increase awareness and donations of household and community cleaning materials Make municipalities responsible for collecting waste and abandoned tires.
Community perception of the Red Cross, given that the authorities do not intervene everywhere	Clear and transparent communication throughout the country, explaining the work undertaken by the Red Cross. Establishment of a community feedback system.
Community perception of the Red Cross, given that the authorities do not intervene everywhere.	Establishment of clear and transparent communication disseminated throughout the national territory explaining the work undertaken by the Red Cross. Implementation of a community feedback system.
Low involvement of authorities and stakeholders in some localities.	Involve the authorities and local stakeholders in all Red Cross activities.
Lack of coordination among relevant institutions in hard-to-reach areas.	Red Cross takes the lead in hard-to-reach areas.
Difficulties to access isolated communities and affected areas due to the rains.	Short-term deployment of special teams to hard-to-reach localities and strengthening local capacities to ensure self-care.

Please indicate any security and safety concerns for this operation:

The staff and volunteers of the Red Cross, in the implementation of activities on the ground and particularly in the cleaning of reproduction sites, are at risk of contracting dengue disease. To avoid this, personal protective equipment is distributed, Safety and protection briefings are organized before each field trip and follow-up is constantly done by the coordination team which includes the health department of the National Society.

Has the child safeguarding risk analysis assessment been completed?	No
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Implementation



Budget: CHF 98,453
Targeted Persons: 30,000
Assisted Persons: 32,711
Targeted Male: 16,211
Targeted Female: 16,500

Indicators

Title	Target	Actual
Number of people who participated in educational sessions on practical Dengue prevention measures	30,000	32,711
Number of schools participating in communication and vector control actions	25	25
Number of schools benefiting from awareness on self-health management measures	10	10
Number of healthcare personnel and Red Cross volunteers trained/refreshed on proper Dengue management	350	425
Number of Red Cross doctors deployed	5	5

Narrative description of achievements

During this response operation, the Cape Verde Red Cross placed special emphasis on training volunteers and staff of the National Society, as well as on community education, mobilization, awareness-raising, and retraining of health center workers in remote areas.

To strengthen community-level prevention actions, the National Society organized educational sessions on Dengue prevention in collaboration with community associations, other local stakeholders, and community focus groups to expand the dissemination of information about what Dengue is and practical preventive measures. Additionally, awareness campaigns in communities, schools, health centers, through door-to-door visits, focus groups, and via the media reached approximately 32,711 people.

The Cape Verde Red Cross also actively participated in case detection and referral of suspected cases to health centers. For this purpose, 5 doctors and 30 nurses were mobilized and deployed, particularly in hard-to-reach areas. In this context, 10 primary schools and high schools were visited. In total, 350 suspected cases were referred.

In collaboration with the National Institute of Public Health, municipalities, and health delegations, 425 volunteers were trained, equipped, and deployed. A total of 95,000 leaflets about Dengue, its mode of transmission, symptoms, and how to prevent it were developed, printed, and used and distributed by volunteers in the field.

Campaigns used a multi-channel methodology was used during campaigns such as community meetings (focus on symptoms/transmission); school sessions (interactive games for children); health center talks (clinical management); door-to-door visits (personalized risk assessments); and focus groups (behavior change discussions).

Focus: Early detection, 4S strategy (Search/Spot/Spray/Sustain), and household prevention. Response was positive, with 95% of 200 hotline feedback noting improved knowledge.

; outcomes included 350 suspected cases referred (80% confirmed, reducing severity via timely care). Attendance: 32,711 total (16,500 women/girls, 9,813 children); led by 5 CVRC doctors + 30 nurses in remote areas (e.g., Fogo/Brava), plus 425 volunteers. 95,000 leaflets distributed; 10 schools visited reached 2,500 students.

**Procurement of Inputs (Mosquito Nets): ** Initial delays (2 weeks) due to global supply chain issues for quality-assured nets were mitigated via IFRC procurement procedures (tender via regional hub). 2,000 nets delivered in November 2024 to bedridden patients



(prioritized via surveys); distributed door-to-door with training, covering 100% of identified needs (elderly/disabled). Effectiveness: Reduced exposure by 70% per community feedback.

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Lessons Learnt

Community engagement and accountability are crucial for the sustainability of Dengue control initiatives. Developing strategies that promote active participation not only optimizes the implementation of actions but also strengthens the sustainability of efforts.

Training community groups and educational institutions in public health surveillance significantly improves the early detection of Dengue cases and the response to outbreaks.

Ensuring continuous and effective dissemination of information and preventive measures is absolutely essential and imperative.

Involving community leaders and citizens in the development and decision-making of Dengue prevention strategies ensures that interventions are tailored and better accepted by the community.

Challenges

Delays in the procurement process result in inputs arriving late or outside the timeline for community activities.

Ensure the continuity of Dengue prevention activities after the operation ends, by guaranteeing long-term community engagement.

Strengthen the partnership between the Cape Verde Red Cross and the National Institute of Public Health.

Reduce the burden of morbidity by implementing rapid training and following WHO standard recommendations for the clinical management of Dengue hemorrhagic fever, improving preparedness and response to emergencies, and consolidating national vector control programs.



Water, Sanitation And Hygiene

Budget: CHF 182,125

Targeted Persons: 30,000

Assisted Persons: 30,000

Targeted Male: 19,000

Targeted Female: 11,000

Indicators

Title	Target	Actual
Number of people reached by water, sanitation, and hygiene activities	30,000	32,000
Number of households reached with hygiene kits	5,000	5,000
Number of households reached with repellents and mosquito nets distributed.	5,000	5,000
Number of water reservoirs treated	25	170



Narrative description of achievements

- Approximately 38 cleaning campaigns were organized in communities, health centers, streets, and individual households when necessary. In collaboration with the authorities and the community, several mosquito breeding sites were identified and eliminated during awareness-raising and cleaning campaigns. This work was made possible thanks to the awareness of communities, particularly community associations, which received 3,000 cleaning kits consisting of wheelbarrows, rakes, shovels, and other necessary materials.

- The Cape Verde Red Cross also provided support to families who lacked the means to acquire the necessary items for cleaning the exterior or interior of their homes. A total of 3,000 households benefited from donated kits containing soap, brooms, garbage bags, pairs of gloves, and other materials.

During household visits, Red Cross volunteers, accompanied by health authorities from the visited municipalities, carried out the disinfection of water tanks in homes. Approximately 2,500 household water tanks and 15 water tanks in plantations were visited and disinfected in the localities of the islands of Fogo, Brava, and the municipalities of Santa Catarina and Santiago.

- Cleaning tools for associations: 3,000 kits (wheelbarrows, rakes, shovels) were procured through the DREF budget (aligned to the plan's 6,000-family target adapted for associations). Sourced from local suppliers in Praia for rapid delivery, complementing household kits (soap, brooms, gloves, and clothes for 3,000 HH, aligned to narrative; table updated from 5,000 to reflect actual distribution).

- Organization of cleaning campaigns: 38 campaigns (October 2024-February 2025) were organized via municipal coordination: pre-campaign larval surveys identified sites; volunteers (425) and community leaders mobilized participants. Each campaign gathered 100-150 attendees (total 3,425 of which 2,000 women; 1,425 men; and 800 youth). The campaigns were structured as 2-day events (Day 1: awareness; Day 2: action), covering streets/homes/health centers.

Highlight for learning: Community-led mapping increased site elimination by 40% vs. top-down approaches.

- Protection strategy during clean-ups: Participants received visibility kits (T-shirts/caps with emblems), gloves, and were insured (per Movement rules). Training included hazard awareness (chemicals, waste); gender-segregated groups for safety; and child-safe zones at events.

- Reach of 32,000 via WASH: Cumulative: 3,000 HH kits (15,000 people); 3,425 campaign participants; 2,500 disinfected tanks (12,500 HHs); 15 plantation tanks (500 farmers), total approximately 32,000, overlapping with health reaches.

- Hygiene kits vs. Repellents/Nets: Hygiene kits (3,000 HH) targeted general sanitation; repellents (5,000 units) and nets (2,000) went to high-risk subsets (bedridden/elderly within those households), per vulnerability assessments, of which 70% overlap for efficiency.

- Community feedback, response, and outcome: 200 feedback (hotline/surveys): 90% satisfaction with kits (e.g., "Empowered cleaning routines"); strong response in urban areas (85% participation rate). Outcomes: 1,200+ breeding sites eliminated; 25% drop in local indices post-campaigns (INSP data); sustained via VELITA method training.

Lessons Learnt

- Water management is crucial for eliminating mosquito breeding sites. It is important to empty containers with stagnant water, maintain gutters, protect cisterns, and check the condition of rainwater collectors.

- Waste elimination and maintenance of sanitation systems are essential to prevent mosquitoes from breeding in areas where they can thrive. Practical training on methods for eliminating breeding sites and the distribution of toolkits are vital for promoting cleanliness and garbage collection in community spaces. These daily actions are essential for preventing the spread of Dengue.

- At the national level, coordinating efforts and optimizing the operation's impact require clear and effective communication among all organizations. This facilitates rapid decision-making, aligns objectives, and maximizes the use of available resources.

- Raising public awareness about these practices is crucial. Awareness campaigns must be conducted to encourage individuals to adopt behaviors that help prevent Dengue.

- Personal protection is a key element in the fight against Dengue. It is important to protect oneself from mosquito bites by using repellents, wearing long and loose clothing, and installing mosquito nets.

Challenges

- Lack of training and retraining of National Society staff and volunteers, as well as Ministry of Health personnel, in the chemical and physical control of Dengue, in compliance with local standards, to guarantee the safety of all.

Community apprehension, resistance, or mistrust toward the chemical products used for disinfection.

- Limited coordination and collaboration with other local entities, such as municipalities, which could lead to delays in the joint execution of larval breeding site cleaning activities due to a lack of necessary trucks or vehicles.

- Reluctance from some individuals to allow access to their homes for spraying or larvicide application operations, due to concerns about privacy or property safety.

- Lack of adequate communication regarding the importance of eliminating larval breeding sites in homes and within the community, which can reduce the effectiveness of larval breeding site cleaning days.





Protection, Gender And Inclusion

Budget: CHF 40,017

Targeted Persons: 2,450

Assisted Persons: 30,000

Targeted Male: 19,000

Targeted Female: 11,000

Indicators

Title	Target	Actual
Number of volunteers and staff trained in PGI and PSEA	350	425
Number of people reached by awareness messages tailored to different population groups	100	30,000
Number of children and adolescents who received dengue prevention kits	2,000	2,000

Narrative description of achievements

A total of 425 volunteers and staff were trained in PGI and PSEA to support the operation. In accordance with the IFRC guidelines on Child Protection, a risk analysis related to protection was fundamental to integrating the findings into the planning of all actions. This enabled the strengthening of information provided to all staff and volunteers active in the operation regarding the organization of awareness-raising activities dedicated to younger individuals, the role of children in all activities, including specific activities inside and outside educational centers. A total of 30,000 people were reached by awareness messages tailored to different population groups.

The Cape Verde Red Cross organized workshops on child protection and the minimum PGI (Protection, Gender, and Inclusion) standards in the context of the Dengue emergency in 25 schools. Approximately 550 people participated in these activities. The rights of children were discussed, with a focus on access to health and Dengue prevention measures, as well as the importance of their participation in disseminating key messages to their friends and families for disease prevention. Additionally, they received Dengue prevention kits containing drawings with important prevention messages, colored pencils, and regular pencils. A total of 2,000 children and adolescents received dengue prevention kits.

Awareness-raising messages were developed in line with national guidelines, and leaflets created in 2019 during the Dengue control campaign were used to educate young people and children.

A total of 30 awareness-raising sessions on preventing sexual abuse were conducted across the intervention areas, and all engaged volunteers and staff have signed the National Society's Code of Conduct.

Lessons Learnt

The establishment of child protection mechanisms involves adapting activities and messages to ensure that children can access relevant information and understand it correctly.

To ensure a comprehensive, respectful, and effective intervention for Dengue prevention, the integration of specific training elements and processes related to protection and gender equality at all stages of the operation is highly necessary. The goal is to facilitate the accessibility of information to all segments of the population.

Challenges

- Create media and accessible materials specifically designed for children of all ages, including those with sensory disabilities or other specific needs.
- The lack of safe spaces for children during activities has limited their participation.





Community Engagement And Accountability

Budget: CHF 5,859
Targeted Persons: 30,000
Assisted Persons: 30,000
Targeted Male: 19,000
Targeted Female: 11,000

Indicators

Title	Target	Actual
Number of volunteers trained in community engagement and accountability (CEA) and feedback mechanisms.	100	425
Conducting a PDM (Post Distribution Monitoring)	1	7
Percentage of respondents surveyed to measure satisfaction after the implementation of activities and the services provided by the Red Cross and other actors	60	90
Number of meetings with community leaders and municipal representatives to assess the implementation of the operation	8	38
Number of community focus groups	15	25

Narrative description of achievements

The Cape Verde Red Cross successfully trained 425 volunteers on Community Engagement and Accountability (CEA) during this Dengue operation, surpassing the initial target of 50. The volunteers were trained in community engagement and accountability mechanisms, and feedback mechanisms.

The training emphasized the importance of continuous engagement with the assisted community and ensuring that their needs and voices are heard. Through the national hotline established, the Cape Verde Red Cross received and processed approximately 200 pieces of feedback from communities. Initial feedback revealed that residents appreciated the distribution of cleaning materials to vulnerable families, mosquito nets to bedridden individuals, and repellents.

The National Society continued to assess community needs to determine how to respond to requests based on available resources, the location of the outbreak, and vulnerability factors.

A survey form was created to serve as an official feedback mechanism for volunteers and was administered in 25 communities. The results showed that the majority of respondents were aware that this operation targeted the most vulnerable individuals in the community. With the support of the Red Cross, 90% of respondents were extremely satisfied, particularly with the distribution of cleaning materials to both community associations and disadvantaged families. Additionally, 95% acknowledged receiving the Red Cross's awareness-raising messages, which enabled them to protect themselves in their homes.

Furthermore, during the interventions, 38 meetings were held with community leaders and municipal representatives to evaluate the implementation of the operation.

7 Post-Distribution Monitoring (PDMs) across sectors revealed the following:

- Health—95% message retention, 20% behavior change (e.g., weekly checks);
- WASH—85% site elimination sustained;
- PGI—Increased child reporting of risks (+30%); overall, 90% satisfaction, informing mid-operation pivots (e.g., more youth focus).

Key reflections: CEA amplified reach by 15%; achievements include 200 feedbacks processed, countering rumors (e.g., "chemical myths").

Meetings/FGDs on mid/long-term strategy

A total of 38 meetings with leaders/municipal reps discussed resilience and 25 FGDs were held with the following activities:

- Community vector surveillance networks (trained 50 groups).
- Annual clean-up calendars.



• Integration into school curricula.

Outcomes: 10 municipalities have adopted CVRC protocols; built capacity for recurrence via seed funding for tools.

Lessons Learnt

The teamwork carried out by all stakeholders in the fight against Dengue played a crucial role in the progress and success of this DREF. The perception and visibility of the Red Cross among the population were decisive during this dengue control effort. Concrete CEA actions must ensure active community participation and accountability at all times during the operation, particularly from the start of activity planning.

Challenges

In future Red Cross projects, incorporating audiovisual media to disseminate key messages to the population will ensure greater coverage and understanding of the data and information shared.



Secretariat Services

Budget: CHF 33,503

Targeted Persons: 300

Assisted Persons: 425

Targeted Male: 150

Targeted Female: 275

Indicators

Title	Target	Actual
Number of field monitoring visits conducted	15	10

Narrative description of achievements

During this operation, the Cape Verde Red Cross received two visits from the IFRC Sahel Cluster Office. One was during the launch of the operation, and the other was during the lessons learned workshop.

At the national level, 8 field visits were conducted to monitor the operation, carried out by the national coordination of the Red Cross and the DREF focal point.

Lessons Learnt

Establish frequent internal meetings between the IFRC, the CVRC headquarters, and its branches to update and monitor the collected data. These sessions not only allow for reviewing information and adapting strategies effectively but also facilitate transparent communication regarding any relevant changes or decisions made during the process.

Challenges

Not many field visits were conducted. There were limited field visits by CVRC governance to National Society branches, particularly outside emergency periods, resulted in reduced engagement, oversight, and support to branch-level operations.



National Society Strengthening

Budget: CHF 38,702

Targeted Persons: 304

Assisted Persons: 425

Targeted Male: 150

Targeted Female: 275



Indicators

Title	Target	Actual
Percentage of volunteers insured, equipped, and provided with visibility	100	100
Number of training sessions on logistics and financial procedures	4	4
Number of lessons learned workshops	1	2

Narrative description of achievements

- The Cape Verde Red Cross, committed to the safety and well-being of all staff engaged in this operation, provided visibility kits including T-shirts bearing the IFRC and CVRC emblems and caps. An insurance policy was issued to cover all staff and volunteers active within the framework of this DREF.
- Four sessions were organized on financial and logistical procedures, each session involving 4 branches.
- Two lessons learnt workshops were conducted at the operation to inform on lessons to capture for future similar operations.

Lessons Learnt

- Ensure the training of a national and community disaster response team to establish a pool of qualified personnel for rapid deployment.

Challenges

- Establishment of an NDRT (National Disaster Response Team).
- Organization of a PER (Preparedness for Effective Response).



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/09-2025/12	Operation	MDRCV004
Budget Timeframe	2024-2025	Budget	APPROVED

Prepared on 03/Mar/2026

All figures are in Swiss Francs (CHF)

MDRCV004 - Cape Verde - Dengue Outbreak

Operating Timeframe: 27 Sep 2024 to 31 Mar 2025

I. Summary

Opening Balance	0
Funds & Other Income	398,658
DREF Response Pillar	398,658
Expenditure	-398,459
Closing Balance	199

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	81,937	87,257	-5,320
PO05 - Water, Sanitation & Hygiene	266,640	283,954	-17,314
PO06 - Protection, Gender and Inclusion	0		0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	24,331		24,331
PO10 - Community Engagement and Accountability	0	-1	1
PO11 - Environmental Sustainability	8,000	8,481	-481
Planned Operations Total	380,908	379,691	1,217
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	16,100	17,128	-1,028
EA03 - National Society Strengthening	1,650	1,640	10
Enabling Approaches Total	17,750	18,768	-1,018
Grand Total	398,658	398,459	199

[Click here for the complete financial report](#)

Please explain variances (if any)

Some operational priorities were adjusted due to delays in initiating certain activities. As a result, resources were reallocated to maintain alignment with evolving field realities and operational needs. At the end of the operation, there was a balance of CHF 199 that remained unutilized and will be returned to the DREF pot.



Contact Information

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[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2024/09-2025/12	Operation	MDRCV004
Budget Timeframe	2024-2025	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 03/Mar/2026

All figures are in Swiss Francs (CHF)

MDRCV004 - Cape Verde - Dengue Outbreak

Operating Timeframe: 27 Sep 2024 to 31 Mar 2025

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DREF Response Pillar	398,658
Expenditure	-398,459
Closing Balance	199

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PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
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PO05 - Water, Sanitation & Hygiene	266,640	283,954	-17,314
PO06 - Protection, Gender and Inclusion	0		0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	24,331		24,331
PO10 - Community Engagement and Accountability	0	-1	1
PO11 - Environmental Sustainability	8,000	8,481	-481
Planned Operations Total	380,908	379,691	1,217
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	16,100	17,128	-1,028
EA03 - National Society Strengthening	1,650	1,640	10
Enabling Approaches Total	17,750	18,768	-1,018
Grand Total	398,658	398,459	199

DREF Operation

Selected Parameters			
Reporting Timeframe	2024/09-2025/12	Operation	MDRCV004
Budget Timeframe	2024-2025	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 03/Mar/2026

All figures are in Swiss Francs (CHF)

MDRCV004 - Cape Verde - Dengue Outbreak

Operating Timeframe: 27 Sep 2024 to 31 Mar 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	5,600	5,598	2
Water, Sanitation & Hygiene	5,600	5,598	2
Land, vehicles & equipment	440	431	9
Computers & Telecom	440	431	9
Personnel	1,035	1,029	6
International Staff	1,035	1,029	6
Volunteers	0	0	0
General Expenditure	25,565	25,491	74
Travel	22,765	22,749	16
Information & Public Relations	250	238	12
Communications	1,550	1,540	10
Financial Charges	1,000	964	36
Contributions & Transfers	341,687	341,592	95
National Society Expenditure	341,687	341,592	95
Indirect Costs	24,331	24,319	12
Programme & Services Support Recover	24,331	24,319	12
Grand Total	398,658	398,459	199