

# 6-MONTH OPERATION UPDATE

## Cape Verde | Floods

|                                                                                                                                          |                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Emergency appeal №: MDRCV005</b><br><b>Emergency appeal launched: 27/08/2025</b><br><b>Operational Strategy published: 12/09/2025</b> | <b>Glide №:</b><br><b>FL-2025-000147-CPV</b>                              |
| <b>Operation update 6m</b><br><b>Date of issue: 27/07/2026</b>                                                                           | <b>Timeframe covered by this update:</b><br>From 27/08/2025 to 31/03/2026 |
| <b>Operation timeframe: 12 months</b><br>(23/08/2025 – 31/08/2026)                                                                       | <b>Number of people being assisted: 75,850</b>                            |
| <b>Funding requirements (CHF):</b><br>CHF 2,5million through the IFRC Emergency Appeal<br>CHF 3 million Federation-wide                  | <b>DREF amount initially allocated:</b><br>CHF 565,565                    |

The Emergency Appeal, seeking a Federation-wide funding requirement of **CHF 3,000,000**, has reached **60%** funding to date. An important milestone made possible through valued partners' support<sup>1</sup>. As the operation transitions from emergency response to recovery, sustained and additional contributions are now critical. Timely funding will enable the Cruz Vermelha de Cabo Verde (CVCV) – Cape Verde Red Cross National Society (NS), with the support of the IFRC, to consolidate gains, strengthen preparedness capacities, and scale up recovery efforts, ensure and adopting strong and long-term programming approach, seeking both for community resilience and National Society strengthening and financially sustainable to continue delivering effective humanitarian assistance, as its core mandate in country, positioning the CVCV as relevant humanitarian actor in country, co-leading the disaster initiatives.



CVCV President and Vice Prime Minister, Addressing the General Assembly, with the focus on the Climate Change and the Emergency Response  
Photo: CVCV, 21 March 2026

<sup>1</sup> Canadian Red Cross, Japanese Red Cross, Luxembourg Red Cross, Netherlands Red Cross, Norwegian Red Cross, PRM (US government), Portuguese Red Cross (Municipality of Porto), Spanish Red Cross, Swiss Red Cross, Red Cross of Monaco,

## A. SITUATION ANALYSIS

Through this Operations Update, the National Society seeks an extension of the Emergency Appeal to sustain and complete all planned activities, address remaining humanitarian needs, and ensure the effective utilization of available resources. The proposed extension of the Emergency Appeal **from 31 August to 31 December 2026** is strategically critical for consolidating the gains achieved under the response, while enabling a coherent transition from emergency interventions to recovery, preparedness, and longer-term resilience-building efforts. As of the time of reporting, the NS reports an unspent balance of about **CHF 500,000** which has been earmarked for the different sectoral activities that will be prioritized during the extension period. This additional timeframe will allow the National Society to strengthen community capacities, complete outstanding sectoral activities, and reinforce institutional development priorities, fully aligned with its strategic ambitions and commitment to supporting affected populations in a sustainable manner.

### Description of the crisis

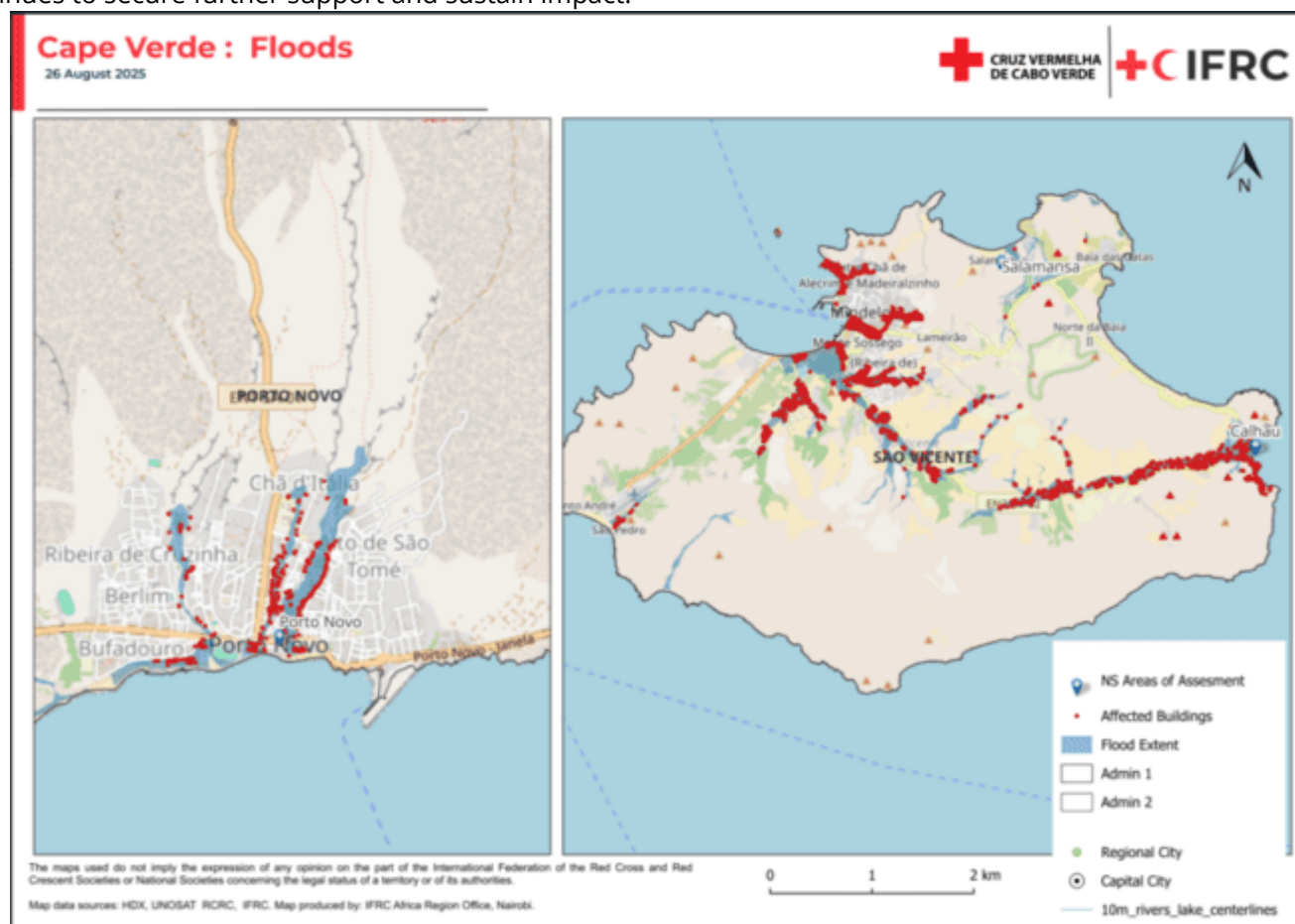
On 10–11 August 2025, Tropical Cyclone Erin brought torrential rains that caused severe flash floods and landslides across Cabo Verde, with São Vicente and Santo Antão experiencing the most significant devastation and partial impacts in São Nicolau. In just a few hours, rainfall exceeded annual averages, overwhelming drainage systems, and leading to widespread destruction of homes, public infrastructure, and essential services. At least 12 people lost their lives; five went missing, and more than 27,500 people were directly affected, including 1,500 displaced in São Vicente. According to the Public Health Situational Analysis (PHSA) by WHO, about 20,000 people have been injured<sup>1</sup>. Over 2,500 buildings were damaged, five bridges collapsed, and more than 60 km of roads were cut off, isolating entire communities. Mindelo's central hospital and several health centers were inundated, resulting in the destruction of vaccine stocks and interruption of critical health services. Water and sanitation systems collapsed, forcing reliance on emergency water trucking, while markets and food stocks were destroyed, disrupting livelihoods and increasing food insecurity.

The situation has heightened protection risks for vulnerable groups, including women, children, the elderly, and people with disabilities, who face displacement, loss of income, and reduced access to assistance. The compounding effects of the floods, combined with Cabo Verde's existing vulnerabilities such as high food import dependency, recurrent droughts, and fragile health systems, have created a complex humanitarian emergency requiring sustained relief and early recovery efforts.

Exactly one month later, on 11 September 2025, new heavy rains struck São Vicente, causing additional localized flooding in Mindelo. However, since the previous report, the overall situation has stabilized and has not further deteriorated. Most roads and damaged public infrastructure have been cleared, and the majority of displaced families have returned home, yet 74 families are still residing in government-funded temporary accommodation. Affected communities have begun rebuilding and restoring their livelihoods, with the current focus shifting toward recovery and rehabilitation of the most impacted areas.

On 13 November 2025, the island of Santiago in Cabo Verde was hit by an unprecedented storm, triggering severe flooding and landslides that overwhelmed infrastructure and disrupted communities. The hardest-hit municipalities of Tarrafal de Santiago, Santa Cruz, and São Miguel suffered major damage to roads, bridges, drainage systems, and crops, with one fatality and around 7,080 people (1,480 families) affected. A state of disaster was declared, and the national civil protection system, including the Cruz Vermelha de Cabo Verde, was activated to lead the emergency response. Following a rapid assessment, the CVCV presented targeted response for 500 families in northern Santiago, with a budget of CHF 251,386.92. The operation focuses on essential relief (NFIs), WASH, community health, and livelihoods through cash assistance, alongside cross-cutting actions on CEA and PGI.

The IFRC has integrated this intervention into the ongoing Emergency Appeal, committing to CHF 115,000 while continuing to mobilize additional and longer-term support. This expansion brings the operation to four geographic areas, reinforcing a coordinated, scalable response. While resources remain below needs, engagement with partners continues to secure further support and sustain impact.



*Flooded area in the islands of Santo Antão (left) and São Vicente (right). August 2025.*

## Summary of response

### Overview of the host National Society and ongoing response

The Cruz Vermelha de Cabo Verde (CVCV) was founded in 1975 and officially recognized by the International Committee of the Red Cross (ICRC) on 14 March 1985. It became a member of the International Federation of Red Cross and Red Crescent Societies (IFRC) in the same year. Headquartered in Praia, CVCV operates through a network of 19 branches and 46 local units across all nine inhabited islands and 22 municipalities. The organization is supported by 134 staff and 2,185 volunteers<sup>2</sup>, enabling it to have a significant reach and influence at national and local levels. CVCV serves as an auxiliary to the public authorities and has been at the forefront of the emergency response in disaster management.

On the onset of the crisis, CVCV was active and closely coordinated with the Government, through National Civil Protection Service, municipalities, and other agencies, and rapidly mobilized local volunteers in São Vicente, Santo Antão, São Nicolau and Santiago North to support evacuations, provide first aid, and conduct rapid needs assessments. Pre-positioned relief stocks were deployed from Praia to distribute essential household items, food parcels, and hygiene kits to affected populations, including the 900 people hosted in collective shelters. Water trucking operations have been implemented, ferrying approximately 150m<sup>3</sup> of potable water daily from Santo Antão to São

Vicente. The National Society continues to scale up distributions in severely affected communities while coordinating closely with government-led disaster response mechanisms.

As the main humanitarian actor in-country, CVCV, supported by the IFRC and other Movement partners, led a multi-sectoral response covering shelter, WASH, health, cash assistance, protection, and community engagement, while also participating in national and regional coordination platforms to ensure complementarity, avoid duplication, and strengthen collective impact.

As of 31 March 2026, the operation had reached **75,850 people** through relief distributions and community-based interventions in water, sanitation and hygiene (WASH) and health and hygiene promotion activities. The summary of achievements as the following:

- ❖ 4,010 people assisted on Shelter and Settlements, including hygiene kits.
- ❖ 4,010 peoples assisted on Livelihoods, *receiving food assistance*.
- ❖ *2,855 people, assisted with the CASH.*
- ❖ 22,200 people benefited from Health, including health promotion, disease prevention activities, medical services, and mental health and psychosocial support.
- ❖ 75,850 people were reached with hygiene promotion activities and sanitation awareness campaigns.
- ❖ 335 school and community sanitation facilities were rehabilitated.
- ❖ *4,582 individuals reached on PGI, SGBV, CFS, MHM, child protection and safeguarding.*
- ❖ *4,010 people reached CEA, including beneficiaries selection criteria and schedules.*
- ❖ 152 Cape Verde Red Cross volunteers received integrated training in Health, WASH, PGI, PSEA, SGBV, DAPS, Child Friendly Spaces, and child safeguarding.
- ❖ *09 external coordination meetings attended with the National Society, the authorities and external actors for this response (inter-agency, government, movement)*

The interventions are coupled with capacity strengthening of the Cabo Verde Red Cross, and transversal Protection, Gender, and Inclusion, and Community Engagement and Accountability.

## Itens Distribuídos



- Géneros Alimentícios.
- Kit Cozinha.
- Kit Higiene.
- Kit de Dignidade
- Mantas.
- Esteiras.
- Mosquiteiros.
- Kit Ferramentas.
- Jerrycan/Lixivia e Produtos para tratamento de Água.
- Baldes.



*Kit composition and distribution in Planalto Leste community, Santo Antão Island. Photo: CVCV Distribution*

## Needs analysis

The recovery phase is led by high level conscience and sensitivity, with the authorities recognizing the urgent needs of adopting of structured long-term Disaster management master plan, based on strategic country context and policies providing Cabo Verde with essential tools to deal with escalating climate risks, as shown with recent storms highlighting vulnerabilities in livelihoods, infrastructure, and essential services. The Government announced a total need amount of EUR 400 million for recovery plan, and the IFRC is supporting CVCV to contribute to that, delivering climate-smart, sustainable interventions that combine immediate relief with long-term resilience, strengthening communities against future shocks.

- ❖ Cabo Verde is highly exposed to climate-related hazards such as heavy rainfall, flash floods, coastal erosion, and drought. These risks are expected to increase due to climate change. Short-term environmental risks include additional infrastructure damage, disruption of livelihoods, and increased incidence of waterborne diseases. Long-term risks relate to declining food security and reduced access to safe water.
- ❖ During the implementation period, heavy rainfall also affected the northern part of Santiago Island, requiring additional assessments and adjustments to the operational strategy. The Government of Cabo Verde has developed a national recovery plan estimated at EUR 400 million, focusing on climate adaptation, disaster preparedness, infrastructure rehabilitation, livelihood recovery, and community resilience. The IFRC is supporting the Cape Verde Red Cross in aligning recovery activities with this national strategy.
- ❖ Environmental considerations are integrated across the operation through climate-sensitive WASH interventions; flexible livelihood support mechanisms; community preparedness initiatives; local procurement and cash assistance approaches that reduce environmental footprint. These measures aim to ensure that emergency interventions support long-term resilience and sustainability. Low-carbon approaches

- such as cash assistance and local procurement - are prioritized to minimize the operation's environmental footprint. By integrating climate and environmental considerations into the response, the operation aims to build more resilient and sustainable communities.

- ❖ A multisectoral needs assessment of São Nicolau Island and the North of Santiago and Real Time Evaluation (RTE) for WASH have been completed during the reporting period, and its findings will be in consideration due the transition phase.

## Operational risk assessment

So far, during the implementation period of the operation and within the reporting timeframe, there has been some notable operational constraints which has posed challenges and caused delays of some activities against the planned timeline. Some of these constraints includes prolonged transition process between the NS Organizational board elections and transition processes as well as some procurement delays. These issues have been further explained under the Operational Strategy section below. However, the situation remains stable, IFRC and CVCV teams continue to closely monitor developments to ensure preparedness and adapt operational strategies as needed. No new risks have been reported during the current period that could disrupt the implementation of planned activities. However, the ongoing rainy season, expected to continue through October, poses potential risks of renewed cyclones, landslides, and localized flooding, which could further damage infrastructure, displace additional populations, and delay recovery efforts. To mitigate these risks, CVCV is carefully scheduling key activities such as distributions of relief items, provision of multi-purpose cash and community mobilization to minimize the impacts that might arise from the rainy season.

## B. OPERATIONAL STRATEGY

### Update on the strategy

The December 2025 floods event in the Santiago North Island, recalled additional efforts to the National Society and motivated an institutional revision on the operational strategy, integrating the new geographical area. The expansion of the intervention to respond to the needs of Santiago North brings to the operation into four geographic areas, reinforcing a coordinated, scalable response. The IFRC is actively supporting the Cape Verde Red Cross in developing a transition plan from emergency response to recovery programming.

#### **Non-Cost Extension Request**

Operational delays were primarily related to the transition process and discussions around recovery priorities, as this was the first Emergency Appeal implementation in Cape Verde. Discussions on the transition phase was prolonged than expected. During this time, the National Society was also engaged in its internal electoral process, which culminated in the General Assembly held in April 2026. The national legislative elections further affected the implementation timeline. These factors contributed to the postponement of some planned activities, including cash assistance, at the request of the National Society. Due to this unforeseen situation, the NS opted to request an extension of the operation.

As the operation strategically transitions from emergency response to recovery, this extension aims to maximize the value of donor investments while reinforcing long-term resilience, preparedness, and nationally led recovery capacities. The proposed extension of the Emergency Appeal from 31 August to 31 December 2026 is strategically critical to consolidate gains achieved under the response and to ensure a coherent transition from emergency response to recovery, preparedness, and longer-term resilience, fully aligned with the National Society ambition.

This operation has been a catalyst for localization in practice, significantly strengthening the National Society's operational leadership, coordination role, and credibility as an auxiliary to public authorities. Extending the Appeal will safeguard and maximize these initial investments, allowing CVCV supported by IFRC to translate short-term response capacity into sustained institutional strength, predictable partnerships, and more diversified resource mobilization, focusing on strong, trusted, and locally led National Society.

The recovery phase priorities Health and Care; Disaster Management and Disaster Risk Reduction (DM/DRR); Livelihoods and Cash Assistance; National Society Development (NSD); Coordination; and Digital Transformation are directly aligned on anticipatory action, climate-smart programming, and enabling systems. These priorities will strengthen community resilience while enhancing CVCV's preparedness and institutional readiness ahead of the next rainy season and increasingly frequent climate-related shocks.

The extension further preserves operational continuity, flexibility, and scalability, enabling any potential response to new severe weather events to be managed through a top-up to the existing Appeal. This approach enhances efficiency, coherence, and strategic alignment, reducing transaction costs while ensuring that emergency response remains embedded within a longer-term resilience and preparedness framework.

In parallel, the ongoing Status Agreement process represents a critical strategic milestone, strengthening the institutional and legal framework for IFRC engagement in Cabo Verde. Its advancement will reinforce predictable, principled, and accountable humanitarian cooperation, while consolidating support to CVCV's auxiliary role to public authorities and its leadership within the national humanitarian ecosystem.

Finally, the planned Donors Call will serve as a strategic platform to renew political and financial commitment to the extended Appeal and recovery priorities. It will reinforce Government leadership, donor confidence, and collective investment in preparedness, climate resilience, and locally led action ensuring that the transition from response to recovery contributes directly to sustainable impact and long-term system strengthening.

During the extension period, the operation will prioritize the completion of the following activities:

**Health and Care:** The operation will strengthen emergency health preparedness and community resilience through the deployment of mobile health services, provision of first aid services, procurement and operationalization of a pre-hospital ambulance, and the implementation of community- and National Society-based Mental Health and Psychosocial Support (MHPSS) activities. These interventions will enhance the National Society's emergency medical response capacity while supporting affected communities during the recovery phase.

**Water, Sanitation and Hygiene (WASH):** The extension will enable completion of rehabilitation works for public water supply systems and spring water intakes identified during technical assessments and handovers to the Municipality Authorities and subsequent suppliers' final payments. These investments will improve access to safe water, reduce future disaster risks, and contribute to more climate-resilient community infrastructure.

**Livelihoods and Basic Needs:** The remaining targeted households will receive cash assistance to support livelihood recovery and meet priority needs. The operation will also conduct comprehensive Post Distribution Monitoring (PDM) to assess the effectiveness, utilization, accountability, and overall impact of cash interventions, while informing future programming.

**Community Engagement and Accountability (CEA):** The operation will further strengthen community feedback (Community Index Workshop) and accountability mechanisms, ensuring that affected populations continue to influence decision-making throughout the recovery process. A comprehensive Lessons Learned Workshop will also be organized to capture operational achievements, challenges, best practices, and recommendations to strengthen future emergency operations.

**Disaster Management (DM):** A key priority during the extension will be to strengthen the Cabo Verde Red Cross's preparedness and response capacities through the training and operationalization of the National Disaster Response Team (NDRT), the development of a National Contingency Plan, and the consolidation of standard emergency preparedness and response procedures. These investments will leave a lasting institutional legacy by improving readiness for future floods, storms, droughts, and other climate-related emergencies.

**National Society Development (NSD):** The extension period will support institutional strengthening initiatives aimed at improving organizational sustainability and operational readiness. This includes reinforcing key technical and operational capacities, strengthening human resources supporting emergency operations, and enhancing organizational systems required to sustain emergency preparedness and response capacities beyond the current operation.

**Planning, Monitoring, Evaluation and Reporting (PMER):** Capacity strengthening will continue through the delivery of Project Cycle Management (PCM) training for staff and volunteers, alongside technical support for the development and consolidation of the National Society's Unified Planning Framework. These activities will improve programme quality, results-based management, planning, monitoring, reporting, and accountability across future operations.

**Operational Readiness and Logistics:** During the extension period, the operation will complete key procurement processes, including the acquisition of two operational vehicles, an ambulance, and a mobile clinic to strengthen the Cabo Verde Red Cross's emergency preparedness and response capacity. These assets will support the strategic pre-positioning of resources across the islands, improve rapid deployment during the upcoming rainy season, and reinforce field coordination and operational readiness.

The requested extension is also driven by procurement-related challenges that have affected implementation. These challenges are related to global supply chain lead times, shipping schedules, customs clearance, and supplier delivery timelines, and exceptionally high procurement demand due to multiple concurrent large-scale emergency operations. This has affected the procurement and delivery of specialized operational assets required for the Cabo Verde operation.

To mitigate these challenges, the IFRC and the Cabo Verde Red Cross have strengthened procurement planning and coordination across the Country Cluster Delegation, Regional Office, and Global Services. The operation is working closely with the IFRC Global Fleet Unit to expedite the procurement of the vehicles, ambulance, and mobile clinic, while ongoing efforts to reinforce procurement capacity within the IFRC CCD Dakar are expected to further improve procurement processing and operational support. Close supplier follow-up and continuous monitoring of procurement milestones will continue throughout the extension period.

With these mitigation measures in place, the proposed four-month no-cost extension will provide sufficient time to complete all outstanding procurements and remaining operational activities by **31 December 2026**.

The Cabo Verde Red Cross remains fully operational and has the technical, operational, and coordination capacity, supported by the IFRC Country Cluster Delegation, Regional Office, Headquarters, and Global technical services, to successfully conclude the Emergency Appeal.

The extension will ensure the completion of all planned interventions, consolidate recovery achievements, strengthen the National Society's long-term preparedness, and maximize the impact and sustainability of the operation for vulnerable communities across Cabo Verde.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

|                                                                                   |                                         |                              |                              |
|-----------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|
|  | <b>Shelter, Housing and Settlements</b> | Female > 18:<br><b>2,573</b> | Female < 18:<br><b>1,103</b> |
|                                                                                   |                                         | Male > 18:<br><b>2,678</b>   | Male < 18:<br><b>1,148</b>   |

|                   |                                                                                                                                                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Objective:</b> | <i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i> |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                                                                              |               |               |
|------------------------|------------------------------------------------------------------------------|---------------|---------------|
| <b>Key indicators:</b> | <b>Indicator</b>                                                             | <b>Actual</b> | <b>Target</b> |
|                        | <i># targeted people receiving emergency shelter kits and EHI assistance</i> | 4,010         | 4,600         |
|                        | <i># of households receiving EHI</i>                                         | 802           | 920           |
|                        | <i># of volunteers trained in emergency shelter</i>                          | 41            | 10            |
|                        | <i># of households receiving emergency shelter kits</i>                      | 802           | 920           |

During the operation in the reporting period, the objective contributed to highlight both immediate protection and long-term resilience, highlighting the critical role of shelter and settlement solutions in safeguarding communities, restoring wellbeing, and enabling sustainable recovery after disasters and crises.

Cape Verde is experiencing permanently, high level of migration, specially within the young people, seeking regularly better life conditions in and outside the country. The National Society in particular is affected with constant mobility among its volunteers. This is the main reason that the operation engaged and trained more volunteers than planned. Strategically, the National Society projected sustainability after the operation but also for possible future events interventions.

By March 31, 2026, CVCV reached **802 households (about 4,010 people)** in São Vicente and Santo Antao with essential household items. Assistance was provided including kitchen sets, blankets, mats, buckets, jerrycans, tarpaulins, and candles to address their immediate needs and support the restoration of stability and dignity.

Shelter kits, distributed according to cluster standards, helped households re-establish safe and dignified living conditions. In São Vicente and Santo Antão, households in need were registered to receive shelter kits and Emergency Household Items (EHIs) following volunteer training sessions conducted on Kobo Toolbox for needs assessment and beneficiary registration. EHIs were taken from preexisting NS stock, and replenishment is needed. Volunteers were mobilized and assembled the kits in preparation for distribution.

In São Vicente and Santo Antão, households in need were registered to receive shelter kits and Emergency Household Items (EHIs) following volunteer trainings on Kobo Toolbox for needs assessment and beneficiary registration. EHIs were drawn from preexisting NS stock and will be replenished as needed. Volunteers were mobilized and assembled the kits in preparation for distribution. Strengthening staff and volunteer capacity in these areas is essential to ensure the quality of shelter item distributions. The distributions were done following the training for volunteers on emergency shelter and benefited 802 households in the two Islands.

The operation is ongoing and aims to reach a total of **1,500 households (around 4,600 people)**. Target proposed revision under the Appeal.

|                                                                                   |                                                                                                                |               |               |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|---------------|
|  | <b>Livelihoods</b>                                                                                             | Female > 18:  | Female < 18:  |
|                                                                                   |                                                                                                                | Male > 18:    | Male < 18:    |
| <b>Objective:</b>                                                                 | <i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i> |               |               |
| <b>Key indicators:</b>                                                            | <b>Indicator</b>                                                                                               | <b>Actual</b> | <b>Target</b> |
|                                                                                   | <i># of households receiving food assistance</i>                                                               | 802           | 920           |
|                                                                                   | <i># of households receiving assistance to support their livelihoods</i>                                       | 571           | 920           |
|                                                                                   | <i># volunteers trained and deployed for identification, distribution and monitoring of support</i>            | 41            | 30            |
|                                                                                   | <i>% of Post distribution monitoring (PDM) reports produced</i>                                                | 2             | 2             |

This objective emphasizes the critical need for enabling communities, particularly those affected by disasters and crises, to rebuild and diversify their livelihoods, fostering economic resilience, self-reliance, and long-term recovery. There was planned and conducted 02 PDM and 80% of the respondents to the query, mentioned their satisfaction with the given assistance.

The August floods significantly worsened food insecurity in the affected areas, as markets, food stocks, and supply chains were damaged, limiting access to essential goods. In solidarity, local communities and Cabo Verdeans living abroad and in country made food donations to Cruz Vermelha de Cabo Verde (CVCV), showing their confidence and trust to the NS to support the most affected. During the reporting period, CVCV distributed food parcels from combination of local donations and IFRC standards to **802 households (about 4,010 people)** across affected communities in the Islands of São Vicente and Sao Nicolau. The food baskets are being complemented by cash program and other distributions to complement the support to the same communities.

Furthermore, 41 CVCV volunteers from both São Vicente and Santo Antão branches were trained in the use of Kobo Toolbox for household registration and needs assessment. Following the training, the volunteers conducted door-to-door interviews to assess the needs of people in the targeted communities.

#### **Indicator revision:**

The following indicator was reviewed to improve quality measurement within the program:

"# of Post distribution monitoring (PDM) reports produced" was replaced with "% of beneficiaries that are satisfied with assistance given".



Volunteers' training in Porto Novo, Santo Antão and Mindelo, São Vicente. Credits CVCV / IFRC.



## Multi-purpose Cash

Female >  
18:

Female < 18:

Male > 18:

Male < 18:

### Objective:

*Households are provided with unconditional/multipurpose cash grants to address their basic needs*

### Key indicators:

#### Indicator

**Actual**

**Target**

# Targeted people with Multi-purpose Cash assistance

2,855

6,900

# of volunteers trained in Multi-purpose Cash Assistance

50

50

# of HHs receiving cash

571

580

% of beneficiaries that are satisfied with assistance given

70%

70%

This objective emphasizes timely, flexible support through unconditional or multipurpose cash grants, enabling households to meet urgent basic needs while restoring dignity, choice, and financial autonomy during crises.

Preliminary market observations were conducted in São Vicente and Santo Antao Islands, confirming that local markets are functional, accessible, and sufficiently stocked with essential goods. Building on these findings, a market assessment was carried out in Santo Antao and Sao Vicente to better understand the functionality of local markets and their capacity to meet the basic needs of the affected population, through interviews with local merchants. In parallel, coordination meetings with the Government, Caritas and SOS Children's Village (Aldeias Infantis), key actors were undertaken to agree on a harmonized transfer value to cover basic needs.

CVA training was organized as part of broader capacity-building efforts to CVCV. Basic CVA modules are being adapted, while Cash in Emergencies (CiE) tools for assessment and response analysis are being translated and contextualized. The trained staff and volunteers and adapted tools will serve as key resources for future National Society CVA interventions.

Integrated Post-Distribution Monitoring findings confirm that the Cruz Vermelha de Cabo Verde's response to Cyclone Erin was timely, effective, and well received, strengthening community trust while addressing urgent humanitarian needs. However, critical recovery gaps persist, particularly in food security, restoration of essential household assets, and access to health and psychosocial support services. The findings highlight the strategic importance of sustained Cash Assistance, alongside integrated recovery interventions combining community engagement, complementary food support, and health and PSS services, to enable early recovery, restore dignity, and strengthen community resilience and sustainability.



*Beneficiaries confirmation in Salamança - São Vicente. Credits:CVCV/IFRC.*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |               |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Health &amp; Care</b><br><i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>       | Female > 18:  | Female < 18:  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Male > 18:    | Male < 18:    |
| <b>Objective:</b> <i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         |               |               |
| <b>Key indicators:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Indicator</b>                                                                                                        | <b>Actual</b> | <b>Target</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of people reached through MHPSS, medical service, health promotion and disease prevention</i>                      | 22,200        | 40,000        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of mobile clinics established</i>                                                                                  | 1             | 3             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of MHPSS community sessions and community-based awareness sessions (incl. RCCE)</i>                                | 54            | 20            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of mosquito nets distributed</i>                                                                                   | 1,604         | 1,840         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of volunteers trained in Health and Care (community awareness and first aid)</i>                                   | 152           | 50            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of training sessions delivered to volunteers and community representatives (incl. Health EPaRT, and first Aid)</i> | 16            | 10            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i># of people reached through MHPSS activities</i>                                                                     | 5,288         | 2,000         |
| <p>This objective underscores a dual approach to health, combining community-level interventions with health system strengthening to ensure that affected populations receive comprehensive, sustainable support, improving both immediate wellbeing and long-term resilience.</p> <p><b>22,200 people</b> have been reached through Health and Care interventions, including mental health and psychological (MHPSS) support, medical services, and community health promotion activities. In view of the needs of families in shelters, since the onset of the crisis group therapy and peer counselling sessions are being delivered to affected people. These sessions have taken place in shelters, schools, and other strategic locations identified by community leaders. In collaboration with local health units and NGOs, CVCV is also conducting community mobilization sessions across communities in both São Vicente and Santo Antão islands, aimed at promoting health and raising awareness. The targeted people include schoolchildren. As part of the medical services, children receive pediatric screenings, and those requiring additional assistance are referred to hospitals for specialized care.</p> <p>The National Society has conducted sixteen training sessions focused on first aid in emergencies and psychological first aid. A total of <b>152 volunteers</b> were trained in emergency first aid, psychological first aid. On October 15, World Handwashing Day was celebrated with an open discussion held in the targeted communities, São Vicente and Santo Antao Island. People were reached under a door-to-door campaign. One rented mobile clinic functioned, with equipment and supplies being funded under this operation. The current strategy proposes expanding the health activities with two other mobile clinics upon availability of funds.</p> |                                                                                                                         |               |               |

The distribution of mosquito nets to 802 families, combined with community sessions respectively in São Vicente and Santo Antão islands, was accomplished during the reported period.



CVCV Volunteers on Mobi Clinic Health promotion activity, in São Vicente. Credits: CVCV



## Water, Sanitation and Hygiene

Female > 18: Female < 18:

Male > 18: Male < 18:

### Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

### Key indicators:

#### Indicator

# of people reached through WASH assistance

# of households in need receive hygiene kits

# of households reached with dignity kits

**Actual**

40,441

932

739

**Target**

40,000

920

920

|                                                                                            |        |        |
|--------------------------------------------------------------------------------------------|--------|--------|
| <i># of community-based hygiene promotion sessions conducted</i>                           | 73     | 40     |
| <i># of people educated on key hygiene and sanitation practices</i>                        | 9,734  | 4,000  |
| <i># of volunteers trained in WASH</i>                                                     | 152    | 50     |
| <i># of sanitation facilities improved</i>                                                 | 335    | 10     |
| <i># of people reached through water and hygiene promotion (radio, social media, etc.)</i> | 75,850 | 40,000 |
| <i># of water points rehabilitated or constructed to improve access to drinking water</i>  | 02     | 10     |
| <i>% of beneficiaries that are satisfied with the assistance given</i>                     | 70     | 70     |

This objective highlights a comprehensive WASH approach, ensuring access to safe drinking water, sanitation, and hygiene awareness during both relief and recovery phases, while strengthening community practices and organizational capacity to sustain public health gains. By the reporting period, 2 of the 10 planned water points had been rehabilitated, with works ongoing to complete the remaining 8 by end-April 2026 and fully achieve the target.

As of 31 March 2026, the operation has reached **75,850 people** through relief distributions and community-based interventions, including water, sanitation and hygiene (WASH) and health and hygiene promotion activities. The contribution for this achievement delivering a comprehensive WASH intervention to support communities affected was largely supported by the deployment of three ERUs - the Household Water Treatment and Safe Storage (HWTS ERU, ended in December 2025), the Mass Sanitation Module (MSM 20 ERU, ended in December 2025), and the Water Supply Rehabilitation (WSR ERU, expecting to conclude their mission by the end of April 2026, with final work of rehabilitation of 08 Sentinas being followed by the NS in Sao Vicente), with a Rapid Response WASH Coordinator.

These activities were implemented through focus group discussions with community members and students in local schools. To further expand outreach and ensure broader community awareness, the operation complemented these activities with public awareness campaigns<sup>2</sup> through radio and television.

Implementation is progressing well, and communities are gaining improved access to safe, affordable, and environmentally sustainable water and sanitation services. Activities include the rehabilitation of water points and communal WASH facilities, particularly in schools. Complementary integrated training on WASH in Emergencies has strengthened community practices as well as the capacity of CVCV staff and volunteers to maintain and sustain these essential services.

The rehabilitation activities include improvements to community water collection, storage, and distribution systems, as well as the construction and rehabilitation of Sentinas and communal sanitation facilities with handwashing stations in schools on São Vicente and Santo Antão islands.

On Santo Antão Island, two assessments were undertaken to evaluate sanitation conditions and water sources damaged by floods, which have disrupted access to safe water for approximately 200 families in the northwest of the island. The results were shared with the Water and Sanitation Councilor of Porto Novo Municipality on Santo Antão Island to inform and coordinate targeted interventions. Throughout the response, CVCV has also

<sup>2</sup> These campaigns were conducted in collaboration with RTC – Radiotevisão Caboverdiana, helping to disseminate key hygiene and sanitation messages to a wider audience.

maintained close coordination with local authorities and key stakeholders to ensure alignment and complementarity of interventions in Sao Vicente. The WASH team held meetings with the Public Water Company in São Vicente and the Water and Sanitation Councilor of São Vicente Municipality to present and discuss operation priorities.



Water sources (sentinas) rehabilitation in progress, in São Vicente, March 2026, Credits: CVCV



## Protection, Gender and Inclusion

Female > 18: Female < 18:

Male > 18: Male < 18:

### Objective:

*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs*

### Key indicators:

#### Indicator

**Actual**

**Target**

*# of individuals reached through information, awareness activities and cross-sectoral guidance on PGI, SGBV, CFS, MHM, child protection and safeguarding*

4,582

2,000

*# of awareness flyers produced and distributed*

452

500

*# volunteers trained on PGI, PSEA, SGBV, DAPS, CFS, and/or child safeguarding*

152

50

|                                                                                        |    |    |
|----------------------------------------------------------------------------------------|----|----|
| # PGI and CSRA recommendations implemented throughout the operation                    | 14 | 6  |
| # of Child-Friendly Spaces (CFS) implemented                                           | 5  | 2  |
| # of community sensitization sessions conducted on PGI, SGBV, HMM and child protection | 20 | 20 |
| # Number of safe referral mechanisms for SGBV and child protection                     | 0  | 2  |

This objective recognizes inclusive, rights-based approaches, ensuring that the needs of the most vulnerable, marginalized, and disadvantaged groups are systematically identified and addressed, promoting equity, protection, and dignity in all humanitarian interventions.



*PGI Materials, produced and used in the context of the operation in Cape Verde. Credits: CVCV/IFRC*

Additional Child Friendly Spaces (CFS) were established in response to increased operational needs and higher-than-anticipated demand in affected communities, ensuring wider access to safe spaces, psychosocial support, and child protection services during the response phase. This scale-up also built on the National Society's strong existing engagement in education and community-based recreational activities on São Vicente, particularly in Salamansa, implemented in coordination with SOS and local partners, which enabled the PGI team to expand and reinforce outreach through CFS and school-based awareness activities. In addition, the PGI team opened two reception spaces for women, adolescents, and children, which were closed in September–October. The experience highlighted the need to strengthen the management of these spaces, leading to the launch of weekly child-friendly spaces that reached more than 250 children between October and December. Work was carried out with CEA volunteers to ensure gender balance and intersectoral collaboration. Specific guidelines and dynamics were designed for these CFS. Later, connections were made with local organizations to locate child-friendly spaces in social centers and schools, with guidelines and dynamics developed to strengthen child protection.

The review process on GBV and Child Protection referral pathways was initiated during the emergency response under the leadership of the joint Cape Verde Red Cross and IFRC team to strengthen safe referral mechanisms and improve access to protection services. With the dissemination of informational materials on GBV and Child Protection, the indicator has already been achieved, while complementary guidance on safe referrals will further reinforce the process.

Progress has been done on strengthening the capacity of all staff and volunteers: CVCV conducted PGI trainings (integrated and specific trainings) for over **152 volunteers**, focusing on hygiene promotion and menstrual hygiene and psychosocial support, and safe field practices, menstrual hygiene. In parallel, the National Society

and PGI Coordinator finalized a checklist of existing PGI capacities, compiled context-specific PGI information, and drafted standard PGI guidelines for distributions and dignity kits. These activities strengthen the National Society's capacity to deliver inclusive, safe, and dignified assistance to affected communities.

Building on these trainings, the PGI team, in coordination with the Education and WASH sectors, reached prioritized individuals in the targeted communities with awareness and support activities, applying PGI minimum standards, safe spaces, differential access, and psychosocial support. During these activities, **131 people** who lost documentation during the floods were registered and referred to local authorities for support in producing new documents. Furthermore, an institutional meeting with the Education Delegation was held to integrate PGI into prioritized schools, including referrals of children lacking documentation, assessment of school kit needs, and planning training for education staff. A meeting with FICASE, a government organization that distributes school kits in public schools, was held with the aim of assessing needs and capacities and understanding how to collaborate through donations of school supplies.

An assessment in **24 flood-affected schools** was conducted, using key PGI and questions to assess the impact of floods on child protection, access to school material, and the level of staff training in PGI, psychosocial support, and safeguarding. These activities reached teachers and school directors, strengthening knowledge and application of PGI minimum standards, while coordination with the WASH team ensured integration of PGI standards into distributions, school rehabilitations, and hygiene promotion activities, supporting a safe, inclusive, and protective response for affected communities. Indeed, renovation works have been completed to date in 10 schools on the island, including the installation of doors in all toilets, renovation of lighting systems, inclusion of lockers, hygienic showers, and installation of ramps to ensure accessibility. In addition, 4 hygienic showers were installed in 2 schools. These works directly benefited **2,914 students**.



*Hygiene Promotion activities at schools and community level in Mindelo – São Vicente – CVCV/IFRC*



## Community Engagement and Accountability

|                        |                                                                                                                                                                                                                                                                                                                                                                                   |               |               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <b>Objective:</b>      | Build transparency and trust with targeted communities through meaningful community participation, timely, open, and honest communication, and mechanisms to listen to and act on feedback. Targeted communities are consulted and able to share their feedback on the planned or received assistance, allowing programmes and operations to be adjusted and adapted accordingly. |               |               |
| <b>Key indicators:</b> | <b>Indicator</b>                                                                                                                                                                                                                                                                                                                                                                  | <b>Actual</b> | <b>Target</b> |
|                        | <i># of households informed about assistance, selection criteria and schedule</i>                                                                                                                                                                                                                                                                                                 | 802           | 1,500         |
|                        | <i># of volunteers trained in CEA</i>                                                                                                                                                                                                                                                                                                                                             | 152           | 50            |
|                        | <i># of functional feedback and information-sharing channels established</i>                                                                                                                                                                                                                                                                                                      | 2             | 2             |
|                        | <i># of participatory planning meetings, FGDs, or committees held with diverse representation (women, youth, people with disabilities, and minority groups)</i>                                                                                                                                                                                                                   | 6             | 10            |

This objective strengthens CVCV/IFRC accountability to affected populations by advancing transparent, inclusive, and responsive engagement mechanisms that place community feedback at the centre of humanitarian action, enhancing operational effectiveness, trust, and community ownership. Aligned with the IFRC 3.0 Renewal and its localization approach, the initiative also creates long-term value for sustainable humanitarian programming by reinforcing the institutionalization of community engagement and accountability mechanisms within the National Society as a core operational practice and locally led humanitarian capacity.

Cabo Verde Red Cross, through its Community Engagement and Accountability (CEA) approach, ensures that affected communities are informed and actively involved in the response.

Since the onset of the operation, the CVCV CEA team has focused on building trust, facilitating two-way communication, and establishing feedback mechanisms to ensure assistance remains relevant, inclusive, and responsive to people's priorities. Following identification of beneficiaries and assessment in communities, 802 assisted households have been informed about the assistance and selection criteria, and distribution schedule to ensure transparency and allow families to plan for the interventions, confirm their participation and provide any necessary updates or clarifications.

Close collaboration with local leaders, Civil Protection, and sectoral partners has also been in place since the beginning of the operation. The CEA team conducted participatory planning meetings, key informant interviews, and household-level consultations across affected communities, ensuring the inclusion of women, youth, people with disabilities, and minority groups. These activities help identify urgent needs, map the most affected households, and inform targeting strategies, ensuring that response efforts are inclusive, transparent, and aligned with community priorities.

To strengthen these efforts, during the reporting period, integrated trainings, including CEA in Emergencies and Minimum CEA Actions (both in São Vicente and two in Santo Antão) were delivered to over **152 volunteers** and

branch staff, including combined sessions on Communication Skills, Code of Conduct, and PSEA with PGI and WASH teams. The trainings covered topics such as how to conduct needs assessments, use Kobo questionnaires, and engagement of communities in a respectful and effective manner. The training integrated a role-play simulation to replicate real-life scenarios, which proved highly valuable during field implementation.

To support frontline teams, the team also produced localized versions of volunteer materials, such as a basic Q&A sheet to be used during community interventions and distributions, one community feedback form (for feedback collection), banners, and visibility templates with the CVCV logo – essential to ensure that volunteers deliver clear and consistent messages during distributions.

During the reporting period, the team developed and piloted community feedback form, and analyzed the first 28 community feedback through paper and Excel forms, producing a first Community Feedback Report, shared internally. Work is in progress to establish a sustainable Community Feedback Mechanism (CFM) including workflow, data entry, analysis, and closing the feedback loop, to institutionalize CEA within CVCV systems and identify trained focal points to maintain mentoring. Initial work on feedback mechanisms included radio, focus groups discussion, complains tables during distributions, PDM, NS Facebook page, Coordination with Local Authorities and Community Leaders.



*Community consultation and door-to-door visits in São Vicente. Photo: CVCV*

## Enabling approaches



### National Society Strengthening

|                        |                                                                                                                                                                                                                                                                                                                                 |               |               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| <b>Objective:</b>      | HR, Finance, Volunteering, Chapters and financial Sustainability and logistics development, as part of the CVCV National Society Development elements will be facilitated to ensure that NS has the necessary legal, ethical, and financial foundations, systems, structures, competencies, and capacities to plan and perform. |               |               |
| <b>Key indicators:</b> | <b>Indicator</b>                                                                                                                                                                                                                                                                                                                | <b>Actual</b> | <b>Target</b> |
|                        | <i># of CVCV staff member dedicated to EA implementation</i>                                                                                                                                                                                                                                                                    | 17            | 1             |
|                        | <i># of visibility materials produced and distributed to staff and volunteers</i>                                                                                                                                                                                                                                               | 152           | 150           |
|                        | <i># of branches supported</i>                                                                                                                                                                                                                                                                                                  | 1             | 3             |
|                        | <i># of volunteers covered and insured</i>                                                                                                                                                                                                                                                                                      | 150           | 150           |
|                        | <i># of system improved (warehouse management, finance system, CVA)</i>                                                                                                                                                                                                                                                         | 0             | 3             |

This objective highlights the key function of strengthening the institutional capacity of the Cruz Vermelha de Cabo Verde by reinforcing core systems, including HR, finance, logistics, volunteering, and governance, ensuring robust, accountable, and sustainable structures that enable effective planning, resource mobilization, and delivery of humanitarian action.

Operational technical team, led by director of the Disaster Management Department has been deployed by the National Society to the operation and based in Sdao Vicente, providing overall coordination and oversight of the operation. To enhance visibility, the National Society procured 300 bibs and 300 T-shirts for volunteers, and a donation shipment of 450 Red Cross vests was made by the Spanish Red Cross with the IFRC support.

Significant progress has been made in strengthening the capacity of the São Vicente and Sao Nicolau branches, with efforts focused on building the skills of staff and volunteers to improve coordination and operational performance. For instance, over 175 volunteers and staff have received training in CEA, PGI, WASH, Health, as well as Security and Protection.

In line with the Appeal plan, **150 CVCV volunteers** were insured in 2025 and the 2026 is under process, ensuring compliance with IFRC standards and reinforcing the National Society's commitment to the safety and well-being of its personnel. At the same time, the National Society is strengthening key support functions, particularly warehouse management and cash transfer services, with appointed staff receiving technical guidance and on-the-job coaching from IFRC delegates to ensure effective implementation.

Significant progress was made on the third week of October, on the occasion of the "Day of the Volunteer", which gathered branch representatives from all over the country. These outcomes will be reported on the upcoming Operations Update, in respect of the Appeal's reporting timeline.

The NS organized its XIII ordinary session of the General Assembly (GA), held in Cidade Velha, from 20 to 21 March 2026, where reelected Mr. Arlindo de Carvalho as the NS President and the new National Superior Council and National Executive Council Members to lead the NS destination for the next 04 years.

Open Ceremony was address by His Excellence, the Vice-Primer Minister and Minister of Finance of Cape Verde, who congratulated the National Society for its humanitarian efforts, special the Emergency Response due the cyclone Erin impacts. He also highlighted the good impression of the Government of Cape Verde to host the physical interest of the IFRC in country, mentioning that they are ready to facilitate the IFRC Status Agreement in country.

The GA of the CVCV, named the following 8 strategic priorities by 2026 – 2030, namely:

1. Governance;
2. Disasters;
3. Community Health;
4. Climate Resilience;
5. Protection and Inclusion;
6. Youth and Volunteering;
7. Sustainability;
8. Digital and Knowledge



*Participants to the CVCV XIII Ordinary Session of the General Assembly, 21 and 22 March 2026. Credits CVCV 2026*

During his online intervention, the Head of the IFRC Dakar Cluster, Alexandre Claudon De Vernisy, reaffirmed the IFRC's commitment to continue supporting the Cruz Vermelha de Cabo Verde throughout the transition from emergency response to recovery and long-term resilience. He highlighted the significant impact achieved during the emergency phase, where integrated interventions in shelter, food assistance, health, and WASH reached more than 75,850 people, while emphasizing the strong national and international solidarity mobilized through the operation. He further recognized the National Society's strong reputation and critical auxiliary role to the Government of Cabo Verde, reinforced through effective coordination and the deployment of Emergency Response Units (ERUs).

Aligned with the IFRC 3.0 Renewal Agenda and its localization approach, the IFRC reiterated its strategic commitment to strengthening the National Society's long-term institutional and operational capacities, particularly in livelihoods and cash assistance, health and care, disaster risk management and reduction, digital transformation, and strategic coordination. The IFRC also reaffirmed its support to Cabo Verde's broader recovery and resilience priorities, including preparedness, climate adaptation, and sustainable reconstruction efforts, while exploring opportunities for enhanced IFRC presence and partnerships in the country.



## Coordination and Partnerships

| Objective:      | <i>Strengthen coordination within both the IFRC membership to achieve technical and operational complementarity and enhance cooperation with external partners, and positioning of CVCV.</i> |        |        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| Key indicators: | Indicator                                                                                                                                                                                    | Actual | Target |
|                 | <i># of technical workshops, including lessons learned, organized</i>                                                                                                                        | 0      | 3      |
|                 | <i># of membership coordination meetings held (strategic, operational, and technical), with minutes documented and shared.</i>                                                               | 3      | 5      |
|                 | <i># of external coordination meetings attended with the National Society, the authorities and external actors for this response (inter-agency, government, movement)</i>                    | 6      | 6      |

These objective flags up the key relevance of strategic coordination and partnerships, strengthening collaboration within the International Federation of Red Cross and Red Crescent Societies network and with external stakeholders, to ensure complementary action, increased operational efficiency, and stronger positioning of the Cruz Vermelha de Cabo Verde.

At the national level, government authorities maintain close coordination with CVCV leadership and recognize the National Society's role in conducting rapid assessments and facilitating community-based response activities.

Since the beginning of the operation, the National Society has been continuously coordinating with external partners. Both internal and external coordination meetings were held with external actors, including government authorities and non-governmental agencies. These efforts have strengthened collaboration, aligned response activities, and ensured that assistance reaches affected communities efficiently and effectively.

On December 2025, a joint round table, organized by the CVCV and IFRC leaderships, brought together different and key partners of the same room for a balance, celebrating the achievements, learning from the challenges lessons, hearing from the key priorities of the Government for the recovery phase and drawing the Red Cross transition process. 32 participants attended the event.

Regular operational joint coordination between the CVCV and IFRC teams occurred twice a week and a joint technical retreat workshop was organized for a purpose of strengthen team building, review the indicators and results, celebrating the outcomes and planning the transition process, with the NS in the center of the operation.



*Participants in the Joint Round Table Exercise, Praia, 08 December 2025. Credits: CVCV/IFRC*



*CVCV & IFRC joint visit to the Municipality of Santo Antao, March 2026*

## Donors visit

During the reporting period, the CVCV/IFRC operation was honored by hosting strategic donor field visits, enabling direct engagement with affected communities and frontline operations, providing tangible evidence of results achieved. These visits strengthened transparency, reinforced accountability, and deepened partner confidence, contributing to sustained engagement and ongoing resource mobilization in support of the operation.

The operation was granted by the following donors visits:

1. **UE Ambassador in Cape Verde**, Her Excellence Madam Sylvie Millot, based in Praia:
2. **USA Embassy in Cape Verde Deputy Chief of Mission**, His Excellence Mr. Mr. Mark Weinberg, based in Praia:
3. **Federal Republic of Germany Ambassador in Lisbon**, Her Excellency Madam Daniela Schlegel, based in Lisbon.

The visits heightened the following:

- ❖ Recognition of the relevance of the Cape Verde RC/IFRC in this operation, emphasizing being the ones who provided key contributions to the Appeal for Cape Verde and showing interest to continue informed on the progress and needs of the response, in line with the government and affected communities' priorities
- ❖ Provided an opportunity to visitors to be in contact with field team and be aware of the main challenges in the long-term, and livelihoods approach.
- ❖ The missions appreciated the CVCV/IFRC emergency response, supported by the IFRC, provided immediate humanitarian assistance to the affected families and strengthened their coping mechanisms following the severe impacts of the cyclone.
- ❖ Emphasized the visit as a great opportunity to testify to the relevancy of their contribution and a key moment to analyze potential resources for the recovery phase in line with the Government long term ambitions.
- ❖ Proposed Red Cross as potential Coordination Lead for Disaster Response and Recovery and on the establishment of a functional EWS in country.



*CVCV & IFRC joint team, facilitating the UE, US and Germany Embassies Visit in Sao Vicente. Credits CVCV*



## Secretariat Services

### Objective:

*The IFRC secretariat is capable and equipped to support CVCV in delivering services as planned in the Emergency Appeal, in a timely manner and with full compliance with IFRC policies, procedures and minimum standards as stated in the Sphere guidelines and Humanitarian charter.*

| Key indicators: | Indicator                                                             | Actual | Target |
|-----------------|-----------------------------------------------------------------------|--------|--------|
|                 | # of updated minimum-security requirements                            | 1      | 1      |
|                 | # technical support missions carried, and recommendations implemented | 6      | 6      |
|                 | # of communication products published and shared                      | 5      | 4      |

This objective ensures that IFRC commits required and recommended capacity to timely provide high-qualified support to CVCV, guaranteeing compliance with established policies, procedures, and global humanitarian standards, including the Sphere Project.

The IFRC provides strategic and operational support through its Geneva headquarters, Nairobi regional office, and Dakar Country Cluster Delegation. This support includes deployment of surge personnel, including operations managers, a WASH coordinator, logistics coordinator, CVA coordinator, PMER coordinators, CEA coordinator, PGI coordinators, Finance and Admin coordinators as well as activation of specialized emergency response tools such as WASH emergency response units. These deployments significantly strengthened operational capacity and enhanced the visibility of the National Society during the response.

### Surge/HR

The following surge personnel were deployed to support the response during the emergency phase.

| RR Profile                                   | NS                | Length of deployment |
|----------------------------------------------|-------------------|----------------------|
| WASH Coordinator                             | Spanish Red Cross | 3 months             |
| Supply Chain Coordinator                     | Swiss Red Cross   | 3 Months             |
| Developing WASH Officer- Sanitation Engineer | Mozambique RC     | 1 month              |
| CVA Coordinator                              | German RC         | 3 Months             |
| CEA Coordinator                              | Swedish RC        | 1 Month              |
| PGI Coordinator                              | Swedish RC        | 3 months             |
| PMER Coordinator                             | IFRC              | 1 Month              |
| Finance Coordinator                          | IFRC              | 6 weeks              |
| Supply Chain Officer                         | Swiss Red Cross   | 2 months             |
| Operations Manager                           | Mozambique RC     | 3 months             |
| Finance Coordinator                          | IFRC              | 6 weeks              |
| PMER Coordinator                             | IFRC              | 1 month              |
| WASH Coordinator                             | Norwegian RC      | 2 months             |

## Security Support Mission

The IFRC security support mission, conducted between 16 September and 2 October 2025, successfully strengthened operational safety and access across São Vicente, Santo Antão, and São Nicolau in support of the Cape Verde Red Cross (CVCV) and the wider flood response operation. Working closely with the CVCV, the mission carried out detailed assessments and strengthened safety measures across São Vicente, Santo Antão, and São Nicolau.

Roads, ferry services, and footpaths were assessed, with risks identified in mountainous terrain, narrow routes, and degraded infrastructure. Daylight-only driving protocols were enforced, and experienced local drivers were prioritized. Movement coordination was strengthened through the introduction of structured reporting systems, combining digital communication groups with office-based tracking and planning tools to ensure consistent monitoring of vehicles, routes, and personnel.

- Accommodation facilities in Mindelo, Porto Novo, Ribeira Brava, and Tarrafal were assessed, with fire safety, sanitation, and security gaps documented. A consolidated list of safe lodging options was prepared for future deployments
- Warehouses in São Vicente were inspected, leading to the removal of flammable materials, reinforcement of fire safety measures, and training of staff on safe loading, unloading, and emergency procedures.
- Medical evacuation procedures were established, with São Vicente designated as the primary consolidation point. Emergency contact lists and hospital references were compiled to support stabilization before transfer.
- Crisis communication systems were reinforced, with WhatsApp groups used for alerts and VHF radios deployed as backup, ensuring staff remained reachable during missions.
- A major achievement of the mission was delivering training sessions to CVCV volunteers on volunteer safety and security. These sessions covered personal security awareness, distribution safety, warehouse safety, and incident reporting. Volunteers were also briefed on safe conduct during cash and voucher assistance, strengthening their readiness for field operations. Daily coordination with CVCV, municipal authorities, and transport operators ensured smooth operations and timely incident management throughout the mission.

In summary, the security support mission completed its objectives by conducting thorough assessments, improving facilities, and delivering targeted training. These actions enhanced safety, strengthened local capacity, and ensured that relief operations could continue effectively despite ongoing logistical and environmental challenges.



Security Training and Assessment Briefing for Cape Verde Volunteers and Staff, October 2025 in Mindelo, São Vicente. CVCV

## D. FUNDING

| IFRC Secretariat Coverage    | Amount Raised (CHF) | Coverage % |
|------------------------------|---------------------|------------|
| Total hard pledges           | <b>1,595,077</b>    | 64%        |
| In-kind support              | <b>216,300</b>      | 8%         |
| Total hard pledges + in kind | <b>1,811,377</b>    | <b>72%</b> |

| Federation-wide coverage                         | Amount Raised (CHF) | Coverage % |
|--------------------------------------------------|---------------------|------------|
| Total bilateral contributions to FW Appeal       | 0                   | 0%         |
| Total IFRC hard pledges + in kind + soft pledges | <b>1,811,377</b>    | 60%        |
| Total FW contribution (bilateral + IFRC)         | <b>1,811,377</b>    | <b>60%</b> |

The Emergency Appeal has reached an important funding milestone, with IFRC Secretariat resource mobilization efforts currently covering 64% of the operational requirements through confirmed hard pledges and in-kind support. At the broader Federation-wide level, overall coverage stands at 60%, reflecting the absence of bilateral contributions recorded to date against the Federation-wide Appeal component. These contributions have been instrumental in supporting immediate response actions and stabilizing operational capacity during the emergency phase.

As the operation progressively transitions from emergency response toward recovery and resilience-building, sustained and additional support remains critical. Continued funding will enable the Cruz Vermelha de Cabo Verde, with the support of the International Federation of Red Cross and Red Crescent Societies and Movement partners, to consolidate achievements to date, strengthen preparedness and anticipatory capacities, and scale up recovery interventions for affected communities. Closing the remaining funding gap will be essential to ensure the full implementation of planned activities and maintain operational momentum in the months ahead.

IFRC and the Cruz Vermelha de Cabo Verde extend their sincere gratitude to all partners and donors whose timely and generous support has contributed significantly to the progress achieved thus far and demonstrated solidarity with affected communities during this critical period: Spanish Government, the United States Government (PRM), Canadian Red Cross, Japanese Red Cross, Luxembourg Government, Swiss Red Cross, Norwegian Red Cross, Monaco Red Cross, Luxembourg Red Cross, Netherlands Red Cross, Portuguese Red Cross.

A detailed breakdown of the financial report is provided below:

## Operational Strategy

### INTERIM FINANCIAL REPORT

| Selected Parameters |             |           |          |
|---------------------|-------------|-----------|----------|
| Reporting Timeframe | 2025-2026/4 | Operation | MDRCV005 |
| Budget Timeframe    | 2025-2026   | Budget    | APPROVED |

Prepared on 26 May 2026

All figures are in Swiss Francs (CHF)

### MDRCV005 - Cape Verde - Flood

Operating Timeframe: 20 Aug 2025 to 31 Aug 2026; appeal launch date: 27 Aug 2025

#### I. Emergency Appeal Funding Requirements

|                                           |                  |
|-------------------------------------------|------------------|
| <b>Total Funding Requirements</b>         | <b>2,500,000</b> |
| <b>Donor Response* as per 26 May 2026</b> | <b>1,595,077</b> |
| <b>Appeal Coverage</b>                    | <b>63.80%</b>    |

#### II. IFRC Operating Budget Implementation

| Planned Operations / Enabling Approaches               | Op Budget        | Expenditure    | Variance       |
|--------------------------------------------------------|------------------|----------------|----------------|
| PO01 - Shelter and Basic Household Items               | 249,857          | 263,367        | -13,510        |
| PO02 - Livelihoods                                     | 119,600          | 25,368         | 94,232         |
| PO03 - Multi-purpose Cash                              | 4,000            | 83             | 3,917          |
| PO04 - Health                                          | 7,500            | 26,692         | -19,192        |
| PO05 - Water, Sanitation & Hygiene                     | 130,150          | 97,006         | 33,144         |
| PO06 - Protection, Gender and Inclusion                | 28,417           | 31,252         | -2,835         |
| PO07 - Education                                       | 0                | 0              | 0              |
| PO08 - Migration                                       | 0                | 0              | 0              |
| PO09 - Risk Reduction, Climate Adaptation and Recovery | 972,753          | 391,257        | 581,496        |
| PO10 - Community Engagement and Accountability         | 31,000           | 88,460         | -57,460        |
| PO11 - Environmental Sustainability                    | 0                | -124,806       | 124,806        |
| <b>Planned Operations Total</b>                        | <b>1,543,277</b> | <b>798,678</b> | <b>744,599</b> |
| EA01 - Coordination and Partnerships                   | 0                | 9              | -9             |
| EA02 - Secretariat Services                            | 32,800           | 76,616         | -43,816        |
| EA03 - National Society Strengthening                  | 182,500          | 75,108         | 107,392        |
| <b>Enabling Approaches Total</b>                       | <b>215,300</b>   | <b>151,733</b> | <b>63,567</b>  |
| <b>Grand Total</b>                                     | <b>1,758,577</b> | <b>950,411</b> | <b>808,166</b> |

#### III. Operating Movement & Closing Balance per 2026/04

|                                                 |                |
|-------------------------------------------------|----------------|
| Opening Balance                                 | 0              |
| Income (includes outstanding DREF Loan per IV.) | 1,514,064      |
| Expenditure                                     | -950,411       |
| <b>Closing Balance</b>                          | <b>563,653</b> |
| Deferred Income                                 | 81,013         |
| Funds Available                                 | 644,665        |

#### IV. DREF Loan

|                                  |        |         |              |   |               |         |
|----------------------------------|--------|---------|--------------|---|---------------|---------|
| * not included in Donor Response | Loan : | 565,565 | Reimbursed : | 0 | Outstanding : | 565,565 |
|----------------------------------|--------|---------|--------------|---|---------------|---------|

## Operational Strategy

### INTERIM FINANCIAL REPORT

| Selected Parameters |             |           |          |
|---------------------|-------------|-----------|----------|
| Reporting Timeframe | 2025-2026/4 | Operation | MDRCV005 |
| Budget Timeframe    | 2025-2026   | Budget    | APPROVED |

Prepared on 26 May 2026

All figures are in Swiss Francs (CHF)

#### MDRCV005 - Cape Verde - Flood

Operating Timeframe: 20 Aug 2025 to 31 Aug 2026; appeal launch date: 27 Aug 2025

#### V. Contributions by Donor and Other Income

| Opening Balance                                       |                |              |                  |                |                  | 0               |
|-------------------------------------------------------|----------------|--------------|------------------|----------------|------------------|-----------------|
| Income Type                                           | Cash           | InKind Goods | InKind Personnel | Other Income   | TOTAL            | Deferred Income |
| DREF Response Pillar                                  |                |              |                  | 565,565        | 565,565          |                 |
| Japanese Red Cross Society                            | 26,221         |              |                  |                | 26,221           |                 |
| Luxembourg Government                                 | 234,318        |              |                  |                | 234,318          |                 |
| Luxembourg Red Cross (from Cargolux Airlines Internat | 46,275         |              |                  |                | 46,275           |                 |
| Norwegian Red Cross                                   | 110,237        |              |                  |                | 110,237          |                 |
| On Line donations                                     | 1,049          |              |                  |                | 1,049            |                 |
| Portuguese Red Cross                                  | 102,302        |              |                  |                | 102,302          |                 |
| Red Cross of Monaco                                   | 9,310          |              |                  |                | 9,310            |                 |
| Spanish Government                                    | 107,330        |              |                  |                | 107,330          | 80,005          |
| Swiss Red Cross                                       | 50,000         |              |                  |                | 50,000           |                 |
| The Canadian Red Cross Society (from Canadian Gov     | 68,256         |              |                  |                | 68,256           |                 |
| The Netherlands Red Cross                             | 19,062         |              |                  |                | 19,062           |                 |
| The Netherlands Red Cross (from Netherlands Govern    | 98,492         |              |                  |                | 98,492           |                 |
| United States Government - PRM                        | 75,649         |              |                  |                | 75,649           | 1,008           |
| <b>Total Contributions and Other Income</b>           | <b>948,499</b> | <b>0</b>     | <b>0</b>         | <b>565,565</b> | <b>1,514,064</b> | <b>81,013</b>   |
| <b>Total Income and Deferred Income</b>               |                |              |                  |                | <b>1,514,064</b> | <b>81,013</b>   |

## Contact information

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

### In the CVCV National Society

- **Secretary General:** Salomão Sanches Furtado, email: [salomao.furtado@cruzvermelha.org.cv](mailto:salomao.furtado@cruzvermelha.org.cv), Phone: +238 993 83 94
- **Operational coordination:** Abdoul Wahabou, email: [abdoul.wahabou@cruzvermelha.org.cv](mailto:abdoul.wahabou@cruzvermelha.org.cv), Phone: +238 997 5477

### In the IFRC

- **IFRC Lead, Preparedness & Response; Health and Disaster, Climate, and Crisis Unit:** Kwan Ho Lam  
[kwanho.lam@ifrc.org](mailto:kwanho.lam@ifrc.org)
- **IFRC Head of Country Cluster Delegation:** Alexandre Claudon de Vernisy; [alexandre.claudon@ifrc.org](mailto:alexandre.claudon@ifrc.org),
- **IFRC Cabo Verde: Operations Manager: Julio Armando Mondlane;** [julio.mondlane@ifrc.org](mailto:julio.mondlane@ifrc.org)
- **IFRC Geneva: Marshal Mukuvare, Senior Officer Operations Coordination; email:**  
[marshal.mukuvare@ifrc.org](mailto:marshal.mukuvare@ifrc.org)

### For IFRC Resource Mobilization and Pledges support:

- **IFRC Head of Regional Strategic Engagement and Partnerships:** Franciscah Cherotich Kilel ; email:  
[franciscah.kilel@ifrc.org](mailto:franciscah.kilel@ifrc.org)

### For In-Kind donations and Mobilization table support:

- **IFRC Regional GHS & SCM Unit:** Nikola Jovanovic, Head of Africa Regional Logistics Unit;  
[nikola.jovanic@ifrc.org](mailto:nikola.jovanic@ifrc.org)
- **IFRC Africa Regional Office:** Beatrice Okeyo, Regional Head PMER, and Quality Assurance; phone: +254 732 240 022, [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org)

### Reference documents

Click here for:

- [Previous Appeals and updates](#)
- [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 (NGOs) 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.