



CVCV Volunteer in Salamanca, 28 August 2025

Appeal №: MDRCV005	To be assisted: 40,000 people	Appeal launched: 27/08/2025
Glide №: FL-2025-000147-CPV	DREF allocated: CHF 565,565	Disaster Categorization: Orange
Operation start date: 23/08/2025	Operation end date: 31/08/2026	Date: 12/09/2025

IFRC Secretariat Funding requirement: CHF 2.5 million
Federation-wide funding requirement: CHF 3 million

TIMELINE



CVCV Volunteers in Salamanca, Sao Vicente, accompanying affected family after NFI distribution 3 September 2025

10-11 August 2025 – Floods and strong winds affected Cape Verde

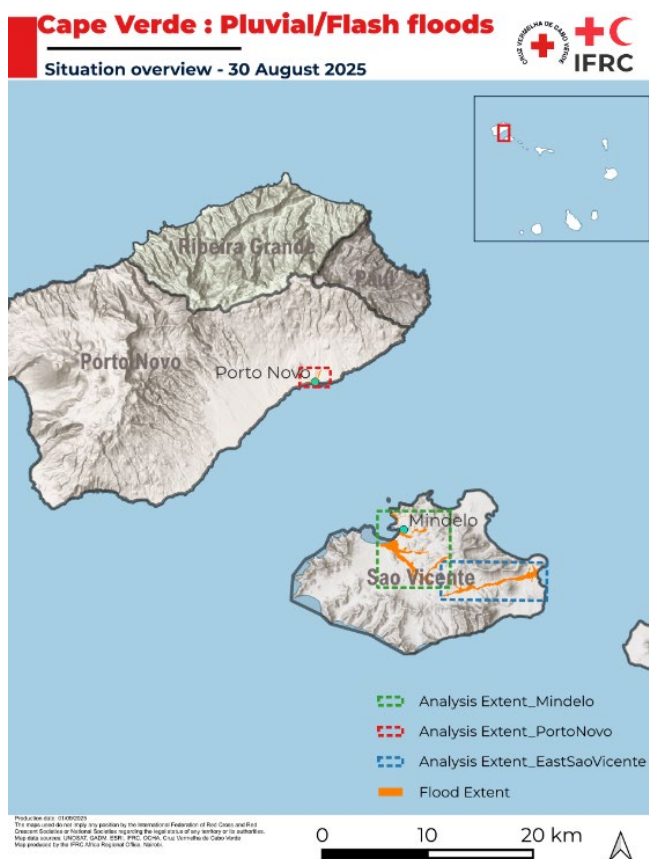
20 August 2025: CHF 150,000 allocation from the IFRC's Disaster Response Emergency Fund (DREF) after the Eligibility and Compliance procedure

21 August 2025: IFRC Surge Capacity deployed to support the National Society

26 August 2025 IFRC issues Emergency Appeal for CHF 3 million.

27 August 2025 IFRC issues a DREF for CHF 565,000.

DESCRIPTION OF THE EVENT



On 10–11 August 2025, Tropical Storm Erin brought torrential rains that triggered flash floods and landslides across Cabo Verde, with São Vicente and Santo Antão the worst affected and partial impacts in São Nicolau. In just a few hours, rainfall exceeded annual averages, overwhelming drainage systems and destroying infrastructure. At least 12 people lost their lives, 5 remain missing, and more than 27,500 people were directly affected, including 1,500 displaced in São Vicente. The Government declared a state of emergency and requested international support, while the Red Cross of Cape Verde (CVCV) was immediately mobilized to provide life-saving assistance.

The floods caused widespread destruction of homes, public infrastructure, and essential services. 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 total loss of vaccine stocks. Water and sanitation networks collapsed, forcing reliance on emergency water trucking from Santo Antão.

Markets and supermarkets were destroyed, food stocks lost, and local businesses paralyzed. These impacts severely disrupted livelihoods, particularly small farmers and fishing households who also suffered the destruction of crops, irrigation systems, boats, and assets.

The humanitarian consequences are severe. Families have lost homes and basic belongings, with many displaced into schools or hosted by relatives under precarious conditions. Stagnant waters and overcrowded collective shelters hosting family situations have increased risks of diarrhea and vector-borne diseases, while psychosocial distress is widespread among people in need. With chronic vulnerabilities such as high food import dependence, recurrent droughts, and fragile health services, the floods have created a complex emergency requiring urgent relief and early recovery interventions.

Severity of humanitarian conditions

The August 2025 floods have created severe humanitarian conditions across São Vicente, Santo Antão, and parts of São Nicolau, with more than 27,500 people directly affected and 119,000 indirectly. Entire communities remain isolated due to destroyed bridges and roads, while thousands of families have lost their homes, assets, and access to basic services. Vulnerable groups—including women, children, the elderly, and people with disabilities—are disproportionately impacted, facing heightened protection risks, loss of livelihoods, and limited access to assistance.

1. Impact on accessibility, availability, quality, use and awareness of goods and services.

Essential services have been severely disrupted. Mindelo's central hospital and several health centers were flooded, leading to the destruction of vaccine stocks and interruptions in health care. Water and sanitation systems collapsed, leaving entire populations reliant on emergency trucking of potable water. More than 2,500 buildings and five bridges were damaged, while markets and supermarkets lost most of their food stocks, aggravating food insecurity and reducing household

purchasing power. Access to affected rural valleys remains severely constrained, delaying relief and recovery.

2. Impact on physical and mental well being

At least 12 people have died, with others injured or missing. Displaced families are living in overcrowded shelters or with host families, under precarious conditions that increase exposure to communicable and vector-borne diseases, particularly diarrhea and dengue.

The psychological impact of loss of relatives, homes, and livelihoods is significant, with children, women, and elderly particularly affected. Volunteers report widespread distress and an urgent need for psychosocial support and community-level health promotion.

3. Risks & vulnerabilities

Underlying structural vulnerabilities have amplified the crisis. High dependency on food imports, recurrent drought, fragile health services, and precarious housing in risk-prone areas have left communities ill-prepared.

Women, girls, boys, people with disabilities, and the elderly face disproportionate risks, including exploitation, gender-based violence, and neglect in aid distribution, highlighting the need for a gender and diversity analysis to guide appropriate responses. Isolated valleys, where access is still blocked, remain at high risk of being excluded from timely assistance.

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Red Cross of Cape Verde (CVCV) operates through 19 branches nationwide, with more than 2,000 active volunteers and a National Disaster Response Team. In São Vicente and Santo Antão, local branches rapidly mobilized over 60 volunteers and six supervisors to support evacuations, first aid, and needs assessments in coordination with civil protection authorities. The National Society deployed its pre-positioned stocks from Praia, distributing food parcels, hygiene kits, and essential household items (including clothing, kitchen sets, blankets, buckets, and mats) to the 900 people hosted in the collective centre. CVCV is also scaling its distributions of food and relief items in communities severely affected by the floods. Water trucks were ferried daily from Santo Antão to supply São Vicente with approximately 150m³ of potable water.

CVCV benefits from strong acceptance by authorities and communities, serving as auxiliary to public authorities in disaster response.

1.2 Capacity and response at national level

The Government of Cabo Verde has declared a state of emergency and activated national disaster response mechanisms under the National Civil Protection Service, supported by the Ministry of Territorial Administration. Fire services and security forces have led evacuations and search and rescue operations, while municipalities prepared schools to serve as temporary shelters.

Local authorities have coordinated with the Cape Verde Red Cross, which plays a recognized auxiliary role in the national disaster response plan. Civil society and community networks are also engaged, offering solidarity and immediate support to displaced families. At capital level, the government maintains close coordination with CVCV leadership, acknowledging its lead role in rapid assessments and community-based response in São Vicente and Santo Antão.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

The IFRC has launched an Emergency Appeal and allocated CHF 565,565 from the DREF to support the Red Cross of Cape Verde in responding to the floods. The IFRC Country Cluster Delegation in Dakar provides technical, operational, and surge support, including the deployment of three operations coordinators, a WASH coordinator, and a logistics coordinator, and the activation of Emergency Response Tools such as ERUs and other rapid response teams.

While no Partner National Societies (PNSs) are permanently present in Cabo Verde, the Portuguese and Spanish Red Cross Societies have mobilized solidarity initiatives and are preparing remote support. Swiss, Spanish, Norwegian, and German Red Cross Societies are deploying surge personnel. At the same time, communications have been established with PNSs – American, Netherlands, and the Norwegian, among others – following a partners' call where the response strategy and membership needs were presented.

ICRC

The ICRC office based in Dakar is closely monitoring the situation, particularly the topic of missing people.

2.2 International Humanitarian Stakeholder capacity and response

International engagement in the Cabo Verde floods response remains limited but growing. The UN system is monitoring the situation from Praia, with OCHA convening coordination at the regional level in Dakar through the West Africa Emergency Preparedness and Response Working Group.

The International Organization for Migration (IOM) is exploring temporary housing options, including use of commercial rentals as temporary shelters, and WHO is exploring health activities in relation to vector borne-diseases. At United Nations Country Team health, shelter, WASH, and logistics coordination are being reinforced, but coverage remains uneven. International NGOs have no permanent presence in Cabo Verde, leaving the National Society (NS), with IFRC support, as the main humanitarian actor bridging national and international response mechanisms. At field level, IFRC and CVCV have initiated informal coordination with existing actors including IOM, and WHO to ensure complementary programming and joint response.

3. Gaps in the response

Despite rapid mobilization by authorities and the Cape Verde Red Cross, major gaps remain in meeting urgent humanitarian needs. Thousands of families have lost homes and belongings, yet shelter and basic non-food items are insufficient, especially for female-headed households, people with disabilities, and the elderly who face barriers accessing assistance. Rural valleys in Santo Antão remain cut off due to collapsed bridges, limiting delivery of water, food, and health services. Public health risks are growing with stagnant waters, loss of vaccines, and overstretched facilities, while mental health and psychosocial needs are under-addressed. Protection concerns, including gender-based violence, exploitation, and neglect, are heightened in shelters and host arrangements.

The crisis coincides with the ongoing rainy season (August–October), heightening the risk of further storms, landslides, and renewed flooding that could increase displacement and disrupt fragile recovery efforts.

Relief (Food and Non-Food Items)

Many families lost all household assets, including bedding, clothing, and cooking utensils. Markets were damaged, food stocks destroyed, and access remains limited in isolated valleys. Current assistance has focused on food parcels for the displaced, but coverage is insufficient, and cash assistance is not yet scaled. There is a

gap in essential NFIs (mattresses, mosquito nets, hygiene kits, and dignity kits) and multi-purpose cash to enable dignified choices.

Shelter

Over 2,500 houses were damaged and more than 30% of surveyed dwellings in São Vicente and Santo Antão became uninhabitable. Families are staying in overcrowded shelters or with host families, without adequate privacy or safety. Support for transitional shelters or repair kits is minimal.

Livelihoods

Flooding destroyed irrigation systems, farmland, fishing boats, and small businesses. Farmers and fishers lack inputs, tools, and funds to restart activities. No structured livelihood recovery programme has yet begun, exacerbating dependency on aid.

Health

Mindelo's hospital and other facilities were inundated, vaccines lost, and access disrupted. Stagnant waters are increasing risks of dengue and diarrheal outbreaks amid already strained services. Psychosocial needs are acute, but MHPSS services are extremely limited for survivors and volunteers.

WASH

Water networks collapsed; São Vicente depends on daily ferrying of 150 m³ of water from Santo Antão. Rural water sources and reservoirs were destroyed, leaving communities reliant on unsafe sources. Latrines in shelters are insufficient, and hygiene promotion is limited. Gaps include rehabilitation of water systems, safe storage, and distribution of hygiene kits and dignity kits.

Protection and Inclusion

Women, children, elderly, and people with disabilities face heightened risks of exploitation and neglect in shelters and in the hardest affected communities. Referral pathways for GBV and child protection are weak, and no structured safe spaces exist. Communities lack up-to-date information about the humanitarian response and support available. There are risks for misinformation to spread in communities. The lack of a mechanism to engage communities in decisions and listen to feedback poses a risk to safe access, acceptance and the fair and equitable distribution of aid.

OPERATIONAL CONSTRAINTS

The response to the current floods faces multiple operational barriers. Access remains a major challenge: collapsed bridges and damaged roads on Santo Antão and São Vicente have left rural valleys isolated, preventing delivery of relief supplies and safe water. Maritime transport between islands is limited and weather-dependent, delaying the movement of humanitarian goods and personnel. Logistics and storage capacity in-country is very limited, with no dedicated humanitarian warehouses and reliance on municipal facilities. Human resources are stretched, as local volunteers face exhaustion and the NS has limited financial means to sustain large-scale operations.

To mitigate these constraints, the CVCV, with IFRC support, is coordinating closely with the National Civil Protection Service and municipal authorities to identify alternative transport routes and prioritize isolated communities. Surge personnel in logistics, WASH, and operations coordination have been deployed. Warehousing and supply chain support are being reinforced through IFRC mechanisms, while advocacy continues with government to expedite customs clearance under disaster law provisions. Volunteer capacity is being strengthened through training, psychosocial support, and insurance coverage to ensure safe and sustained engagement.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response.

The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist to leverage the capacities of all members of the IFRC network in-country, to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channeled to the Operating National Society in response to the emergency event. This includes the operating National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat.

The IFRC has activated a Federation-wide response plan to support the CVCV in addressing the devastating floods. This plan reflects CVCV's priorities and national strategies, shelter, WASH, health, cash, and protection and provides a unified framework for all the partners. A single Emergency Appeal underpins the response, with coordinated reporting and accountability tools applied across the operation.

Surge support was deployed immediately through the IFRC Country Cluster Delegation in Dakar. During the first three months, a multidisciplinary team led by an Operations Manager provided technical and operational expertise, including WASH, PGI, CEA, CVA, logistics, communications, and PMER. Emergency Response Units (ERUs) in WASH has been requested in Household Water Treatment Systems (HWTS), Mass Sanitation Module 20 (MSM20) and Water Rehabilitation Systems (WRS) has been requested. As the response transitions to early recovery, surge structures will gradually scale down, focusing on WASH, PMER, and finance to ensure sustainability.

Membership coordination has been reinforced through regular membership partner calls and joint planning with CVCV. While no Partner National Societies are permanently present in Cabo Verde, the mobilizing solidarity actions, and engagement have been initiated with some PNS including Portuguese and Spanish Red Cross Societies as well as through surge and ERU support from the Swiss, Spanish, Norwegian, and German Red Cross Societies.

Visibility and risk management are prioritized through joint IFRC-CVCV communications, donor briefings, and regional coordination with OCHA and UN agencies. This Federation-wide approach guarantees that CVCV remains at the centre of the response, with the broader membership providing technical, financial, and advocacy support.

OPERATIONAL STRATEGY

Vision

Following the recent floods in Cape Verde, the NS has developed an operational strategy that combines immediate humanitarian relief with medium- and long-term recovery. The plan is designed to respond to urgent needs while laying the foundation for resilience and sustainability. Key priorities include the distribution of essential household items (HHIs), food, provision of health and psychosocial support, and rapid interventions in water, sanitation, and hygiene (WASH). From the outset, Community Engagement and Accountability (CEA), Protection, Gender, and Inclusion (PGI) and referrals are integrated to ensure the response is inclusive and guided by community needs.

As the operation progresses, the focus will transition from emergency relief to recovery and resilience-building activities. Between three and six months, **Cash and Voucher Assistance (CVA)** will be introduced to empower families with choice and dignity, while **livelihoods** support will begin to restore income-generating activities. Health services will continue to be reinforced, and logistical and technical assessments will guide adjustments in WASH and other sectors. This phased approach allows the response to adapt as the situation evolves, addressing both immediate vulnerabilities and longer-term challenges.

The response will combine **household-level assistance** (family kits, food parcels, hygiene kits, dignity kits, shelter kits, rent support, and multipurpose cash) with **community-level activities** (hygiene promotion, street cleaning campaigns, community awareness sessions, volunteer training, and safe spaces for children). This dual approach ensures that immediate household needs are met while also strengthening collective coping capacity, accountability, and resilience.

In the final phase, from six to twelve months, the strategy prioritizes sustainable recovery and capacity strengthening. **Livelihoods and health remain central pillars, while CEA and PGI** continue to ensure accountability, inclusion, and trust.

The operation also seeks to **strengthen the capacities of the National Society**, enhance coordination with authorities, and ensure communities are better prepared for future events.

Anticipated climate-related risks and adjustments in operation

Cape Verde is highly exposed to climate-related risks such as heavy rainfall, flash floods, coastal erosion, and drought, all of which are projected to increase in frequency and intensity due to climate change. In the short term, further episodes of intense rainfall could exacerbate damage to infrastructure, disrupt livelihoods, and heighten the risk of waterborne diseases.

In the medium to longer term, changing rainfall patterns and prolonged dry spells may impact on food security and access to safe water. To address these risks, the operation will incorporate flexible WASH interventions, climate-smart livelihoods support, and strengthened community preparedness measures. These adjustments will ensure that emergency response activities not only meet immediate needs but also reduce future vulnerabilities, helping communities avoid being placed at greater risk in the future.

Targeting

1. People to be assisted

The target population for this operational strategy will include displaced groups (families in collective centres, hosted families, and displaced households in the community) and non-displaced groups (hosting families, households in damaged houses, and households in undamaged houses). This categorization allows tailoring of assistance to different vulnerabilities — displaced families in need of shelter and relief, host families under increased household pressure, and non-displaced households still affected by damage or hosting responsibilities. The most vulnerable non-displaced households will be supported through health, WASH, livelihoods, and cash assistance. Displaced households will be accompanied throughout their displacement journey with MHPSS, relief, wash, health and livelihood support until sustainable housing solutions are identified.

Priority will be given to vulnerable groups, including female-headed households, the elderly, children, and persons with disabilities. Special attention will also be given to families who have lost their homes and livelihoods, as they face heightened protection risks and reduced coping capacity. All activities and assistance will be disaggregated by sex and age to ensure an inclusive and equitable response. Where possible, results will be illustrated through infographics showing the number of households and individuals targeted by category.

2. Considerations for protection, gender and inclusion and community engagement and accountability

The operation will integrate PGI principles to safeguard dignity, access, participation and safety, with particular attention to women, girls, boys, elderly, people with disabilities, and other marginalized groups. Volunteers will be trained to identify and mitigate protection risks, ensure shelters and services are safe, ensuring access to menstrual hygiene through distribution of dignity kits and provide referral pathways for GBV and child protection. Community participation through community committees will guide targeting and selection, which will be explained transparently through trusted channels, such as meetings, feedback desks, hotlines, and local radio.


These mechanisms will allow affected people to ask questions, provide feedback, and influence decisions, ensuring assistance is inclusive, culturally appropriate, and responsive to diverse community needs.


The estimated sex- and age-disaggregated breakdown (SADD) for the 40,000 people targeted in São Vicente and Santo Antão, based on national demographic ratios for Cabo Verde (≈51% male, 49% female; ≈30% under 18, ≈70% over 18):

- Female > 18: 13,720
- Female < 18: 5,880
- Male > 18: 14,280
- Male < 18: 6,120

PLANNED OPERATIONS

INTEGRATED ASSISTANCE


 Shelter, Housing and Settlements	Female > 18: 2,573	Female < 18: 1,103	CHF 264,911
	Male > 18: 2,678	Male < 18: 1,148	Total target: 7,500
Objective:	Communities in crisis-affected areas are supported to restore and strengthen their well-being and dignity through the provision of essential household items and shelter kits.		
Priority Actions:	In the first phase of the response, essential household items will be distributed to 1,500 households (or 7,500 people), including blankets, plastic mats, jerry cans, and kitchen sets. Households with damaged houses will additionally receive a shelter kit, along with training on how to safely install and use the kits, to ensure safer living conditions and support self-recovery. Post-Distribution Monitoring (PDM) will be conducted to assess the relevance, utilization, and effectiveness of the assistance provided.		

 Multi-purpose Cash	Female > 18: 2,573	Female < 18: 1,103	CHF 206,541
	Male > 18: 2,678	Male < 18: 1,148	Total target: 7,500
Objective:	Multi-purpose CVA distributions to 1,500 households to address the diverse needs of people in vulnerable situations affected by the floods.		
Priority Actions:	Households are provided with unconditional/multipurpose cash grants to address their basic needs. Priority Action 1: The CVA team will set-up a CVA programme and conduct market analysis and monitoring, coordinate externally to align CVA standards and transfer values, conduct FSP mapping and contracting, link MPCA with social protection systems, and integrate CVA into complaints and feedback mechanisms.		


	<p>Priority Actions: 2. Multipurpose Cash Grant (MPC) assistance will be provided to the most affected 1,500 families (7,500 people). This assistance will help families address critical needs including shelter repair, food, non-food items, services (transportation and communication), debt payment, livelihood, general protection needs, education, and WASH. MPCG will be delivered through the financial service provider.</p> <p>Priority Action 3: Conduct Post-Distribution Monitoring (PDM).</p>
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HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)

 Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 13,720	Female < 18: 5,880	CHF 272,800
	Male > 18: 14,280	Male < 18: 6,120	Total target: 40,000
Objective:	Strengthening holistic individual and community health of the population impacted by the floods through community level interventions and health system strengthening.		
Priority Actions:	<p>0. Mental Health and psychosocial support</p> <ul style="list-style-type: none"> a. Conduct immediate mental health and psychosocial support activities including psychological first aid, psychoeducation, and child friendly spaces in the affected communities to alleviate emotional distress during emergency response. CVCV will ensure coordination mechanisms are in place with the MHPSS team of the MoH, local health units and other organizations. Establishment of an integrated referral pathway and mechanisms to refer individuals that may require higher form of MHPSS interventions will also be done. b. Ensure the provision of appropriate and timely mental health and psychosocial support activities and services to CVCV staff and volunteers. <p>1. Community Health</p> <ul style="list-style-type: none"> a. Conduct intensified health promotion activities and RCCE, including the distribution of IEC materials on the prevention of diseases such as leptospirosis, flu, skin diseases and other vector and waterborne diseases. b. Distribution of mosquito nets to 5,000 families, combined with disseminating information on prevention, strategies, and management of Dengue and other mosquito borne diseases will be done by CVCV health teams. 		

	<p>c. Continue to work collaboratively with local health units on disease surveillance to monitor health risks and potential outbreaks. The disease surveillance mechanism will be operated through close coordination of CVCV branch with the municipal/city level local health units. Through health caravans, CVCV mobile health teams will also record and report cases to the local health units.</p>
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 Water, Sanitation and Hygiene	Female > 18: 13,720	Female < 18: 5,880	CHF 653,735
	Male > 18: 14,280	Male < 18: 6,120	Total target: 40,000
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		
Priority Actions:	<p>Response Phase</p> <ol style="list-style-type: none"> 1. Deployment of PRC WASH assets (water tankers and water treatment units) and teams to provide safe drinking water in identified evacuation centers, communities, and households. CVCV will provide 15 liters of potable drinking water based on Sphere Standards for drinking and hygiene purposes. 2. Conduct of hygiene promotion and sanitation activities. IEC materials on hygiene promotion with key messages on personal hygiene and sanitation practices will be distributed. 3. Provide 3,000 families with hygiene kits and dignity kits. This will be accompanied by hygiene promotion sessions to ensure the proper use of the relief items and hygiene practices for 40,000 people. 4. Provision of jerry cans (10L collapsible) to the affected families. 5. Clean-up drives and clearing operations through the provision of Cash for work to 80 people. <p>Recovery Phase</p> <ol style="list-style-type: none"> 1. Rehabilitation of 6 community water sources. 2. Rehabilitation/Construction of communal WASH Facilities for Schools and Evacuation Centers (Sanitation Facility with Handwashing) in 5 areas. 3. Conduct hygiene promotion sessions in communities, with the use of relevant IEC materials to reinforce the delivery of key messages. 4. Conduct of Basic WASH in Emergencies Training and Hygiene promotion in Emergencies Training for CVCV staff and volunteers. 		

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)


 Protection, Gender and Inclusion	Female > 18: 13,720	Female < 18: 5,880	CHF 95,676
	Male > 18: 14,280	Male < 18: 6,120	Total target: 40,000
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.		
Priority Actions:	<p>CVCV will integrate the IFRC Minimum Standards into its emergency programming to meet the needs of individuals and groups at risk.</p> <p>Priority Action 1: Training and Capacity Building.</p> <ul style="list-style-type: none"> - Conduct a refresher course for staff, volunteers, and partners on PGI, PSEA, SGBV, DAPS, Child-Friendly Spaces (CFS), and child safeguarding, ensuring PGI minimum standards are mainstreamed across the operation. Staff and volunteers will sign and adhere to the Code of Conduct and PSEA commitments. <p>Priority Action 2: Gender, Inclusion and Child Safeguarding.</p> <ul style="list-style-type: none"> - Carry out a rapid gender and inclusion analysis to guide activities, with attention to women, child-headed households, persons with disabilities, and the elderly. Conduct a child safeguarding risk analysis in two branches to ensure programmes are designed with children's best interests in mind, preventing all forms of violence, abuse, exploitation, and neglect. <p>Priority Action 3: Safe and Supportive Environments.</p> <ul style="list-style-type: none"> - Establish Child-Friendly Spaces (CFS) to support displaced families and children with safe, age-appropriate activities and psychosocial support. - In coordination with the WASH team distributing dignity kits, ensure the menstrual hygiene needs of women and girls are addressed. - Create safe spaces for women and girls to strengthen protection and participation. - Provide "back-to-school kits" for children, either through in-kind distribution or cash assistance, to support continuity of education and well-being. 		

	<p>Priority Action 4: Community Sensitization and Information Sharing.</p> <ul style="list-style-type: none"> - Conduct community sensitization sessions with leaders and members on protection, prevention of SGBV, and social cohesion. Disseminate IEC/PGI materials and posters, including CEA feedback mechanisms and SGBV referral pathways. <p>Priority Action 5: Feedback and Referral Systems.</p> <ul style="list-style-type: none"> - Establish and advertise safe, confidential feedback channels for SGBV and PSEA cases. Set up referral pathways to specialized services, ensuring follow-up and closing the feedback loop.
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 Community Engagement and Accountability	Female > 18: 13,720	Female < 18: 5,880	CHF 85,306
	Male > 18: 14,280	Male < 18: 6,120	Total target: 40,000
Objective:	<p>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.</p>		
Priority Actions:	<p>The CVCV will implement a multi-channel approach to collect data and feedback, utilizing trusted and appropriate feedback channels at public welfare desks and branches.</p> <p>Orient and disseminate CVCV CEA guidelines to key staff and volunteers engaged in the operation.</p> <p>Set-up feedback desks, hotlines, and online platforms to collect and document feedback.</p> <p>Establish participatory approaches to enable all community groups and representatives can participate in planning and making decisions about the response, including selection criteria and targeting. This includes participatory planning meetings, broadening existing community committees to include more diverse membership (women, youth, religious leaders, people with disabilities and ethnic minority groups) and holding regular FGDs with diverse groups.</p> <p>Scale up communication with communities on response activities, selection criteria, targeting, distribution mechanisms, and aid eligibility through town hall meetings, small group meetings, WhatsApp, SMS, Facebook and radio.</p>		


	<p>CEA training sessions and briefings, including the Code of Conduct and PSEA, are provided to response staff and volunteers, targeting relief and cash teams first (in partnership with PGI). CEA approaches and questions are integrated in the assessment, including analysing the context in affected areas.</p> <p>Widely and clearly communicate the selection criteria for all sectors to recipients and non-recipients, using various channels and approaches, even when the criteria are already fixed.</p> <p>Systematically share information on sectoral plans, progress, activities, and distribution processes, including any delays and challenges, along with emphasizing people's rights and entitlements. Stress that aid is provided free of charge to minimize the risk of sexual exploitation and abuse and corruption.</p> <p>Conduct PDM to assess the utilization of distributed items.</p> <p>Include an exit interview feedback session in post distribution monitoring and other data collection activities.</p>
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Enabling approaches

 National Society Strengthening	Female > 18: N/A	Female < 18: N/A	CHF 444,448
	Male > 18: N/A	Male < 18: N/A	Total target: N/A
Objective:	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.		
Priority Actions:	<p>1. Operational Support Services: Based on demand for technical and coordination support required to deliver in this operation, support functions will be put in place for technical and coordination roles including human resources, logistics and supply chain; communications; security; PMER; partnerships and resource development; and finance and administration. These positions will be placed at National and branch level. All volunteers involved in the operation will be insured under the IFRC scheme.</p> <p>2. National Society capacity building: Assessing the capacity and making plans for strengthening capacity of staff, volunteers, and systems at the national headquarters and branch levels through utilizing and revisiting findings from Rapid NS Response Capacity Check, Preparedness for Effective Response (PER) and other relevant tools. This will include supporting CVCV in improving warehouse facilities and management systems, warehousing, logistics processes including supply chain efficiency, fleet, financial management, digitization, PGI, fraud and corruption</p>		

	<p>prevention, epidemic and pandemic preparedness and response, climate smart programming, and disaster preparedness through different models of capacity building. Consider as a priority action investment in CVA preparedness to ensure cash readiness of the NS.</p> <p>4. Provision of technical support from IFRC to CVCV when required.</p> <p>5. Conduct a lesson learned workshop by the end of the operation.</p>
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 Coordination and Partnerships	Female > 18: N/A	Female < 18: N/A	CHF 14,496
	Male > 18: N/A	Male < 18: N/A	Total target: N/A
Objective:	Strengthen coordination within both the IFRC membership to achieve technical and operational complementarity and enhance cooperation with external partners, and positioning of CVCV.		
Priority Actions:	<p>Strengthen coordination and partnerships within the Membership and with relevant external actors.</p> <p>Membership Coordination: Support CVCV in leading the overall response by ensuring a coordinated approach with National Societies supporting but without a presence in the country. Coordination is generally undertaken at the strategic and operational level, however, as part of this operation, more emphasis will be given on operational and technical coordination, led by CVCV and supported by IFRC. Periodic strategic coordination will be done through regular membership coordination meetings, with specific sessions dedicated to this emergency operation.</p> <p>Engagement with external partners: Continuously coordinate with government and non-government agencies, including members of the United Nations Country Team UNCT, and other stakeholders involved in the response. The NS with the support of IFRC is initiating and leading on area-based coordination with other stakeholders.</p>		

 IFRC Secretariat Services	Female > 18: N/A	Female < 18: N/A	CHF 274,975
	Male > 18: N/A	Male < 18: N/A	Total target: N/A
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.		

Priority Actions:

1. **Human Resources:** All operational activities will be implemented by utilizing existing CVCV staff and volunteers. IFRC Senegal Country Delegation will support CVCV in providing complementary technical and support service staff as required to ensure accountability and compliance with regards to the operation, including IFRC Surge personnel.

2. **Surge and Emergency Response Units (ERU) deployment:** Surge support has been mobilized across key technical areas, including Operations Manager, CEA, CVA, PGI, PMER, Finance, and Logistics. Three Emergency Response Units (ERUs) were requested: ERU Household Water Treatment and Supply (HWTS), ERU MSM20, and ERU WSR for assessment. To date, surge profiles in Operation, CVA, PGI, Finance, and Logistics, as well as the ERU HWTS and ERU MSM20, are deployed and are conducting assessments and supporting the delivery of response activities.

3. **Planning, Monitoring, Evaluation, & Reporting (PMER):** A Federation-wide approach will be maintained in planning, implementation, monitoring, reporting and evaluation. Reporting and monitoring on the operation will be carried out in accordance with the IFRC monitoring and reporting standards. Regular updates will be issued during the operation's timeframe including a final report. The operation monitoring teams will conduct field visits as needed. A final evaluation will be conducted to ensure accountability and effectiveness of the operation.

3. **Logistics** activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned with IFRC's logistics standards, processes and procedures. CVCV will mobilize its prepositioned stocks for immediate relief assistance and items will be replenished through local and international procurement and in-kind donations where appropriate. A specific mobilization table will be prepared and maintained for this operation to consolidate and communicate relief supply needs.

4. **Finance and Administration:** The IFRC will provide the necessary support to the operation to review and validate budgets, timely fund transfers, technical assistance to the National Society regarding expense justification procedures and the review and validation of operational liquidations.

5. **Communications and advocacy:** Support will be provided to NS to increase their outreach and advocacy. Communications team will continue to engage the media and use social media to position the CVCV as a key player in the response.

6. **Safety and security:** The IFRC will map and assess risks for this operation and develop a security risk management plan accordingly, which will be updated regularly as the situation evolves. The IFRC security plans will apply to all IFRC personnel throughout. Area specific security risk assessments will be conducted for any operational area should any IFRC personnel deploy there; security risk mitigation measures will be identified and implemented. All IFRC must, and Red Cross Red Crescent staff and volunteers are encouraged to complete the IFRC Stay Safe e-learning courses. The National Society's security framework will

apply throughout the duration of the operation to their staff and volunteers.

Risk management

A detailed risk register will be elaborated and discussed between the Head of Delegation of the Cluster, IFRC Operations Manager, Africa Region Office (ARO) Operations colleagues, and the Risk Management Coordinator for Africa. In this register, more details are included, such as the risk owner and the residual risk after implementing mitigation actions. A risk management plan will be developed to ensure it will be properly implemented. This register is under revision and will be updated every two weeks by the people mentioned above.

The IFRC will map and assess risks for this operation and develop a risk management plan accordingly, which will be updated regularly as the situation evolves. The National Society's framework will be applicable for the duration of the operation to their staff and volunteers. For personnel under IFRC security's responsibility, including surge support deployed to the area, the existing IFRC country security plan, including security regulations, contingency plans for medical emergencies, relocation, and critical incident management will be applicable. All IFRC staff must, and RC/RC staff and volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management, and Stay Safe Volunteer Security online training. Staff and volunteers should be briefed on the security situation and reactions in emergencies before deployment in the operational area.

Risk	Likelihood	Impact	Mitigating actions
More weather disturbances (such as tropical cyclones) will impact the same areas causing increased flooding and landslides, also further hampering CVCV's access to the affected areas.	High	High	<ul style="list-style-type: none"> Continuous monitoring of weather, communication and contingency planning with CVCV so that activities can be initiated as quickly as possible to lessen the impact of possible floods Emergency Appeal refers to potential impact in Cape Verde Expand the operation under a revised appeal, with the inclusion of additional response activities
Delays in delivering relief items and teams due to road blockages and traffic jams	High	Medium	<ul style="list-style-type: none"> Maintain constant communication with authorities to promptly evaluate infrastructure conditions
Politicization of humanitarian assistance due to the electoral year	High	High	<ul style="list-style-type: none"> Reinforce operational communications by contacting local authorities in places where the National Society has a presence Improve operational communications awareness in the National Society at all levels Ensure that all volunteers have been trained
Injury of volunteers and staff during the operation	Low	High	<ul style="list-style-type: none"> Reinforce awareness and training of volunteers on Stay Safe and SAF

			<ul style="list-style-type: none"> • Avoid flooded areas and/or high roads • Ensure that volunteers are insured for the entire response period
Congestion in the urban shelters, lack of proper sanitation facilities, and presence of stagnant flood water may result in waterborne diseases	High	High	<ul style="list-style-type: none"> • Create awareness with authorities managing the shelters to avoid stagnant flood water • Provide affected communities with repellent and bed nets, among other items • CVCV personnel working in these areas will be sensitized on disease surveillance so they can detect any of the early signs of likely diseases
Donation of food and materials may jeopardize local small commerce and businesses	High	Medium	<ul style="list-style-type: none"> • Change the type of support to affected communities from in-kind donations to cash-based interventions
Limited resources	High	High	<ul style="list-style-type: none"> • Maintain an open dialogue with actors to direct support • Start partnerships with other agencies and local organizations • Reduction of the project scope
Safeguarding incidents	High	High	<ul style="list-style-type: none"> • Train staff and volunteers on PGI and VGB • Disseminate referral pathways
Limited technical capacity of the National Society in some of the technical sectors	Medium	Medium	<ul style="list-style-type: none"> • Some of the branches have limited capacity, so the mitigation action will consist of bringing in more experienced volunteers from other branches • Surge support • Additional training

Quality and accountability

The key indicators identified below will be used to establish a monitoring and evaluation (M&E) framework to assess the suitability, quality, and satisfaction of the targeted population, as well as track progress on the planned activities. The CVCV and partners will routinely conduct self-assessments against these indicators to ensure the operation is on track, products and services meet minimum quality standards, and the operation remains relevant.

The monitoring system will also evaluate the effectiveness of established accountability systems. Regular feedback mechanisms, including post-distribution and satisfaction surveys, will be conducted after each significant activity to gather feedback and complaints from specific groups within the crisis-affected population.

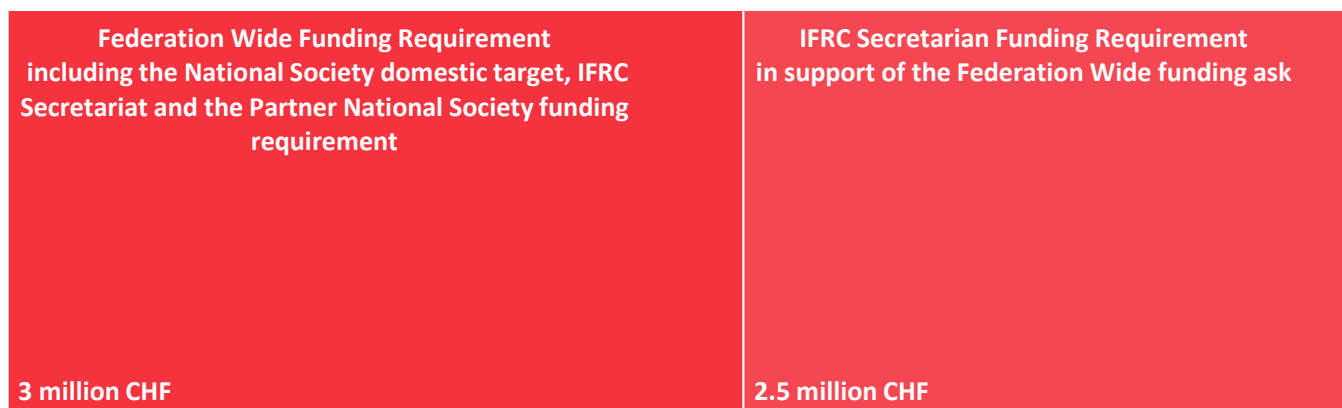
A final evaluation will be conducted at the end of the operation. The operation will ensure that all safeguarding measures are in place, with CVCV staff and stakeholders meeting requirements for PSEA and child safeguarding. Actions will include completing a child safeguarding risk analysis, implementing screening, briefing, and reporting systems, mapping, and testing referral pathways, and maintaining community feedback mechanisms, child-friendly information, and participation.

Shelter, Housing & Settlements	# Targeted people with shelters and HHI assistance	7,500
	# of households receiving HHI	1,500
	# of volunteers trained in emergency shelter	10
	# of households receiving emergency shelter Kits	1,500
Livelihoods & Multi-purpose Cash (MPC)	# Targeted people with Multi-purpose Cash and Livelihoods assistance	7,500
	# Food parcels distributed	120
	# of volunteers trained in Multi-purpose Cash and Livelihoods assistance	5
	# of HHs receiving cash/in-kind livelihoods support	1,500
	# of Post distribution monitoring (PDM) reports	2
Health & Care	# of people reached through Health & Care (incl. MHPSS and medical services)	40,000
	# of Mobile clinics established	3
	# of MHPSS community activities	20
	# of mosquito nets distributed	8,000
	# of volunteers trained in Health and Care	5
	# of training (incl. Health EPaRT, and first Aid)	20
	# of community based awareness sessions (incl. RCCE)	10
	# of people reached through MHPSS activities	
WASH	# of people reached through health promotion and disease prevention	40,000
	# of people reached through WASH assistance	40,000
	# of households reached with hygiene kits, and dignity kits	3,000
	# of community-based hygiene promotion sessions	40
	# of volunteers trained in WASH	5
	# of sanitation facilities improved	10
PGI	# of people reached through water and hygiene promotion (radio, social media, etc)	40,000
	# of people reached through with PGI/SGBV awareness	40,000
	# of staff, volunteers, and partners trained on PGI, PSEA, SGBV, DAPS, CFS, and/or child safeguarding	150
	# of branches that completed a child safeguarding risk analysis with action plans in place	2
	# of Child-Friendly Spaces (CFS) established and functional	2
	# of community sensitization sessions conducted on PGI/SGBV prevention and social cohesion.	20
CEA	# of safe, confidential feedback channels established and functional	2
	# of people reached with CEA activities	40,000
	# of staff and volunteers trained in CEA	150
	# of functional community established to support response	10
	# of functional feedback and information-sharing channels established	2
National Society Strengthening	# of participatory planning meetings, FGDs, or committees held with diverse representation (women, youth, people with disabilities, and minority groups).	40
	# of branches supported	3
	# of volunteers insured	150
	# of system improved (warehouse management, finance system, CVA)	3
Coordination and Partnerships	# of membership coordination meetings held (strategic, operational, and technical), with minutes documented and shared.	5

	# of external coordination meetings attended with the National Society, the authorities and external actors for this response	10
IFRC Secretariat Services:	# of updated minimum security requirements	1
	# of support missions to Cabo Verde from the Dakar CCD	8

FUNDING REQUIREMENT

Federation-wide funding requirement*



**For more information on Federation-Wide funding requirement, refer to section: Federation-wide Approach*

Breakdown of the IFRC secretariat funding requirement



OPERATING STRATEGY

MDRCV005- Cabo Verde – Floods Response

FUNDING REQUIREMENTS

Planned Operations	1,758,000
Shelter and Basic Household Items	282,000
Livelihoods	76,000
Multi-purpose Cash	220,000
Health	291,000

Water, Sanitation & Hygiene	696,000
Protection, Gender and Inclusion	102,000
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	
Community Engagement and Accountability	91,000
Environmental Sustainability	0

Enabling Approaches	0
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Coordination and Partnerships	15,000
Secretariat Services	293,000
National Society Strengthening	473,000

TOTAL FUNDING REQUIREMENTS	2,539,000
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All amounts in Swiss Francs (CHF)

Contact information

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

At the CVCV National Society

- **President of the Red Cross of Cabo Verde:** Arlindo Soares de Carvalho; email: arlindo.carvalho@cruzvermelha.org.cv, phone: (+238) 992 90 66
- **Secretary General:** Salomão Sanches Furtado; email: salomao.furtado@cruzvermelha.org.cv, phone: (+238) 993 83 94
- **Operational coordination:** Abdoul Wahabou; email: abdoul.wahabou@cruzvermelha.org.cv, phone: +238 997 54 77 / +238 917 03 72

At the IFRC

- **IFRC Regional Head of Health and Disaster, Climate and Crisis Unit:** Matthew Croucher; email: matthew.croucher@ifrc.org
- **IFRC Lead, Preparedness & Response; Health and Disaster, Climate, and Crisis Unit:** Rui Oliveira, email: rui.oliveira@ifrc.org
- **IFRC Head of Country Cluster Delegation:** Alexandre Claudon de Vernisy; email: alexandre.claudon@ifrc.org,
- **IFRC Cabo Verde:** Caroline Dewast, Operations Manager; email: caroline.dewast@ifrc.org
- **IFRC Geneva:** Santiago Luengo, Senior Officer Operations Coordination; email: santiago.luengo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Head of Regional Strategic Engagement and Partnerships:** Louise Daintrey-Hall; email: louise.daintrey@ifrc.org

For In-Kind Donations and Mobilization table support:

- **IFRC Regional GHS & SCM Unit:** Allan Kilaka Masavah, Head of Africa Regional Logistics Unit; email: allan.masavah@ifrc.org

Reference



Click here for:

- Previous Appeals and updates