

# **OPERATION UPDATE**

# **Cape Verde| Floods**

Emergency appeal №: MDRCV005

**Emergency appeal launched: 27/08/2025** 

Operational Strategy published: 12/09/2025

Glide №:

FL-2025-000147-CPV

Operation update #1

Date of issue: 22/10/2025

Timeframe covered by this update:

From 27/08/2025 to 30/09/2025

Operation timeframe: 12 months

(23/08/2025 - 31/08/2026)

Number of people being assisted: 1,500 HH

Funding requirements (CHF):

CHF 2,5million through the IFRC Emergency Appeal

CHF 3 million Federation-wide

**DREF** amount initially allocated:

CHF 565,565

To date, this Emergency Appeal, which seeks CHF 3,000,000, is 45% per cent funded. Further funding contributions are needed to enable the National Society, with the support of the IFRC, to continue providing humanitarian assistance and strengthening resilience of people affected by the floods.



Essential Household Items and Food distribution in Salamanca, Sao Vicente, 3 September 2025.

# A. SITUATION ANALYSIS

# **Description of the crisis**

On 10–11 August 2025, Tropical Storm 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. About 20,000 people have been injured¹. 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.

# **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. In close coordination with the National Civil Protection Service, municipalities, and other government agencies, CVCV rapidly mobilized local volunteers in São Vicente and Santo Antão 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 150m³ 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, is leading 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.

## **Needs analysis**

The recent floods in São Vicente and Santo Antão, Cabo Verde, have created urgent needs across multiple sectors. Shelter and non-food items (NFIs) remain critical, as thousands of families lost homes and belongings, with many

<sup>&</sup>lt;sup>1</sup>WHO: Public Health Situation Analysis (PHSA)

<sup>&</sup>lt;sup>2</sup> 2025 IFRC Network Country Plan

living in overcrowded shelters or with host families. Food security is challenged by damaged markets, destroyed food stocks, and limited access in isolated areas. Water, sanitation, and hygiene (WASH) needs are severe, with collapsed water systems, reliance on unsafe water sources, and insufficient latrines and hygiene promotion, increasing the risk of waterborne diseases. The floods have also disrupted livelihoods, destroying farmland, fishing equipment, and small businesses, leaving families dependent on aid. Health and psychosocial needs are high, with inundated health facilities, lost vaccines, and limited mental health support. Protection, gender, and inclusion concerns are elevated, particularly for women, children, older persons, and people with disabilities, who face risks in shelters and hard-to-reach communities. The ongoing rainy season heightens the risk of further flooding, landslides, and displacement, requiring urgent multi-sectoral interventions to meet immediate needs and protect vulnerable populations.

## **Operational risk assessment**

Currently, there have been no significant changes in the operational context that would affect the anticipated risks for the ongoing emergency response operation in Cabo Verde. 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 storms, 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 session.

### **B. OPERATIONAL STRATEGY**

## **Update on the strategy**

There are minor edits to the strategy regarding the targeting and modality of interventions.

The total target remains at 1500HH. In the immediate response phase (months 1-3), the operation has been focusing on reaching 920 households with relief items including: shelter kits, EHI, food (or cash for food), NFIs, (hygiene & dignity) kits, as well as community-based interventions in WASH and Health & Hygiene promotion. All activities will continue to integrate PGI and CEA. This immediate aspect of the response relies heavily on logistics and distributions, therefore the remainder of households previously considered to receive in-kind support will be shifted to receiving multi-purpose cash assistance given positive results of pre-market assessments and cash feasibility as the method of implementation.

This shift in modality of intervention aligns with the recovery phase, programmed for months 3-6 and focused on restoring livelihoods and dignity. In this phase, cash assistance or a mixed modality of cash and livelihood supplies will be provided to families in need, meaning that the targets and activities in the Livelihoods and Cash sectors are aligned. A minimum of 580 HH, and up to 1500HH, will receive support aimed at restoring livelihoods. Across the three affected areas, livelihoods have been affected in various ways, ranging from losses in agro-fisheries, livestock, or commercial business. The livelihoods support families will receive (in-kind and/or cash), will be accompanied and aligned with Government's pre-existing support programs and necessary trainings in livelihoods areas to promote sustainability. This makes the impact more meaningful for each household and aligning with the activities Government and external stakeholders provide in Cabo Verde during and post-emergencies.

While cash/livelihood distributions and household level interventions are planned to be completed by the end of the 6<sup>th</sup> month of the operation, the remaining months 7-12 will focus on strengthening the NS's community-based health and wash capacity, strengthening CVA as a modality for assistance, and developing further in the cross-sectional areas of PGI and CEA.

All changes to indicators and targets based on the strategy revision are also documented under each sector.

### C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

Shelter, Housing and Settlements		2,573	1,103
		Male > 18: <b>2,678</b>	Male < 18: <b>1,148</b>
Objective:	<b>Objective:</b> Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions		
Vov	Indicator	Actual	Target
Key indicators:	# of targeted people receiving emergency shelter kits and EHI assistance	1,190	4,600
	# of households receiving HHI	238	920
	# of volunteers trained in emergency shelter	0	10
	# of households receiving emergency shelter kits	0	920

Female > 18:

Female < 18:

In the first month of the operation, Cruz Vermelha de Cabo Verde (CVCV) reached 238 households (about 1,190 people) in São Vicente with essential household items. Assistance was provided to 110 households in Iraque, 50 households in Rozar, 45 households in Norte Baía, 24 households in Salamansa, and 9 households in Colhau, including kitchen sets, blankets, mats, buckets, jerrycans, tarpaulins, and candles to address their immediate needs and support the restoration of stability and dignity. The operation is ongoing and aims to reach a total of 920 households (around 4,600 people) with kind relief assistance.

Post Distribution Monitoring (PDM) is planned for the upcoming months.

#### **Target Revision:**

The target of people and households receiving EHI assistance and emergency shelter kits is reduced from 1,500HH (7,500 people) to 920HH (4,600 people). This reflects the change in the operational strategy of assisting the remaining 580HH with multi-purpose cash assistance, with an amount that covers shelter and EHIs, among other items in other sectors.

**Note**: Out of the 920HH targeted, 800HH are covered under DREF and 120HH are covered under the USG pledge.



Female > 18: Female < 18: Male > 18:

Objective:	Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
	Indicator	Actual	Target
	# of households receiving food assistance	271	920
Key indicators:	# of households receiving assistance to support their livelihoods	0	1,500
	# of volunteers trained and deployed for identification, distribution and monitoring of support	20	30
	# of Post distribution monitoring (PDM) reports produced	0	2

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 in Cabo Verde made food donations to Cruz Vermelha de Cabo Verde (CVCV) to support the most affected. With the local donations, CVCV distributed food parcels to 271 households (about 1,355 people) across Iraque, Norte de Baía, Salamansa, Aldeameanto Rozar, Lazareto and Calhau in São Vicente.

Furthermore, 20 CVCV volunteers (5 male and 15 female) 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 Ribeirinha and Covada da Bruxa communities. These assessments will be expanded to additional affected communities to ensure a more comprehensive understanding of needs and guide to the delivery of assistance.

#### **Indicator Revision**

To align with DREF reporting requirements, the following indicators have been included:

- # of households receiving assistance to cover basic needs (food and nonfood)
- # of Post distribution monitoring (PDM) reports produced
- # volunteers trained and deployed for identification, distribution and monitoring of support

**Note**: 800HH will receive food under the DREF, while 120HH will be covered by the USG pledge. A minimum of 580HHs, and up to 1,500 HHs will be receiving livelihoods support in the modality of either in-kind and/or multipurpose cash. Therefore, this sector will be further defined alongside the sector of Multi-purpose cash.



Picture 1: CVCV volunteer conducting needs assessment in Covada da Bruxa, Mindelo in September 2025

	Multi-purpose Cash	Female > 18: <b>2,573</b>	Female < 18: <b>1,103</b>
		Male > 18: <b>2,678</b>	

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	0	7,500
	# of volunteers trained in Multi-purpose Cash Assistance	0	50
	# of HHs receiving Multi-purpose cash or livelihoods assistance	0	1,500
	# of Post distribution monitoring (PDM) reports produced	0	2

A Cash and Voucher Assistance (CVA) rapid response has been deployed to São Vicente to strengthen the capacity of the National Society in designing and implementing CVA. The CVA surge support will ensure that CVCV captures all the necessary data during needs and vulnerability assessments, as well as conduct preliminary market observation and plan a comprehensive market assessment to inform the design of this intervention. With technical support from the surge, preliminary market observations were conducted in Mindelo, confirming that local markets are functional, accessible, and sufficiently stocked with essential goods. Building on these findings, a market assessment will be carried out to better understand the functionality of local markets and their capacity to meet the basic needs of the affected population. In parallel, coordination meetings with key actors are ongoing to agree on a harmonized transfer value to cover basic needs.

One CVA training session will be organized as part of broader capacity-building efforts. 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 members and adapted tools will serve as key resources for future National Society CVA interventions.

Post Distribution Monitoring will be conducted after the delivery of the assistance.

#### **Indicator & Target Revision:**

A minimum of 580HH and a maximum of 1,500HH will receive MPC assistance. The assistance will vary based on the livelihoods intervention it aims to support as well as any in-kind support provided to the given household. This indicator will be further revised alongside the Livelihoods sector.

To align with DREF reporting requirements, the target of volunteers trained in Multi-purpose Cash and Livelihoods Assistance was increased to 50. Additionally, the following indicator has been included:

• # of Post distribution monitoring (PDM) reports produced.

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#### **Health & Care**

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18: <b>13,720</b>	Female < 18: <b>5,880</b>
Male > 18: <b>14.280</b>	Male < 18: <b>6,120</b>

Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening		
Indicator	Actual	Target
# of people reached through Health & Care (incl. MHPSS and medical services)	197	40,000
# of mobile clinics established	0	3
# of MHPSS community sessions	0	20
# of mosquito nets distributed	0	1,840
# of volunteers trained in Health and Care (community awareness and first aid)	60	50
# of training sessions delivered to volunteers and community representatives (incl. Health EPaRT, and first Aid)	4	10
# of community-based awareness sessions (incl. RCCE)	0	10
# of people reached through MHPSS activities	77	
# of people reached through health promotion and disease prevention	197	40,000
	Indicator  # of people reached through Health & Care (incl. MHPSS and medical services)  # of mobile clinics established  # of MHPSS community sessions  # of mosquito nets distributed  # of volunteers trained in Health and Care (community awareness and first aid)  # of training sessions delivered to volunteers and community representatives (incl. Health EPaRT, and first Aid)  # of community-based awareness sessions (incl. RCCE)  # of people reached through MHPSS activities  # of people reached through health promotion and disease	Indicator  # of people reached through Health & Care (incl. MHPSS and medical services)  # of mobile clinics established  # of MHPSS community sessions  # of mosquito nets distributed  # of volunteers trained in Health and Care (community awareness and first aid)  # of training sessions delivered to volunteers and community representatives (incl. Health EPaRT, and first Aid)  # of community-based awareness sessions (incl. RCCE)  # of people reached through MHPSS activities  # of people reached through health promotion and disease

To date, 197 people have been reached through Health and Care interventions, including mental health and psychological (MHPSS) support and medical services. Group therapy and one-on-one counselling sessions are being delivered to affected people in Iraque, Monte Sossego, Salamansa and Norte Baía. These sessions take place in accommodation centers, 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 seven communities, aimed at promoting health and raising awareness. These activities have reached 197 individuals, including schoolchildren. As part of the medical services, children receive pediatric screenings, and those requiring additional assistance are referred to hospitals for specialized care.

The National Society has conducted four training sessions focused on first aid in emergency and psychological first aid. A total of 60 volunteers (28 male and 32 female) were trained in emergency first aid, and 29 of them also received additional training in psychological first aid.

### **Target & Indicator Revision**

To align with DREF reporting requirements, the following indicators have been re-phrased:

- # of volunteers trained in Health and Care (community awareness and first aid), with the target increased from 5 to 50.
- # of training sessions delivered to volunteers and community representatives (incl. Health EPaRT, and first Aid), with the target being reduced from 20 to 10.

**Note:** Mosquito nets will be distributed as a complementary component of the EHI assistance and will be provided to 920 households (two mosquito nets per household), 800 households supported under DREF and 120 households supported through the USG pledge.



### Water, Sanitation and Hygiene

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

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		
	Indicator	Actual	Target
	# of people reached through WASH assistance	4,408	40,000
	# of households in need receive hygiene kits	238	920
	# of households reached with dignity kits	0	920
Key indicators:	# of community-based hygiene promotion sessions conducted	0	40
	# of people educated on key hygiene and sanitation practices	4,408	4,000
	# of volunteers trained in WASH	55	50
	# of sanitation facilities improved	19	10
	# of people reached through water and hygiene promotion (radio, social media, etc.)	0	40,000

# of water points rehabilitated or constructed to improve access to drinking water	0	10
# of Post-Distribution Monitoring (PDM) reports produced	0	2

As part of the response phase, Cruz Vermelha de Cabo Verde (CVCV) has initiated WASH intervention to support communities affected by the recent flooding. About 4,408 people have been reached through WASH assistance, out of which 1,190 individuals (238 households) have benefited from hygiene kits (table 1), 110HH in Mindelo, 50HH in Rozar, 45HH in Norte Baía, 24HH in Salamansa and 8HH in Colhau. Additionally, jerrycans were distributed to 45HH in Norte de Baía, demonstrating CVCV's commitment to addressing the essential need of the affected populations.

Hygiene kits		
Items	Quantity	
Washing powder	1 kg	
Body soap	125 g	
Toothpaste	100 ml/ 125 g	
Toothbrush	Pack of 5 pcs	
Shampoo	500 ml	
Disposable razor	Pack of 5 pcs	
Hygiene pads	Pack of 20 pcs	
Toilet paper	Pack of 4 rolls	
Body towel	140 x 70 cm	
Hand towel	90 x 50 cm	

Table 1: Breakdown of hygiene kit items.

Through hygiene promotion activities focusing on handwashing practices, kitchen cleanliness, waste management, and vector control, the National Society has reached 3,218 people, including children. This intervention utilizes focus group discussions with community members at local schools. In parallel, hygiene promotion activities targeting school children are also being implemented. To encourage good hygiene practices among them, 200 bars of soap were distributed across three schools in Mindelo.

On 21 September 2025, a WASH training was delivered to 55 CVCV volunteers (35 females and 20 males) in Mindelo, including fundamentals of menstrual hygiene. Information, Education, and Communication (IEC) materials containing key messages on personal hygiene and sanitation were reviewed and validated by the National Institute of Public Health of Cape Verde. All materials required for the hygiene promotion campaign, including posters, T-shirts, bottles, bags, and brochures have been procured.

In September, the Household Water Treatment and Safe Storage (HWTS ERU) and Mass Sanitation Module (MSM 20 ERU) Emergency Response Units were deployed to Cape Verde, Sao Vicente, to reinforce CVCV's response efforts and delivery of essential WASH services. In coordination with the local authorities, the WASH team conducted a two-week needs assessment to prioritize interventions. As part of this assessment, water quality analyses were conducted in 13 educational centres<sup>3</sup> in Mindelo to improve access to safe drinking water for school children.

<sup>&</sup>lt;sup>3</sup> Escola Semiao Agostinho Lopes, Escola Pedra Rolada, Escola Luís Morais, Escola Joao Jose dos Santos, Escola Monte Sossego, Escola Mestre Baptista, Escola Fonte Inês, Escola São Pedro, Escola Madeiral, Escola Calhao, Escola Salamansa, Escola Gregório Monteiro, Escola Chá de Marinha.

Furthermore, 35 municipal water tanks were inspected to identify repair needs, and sanitation facilities in 34 schools were evaluated to guide future improvements. As of now, 10 toilets have been repaired (4 in Escola Monte Sossego and 6 in Escola Juvinos Santos), along with 8 taps (4 in Escola Monte Sossego and 6 in Escola Juvinos Santos), and 1 valve in Escola Monte Sossego.

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 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.

#### **Indicator & Target Revision**

To align with DREF reporting, the following indicators have been included:

- # of households reached with hygiene kits
- # of households reached with dignity kits
- # of people educated on key hygiene and sanitation practices
- # of water points rehabilitated or constructed to improve access to drinking water
- # of community/family latrines cleaned and disinfected
- # of Post-Distribution Monitoring (PDM) reports produced

**Note:** The target of HHs receiving hygiene and dignity kits has been reduced from 3,000HH to 920HH, out of which 800HH will be supported with DREF funds, and 120HH with US Government pledge funds. This reduction reflects a shift in the operational strategy, prioritizing multi-purpose cash assistance for the remaining affected families instead of in-kind support.

Additionally, the target number of volunteers trained in WASH has increased from 5 to 50.



Picture 2. WASH training session in Mindelo on September 21, focused on building CVCV capacity for hygiene promotion and safe water management (Photo: CVCV).



# **Protection, Gender and Inclusion**

Female > 18: **13,720** 

Female < 18: **5,880** 

Male > 18: **14,280** 

Male < 18: **6,120** 

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 people reached during the campaign (with PGI/SGBV awareness)	213	40,000
	# of awareness flyers produced and distributed	0	500
	# volunteers trained on PGI, PSEA, SGBV, DAPS, CFS, and/or child safeguarding	79	50
	# of branches that completed a child safeguarding risk analysis with action plans in place	0	2
	# of Child-Friendly Spaces (CFS) established and functional	2	2
	# of community sensitization sessions conducted on PGI/SGBV prevention and social cohesion.	0	20
	# of safe, confidential feedback channels established and functional	0	2

Between 19 and 25 September, CVCV conducted three PGI trainings for over 79 volunteers - 45 female and 34 male - focusing on hygiene promotion and menstrual hygiene (55 volunteers), and psychosocial support, and safe field practices (24 volunteers). In parallel, the National Society 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 82 prioritized individuals in Iraque and Norte de Baía with awareness and support activities, applying PGI minimum standards, safe spaces, differential access, and psychosocial support. A list of 131 individuals who lost documentation during the floods was collected, with informed consent, will be referred to local authorities to facilitate renewal. The team also held an institutional meeting with the Education Delegation to integrate PGI into prioritized schools, including referrals of children lacking documentation, assessment of school kit needs, and planning training for education staff.

Additionally, visits to six flood-affected schools were conducted alongside the WASH team, implementing key PGI and child protection questions to assess the impact of floods on schooling, access to school kits, 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.

With the aim of ensuring a sensitive and inclusive response focused on the specific needs of women and children, two reception centers were established at the beginning of the response. One space at Escola de Monte Sossego operated until 26 September, serving 28 children and adolescents before their relocation. The second space, at the Centro de Estágio, remains fully functional, providing a safe and welcoming environment where children can participate in art and discussion activities, restore a sense of normality, and develop resilience skills. Currently, the Centro de Estágio continues to operate, supporting 8 children and reinforcing ongoing psychosocial and child-focused interventions in the affected communities.

### **Indicator & target revision**

To align with the DREF reporting, the following indicators have been harmonized:

- # of people reached during the campaign (through with PGI/SGBV awareness)
- # of volunteers trained on PGI, PSEA, SGBV, DAPS, CFS, and/or child safeguarding

The following indicator has been included:

• # of awareness flyers produced and distributed



### **Community Engagement and Accountability**

Objective:	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.		
Key indicators:	Indicator	Actual	Target
	# of households informed about assistance, selection criteria and schedule	271	1,500
	# volunteers trained in CEA	46	50
	# of functional feedback and information-sharing channels established	0	2
	# of participatory planning meetings, FGDs, or committees held with diverse representation (women, youth, people with disabilities, and minority groups)	6	10

The National Society, 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, 271 households have been informed about the assistance, selection criteria, and distribution schedule to ensure transparency and allow them to prepare in advance. Households were informed before each distribution to confirm their participation and provide any necessary updates or clarifications.

To strengthen these efforts, 46 volunteers have been trained in effective communication skills, enabling them to engage meaningfully and manage sensitive conversations with affected populations. CVCV volunteers have also

received specialized training on CEA in Emergencies, including how to conduct needs assessments, use Kobo questionnaires, and engagement of communities in a respectful and effective manner. They further participated in a role-play simulation replicating real-life scenarios, which proved highly valuable during field implementation. To support frontline teams, the CEA team has developed a basic Q&A sheet and shared the CEA & PGI Minimum Actions for Relief Distribution, helping ensure that volunteers deliver clear and consistent messages during distributions. The deployment of a CEA Coordinator by IFRC is reinforcing the technical capacity of the operation and ensuring that accountability and community participation are systematically integrated across all activities. Initial efforts were made to systematize and implement community feedback mechanisms, initial efforts to systematize during relief distributions. Volunteers are conducting a structured, context-appropriate survey through face-to-face interviews to capture key questions, comments, suggestions, and complaints from affected households.

CVCV is also working in close collaboration with local leaders, Civil Protection, and sectoral partners since the beginning of the operation. The CEA team conducted participatory planning meetings, key informant interviews, and household-level consultations across affected communities in Pedra Rolada, Cabo d'Rbera, Zona Verde (Espia), Dbox Jon d'Ebra, Portelinha / Ribeira da Craquinha, Covada da Bruxa, and Bela Vista, 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.

#### **Indicator revision note:**

To align the DREF reporting, the following indicators have been modified:

- # of households informed about assistance, selection criteria and schedule, with the target reduced to 1,500 HH.
- # of community meetings held with the CVCV and beneficiaries during the project cycle (incl. of participatory planning meetings, FGDs, or committees), with targets reduced from 40 to 10.
- # of volunteers trained in CEA standards, with targets reduced from 150 to 50 volunteers.



CEA training to CVCV volunteers, conducted in Mindelo, São Vicente, in September (Photo: CVCV).

## **Enabling approaches**



### **National Society Strengthening**

Objective:	Facilitate the development of HR, Finance, Volunteering, Chapters, Financial Sustainability, and Logistics to ensure the National Society has the legal, ethical, and financial foundations, systems, and capacities needed to plan and perform effectively.		
Key indicators:	Indicator	Actual	Target
	# of CVCV staff member dedicated to DREF implementation	1	1
	# of visibility materials produced and distributed to staff and volunteers	80	150
	# of branches supported	1	3
	# of volunteers covered and insured	150	150
	# of system improved (warehouse management, finance system, CVA)	0	3

The director of the Disaster Management Department has been appointed by the National Society as the DREF focal point, providing overall coordination and oversight of the operation. To enhance visibility, the National Society procured 100 bibs and 100 T-shirts for volunteers, of which 80 bibs and 50 T-shirts have already been distributed.

Significant progress has been made in strengthening the capacity of the São Vicente branch, with efforts focused on building the skills of staff and volunteers to improve coordination and operational performance. For instance, over 60 volunteers and staff have been trained in CEA, PGI, WASH, Health, as well as Security and Protection.

In line with the DREF plan of action, 150 CVCV volunteers and staff are insured, 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 newly appointed staff receiving technical guidance and on-the-job coaching from IFRC delegates to ensure effective implementation.

#### **Indicator Revision**

To align with the DREF requirements, the following indicator has been merged under this pillar, as it primarily relates to NSD:

- # of volunteers covered and insured.
- Moreover, the following indicators have been included to ensure full alignment with DREF standards:
- # of CVCV staff member dedicated to DREF implementation
- # of visibility materials produced and distributed to staff and volunteers



### **Coordination and Partnerships**

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

Since the beginning of the operation, the National Society has been continuously coordinating with external partners. Five 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. CVCV also holds weekly coordination meetings with the IFRC Country Cluster Delegation in Dakar to discuss strategic, operational, and technical matters, ensuring alignment and informed decision-making throughout the response.

### **Indicator & Target Revision:**

In line with the DREF requirements, the following indicator has been included:

# of technical workshops, including lessons learned, organized.

Additionally, the target for external coordination meetings has been revised downward from 10 to 6.



Objective:	Ensure the IFRC Secretariat provides timely and compliant support to CVCV in delivering services outlined in the Emergency Appeal, in alignment with IFRC policies, procedures, Sphere standards, and the Humanitarian Charter.		
Key indicators:	Indicator	Actual	Target
	# of updated minimum security requirements	0	1
	# of technical support missions carried, and recommendations implemented	5	6
	# of communication products published and shared	0	4

The IFRC Dakar Cluster for Senegal, Mauritania, The Gambia, and Cabo Verde has been providing direct support to the CVCV since the onset of the floods in the country. Technical and operational assistance has been delivered through the deployment of two finance officers, two operations managers, and a logistics officer to support CVCV in implementing activities as planned under the Emergency Appeal. The IFRC Dakar Cluster Head of Delegation also traveled to Cabo Verde in August to provide in-country support.

To further enhance CVCV's capacity, the IFRC has deployed several surge personnel to provide targeted technical support across key areas of the operation:

- Operations Manager to support the design, implementation, monitoring, and reporting of activities in line
  with Emergency Appeal objectives, defining operational strategies, and integrating early recovery
  approaches to build community resilience.
- CVA Coordinator to ensure that cash and voucher assistance (CVA)-related data is collected during assessments, providing technical support, and overseeing CVA implementation to ensure compliance with standards and effective monitoring.
- CEA Coordinator to strengthen the National Society's capacity in community engagement and accountability, ensuring the response is guided by community priorities, feedback, and needs.
- PGI Coordinator to ensure the integration of protection, gender, and inclusion across the response, while safeguarding vulnerable groups.
- PMER Coordinator to support the National Society in maintaining a Federation-wide approach to planning, implementation, monitoring, and reporting, in line with IFRC standards.
- Finance and Logistics Personnel to provide essential financial and logistical support to enable timely and effective delivery of the response.
- Security Surge to strengthen the National Society's capacity and ensure the safety of personnel involved in the operation.

Additionally, three Emergency Response Units (ERUs), namely the ERU Household Water Treatment and Supply (HWTS), ERU MSM20, and ERU Water and Sanitation Response (WSR), have been deployed to conduct assessments and support the implementation of response activities on the ground.

#### **Indicator & Target Revision**

To ensure alignment with the DREF reporting, the following indicators have been incorporated: # of technical support missions carried out and recommendations implemented, with the target reduced to 6. # of communication products published and shared with partners

### D. FUNDING

As of the latest update, this ongoing emergency appeal has received contributions from the following partners:

Hard pledges:	CHF 928,789
Soft pledges:	CHF 430,117

### **Contact information**

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

### In the CVCV National Society

- **Secretary General**: Salomão Sanches Furtado, email: <u>salomao.furtado@cruzvermelha.org.cv</u>, phone +238 993 83 94
- **Operational coordination:** Abdoul Wahabou, email: <u>abdoul.wahabou@cruzvermelha.org.cv</u>, phone +238 997 5477

#### In the IFRC

- IFRC Regional Head of Health and Disaster, Climate and Crisis Unit: Matthew Croucher; email: matthew.crougher@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: Operations Manager: Julio Mondane; email: julio.mondlane@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: <u>allan.masavah@ifrc.org</u>

#### **Reference documents**

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#### 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 (NGO's) 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.