

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

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| Country | Cape Verde |
| Resident/Humanitarian Coordinator | Petra Lantz |
| Reporting Period | December 2009 – March 2010 |

I. Summary of Funding and Beneficiaries

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| Funding (US\$) | Total amount required for the humanitarian response: | | \$1,309,169 | |
| | Total amount received for the humanitarian response: | | \$973,507 | |
| | Breakdown of total country funding received by source: | CERF | | \$474,338 |
| | | CHF/HRF COUNTRY LEVEL FUNDS | | |
| | | US\$OTHER (Bilateral/Multilateral) | | \$499,169 |
| | Total amount of CERF funding received from the Rapid Response window: | | \$474,338 | |
| | Total amount of CERF funding received from the Underfunded window: | | | |
| | Please provide the breakdown of CERF funds by type of partner: | a. Direct UN agencies/IOM implementation: | | |
| | | b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded): | | |
| | | c. Funds for Government implementation: | | \$474,338 |
| d. TOTAL: | | | \$474,338 | |
| Beneficiaries | Total number of individuals affected by the crisis: | | 508,633 | |
| | Total number of individuals reached with CERF funding: | | 361,205 | |
| | | | 58,022 children under 5 | |
| | | | 189,960 females | |
| Geographical areas of implementation: | City of Praia and islands of Fogo, Brava, Maio, Sal and Santiago | | | |

II. Analysis

In the last three months of 2009, Cape Verde suffered its first outbreak of dengue. On November 4, the Central Government declared a national epidemic of dengue, based on a total of 11,000 confirmed cases. The city of Praia was the main focus of the epidemic. By the end of December, a total of 21,090 cases were confirmed nationally, with 14,476 cases in the capital city of Praia, roughly 11 percent of the total population of the city. The epidemic was more severe in Praia because of inadequate basic sanitation and population density. Approximately one-fourth of the country's total population is concentrated in Praia.

Additionally, the sudden increase of cases in early November 2009 on some of the islands in Cape Verde, with limited health services capacity to cope, put the country in crisis. Hospitals were operating with few health workers with appropriate experience in managing cases. As there is no vaccine for dengue, the control of the outbreak was mainly based on vector control to stop transmission and the management of severe dengue cases to save lives.

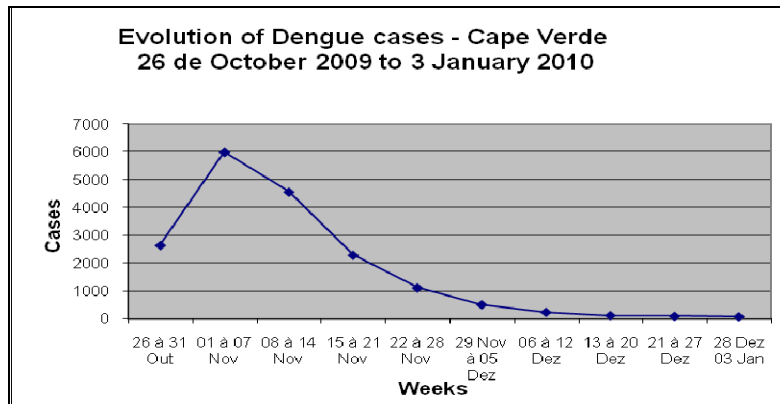
The Government of Cape Verde launched an appeal for support from the international community and the United Nations. Agencies readily responded to the appeal but the support proved insufficient to cover needs. The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) deployed technical expertise to Cape Verde. In particular, WHO facilitated the arrival of South-South expertise from Thailand, Senegal and Brazil to support Government hospitals and doctors in case management. The UNICEF office in Senegal contributed mosquito nets to be used in hospitals and health centres. Additional UNICEF support included deployment of a communications expert for the design of a nationwide campaign to inform the population about preventative measures.

WHO and other technical partners readily identified abandoned houses and cisterns, automobile wrecks and the sewage treatment station as major points of risk in Praia. However, insufficient funding was available for specific action to be rapidly taken. UNICEF and WHO worked with OCHA in formulating a timely CERF request, which was swiftly approved. WHO received funds from CERF to support the Government of Cape Verde in controlling the dengue fever outbreak and UNICEF received funds for vector control.

CERF funding enabled the municipality to swiftly:

- Close a total of 140 abandoned cisterns (150 additional cisterns are being closed as well and will be reported against in a subsequent report).
- Collect 500 automobile wrecks for appropriate destruction.
- Treat 154 rainwater pockets.
- Fund the acquisition of six tons of "Temephos" for chemical treatment of highly critical specific vector points.
- Elaborate adequate proximity messages to communities (women and children's) on individual prevention measures.
- Hire 7 international staff (doctors, laboratory experts, entomologists, and epidemiologist) for training of health workers on use of new lab equipment and for severe case management.
- Provide core, essential laboratory equipment and reagents to health facilities and train lab personnel in order to set up a functional national laboratory for case confirmation and severe cases monitoring.
- Train 40 health personnel for dengue fever case management.
- Adapt and reproduce treatment protocol and control measure guidelines for all treatment centres.

Given the lack of national staff with experience in responding to dengue in Cape Verde, WHO mobilised technical expertise from other countries with first-hand knowledge of case management, laboratory work, and epidemiological surveillance. The international expertise contributed to the training of national health workers and experts for case management of dengue haemorrhagic fever and dengue severe cases. This in turn reduced the number of fatalities.



The graph above shows the evolution of the dengue fever outbreak in Cape Verde. A CERF application was submitted on 20 November and CERF approved funding on 25 November. After the signed LOUs were returned, 3 December and 7 December, funds were disbursed on 10 and 15 December. While the epidemic was indeed curtailed, mainly thanks to strong government leadership, the dengue vector has not been eradicated. However, there is no doubt that the works undertaken and financed by the CERF will support better management of the disease later in the year, when the rainy season inevitably brings a resurgence of the vector.

With CERF funds it was possible to directly serve the populations of the city of Praia and Fogo Island, which were the two sites with the greatest number of affected individuals (165,328 individuals). CERF funding made it possible to control a number of the mosquito outbreaks, through the closure of abandoned houses and cisterns, and train health personnel for dengue fever case management. Further, CERF funds contributed to government efforts for sustaining essential life-saving health care services to prevent fatalities, reduce morbidity and suffering, and to stem the spread of the outbreak. The health capacity developed during the implementation of the project will support better management of dengue fever cases for the next outbreak, if any, as the dengue vector has not been eradicated. In the context of A (H1N1) co-infection, the developed laboratory capacity funded by CERF will also support the monitoring of A (H1N1) outbreak.

III. Results

| Sector/ Cluster | CERF project number and title (If applicable, please provide CAP/Flash Project Code) | Amount disbursed from CERF (US\$) | Total Project Budget (US\$) | Number of Beneficiaries targeted with CERF funding | Expected Results/ Outcomes | Results and improvements for the target beneficiaries | CERF's added value to the project | Monitoring and Evaluation Mechanisms | Gender Equity |
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| Health | 09-WHO-069 Response to massive dengue outbreak | \$314,580 | \$600,000 | 361,205 people at risk 189,960 women 58,929 children | <ul style="list-style-type: none"> ▪ Establish adequate surveillance system for rapid identification of target areas for urgent intervention. ▪ Technical teams in place with adequate knowledge of case investigation. ▪ Laboratory capacity strengthened for case confirmation and severe cases monitoring. ▪ Essential laboratory equipment and supplies in place to manage DHF/DSS and severe co-infection cases. ▪ Adequate number of trained health workers and experts deployed to support case management. ▪ Treatment protocol and control measure guidelines available in all treatment centres. | <ul style="list-style-type: none"> ▪ 7 international staff (doctors, laboratory experts, entomologists, and epidemiologist) hired for training of health workers and for severe case management. ▪ Core essential laboratory equipment and reagents provided. ▪ Laboratory capacity strengthened for case confirmation and cases monitoring. ▪ 40 health workers trained for dengue fever case management. ▪ Treatment protocol and control measure guidelines adapted and reproduced for all treatment centres. | Rapid allocation of CERF funds allowed for the quick set up of a functional laboratory for case confirmation and severe cases monitoring. | <ul style="list-style-type: none"> ▪ Supervision missions to health facilities by CO and WHO Regional Office. ▪ International symposium planned for April 2010 to discuss and evaluate the response to the outbreak. | The population of the affected islands of Brava, Fogo, Maio, Sal and Santiago equally benefited from this program. |

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| Water and Sanitation | 09-CEF-064 Response to massive dengue outbreak | \$159,758 | \$210,000 | 127,524 people at risk (city of Praia) 65,305 women (city of Praia) 14,583 children (City of Praia) | <ul style="list-style-type: none"> ▪ Close 450 opened concrete cisterns of abandoned houses. ▪ Treat and close 300 waste facilities of abandoned houses. ▪ Treat and close 1,200 m2 of stagnant water storage with appropriate equipment. ▪ Eradicate or treat 700 rainwater pockets. ▪ Move or eradicate 500 useless automobile wrecks with rainwater storage risk. ▪ Chemical intervention for 5,700 critical domestic water storages. ▪ Health campaign with proximity messages. | <ul style="list-style-type: none"> ▪ Closed 140 opened concrete cisterns of abandoned houses (150 additional cisterns are being closed). ▪ Treated and closed 300 waste facilities of abandoned houses. ▪ Treated and closed 1,200 m2 of stagnant water storage with appropriate equipment. ▪ Eradicated or treated 154 rainwater pockets. ▪ Purchased six tons of "Temephos" for chemical treatment of vector points. ▪ Delivered proximity messages to communities (women and children) on individual prevention measures. <p>The results were not achieved in full because of delays in receipt of funds. Funds were received on 15th December, one month after the application was made. While waiting for the disbursement of funds, the Municipality contracted a loan to carry out urgent work. However the cost of building materials and workforce increased, which resulted in a decrease in the number of planned measures, The funds were used to credit the Municipality and to complete the work started at the height of the epidemic. The impact of all the work will be felt later this year during the rainy season which goes from July to October.</p> | Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified. | Supervision and evaluation was made by WASH and Communication Joint UN Office staff in partnership with WHO. | All population of Praia benefited, specifically women and children benefited due to gender related practice of wearing short clothes. |
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

Although several NGOs were involved in municipality activities, CERF funds were only transferred to the main partner and implementing agent of the projects, the Municipality of Praia.

Annex 2: Acronyms and Abbreviations

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| UN Office | United Nations Office |
| WHO | World Health Organizations |
| UNDP | United Nations Development Program |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Population Fund |
| OCHA | Office for the Coordination of Humanitarian Affairs |