

DREF operation	Operation n° MDRGN013
Date of Issue: 03 February 2023	Glide number: FL-2021-000135-GIN
Operation start date: 09 September 2021	Operation end date: 31 March 2022
Host National Society: Guinea National Red Cross	Operation budget: CHF 361,162
N° of people assisted: 43,815 people (6,280 households), including 14,000 direct beneficiaries (2,000 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC through the Freetown Country Cluster Delegation	
Other partner organizations actively involved in the operation: National Service for Humanitarian Action (SENAH), National Health Security Agency (ANSS), and the community.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. DG ECHO and the Canadian Government contributed to replenishing the DREF for this operation. On behalf of the Red Cross Society of Guinea (RCSG), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

Heavy rain on 31, August 2021 caused severe flooding in the prefectures of Siguiri, Guéckédou, and the capital Conakry. A multisectoral assessment conducted between 2nd and 6th September 2021 revealed, 69,671 people (9,953 households) were affected, rendering 1,972 people homeless, 21 people injured, and a death toll of 5. Affected people were in high need of support with vulnerable groups including 16,087 men; 36,228 women (with 1,328 pregnant women and 3,795 breastfeeding women); 17,356 children aged 0-5; 256 people with disabilities; and 1,295 elderly people. Additionally, 867 houses were destroyed displacing 2,562 people, with 103 host families and 21 resettlement sites. A total of 763 water points and 964 latrines were destroyed respectively.

The major impact of the floods was felt in three areas including Siguiri, Guéckédou, and Capital Conakry. In Siguiri, a total of 43,815 people were affected (6,280 households) in the districts of Heremakonon, ORS, Teleladji, Cité chinoise, Énergie neighbourhoods; and in the Sub-prefectures/ Districts of Malea, Djomabana, Kintignia, Boukaria, Kofilani, Balato Niandankoro and Mandjemakolen were affected. In Guéckédou, the flooding affected 9,305 people (1,364 households) in the districts of Frako 1, Bambino 1, Mangala 1, Heremakono, Nioumoulè, Bafilatè, Nialinko, Bambo and the Sub-prefecture of Nongoa. Similarly, a population of 16,551 people affected, (2,309 households) in the capital Conakry was affected across Matoto Municipality (Yimbaya permanence, Tanéné Mosque, Simbaya1, Gbessia Port 2, Dabondy 2, Dabondy 3, Sangoyah Mosquée); Ratoma Municipality (Hamdallaye, Nongo, Lambangni, Yattaya and Taouyah); Matam Municipality (Bonfi Marché, Heremakono Mosquée, Coléah Cité, and Madina SIG); Dixinn Municipality (Dixinn centre 2, Dixinn Gare, Kénien, and Hafía 2).



Part of the rapid response approach, the Prefectural Committees of the Red Cross of Guéckédou and Siguiri, and the Communal Committees of the Red Cross of Conakry deployed 50 volunteers and 05 Supervisors, who conducted rapid assessments in their localities through the Community Disaster Response Teams (CDRT), coordinated by members of the National Disaster Response Team (NDRT) with the agreement of the prefectural, sub prefectural, communal and neighborhood authorities, and were also crucial in assisting affected households with first aid, search, and rescue, as well as providing sanitation, PSS and other humanitarian support.

Summary of current response

Overview of Host National Society

The Guinea Red Cross presence, local networks, capacity, and Disaster management has greatly served the success of this intervention.

For this response, Red Cross Society of Guinea RCSG was quick to mobilize and deploy 50 volunteers and branch disaster response team (BDRT) members who conducted an initial assessment and supported the distribution of relief items. They were also equipped with first aid kits and provided first aid assistance to the injured ones across the affected locations. Additionally, RCSG was also part of the joint multi-sectorial assessment that was coordinated by National Disaster Management Agency to identify the needs of the affected population and highlight humanitarian gaps. The multisectoral team also conducted the registration of the affected population, with 9,953 families registered as the most vulnerable families who required further assistance, especially in need of the provision of food and cash assistance. Strengthening coordination and avoiding duplication, RCSG worked closely with other humanitarian actors in providing needed support to affected population. In summary, the following were part of the response to the floods.

- A total of 30 volunteers trained on cash transfer and supported registration of beneficiaries. The 30 volunteers were deployed and monitored 3 days of cash transfer
- Emergency shelter construction materials and essential household items through unconditional cash transfers provided to some 250 HHs
- Two thousand (2,000) most vulnerable households were provided with cash to cover nutritional needs for one month according to the minimum expenditure basket. Cash provided has allow families to access immediate food need and food
- Some 4,295 women were provided dignity kits including towels, toothbrush, toothpaste, toilet soap, ladies' underwear, and sanitary pads) for two months
- A total of 413 latrines were rehabilitated/disinfected in affected communities
- A total of 200 volunteers trained on health and hygiene promotion, and drinking water supply, with components on communication and community engagement and necessary briefings on PG
- A total of 2,000 households were provided cash grant to cover household hygiene basic needs in terms of chlorine (2 bottles / HH), buckets, jerry cans, soap, hygiene kits, and mosquito nets
- One thousand (1,000) IEC materials (posters) were produced and used during awareness raising. Also, spots (90 spots, i.e., 30 spots per zone) were produced and broadcast to raise awareness of water-related diseases and handwashing reaching more than 53,000 people.

Overview of Red Cross Red Crescent Movement in country

With the recent restructuring in the Africa Region related to the IFRC's Agenda for Renewal, Guinea has since July 2021 been attached to the IFRC Freetown Country Cluster Delegation. The Delegation covers three other National Societies including Liberia, Sierra Leone, and Guinea Bissau. The Freetown Country Cluster Delegation throughout the implementation of the DREF provided technical support to the Guinea National Society in the areas of Operations, PMER, and Finance.

On 12 September 2022, IFRC released the Disaster Relief Emergency Fund (DREF) amounting to CHF 361,162, to support RCSG in their rescue and relief efforts as well as addressing the urgent humanitarian needs for an initial 4 months in the areas affected by the floods, which was later extended to six. The aim of the support through DREF was to provide immediate assistance in shelter, livelihoods, and promotion of health and hygiene to 6,280 households or 43,815 people affected by the floods in the prefecture of Siguiri.

Currently, the IFRC is represented by a delegate who is supporting the NS in the implementation of the community pandemic and epidemic preparedness program commonly known as CP3. In parallel with the CP3 programme, the RCSG is currently implementing the response to haemorrhagic fevers Ebola and Marburg, in the Guéckédou area, where a center has been set up to work on risk communication and community engagement, in partnership with IFRC through the MDREBOLA21 – West Africa EVD Response emergency appeal.

The sub-regional office of the International Red Cross Committee (ICRC) in Abidjan (Côte d'Ivoire) has been available to support the Guinea Red Cross in case there is a need for restoring family links, programme coordination, and communication. The French Red Cross (FRC) is present in the country but did not support the response to the floods. The British Red Cross also provides bilateral support to the NS through disaster management and health programs, although it is not physically present in Guinea.

Overview of non-RCRC actors in country

Throughout the needs assessment, the RCSG worked in close collaboration with the National Service for Humanitarian Affairs (SENAH) through its regional and prefectural representations. The National Society also worked with local councils, district representatives, civil protection, prefectures and municipalities, and governorates. Under the initiative of the authorities, emergency meetings were organized during which the authorities requested the support of humanitarian organizations to assist affected families.

In addition to the first aid, psychosocial support, and restoration of family links provided by Guinea Red Cross, SENAH initiated a process for mobilizing a few items including, food and non-food items from local institutions and community members to support the affected families. This effort was however unfruitful as Red Cross was the only humanitarian organization that supported affected families with cash and other relief support.

Needs analysis and scenario planning

The joint assessment carried out by the Red Cross / National Humanitarian Affairs Service (SENAH) teams between 2nd and 6th September 2021 revealed, the affected populations were made up of extremely poor families who lived in precarious conditions that were aggravated by the floods and the impact of COVID-19. The immediate needs identified were the provision of shelter and household items (blankets, mats, kitchen kit, impregnated mosquito nets, soap, and jerry cans), provision of emergency latrines, water treatment, distribution of food amongst others.

Affected populations lived in semi-informal settlements (houses built with inefficient local materials) where housing conditions were poor and access to clean water was scarce with water-borne diseases and cases of malnutrition commonly reported. The affected localities were again highly affected by COVID-19 and a few months to the floods recorded cases of Ebola Virus Disease outbreak. These multiple outbreaks caused disruption of livelihoods and income-generating activities, thus affecting the living conditions of communities. Below were the most pressing needs identified:

Shelter and NFI: All the affected populations lived in semi-informal settlements (houses built with non-flood-resistant construction techniques and materials) where housing conditions are not adequate. Immediate needs include rehabilitation of shelters and household items (blankets, mats, kitchen kits, etc.).

Livelihood: Affected localities were globally affected by Covid-19 in 2020 with a disruption of livelihoods and income-generating activities, thus affecting the living conditions of the population. In addition, in February 2021 and then in August 2021, the country experienced cases of Ebola Virus Disease and Marburg Fever, which further impacts economic activities in the country, which also at the time was undergoing political and security crisis which resulted in the closure of land and air borders. Thus, the affected families were left living in difficult conditions due to the change of living environment for some, the lack of food, and the increase in the burden for host families. Against this backdrop, livelihood support was considered urgent for the affected families.

Health: The situation of the affected population deteriorated due to the vulnerability exacerbated following these floods, exposing them to the risks of water-borne diseases, malnutrition, and the high risk of epidemics including cholera and other corollary diseases which would have developed with grave consequences on health and wellbeing. In addition, the health context of the Country required an emphasis on the promotion of community health services, given the risks of the spread of epidemics faced by the country.

Water, hygiene and sanitation: Access to safe drinking water was scarce due to the contamination of wells, water-borne diseases, and cases of malnutrition commonly reported in the region. Thus, families need insecticide-treated mosquito nets, soap, jerry cans, establishment of emergency latrines, and water treatment. Various groups of people including pregnant women, children under five, the elderly, and other groups were affected by these floods.

Operation Risk Assessment

Among the risk identified was Increased workload for staff and volunteers already assigned to other interventions. As a mitigation measure, through a clear distribution of tasks, the NS ensured that the coordination of the various interventions was done smoothly. In addition, the Ebola / Marburg operation was implemented by the Guéckédou branch

under the coordination of the health manager, while the DREF implementation was done by the Siguiri branch under the coordination of the interim disaster management manager. Additionally, volunteers were deployed dedicated solely to the DREF implementation in the Siguiri.

Another risk identified was the reluctance of the local population because of the image of the Red Cross during this period of multiple health crises. As a mitigating strategy, volunteers worked with community leaders and SENAH staff in all phases of the implementation. Modules on Safer Access were provided to volunteers. The response activity was covered by a communication approach based on door-to-door awareness and community engagement

A possible lockdown due to an increase in positive COVID-19 cases in the targeted area was also identified as a risk, although the probability was low. A nationwide lockdown imposed by the government would have affected RCSG response, being auxiliary to the public authorities, under the supervision of the Ministry of Health. COVID-19 precautions were adhered to throughout the response, ensuring the use of facemasks, handwashing, and social distancing.

Political and security tensions and closure of air and land borders were identified as an operational risk; although movement restrictions were imposed on the population, especially on Sunday, 5th September, it was lifted by the new authorities through a press release on 6th September, authorizing humanitarian organizations to go about their business to alleviate the suffering of the most vulnerable. In the same vein, the borders were reopened on the same day. However, the NS continued to assess the security situation and ensured the safety of its volunteers.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

The overall objective of this operation was to provide immediate assistance in shelter, livelihoods, and promotion of health and hygiene to 6,280 households (43,815 people) affected by the floods in the prefecture of Siguiri. The RCSG implemented activities in the 4 affected districts and 9 sub-prefectures, according to the selection criteria agreed by government which was included in the Emergency Plan of Action. The implementation time for this operation was initially four months, due to challenges faced during implementation, a situation update was issues, and a two-month extension granted, increasing the response timeframe to 6 months.

Strategy implemented

As planned, the response focused on emergency shelter, hygiene, and sanitation promotion, improving access to safe drinking water through water treatment, and distribution of food and household items through the multipurpose cash transfer (MPCT) approach. It was considered that the MPCT approach will enable households to recover, each according to their specific needs and contributes to restoring their dignity as they can choose what was necessary for their family while helping market recovery. Findings from the MPCT is summarized in the shelter session below.

Community Engagement and Accountability (CEA)

Community Engagement and Accountability (CEA) was mainstreamed throughout RCSG intervention to guarantee meaningful involvement and participation of affected communities. In all phases of the response to the floods, including distribution of cash, involvement of community stakeholders and people to be assisted was ensured. Effective complaints and feedback mechanisms were set up to ensure community feedback is considered part of the distributions. A complaint and feedback mechanism was set up to receive feedback and comments from community members on the support they received. In addition, phone numbers were given out at distribution points for community members to call or send text messages providing feedback, comments, and complaints


Protection, Gender, and Inclusion (PGI)

PGI was streamlined throughout the intervention, ensuring that volunteers received adequate briefing before engaging communities. RCSG ensured protection issues were considered and that everyone felt protected despite age, gender, and disability status. Awareness-raising and orientation sessions on protection were held. For the inclusion of everyone, engagement with community members was done to ensure all supports were distributed equitably and impartially. As part of the needs assessment and analysis, a gender and diversity analysis was included in all sector responses including Shelter, Livelihoods, Health, and WASH, which showed how different groups were affected in line with IFRC minimum standards for protection, gender, and inclusion in emergencies.

Planning, monitoring, evaluation, and reporting (PMER): The operational implementation, monitoring and evaluation, and reporting aspect of the DREF operation was managed by the Red Cross Society of Guinea (RCSG) through its country-wide network of branches and volunteers. IFRC, through its country office in Freetown, worked

closely with RCSG and provided technical support during the implementation both through coordination meetings and field missions to ensure the DREF objective is met. The day-to-day monitoring of the operation was conducted by the RCSG prefecture branches, supervised closely by the disaster management unit at the headquarters to ensure appropriate accountability, transparency, and financial management of the operation. Joint RCSG and IFRC monitoring visit was done during the IFRC mission which also supported post-distribution monitoring, lessons learned workshop and capacity building.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 1750</p> <p>Male: 840</p> <p>Female: 910</p>	
Outcome 1: Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicators:	Target	Actual
% of households with destroyed houses, who receive cash support for shelter and household items	58% or 250 HHs	250
Total number of people who received cash for shelter assistance	1,750	1,750
Total number of volunteers trained and engaged in cash activities	30	30
Number of PDMs conducted	1	1
Output 1.1: Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.		
Indicators:	Target	Actual
Total number of people who received cash for shelter assistance	1,750	1,750
Total number of volunteers trained and engaged in cash activities	30	30
Number of PDMs conducted	1	1
Progress towards outcomes		
<ul style="list-style-type: none"> • Training of volunteers on cash transfer and household registration: Some 30 volunteers were identified and trained on the use of Kobo collect to support the registration of affected populations. The volunteers worked closely with the Government and other partners to register affected families and validated list of beneficiaries was shared with partners for support. • Market assessment: With support from the logistics unit and 30 trained volunteers, a market assessment was conducted which provided useful information on the market situation and identified availability/access to shelter and household items. The analysis demonstrated the availability of the items that beneficiaries needed, though in most they faced price inflation. • Establishment of targeting committees and briefing of beneficiary households: Guinea Red Cross through its Disaster Response Units set up community committees in the affected and were briefed on the nature of support and beneficiary selection process. These committees are made up of Mayor / Heads of the district; The local representative of the Red Cross; youth representative; and women's representative and were involved in the entire distribution process. Guinea Red Cross conducted pre-distribution meetings in the affected locations with people to be supported targeting. The meetings explained the selection criteria and composition of Red Cross humanitarian assistance. • Transfer of funds to 250 households to support the rehabilitation of destroyed dwellings; With the use of mobile money transfer, 250HHs whose houses were destroyed were provided cash voucher assistance worth the value of shelter tool kits including construction materials for the rehabilitation of their home, and replacement of household lost items due to the floods. The table below summarises the list of items for which funds were transferred to people in need. 		

Items	Specifications	Unit cost in GNF	Quantity needed / household	Total cost In GNF
Corrugated sheets	2m x 71cm per pack	60,000	10 sheets	600,000
Rafters	2x3x4m	40,000	10 chevrons	400,000
Roof closures	2x2x4m	30,000	15 closures	450,000
Nails	3 inches for closures	40,000	3Kg/HH	120,000
Nails	4 inches for chevrons	45,000	3Kg/HH	135,000
Nails	Head nails for wood	40,000	3kg/HH	120,000
Shelter tool kits	IFRC Standard	300,000	1 toolbox / HH	300,000
Total value for shelter construction items				2,125,000
Item description	Quantity per HH	Unit Cost in GNF	Total in GNF	
Kitchen sets	1	350,000	350,000	
Sleeping mats	3	25,000	75,000	
Blankets	3	35,000	105,000	
Total value for household items				530,000
Grand total for Shelter and household items for 250 households				2,655,000

- **Deployment of volunteers to monitor cash transfer:** Thirty volunteers were orientated and deployed to support and monitor cash transfer activities that were facilitated by the financial service provider for 3 days. These volunteers also supported the distribution of cash for hygiene kits and food items.



Sigiri Red Cross volunteers providing support to HHs that received cash

Post Distribution monitoring: Overall, 25% of households that received cash assistance were targeted with the PDM. Prior to the three days data collection exercise, volunteers were provided a one-day briefing to understand the questionnaire and refreshed on the best practices in data collection.

The positive impact of the operation in the communities has been proved by the results of the PDM. Among the households supported, 90% have expressed their satisfaction as being good or above average level. The positive impact of support bring to the communities has been effective and well received by the communities because of the adequate timing of execution of the cash confirmed by an average of 85% of respondents who have said they received the cash in time. More than 82% felt that Red Cross cash assistance had significantly improved their living conditions with good access to their most urgent essential needs, with food, shelter, and utilities being the top expenditures. Over 60% highlighted that cash assistance had reduced their feelings of stress.

Despite the overall positive impact of cash assistance, some 51% of the households resorted to negative coping strategies to meet basic needs, highlighting that the unmet needs are vast despite assistance. While the volumes are far from sufficient to meet the basic needs of vulnerable people, cash assistance was said to be an efficient

means of getting support to the affected population. Most of the households interviewed suggested continuous food and cash support to enable them to maintain a livelihood and prevent negative coping mechanisms.



Post distribution monitoring of cash to affected HHs

Challenges

- Approval process for PFA took time to be completed which delayed the transfer of funds to NS to commence DREF implementation. However, while the approval process was underway, volunteers were deployed to support registration and other community engagement activities.
- There was generally a delay in getting the comprehensive and validated list of affected populations to be supported from the government, as the response followed a coordinated approach. This equally delayed engagement of communities and affected populations on the nature of Red Cross support, beneficiary selection, and modality of transfer.
- The DREF Operation only supported 2,000 households out of 6280, with the anticipation that the remaining will be supported by the government and other humanitarian actors. Unfortunately, only Red Cross supported the affected population, which means, only 2,000 households revived humanitarian assistance. CRG staff and volunteers received a lot of confrontation from the population not supported, some viewing Red Cross as a partial organization.



Livelihoods and basic needs

People reached: 14,000

Male: 6,720

Female: 7,280

Outcome 1: Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Indicators:	Target	Actual
% of affected households who receive cash support for nutrition for one month	32	32

Output 1.1: Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
Total number of people who have benefited from food assistance through cash	14,000	14,000
Total number of volunteers trained and engaged in cash activities	30	30
Number of PDMs conducted	1	1

Progress towards outcomes

Training of volunteers on cash transfer: Thirty volunteers were trained on cash transfer, who provided two-day support during the distribution process and monitor the transfer of cash during the distribution process which is led

by the financial service provider. These volunteers were also part of the multisectoral assessment and supported the registration of victims using Kobo collect.

Transfer of funds to 2,000 households for living support for one month: A total of 2,000 HHs were assisted with cash for food, amounting to GNF 775,775 per household.



Community engagement on the use of cash provided

Lesson learned

- Cash transfer to affected households proved to be an effective way to help them recover according to their specific needs and contributes to restoring their dignity as they can choose what was necessary for their family while helping market recovery.
- Timely communication and engagement of IFRC in a situation where the Red Cross is only responding to crises targeting a few families with many more not support.
- Effective community engagement and accountability increase community understanding of relief assistance, selection criteria and enhance their participation. Communities must be at the center of all responses to disasters.



Water, sanitation, and hygiene

People reached: 43,815

Male: 21,031

Female: 22,784

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of affected households, which receive support in terms of awareness of health and hygiene promotion	100	100
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
Number of people reached with key personal and community health and hygiene promotion messages	43,815	53,913
Total number of volunteers trained to carry out WASH activities	200	200
Number of WASH training sessions	8	12
Number of training sessions organized for the benefit of the community population on the storage of drinking water and the healthy use of water treatment products	6	8

Progress towards outcomes

- Two hundred (200) volunteers were trained on health and hygiene promotion, drinking water supply, with components on communication and community engagement and necessary briefings on protection, gender, and inclusion, including on menstrual hygiene and the use of long-lasting impregnated nets (LLINs). With Covid-19, emphasis was placed on containment measures during training or briefing sessions for volunteers, and also during their community engagement sessions. Volunteers carried out 12 sessions with 25 people to ensure physical distancing, with each training session conducted within 03 days.



Volunteers monitoring drinking water sources

- Initial assessment of the water, sanitation and hygiene situation in the target communities was carried out to identify the appropriate method of household water treatment for each community based on efficiency and user preferences. Continuous monitoring of water, sanitation and hygiene situation in the target communities was done. This assessment highlighted a lack of access to drinking water due to pollution of water points and an increasing level of unsanitary conditions
- Training and sensitization of community members on risks associated with water-borne diseases like cholera to adopt better prevention and control measures, and the use of distributed material, such as chlorine was held. Guinea Red Cross also collaborated with other organizations to monitor and raise awareness on risks associated with water-borne diseases.
- Determination of the appropriate method of home water treatment for each community according to the efficiency and preferences of users, to assist affected households to have drinking water, we have adopted the method of water treatment with Chlorine at home: After analysis of the quality and sources of water supply, the dosing parameters have been defined. For Chlorine the challenge dosage was a chlorine water cap for 20 liters of water. This activity had 4 sessions out of 4 planned.
- Determination of the appropriate method of home water treatment for each community according to the efficiency and preferences of users was a key priority. Affected households were assisted to have drinking water, with the adoption of water treatment with Chlorine at home. At first, an analysis of the quality and sources of water supply was conducted, then the dosing parameters were defined. For Chlorine, the challenge dosage was a chlorine water cap for 20 liters of water. This activity had 4 sessions out of 4 planned.
- Community-based volunteers were deployed to train the communities in 8 sessions on the storage of drinking water, and healthy use of water treatment products. depending on the locality, the volunteers carried out the water quality test to determine the qualities, and shared information with the communities about the different water qualities and according to the sources of supply. Each volunteer team was equipped with jerry cans, pool testers, DPD1, red phenol, and a significant amount of chlorine C. Communities were trained on dosing: a chlorine water bottle cap for every 20 liters of water and water conservation techniques. Thus, 14,000 people or 2,000 households had access to drinking water thanks to the assistance of CRG volunteers.
- Ensuring adequate sanitation that meets Sphere standards in terms of quantity and quality for the target population, households whose latrines were destroyed were registered during the initial assessment and in the Kobo collect for households benefiting from Cash. Thus 413 households were registered and benefited from the cash transfer (500,000 GNF per household). The amount transferred allowed the beneficiaries to rebuild their latrines. Additionally, 200 volunteers were deployed for 3 days to ensure the disinfection of latrines. These volunteers were equipped with personal protective equipment and chlorine to ensure the definition of the latrines.

- Through cash transfer, WASH items were provided to 2,000 affected households. A sum of GNF 150,000 was provided to each household for the procurement of WASH items based on the market evaluation. A total of 14,000 people received assistance with WASH items via cash.
- The operation provided sanitation equipment to the Siguiiri Red Cross Committee including wheelbarrows, rakes, brooms, gloves, boots, nose patches, raincoats, and bibs Which ensured their safety during the various interventions. The activity supported clean-up activities, which improved the stormwater drainage systems. Community members were also engaged to improve gutters and drainage channels within the community clusters. This activity helped to improve environmental sanitation conditions by mitigating potential flooding thus reducing incidents of water-borne diseases. Three sanitation campaigns were organized (one campaign per area), to support the efforts of communities in terms of sanitation. Volunteers during each campaign worked 3 days a week.
- Awareness raising sessions were held targeting 2,000 affected households on health promotion and hygiene. The volunteers conducted eight (8) hygiene promotion sessions, educating the community on good hygiene practices and the use of hygiene materials. The engagement improved daily access to drinking water in quantity and quality, ensuring that Sphere and WHO standards were met. The use of volunteers was key as they could communicate in local languages and was able to reach out to more people easily through community meetings and FGDs within their localities.

WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
Number of households which now have access to drinking	2,000	2,000

Progress towards outcomes

Awareness raising sessions were held in operational communities to provide training to the targeted households on the storage of drinking water, and the healthy use of water treatment products. These sessions were followed by questions and answers from the household who were supported to ensure that they fully understand the concept and support household practice.

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
Number of latrines rehabilitated/disinfected	413	413

Progress towards outcomes

The operation supported the rehabilitation of 413 destroyed latrines, as part of an effort to reduce open defecation, and improve the sanitation situation in the affected areas. These were done through the provision of cash to support household rehabilitation. Volunteers were deployed to support the process especially with awareness on the need for good sanitation practices.

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population

Indicators:	Target	Actual
Total number of people who received assistance with WASH items via cash	14,000	14,000
Number of community training sessions on LLINs	1	1
Number of spots broadcast on health and hygiene promotion	90	85
Number of sanitation campaigns	3	3

Progress towards outcomes

- Targeted 2,000 households were provided with cash to support purchase of WASH items, amounting to GNF 150,000 per household through financial service providers. Approved list of people to be supported revied from government was shared with the financial service provider, and volunteers were assigned to monitor and support the distribution.
- Sanitation campaigns: three Sanitation campaigns were conducted one per area by 200 volunteers. Sanitation equipment were purchased for the use of volunteers from the Siguiiri Red Cross branch including wheelbarrows, rakes, and broom to support campaigns. Likewise, protective equipment was provided to volunteers (boots, gloves, nose cones, and raincoats) to ensure their safety.
- A total of 1,000 fliers as Information Education and Communication (IEC) materials on hygiene promotion for the mass awareness campaign were produced in collaboration with the Ministry of Health. The Guinea Red Cross Health team in coordination with the Community Engagement and Accountability (CEA) Team consulted with the community to get their views on the areas that required more education and developed the IEC materials accordingly. The materials were used to support awareness activities and visibility for the operation. The provision of IEC by the volunteers has helped to reach out to affected families. The IEC has helped in the improvement of personal hygiene and is in turn contributing to the reduced incidences of diarrheal diseases.

Challenges
<ul style="list-style-type: none"> The closure of the borders that made it difficult for the NS to request Surge support for cash and WAH interventions. Supported was however provided by the Cluster delegation and in-country IFRC Health delegate throughout the response. Some volunteers who were initially trained to support the operations had to leave the response due to the opening of schools. Volunteers, who had previously engaged in emergency operations were orientated and added to the team.
Lesson learned
<ul style="list-style-type: none"> Cash transfer proved to be a simple and effective way of helping the affected population recover their lost household and hygiene kits. Going through a long procurement process would have delayed our response time.



Siguri Red Cross Committee Volunteers supporting community cleaning

Strengthen National Society		
S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences, and capacities to plan and perform		
Indicators:	Target	Actual
% of volunteers involved in activities insured	100	100
# of volunteers provided with PPE	230	200
Progress towards outcomes		
<ul style="list-style-type: none"> Volunteers' insurance: A total of 200 volunteers engaged in the DREF operations were insured. Names and other required information were shared with the Geneva team who supported the insurance process. Code of conduct: Volunteers and staff engaged in the DREF were mobilized and briefed on the code of conduct and the principle of the Red Cross Red Crescent movement. The Human Resource unit ensured that volunteers read the code of conduct, and those who have not signed it already were given a copy of the document to read and sign. The operation also made provision for the procurement of visibility materials that were given to volunteers who supported community engagement. Among the visibility, materials include jackets, T-shirts, and caps. 		
Challenges		
N/A		
Lesson learned		
<ul style="list-style-type: none"> Compliance with the DREF action plan is crucial for effective service delivery Ensure that volunteers are trained before community engagement activities are conducted and volunteers are appreciated for the good work they deliver Community volunteers must be recruited together with community leaders/stakeholders to ensure community trust and confidence 		
Outcome S2.1: Effective and coordinated international disaster response is ensured		

Indicators:	Target	Actual
Percentage ratio of people supported versus people affected	at least 40% or 17,526 persons)	45
Output S2.1.1: Effective and respected surge capacity mechanism is maintained		
Indicators:	Target	Actual
# of surge deployed to support NS	1	
Progress towards outcomes		
Surge support was not requested owing to the initial closure of land and air borders. Constant meetings were held with the Freetown Cluster Delegation who supported the process to ensure quality and NS dropped the surge option included in the plan. Also, a technical support mission was made by the Cluster PMER and Operations teams who engaged in the field monitoring visit, and their observations and suggestions were incorporated in the response.		
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
# of volunteers trained in CEA	200	200
# of feedback mechanisms setup	1	1
Progress towards outcomes		
<ul style="list-style-type: none"> A total of 200 volunteers were deployed to support the DREF operation. To guide their community engagement and ensure the quality of the response, these volunteers were orientated on their roles and responsibilities and the types of risks they were likely to face. Additionally, the volunteers were provided refresher training in psychosocial support to subsequently deal with any psychological related cases that might ensue and got detailed orientation on how to facilitate community complaints and feedback mechanisms using the Community Engagement & Accountability (CEA) approach. Strong emphasis was placed on protecting the dignity of the beneficiaries and making sure that women and men were treated equally. Additionally, volunteers were refreshed in cash transfer processes and best practices in the distribution of relief items. Prior to Red Cross intervention, community meetings were held with local authorities for the validation of selection criteria and lists of beneficiaries. It also explained the nature of Red Cross support and the modality of transfer. Volunteers consulted communities on their preferred and trusted communication channels during group discussions; favourite community channels are community dialogues, community radios, and picture boxes. The operation ensured the setting up of a feedback mechanism in the affected community to allow people assisted to express their concerns or displeasure with the cash transfer process and hygiene promotion kits that were supplied. Also, the system allowed people supported to confidentially report corruption or abuse of power and to seek redress. The trained volunteers supported the CEA team in collecting feedback and complaints from the community members. Both feedback and complaint mechanisms helped build a culture of transparency and accountability and improved operations quality. 		
Challenges		
<ul style="list-style-type: none"> Volunteers were faced with a lot of confrontations during their community engagement owing to the limited number of the affected population supported. 		
Lesson learned		
<ul style="list-style-type: none"> The Guinea Red Cross needs to ensure and increase the number of trained volunteers on cash transfer, Hygiene promotion, and skills to support awareness raising. Trained volunteers could easily be deployed to support response and will save time and cost as they will require refresher training/orientation than specialized training during disasters and crises. 		
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		
Indicators:	Target	Actual
# of monitoring missions undertaken by the CCST	2	1
# of lessons learned in workshop	1	1
Progress towards outcomes		
<ul style="list-style-type: none"> Considering the political transition resulting in the closure of international borders, the cluster Delegation conducted one technical support mission out of the two planned to ensure accountability, transparency, and financial management of the operation. The mission supported post-distribution monitoring, and capacity building on DREF with the support of the DREF Delegate for French-speaking countries and conducted a day lesson on the operations. 		

- Lessons Learnt Workshop was held with 19 participants including Guinea Red Cross staff senior management, Operations team, volunteers, and IFRC. The Lessons Learnt Workshop (LLW) was used as a methodology for the NS to analyse the relevance, effectiveness, impact, and timeliness of the DREF response operation. The outcome of the workshop will inform future operations planning and implementation by the NS and allow the Guinea Red Cross to reflect on its disaster readiness status, given that the country and specifically this region, is prone to flooding.



Siguirí DREF implementation lesson learned session facilitated by IFRC.

Challenges

- The DREF was approved during the transition of IFRC to a new way of working. Guinea Red Cross was initially supported by Sahel Cluster with the transition adding them to the Freetown Cluster. It was initially difficult to have meetings with the Guinea leadership and operations team with the unavailability of bi-lingual staff at the cluster. However, through the CP3 project, a bi-lingual staff was recruited and added to the CP3 roving delate who supported translation during coordination and support meetings.
- The implementation of the DREF was also delayed in the approval of the project Agreement which consequently delayed funds transfer.

Lesson learned

- Frequent meetings with the IFRC cluster delegation supported the quality implementation of the DREF, providing planned support to the affected population.
- IFRC technical support mission not to be done close to the end of the operation, but to support detailed assessment, verification of beneficiaries, and guide initial phase of DREF implementation. A second technical mission should be done towards the end of the DREF implementation to monitor the quality of the response, identify gaps for capacity building, and help document challenges and lessons learned.
- IFRC Country Cluster Delegation to support capacity building of PMER staff at the National Society on monitoring of DREF indicators, producing an operations update and a DREF initial report to support compliance and quality monitoring of a DREF.

D. Financial Report

The DREF Plan of action sought 361,162 Swiss francs (CHF). The total expenditure recorded was CHF 359,023. Of the operation budget 98% was spent, leaving a balance of Swiss francs CHF 2,139 to be returned to the DREF pot.

Description of budget category	Budgeted	Expenditures	Balance	Variances in %	Variance explanation
Water, Sanitation & Hygiene	24,639	16,017	8,622	34	Approved budget for WASH was underspent due to overbudgeting
Cash Disbursement	254,639	302,267	-47,628	18	The NS experienced an exchange rate loss at the fund's transfer time. While reducing the amount of cash per HH was not seen as an ideal option, the amount of cash per HH was maintained, and the loss due to exchange was covered by savings on other overbudgeted budget lines.
International Staf	14,569	0	14,569	100	The mission was initially planned to deploy a Surge person to support the first month of the DREF operation. Due to security challenges as the country was undergoing a transition of government, Surge personnel was not deployed. The IFRC Cluster Office in Freetown however provided the required technical support and monitoring of the DREF.
National Society Staff	5,438	2,294	3,144	57	Approved budget for National Society Staff was underspent due to overbudgeting



MDRGN013f1.pdf

Contact information

Reference documents



Click here for:

- Operation Update
- Emergency Plan of Action (EPoA)

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

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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-2022/10	Operation	MDRGN013
Budget Timeframe	2021/9-2022/3	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 18/Nov/2022

All figures are in Swiss Francs (CHF)

MDRGN013 - Guinea - Floods in Siguiri

Operating Timeframe: 09 Sep 2021 to 31 Mar 2022

I. Summary

Opening Balance	0
Funds & Other Income	361,162
DREF Allocations	361,162
Expenditure	-359,023
Closing Balance	2,139

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	273,066	322,226	-49,160
PO04 - Health			0
PO05 - Water, Sanitation & Hygiene	45,453	17,067	28,385
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	1,132		1,132
PO11 - Environmental Sustainability			0
Planned Operations Total	319,651	339,293	-19,642
EA01 - Coordination and Partnerships	11,081	9,682	1,399
EA02 - Secretariat Services	15,516		15,516
EA03 - National Society Strengthening	14,914	10,048	4,866
Enabling Approaches Total	41,511	19,730	21,781
Grand Total	361,162	359,023	2,139

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-2022/10	Operation	MDRGN013
Budget Timeframe	2021/9-2022/3	Budget	APPROVED

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III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	282,405	321,236	-38,830
Clothing & Textiles	2,957	2,952	5
Water, Sanitation & Hygiene	24,639	16,017	8,622
Medical & First Aid	171		171
Cash Disbursement	254,639	302,267	-47,628
Logistics, Transport & Storage	2,841	1,577	1,264
Distribution & Monitoring	270		270
Transport & Vehicles Costs	2,571	1,577	994
Personnel	26,847	7,748	19,100
International Staff	14,569		14,569
National Staff		4,244	-4,244
National Society Staff	5,438	2,294	3,144
Volunteers	6,841	1,209	5,632
Workshops & Training	14,381	528	13,854
Workshops & Training	14,381	528	13,854
General Expenditure	12,645	6,023	6,622
Travel	5,142	5,099	43
Information & Public Relations	5,995		5,995
Communications	694	1,010	-316
Financial Charges	814	-86	900
Indirect Costs	22,043	21,912	131
Programme & Services Support Recover	22,043	21,912	131
Grand Total	361,162	359,023	2,139