

DREF operation: MDRGN014	Glide number: FL-2022-000305-GIN
Operation start date: 14 September 2022	Operation end date: 31 st January 2023 Operation timeframe: 04 months
N° of people affected: 29,000 people (4,143 HHs)	N° of people assisted: 18,844 (2,708 HHs)
Operation budget: CHF 497,256	
Host National Society: Red Cross Society of Guinea. Kankan branch: 200 volunteers involved.	
Red Cross Red Crescent Movement partners currently actively involved in the operation The Federation of Red Cross and Red Crescent Societies (IFRC), and the French Red Cross.	
Other partner organizations actively involved in the operation: National Agency for Emergency Management and Humanitarian Disasters (ANGUCH).	

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

From 25 and 26 August 2022, Guinea experienced substantial and uninterrupted rainfall throughout the entire country, resulting in severe flooding in multiple prefectures. The Red Cross Society of Guinea (RCSG) and National Disaster Management Agency conducted an assessment and determined that the impact was felt in 13 out of the 27 districts of the Kankan province, and 7 out of the 12 sub-prefectures. Approximately 29,000 people were affected by the flooding, with 24,135 people (3,448 households) classified as the most severely affected. This includes 10,839 men and 13,296 women.



Flooded Compound in Batenafadji District @ GRC

Guinea has faced several flood incidents of varying magnitudes in the past years. For instance, in 2020, floods in Kankan affected 49,536 individuals in 27 neighborhoods of the urban commune and 12 sub-prefectures. The National Society (NS) provided humanitarian assistance to 19,814 people (3,963 households) affected by this flood. Additionally, heavy rain in 2021 impacted 69,671 people, equivalent to 9,953 households. This resulted in 1,972 people becoming homeless, 21 injuries, and 5 recorded deaths in the prefectures of Siguiri, which has a population of 43,815 people, 6,280 households. The affected areas included Gueckédou (9,305 people affected, i.e., 1,364 households) and Conakry (16,551 people affected, i.e., 2,309 households).

In response to the floods in August 2022, a Disaster Relief Emergency Fund (DREF) was allocated to address the needs of 18,844 individuals (2,708 households) among the most affected population. This decision was made collaboratively with key stakeholders, taking into account agreed-upon prioritization criteria.

Summary of current response

Overview of Host National Society

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

For this response, the 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 across the affected locations.

NS was part of the joint multi-sectorial assessment that was coordinated by the 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. High needs were on the immediate access to food, basic needs, funds/cash, access to safe water, hygiene and sanitation risk mitigation.

RCSG worked closely with other humanitarian actors in providing needed support to the affected population without any duplication. NS contribution was essentially done via a cash approach that have empowered the communities, making a great impact and engagement for sustainability of the provided support. The key outcome of NS actions included:

- Emergency shelter support provided to 93 families through the provision of cash to access construction materials and essential household items.
- A total of 2,708 most vulnerable households were provided with cash aligned with MEB. Aiming to cover for food needs for one month and access hygiene basic needs in terms of chlorine (2 bottles / HH), buckets, jerry cans, soap, hygiene kits, and mosquito nets.
- Some 3,324 women receiving dignity kits including towels, toothbrush, toothpaste, toilet soap, ladies' underwear, and sanitary pads for two months.
- A total of 375 latrines were rehabilitated/disinfected in affected communities
- Large awareness campaign organized to mitigate the risk of outbreaks and improve the WASH conditions in the communities. Visits, public space messages, audio-visual tools and mass media were put at contribution to reaching more than 18,844 people.
- On NS core added value, NS mobilized and reinforced the competencies of 200 volunteers trained on health and hygiene promotion, and drinking water supply, with components on communication and community engagement and necessary briefings on PGI. 30 of which trained on Cash and data collection.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is supporting Guinea through its Cluster Delegation in Freetown. The Delegation covers Sierra Leone, Liberia, Guinea, and Guinea Bissau National Societies. The IFRC provides technical assistance to the RCSG with humanitarian operations related to disasters and crises caused by natural hazards; health services in hard-to-reach areas; longer-term resilience-building programmes; coordinating support by IFRC membership to GRCS; enhancement of GRCS organizational development; and representing the NS at international level. Through representation and coordination, the IFRC Country Delegation from the onset of the response has been engaging GRCS leadership and supported the identification of GRCS's areas of intervention, its roles, and responsibilities in its coordination with Red Cross Red Crescent (RCRC) Movement partners, UN agencies, national and international NGOs, and donors through networking and collaboration.

Given the limited financial means available at RCSG, the IFRC Country Delegation in Sierra Leone supported the preparation and submission of this DREF request to enable the National Society to respond to the flooding in Kankan and provided technical support to the Red Cross Society of Guinea throughout the response.

Overview of non-RCRC actors in country

Throughout the needs assessment, the RCSG worked in close collaboration with the National Agency for Emergency and Humanitarian Disaster Management (ANGUCH) 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.

The National Agency for Emergency and Humanitarian Disaster Management (ANGUCH) 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 the 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 conducted by the Red Cross / National Humanitarian Affairs Service (SENAH) teams from 26 to 29 August 2022 revealed that the affected populations consisted of vulnerable families living in precarious conditions,

which were further exacerbated by the floods. The immediate needs identified included the provision of shelter and household items such as blankets, mats, kitchen kits, impregnated mosquito nets, soap, and jerry cans. Additionally, there was a need for emergency latrines, water treatment, and the distribution of food, among other necessities.

The affected populations resided in semi-informal settlements characterized by substandard housing constructed with inadequate local materials. Access to clean water was limited, resulting in the prevalence of water-borne diseases and cases of malnutrition. Furthermore, the affected areas had previously experienced a significant impact from COVID-19 and had recently dealt with an outbreak of Ebola Virus Disease. These multiple outbreaks disrupted livelihoods and income-generating activities, thereby adversely affecting the living conditions of the communities. The following were identified as the most urgent needs:

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 were not adequate. Immediate needs included 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 February 2021 and in August 2021, the country experienced cases of Ebola Virus Disease and Marburg Fever, which further impacted economic activities in the country, which also at the time was undergoing a political and security crisis that 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, waterborne diseases, and cases of malnutrition commonly reported in the region. Thus, families need insecticide-treated mosquito nets, soap, jerry cans, the 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, the inflation was one of the risks closely monitored and re-assess during the market assessment. This is an external factor that influence the ability of families to access the priority items and food that they have confirmed to be their priority. There was a need to align the cash values for each intervention to the real prices assessed in the market. Mapping of the cash value adjusted and harmonized with local stakeholders following the market information and prices.

Transfer schedule	Description	Amount as planned	Amount in GNF transferred market prices update.	Beneficiaries
One off	Value for shelters and household items	2,475,000	2,655,000	93 households with houses destroyed.
One-off	Value for MPC aligned with MEB (one month)	775,775	775,775	2,708 households affected matching the vulnerability criteria harmonised with the communities. Include the 93 HH which have seen their houses destroyed.
	Value for WASH items	150,000	150,000	
One off	Value for dignity kits for women and girls and reproductive age for 2 months	100,000	100,000	3,324 women selected from the 13,296 people directly targeted. 2 months support
One off	Cash for work – to rehabilitate the latrines.	Planned as NS rehabilitation.	500,000	375 latrines rehabilitated by the families.

[Click here](#) to access the EPoA published on 16.09.22 for details on items NS aimed to cover through the cash. See EPoA operational strategy part B.

There was also mitigation put in place against the risk of increased workload for staff and volunteers already assigned to other interventions. Through a clear distribution of tasks, the NS ensured that the coordination of the various interventions was done smoothly. 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's 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 the closure of air and land borders were identified as an operational risk; although movement restrictions were imposed on the population, especially on Sunday 5 September, it was lifted by the new authorities through a press release on 6 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 objective of this operation was to provide immediate relief to 18,844 people (approximately 2,708 HHs) through shelter & HHs, livelihoods, provision of community health promotion and prevention activities, safe water, sanitation, and hygiene services. CEA served as an integrated pillar to all sectors for an appropriate and community-sensitive response to those affected by the floods in Kankan Prefecture. The operation was carried out for 04 months, ensuring that all activities were implemented in accordance with the required standards.

Strategy developed to achieve the above results remains unchanged. Please refer to the section B in the plan of action published [here](#) for more details and for key achievements to date, kindly go to section C below.

C. DETAILED OPERATIONAL PLAN

 Shelter People targeted: 651 Male: 319 Female: 332		
Shelter Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being, and longer-term recovery by addressing shelter and habitat issues		
Indicators:	Target	Actual
% of community reached with cash that reported that they were satisfied with the cash distribution	80	94.2
Total number of people who received cash for shelter assistance	93	93
Total number of volunteers trained and engaged in cash activities	30	30
Number of PDM conducted	1	1
Training of volunteers on cash transfer and household registration: A total of thirty (30) volunteers were identified and trained on the use of Kobo collect to support the registration of affected populations following the Kankan floods. 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 a team of 30 trained volunteers, a comprehensive market assessment was carried out, yielding valuable insights into the prevailing market conditions, and determining the accessibility and availability of shelter and household commodities. The analysis revealed that the required items were indeed obtainable for the beneficiaries, albeit at inflated prices in the majority of cases. In agreement with the local authorities and considering the feasibility in the available funding, the cash amount was adjusted to the real		

prices as per the mitigation measures planned in the launch of the operation. The total value of cash for shelter changed from GNF 2,475,000 to GNF 2,655,000.

- **Establishment of targeting committees and briefing of beneficiary households:** RCSG through its Disaster Response Units set up community committees in the affected areas and were briefed on the nature of support and beneficiary selection process. These committees are made up of the Mayor / Heads of the district; the local representative of the Red Cross; youth representative; and women's representative who were involved in the entire distribution process. NS teams conducted pre-distribution meetings in the affected locations with people to be supported when they have explained the selection criteria and composition of Red Cross humanitarian assistance.
- **Transfer of funds to 93 households to support the rehabilitation of destroyed dwellings:** With the use of mobile money transfer, 93HHs whose houses were destroyed were provided with 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 summarizes 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 (30) volunteers were briefed and deployed to support and monitor cash transfer activities that were facilitated by the Financial Service Provider for 03 days. Additionally, these volunteers aided in the distribution of cash for hygiene kits and food items.
- **Post Distribution monitoring:** Overall, 30% of households that received cash assistance were targeted with the PDM. Prior to the three-day 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 substantiated by the findings of the PDM.
 - Among the households that received support, a significant majority of 94.2% expressed their satisfaction at a good or above-average level.
 - The support provided to the communities has been highly effective and well-received due to the timely execution of the cash distribution, as confirmed by an average of 89% of respondents who reported receiving the cash on time.
 - Furthermore, more than 86% of beneficiaries acknowledged that the Red Cross cash assistance had greatly improved their living conditions, particularly in terms of accessing their most urgent essential needs such as food, shelter, and utilities, which were the primary areas of expenditure. Additionally, over 72% of respondents emphasized that the cash assistance had alleviated their feeling of stress.
 - Despite the overall positive impact of cash assistance, some 39% 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 and allow them to prioritize among their needs. Most of the households interviewed suggested continuous food and cash support to enable them to maintain a livelihood and prevent negative coping mechanisms.



Livelihoods and basic needs

People reached: 18,844

Male: 8,480

Female: 10,364

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	100% or 2,708	100% or 2,708

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 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 (30) volunteers received training in cash transfer techniques. These volunteers were assigned the responsibility of providing assistance for a duration of two days during the distribution process. Additionally, they were tasked with monitoring the cash transfer, which was managed by the financial service provider. These volunteers were also actively involved in the multisectoral assessment and played a crucial role in facilitating the registration of victims through the utilization of Kobo collect.
- **Transfer of funds to 2,708 households for living support for one month:** A total of 2,708 HHs were assisted with cash for food, amounting to GNF 775,775 per household.

Lesson learned

- Cash transfers provided to households affected by the crisis have demonstrated their efficacy in facilitating their recovery in accordance with their individual requirements, thereby aiding in the restoration of their dignity. This approach allows them the autonomy to determine what is essential for their families while helping market recovery.
- The implementation of effective Community Engagement and Accountability increases community understanding of relief assistance, and selection criteria and enhances their participation. Communities should be at the center of all responses to disasters.



Health

People targeted: 18,844

Male: 8,480

Female: 10,364

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
% of the target population that are aware of health risks	100	100

Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Number of communities/HHs reached with health risk information	2,708	2,708
Number of assessments conducted to identify health needs	1	1

Health Outcome 2: Transmission of diseases of epidemic potential is reduced

Number of people to be reached with messages	18,844	18,844
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Health Output 4.1: Community-based disease control and health promotion is provided to the target population

Number of volunteers trained on epidemic control	200	200
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Number of Staff trained on epidemic control	20	20
Number of community training sessions on LLINs	1	1
Number of volunteers deployed to conduct RCCE	200	200

Progress towards outcomes

- **Conducting a detailed assessment to identify health needs:** In conjunction with health authorities and various stakeholders, the Red Cross conducted assessments to ascertain the health risks prevalent in regions impacted by flooding. This assessment revealed that three healthcare facilities were adversely affected by the floods, thereby emphasizing the inadequacy of the technical infrastructure in delivering adequate healthcare services to the affected population. Consequently, volunteers were mobilized to enhance community awareness and provide assistance to these communities.
- **Identification and training of volunteers on hydric disease prevention (Volunteer outbreak control and use of LLINs):** A total of 200 volunteers were identified and underwent training to assist in the implementation of the health component of the response. The training was conducted by the Head of the Health Department of the RCSG, with assistance from the Ministry of Health. The objective was to enhance the volunteers' capabilities in EPIC, health promotion, surveillance, hygiene, water safety, communication, community engagement, and the use of ITNs in communities. The training was divided into 8 sessions, each consisting of 25 volunteers. Following the training, the volunteers were immediately deployed to raise awareness and provide assistance to the communities.
- **Deploy volunteers to conduct risk communication and health promotion activities in relocation sites:** Following the training of volunteers, they were deployed to carry out risk communication and health promotion activities in relocation or affected sites. The 200 volunteers were divided into teams of 04; 50 teams in total. These sensitization sessions focused on health and hygiene promotion on the prevention and control of common communicable diseases such as malaria, acute watery diarrhea, bloody diarrhea, dermatitis, and other epidemics that may occur during emergencies. In total 19,786 people were sensitized during these campaigns.
- **Training and Community Awareness for Malaria Prevention and Case Identification:** A total of 200 volunteers were deployed to conduct community training on the use of ITNs to prevent malaria cases. This community training was carried out in the 7 sub-prefectures at high risk of malaria due to 4 sessions per locality. Approximately 18,231 people were reached through communication activities.
- **Production of health promotion posters),** as part of the implementation of this operation, the RCSG produced information, education, and communication posters related to health promotion. A total of 1,000 posters were produced and made available to volunteers to carry out communication actions.
- **Training/Refresher of volunteers on PSS:** The 200 volunteers who supported the response operations were provided PSS refresher training for a period of 02 days. This training strengthened their skills in psychosocial support during emergencies, which was crucial in providing PSS to the affected population.
- **Provide PSS to people affected by the crisis/disaster:** Responding to the PSS needs of the floods-affected population, the trained volunteers provided PSS to those affected by the floods. This psychosocial support reached approximately 3,744 people composed of flood victims and volunteers involved in the response.

Challenges

The response did not target all affected populations by the floods, leading to the erroneous perception that the Red Cross only provides assistance to individuals of particular significance. To rectify this situation, community leaders were engaged in the process of selecting and verifying beneficiaries based on predetermined criteria. Additionally, they collaborated with volunteers to reinforce the activities of the CEA, with the aim of explaining the selection criteria and rationale behind those selected.

Lessons Learned

Involvement of community stakeholders and women's groups will help increase community understanding of selection criteria.



Water, sanitation, and hygiene

People reached: 18,844

Male: 8,480

Female: 10,364

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

Indicators:	Target	Actual
Number of people reached with key health promotion and personal and community hygiene messages	18,844	18,844
Output 1.1: Detailed assessment of the water, sanitation and hygiene situation is conducted in target communities		
Indicators:	Target	Actual
Total number of volunteers trained to carry out WASH activities	200	200
Number of WASH training sessions (Target: 8 sessions of 25 people each)	25	25
Number of trainings organized for the benefit of the population of communities on the storage of drinking water and a healthy use of water treatment products (Target: 6 sessions, evening 02 times a month for 03 months)	6	6
WASH 1.2: Daily access to drinking water in quantity and quality and meeting Sphere and WHO standards is ensured for the target population		
Indicators:	Target	Actual
Number of households provided with access to safe drinking water	2,500	2,500
WASH Product 1.3: Adequate sanitation that meets Sphere standards in terms of quantity and quality is ensured for the target population		
Number of latrines rehabilitated	375	375
WASH Product 2.4: Hygiene promotion activities are provided to the entire affected population.		
Indicators:	Target	Actual
Number of households provided with cash for WASH items	2,708	2,708
Number of community training sessions on LLINs	11	13
Number of sanitation campaigns	3	5

Progress towards outcomes

- Training of volunteers to carry out WASH activities:** Two hundred (200) volunteers were trained on health and hygiene promotion, and 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.
- Initial assessment of WASH situations:** An 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 situations 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.
- Ensuring adequate sanitation and access to hygiene and latrines facilities that meets Sphere standards in terms of quantity and quality for the target population.** The cash approach was used to cover the needs for latrines installment and hygiene kits or material.
 - To increase the access to latrines,** the operation supported the rehabilitation of 375 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 for work to the households for them to conduct that work. 375 Households whose latrines were destroyed were registered during the initial assessment and in the Kobo Collect. The cash for work approach was used to ensure ownership of the communities and engagement on the sustainable management of these latrines. The cash transfer of 500,000 GNF was provided 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 and demonstrations on the disinfection. 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. 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.

- **Environmental sanitation conducted, benefiting communities where 18,844 people are leaving.** Contributing to increase their health safety and hygiene.

The operation provided sanitation equipment to the Siguirí 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.

- 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.
- For an extended target, IEC material was printed with key messages and disseminate by the team. 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 consultation with communities helped to harmonize the priority areas for each type of communication channels/tools. 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.

- **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. RCSG also collaborated with other organizations to monitor and raise awareness of risks associated with water-borne diseases.

- Build community practices for traditional and local water treatment effective and replicable in the communities. NS engaged the community members to identify 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 04 sessions out of 04 planned.
- Community-based volunteers were deployed to train the communities in 08 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.

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 oriented and added to the team.
Lesson learned
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.

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 (CoC): Volunteers and staff engaged in the DREF were mobilized and briefed on the CoC and the principle of the Red Cross Red Crescent Movement. The Human Resource unit ensured that volunteers read the CoC, 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. • Likewise, protective equipment was provided to volunteers (boots, gloves, nose cones, and raincoats) to ensure their safety and protection during the sanitation activities. • In the volunteers' activities, there has been a huge engagement and consultation process with communities. The NS 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. Similar consultations took place for the targeting validation, the activities for wash for work and the various distribution planning. That approach contributed to the success of the intervention and beyond. There has been noticed, through the monitoring visits and PDM sustainable behavior changes and engagement on the maintenance of the WASH facilities. 		
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 CEA activities are conducted and volunteers are appreciated for the good work • Community volunteers should be recruited together with community leaders / stakeholders to ensure community trust and confidence. 		

International Disaster Response		
Indicators:	Target	Actual
Percentage ratio of people supported versus people affected	at least 73% or 17,500 persons	74%

Output S2.1.1: Effective and respected surge capacity mechanism is maintained		
Indicators:	Target	Actual
# of NS RDRT deployed to support NS	1	3
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 and 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; favorite 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. 		
Lesson learned		
The RCSG 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; this will allow saving time and cost as they will require 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. 		

- IFRC technical support missions included the support to the detailed assessment, verification of beneficiaries, and guide initial phase of DREF implementation. A second technical mission was 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.
- Lessons Learnt Workshop was held with 19 participants including NS senior management staff, Operations team, volunteers, and IFRC. The Lessons Learnt Workshop (LLW) was used as a methodology for the NS to analyze 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 RCSG to reflect on its disaster readiness status, given that the country and specifically this region, is prone to flooding.

Challenges

- The DREF was approved during the transition of IFRC to a new way of working. The NS 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 bilingual staff member at the cluster. However, through the CP3 project, a bilingual staff was recruited and added to the CP3 roving delegate 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 transfer of funds.

Lesson learned

- Frequent meetings with the IFRC cluster delegation supported the quality implementation of the DREF, providing planned support to the affected population.
- 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 in Swiss francs CHF 497,256. The total expenditure recorded was CHF 462,062 of the operation budget 93 % was spent, leaving a balance of Swiss francs CHF 35,194 to be returned to the DREF pot. The budget execution follows the implementation plan and most of the observed variances are linked to the currency rate.

Also, it was noticed that through the community engagement and the cash approach, there was less costs associated to the monitoring, especially from the HQ and IFRC delegation. Field monitoring was the most required which explained the overspent. While more remote support was activated with regular meetings.

There was noticed an engagement of the communities in the assistance provided which benefitted on the planning and has ease the logistic and administrative arrangements for the main activities.

With the DREF being launched when the NS recently migrate from the Sahel Cluster to Freetown Cluster. Which require some adjustment time and more remote support than mission. Furthermore, there were less monitoring mission from Secretariat required because the support was learnt to be more efficient when two key missions are properly completed: the kick-off for setting up the planning and monitoring while PMER support the assessment, one mission during the main relief distribution and one to support the evaluation. This reduced the expenditures for the travels and international travels in general.

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 In-Kind donations and Mobilization table support:

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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	2022/9-2024/2	Operation	MDRGN014
Budget Timeframe	2022/9-2023/1	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 08/May/2024

All figures are in Swiss Francs (CHF)

MDRGN014 - Guinea - Floods in Kankan

Operating Timeframe: 14 Sep 2022 to 31 Jan 2023

I. Summary

Opening Balance	0
Funds & Other Income	497,256
DREF Response Pillar	497,256
Expenditure	-462,062
Closing Balance	35,194

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	379,914	378,646	1,269
PO04 - Health	9,198	9,191	8
PO05 - Water, Sanitation & Hygiene	50,560	51,100	-540
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		11	-11
PO10 - Community Engagement and Accountability	1,491	1,484	7
PO11 - Environmental Sustainability			0
Planned Operations Total	441,164	440,431	733
EA01 - Coordination and Partnerships	25,070	680	24,390
EA02 - Secretariat Services	17,315	3,215	14,100
EA03 - National Society Strengthening	13,707	17,736	-4,029
Enabling Approaches Total	56,092	21,631	34,461
Grand Total	497,256	462,062	35,194

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/9-2024/2	Operation	MDRGN014
Budget Timeframe	2022/9-2023/1	Budget	APPROVED

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MDRGN014 - Guinea - Floods in Kankan

Operating Timeframe: 14 Sep 2022 to 31 Jan 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	385,302	381,572	3,730
Clothing & Textiles		1,582	-1,582
Water, Sanitation & Hygiene	30,314	24,698	5,616
Medical & First Aid	226	4,260	-4,034
Cash Disbursement	354,763	351,033	3,730
Land, vehicles & equipment		478	-478
Computers & Telecom		478	-478
Logistics, Transport & Storage	3,387	5,127	-1,740
Transport & Vehicles Costs	3,387	5,127	-1,740
Personnel	32,290	19,821	12,469
International Staff	16,258	2,471	13,787
National Staff		1,174	-1,174
National Society Staff	7,451	8,710	-1,259
Volunteers	8,580	7,466	1,114
Workshops & Training	22,501	19,825	2,676
Workshops & Training	22,501	19,825	2,676
General Expenditure	23,427	7,038	16,390
Travel	18,629	5,944	12,685
Information & Public Relations	3,387	3,393	-6
Communications	339	714	-375
Financial Charges	1,073	-3,013	4,086
Indirect Costs	30,349	28,201	2,148
Programme & Services Support Recover	30,349	28,201	2,148
Grand Total	497,256	462,062	35,194