



IFRC Meeting visit in Gabu involving beneficiaries and community members

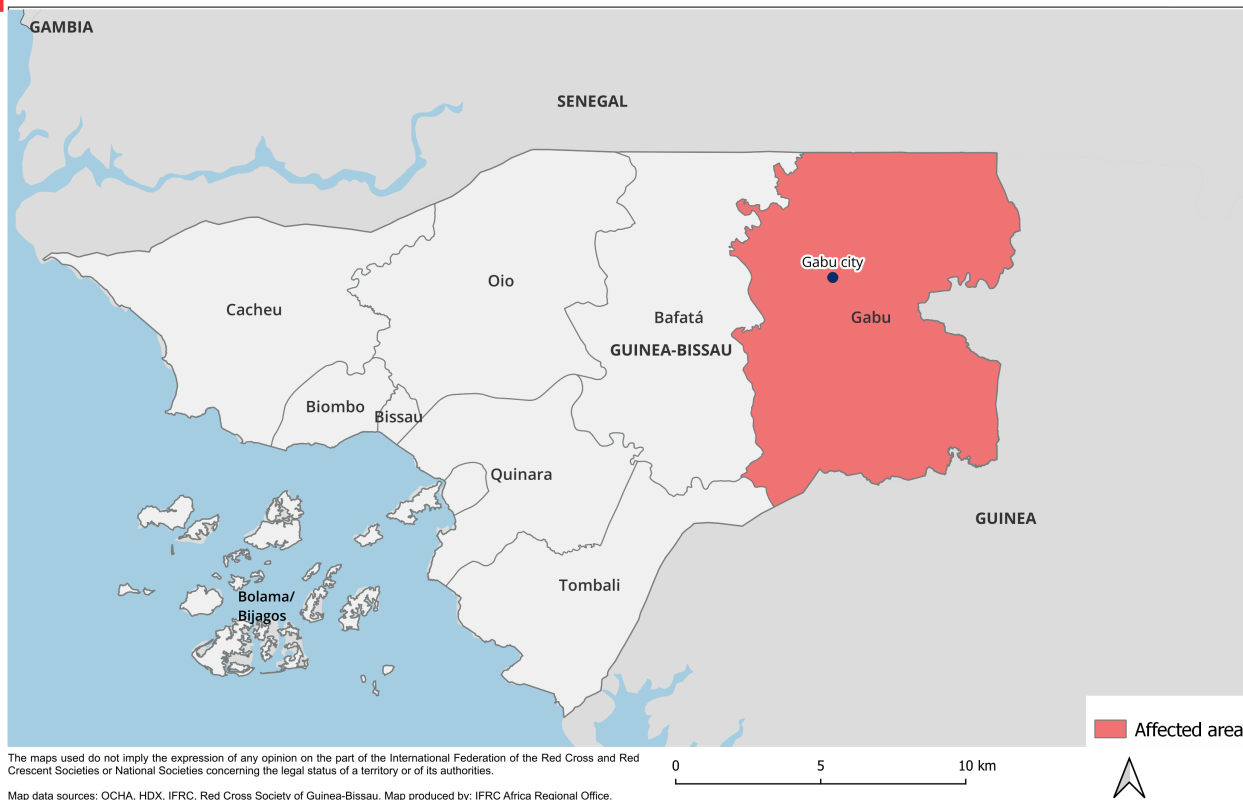
Appeal: <b>MDRGW006</b>	Total DREF Allocation: <b>CHF 198,499</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Storm Surge</b>
Glide Number: <b>-</b>	People Affected: <b>3,017 people</b>	People Targeted: <b>1,883 people</b>	People Assisted: <b>1,883 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>20-06-2025</b>	Operational End Date: <b>31-10-2025</b>	Total Operating Timeframe: <b>4 months</b>

Targeted Regions: **Gabu**

# Description of the Event

## GUINEA-BISSAU: Windstorm

18 June 2025



Gabu city on the Map @IFRC and @GBRCS

## Date of event

11-06-2025

## What happened, where and when?

In the late hours of 10 June and the early morning of 11 June 2025, the city of Gabu, capital of the Gabu Region in Guinea-Bissau, was affected by a severe windstorm accompanied by heavy rainfall. The event impacted four densely populated neighbourhoods, resulting in significant damage to housing and public infrastructure. Strong winds caused extensive roof damage and structural destruction, while fallen electricity poles led to widespread power outages.

An estimated 3,017 people (431 households) were affected by the storm. A total of 215 houses were reported as unroofed, partially damaged, or destroyed. Public infrastructure, including schools, small businesses, and administrative buildings, was also affected.

A rapid assessment conducted by Red Cross volunteers identified 1,505 individuals (215 households) as the most severely affected. Among them were women, men, children, and elderly persons. At least 15 people sustained injuries during the event.

At the end of the operation, the immediate humanitarian needs of the affected population had been addressed through the provision of emergency assistance. Most of the affected households had either repaired their homes or secured alternative shelter solutions within their communities. Basic services, including electricity, had been largely restored, and no significant displacement remained. The affected population had resumed normal activities, marking the transition from emergency response to recovery.





Supportive supervision of volunteers engaged in the response



After action review session/Lesson Learned



Verification of beneficiaries prior cash transfer



Volunteers conducting household sensitization o

## Scope and Scale

The windstorm that affected Gabu in June 2025 had a significant impact on the population, infrastructure, and essential services. At the onset of the disaster, an estimated 3,017 individuals (431 households) were affected, including women, men, girls, and boys, with a notable proportion of children under five among the most vulnerable. More than 200 houses were partially or totally destroyed, while food stocks, household items, and productive assets were lost or damaged. Public infrastructure, including schools, was also affected, leading to disruptions in education and other essential services.

A rapid assessment conducted by the Red Cross Society of Guinea-Bissau (RCSGB), in coordination with local authorities, identified 1,505 individuals (215 households) as the most severely affected. These households experienced extensive damage to shelter and household belongings, requiring immediate humanitarian assistance. During the initial phase, 54 host households provided temporary shelter to 378 displaced individuals, demonstrating strong community solidarity while also increasing pressure on already limited resources.

The affected population largely consisted of subsistence farmers and low-income households with pre-existing vulnerabilities, including limited access to basic services such as healthcare, education, and infrastructure. These conditions reduced coping capacity and increased reliance on external assistance. Women, children, and older persons were disproportionately affected due to heightened protection, health, and socio-economic risks.

Through the intervention, the immediate needs of the most affected households were addressed through the provision of shelter support, food assistance, and essential non-food items. This contributed to stabilizing living conditions, reducing health and protection risks, and preventing further deterioration of food security and well-being. By the end of the operation, targeted households had recovered access to basic shelter and essential items, and were able to resume normal daily activities.

The operation also contributed to strengthening the technical and operational capacity of the Red Cross Society of Guinea-Bissau, including enhanced skills in rapid assessment, emergency response coordination, and community engagement. This has improved the National Society's preparedness and ability to respond to future disasters.



# IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Country Cluster Delegation based in Freetown, provided technical and strategic support to the Guinea-Bissau Red Cross throughout the response to the windstorm in Gabu. IFRC support focused on strengthening the National Society's operational capacity to deliver timely and effective humanitarian assistance, particularly in remote and hard-to-reach areas affected by the disaster.</p> <p>During the response, IFRC facilitated coordination among its membership to mobilize resources and technical expertise, supporting the GBRC in planning and implementing its interventions. Organizational development support was provided to enhance GBRC's operational readiness, including guidance on rapid needs assessment, beneficiary targeting, and response planning. The Secretariat also contributed essential services across multiple support functions: Planning Monitoring, Evaluation, and Reporting (PMER); Finance; Administration; Human Resources; Security; Logistics; and National Society Development (NSD), ensuring that the GBRC had the necessary operational, technical, and administrative backing to deliver aid effectively.</p> <p>Although no formal funding commitments were secured prior to implementation, the IFRC Country Cluster Delegation remained actively engaged throughout the DREF operation, providing strategic oversight and technical guidance. The collaboration strengthened the GBRC's response capacity and ensured that assistance reached the most affected households efficiently, while also supporting long-term community resilience in the aftermath of the storm.</p>
<p><b>Participating National Societies</b></p>	<p>There were no Partner National Societies present in Guinea-Bissau during this operation. All response activities were led and implemented directly by the Guinea-Bissau Red Cross, with technical and strategic support provided remotely by the IFRC Country Cluster Delegation based in Freetown.</p>

# ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) does not have a presence in Guinea-Bissau. While the ICRC office in Senegal monitored the operations, it did not provide direct funding or operational support during the windstorm response in Gabu.

# Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>Local authorities in Gabu demonstrated strong engagement and commitment throughout the response to the windstorm. They actively participated in the initial rapid assessment alongside the Red Cross Society of Guinea-Bissau, providing local knowledge and supporting the identification of the most affected households. Despite their active involvement, national and local authorities were unable to provide direct assistance to affected communities due to limited resources and funding constraints.</p> <p>Coordination meetings were organized to facilitate collaboration among stakeholders.</p>



	During these meetings, local authorities formally requested technical and financial support from humanitarian partners. In the assessment debriefing, they specifically called upon the Red Cross to lead the response and address the urgent needs of the affected population. Their engagement helped ensure that the interventions were well-targeted and aligned with local priorities, complementing the GBRC-led humanitarian efforts.
<b>UN or other actors</b>	No response interventions were initiated by United Nations agencies or other humanitarian actors following the windstorm in Gabu. Consequently, the humanitarian response and immediate support to affected communities were primarily undertaken by the Guinea Bissau Red Cross.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

In the immediate aftermath, a significant number of affected households remained in damaged structures or sought temporary shelter with host families, placing additional pressure on already limited community resources. Debris from collapsed or damaged buildings also resulted in the loss of essential household items, including bedding, cooking utensils, and clothing, further affecting living conditions.

The majority of affected households were low-income subsistence farmers with limited financial capacity to repair or rebuild their homes without external support. The initial assessment identified urgent needs for emergency shelter assistance, including materials for temporary repairs, as well as essential household non-food items (NFIs) to restore basic living conditions.

Through the intervention, targeted households received shelter support and essential items, enabling them to carry out basic repairs and improve the safety and adequacy of their living conditions.

At the end of the operation, the most critical shelter needs had been addressed, with the majority of targeted households able to return to repaired or safer housing. However, some persisting needs remained, particularly related to more durable shelter rehabilitation for households whose homes had been severely damaged or destroyed. Limited financial resources continued to constrain the ability of the most vulnerable households to undertake long-term reconstruction, leaving them at risk in the event of future hazards.



### Livelihoods And Basic Needs

At the onset of the disaster, the windstorm caused significant damage to homes and resulted in the loss of essential household items required for sleeping, cooking, and daily living. Many affected households were displaced and sought refuge with host families, increasing pressure on already limited household resources. Both displaced and host communities were already facing challenges related to food security, limited income sources, and restricted access to basic services prior to the disaster, and the shock further exacerbated these vulnerabilities.

A total of 54 particularly vulnerable host households were identified, whose capacity to meet their own needs was significantly strained by accommodating 378 displaced individuals. Overcrowding, combined with limited access to hygiene materials and essential household items, increased health risks and reduced overall coping capacity. The loss of food stocks and disruption of livelihoods further contributed to increased food insecurity among affected populations.

Through the intervention, immediate needs were addressed through the provision of cash assistance, which enabled targeted households to meet their basic needs in a flexible and dignified manner. This contributed to improved access to food, replacement of essential household items, and partial recovery of livelihoods.

At the end of the operation, while the most urgent needs had been met, some persisting needs remained. These included limited recovery of livelihoods for vulnerable households, continued pressure on household incomes, and reduced resilience to future shocks. Host families, in particular, continued to face economic strain due to depleted resources. Although most households had resumed basic daily activities, their capacity to fully restore pre-disaster living conditions remained constrained.

The response took into account the risk of social tensions by ensuring transparent targeting and communication. Cash assistance was provided to displaced households based on household size, focusing on the most vulnerable while maintaining community acceptance and social cohesion.





## Health

At the onset of the disaster, the windstorm generated significant public health risks, as identified during the rapid assessment. Damage to homes and infrastructure reduced access to essential hygiene items, including soap and mosquito nets, increasing exposure to communicable diseases. The accumulation of stagnant water and debris created favourable conditions for mosquito breeding, heightening the risk of vector-borne diseases such as malaria and dengue. In addition, overcrowded living conditions and limited sanitation facilities increased the likelihood of waterborne diseases, including diarrhoeal illnesses and cholera, particularly among children and other vulnerable groups.

Host households accommodating displaced families experienced additional pressure on already limited water and sanitation facilities, further increasing health risks. The assessment identified the need for hygiene promotion and community awareness activities to support safe practices, including environmental cleaning and disease prevention.

Injuries sustained during the storm, mainly due to collapsing structures and debris, placed additional strain on local health services. Health facilities faced limitations in terms of resources and capacity to respond to trauma cases and increased demand for care. Psychological distress was also observed among affected populations, particularly among those who had lost homes or experienced injuries, highlighting the need for psychosocial support.

Through the intervention, health risks were mitigated through the provision of hygiene promotion activities, distribution of essential items such as mosquito nets, and community engagement to promote preventive practices. These actions contributed to reducing the risk of disease outbreaks and improving health awareness among affected populations.

At the end of the operation, immediate public health risks had been reduced, and no major disease outbreaks were reported among the targeted population. However, some persisting needs remained, particularly related to sustained access to hygiene materials, continued health promotion, and longer-term psychosocial support for vulnerable individuals. The limited capacity of local health services also remained a constraint for addressing future health needs.



## Protection, Gender And Inclusion

At the onset of the disaster, the windstorm in Gabu exposed significant protection, gender, and inclusion risks among affected populations. Displacement and overcrowded living arrangements, particularly among households hosted within the community, increased vulnerabilities for at-risk groups, including women, children, older persons, and persons with disabilities.

Overcrowding and limited access to safe and gender-sensitive sanitation facilities heightened the risk of gender-based violence (GBV), sexual exploitation and abuse (SEA), and child protection concerns. Women and girls, unaccompanied or separated children, and persons with disabilities were particularly exposed to these risks. The absence of established protection mechanisms, including confidential reporting and referral pathways, further limited access to appropriate support services.

Host communities also experienced increased pressure on already limited resources, contributing to potential social tensions and reduced coping capacity. In addition, the lack of disaggregated data at the initial stage of the response constrained the ability to fully assess and address the specific needs of different population groups.

The assessment identified key PGI priorities, including the integration of protection measures into all sectors, strengthening community awareness on protection risks, and building the capacity of Red Cross volunteers on protection principles, child safeguarding, and prevention of sexual exploitation and abuse (PSEA).

Through the intervention, PGI considerations were integrated across all response activities, including inclusive targeting, community engagement, and awareness-raising on protection and accountability. These efforts contributed to enhancing the safety, dignity, and equitable access to assistance for affected populations.

At the end of the operation, immediate protection risks had been reduced through improved community awareness and safer access to assistance. However, some persisting needs remained, including the need for strengthened community-based protection mechanisms, continued awareness on GBV and PSEA, and improved systems for confidential reporting and referral of protection concerns. Gaps in disaggregated data also highlighted the need for continued strengthening of inclusive data collection practices in future responses.



## Community Engagement And Accountability

In the wake of the windstorm in Gabu, the assessment identified an urgent need for targeted, community-centered engagement to ensure that affected populations were well-informed, heard, and actively involved in guiding the response. The complex displacement situation,



combined with the reliance on host households, highlighted the importance of establishing timely and trusted communication channels to share clear information about available assistance and access procedures.

To address these needs, robust two-way communication systems were prioritized, including mobile outreach, community notice boards, and regular face-to-face briefings. These channels were designed to keep communities informed about aid distribution, eligibility criteria, and recovery plans. The assessment also identified the need for a confidential and accessible complaints and feedback mechanism, enabling individuals, particularly women, youth, and persons with disabilities to safely voice concerns, provide feedback, and report any misconduct.

The assessment further noted that community voices were previously underrepresented in decision-making processes. This underscored the importance of inclusive, participatory approaches that engaged local leaders and marginalized groups in planning and implementation. Strengthening these community engagement and accountability measures was considered essential to ensure that the response was effective, transparent, and empowered communities to actively participate in their own sustainable recovery.

# Operational Strategy

## Overall objective of the operation

The overall objective of this operation was to provide immediate assistance to 269 households (1,883 individuals) affected by the windstorm in Gabu. The response focused on addressing urgent humanitarian needs, including the provision of emergency shelter and essential household items, basic needs support, hygiene promotion and health interventions, and multipurpose cash assistance.

This operation was guided by the findings of the rapid assessment conducted immediately after the disaster, which included available disaggregated data on the affected population. In coordination with local authorities, the Guinea-Bissau Red Cross conducted a detailed assessment to gain a comprehensive understanding of the windstorm's impact, ensuring that the scale and scope of assistance were appropriate to meet the needs of the most vulnerable households. The response strategy prioritized timely, targeted, and context-specific interventions, aiming to restore safety, dignity, and basic living conditions while mitigating immediate health, protection, and livelihood risks.

## Operation strategy rationale

The operation was implemented to provide timely and targeted humanitarian assistance to households affected by the windstorm in Gabu, with a focus on addressing priority needs identified through the initial rapid assessment. The strategy combined emergency shelter support, multipurpose cash assistance, health and hygiene interventions, and Community Engagement and Accountability (CEA) activities to ensure a coordinated, inclusive, and needs-based response.

Overall, the operation reached 269 households (215 displaced households and 54 host households), ensuring coverage of the most severely affected populations. Cash-based assistance was the primary modality, enabling affected families to address their diverse needs with flexibility and dignity while supporting local market recovery and household stabilization. Shelter assistance, combined with multipurpose cash, contributed to improved living conditions and enabled the majority of targeted households to undertake basic repairs and replace essential household items.

Health and hygiene interventions helped reduce immediate public health risks through first aid support, psychosocial support, hygiene promotion, and the distribution of mosquito nets, contributing to improved awareness and reduced exposure to waterborne and vector-borne diseases. CEA mechanisms ensured continuous feedback from affected communities, strengthened transparency, and improved the responsiveness of the operation, particularly for women, youth, and persons with disabilities.

The operation faced some challenges, including logistical constraints due to weather and access limitations, as well as initial pressure on local markets following the scale of cash distributions. These challenges were mitigated through close coordination with local authorities, ongoing market monitoring, and adaptive implementation approaches, including phased cash distributions and continuous technical supervision.

Implementation was supported by 20 trained volunteers and 5 staff from the Red Cross Society of Guinea-Bissau headquarters. Monitoring of activities was conducted through field supervision, community feedback mechanisms, and coordination meetings with volunteers, local authorities, and technical focal points. This ensured quality control, accountability, and timely adjustments to implementation modalities where necessary.

Several key lessons emerged from the operation. The use of multipurpose cash proved highly effective in meeting diverse household needs and should be further strengthened in future responses. Community-based structures significantly enhanced acceptance, transparency, and efficiency of delivery. In addition, prior experience from earlier disaster responses in Gabu contributed to improved preparedness and implementation capacity.



The exit and transition strategy focused on the gradual closure of emergency activities while ensuring continuity of recovery efforts at household level. Cash and in-kind support enabled households to restore basic living conditions, with most beneficiaries transitioning from emergency dependence to self-managed recovery. Where needed, households were linked to longer-term recovery pathways through local authorities and community structures. The operation thus successfully bridged immediate life-saving assistance with early recovery support, strengthening household resilience and reinforcing local response capacity for future shocks.

## Targeting Strategy

### Who was targeted by this operation?

The operation targeted 269 households, comprising 215 displaced families (1,505 individuals) and 54 host families (378 individuals), who were identified as the most severely affected by the windstorm in Gabu. These households were selected based on the rapid assessment conducted by the Guinea-Bissau Red Cross (GBRC) in coordination with local authorities, which identified them as experiencing the greatest loss of shelter, household items, and basic needs, and therefore requiring urgent humanitarian assistance.

The operation specifically prioritized vulnerable groups, including women, children, elderly persons, and persons with disabilities, who were disproportionately affected by the disaster and at heightened risk of protection, health, and livelihood impacts. Children under five and pregnant women were targeted for health interventions, including the distribution of mosquito nets and hygiene promotion, due to their increased susceptibility to disease. Host families, already part of resource-constrained communities, were included in the assistance to alleviate additional pressures caused by hosting displaced relatives and to ensure social cohesion.

Targeting was informed by community consultations and field-level verification, with local committees and volunteers helping identify the most vulnerable households according to agreed criteria. This approach ensured that assistance was equitable, needs-based, and sensitive to protection concerns, reaching those most at risk while maintaining transparency and accountability throughout the operation.

### Explain the selection criteria for the targeted population

The Guinea-Bissau Red Cross (GBRC) prioritized assistance to the 215 most vulnerable households affected by the windstorm in Gabu. Beneficiary selection and verification focused on households that had lost their homes and those with heightened vulnerability, including women-headed households, families with persons with disabilities, elderly individuals, lactating mothers, pregnant women, and children under five. These criteria ensured that support reached those most at risk of protection, health, and livelihood impacts, in line with the identified gaps and needs.

The selection process was conducted in coordination with community committees and local leaders, who validated household eligibility and ensured that assistance was needs-based, equitable, and transparent. Community members were informed about the selection process through meetings with key stakeholders, providing an opportunity to share views, confirm operational plans, and provide additional information on evolving needs. The criteria were adapted as necessary throughout the response to account for new information and changes in household vulnerability, ensuring that the operation remained responsive and inclusive.

This approach ensured that assistance reached the most affected and vulnerable households, promoted community ownership, and reinforced accountability, while addressing both immediate survival needs and broader protection and well-being concerns.



# Total Assisted Population

Assisted Women	960	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	923	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	1,883		
Total Targeted Population	1,883		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Misuse or mismanagement of cash assistance: Cash-based interventions carried the risk that funds could be misused or diverted.	Community committees and trained volunteers oversaw the cash distributions, while the IFRC Cluster Cash Focal Point provided technical guidance. Regular monitoring, verification, and messaging on the appropriate use of cash ensured accountability and transparency.
Inadequate communication with target population Not communicating beneficiary selection criteria and distribution sites to beneficiaries will lead to high levels of community frustration and undermine the operations.	The Guinea-Bissau Red Cross (GBRC) worked closely with affected communities to ensure that beneficiary selection criteria and distribution arrangements were clearly explained. This approach helped protect the reputation and trust of the GBRC with the communities from the onset of the operation and minimized potential frustration or misunderstandings regarding assistance delivery.

<p>The unstable nature of the economy of country has the potential to cause inflation and frequent changes in prices that would affect planned activities.</p>	<p>To address the risk posed by the unstable national economy and potential inflation, the Guinea-Bissau Red Cross conducted regular market monitoring through its branches. This approach provided real-time updates on price fluctuations and allowed the operation to assess whether further engagement with traders and market stakeholders was needed. Whenever inflation was detected through market analysis, the GBRC promptly communicated with the IFRC to make budgetary adjustments, ensuring that cash transfers remained sufficient to meet household needs. Collaboration with local authorities and financial institutions supported the timely tracking of economic trends, enabling the operation to adapt assistance levels in line with changes in market conditions.</p>
<p>Delays in reaching remote or hard-to-access households: The affected neighborhoods included areas with damaged roads and infrastructure, which could have delayed the delivery of assistance to some of the most vulnerable households.</p>	<p>GBRC deployed trained volunteers familiar with local geography and coordinated with community leaders to identify safe access routes. Distributions and field visits were planned with contingency time for difficult-to-reach areas, ensuring that assistance reached all targeted households in a timely manner.</p>
<p>Safety and security of staff and volunteers: Field operations during adverse weather conditions and damaged infrastructure posed potential risks to the safety of staff and volunteers.</p>	<p>GBRC provided personal protective equipment, including raincoats and rubber boots, and conducted safety briefings prior to field deployment. Activities were monitored daily, and work schedules were adjusted to minimize exposure to unsafe conditions.</p>

**Please indicate any security and safety concerns for this operation:**

Security and safety management for the operation was guided by the fundamental principles and humanitarian values of the Red Cross and Red Crescent Movement. While Gabu is not a conflict zone, the operation faced potential safety and security risks related to damaged infrastructure, difficult terrain, and adverse weather conditions, which could impact the well-being of staff, volunteers, and beneficiaries.

To mitigate these risks, GBRC implemented a series of measures throughout the operation. Regular security updates were held, and relevant information was shared with all personnel to maintain situational awareness. Field activities were monitored in real time through the National Society's information management system, and information and communication technologies (ICTs) were used to maintain communication during monitoring and distribution missions. Security risk assessments specific to each operational zone were conducted prior to activities, and appropriate risk mitigation measures were implemented to ensure the safety of personnel and volunteers.

All Red Cross and Red Crescent staff and volunteers were encouraged to complete the IFRC Stay Safe online courses, which included modules on personal safety, security management, and volunteer safety. These measures ensured that the operation was conducted in a safe, secure, and controlled manner, while minimizing potential risks to staff, volunteers, and the affected communities.

<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p><b>Yes</b></p>
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# Implementation



## Shelter Housing And Settlements

**Budget:** CHF 80,625  
**Targeted Persons:** 1,505  
**Assisted Persons:** 1,505  
**Targeted Male:** 737  
**Targeted Female:** 768



## Indicators

Title	Target	Actual
# of households confirmed receiving the cash for construction	215	215
% of HHs reported having used the cash for the reconstruction of their home	90	96
# of Community committee meetings held to discuss and support shelter reconstruction	12	16

## Narrative description of achievements

**Market assessment and monitoring of construction material prices:** A market assessment was conducted to determine the availability, quality, and prices of essential construction materials in Gabu, including timber, roofing sheets, and basic tools. Volunteers and staff engaged with local suppliers and market actors to monitor price fluctuations and identify any potential supply constraints.

The findings informed the calculation of the cash transfer value, ensuring that the assistance provided was aligned with prevailing market conditions. As a result, affected households were able to procure the required materials to repair or rebuild their shelters, improving protection from environmental hazards and contributing to safer and more stable living conditions.

**Registration and verification of beneficiaries:** Twenty trained volunteers were deployed to conduct a detailed registration and verification process to identify households most affected by the windstorm. Through this process, 269 households were identified and validated for assistance. Priority was given to households that had lost their homes, female-headed households, and families with young children, elderly members, or persons with disabilities.

Volunteers carried out home visits, conducted interviews, and cross-checked information with community leaders to verify levels of vulnerability. This approach helped ensure that assistance reached those most in need, promoted transparency and fairness in beneficiary selection, reduced the risk of community tensions, and ensured that vulnerable groups were not excluded from support.

**Refresher training of volunteers in cash programming and community engagement:** Twenty volunteers received targeted refresher training covering cash distribution protocols, community engagement strategies, and protection and accountability principles. The training equipped volunteers with the knowledge and skills needed to guide beneficiaries throughout the cash transfer process, respond to queries, and provide advice on the effective use of funds. As a result, beneficiaries were empowered to make informed decisions, confidence in the assistance increased within the community, and cash support was effectively utilized for shelter rehabilitation and recovery.

**Provision of cash to households for Shelter reconstruction:** A one-time cash transfer of XOF 218,327 per displaced household was provided, enabling families to procure essential building materials, including roofing sheets, timber, and basic tools. This conditional cash approach ensured that the assistance was used specifically for shelter reconstruction while giving households the flexibility to address their most urgent needs. As a result, affected families were able to rebuild safer and more resilient homes, reducing their exposure to rain, wind, and other environmental hazards, and restoring dignity, stability, and protection to their households.

**Community sensitization and engagement:** A total of 16 structured dialogues, meetings with local leaders, and community group discussions were conducted to explain the cash transfer program, the beneficiary selection criteria, and guidance on effective use of the funds. These sessions provided community members with the opportunity to ask questions, raise concerns, and offer feedback, ensuring that the response was participatory and transparent. As a result, the community demonstrated high levels of understanding and acceptance, which strengthened accountability and minimized the risk of misunderstandings or misuse of funds.

**Monitoring of cash use by volunteers:** A total of twenty volunteers carried out regular follow-up visits to households to track how cash transfers were being utilized and to provide guidance on shelter reconstruction techniques. This monitoring ensured that funds were applied appropriately for their intended purpose, such as purchasing building materials and rebuilding homes. By supporting households in the practical use of resources, volunteers enhanced the effectiveness of the intervention, promoted quality shelter repairs, and reinforced trust between the community and the National Society.

**Post-distribution monitoring (PDM):** A post-distribution monitoring exercise conducted by trained volunteers not directly involved in the response confirmed high levels of beneficiary satisfaction, with 95.9% of households reporting that the assistance met their priority needs. Findings indicated that cash assistance significantly supported shelter recovery, with most households prioritizing the purchase of roofing materials, timber, and tools for the repair of damaged structures.

As a result, many families were able to restore habitable living conditions and reduce exposure to weather-related risks. The monitoring



also highlighted improvements in safety, privacy, and dignity at household level, particularly for women, children, and older persons. Host households reported reduced overcrowding pressures as displaced families were able to begin returning to repaired shelters.

## Lessons Learnt

Cash-based shelter assistance is most effective when combined with practical technical guidance at household level rather than cash alone. In this response, conditional cash transfers supported households to procure shelter materials, while volunteers and local skilled builders provided “Build Back Better” (BBB) guidance during reconstruction. This combination improved the quality and safety of repairs, with households prioritizing roofing materials and structural improvements that reduced exposure to weather risks. The experience showed that shelter recovery outcomes are stronger when cash assistance is accompanied by hands-on technical support that influences how resources are used in practice.

Community engagement improves accountability and acceptance when it is structured and continuous across all stages of implementation, not only during targeting. In this operation, involving community leaders and committees in beneficiary validation, information sharing, and monitoring helped reduce misunderstandings around selection criteria and improved transparency during distribution. Feedback from communities indicated higher satisfaction when decisions were explained collectively and verified locally, demonstrating that sustained engagement throughout implementation strengthens trust and reduces operational friction.

## Challenges

- Access constraints due to damaged infrastructure: Some affected neighborhoods were difficult to reach because of collapsed roads and debris, slowing down distribution and monitoring activities and requiring volunteers to rely on local guidance and alternative routes.



## Multi Purpose Cash

**Budget:** CHF 58,255

**Targeted Persons:** 1,883

**Assisted Persons:** 1,883

**Targeted Male:** 923

**Targeted Female:** 960

## Indicators

Title	Target	Actual
# of assessment conducted	1	1
# of volunteers trained and engaged in cash activities	20	20
# of households receiving unconditional cash assistance	269	269
# of PDM Conducted	1	1

## Narrative description of achievements

Registration and verification of beneficiaries: Twenty volunteers carried out a comprehensive registration and verification process to identify 269 households eligible for the unconditional cash transfer. Priority was given to the most vulnerable households, including displaced families, female-headed households, and families with children, elderly members, or persons with disabilities. This approach ensured equitable targeting, maximized the impact of resources, and strengthened fairness and accountability throughout the operation.

Information session for volunteers: An orientation session was conducted for 20 volunteers involved in cash distribution, covering operational procedures, protection principles, and effective communication techniques. The session equipped volunteers to manage cash transfers efficiently, respond to beneficiary questions, and ensure the transparent and safe delivery of funds throughout the operation.

Volunteer sensitization of targeted families: The 20 trained volunteers conducted community-level sensitization sessions with the 269 targeted households, providing guidance on mobile money transactions and the safe use of cash. These sessions helped beneficiaries



understand the distribution process, minimized errors and misunderstandings, and ensured that households were able to access and utilize the funds effectively to meet their urgent needs.

Unconditional cash transfer to households: Each of the 269 households received XOF 128,910 through mobile money platforms. The cash assistance was intended to support basic needs, including food, hygiene items, and other essential household items. This intervention provided households with flexible and dignified support, enabling them to prioritize their most urgent needs and enhancing overall well-being and household stability.

Post-distribution monitoring (PDM): Following the multipurpose cash transfers to 269 households for basic needs, food, and non-food items, a three-day post-distribution monitoring (PDM) exercise was conducted by ten trained volunteers not directly involved in the response. The findings indicated that 95.9% of beneficiaries reported being satisfied with the assistance received. The majority of households confirmed that the cash was used in a flexible and priority-based manner, reflecting the multipurpose nature of the assistance. Reported expenditures included food purchases to restore immediate consumption, procurement of shelter materials (such as roofing sheets, timber, and nails), and replacement of essential household items including cooking utensils, bedding, and clothing. Some households also allocated part of the cash to transportation costs, minor health expenses, and small livelihood recovery activities, particularly among subsistence farming households seeking to re-establish productive capacity. Overall, the PDM confirmed that the unconditional cash modality effectively enabled households to meet diverse needs, contributing to improved food security, restored dignity, and reduced reliance on negative coping strategies.

## Lessons Learnt

The operation generated several actionable lessons derived from implementation experience in Gabu, particularly in relation to cash assistance and community engagement.

A key lesson is that multipurpose cash transfers are most effective when market functionality is closely monitored throughout implementation, not only at the design stage. During the response, early observations showed that households used cash across multiple priorities food, shelter materials, and essential household items, confirming that needs were more diverse than initially assumed. This demonstrated that flexibility in cash modalities allowed households to prioritise recovery differently within the same context, reinforcing the importance of maintaining multipurpose cash rather than sector-restricted transfers in similar sudden-onset emergencies.

Another lesson is that targeting clarity must be reinforced before distribution through structured community validation processes. In the early phase, most complaints (5 out of 14 feedback cases) were related to beneficiary selection and eligibility. Once beneficiary lists were publicly validated with local committees and explained during pre-distribution briefings, the volume of targeting-related complaints decreased significantly. This shift showed that community-level validation directly reduced misunderstanding and improved acceptance of targeting decisions.

Integrating PGI considerations into operational procedures improves access but requires early operational adaptation, not just assessment-level identification. Adjustments such as priority queues and targeted assistance for persons with disabilities and older persons were introduced after PGI findings, and field observations showed reduced waiting time barriers and improved access for vulnerable groups. This demonstrated that PGI analysis only becomes operationally meaningful when translated into concrete distribution design changes.

Community feedback mechanisms are most effective when linked to real-time operational decision-making rather than endline review only. Feedback collected through CEA channels led to immediate adjustments in communication approaches and distribution planning, which reduced repeated complaints in later phases. This confirmed that accountability systems are most impactful when they directly inform ongoing implementation rather than serving as a reporting tool only.

## Challenges

- Limited familiarity with mobile money transactions: Some households required additional support to navigate mobile money platforms, which slightly slowed the disbursement process.
- Market fluctuations: Rising prices of essential goods meant that cash value required continuous monitoring to ensure it maintained its purchasing power and adequately met household needs.



**Budget:** CHF 18,239  
**Targeted Persons:** 1,883  
**Assisted Persons:** 1  
**Targeted Male:** 923  
**Targeted Female:** 960



## Indicators

Title	Target	Actual
# of volunteers trained in First Aid, PSS, CEA, and safeguarding	20	20
# of PSS sessions conducted	8	8
# of affected HHs provided with PSS	1,505	1,750
# of people in the affected community reached through health promotion	1,883	1,883
# of HHs received treated Mosquito nets	269	269
# of volunteers and staff received protective gear rains	35	35

## Narrative description of achievements

**Training of volunteers in PSS, First Aid, CEA, and safeguarding:** A one-day training session was conducted for 20 volunteers to enhance their skills in Psychosocial Support (PSS), First Aid, Community Engagement and Accountability (CEA), and safeguarding principles. The training provided volunteers with practical tools to address health-related needs, offer emotional support to affected families, and engage communities in health promotion activities. As a result, volunteers were able to deliver timely first aid, identify signs of distress, and support affected individuals safely and respectfully, improving the overall quality and effectiveness of the humanitarian response.

**Provision of psychosocial support to affected families:** A total of 20 trained volunteers provided psychosocial support (PSS) to individuals and families affected by the windstorm during the first month of the operation. Through household visits, group discussions, and community interactions, volunteers offered emotional support and guidance to those who had lost homes or experienced trauma. This support helped affected individuals manage stress, rebuild emotional resilience, and restore a sense of stability and well-being throughout the recovery process.

**Hygiene and sanitation campaigns in affected communities:** Volunteers conducted eight hygiene and sanitation campaigns over a three-month period, engaging community members in clearing debris left by the windstorm and improving environmental sanitation. Activities included cleaning public spaces, removing stagnant water, and raising awareness about proper waste management. These campaigns helped reduce potential mosquito breeding sites, lowered the risk of waterborne and vector-borne diseases, and promoted collective responsibility for maintaining a healthy and safe environment.

**Health prevention awareness and community sensitization:** Twenty trained volunteers conducted health awareness sessions within affected communities, focusing on disease prevention, proper hygiene practices, and the correct use of mosquito nets. The sessions emphasized protecting vulnerable groups, including children under five and pregnant women. As a result, community members gained improved knowledge of preventive health measures, enabling them to take proactive steps to safeguard their families from malaria and other illnesses.

**Distribution of mosquito nets to targeted households:** A total of 269 targeted households received insecticide-treated mosquito nets, with each household provided two nets to ensure adequate protection against mosquito bites. This intervention was especially crucial during the rainy season, when the risk of malaria transmission is higher. By reducing exposure to vector-borne diseases, the distribution contributed to improved health protection for vulnerable household members.

**Provision of rain gear for volunteers and staff:** To ensure the safety and operational effectiveness of responders, raincoats and rubber boots were provided to 20 volunteers and 15 staff members involved in field activities. This equipment allowed personnel to continue monitoring, conducting awareness campaigns, and carrying out distributions safely, even under challenging weather conditions. By supplying appropriate protective gear, the operation ensured that volunteers and staff could perform their duties effectively while minimizing health and safety risks during field deployment.

## Lessons Learnt

A key lesson from the operation is that community-based health interventions are most effective when volunteers are trained with practical, multi-skilled capacities and deployed immediately after the shock. In this response, training volunteers in psychosocial support (PSS), first aid, and health promotion enabled them to provide both immediate assistance and preventive messaging during the early



recovery phase. This contributed to improved community trust and increased acceptance of health messages, as volunteers were able to respond not only to physical injuries but also to psychological distress linked to displacement and loss. Field observations indicated higher engagement in communities where volunteers were actively present in both response and follow-up activities, demonstrating that integrated volunteer training strengthens both service delivery and community confidence.

Linking hygiene promotion with practical community action increases participation and reinforces behavior change more effectively than awareness sessions alone. In this operation, combining hygiene messaging with environmental clean-up activities led by volunteers encouraged households to take collective responsibility for reducing stagnant water and debris in affected areas. This approach was associated with improved community engagement in prevention measures, particularly in high-risk zones where mosquito breeding conditions had been identified. The experience showed that health education is more effective when it is paired with visible, collective action at community level, rather than delivered as standalone messaging.

## Challenges

- Limited health resources in local facilities. Local health structures were already overstretched, which limited the availability of referral services for more complex health or psychosocial cases.
- Behavioral change takes time. While awareness sessions improved knowledge, some households required continuous follow-up to consistently adopt recommended hygiene and sanitation practices.



## Protection, Gender And Inclusion

**Budget:** CHF 1,699

**Targeted Persons:** 1

**Assisted Persons:** 50

**Targeted Male:** 35

**Targeted Female:** 15

## Indicators

Title	Target	Actual
# of PGI risk analysis conducted and vulnerabilities identified	1	1
% of people reached through PGI awareness sessions for frontline responders	50	76

## Narrative description of achievements

Protection Gender and Inclusion: risk analysis to identify vulnerabilities: A PGI risk analysis was conducted at the onset of the response to identify groups most exposed to protection risks following the windstorm in Gabu. Based on rapid assessment findings, community consultations, and volunteer observations, the analysis identified that around 52% of affected households were hosting displaced relatives in overcrowded conditions, with women, children (including an estimated 200 children under five), older persons, and persons with disabilities among the most at-risk groups. It also found that 38% of shelters lacked private sanitation facilities, increasing exposure to protection risks, particularly for women and adolescent girls.

These findings directly informed the response by improving targeting of the 215 most severely affected households, ensuring inclusion of female-headed households and households with persons with disabilities, and adjusting cash assistance based on household size to support equitable access. Distribution arrangements were also adapted through priority access and separate queues for older persons, pregnant women, and persons with disabilities to reduce waiting times and protection risks. Volunteers were trained to identify and refer protection concerns, resulting in seven vulnerability cases (including elderly persons living alone and persons with mobility challenges) being referred for follow-up support. Community Engagement and Accountability mechanisms were strengthened through confidential feedback channels, recording 14 cases, of which 12 were resolved within 48 hours.

These measures improved safety, access, and accountability, as reflected in feedback from a volunteer who noted that PGI training helped teams “identify those being left out, especially elderly women and persons with disabilities,” and a female beneficiary who reported feeling safer and fairly treated during distributions. At the end of the operation, immediate protection risks were reduced through improved targeting, safer distribution practices, and strengthened awareness, although gaps remained in structured community-based protection systems, availability of disaggregated data, and formal referral pathways for gender-based violence, child protection, and



disability inclusion in future responses.

Collection and use of Sex, Age, and Disability Disaggregated Data (SADDD): The operation systematically collected Sex, Age, and Disability Disaggregated Data (SADDD) during beneficiary registration and monitoring activities. This information enabled the Guinea-Bissau Red Cross to better understand the demographic profile of the affected population and tailor assistance to meet specific needs. By integrating SADDD into planning and implementation, the response ensured that support was inclusive and responsive to women, children, elderly persons, and persons with disabilities, enhancing both the effectiveness and equity of the intervention.

Protection Gender and Inclusion (PGI) awareness sessions for frontline responders: Awareness sessions were conducted for frontline staff and volunteers to strengthen their understanding of Protection, Gender, and Inclusion (PGI) principles, including safeguarding, gender sensitivity, and the prevention of sexual exploitation and abuse (PSEA). These sessions provided responders with practical tools to identify protection concerns and respond appropriately during interactions with affected communities. As a result, volunteers were better prepared to deliver assistance in a respectful, inclusive, and safe manner, ensuring that humanitarian support minimized risks for vulnerable individuals.

Mapping and awareness of safe referral pathways: The operation identified and mapped existing referral pathways for Gender Based violence (GBV) and child protection cases in coordination with local authorities and service providers. Staff and volunteers were trained on these pathways and instructed on how to guide affected individuals to appropriate support services. This approach ensured that people experiencing protection risks could access assistance confidentially and safely, strengthening community trust in the response and reinforcing a survivor-centered approach.

Establishment of safe spaces and psychosocial support for women and girls: Safe spaces were set up within the community to provide women and girls with a secure environment to seek support, share concerns, and access information. These spaces particularly benefited female-headed households, survivors of violence, and adolescent girls, who are often more vulnerable following disasters. The initiative fostered a supportive environment that promoted safety, dignity, and community solidarity, helping to reduce isolation and strengthen the well-being of vulnerable groups.

Provision of Mental Health and Psychosocial Support (MHPSS): Mental health and psychosocial support services were provided to individuals affected by trauma, including survivors of violence and families who experienced significant losses due to the windstorm. Trained volunteers delivered psychological first aid, emotional support, and referrals to specialized services when needed. These interventions helped affected individuals manage distress, rebuild emotional resilience, and restore a sense of stability and well-being throughout the recovery process.

## Lessons Learnt

A key lesson from the operation is that early integration of PGI analysis significantly improves targeting accuracy and the protection of affected populations when it is translated into operational decisions. In this response, conducting a rapid PGI risk analysis at the onset enabled the identification of high-risk groups, including households hosting displaced persons, women, children, and persons with disabilities. This directly informed adjustments to targeting criteria and distribution arrangements, such as priority access for vulnerable groups and household-size-based cash allocations. Field implementation showed reduced exclusion risks during distributions, demonstrating that PGI added operational value when applied beyond assessment into practical delivery mechanisms.

Another important lesson is that volunteer training on PGI, safeguarding, and PSEA improves the safety and quality of service delivery when combined with clear field-level procedures. In this operation, trained volunteers were able to identify and refer protection concerns, resulting in several vulnerability cases being flagged for follow-up support, while also applying safer distribution practices such as prioritised queues and assisted access for persons with reduced mobility. This contributed to smoother distribution flow and fewer protection-related complaints, showing that safeguarding training is most effective when reinforced through practical tools and clear role allocation during implementation.

## Challenges

N/A



## Community Engagement And Accountability

**Budget:** CHF 1,591  
**Targeted Persons:** 1,883  
**Assisted Persons:** 1  
**Targeted Male:** -  
**Targeted Female:** -



## Indicators

Title	Target	Actual
# of feedback mechanisms set up in affected communities	1	1
# of volunteers trained on CEA-RCCE	20	20
% of feedback collected that are analyzed and responded to by the NS	90	100

## Narrative description of achievements

**Training of volunteers in CEA and risk communication:** Volunteers received targeted training in Community Engagement and Accountability (CEA) and risk communication, with a focus on conveying shelter-related risks during the “Build Back Better” (BBB) awareness sessions. This training enhanced their ability to engage effectively with communities, provide accurate information, and respond to questions or concerns. As a result, volunteers were better equipped to facilitate open dialogue with affected populations, ensuring that information about the response was clearly understood and fostering transparency, trust, and community confidence in the intervention.

**Community meetings on health prevention and good practices:** Meetings were held with community leaders, host families, and affected households to discuss health prevention measures, with a focus on the risks of waterborne diseases following the windstorm. Volunteers shared key messages on hygiene, sanitation, and environmental clean-up practices during these sessions. The discussions encouraged active community participation in maintaining safe living environments and supported the adoption of preventive health behaviors, helping to reduce the risk of disease outbreaks.

**Establishment of a complaints and feedback mechanism:** An accessible complaints and feedback system was set up to enable community members to raise concerns, ask questions, and provide suggestions related to the response activities. This mechanism ensured that affected populations had a safe and structured way to voice their perspectives. As a result, the operation was able to incorporate community feedback into its implementation, enhancing accountability and responsiveness to the needs of the people served.

**Consultation with communities on preferred feedback channels:** During initial meetings with community leaders and affected households, consultations were carried out to identify community preferences for communication and feedback channels. Community members provided input on the most suitable methods for receiving information and raising concerns, such as through community meetings or direct engagement with volunteers. This participatory approach ensured that the feedback system was accessible, culturally appropriate, and widely utilized by the affected population.

**Community sensitization on Red Cross role and assistance provided:** Volunteers organized community meetings and household-level discussions to explain the role of the Red Cross, the type of assistance being offered, and the criteria used to select beneficiaries. These sessions ensured that community members received accurate information about the intervention and helped manage expectations. As a result, communities demonstrated improved understanding of the response process, reducing the risk of misunderstandings or tensions.

**Clear communication on National Society interventions:** Communication channels were established to provide regular updates on ongoing activities and assistance delivered by the National Society. Volunteers acted as key points of contact for communities, ensuring that information about the response was accessible and transparent. This continuous flow of information strengthened community confidence in the intervention and encouraged active participation in recovery and response efforts.

**Analysis and use of community feedback:** Community Engagement and Accountability (CEA) mechanisms were integrated throughout the operation to ensure two-way communication with affected populations. Feedback was collected through a complaints and feedback mechanism, community meetings, direct reporting channels, and post-distribution monitoring (PDM). In total, 14 feedback cases were recorded, complemented by recurring inputs from community discussions and field visits.

**Main feedback and complaints included delays in distribution schedules (5 cases), clarification on beneficiary selection and targeting criteria (4 cases), requests for assistance from non-targeted households (3 cases), and concerns related to waiting times and crowding during distributions (2 cases).** All cases were addressed through volunteer follow-up, community sensitisation, and clarification sessions with community committees. Distribution schedules were adjusted to reduce waiting times, and additional pre-distribution communication was conducted to improve transparency on selection criteria, which reduced repeated queries in later phases.

**Trend analysis showed that most concerns occurred during the initial distribution phase, mainly related to targeting and communication gaps.** Feedback reduced over time after community briefings were strengthened and beneficiary lists were validated with local leaders. PDM findings also confirmed improved satisfaction, with 95.9% of beneficiaries reporting understanding of the selection process and perceiving the assistance as fairly distributed.



Qualitative feedback reflected improved trust and transparency. A community member noted that “once the lists were explained with the village committee, people understood who was selected and why,” while a Red Cross volunteer reported that “community questions reduced after pre-distribution briefings were introduced in each neighbourhood.”

At the end of the operation, CEA mechanisms strengthened accountability, improved trust, and supported timely operational adjustments. Key areas for improvement include earlier communication of targeting criteria, increased use of pre-distribution briefings, and further strengthening of community feedback channels for faster response in future operations.

## Lessons Learnt

A key lesson from the operation is that early and continuous community engagement only improves transparency and trust when it is paired with structured, repeated communication on targeting and assistance criteria. In this response, initial feedback showed that most complaints were related to beneficiary selection and eligibility. Once pre-distribution briefings were introduced and beneficiary lists were validated with community leaders, misunderstandings significantly reduced and feedback related to targeting decreased in later distribution phases. This demonstrated that trust is strengthened not only by providing information, but by reinforcing it consistently through multiple community channels.

Feedback mechanisms become most effective when they directly influence operational adjustments rather than serving only as reporting tools. In this operation, feedback collected through community meetings, PDM, and complaints channels led to immediate changes in distribution scheduling and communication approaches. For example, adjustments to distribution flow and improved pre-distribution messaging reduced crowding and repeated inquiries in subsequent phases. This showed that responsiveness increases when feedback is actively used to modify implementation in real time, rather than being reviewed only at the end of the activity cycle.

## Challenges

N/A



## Secretariat Services

**Budget:** CHF 19,142

**Targeted Persons:** 4

**Assisted Persons:** 4

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
# of IFRC support missions conducted	3	2
# of lessons learnt supported	1	1

## Narrative description of achievements

Technical support missions from IFRC to the National Society: The IFRC conducted two technical support missions, led by the PMER and Operations teams, to support the implementation of the operation. The first mission, led by the Senior PMER Officer, focused on strengthening National Society capacity, assisting in the development of a detailed response plan of action, supporting understanding of the DREF operational strategy, developing response tracking tools, and providing training on the new DREF evolution for the NS Operations and Support Services team.

The second mission, led by the Senior Operations Officer, focused on assessing the quality of the cash transfer, monitoring cash utilization by beneficiaries, supporting the lessons learned workshop, and providing guidance on the close-out of the response. These missions enhanced planning, monitoring, reporting, and operational coordination. Through field visits and targeted technical guidance, they helped the National Society address implementation challenges, improve reporting quality, and ensure that all activities were conducted in accordance with DREF standards and procedures.

Regular security briefings for staff and volunteers: Throughout the operation, staff and volunteers received regular security briefings and updates. These sessions ensured that responders were informed of potential risks, operational safety protocols, and the appropriate



measures to follow during field activities. As a result, personnel maintained enhanced situational awareness and were able to work under safer conditions throughout the response.

The DREF lessons learned workshop: A lessons learned workshop was organized to review the implementation of the operation and capture key insights from staff, volunteers, and branch representatives involved in the response. Key participants included Guinea-Bissau Red Cross staff at branch and headquarters levels, volunteers, IFRC representatives, and a representative from the Environmental Protection Agency. The workshop provided a platform to reflect on operational successes, identify challenges encountered, and document best practices. The findings contributed to strengthening institutional learning and enhancing preparedness for future emergency responses.

## Lessons Learnt

A key lesson from the operation is that continuous technical support from the IFRC Secretariat strengthens operational quality when it is sustained throughout implementation rather than provided only at approval or reporting stages. In this response, regular engagement between the IFRC and the National Society enabled timely identification and resolution of operational and compliance issues, particularly in relation to DREF implementation requirements. This ongoing support contributed to improved adherence to operational standards, faster decision-making on technical adjustments, and stronger alignment of reporting with IFRC procedures, demonstrating that continuous accompaniment enhances both quality and efficiency of implementation.

Integrating technical support missions with structured learning activities increases efficiency and improves knowledge retention at National Society level. In this operation, combining IFRC technical support visits with the lessons learned workshop enabled broader participation of staff and volunteers while reducing duplication of field engagement efforts. This approach strengthened participation in reflective discussions, improved documentation of operational learning, and ensured that capacity strengthening was directly linked to real implementation experience, increasing its practical value for future responses.

## Challenges

N/A



## National Society Strengthening

**Budget:** CHF 18,950

**Targeted Persons:** 40

**Assisted Persons:** 40

**Targeted Male:** 24

**Targeted Female:** 16

## Indicators

Title	Target	Actual
#of volunteers provided briefing	20	20
# of volunteers deployed	20	20
# of volunteers the insured	20	20
# of staff provided with salary support	4	4

## Narrative description of achievements

•Provision of operational and security briefings for volunteers: Two operational and security briefings were conducted for volunteers involved in the response to ensure they clearly understood their roles, responsibilities, and the potential risks associated with field activities. The first briefing was held at the start of the operation and the second prior to the distribution of relief items. Throughout the response, additional security updates and operational guidance were shared through meetings and phone communications. As a result, volunteers were better prepared to carry out their tasks safely and effectively, which strengthened coordination in the field and contributed to the smooth and secure implementation of response activities in the affected communities.



Insurance coverage for volunteers engaged in the operation: All 20 volunteers deployed in the response were provided with insurance coverage throughout the implementation of activities. This measure ensured that volunteers were protected while carrying out humanitarian duties in the field and reflected the National Society's commitment to safeguarding volunteer safety and welfare. As a result, volunteers were able to perform their roles with greater confidence and security, contributing to the effective and uninterrupted delivery of assistance to affected communities.

Measures to ensure volunteers' safety and well-being: The operation placed strong emphasis on safeguarding the safety and well-being of volunteers by promoting safe working practices, closely monitoring field activities, and ensuring that volunteers received adequate supervision and support from staff. These measures helped reduce operational risks and created a supportive working environment, enabling volunteers to carry out their responsibilities effectively while protecting their physical and psychological well-being throughout the response.

Capacity building through volunteer training: Volunteers participating in the response received training in key thematic areas such as cash programming, health promotion, psychosocial support, community engagement, and safeguarding. These trainings strengthened the technical capacity of volunteers and improved their ability to respond to community needs. As a result, the National Society enhanced its operational readiness and developed a more skilled volunteer base capable of responding to future emergencies.

Provision of personal protective equipment and visibility materials: Volunteers and staff involved in the response were equipped with personal protective equipment (PPE) and visibility materials, including rain gear and Red Cross identification items. These materials enhanced the safety of personnel during field deployments, particularly in challenging weather conditions, and ensured that responders were clearly identified within the communities. This contributed to safer and more effective field operations while strengthening the visibility, acceptance, and credibility of the National Society's humanitarian response.

## Lessons Learnt

Investing in volunteer capacity improves response quality when training is directly linked to field deployment and clearly defined roles. In this response, volunteers who received training and support were able to conduct assessments, support distributions, and implement Community Engagement and Accountability (CEA) activities more effectively, including feedback collection and basic protection screening. This resulted in improved service delivery at community level and reduced implementation bottlenecks, demonstrating that volunteer capacity strengthening has the greatest impact when it is operationally applied during response activities rather than delivered as standalone training.

Clear coordination between headquarters and branch structures enhances operational efficiency when communication channels and responsibilities are well defined from the outset. In this operation, close collaboration between the national headquarters and the Gabu Branch facilitated smoother planning, faster decision-making, and more effective monitoring of field activities. This coordination improved the consistency of implementation, ensured timely reporting, and supported rapid resolution of operational issues, showing that strong vertical coordination is critical for maintaining quality and accountability in decentralized emergency responses.

## Challenges

Limited human resources at branch level. The high workload during the response placed additional pressure on the limited number of staff and volunteers available to manage activities and reporting requirements.

Need for continuous capacity development. While the operation strengthened skills in several areas, ongoing training and mentoring remain necessary to sustain and further develop the National Society's emergency response capacity.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRGW006 - Guinea Bissau - Windstorm

Operating Timeframe: 20 Jun 2025 to 31 Oct 2025

Selected Parameters	
Reporting Timeframe	* Operation MDRGW006
Budget Timeframe	* Budget APPROVED

Prepared on 16/Mar/2026

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>198,499</b>
DREF Response Pillar	198,499
<b>Expenditure</b>	<b>-195,255</b>
<b>Closing Balance</b>	<b>3,244</b>

### II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	75,704	77,508	-1,804
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	54,699	57,891	-3,192
PO04 - Health	17,125	21,674	-4,549
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion	1,595	1,680	-85
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	12,755	42	12,713
PO10 - Community Engagement and Accountability	1,494	1,573	-79
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>163,372</b>	<b>160,368</b>	<b>3,005</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	15,810	14,267	1,544
EA03 - National Society Strengthening	19,317	20,621	-1,304
<b>Enabling Approaches Total</b>	<b>35,127</b>	<b>34,888</b>	<b>239</b>
<b>Grand Total</b>	<b>198,499</b>	<b>195,255</b>	<b>3,244</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

The Health sector recorded higher-than-planned expenditure, resulting in a variance of CHF -4,548.84, with actual expenditure of CHF 21,674.21 against a budgeted amount of CHF 17,125.37. This variance was primarily driven by an underestimation of the resources required to fully implement planned health activities, particularly in the scale and intensity of psychosocial support, hygiene and sanitation promotion, and the distribution of mosquito nets to all targeted households.

During implementation, it became necessary to expand the scope and reach of several health interventions to adequately respond to

identified needs in affected communities. This led to increased operational costs compared to initial projections. To ensure full delivery of planned activities, the additional costs were covered through internal reallocations from budget lines that were underutilized during the operation. This adjustment allowed all planned health outputs to be completed without reducing the quality or coverage of interventions, while maintaining overall operational balance and ensuring achievement of health-related objectives.



# Contact Information

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

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[Click here for reference](#)

