



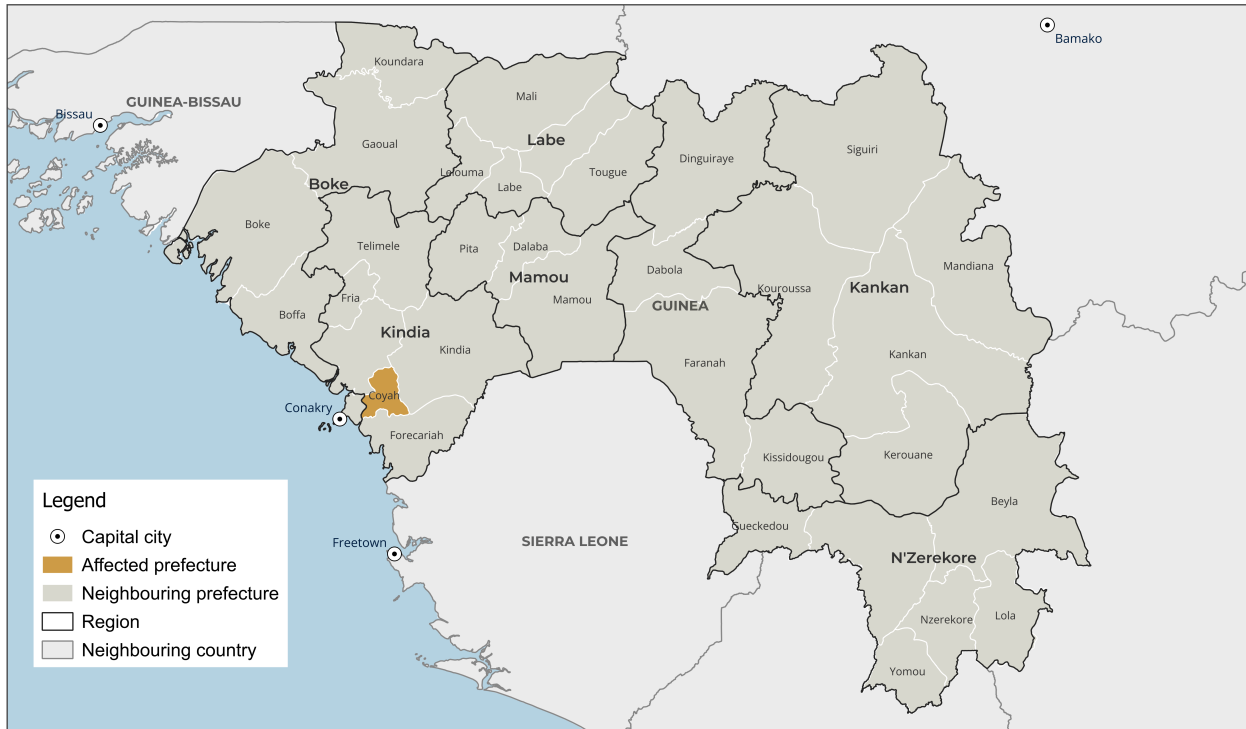
Distribution of relief items to beneficiaries of Coyah Floods

Appeal: MDRGN018	Total DREF Allocation: CHF 682,592	Crisis Category: Orange	Hazard: Flood
Glide Number: -	People Affected: 333,375 people	People Targeted: 17,523 people	People Assisted: 17,523 people
Event Onset: Sudden	Operation Start Date: 31-07-2025	Operational End Date: 31-01-2026	Total Operating Timeframe: 6 months
Targeted Regions: Kindia			

Description of the Event

Guinea : Floods

24 July 2025



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: GADM, Guinea RC, HDX | IFRC. Map produced by: IFRC Africa Region Office, Nairobi.

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Map showing Coyah Floods

Date of event

22-07-2025

What happened, where and when?

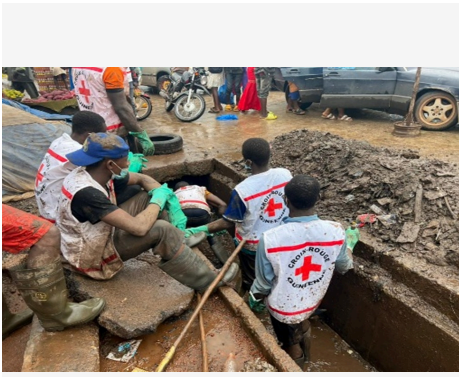
In the early morning hours of July 22, 2025, Coyah Prefecture was struck by intense torrential rainfall that resulted in catastrophic and widespread flooding across the region. The severity of the rainfall led to rapid water accumulation, overwhelming drainage systems and natural waterways. At approximately 3:00 a.m., the Sarinka River overflowed its banks, triggering flash floods and landslides that caused extensive destruction to homes and infrastructure.

The flooding affected multiple neighborhoods and sub-prefectures, including Tougandé, Batouah, Fili, Laminaya, Kilomètre 54, Tabili, Bananeraie, Bangouyah, Kouriah Center, Mangasybaya, Nasser, Toguiron, the city center, Kountia, and Wonkifong. The urban commune of Coyah, as well as the rural communes of Maneah, Wonkifong, and Kouriah, were among the hardest hit areas.

The disaster unfolded rapidly during nighttime hours, forcing many residents to evacuate their homes under dangerous conditions as floodwaters rose quickly. The sudden onset and intensity of the flooding, combined with landslides, resulted in significant damage to residential structures and widespread displacement.

By the end of the intervention period, floodwaters had receded and emergency response activities had been completed. Affected communities had transitioned from immediate life-saving assistance to early recovery, with many households either returning to their homes or seeking longer-term shelter solutions, and basic services gradually restored.





Community clean-up campaign by volunteers in Coyah



Distribution of mosquito nets and demonstration by volunteers in Coyah



Household water treatment in Coyah following contamination by floods



Focus Group discussion during PGI risk assessment in Coyah

Scope and Scale

The flooding that affected Coyah Prefecture on 22 July 2025 had severe humanitarian consequences on lives, livelihoods, infrastructure, and overall well-being. According to consolidated assessments conducted by local authorities and response partners, the disaster resulted in four confirmed fatalities, including two children, and at least 527 injuries. A total of 512 people were displaced following the destruction or severe damage of their homes, with many households also losing essential belongings such as food stocks, clothing, and basic household items.

Joint assessments by the Coyah Civil Protection and Emergency Response Committee (CPCR), in coordination with national authorities and the Red Cross, estimated that approximately 17,523 people (2,613 households) were directly affected. These households experienced significant losses in shelter, livelihoods, and access to basic services. In addition, more than 300,000 people across the prefecture were indirectly affected through widespread disruption of infrastructure, markets, water systems, and health services.

The most severely impacted populations were located in flood-prone, low-lying areas along the Sarinka River and its tributaries. These settlements are characterized by high population density, informal housing, inadequate drainage systems, and limited resilient infrastructure, all of which contributed to heightened exposure and vulnerability. Livelihoods were heavily disrupted, particularly among households dependent on small-scale agriculture, petty trade, and daily wage labor, due to asset losses, reduced market access, and damage to productive resources.

Vulnerable groups, including children, older persons, people with disabilities, pregnant and lactating women, individuals with chronic illnesses, and female-headed households were disproportionately affected. These groups faced heightened barriers in accessing safe shelter, healthcare, clean water, and sanitation during both the emergency and early recovery phases.

While flooding is a recurring seasonal hazard in Guinea, the 2025 event in Coyah was notably more severe than in previous years. Comparative data from 2020–2024 indicates that previous flood events typically affected between 3,000 and 8,000 people. In contrast, this event directly impacted over 17,500 individuals and caused extensive indirect disruption across the prefecture. The scale of damage, combined with the number of casualties and displaced persons, exceeded historical patterns. Contributing factors such as rapid urbanization, deforestation, and inadequate drainage infrastructure continue to intensify flood risk and amplify the impact of seasonal rainfall.

By the end of the intervention period, the humanitarian situation had been significantly stabilized. Immediate needs for emergency shelter, basic household items, healthcare support, and water, sanitation, and hygiene services were addressed for the most affected households. Displaced families had largely returned to their communities or secured temporary shelter, while access to essential services,

including safe water and primary healthcare had been restored in most affected areas. Early livelihood recovery was also underway, with households gradually resuming income-generating activities, although some families remained in vulnerable conditions.

Overall, the response contributed to reducing immediate health risks, improving living conditions, and strengthening community resilience to future shocks. Targeted communities also benefited from improved access to essential services and increased awareness of hygiene promotion and disaster risk reduction practices.

In addition, the operation strengthened the technical and operational capacity of the Guinea Red Cross. Through the response, the National Society enhanced coordination with local authorities, improved emergency response systems, and strengthened volunteer capacities in rapid assessment, relief distribution, and community engagement. These gains are expected to contribute to more timely, efficient, and effective responses to future emergencies.

Source Information

Source Name	Source Link
1. Journal télévisé RTG du 22 Juillet 2025	https://youtu.be/rfkZ1-rGR9k?si=1POyivArwN3NrbYh
2. Guineematin.com	https://conakryinfos.com/2025/07/22/coyah-une-fillette-de-3-mois-emportee-par-les-eaux-apres-de-fortes-pluies/
3. Alerte météo + bilan ANGUICH	https://www.guinee360.com/21/07/2025/conakry-alerte-aux-risques-dinondations-dans-les-prochaines-24-heures/

IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) played a central role in strengthening the quality, coordination, and effectiveness of the response. Working closely with the Guinea Red Cross, IFRC supported the timely activation and implementation of the Disaster Relief Emergency Fund (DREF) operation, ensuring that priority needs were rapidly identified and addressed through a structured and coordinated approach.</p> <p>Throughout the operation, IFRC provided targeted technical support through three dedicated field missions. These missions strengthened the early response phase, enhanced the design and monitoring of cash-based interventions, and ensured systematic integration of Protection, Gender and Inclusion (PGI) considerations across all activities. IFRC also supported post-distribution monitoring, reinforcing accountability to affected populations and enabling evidence-based adjustments to better align assistance with evolving community needs.</p> <p>Capacity strengthening was a core component of IFRC support. A three-day DREF training equipped response teams with practical skills in emergency planning, implementation, and reporting. This was complemented by a lessons learned workshop, which provided a structured space to reflect on operational challenges, document good practices, and generate recommendations for future responses. Together, these initiatives strengthened the technical capacity, confidence, and operational readiness of staff and volunteers engaged in the response.</p> <p>From its country office in Freetown, IFRC ensured continuous coordination with Movement partners and external stakeholders, including government authorities, UN agencies, NGOs, and donors. The French Red Cross also provided complementary remote technical support, reinforcing the coherence and reach of the collective Movement response.</p> <p>Overall, this sustained engagement contributed to a more timely, coordinated, and</p>
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	accountable response. Affected households benefited from improved targeting, more appropriate assistance modalities, and stronger integration of protection and inclusion considerations. At the institutional level, the Guinea Red Cross strengthened its capacity in cash programming, PGI integration, monitoring and evaluation, and emergency coordination, enhancing its preparedness for future emergencies.
Participating National Societies	There was no support provided by Participating National Societies, including the French Red Cross, throughout the response period.

ICRC Actions Related To The Current Event

No support was provided by the International Committee of the Red Cross office supporting the Guinea Red Cross from its office in Côte d'Ivoire during the response period.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>During the response to the flooding, the Guinea Red Cross worked in close coordination with national and local authorities. This included collaboration with the National Agency for the Management of Emergencies and Humanitarian Disasters (ANGUCH) through its prefectural representation, as well as engagement with municipal authorities, neighbourhood leaders, civil protection services, and administrative structures in the affected areas.</p> <p>Following the initial assessments, national and local authorities convened emergency coordination meetings to review the scale of the disaster and define priority actions. During these meetings, they formally requested the support of humanitarian actors to assist affected populations and support ongoing response efforts.</p> <p>In the immediate aftermath of the floods, ANGUCH coordinated efforts to mobilize available resources from government structures and local institutions to support the response. However, the majority of assistance provided during the initial phase was delivered through community solidarity mechanisms, including support from host families who accommodated displaced households and helped meet urgent basic needs. This community-based response played a central role in supporting affected populations while formal assistance mechanisms were being mobilized.</p>
UN or other actors	Throughout the response period, no formal commitments of support were received from partners, including United Nations agencies, for assistance to the affected populations.

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods in Coyah Prefecture caused extensive damage to housing and settlement conditions across the affected areas. Initial assessments conducted by the Guinea Red Cross prefecture committee estimated that more than 17,523 residential structures were



impacted by the disaster. While the majority of these houses predominantly concrete or semi-permanent structures remained structurally intact, 157 houses were completely destroyed and rendered uninhabitable.

In the immediate aftermath of the flooding, shelter needs were most critical among the 157 households whose homes had been fully destroyed. These families required urgent emergency shelter assistance to ensure safety and protection, as well as support for transition toward rehabilitation or reconstruction of durable housing solutions.

In addition, all affected households including those with partially damaged homes required essential household items to restore basic living conditions and dignity. Priority needs included blankets, sleeping mats, kitchen sets, and other essential non-food items necessary for safe and adequate shelter conditions. Many households had lost or severely damaged these items due to floodwaters, leaving them without the basic means to cook, sleep, or maintain hygiene in their living spaces.

By the end of the operation, emergency shelter needs had been partially addressed for the most severely affected households through immediate response interventions. However, important gaps remained.

The 157 households whose homes were completely destroyed continued to require longer-term shelter solutions, including safe reconstruction or structured support to facilitate durable return. Some households residing in partially damaged shelters also remained in precarious living conditions, as repairs were incomplete or delayed due to limited financial and technical capacity.

Across the wider affected population, needs for replacement of damaged household items were also only partially met. Vulnerable households in particular continued to face shortages of essential non-food items, affecting their ability to restore adequate living conditions. These unmet needs slowed recovery and prolonged exposure to substandard shelter conditions, especially among families with limited coping capacity and access to external support. These gaps are expected to be addressed through the ongoing Rio Tinto project, a fund provided by a mining company to support floods victims



Livelihoods And Basic Needs

The flood-affected areas within Coyah Prefecture were already experiencing the impacts of recurrent climate-related shocks prior to the disaster, which had progressively weakened local livelihoods and income-generating capacities. The 2025 flooding further exacerbated these vulnerabilities, resulting in widespread disruption of economic activities and a significant deterioration in household living conditions.

At the time of the disaster, the most immediate needs were linked to the severe loss of livelihoods, including the destruction of crops, damage to small-scale productive assets, and disruption of local markets and trade networks. These impacts severely reduced household income and purchasing power, leaving many families unable to meet their basic needs. As a result, urgent food assistance and basic livelihood support were identified as critical priorities to stabilize affected populations in the immediate aftermath of the floods.

By the end of the operation, although some households had begun to resume limited economic activities, significant gaps in livelihood recovery persisted. Many affected families continued to experience reduced income opportunities due to ongoing market disruptions, loss of agricultural inputs, and insufficient means to restart small businesses or farming activities. The recovery of livelihoods remained uneven, with the most vulnerable households particularly those dependent on daily wage labour, petty trade, and subsistence agriculture still facing significant constraints.

In addition, residual food security concerns remained for some households, especially those who had exhausted coping mechanisms during the emergency phase and had limited access to recovery support. These persisting needs highlighted the continued requirement for livelihood recovery assistance, including support for income restoration, replacement of productive assets, and strengthened resilience to future climatic shocks.



Health

The floods in Coyah Prefecture resulted in significant health-related impacts, both immediate and ongoing, affecting the physical and psychological well-being of the affected population. The loss of homes, livelihoods, personal belongings, and in some cases relatives, contributed to high levels of psychological distress among affected households, increasing the need for psychosocial support services.

At the time of the disaster, several urgent health needs were identified. These included the treatment of injuries sustained from landslides, collapsing structures, and contact with debris, as well as the provision of first aid for flood-related incidents such as near-drowning cases. In addition, the risk of waterborne and vector-borne diseases was significantly elevated due to stagnant floodwaters, poor sanitation conditions, and contamination of water sources. Outbreak risks, particularly acute watery diarrhoea and other communicable diseases, were identified as critical public health concerns requiring immediate attention.

Access to essential health services was also severely disrupted. Several health facilities were affected by flooding or became difficult to



reach due to damaged roads and infrastructure, limiting the availability of routine and emergency care. This created a gap in both basic health service delivery and community-level health promotion activities at a time when demand for such services was increasing.

By the end of the operation, while access to emergency health care had been partially restored and immediate life-threatening conditions addressed, some gaps remained. Certain affected communities continued to experience limited access to consistent primary healthcare services, particularly in hard-to-reach or severely impacted areas. Health promotion activities and preventive messaging also remained insufficient to fully mitigate ongoing risks related to waterborne diseases and environmental health hazards. In addition, psychosocial support needs persisted among affected individuals, particularly those who had experienced significant loss and displacement.



Water, Sanitation And Hygiene

The flooding in Coyah Prefecture severely disrupted water, sanitation, and hygiene conditions, leading to significant public health risks for affected communities. Floodwaters contaminated existing water sources through the overflow of latrines, wastewater systems, and surface runoff, resulting in a critical shortage of safe drinking water across the most affected areas.

At the time of the disaster, urgent WASH needs included access to safe drinking water, hygiene supplies, and emergency sanitation facilities. The situation was further compounded by widespread environmental contamination and an increase in open defecation due to the destruction or damage of household and community latrines. These conditions significantly increased the risk of waterborne disease outbreaks, including acute watery diarrhoea and other faecal-oral infections.

Immediate priorities therefore included the provision of water treatment solutions, distribution of essential hygiene items such as soap and jerry cans, and the construction or rehabilitation of emergency latrines. In addition, rapid sanitation of flooded and contaminated areas was identified as necessary to reduce exposure to health hazards and restore basic environmental hygiene conditions.

By the end of the operation, while emergency WASH support had reduced the most immediate risks in targeted communities, some gaps persisted. Access to consistently safe drinking water remained limited in certain areas, particularly where infrastructure damage was more severe. Hygiene practices and sanitation conditions also remained fragile in some communities due to incomplete restoration of household and communal latrines. Continued hygiene promotion and reinforcement of safe water management practices were still required to sustain improvements and reduce the risk of disease outbreaks in the recovery phase.



Protection, Gender And Inclusion

The flooding in Coyah Prefecture highlighted significant protection, gender, and inclusion concerns across the affected communities. Diverse vulnerabilities related to gender, age, disability, and social status required more systematic consideration throughout the response to ensure equitable access to assistance and protection services.

At the time of the disaster, vulnerable groups including women and girls, persons with disabilities, older persons, children, and minority populations faced increased risks due to displacement, loss of shelter, and disruption of community protection mechanisms. These groups encountered barriers in accessing humanitarian assistance, safe spaces, and essential services, particularly in overcrowded or unstable living conditions following the floods. The lack of targeted approaches risked unequal access to aid and reduced protection for those most at risk of exclusion or harm.

Operational teams also faced capacity and resource gaps in fully integrating protection principles into field activities. Limited availability of appropriate field equipment, including boots, raincoats, flashlights, bibs, and megaphones, affected safe access to affected communities and the quality of community engagement in difficult operating conditions.

In addition, there was a need for more systematic gender and diversity analysis to better inform operational planning and service delivery. Key response activities, such as distribution planning and hygiene promotion, required stronger adaptation to ensure accessibility for all population groups, including the most vulnerable and hard-to-reach individuals.

By the end of the operation, while some protection and inclusion measures had been incorporated into implementation, gaps remained in the consistent application of PGI mainstreaming across all activities. Continued strengthening of gender- and disability-inclusive approaches, improved data disaggregation, and more structured protection risk analysis were still required to ensure fully equitable access to assistance and to strengthen the safety, dignity, and participation of all affected populations.



Community Engagement And Accountability

At the onset of the response to the flooding in Coyah Prefecture, a key gap identified was the limited existence of fully structured and standardized Community Engagement and Accountability (CEA) systems to ensure consistent, two-way communication with affected



populations. While initial feedback was gathered informally through field teams and community interactions, there was no fully formalized mechanism in place to systematically manage community input, complaints, and response follow-up across all intervention areas.

Despite this structural gap, CEA was one of the strong aspects of the response. The Guinea Red Cross actively engaged with affected communities throughout the operation, ensuring that community perspectives were considered during implementation and that field teams maintained close contact with local leaders and households. This approach allowed for continuous adaptation of activities based on real-time feedback from affected populations.

By the end of the operation, these engagement practices had contributed to improved responsiveness and trust between communities and responders. However, the experience also highlighted opportunities to further strengthen and formalize CEA systems, including the establishment of more structured feedback and accountability mechanisms, such as community committees and standardized complaint-handling procedures. Building on the strengths demonstrated during this response will help ensure even more consistent, inclusive, and systematic community engagement in future operations.

Operational Strategy

Overall objective of the operation

The objective of this operation was to deliver rapid, appropriate, and coordinated humanitarian assistance to 2,613 households (approximately 17,523 individuals) affected by the floods in Coyah Prefecture. The intervention aimed to address urgent needs in shelter, livelihoods, health promotion, and water, sanitation, and hygiene (WASH), while also supporting early recovery processes and contributing to the strengthening of community resilience.

The Guinea Red Cross implemented activities across 14 neighbourhoods in the Coyah urban commune, as well as in the sub-prefectures of Manéah, Wonkifong, and Kouria, using established vulnerability and impact-based targeting criteria to ensure assistance reached the most affected and at-risk populations.

The operation was implemented over a six-month period, enabling a timely response to immediate humanitarian needs while simultaneously supporting affected communities in their transition from emergency relief toward early recovery.

Operation strategy rationale

This DREF operation provided emergency shelter assistance and multipurpose cash transfers (MPCT) to enable affected households to reconstruct damaged homes, access food and essential non-food items, and support early recovery and basic disaster risk reduction activities.

Post-distribution monitoring findings from previous operations (MDRGN015 and MDRGN017) confirmed that cash-based interventions were highly effective in supporting recovery. Cash assistance allowed affected households to prioritise their most urgent needs, restored dignity and choice, and contributed to the revitalisation of local markets.

Prior to the response, the Guinea Red Cross had an established partnership with Orange through the Orange Money platform, operational since 2018 under an annual renewable agreement initially developed under the AMIRA Project to support returning migrants. The platform has been validated by the IFRC Sahel Plus Cluster following review of contractual and operational procedures, and has since been successfully used in multiple emergency responses, including COVID-19 and flood operations in Kankan, Siguiri, and Coyah in 2023.

With nationwide coverage and a strong agent network across prefectures and sub-prefectures, Orange ensured reliable cash delivery. In Coyah, a key commercial hub, mobile network coverage was particularly strong, enabling efficient and uninterrupted cash transfers.

The six-month operation was designed to provide targeted, multi-sectoral support to 2,613 households (17,523 people) in Coyah Prefecture. The strategy combined three complementary components: conditional shelter support, multipurpose cash assistance, and health promotion and disaster risk reduction activities.

The operation reached 17,523 people across 2,613 households with coordinated support in shelter, cash, WASH, and risk reduction. All targeted households received multipurpose cash assistance, while 69 households received conditional shelter support. The intervention contributed to the rapid restoration of basic living conditions, improved access to food and hygiene items, and supported dignified self-recovery through unrestricted cash assistance. Local markets remained functional and experienced increased demand, contributing to broader community-level economic recovery.

1. Shelter (Target: 157 households / 1,099 people)

The shelter response provided conditional cash assistance to 69 households whose homes were completely destroyed. Each household received GNF 4,500,000 (CHF 412), aligned with the estimated cost of basic shelter rehabilitation materials. Given the pre-existing housing



deficit in Coyah, where the number of residents exceeds available housing stock, providing cash for rental support was not feasible. As a result, the response prioritised rehabilitation and reconstruction support to enable safe return and recovery.

2. Multipurpose Cash Transfers (Target: 2,613 households)

The MPCT approach formed the core of the operation, addressing multiple basic needs while reinforcing household autonomy and market functionality.

- Household recovery: Targeted households received GNF 860,000 (CHF 86) to replace essential household items lost in the floods, including kitchen sets, sleeping mats, and blankets, enabling the restoration of basic living conditions.
- Food security and economic stability: A second transfer of GNF 875,775 (CHF 88), based on the national minimum food basket, was provided to cover two months of food needs, helping stabilize consumption and reduce negative coping strategies while stimulating local markets.
- WASH support: Each household received GNF 193,000 (CHF 19) for hygiene-related needs, including buckets, jerry cans, soap, chlorine, and hygiene kits, contributing to improved sanitation and reduced public health risks.

In total, households received a combination of MPCT covering food, household essentials, and WASH needs, alongside targeted shelter support for the most severely affected families.

A market assessment was conducted prior to implementation, and post-distribution monitoring informed adjustments where necessary. Continuous price monitoring was supported by IFRC technical teams to ensure responsiveness to market fluctuations.

3. Awareness and risk reduction activities

Volunteers and National Disaster Response Team (NDRT) members conducted community awareness activities reaching 17,523 people across affected communities, markets, and households. Key messages focused on hygiene promotion, flood risk reduction, fire prevention, and environmental safety measures, including the establishment of fire belts around settlements near farmland areas. Coordination with civil protection authorities ensured alignment of risk communication messages. These activities contributed to increased community awareness and the adoption of safer practices.

4. Community engagement, accountability, and inclusion

Community engagement and accountability mechanisms were fully integrated into the response and played a key role in its effectiveness. Community committees and trained volunteers supported beneficiary targeting, complaint handling, and feedback collection, ensuring transparency and strengthening trust throughout implementation.

Communication was adapted to local languages and community contexts, improving understanding and acceptance of key messages. Local authorities and community representatives were actively involved in planning and monitoring, reinforcing ownership of the response.

A structured feedback system combining community committees and volunteer follow-up visits enabled timely resolution of issues and strengthened accountability to affected populations.

A gender and diversity analysis was conducted across all sectors, ensuring that the needs of women, men, children, older persons, and other vulnerable groups were systematically considered. All activities adhered to IFRC minimum standards for protection, gender, and inclusion in emergencies.

Key challenges included market price fluctuations, initial delays in beneficiary validation, and logistical constraints during peak distribution periods. These were addressed through strengthened market monitoring, adaptive planning, and close coordination with local authorities and the Orange Money platform, which ensured efficient and reliable cash delivery. A key lesson learned is that pre-established cash transfer systems and strong private sector partnerships significantly enhance the speed, efficiency, and scalability of emergency response. Another key lesson is that early and sustained community engagement improves targeting accuracy, accountability, and acceptance of interventions.

The exit strategy focused on a phased closure of emergency assistance, combined with continued engagement of community structures to monitor recovery progress. Post-distribution monitoring findings were documented to inform future programming, while transition discussions with local stakeholders supported longer-term recovery planning, particularly in shelter reconstruction, WASH improvements, and community-based disaster risk reduction in flood-prone areas.

Targeting Strategy

Who was targeted by this operation?

The response operation reached 17,523 individuals (2,613 households) affected by the floods in Coyah Prefecture. The Guinea Red Cross (GRC) effectively identified and prioritized vulnerable groups, including children, the elderly, pregnant women, people with disabilities, and marginalized communities, ensuring that assistance was directed to those most in need.

A comprehensive registration and profiling system was established and fully operationalized, capturing key data on household size,



income levels, housing conditions, and specific vulnerabilities. This enabled the creation of detailed beneficiary profiles, which guided transparent and needs-based targeting throughout the intervention. As a result, the most vulnerable households were consistently prioritized, contributing to a more equitable and accountable distribution of assistance.

Community engagement mechanisms further strengthened the process by incorporating feedback from affected populations, ensuring that assistance remained relevant and responsive to evolving needs. Overall, this approach enhanced targeting accuracy, improved accountability, and reinforced trust between the communities and the implementing teams.

Explain the selection criteria for the targeted population

The selection criteria were finalized through close consultation with flood-affected communities and were consistently applied throughout the targeting and registration process. The intervention successfully prioritized households whose homes were destroyed or severely damaged and those displaced in schools and community shelters, as well as households facing acute food insecurity and resorting to negative coping mechanisms.

Vulnerability-based prioritization was effectively implemented, ensuring that assistance reached high-risk groups, including elderly caregivers, households with young children, female-headed households, people living with chronic illness or disabilities, pregnant and lactating women, and child-headed households. This contributed to a more inclusive and needs-based response, with evidence from monitoring indicating that the most vulnerable groups were adequately represented among beneficiaries.

The verification and validation of targeting criteria were carried out in coordination with local authorities and community stakeholders through inclusive focus group discussions involving men, women, youth, elderly persons, and people with disabilities. This participatory approach helped to validate existing data, improve accuracy in beneficiary selection, and align the intervention with other actors' activities while identifying potential risks.

A total of 100 volunteers were trained and deployed to support the verification process using mobile data collection tools, including Kobo, which improved the efficiency, transparency, and reliability of data collection. The IFRC operations team, together with ANHUCH and community representatives, supported the verification and community engagement processes and actively participated in coordination meetings. Overall, the approach strengthened accountability, minimized inclusion and exclusion errors, and enhanced community trust in the intervention.

Total Assisted Population

Assisted Women	8,937	Rural	-
Assisted Girls (under 18)	-	Urban	-
Assisted Men	8,586	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	17,523		
Total Targeted Population	17,523		

Risk and Security Considerations (including "management")

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

Risk	Mitigation action
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<p>Access to affected areas may be restricted due to road conditions, weather, or administrative barriers.</p>	<p>Access constraints to affected areas caused by poor road conditions, adverse weather, and administrative barriers were mitigated through proactive collaboration with local authorities to map hard-to-reach locations and identify alternative access routes, ensuring continuity of operations and timely delivery of assistance.</p>
<p>Inadequate communication with the target population. Not communicating beneficiary selection criteria and the date of transfer to beneficiaries will lead to high levels of community frustration and undermine the operations.</p>	<p>The risk of inadequate communication with the target population, including lack of clarity on beneficiary selection criteria and transfer timelines, was mitigated through proactive community engagement and transparent communication. The Guinea Red Cross worked closely with affected communities from the outset to clearly communicate selection criteria, distribution processes, and transfer schedules, ensuring that expectations were managed and trust in the National Society was maintained throughout the operation.</p>
<p>Reorient individuals falsely claiming eligibility or those who do not meet beneficiary criteria.</p>	<p>The risk of individuals falsely claiming eligibility or not meeting beneficiary criteria was mitigated through a robust verification and validation process conducted in collaboration with local authorities and community representatives, ensuring accurate targeting and reducing inclusion errors.</p>
<p>The instability of the national economy may lead to inflation and frequent price fluctuations, which could impact the implementation of planned activities.</p>	<p>The risk of economic instability, including inflation and price fluctuations, was mitigated through close coordination between the Guinea Red Cross and the IFRC cluster office, alongside the application of flexible budgeting and adaptive planning. Regular market monitoring and budget adjustments were implemented to align cash transfer values with prevailing market conditions, ensuring the continued relevance and effectiveness of the assistance provided.</p>

Please indicate any security and safety concerns for this operation:

Security and safety risks, including urban crime, poor road conditions, and potential civil unrest, were mitigated through strengthened security management and strict operational protocols. Continuous security monitoring was conducted, with regular updates and advisories shared with field teams to inform safe planning and movement. All personnel were clearly identifiable through the use of visibility gear, enhancing acceptance and reducing exposure to risk in operational areas.

Staff and volunteers completed mandatory IFRC security trainings, including Stay Safe Personal Security and Volunteer Security modules, which improved awareness and preparedness in handling security incidents. Operations were implemented in full compliance with established safety guidelines of the Red Cross Movement and national authorities.

Field movements were carefully planned and controlled, with non-essential travel to high-risk areas minimized. Mission planning systematically incorporated security risk assessments, particularly in high-traffic areas such as markets and along degraded road networks. These measures ensured the safety of personnel and continuity of operations, despite the challenging security and infrastructure context.

Implementation



Shelter Housing And Settlements

Budget: CHF 82,438
Targeted Persons: 17,523
Assisted Persons: 17,523
Targeted Male: 8,586
Targeted Female: 8,937



Indicators

Title	Target	Actual
# of households assisted in cash for shelter assistance	157	157
# of volunteers trained and engaged in cash activities	30	30
% of target satisfied with the cash provided to support their shelter needs	80	89

Narrative description of achievements

Training of volunteers on cash transfer procedures and household registration using Kobo Collect platform: A one-day practical training was conducted for 30 volunteers who supported beneficiary registration and verification using the Kobo Collect application. The training combined classroom instruction with hands-on exercises on digital data collection, beneficiary verification, and error checking. Volunteers were guided through simulated registration exercises to ensure competency before field deployment. This significantly strengthened operational efficiency, as household registration and beneficiary data management became more accurate, timely, and standardized. As a result, data entry errors and inconsistencies in beneficiary records were markedly reduced, improving targeting accuracy and reinforcing accountability throughout the cash transfer process.

Conducting a local market analysis to assess availability and access to household items: A structured market assessment was conducted prior to cash distribution through field visits to key markets, vendor interviews, and price monitoring of essential reconstruction and household items. The exercise also included analysis of supply chain stability and commodity availability across intervention areas. This confirmed that local markets were functional, with sufficient stock and stable supply chains. The findings ensured that cash-based assistance was appropriate for the context and informed the calculation of transfer values based on real-time market prices. This improved the effectiveness of the intervention by ensuring beneficiaries could access required goods without market constraints.

Establishment of targeting committees and beneficiary briefings: Targeting committees were established in each location and actively engaged in community-based validation of beneficiary lists through participatory consultations and verification exercises. This ensured transparent, locally owned selection of beneficiaries. In parallel, structured briefing sessions were conducted with selected households to explain eligibility criteria, transfer modalities, and intended use of the cash. This dual process improved transparency strengthened community ownership, and significantly reduced misunderstandings and complaints during implementation, resulting in higher acceptance of targeting decisions.

Cash transfer support to 157 households for household item recovery: Cash assistance was delivered to 157 flood-affected households, each receiving GNF 4,500,000, through organized distribution points managed by trained teams and supported by volunteers. The process included beneficiary verification, orderly cash disbursement, and on-site assistance to ensure smooth delivery. The intervention enabled households to restore essential assets such as kitchen sets, sleeping materials, and blankets, directly contributing to improved living conditions and dignity. The support allowed households to rapidly re-establish basic domestic functionality after the floods. Post-Distribution Monitoring (PDM) confirmed that most households met immediate recovery needs, although variations in household size and level of damage affected the adequacy of assistance.

Deployment of volunteers to support cash distribution monitoring: A total of 30 volunteers were deployed over a three-day cash distribution period to support real-time monitoring and operational oversight. Their role included beneficiary verification, crowd management, dissemination of information on cash usage, and collection of feedback on implementation challenges. This strengthened real-time problem-solving capacity, ensured adherence to distribution procedures, and improved overall efficiency. The presence of volunteers also enhanced beneficiary confidence and reinforced trust in the transparency and fairness of the cash assistance process.

Post-distribution monitoring (PDM): A three-day Post-Distribution Monitoring exercise was conducted by 30 trained volunteers who were not involved in the distribution process. The exercise was preceded by a one-day orientation and pre-testing of data collection tools to ensure consistency and quality. Data was collected through household interviews and structured questionnaires focusing on cash utilization, satisfaction levels, and remaining needs. Findings showed that 89% of households used the cash primarily for essential recovery needs, including food and household items, confirming the relevance of the intervention. The monitoring also identified residual recovery gaps among the most vulnerable households, indicating that additional or phased support may be required for full recovery.

Lessons Learnt

Structured volunteer training combined with practical digital tools (Kobo Collect) significantly improved data quality and operational efficiency because it reduced reliance on manual processes and minimized entry errors at the point of registration. The use of trained volunteers for digital beneficiary registration led to more standardized and reliable data, strengthening the accuracy of targeting and



improving accountability throughout the cash transfer process. This demonstrated that even short, focused digital training can produce strong improvements in data integrity during emergency responses.

Conducting a market assessment before cash programming ensured the relevance and effectiveness of assistance because it aligned transfer values and modality with real-time market conditions. The assessment confirmed that local markets were functioning and adequately supplied, which supported the decision to use cash-based assistance. It also ensured beneficiaries could access essential goods without supply disruptions, showing that evidence-based market analysis is critical for designing appropriate and efficient cash interventions in post-flood contexts.

Combining targeted committee engagement, structured beneficiary briefings, and volunteer-led monitoring improved transparency and trust because communities understood both the selection process and the delivery mechanism from the outset. This integrated approach reduced misunderstandings, strengthened acceptance of targeting decisions, and enabled real-time issue resolution during distribution. The experience showed that transparency is most effective when it is reinforced through multiple, consistent communication layers rather than a single information session.

Challenges

Managing beneficiary expectations remained challenging in the context of high levels of need and varying household losses. While the transfer supported essential recovery needs, some households particularly larger or more severely affected ones expected higher levels of support, highlighting the difficulty of aligning limited resources with diverse recovery needs.



Multi Purpose Cash

Budget: CHF 320,239

Targeted Persons: 17,523

Assisted Persons: 17,523

Targeted Male: 8,586

Targeted Female: 8,937

Indicators

Title	Target	Actual
# of HHs provided with multi-purpose cash	2,613	2,613
# of volunteers trained and engaged in cash activities	50	30
% of the target satisfied with the cash provided to support their needs	70	91
# of PDM conducted	1	1

Narrative description of achievements

Market assessment and price monitoring: A comprehensive market assessment was conducted prior to implementation, followed by continuous price monitoring during the response period. The process involved field-based market surveys, vendor consultations, and regular price tracking by trained staff to ensure that essential commodities remained available and accessible. This ensured that transfer values were accurately aligned with real-time market conditions, maintained the purchasing power of beneficiaries, and supported local market stability by avoiding supply distortions during the emergency response.

Establishment of targeting committees and beneficiary briefings: Targeting committees were established in each intervention area and actively engaged in validating beneficiary lists through community consultations and verification exercises. This participatory process ensured transparent, community-driven selection of beneficiaries. In parallel, structured briefings were conducted with selected households to explain eligibility criteria, transfer values, and intended use of the assistance. This improved accountability, reduced misinformation, and strengthened trust in the targeting and delivery process.

Multipurpose cash payments to 2,613 households: Multipurpose cash assistance was delivered to 2,613 flood-affected households, each receiving GNF 1,128,000. The delivery process was organized through structured distribution points, supported by trained volunteers



who ensured beneficiary verification, crowd management, and orderly cash disbursement. The assistance enabled households to meet urgent food needs while also prioritizing essential household and hygiene items according to their circumstances. The intervention contributed to improved food security, restored access to basic non-food items, and enhanced dignity by allowing households autonomy in decision-making. Post-distribution monitoring showed that cash was primarily used for food, kitchen items, sleeping materials, and hygiene supplies, although some severely affected households reported that the support only partially met their full recovery needs.

Monitoring of cash transfer process by 30 volunteers over 3 days: Thirty trained volunteers were deployed over a three-day distribution period to support real-time monitoring of cash transfers. Their role included beneficiary verification, crowd control, dissemination of key information, and immediate reporting and resolution of operational issues. This strengthened accountability mechanisms, improved efficiency of distribution processes, and increased beneficiary confidence in the transparency and fairness of the cash delivery system.

Post-distribution monitoring (PDM): A structured three-day Post-Distribution Monitoring exercise was conducted to assess cash utilization, beneficiary satisfaction, and remaining recovery needs. The process involved household surveys and field interviews conducted by trained teams to ensure data quality and representativeness. Findings indicated that 91% of beneficiaries reported satisfaction with the assistance received. The monitoring confirmed that cash was primarily used for food and essential household and hygiene needs, while also highlighting persistent recovery gaps among the most vulnerable households, particularly those with extensive asset losses, indicating the need for complementary or phased support for full recovery.

Lessons Learnt

Using multipurpose cash with strong market assessment and continuous price monitoring improved both effectiveness and relevance because assistance was closely aligned with real-time market conditions. This ensured that transfer values remained adequate for purchasing essential goods and prevented mismatch between household needs and market prices. The experience demonstrated that dynamic market tracking is essential for maintaining the quality and credibility of large-scale cash interventions in emergency contexts.

Combining community-led targeting committees with structured beneficiary briefings significantly strengthened transparency and acceptance because households clearly understood how and why selections were made. This dual approach reduced misinformation and complaints during implementation and reinforced trust in the fairness of the process. It showed that participation and clear communication at the design stage are critical for social acceptance of large-scale cash programming.

Integrating volunteer-led monitoring during distribution improved operational control and beneficiary confidence because issues were identified and resolved in real time. The deployment of 30 volunteers over three days enabled effective crowd management, verification, and immediate problem-solving at distribution points. This demonstrated that embedding monitoring capacity directly within distribution teams strengthens accountability and improves the overall efficiency of cash delivery.

Challenges

Variations in household recovery needs made it difficult for a single transfer value to fully meet all needs, particularly for severely affected households. While the cash provided essential support, households with higher levels of loss reported that assistance only partially covered their full recovery requirements.

Maintaining consistent communication and understanding of cash processes across all beneficiaries remained a challenge in a high-stress emergency environment. Despite briefings and community engagement, some misinformation and expectations around eligibility and transfer adequacy still emerged during implementation.



Budget: CHF 50,369
Targeted Persons: 17,523
Assisted Persons: 17,523
Targeted Male: 8,586
Targeted Female: 8,937

Indicators

Title	Target	Actual
# of households provided with mosquito nets	2,613	2,613



# of Volunteers trained on PSS , First Aid , Health promotion	150	150
# of people reached with immediate health support	17,523	17,523

Narrative description of achievements

Training of 200 volunteers on PSS, First Aid, EPIC, and Health Promotion (3 days): A three-day integrated training was conducted for 200 volunteers, combining classroom sessions, practical demonstrations, and scenario-based exercises. Volunteers were trained in Psychosocial Support (PSS), First Aid, Epidemic Prevention and Control (EPIC), and Health Promotion, with a strong emphasis on real-life flood response scenarios. This hands-on training approach significantly strengthened the operational readiness of the Guinea Red Cross. As a result, volunteers were able to respond more effectively to both physical injuries and psychosocial distress, improving the speed, quality, and coverage of community-level health services in flood-affected areas.

Provision of first aid to injured victims: Following deployment, trained volunteers provided immediate first aid to more than 149 injured individuals during the early phase of the response. The process involved rapid dispatch of volunteers to affected communities, basic triage, wound care, and stabilization before referral where necessary. This timely and decentralized response contributed to the stabilization of patients, reduced the risk of complications, and ensured life-saving care in hard-to-reach communities where access to formal health facilities was limited.

Provision of psychosocial support (PSS) for at least two months: Trained volunteers were deployed in affected communities over a two-month period to provide structured psychosocial support through home visits, group discussions, and individual counselling sessions. This continuous and community-based engagement allowed regular follow-up of affected individuals experiencing trauma, loss, and displacement. The intervention contributed to improved emotional well-being, reduced psychological distress, and strengthened coping mechanisms, supporting longer-term recovery beyond immediate physical needs.

Interactive radio programs on health and hygiene promotion: Health and hygiene messages were developed by volunteers and health focal points and delivered through interactive radio programs in collaboration with local stations. The sessions included live call-ins, question-and-answer segments, and expert clarifications. This participatory approach expanded the reach of health messaging beyond physical field visits, strengthened community understanding of disease prevention, and helped correct misconceptions related to post-flood health risks.

Provision of personal protective equipment (PPE) to volunteers: A total of 200 volunteers were equipped with PPE, including gloves, boots, face masks, and raincoats, prior to deployment in the field. The distribution was done alongside briefing sessions on safe field practices and infection prevention measures. This ensured safe implementation of health, hygiene, and sanitation activities under difficult environmental conditions, reduced exposure to operational risks, and enabled uninterrupted service delivery throughout the response.

Lessons Learnt

Integrated training across multiple health competencies (PSS, First Aid, EPIC, and Health Promotion) improved response effectiveness because it enabled volunteers to address both physical and psychosocial needs within the same deployment. The practical, scenario-based approach during the 3-day training improved readiness and confidence, allowing the 200 volunteers to respond more holistically in flood-affected communities. This demonstrated that integrated capacity-building is more effective than standalone technical training in multi-hazard emergency contexts.

Interactive communication platforms such as radio programs significantly improved health awareness because they enabled two-way engagement and real-time clarification of misconceptions. Unlike one-way messaging, the call-in format allowed communities to ask questions and receive immediate responses from health experts. This demonstrated that participatory communication methods are more effective in correcting misinformation and strengthening public understanding of health risks in emergency settings.

Challenges

Ensuring consistent referral and follow-up for injured or vulnerable individuals was challenging in contexts where formal health services were distant or overstretched. Although first aid was effectively provided at community level, continuity of care beyond initial stabilization depended on limited referral pathways and access barriers in flood-affected areas.



Water, Sanitation And Hygiene

Budget: CHF 49,709

Targeted Persons: 17,523

Assisted Persons: 17,523



Targeted Male: 8,586
Targeted Female: 8,936

Indicators

Title	Target	Actual
% of affected households, which receive support in terms of health promotion and hygiene awareness	100	100
# of households assisted with WASH items via cash	2,613	2,613
# of latrines disinfected	461	477
# of households having access to safe drinking water	2,613	2,613
# of volunteers trained to carry out WASH activities	150	150
# of people reached with key messages of health promotion and personal and community hygiene	17,523	17,523

Narrative description of achievements

Distribution of LLINs to 2,613 households (5,226 nets): LLINs were distributed through organized community-based distribution points supported by trained volunteers who verified beneficiary lists and provided on-site guidance. Each household received two nets, along with practical demonstrations on installation and correct use. This process ensured orderly distribution, correct targeting, and immediate user understanding. The intervention significantly increased household-level protection against malaria, particularly for children and pregnant women, while proper use demonstrations strengthened long-term effectiveness of the nets.

Community awareness and demonstrations on disease prevention and LLIN use: A total of 200 trained volunteers conducted structured household and community outreach sessions, combining group sensitization with practical demonstrations on LLIN installation and disease prevention practices. Volunteers engaged directly with households to demonstrate correct usage techniques and respond to questions in real time. This hands-on approach improved understanding of malaria prevention and resulted in higher adoption of correct and consistent net use across communities.

Production and distribution of hygiene promotion IEC materials (1,500 posters): IEC materials were developed based on key WASH messaging priorities and distributed by volunteers during community mobilization and outreach sessions. Posters were displayed in strategic public locations such as community centers, health posts, and water points. This dual approach of messaging development and strategic placement ensured continuous visibility of hygiene messages, strengthening community awareness of sanitation and disease prevention practices.

Broadcast of hygiene promotion messages through local radio: Hygiene promotion messages were developed in collaboration with health and WASH teams and broadcast through local radio stations to ensure wide coverage. Messages were aired repeatedly and complemented field-level volunteer engagement, ensuring consistency of information. This expanded the reach of WASH messaging to remote and non-targeted populations, significantly increasing overall community awareness of key hygiene and sanitation practices.

Sanitation campaigns and community clean-up activities (10 campaigns): Ten sanitation campaigns were organized in collaboration with community leaders and volunteers, focusing on cleaning public spaces, drainage areas, and waste accumulation points. Volunteers mobilized community members, provided sanitation tools (wheelbarrows, rakes, brooms), and supervised cleanup activities. This participatory approach improved environmental hygiene, reduced solid waste in high-risk areas, and helped minimize potential breeding grounds for disease vectors while strengthening community ownership of sanitation practices.

Disinfection of latrines in affected communities: Latrine disinfection was carried out over five days using trained volunteers and supported by five rented trucks for waste removal and sanitation support. The operation followed a structured cleaning and disinfection plan targeting high-risk communal latrines in flood-affected areas. This significantly reduced contamination risks, improved sanitation conditions, and contributed to safer and healthier living environments for affected populations.

Determination of appropriate household water treatment methods: Household water treatment options were selected following community assessments that included water source testing, observation of household practices, and consultations with community



members on preferences and acceptability. Volunteers and WASH teams validated feasible options based on effectiveness and ease of use. This process ensured that selected water treatment methods were context-appropriate, culturally acceptable, and more likely to be consistently adopted, improving household water safety and reducing waterborne disease risks.

Training on safe drinking water storage and water treatment practices: Volunteers conducted household-level training sessions using demonstrations on safe water storage containers and correct use of water treatment products. The training combined visual demonstrations with guided practice, allowing households to apply techniques directly. This improved household water handling practices, strengthened hygiene behaviors, and contributed to reduced risk of waterborne diseases in flood-affected communities.

Lessons Learnt

Combining material distribution (LLINs) with hands-on demonstrations significantly improved correct and sustained use because households were not only given commodities but also practical skills at the point of delivery. The structured involvement of 200 volunteers ensured that beneficiaries understood installation and usage immediately during distribution. This demonstrated that in emergency WASH responses, behavior change is achieved more effectively when commodities are paired with real-time practical learning rather than standalone distribution.

Integrating multiple communication channels (volunteers, IEC materials, and radio) reinforced hygiene behavior change because repeated exposure to consistent messages increased retention and understanding. The combination of 1,500 IEC materials, radio broadcasts, and direct community engagement ensured that hygiene messages reached both targeted and non-targeted populations. This showed that layered communication strategies are essential for achieving broader and more consistent WASH behavior change in flood-affected settings.

Selecting household water treatment methods based on community preferences and local conditions improved acceptance and usability because interventions were aligned with how people already access and manage water. The assessment-based approach ensured that water treatment options were practical and culturally acceptable, increasing the likelihood of sustained use. This demonstrated that technical effectiveness alone is insufficient unless paired with strong contextual adaptation and community acceptability.

Challenges

Ensuring sustained correct use of LLINs and water treatment products required repeated reinforcement beyond initial training and distribution. Despite demonstrations and sensitization, some households needed continuous follow-up to consistently apply correct practices, particularly in overcrowded or temporary shelter conditions following the floods.

Maintaining hygiene improvements in flood-affected environments was difficult due to rapid recontamination and recurring environmental exposure. Even after sanitation campaigns and latrine disinfection, some areas quickly returned to poor sanitation conditions, highlighting the challenge of sustaining environmental gains in unstable post-flood contexts.



Protection, Gender And Inclusion

Budget: CHF 5,538

Targeted Persons: 17,523

Assisted Persons: 17,523

Targeted Male: 8,586

Targeted Female: 8,937

Indicators

Title	Target	Actual
# of staff briefed on PGI and PSEA and the implementation of PGI minimum standards	20	20
# of volunteers briefed on PGI and PSEA and the implementation of PGI minimum standards	150	150
# of people reached with PGI and PSEA sensitizations by volunteers	17,523	17,523



Narrative description of achievements

Briefing of 200 staff on PGI and PSEA and application of PGI minimum standards across all sectors: A structured briefing was conducted for 200 staff, integrating Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) into all operational sectors. The session combined orientation on safeguarding principles with practical guidance on applying PGI minimum standards during implementation. This strengthened institutional safeguarding capacity, improved staff awareness of protection risks, and ensured that assistance was delivered in a safe, dignified, and inclusive manner, with particular attention to vulnerable groups affected by the floods.

The PGI and PSEA sensitization of affected populations by volunteers during community outreach activities: Volunteers integrated PGI and PSEA messaging into routine community outreach activities, reaching approximately 17,523 people across flood-affected areas. The process involved door-to-door engagement, group discussions, and integration of protection messages into health, hygiene, and cash assistance sessions. This significantly increased community awareness of dignity, non-discrimination, and protection from exploitation, while strengthening understanding of available complaint and feedback mechanisms. The increased use of feedback channels indicated improved trust in reporting systems and greater awareness of protection pathways within communities.

Conducting PGI and PSEA risk assessment with IFRC technical support: A structured PGI risk assessment was conducted in flood-affected communities with technical support from the International Federation of Red Cross and Red Crescent Societies (IFRC) Cluster Delegation and Regional PGI team. The assessment, supported by 20 volunteers, involved key informant interviews, focus group discussions, stakeholder consultations, and a review of operational protection risks related to gender, inclusion, and safeguarding. This process enabled early identification of protection risks and informed adjustments to programming approaches, ensuring interventions were better tailored to safeguard vulnerable groups and reduce exposure to protection-related risks during implementation.

Lessons Learnt

Integrating PGI and PSEA into staff briefings across all sectors strengthened safeguarding mainstreaming because it shifted protection from a standalone activity to a shared operational responsibility. The briefing of staff and volunteers ensured that minimum standards were consistently understood and applied across health, WASH, cash, and shelter interventions. This demonstrated that early, cross-sectoral orientation is essential for ensuring that protection principles are not diluted during rapid emergency implementation.

Embedding PGI and PSEA messaging into routine community outreach significantly improved community awareness because protection information was delivered through trusted, repeated contact points rather than isolated sessions. This showed that mainstreaming protection into ongoing programming is more effective than standalone awareness campaigns in large-scale emergency responses.

Conducting structured PGI risk assessments with community participation improved program adaptation because it generated context-specific insights on protection risks and barriers faced by vulnerable groups. The involvement of volunteers in data collection through interviews and focus groups ensured that findings reflected lived community realities. This demonstrated that participatory risk analysis is critical for adjusting interventions to better protect vulnerable populations in flood-affected settings.

Challenges

Maintaining consistent application of PGI minimum standards across all sectors remained challenging due to varying levels of understanding among operational teams. Despite initial briefings, continuous reinforcement was required to ensure uniform integration of protection principles in fast-paced field activities.

Ensuring comprehensive inclusion of all vulnerable groups during rapid assessments was challenging due to accessibility constraints and time limitations in flood-affected areas. Some hard-to-reach or highly vulnerable individuals were underrepresented in initial consultations, requiring follow-up engagement to complete the protection risk picture.



Community Engagement And Accountability

Budget: CHF 25,028
Targeted Persons: 17,523
Assisted Persons: 17,523
Targeted Male: 8,586
Targeted Female: 8,937

Indicators

Title	Target	Actual
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% of feedback received and Responded to	70	100
% of staff and volunteers working on the operation who have been briefed on CEA	100	100
# of volunteers oriented and mobilized in raising awareness of the CEA and minimum standards	150	150
Number of consultations with communities for list finalization	5	7
# of people reached with CEA messages	17,523	17,523

Narrative description of achievements

The CEA approach strengthening transparency and responsiveness across the response: The Community Engagement and Accountability (CEA) approach was integrated across all operational sectors through structured communication, feedback systems, and volunteer-led engagement. This included continuous two-way communication between communities and response teams, supported by trained volunteers collecting feedback and relaying concerns in real time. This significantly improved transparency, reduced escalation of complaints, and strengthened trust between communities and the Guinea Red Cross, while enabling timely operational adjustments that improved efficiency and beneficiary satisfaction throughout the flood response.

Training of 150 volunteers on CEA to support operations: A total of 150 volunteers were trained on Community Engagement and Accountability (CEA) through a structured training approach combining practical exercises on feedback handling, communication techniques, and field simulations. The training strengthened their ability to manage community feedback, facilitate two-way communication, and support registration and distribution processes. Following deployment, volunteers directly handled field communication for 2,613 households (17,523 people), significantly improving information flow, reducing delays in addressing community concerns, and ensuring faster first-line response to issues during implementation.

Involvement enhancing accountability and alignment with community needs: The continuous engagement of 150 trained volunteers throughout implementation ensured regular interaction with communities through household visits, distribution site communication, and feedback collection. This strengthened accountability mechanisms and ensured that community priorities were consistently reflected in operational decisions. Post-Distribution Monitoring (PDM) results showed that over 91% of respondents confirmed that assistance met their most urgent needs, particularly food, household items, and hygiene support, demonstrating strong alignment between community needs and response delivery.

Community validation meetings for beneficiary selection: Seven structured community validation meetings were conducted across all intervention areas prior to distribution. These meetings involved local leaders, committees, and community members who reviewed and confirmed beneficiary lists. This participatory process reduced inclusion and exclusion errors and strengthened community ownership of targeting decisions. As a result, complaints related to beneficiary selection significantly decreased compared to previous operations, with most issues resolved immediately through community validation structures.

Engagement of vulnerable and marginalized groups in decision-making: Women, elderly persons, persons with disabilities, and youth were actively included in consultations and decision-making processes throughout the operation. Their participation led to practical operational improvements, including priority access arrangements for elderly persons and persons with disabilities during distributions. In Coyah, feedback from women's groups led to the reorganization of distribution sites to reduce waiting times and improve accessibility. This demonstrated improved inclusion and responsiveness to diverse community needs, with beneficiaries reporting a stronger sense of dignity and being heard.

Incorporation of local knowledge into flood response planning: Community knowledge of flood-prone areas, safe routes, and risk zones was systematically collected through consultations and integrated into risk communication and operational planning. Volunteers incorporated this information into awareness messaging and field guidance, improving the relevance and accuracy of safety information shared with communities. This strengthened community-led risk awareness and improved the effectiveness of early warning and response messaging.

Establishment of multiple two-way communication channels: Communication systems were established using a combination of community meetings, local radio broadcasts, and volunteer outreach. Radio proved particularly effective in reaching remote populations, while volunteers ensured direct household-level communication. As a result, more than 70% of households reported receiving operational updates through either radio or volunteers, reducing misinformation and improving community understanding of ongoing activities and entitlements.



Establishment and use of community feedback mechanisms: A structured feedback system was implemented through complaint boxes, volunteer reporting, and community meetings, recording more than 180 feedback cases during the operation. Key issues included distribution delays (45%), clarification of beneficiary selection (25%), waiting times at cash-out points (15%), and concerns about transfer values (15%). These issues were addressed through revised distribution schedules, public clarification sessions, and strengthened communication by community committees. Over 90% of complaints were resolved at community level within 48–72 hours, demonstrating strong responsiveness and effectiveness of the feedback system.

Flood risk awareness and early warning campaigns: A total of 1,000 IEC materials were developed and distributed to support flood prevention messaging, complemented by community awareness campaigns reaching approximately 17,523 people. Volunteers delivered key messages on flood risks, hygiene practices, and early warning preparedness through household visits and group sessions. Post-Distribution Monitoring indicated improved preparedness behaviors, including better understanding of evacuation routes and identification of flood-prone areas.

Transparency in decision-making and resource allocation: Transparency measures included public communication of targeting criteria, selection processes, and cash transfer values across all intervention areas. These measures were delivered through community meetings and volunteer outreach. This improved understanding of the response approach, reduced suspicion, and led to a noticeable decline in disputes over beneficiary selection compared to previous emergency responses in the region.

Communication and media coverage of volunteer activities: Volunteer activities were regularly featured on local radio programs and community information channels, increasing visibility of the response and reinforcing public trust in the Guinea Red Cross. Community leaders reported improved perception of accountability and inclusion, with one stating that communities felt more informed, involved, and able to resolve issues quickly compared to previous responses.

Provision of protection and visibility materials for volunteers: All 150 volunteers were provided with protection kits and visibility materials, including bibs, T-shirts, caps, and essential field equipment. This ensured their safety during field operations, improved identification within communities, and enhanced professionalism and visibility during implementation activities, contributing to smoother community interaction and safer field engagement.

Lessons Learnt

Embedding trained CEA volunteers directly into frontline operations significantly improved community trust and complaint resolution because concerns were addressed immediately at community level rather than escalating through multiple coordination layers. During the response, more than 90% of complaints were resolved within 48–72 hours, demonstrating that equipping volunteers with practical communication and feedback management skills can improve both operational efficiency and beneficiary satisfaction during emergency responses.

Community validation of beneficiary lists before distributions reduced targeting disputes because affected populations better understood and accepted the selection process when they were actively involved in it. Compared to previous flood responses, the operation recorded significantly fewer grievances related to inclusion and exclusion, showing that early community participation in targeting decisions strengthens transparency, accountability, and acceptance of humanitarian assistance.

Combining local radio communication with volunteer outreach proved more effective than relying mainly on community meetings because it ensured operational information reached dispersed and hard-to-access populations during flood conditions. Community feedback showed that over 70% of households received updates through radio broadcasts or volunteers, highlighting that mixed communication approaches are more reliable for reducing misinformation and improving access to timely information in emergency contexts.

Challenges

Managing expectations around beneficiary selection and cash transfer values remained challenging despite continuous sensitization efforts. Some community members expressed concerns regarding inclusion criteria and the amount of cash assistance provided, demonstrating that even with transparent communication mechanisms in place, humanitarian responses in high-need contexts may still face perceptions of exclusion when resources are limited.

Communication with remote and flood-affected communities was constrained by difficult terrain and limited physical access during certain phases of the operation. While radio messaging and volunteer outreach helped bridge information gaps, the experience showed that flood emergencies can significantly disrupt traditional communication channels and delay direct engagement with affected populations.



Secretariat Services

Budget: CHF 60,757

Targeted Persons: 150



Assisted Persons: 150
Targeted Male: 91
Targeted Female: 59

Indicators

Title	Target	Actual
# of Lessons Learned Workshops organized	1	1
# of volunteers involved in activities insured	150	150
# of IFRC monitoring visits conducted to support the operation	3	3

Narrative description of achievements

Lessons Learned Workshop: A one-day Lessons Learned Workshop was conducted at the conclusion of the operation, bringing together approximately 40 staff, volunteers, and key stakeholders to reflect on implementation experiences across all sectors. The workshop facilitated the identification of operational strengths, challenges, and practical improvements, particularly in cash transfer delivery, community engagement, and coordination mechanisms. The exercise strengthened institutional learning by documenting evidence-based recommendations that will inform future emergency preparedness and response planning, contributing to improved operational readiness and more adaptive response approaches in future emergencies.

Insurance for volunteers: Insurance coverage was provided for 150 volunteers engaged in the operation, ensuring protection during field activities in flood-affected areas. This contributed to improved volunteer confidence, safety, and motivation throughout implementation, while reducing exposure to operational risks. The measure also reinforced the Guinea Red Cross commitment to volunteer welfare and duty of care, enabling volunteers to carry out response activities more effectively in challenging operational environments.

IFRC monitoring visits: Three monitoring visits conducted by the International Federation of Red Cross and Red Crescent Societies Freetown Cluster Delegation provided technical oversight and strengthened quality assurance throughout implementation. The first visit, conducted at the inception of the response, provided guidance on the operational strategy and supported the finalization of beneficiary lists. The second visit focused on supporting the Protection, Gender and Inclusion (PGI) assessment and monitoring implementation progress, while the final visit supported the Lessons Learned Workshop and operational closure processes. These visits enabled the timely identification of operational gaps, strengthened compliance with agreed standards and procedures, and generated practical recommendations that improved overall response delivery. The process also reinforced coordination and collaboration between the International Federation of Red Cross and Red Crescent Societies and the Guinea Red Cross, contributing to more adaptive management and informed decision-making throughout the operation.

Lessons Learnt

Conducting a structured Lessons Learned Workshop immediately after the operation strengthened institutional learning because operational experiences were still recent and could be analyzed collectively by staff, volunteers, and partners. The participation of approximately 40 stakeholders enabled the identification of practical improvements across cash transfer programming, community engagement, and coordination mechanisms.

Regular IFRC monitoring visits strengthened adaptive management because operational gaps and implementation challenges were identified and addressed progressively rather than at the end of the response. The sequencing of visits from operational start-up to PGI assessment and monitoring, to operational closure and lessons learned allowed technical guidance and corrective actions to be provided at critical stages of implementation.

Challenges

Coordinating multiple operational activities simultaneously across flood-affected areas created pressure on staff and volunteers, particularly during peak distribution and monitoring periods. The overlap between distributions, community engagement activities, monitoring visits, and reporting requirements stretched available human resources and occasionally delayed implementation timelines.

Managing community expectations remained challenging in contexts where humanitarian needs exceeded available resources. Despite continuous sensitization and transparent communication on targeting criteria, some community members expected broader assistance coverage, particularly in areas with widespread flood impacts and high levels of vulnerability.





Budget: CHF 88,514
Targeted Persons: 150
Assisted Persons: 150
Targeted Male: 91
Targeted Female: 59

Indicators

Title	Target	Actual
# of monitoring missions undertaken by Guinea Red Cross Head Office	12	14
# of volunteers provided with PPE	150	150

Narrative description of achievements

Ensure all staff and volunteers are informed about and sign the Code of Conduct: The 150 volunteers engaged in the operation were oriented on and signed the Red Cross Code of Conduct, reinforcing adherence to humanitarian principles, ethical standards, safeguarding measures, and accountability requirements. This contributed to improved professionalism and consistency in field operations, while strengthening community confidence and reducing risks related to misconduct during implementation.

Equip volunteers and staff with visibility materials (T-shirts, caps, etc.): Ten Staff and 150 volunteers were equipped with visibility materials, including T-shirts, caps, and other identification items, which improved recognition during field activities and strengthened the visibility of the Guinea Red Cross in affected communities. The visibility materials enhanced community trust, facilitated smoother interaction with beneficiaries, and improved coordination during distributions, awareness activities, and monitoring visits.

Conduct monitoring and technical support missions: A total of fourteen monitoring and technical support missions were conducted throughout the six months response involving the NS technical teams and senior management which provided continuous guidance on implementation quality, compliance with standards, and adaptive programming throughout the operation. These missions strengthened operational oversight, supported timely identification and resolution of implementation gaps, and improved coordination between the Guinea Red Cross, partners and IFRC. The missions contributed to more effective decision-making and enhanced the overall quality of the response.

Produce a documentary on the flood response activities in Siguiri: A documentary capturing the flood response activities in Siguiri was produced to document key interventions, community impact, and volunteer engagement throughout the operation. The documentary enhanced visibility of the response strengthened accountability to stakeholders and partners and contributed to institutional knowledge sharing. It also provided advocacy material that can support future disaster preparedness, resource mobilization, and public awareness efforts.

Training on the New DREF Evolution: A three-day capacity-building session on the revised DREF procedures was conducted for National Society operations, disaster management, and technical teams, facilitated by the International Federation of Red Cross and Red Crescent Societies Africa Region DREF Delegate and the IFRC Freetown Cluster Delegation Senior PMER Officer. The training strengthened participants' understanding of DREF requirements, including application processes, implementation procedures, eligibility criteria, reporting obligations, and operational close-out requirements. This significantly enhanced the capacity of the Guinea Red Cross to develop stronger DREF applications and improve management of future emergency operations funded through the DREF mechanism.

Lessons Learnt

High-frequency monitoring and technical support missions (14 over six months) improved response quality because they enabled continuous corrective action rather than end-of-cycle review. The involvement of National Society technical teams and senior management allowed issues to be identified and addressed early, particularly in coordination and implementation alignment.

The New DREF Evolution training significantly strengthened institutional preparedness because it clarified end-to-end requirements for DREF operations, including application, implementation, and close-out procedures. The training improved technical understanding among National Society staff and disaster management teams.



Challenges

Managing operational workload alongside a high number of monitoring and technical support missions created coordination pressure for field and coordination teams. While the 14 missions significantly improved quality and oversight, they also required time from operational staff, occasionally competing with delivery and reporting responsibilities during active response periods.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRGN018 - Guinea - Floods

Operating Timeframe: 31 Jul 2025 to 31 Jan 2026

Selected Parameters			
Reporting Timeframe	*	Operation	MDRGN018
Budget Timeframe	2023/02-2026/04	Budget	APPROVED

Prepared on 25/May/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	682,592
DREF Response Pillar	682,592
Expenditure	-661,503
Closing Balance	21,089

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items		82,758	-82,758
PO02 - Livelihoods		320,843	-320,843
PO03 - Multi-purpose Cash			0
PO04 - Health		51,776	-51,776
PO05 - Water, Sanitation & Hygiene		50,573	-50,573
PO06 - Protection, Gender and Inclusion		6,270	-6,270
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	41,660		41,660
PO10 - Community Engagement and Accountability		26,522	-26,522
PO11 - Environmental Sustainability			0
Planned Operations Total	41,660	538,743	-497,083
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	52,049	50,648	1,401
EA03 - National Society Strengthening	588,882	72,112	516,770
Enabling Approaches Total	640,931	122,760	518,171
Grand Total	682,591	661,503	21,088



Contact Information

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