DREF Operation

Guinea Bissau: Windstorm in Sintcham Bassiru

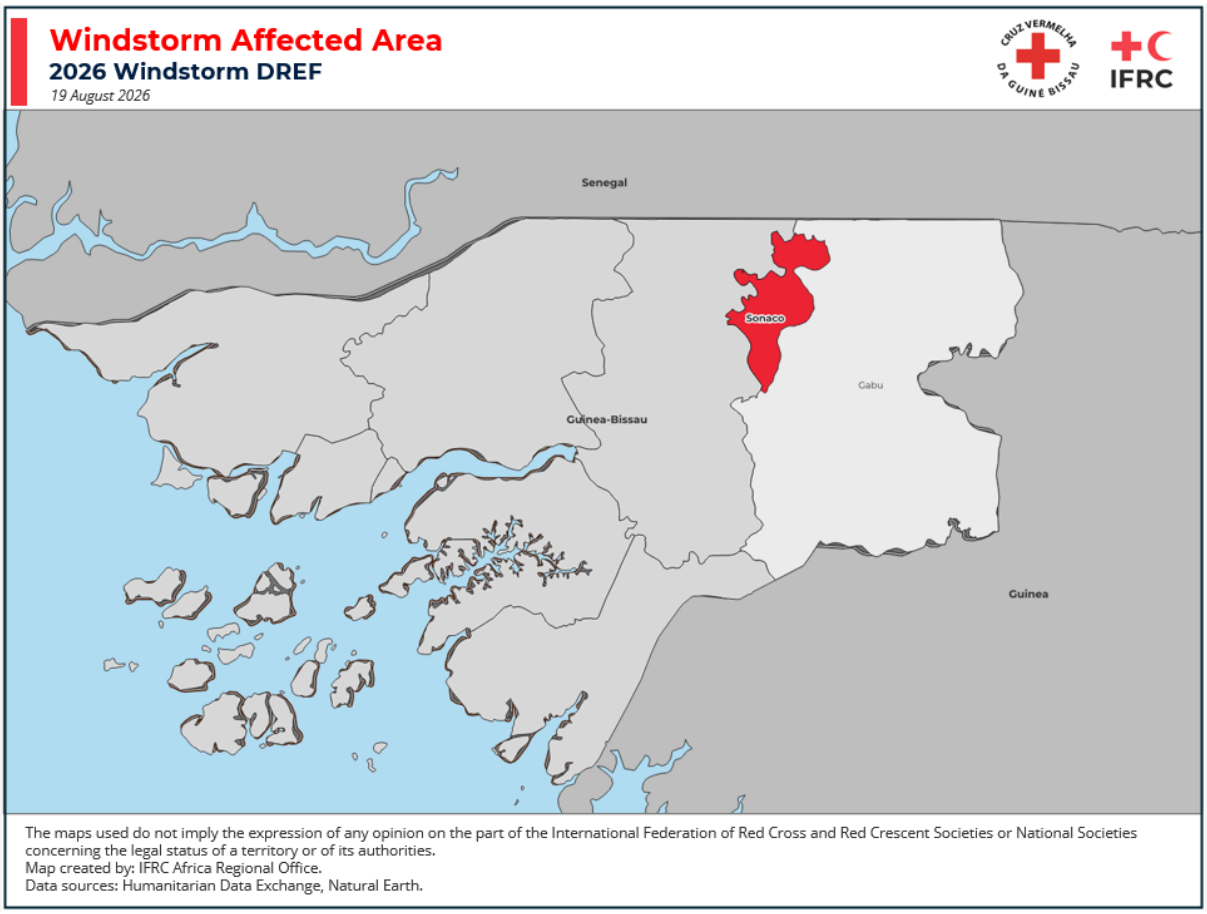
Completely damaged Houses in Sintcham Bassiru

Appeal: **MDRGW009**	Hazard: **Storm Surge**	Country: **Guinea-Bissau**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Sudden**	DREF Allocation: **CHF 213,479**	
Glide Number: -	People Affected: **3,024 people**	People Targeted: **3,024 people**	
Operation Start Date: **19-08-2026**	Operation Timeframe: **4 months**	Operation End Date: **31-12-2026**	DREF Published: **27-08-2026**

Targeted Regions: **Gabu**

Date of event

10-08-2026



What happened, where and when?

On 10 August 2026 at approximately 7:00 p.m., a severe windstorm accompanied by heavy rainfall struck Sintcham Bassirou village in the Paunka Section of Sonaco Sector, Gabu Region, eastern Guinea-Bissau. The storm was characterized by strong winds and intense rainfall that caused significant destruction to residential structures and household property across the affected community.

The impact of the storm was immediate, damaging and destroying homes, displacing families, and disrupting normal community life. Initial reports from local authorities and community leaders indicated widespread damage to housing and household belongings, prompting the Guinea-Bissau Red Cross (GBRC) to deploy assessment teams to verify the extent of the impact and identify priority humanitarian needs.

Rapid assessments conducted jointly by GBRC, local authorities, and community representatives confirmed substantial damage to residential structures and household assets, as well as injuries among community members. The event occurred during the peak rainy season, when communities are already exposed to seasonal weather-related hazards, further increasing risks for affected families whose homes and belongings were damaged or destroyed.

The situation remains a humanitarian concern as affected households continue to face shelter, health, protection, water, sanitation, and livelihood challenges resulting from the windstorm and heavy rainfall.

GBRC Volunteers conducting assessment

Damaged house

Destroyed house

Fallen Cotton tree on houses caused by the minsstrom

Scope and Scale

The windstorm has had significant humanitarian, social, and economic consequences for the population of Sintcham Bassirou village. Rapid assessments conducted by the Guinea-Bissau Red Cross (GBRC) in collaboration with local authorities identified 379 affected households (2,653 people), including 1,356 women and 1,297 men, while 11 people sustained injuries, including seven older persons.

The assessment confirmed that 120 residential structures were destroyed, affecting 379 households. In Sintcham Bassirou, residential arrangements are commonly organized around family compounds where multiple independent households may live within the same structure or compound. Consequently, the number of destroyed houses does not directly correspond to the number of affected households, as the destruction of a single house or compound may affect several families living within it. The total of 379 affected households therefore includes households that lost shelter as well as households that suffered significant losses of household assets, food stocks, agricultural inputs, livestock, and other productive resources.

The disaster has affected a predominantly rural population whose livelihoods depend largely on subsistence agriculture, livestock rearing, and small-scale trading. Beyond the destruction of shelter, many households lost food reserves, farming tools, agricultural inputs, and income-generating assets, reducing their capacity to meet basic needs and recover independently. The event occurred during an important agricultural period, increasing the risk of reduced agricultural production, food insecurity, and prolonged livelihood disruption.

The affected population lives in a remote area of Gabu Region where poverty levels are high and access to infrastructure, social services, markets, and economic opportunities remains limited. Most homes are constructed using traditional materials such as mud walls, wooden poles, zinc sheets, and thatch roofing, making them particularly vulnerable to strong winds and heavy rainfall. Limited savings, low incomes, and restricted access to durable construction materials further constrain household recovery capacities.

The impact of the disaster is most severe among vulnerable groups, including women, children, older persons, pregnant and lactating women, and persons with disabilities. The destruction of homes and displacement of families have increased exposure to health and protection risks, reduced privacy and dignity, and created barriers to accessing services and assistance. Children are particularly exposed to illness due to inadequate shelter and poor living conditions, while older persons and persons with disabilities may face additional challenges in accessing assistance, safe accommodation, and essential services.

The destruction of housing has forced many families to seek temporary refuge with relatives and neighbours. As a result, 53 host households (371 people) are currently accommodating displaced families and experiencing increased pressure on food stocks, water resources, household expenditures, sanitation facilities, and available living space. Although these households did not directly lose their homes, the additional burden associated with hosting displaced families has increased their vulnerability and reduced their coping

capacity.

Communities in Gabu Region are increasingly exposed to recurrent climate-related hazards, including seasonal windstorms and heavy rainfall. A major windstorm affected Gabu town in June 2025 and was supported through IFRC DREF Operation MDRGW006; however, that event affected a different geographical area and population from the current emergency. The present disaster occurred in Sintcham Bassirou village within the Sonaco Sector, which was not covered under the previous operation.

The recurrence of severe weather events in the region highlights the growing exposure of communities to climate-related hazards and the cumulative effects these shocks have on household resilience. Repeated losses of housing, assets, livelihoods, and productive resources continue to erode coping mechanisms and reduce the ability of vulnerable households to recover between disasters.

Without timely humanitarian assistance, affected households are likely to face prolonged displacement, deteriorating living conditions, increased food insecurity, heightened public health and protection risks, and further erosion of livelihood opportunities. The scale of the impact, combined with existing socioeconomic vulnerabilities and limited local coping capacities, underscores the need for immediate humanitarian assistance and early recovery support to restore dignity, strengthen resilience, and support the recovery of affected communities.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**No**
Did it affect the same population group?	**-**
Did the National Society respond?	**-**
Did the National Society request funding form DREF for that event(s)	**-**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

The implementation of the 2025 Windstorm DREF operation (MDRGW006) in Gabu Region provided valuable operational and programmatic lessons that have informed the design of the current response. The operation demonstrated the importance of combining rapid humanitarian assistance with strong community engagement, cash-based interventions, and resilience-building measures to effectively address the needs of affected populations.

• Rapid assessments and early volunteer mobilization improve response effectiveness. The previous operation confirmed that the timely deployment of trained volunteers enabled the National Society to quickly identify affected households, assess the extent of damages, and prioritize assistance based on the severity of needs. In the current operation, GBRC has similarly mobilized volunteers early and will continue to strengthen assessment, monitoring, and reporting processes to support timely and evidence-based decision-making.
• Cash assistance provides flexibility and accelerates household recovery. MDRGW006 demonstrated that cash-based interventions allowed affected households to prioritize their most urgent needs while supporting local markets and preserving beneficiary dignity. Beneficiaries used cash assistance to address shelter repairs, food needs, household replacement items, and other recovery priorities. Building on this experience, the current operation will use a combination of shelter cash grants and multipurpose cash assistance to support both affected and vulnerable host households.
• Community Engagement and Accountability (CEA) is critical to programme quality and acceptance. The previous response showed that regular communication with communities, transparent beneficiary selection processes, and accessible feedback mechanisms improved trust, reduced complaints, and strengthened accountability. The current operation will therefore integrate robust CEA approaches, including community meetings, beneficiary verification, community committees, and feedback and complaints mechanisms throughout implementation.
• Host households should be considered as part of the response strategy. During MDRGW006, many displaced families relied on relatives and host households for temporary accommodation, placing significant pressure on already limited household resources. Experience showed that supporting vulnerable host households contributes to social cohesion, reduces tensions, and strengthens community recovery. As a result, the current operation includes targeted assistance for vulnerable host households alongside directly affected families.
• Early shelter support reduces exposure to secondary humanitarian risks. The previous operation highlighted that timely shelter assistance enabled affected households to restore safer living conditions and reduced exposure to rain, disease, and protection concerns. Incorporating safer construction techniques also contributed to increased resilience. Consequently, shelter recovery remains a priority intervention, and the current response will promote Build Back Better principles and safer reconstruction practices.
• Mental health and psychosocial support are essential components of disaster response. The 2025 operation found that affected families experienced considerable emotional distress due to the loss of homes, assets, and livelihoods. Psychosocial support services contributed positively to individual well-being and community recovery. The current operation therefore integrates psychosocial support and Psychological First Aid (PFA) as key components of the response.
• Preparedness and resilience-building should be integrated into recovery interventions. Recurrent windstorms in Gabu Region continue to erode household coping capacities and increase vulnerability. Lessons from MDRGW006 demonstrated that combining emergency assistance with disaster preparedness, risk reduction, and safer shelter awareness activities helps communities better withstand future shocks. The current operation will therefore incorporate disaster risk reduction, PASSA-based awareness, fire prevention messaging, and community preparedness activities.
• Volunteer safety and operational readiness are critical for effective implementation. Previous operations highlighted the importance of equipping and supporting volunteers working in challenging conditions, particularly during the rainy season. As a result, the current operation includes volunteer training, insurance coverage, duty-of-care measures, and provision of personal protective equipment to ensure the safety and effectiveness of response teams.

Overall, MDRGW006 demonstrated that an effective response to windstorm emergencies requires a combination of rapid assessments, targeted cash assistance, shelter recovery support, strong community engagement, psychosocial support, and resilience-building measures. These lessons have been incorporated into the current operation to enhance targeting, improve accountability, strengthen community ownership, and ensure a more effective and sustainable response for affected and host communities.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

11-08-2026

Health	Following the windstorm, the Guinea-Bissau Red Cross (GBRC) mobilized its local response capacity by deploying 20 trained community volunteers and five staff members to support affected communities in Sintcham Bassirou village. Drawing on its community-based health and emergency response experience, GBRC initiated rapid interventions to address the immediate health and psychosocial needs of those impacted by the disaster. As part of the initial response, volunteers conducted household visits and rapid health assessments to identify individuals requiring urgent assistance and referral. First aid services were provided to injured persons, while psychosocial support (PSS) activities were delivered to individuals and families affected by the shock of losing their homes, belongings, and livelihoods. To date, GBRC has provided first aid assistance to more than 63 individuals and psychosocial support to over 269 affected people. These interventions have focused on addressing immediate physical injuries, reducing psychological distress, and strengthening the coping capacities of affected individuals and families. In addition, volunteers have conducted community-based awareness activities promoting key health and hygiene practices to help reduce health risks associated with displacement, overcrowding, and exposure to adverse weather conditions. Vulnerable groups, including children, older persons, pregnant and lactating women, and persons with disabilities, have been prioritized during outreach and support activities.
Coordination	Immediately following the windstorm of 10 August 2026, the Guinea-Bissau Red Cross (GBRC) mobilized its local volunteers and emergency response structures to support initial response efforts and assess the humanitarian impact of the disaster. GBRC worked in close coordination with local authorities, community leaders, and relevant humanitarian actors to facilitate a coordinated response and establish a common understanding of the needs of affected populations. GBRC participated in coordination meetings convened by local government authorities and maintained regular communication with humanitarian partners operating in the affected area. These engagements enabled the sharing of assessment findings, identification of priority needs, and promotion of complementary interventions to avoid duplication and maximize the reach of available resources. As part of its auxiliary role to the public authorities in humanitarian action, GBRC deployed trained volunteers to conduct rapid needs assessments in the affected communities. The assessments collected information on the extent of damage, population displacement, shelter conditions, and the immediate needs of affected households. Findings confirmed significant destruction of housing and identified urgent needs for emergency shelter assistance, essential household items, health support, psychosocial support, and early recovery interventions. GBRC has also maintained close coordination with the IFRC Country Cluster Delegation in Freetown, providing regular situation updates, assessment data, and operational information to support technical guidance, preparedness planning, and resource mobilization efforts. Continuous engagement with Movement partners has helped ensure that the evolving humanitarian situation is closely monitored and that response strategies are aligned with identified needs.

	This DREF request has been developed based on the results of the rapid assessments and consultations with affected communities, local authorities, and humanitarian partners. These consultations highlighted emergency shelter, essential household items, health and psychosocial support, and early recovery assistance as the most pressing priorities for the most vulnerable and severely affected households. The operation will build on existing coordination mechanisms to ensure an efficient, accountable, and needs-based humanitarian response.
Assessment	Immediately following the windstorm and heavy rainfall that affected Sintcham Bassirou village in the Paunka Section of Sonaco Sector, Gabu Region, the Guinea-Bissau Red Cross (GBRC) activated its assessment mechanisms to determine the extent of the damage, identify priority humanitarian needs, and inform the response strategy. Leveraging its local presence and network of trained volunteers, GBRC deployed 20 volunteers and staff members to conduct rapid needs assessments in the affected community. The assessment was carried out in close collaboration with local authorities, community leaders, and affected households to ensure the collection of accurate and timely information on the humanitarian impact of the disaster. The assessment focused on shelter damage, population displacement, health risks, protection concerns, access to essential services, and the immediate needs of affected households. Data collection was conducted through household visits, direct observation, and consultations with community representatives and local authorities. Findings revealed that 379 households (2,653 people) were affected by the disaster, with 120 houses either destroyed or damaged. The destruction of homes resulted in the displacement of affected families and the loss of essential household belongings. Many households reported inadequate shelter conditions, limited access to basic household items, and difficulties meeting their immediate needs. The assessment further identified urgent humanitarian needs in emergency shelter, essential household items, health support, psychosocial support, and livelihoods assistance. Communities also reported increased concerns related to exposure to adverse weather conditions, disease risks associated with inadequate shelter, and the psychosocial impact of losing homes and productive assets. Particular attention was given to vulnerable groups, including children, older persons, pregnant and lactating women, and persons with disabilities, to ensure that their specific needs and protection concerns were reflected in the response planning process. The findings of the rapid assessment have guided the prioritization, targeting, and design of the proposed DREF operation, ensuring that assistance is evidence-based, needs-driven, and focused on the households most severely affected by the windstorm.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation (CCD) in Freetown is providing technical, operational, and strategic support to the Guinea-Bissau Red Cross (GBRC) throughout the response. Following the windstorm, the CCD maintained close communication with GBRC to monitor the evolving situation, review assessment findings, and support the analysis of data collected by volunteers to ensure evidence-based planning and decision-making.

	The CCD has supported the National Society in the preparation of the DREF request, including guidance on emergency assessments, operational planning, budgeting, and reporting requirements. Technical support has also been provided for the development of response strategies, beneficiary targeting, and the design of sectoral interventions in line with identified humanitarian needs. In addition, the IFRC supported GBRC in preparing and uploading situation reporting information to the IFRC GO Platform, facilitating timely visibility of the emergency and enabling the launch of the DREF operation to address the urgent needs of affected populations. Throughout the operation, the IFRC CCD will continue to provide Secretariat support across key functional areas, including Programme Management, Planning, Monitoring, Evaluation and Reporting (PMER), Finance, Administration, Logistics, Security, Human Resources, Communications, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), and National Society Development (NSD). This support will ensure quality implementation, compliance with IFRC procedures, effective financial management, accountability to affected populations, and timely operational reporting.
Participating National Societies	At present, there is no Participating National Society (PNS) with an in-country presence in Guinea-Bissau supporting this operation. The Guinea-Bissau Red Cross is leading the response with support from the IFRC Country Cluster Delegation in Freetown. The operation is being implemented through GBRC's existing volunteer network and operational structures, with technical and coordination support provided by the IFRC.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross does not have a permanent in-country presence in Guinea-Bissau. ICRC support to Guinea-Bissau is provided through its regional delegation in Dakar, Senegal.

For this specific windstorm response, the ICRC is not providing direct operational or financial support. The response is being led by the Guinea-Bissau Red Cross with support from the IFRC Country Cluster Delegation in Freetown through the proposed DREF operation.

The Guinea-Bissau Red Cross will maintain information sharing and coordination with the ICRC regional delegation, in line with Movement coordination mechanisms, should any relevant humanitarian concerns emerge during the implementation of the operation. At the time of this request, no direct ICRC interventions are planned within the scope of this emergency response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Local authorities have been actively engaged in the response to the windstorm and have participated alongside the Guinea-Bissau Red Cross (GBRC) in rapid needs assessments to determine the extent of the damage and identify priority humanitarian needs. Their involvement has facilitated access to affected communities, validation of assessment findings, and coordination of response efforts.

	The National Civil Protection Service (NCPS), which is responsible for coordinating disaster management and emergency response activities in Guinea-Bissau, has assumed a leading role in coordinating government actions related to the disaster. Following the assessment of the impacts, the NCPS highlighted the significant humanitarian needs arising from the destruction of homes and the displacement of affected families and has appealed to humanitarian partners for support. While local and national authorities remain committed to assisting affected communities, available resources are insufficient to address the scale of the needs generated by the disaster. As a result, emergency assistance requirements, particularly in shelter, essential household items, health, psychosocial support, and livelihood recovery, exceed existing government response capacities. Authorities continue to collaborate with the Guinea-Bissau Red Cross and other stakeholders to facilitate humanitarian access, share information, support beneficiary identification and targeting, and coordinate assistance to ensure that support reaches the most vulnerable and severely affected households. The NCPS has also emphasized the importance of supporting early recovery efforts and strengthening community resilience to future climate-related hazards.
UN or other actors	As of the time of this DREF submission, no response interventions have been initiated by United Nations agencies in the affected area. The Guinea-Bissau Red Cross, in coordination with local authorities and the National Civil Protection Service, continues to monitor the situation and share information with relevant humanitarian stakeholders.

Are there major coordination mechanism in place?

The National Civil Protection Service (NCPS) is leading the coordination of the response to the windstorm in Guinea-Bissau and serves as the primary government authority responsible for disaster management and emergency response coordination. At the local level, coordination is being facilitated through regular engagement between district authorities, community leaders, the Guinea-Bissau Red Cross (GBRC), and other relevant stakeholders to monitor the evolving situation and identify priority response needs.

At the national level, the NCPS is responsible for coordinating information sharing, mobilizing support, and facilitating engagement with humanitarian partners. Although a formal national emergency coordination meeting had not yet been convened at the time of this DREF request, the NCPS has maintained bilateral consultations and regular communication with key stakeholders to support response planning and resource mobilization.

As an auxiliary to the public authorities in the humanitarian field, the Guinea-Bissau Red Cross is playing a key role within the existing coordination arrangements. GBRC has actively participated in joint assessments and consultation meetings with local authorities and the NCPS, providing assessment findings, operational updates, and technical input to support evidence-based decision-making. Through its extensive volunteer network and community presence, GBRC serves as a key source of field-level information on the needs and vulnerabilities of affected populations.

The National Society is not currently leading or co-leading any formal sector coordination mechanism; however, it remains a central operational partner supporting assessment, information management, community engagement, and response activities. GBRC continues to advocate for timely assistance to the most vulnerable households and contributes to ensuring that humanitarian interventions are coordinated, complementary, and responsive to identified needs.

At present, no major overlap in response activities has been identified due to the limited presence of humanitarian actors in the affected area. However, significant response gaps remain, particularly in emergency shelter, essential household items, health and psychosocial support, and early recovery assistance. Continued coordination among authorities, GBRC, and humanitarian partners will be essential to mobilize resources and address these unmet needs effectively.

Needs (Gaps) Identified

Shelter Housing And Settlements

Shelter has been identified as the most urgent humanitarian need following the windstorm in Sintcham Bassirou village. The rapid assessment conducted by the Guinea-Bissau Red Cross (GBRC) found that 120 houses were destroyed, leaving many families without safe and adequate shelter.

Affected households are currently sheltering with relatives, neighbours, and host families or remaining in damaged structures that provide limited protection from ongoing rainfall and adverse weather conditions. These arrangements have resulted in overcrowding, reduced privacy, and increased health and protection risks, particularly for women, children, older persons, pregnant and lactating women, and persons with disabilities.

The destruction of homes also resulted in the loss of essential household items, including bedding, blankets, cooking utensils, clothing, and mosquito nets. Most affected households rely on subsistence farming and have limited financial means to repair or rebuild their homes without external support.

At the time of this assessment, no other humanitarian actor is providing shelter assistance in the affected area, while government resources remain insufficient to address the identified needs. Immediate support is therefore required through emergency shelter assistance, shelter repair materials, and essential household non-food items (NFIs) to restore safe and dignified living conditions and prevent further deterioration of the humanitarian situation.

Livelihoods And Basic Needs

The windstorm has significantly affected the livelihoods and coping capacities of affected households. Many families lost household assets, food stocks, agricultural inputs, and income-generating resources, further increasing their vulnerability in a context where livelihoods largely depend on subsistence agriculture, livestock rearing, and small-scale trade.

The disaster has also placed considerable pressure on host communities. Many displaced families are currently being accommodated by relatives and neighbours, increasing the demand for food, water, and other essential household resources. The assessment identified 53 highly vulnerable host households that are facing additional hardship as a result of supporting displaced families.

Both affected and host households have limited capacity to absorb these additional shocks and are at risk of adopting negative coping mechanisms, including reducing food consumption, selling productive assets, or accumulating debt. Women-headed households, older persons, and persons with disabilities are among those facing heightened economic vulnerability.

No livelihood support interventions have been initiated by other actors, leaving a significant gap in assistance. Priority needs include support to protect household food security, replace essential household items, restore livelihoods, and assist vulnerable host families. Such support is critical to reducing vulnerability, promoting early recovery, and strengthening community resilience.

Multi purpose cash grants

The rapid assessment identified significant financial vulnerability among affected households, with many families lacking the resources required to meet their immediate needs and recover from the losses caused by the windstorm. The destruction of homes, loss of household assets, and disruption of livelihoods have reduced household purchasing power and weakened existing coping mechanisms.

A total of 379 affected households require financial support to address their most urgent needs. Cash assistance is considered an appropriate and efficient response modality as it provides affected families with the flexibility and dignity to prioritize expenditures according to their specific needs, including shelter repairs, food, healthcare, essential household items, education, and livelihood recovery.

The assessment also highlighted the additional burden placed on host families that are accommodating displaced relatives and neighbours. Increased household expenditures and pressure on limited resources have heightened the vulnerability of these families and

may undermine community coping capacities if not addressed.

At the time of this assessment, no cash assistance is being provided by other humanitarian actors, creating a significant gap in support for both affected and vulnerable host households. Cash assistance will help bridge this gap while stimulating local markets and enabling households to address their priority needs in a timely manner.

The assessment recommends a cash-based response to support shelter repair and recovery, alongside unrestricted multipurpose cash grants to help the most vulnerable affected and host households meet their immediate basic needs and strengthen their recovery capacity.

Health

The rapid assessment identified increasing public health risks resulting from displacement, overcrowding, damaged housing, and exposure to adverse environmental conditions. The loss of shelter has left many families exposed to rain, mosquitoes, and other health hazards, while overcrowded living arrangements are increasing the risk of communicable disease transmission.

Many affected households reported the loss of essential health and hygiene items, including mosquito nets and basic hygiene materials. In addition, standing water and debris observed in the affected communities have created favourable conditions for mosquito breeding, increasing the risk of malaria and other vector-borne diseases. Inadequate shelter conditions and limited access to hygiene materials further increase the vulnerability of affected populations to illness.

Children under five years of age, pregnant and lactating women, older persons, and individuals with pre-existing health conditions are among the groups most at risk. Overcrowding and poor environmental sanitation may also contribute to an increased risk of diarrhoeal diseases and other communicable illnesses if preventive measures are not implemented promptly.

The assessment also highlighted psychosocial impacts among affected households. Many families reported experiencing stress and emotional distress associated with the loss of homes, belongings, and livelihoods. While the Guinea-Bissau Red Cross has provided initial first aid and psychosocial support, additional assistance is required to address ongoing needs and strengthen community coping capacities.

No health-focused interventions have been initiated by other humanitarian actors in the affected area, creating significant gaps in disease prevention and health promotion activities. Priority needs include community-based health promotion, disease prevention and vector-control awareness, psychosocial support services, distribution of mosquito nets, and referral support for vulnerable individuals requiring access to healthcare services. These interventions are essential to prevent further deterioration of health conditions and protect the well-being of affected communities.

Water, Sanitation And Hygiene

The rapid assessment identified significant WASH-related concerns arising from the impact of the windstorm and heavy rainfall. A total of 10 traditional wells were reported damaged, with several water sources contaminated by runoff, debris, and surface water, reducing access to safe water for affected households and increasing the risk of waterborne diseases.

The displacement of affected families and overcrowding in host households have placed additional pressure on already limited water and sanitation facilities. Many households have also lost essential hygiene items, reducing their ability to maintain adequate hygiene practices and increasing the risk of disease outbreaks.

Poor environmental sanitation conditions, coupled with stagnant water observed in and around affected communities, create favourable conditions for the spread of diarrhoeal diseases and other public health hazards. Children under five, pregnant and lactating women, older persons, and persons with underlying health conditions are particularly vulnerable to these risks.

At the time of the assessment, no organization was providing WASH assistance in the affected area, leaving critical gaps in access to safe water, hygiene promotion, and environmental sanitation support. Without timely intervention, affected communities may face increased health risks and a deterioration in living conditions.

Priority needs identified include the rehabilitation, cleaning, and disinfection of damaged wells, community clean-up campaigns, hygiene promotion and awareness activities, safe water storage and handling messaging, support to improve environmental sanitation, and the

provision of essential hygiene supplies to the most vulnerable households. These interventions will be critical in reducing public health risks and preventing disease outbreaks among affected populations.

Protection, Gender And Inclusion

The rapid assessment identified important protection risks affecting disaster-affected households, particularly women, children, older persons, pregnant and lactating women, and persons with disabilities. The loss of shelter and displacement into temporary and overcrowded living arrangements have increased vulnerabilities and reduced access to safe and dignified living conditions.

Many affected families are currently residing with relatives, neighbours, and host households, resulting in overcrowding, reduced privacy, and limited access to appropriate sleeping and sanitation facilities. These conditions increase the risk of protection concerns, including gender-based violence (GBV), child protection risks, neglect of older persons, and barriers to accessing assistance for persons with disabilities and other vulnerable groups.

The assessment further highlighted that vulnerable individuals may face challenges in accessing information, humanitarian assistance, and referral services due to mobility limitations, dependency on caregivers, or social exclusion. The absence of formal community-based protection structures and limited referral pathways may further hinder timely identification and support for individuals facing protection risks.

In addition, gaps in sex, age, and disability disaggregated data have limited a comprehensive understanding of the specific needs and barriers faced by different population groups. Strengthening inclusive data collection and community feedback mechanisms will therefore be essential to ensure that assistance reaches those most at risk.

At the time of the assessment, no dedicated protection interventions were being implemented by other humanitarian actors in the affected area, leaving significant gaps in protection awareness, prevention, and referral services. Without targeted support, vulnerable groups may face heightened risks during displacement and recovery.

Priority needs identified include strengthening community-based protection mechanisms, establishing and promoting safe and confidential referral pathways, training volunteers on Protection, Gender and Inclusion (PGI), Child Safeguarding, and Prevention of Sexual Exploitation and Abuse (PSEA), and ensuring that all response activities are accessible, safe, and inclusive for women, men, girls, boys, older persons, and persons with disabilities. These measures will help safeguard the dignity, safety, and well-being of affected populations throughout the response.

Community Engagement And Accountability

The rapid assessment highlighted the need to strengthen community engagement and accountability mechanisms to ensure that affected populations are informed, consulted, and actively involved throughout the response. Many households require clear and timely information about available assistance, targeting criteria, distribution schedules, and support services to enable equitable access to humanitarian aid.

The assessment found that existing communication channels within the affected communities are limited, reducing opportunities for affected people to access information, ask questions, and participate in decisions that affect their recovery. This may increase the risk of misinformation, exclusion of vulnerable groups, and dissatisfaction with response activities if not adequately addressed.

Particular attention is required to ensure that women, older persons, persons with disabilities, and other vulnerable groups have equitable access to information and opportunities to participate in community consultations. Communication approaches should be adapted to local contexts and designed to address barriers related to literacy, mobility, language, and social inclusion.

The assessment also identified the need for accessible, safe, and confidential feedback and complaints mechanisms that allow community members to raise concerns, provide feedback on services, and report issues such as exclusion, misconduct, or protection concerns. Strengthening these mechanisms will support accountability, transparency, and trust between affected communities and response actors.

At the time of the assessment, formal community feedback mechanisms were not in place, creating an important gap in accountability to affected populations. Priority needs therefore include establishing two-way communication channels, conducting regular community engagement sessions, strengthening information dissemination, engaging community leaders and vulnerable groups in decision-making processes, and implementing accessible feedback and complaints mechanisms. These measures will help ensure that the response remains community-centred, responsive to evolving needs, and accountable to affected populations.

Any identified gaps/limitations in the assessment

The rapid assessment provided critical information on the impact of the windstorm and the immediate needs of affected communities. However, a number of constraints may have limited the comprehensiveness of the findings. Resource limitations, logistical challenges during the rainy season, damaged infrastructure, and difficulties accessing some affected locations restricted the scope and depth of data collection.

In addition, the assessment faced limitations in the availability of sex-, age-, and disability-disaggregated data. As a result, the specific needs and vulnerabilities of persons with disabilities, older persons, female-headed households, displaced families, and other at-risk groups may not have been fully captured during the initial assessment.

Given the evolving nature of the situation, further sector-specific assessments and continuous monitoring will be undertaken to validate findings, identify emerging needs, and strengthen the understanding of vulnerabilities. This will help ensure that humanitarian assistance remains evidence-based, well-targeted, inclusive, and responsive to the needs of the most affected populations.

Operational Strategy

Overall objective of the operation

The overall objective of the operation is to provide timely, life-saving, and early recovery assistance to 432HHs (3024 people) comprising 379 affected households and 53 host families affected by the windstorm and heavy rainfall in Sintcham Bassirou village, Paunka Section, Sonaco Sector, Gabu Region, through integrated support in shelter, essential household items, multipurpose cash assistance, health, hygiene promotion, and community resilience. The operation aims to address immediate humanitarian needs, restore safe and dignified living conditions, reduce health and protection risks, and strengthen the capacity of affected households to recover from and withstand future climate-related shocks.

The operation is informed by the findings of the rapid assessment conducted by the Guinea-Bissau Red Cross (GBRC) in collaboration with local authorities and community representatives. During implementation, GBRC will undertake continuous monitoring and targeted follow-up assessments to validate emerging needs, strengthen vulnerability analysis, and ensure that assistance remains needs-based, inclusive, and responsive to the evolving situation of affected communities.

Operation strategy rationale

The proposed DREF operation aims to address the immediate humanitarian needs and support the early recovery of 432 households (3,024 people) affected by the windstorm and heavy rainfall that struck Sintcham Bassirou village, Paunka Section, Sonaco Sector, Gabu Region. The affected population consists of:

• 379 directly affected households (2,653 people) whose homes, household assets, livelihoods, and coping capacities were damaged or destroyed by the windstorm and heavy rainfall.

• 53 indirectly affected host households (371 people) currently accommodating displaced families from affected households and experiencing additional pressure on their food stocks, water resources, household expenditures, and living space.

The identification of host households was undertaken during the rapid assessment through household-level verification conducted by GBRC volunteers in collaboration with community leaders and local authorities. Before assistance is delivered, GBRC will conduct a verification exercise to confirm that host households continue to accommodate displaced families and remain exposed to additional expenditures and resource-sharing linked to the displacement. Should hosting arrangements have ended, eligibility will be reassessed against vulnerability criteria established for the operation to ensure assistance reaches households with verified humanitarian needs.

The operation is guided by GBRC rapid assessment findings, which identified urgent needs in shelter, basic needs, livelihoods, health, WASH, and protection, with limited external assistance available. Leveraging functional local markets and an existing FSP agreement, cash assistance will be delivered through mobile money to provide timely, dignified, and flexible support. The response combines cash, shelter, health, WASH, protection, and resilience-building activities to restore living conditions, support recovery, reduce risks, and strengthen preparedness for future climate-related shocks.

1. Shelter Recovery and Essential Needs: Target- 120 households (840 people)

Shelter has been identified as one of the most urgent humanitarian priorities. Assessment findings confirmed that 120 houses were destroyed, leaving families displaced and exposed to rainfall, health risks, and protection concerns.

To support safe recovery and the restoration of adequate shelter, GBRC will provide conditional cash assistance of XOF 218,327 to each of the 120 affected homeowner households whose houses were destroyed. The transfer value was calculated based on the market cost of essential shelter reconstruction materials required to rebuild basic safe shelters. The assistance package includes: Roofing zinc sheets: XOF 152,321, 4-inch wire nails: XOF 8,462, 3-inch wire nails: XOF 8,462, Roofing nails: XOF 25,387, and Wooden sticks/poles: XOF 23,695

The total transfer value of XOF 218,327 per household will enable families to procure essential construction materials required to rebuild homes destroyed by the windstorm and heavy rainfall.

To strengthen accountability and promote safer reconstruction practices, shelter assistance will be delivered through a two-instalment conditional cash approach:

• The first instalment (70%) will be transferred following beneficiary registration, orientation on safer shelter techniques, and agreement on minimum shelter reconstruction standards.
• GBRC shelter teams, trained volunteers, local artisans, and community representatives will conduct monitoring visits to verify that beneficiaries have purchased construction materials and initiated reconstruction activities in line with agreed shelter criteria and Build Back Better (BBB) principles.
• Upon successful verification, beneficiaries will receive the second instalment (30%) to complete reconstruction works.

Additional monitoring visits have been incorporated into the implementation plan and budget to support verification of progress and compliance with agreed standards. Relevant monitoring indicators will also be included within the shelter monitoring framework.

The shelter intervention will promote the application of Build Back Better principles to improve the safety and resilience of reconstructed houses against future windstorms and extreme weather events. GBRC volunteers, local artisans, community builders, local authorities, and Civil Protection representatives will support technical guidance and monitoring throughout the reconstruction process.

2. Multipurpose Cash Assistance (MPCA): Target- 432 households (3,024 people)

The rapid assessment identified significant financial vulnerability among both directly affected households and host households. However, the assessment also found that the nature and severity of needs differ between the two groups.

Directly affected households experienced losses related to shelter, food stocks, household assets, agricultural inputs, productive assets, and sources of income. Host households are primarily facing increased expenditure and resource-sharing pressures associated with accommodating displaced families.

Rapid assessments identified widespread loss of household assets, food stocks, income sources, and essential belongings, leaving many families unable to meet their immediate basic needs. Given that local markets remain functional and accessible, GBRC will provide cash assistance to enable households to address their priority needs while supporting early recovery and reducing negative coping strategies.

The MPCA transfer value was calculated using findings from the rapid needs assessment, local market prices, and a Minimum Expenditure Basket (MEB)-based analysis of essential household requirements. The assistance is designed to cover priority food, household, and hygiene needs during the immediate recovery period.

For directly affected households, the one-off MPCA transfer amounts to XOF 128,910 per household, comprising: XOF 68,569 for food and nutritional support, including Cereals: XOF 50,325, Pulses: XOF 11,931, Vegetable oil: XOF 6,066, Salt: XOF 247; XOF 32,913 for essential household items, including bedsheets, drinking buckets, laundry bowls, cooking utensils, cups, sleeping mats, and blankets; XOF 27,428 for WASH items, including buckets with lids, jerry cans, soap, and hygiene kits. Accordingly, 379 directly affected households will each receive the full MPCA package of XOF 128,910 to address the wider range of losses and basic needs resulting from the disaster.

For host households, assessment findings indicate that their primary burden relates to increased food consumption and household expenditure associated with accommodating displaced families, rather than direct loss of shelter or household assets. Therefore, 53 verified host households will receive XOF 68,569 per household, corresponding to the food and nutritional support component of the MPCA package.

Prior to assistance delivery, GBRC will verify that host households continue to accommodate displaced families and are incurring additional expenditures associated with hosting arrangements. Assistance will therefore be based on verified vulnerability and demonstrated additional needs rather than solely on the objective of preventing community tensions.

This differentiated approach recognizes the distinct loss and expenditure profiles of directly affected and host households while ensuring equitable, evidence-based, and needs-driven assistance.

GBRC will continue market monitoring throughout implementation to ensure transfer values remain appropriate and responsive to market conditions. Cash transfers will be delivered through mobile money using the existing FSP agreement, ensuring secure and

efficient delivery.

A Post Distribution Monitoring (PDM) exercise will be conducted following cash distributions to assess utilization, adequacy, beneficiary satisfaction, protection outcomes, and overall programme effectiveness.

3. Health, Hygiene Promotion and Disease Prevention: 432 households (3,024 people)

The disaster has significantly increased public health risks due to displacement, overcrowding, damaged shelter conditions, poor environmental sanitation, and increased mosquito breeding during the rainy season. In response, the operation will implement community-based health interventions aimed at preventing communicable diseases, promoting healthy behaviours, addressing immediate psychosocial needs, and strengthening community awareness on public health risks.

Trained GBRC volunteers will provide First Aid and Psychological First Aid (PFA) to individuals affected by injuries, trauma, loss, and emotional distress resulting from the disaster. Health promotion activities will focus on malaria prevention, prevention of waterborne and communicable diseases, personal and household hygiene, menstrual hygiene management, environmental sanitation, and health-seeking behaviours. These activities will be delivered through community outreach sessions, household visits, and awareness campaigns targeting both directly affected and host households.

To reduce the risk of malaria, the operation will procure and distribute two insecticide-treated mosquito nets per targeted household, accompanied by awareness sessions on their proper use, maintenance, and replacement. Particular attention will be given to pregnant women, children under five years of age, older persons, and other vulnerable groups who are at heightened risk of malaria-related complications.

To strengthen community outreach and response capacity, 20 volunteers and 10 staff members will be trained on health and hygiene promotion, waterborne disease prevention, menstrual hygiene management, Epidemic Control for Volunteers (ECV), vector control, mosquito net utilization, and Mental Health and Psychosocial Support (MHPSS). The operation will also provide incentives for volunteers conducting health and hygiene promotion and psychosocial support activities throughout implementation. To ensure safe and effective field operations during the rainy season, volunteers and staff will be equipped with appropriate protective equipment, including raincoats and rubber boots.

4. Water, Sanitation and Hygiene (WASH): 432 households (3,024 people)

The rapid assessment identified significant WASH-related risks resulting from damage to water sources, potential contamination of drinking water, poor sanitation conditions, and overcrowding among displaced and host households. The operation will therefore support improved access to safe water and hygiene services through a combination of water source rehabilitation, community hygiene promotion, and environmental sanitation activities.

Community water source assessments and water quality testing will be conducted to identify risks and prioritize interventions. Based on assessment findings, the operation will support the cleaning, rehabilitation, disinfection, and restoration of 10 damaged community wells to improve access to safe drinking water for affected communities. Staff and volunteers will receive refresher training on the safe disinfection of wells and boreholes using chlorine, including appropriate dosing, application procedures, and safety measures.

Working with the Ministry of Health, appropriate household water treatment solutions will be distributed where required, together with guidance on safe handling, storage, and use. Follow-up visits will be conducted to reinforce correct utilization practices and promote safe water management at household level.

Hygiene promotion activities will focus on handwashing with soap, safe water collection and storage, household and environmental sanitation, prevention of waterborne diseases, waste management, and vector control. To support behaviour change and community participation, GBRC will produce and disseminate hygiene promotion Information, Education and Communication (IEC) materials and posters through community outreach activities.

In addition, four community clean-up campaigns will be organized to remove debris, improve environmental sanitation, reduce standing water, and eliminate mosquito breeding sites. To support these activities, the operation will provide community cleaning tools, including rakes, shovels, cutlasses, wheelbarrows, heavy-duty gloves, and face masks. These interventions will contribute to reducing public health risks while promoting community ownership and resilience.

5. Protection, Gender and Inclusion (PGI): 3,024 people (432 households)

Protection, Gender and Inclusion (PGI) considerations will be mainstreamed throughout the operation to ensure that assistance is delivered in a safe, dignified, accessible, and inclusive manner. Particular attention will be given to women, children, persons with disabilities, older persons, pregnant and lactating women, female-headed households, and other groups that may face heightened vulnerabilities and protection risks following the disaster.

To strengthen protection outcomes, GBRC will conduct a rapid PGI risk and needs assessment to identify protection concerns, barriers to assistance, and groups requiring targeted support. The findings will inform programme implementation and support the integration of protection measures across all sectors of the response.

A total of 10 staff and 20 volunteers will receive refresher training on PGI Minimum Standards, Prevention of Sexual Exploitation and Abuse (PSEA), Child Safeguarding, Sexual and Gender-Based Violence (SGBV), disability inclusion, and safe referral mechanisms. Regular field-based PGI briefings and awareness sessions will also be conducted throughout the operation to reinforce good practices and ensure that frontline teams are equipped to identify and respond appropriately to protection concerns.

Protection considerations will be integrated into all cash, shelter, health, and WASH interventions to ensure equitable access and reduce the risk of exclusion or harm. The operation will support the safe identification and referral of protection cases through established referral pathways and collaboration with relevant service providers. Community awareness sessions on SGBV prevention, PSEA, child protection, and available support services will also be conducted to promote awareness and strengthen community protection mechanisms.

Where appropriate, the operation will facilitate safe, accessible, and culturally appropriate spaces for women, girls, and other at-risk groups, while promoting the meaningful participation of marginalized and vulnerable populations in programme design, implementation, and monitoring. These measures will contribute to reducing protection risks, strengthening inclusion, and ensuring that the response leaves no one behind.

6. Community Engagement and Accountability (CEA): 432 households (3,024 people)

Community Engagement and Accountability (CEA) will be integrated throughout the operation to ensure that affected communities are informed, consulted, and actively involved in decisions affecting their recovery. The operation will promote two-way communication and place communities at the centre of response planning and implementation to ensure assistance remains relevant, timely, and responsive to evolving needs.

GBRC will establish transparent, inclusive, and accessible communication channels that enable community members to seek information, provide feedback, raise concerns, and influence programme implementation. Particular efforts will be made to engage a broad spectrum of community members, including women, youth, older persons, persons with disabilities, host households, and other vulnerable groups, to ensure that diverse perspectives and needs are reflected in the response.

To support implementation, 25 volunteers will be trained on Community Engagement and Accountability (CEA) and Risk Communication and Community Engagement (RCCE) methodologies. These volunteers will support information sharing, community consultations, feedback collection, and awareness-raising activities throughout the operation.

Accessible and confidential feedback and complaints mechanisms will be established and regularly promoted to communities. Information collected through these mechanisms will be systematically reviewed and used to improve programme quality, strengthen accountability, and ensure that community concerns are addressed promptly. Community meetings will be organized to validate targeting criteria and beneficiary lists, enhance transparency, and reduce the risk of inclusion and exclusion errors.

The operation will also produce and disseminate assorted Information, Education and Communication (IEC) materials to support awareness activities across all sectors. Community committees and local leaders will be engaged through regular consultations to strengthen community participation and support the promotion of disaster risk reduction measures, including fire prevention and management practices. Visibility materials, including Red Cross bibs and jackets, will be provided to volunteers to support community outreach and reinforce the visibility and credibility of the response.

Through these measures, the operation will strengthen transparency, accountability, trust, participation, and community ownership, ensuring that affected populations play an active role throughout the response and recovery process.

Operational Capacity

The operation will be implemented by the Guinea-Bissau Red Cross with support from trained volunteers and staff, reinforced by additional volunteers specifically mobilized for DREF implementation.

Under the technical guidance of the IFRC Country Cluster Delegation in Freetown, volunteers and staff will support beneficiary registration, assessments, cash programming, shelter monitoring, health and hygiene promotion, PGI mainstreaming, community engagement, monitoring, and reporting.

To ensure safe field operations during the rainy season, volunteers and staff will be provided with appropriate protective equipment, including raincoats and rubber boots.

An IFRC technical support mission will be deployed during the initial phase of implementation to strengthen operational planning, cash programming quality assurance, monitoring, reporting, and compliance with DREF standards.

Through this integrated and community-centred approach, the operation will address immediate humanitarian needs, support safe and dignified recovery, reduce health and protection risks, restore household resilience, and strengthen preparedness for future climate-related hazards.

Targeting Strategy

Who will be targeted through this operation?

The operation will target 432 households (3,024 people), comprising 379 households directly affected by the windstorm (2,653 people) and 53 vulnerable host households (371 people) that are currently accommodating displaced families. Targeting has been informed by the rapid assessment conducted by the Guinea-Bissau Red Cross (GBRC) in collaboration with local authorities and community leaders and is based on the severity of impact, level of vulnerability, and identified humanitarian needs.

The 379 directly affected households were identified through the rapid assessment based on the direct impacts of the windstorm, including the destruction or partial damage of homes, loss of household assets, and disruption of livelihoods. The 53 host households were identified separately and are not considered directly affected households. Their eligibility is based on verified vulnerability and their role in temporarily accommodating households displaced by the windstorm.

Host households will be considered eligible for assistance only where the assessment confirms that they are:
• Hosting one or more households displaced by the windstorm; and
• Experiencing additional pressure on household resources and capacity to meet basic needs as a result of hosting displaced families.

Where host households are located outside the immediately affected communities, they will only be included if they are hosting displaced households from the affected areas and meet the same vulnerability criteria. Their inclusion aims to mitigate the additional burden created by hosting displaced families, support social cohesion, and reduce the risk of negative coping mechanisms and community tensions.

Priority will be given to households that have experienced the greatest loss of shelter, assets, and livelihood resources, particularly those whose homes were destroyed or significantly damaged. The targeting approach recognizes that the impacts of the disaster extend beyond directly affected households to include vulnerable host families that are sharing limited resources and shelter space with displaced relatives and neighbours.

Special consideration will be given to vulnerable population groups, including female-headed households, older persons, persons with disabilities, pregnant and lactating women, households with children under five years of age, child-headed households, and households caring for individuals with chronic illnesses. These groups often face greater barriers in accessing assistance, have lower coping capacities, and are at increased risk of protection concerns during emergencies.

Beneficiary identification, verification, and validation will be conducted through a transparent and participatory process involving community leaders, local authorities, community committees, and Red Cross volunteers. This approach will help ensure that assistance reaches the most vulnerable households while reducing exclusion and inclusion errors. Community feedback and complaints mechanisms will also be established to promote accountability and allow concerns related to targeting to be addressed promptly.

Shelter Assistance
Shelter assistance will target households whose houses were destroyed or damaged by the windstorm. A total of 120 households (840 people) will receive support for shelter repair and reconstruction through conditional cash assistance. Targeting will prioritize households with the highest levels of shelter damage and vulnerability, including households headed by women, older persons, and persons with disabilities.

Multipurpose Cash Assistance: Multipurpose cash assistance will target:
• 379 affected households (2,653 people) directly impacted by the windstorm; and
• 53 vulnerable host households (371 people) that are accommodating displaced families and whose resources and coping capacities have been significantly strained by hosting arrangements.

This approach recognizes the additional burden placed on host households and aims to support social cohesion while preventing further

deterioration of household coping capacities. The cash assistance will enable households to address their priority needs in a flexible and dignified manner.

Health, WASH, Disaster Risk Reduction, PGI and Community Engagement
The operation will target 432 households (3,024 people). Community-based health, hygiene promotion, WASH, disaster risk reduction, protection, gender and inclusion (PGI), and community engagement and accountability (CEA) activities will target the entire affected population, including eligible host households. This broader community approach is intended to reduce public health risks, strengthen protection and inclusion, promote safer practices, and enhance preparedness and resilience across affected communities.

Through this targeting strategy, the operation aims to ensure that assistance is directed to those most affected by the disaster while prioritizing individuals and households facing the greatest vulnerabilities and protection risks. The approach will promote equitable access to assistance, strengthen community participation, and ensure that no vulnerable group is left behind during the response and recovery process.

Explain the selection criteria for the targeted population

The selection criteria for this operation are based on the findings of the rapid assessment and are designed to ensure that assistance reaches households with the highest levels of need, vulnerability, and exposure to risk following the windstorm. The targeting approach prioritizes both the severity of the impact and the affected households' capacity to cope and recover without external support.

The operation will target 432 households (3,024 people), comprising 379 households directly affected by the windstorm (2,653 people) and 53 vulnerable host households (371 people) that are currently accommodating displaced families. Given the limited resources available and the significant humanitarian needs identified, priority assistance will be directed to households that have experienced the greatest losses and face the highest protection, health, and socio-economic risks.

The affected communities are predominantly composed of low-income households that rely on subsistence farming, livestock rearing, and small-scale trading. Many have limited savings and few alternative sources of income, restricting their ability to recover from the loss of shelter, household assets, and livelihoods. The targeting strategy therefore seeks to ensure that assistance is directed toward households with the least capacity to meet their immediate needs and undertake recovery on their own.

Beneficiary identification and validation will be conducted through a transparent and participatory process involving community leaders, local authorities, community committees, and Guinea-Bissau Red Cross volunteers. This approach will help ensure accountability, reduce inclusion and exclusion errors, and promote acceptance of the intervention within the affected communities.

Priority will be given to the following categories of households:

- Households whose homes were completely destroyed and are no longer habitable.
- Households whose homes sustained severe structural damage requiring significant repair or reconstruction.
- Families whose roofs were completely removed or severely damaged, leaving them exposed to rain and other weather-related hazards.
- Displaced households currently residing with relatives, neighbours, host families, or in temporary shelter arrangements.
- Female-headed households and single-parent households facing increased economic and protection vulnerabilities.
- Households with older persons who may have limited mobility and reduced access to recovery resources.
- Households with persons with disabilities who face additional barriers in accessing assistance and rebuilding their lives.
- Households with pregnant and lactating women who require additional support to protect their health and well-being.
- Households with children under five years of age and other dependent children who are particularly vulnerable to health and nutrition risks.
- Vulnerable host households providing accommodation and support to displaced families while experiencing increased pressure on their own resources.

While shelter support will specifically target households whose homes were damaged or destroyed, community-based health, WASH, disaster risk reduction, protection, and community engagement activities will be implemented at community level and benefit the wider target population of 3,024 people. This broader approach recognizes that public health risks, protection concerns, and disaster vulnerabilities affect both directly impacted households and host communities.

Through these criteria, the operation will ensure that assistance reaches those most affected by the windstorm, while promoting equity, inclusion, and protection of vulnerable groups. The approach is designed to maximize humanitarian impact, strengthen community recovery, and ensure that no vulnerable household is left behind.

Total Targeted Population

Women	1,542	Rural	-
Girls (under 18)	-	Urban	-
Men	1,482	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	3,024		

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
Delays in cash transfer delivery due technical challenges with mobile money systems, connectivity issues, or beneficiary registration errors.	Utilize the existing service-level agreement with the Financial Service Provider (FSP) successfully used in previous DREF operations; conduct beneficiary verification prior to transfer; maintain close coordination with the FSP and conduct regular reconciliation and monitoring.
Inclusion and exclusion errors during beneficiary targeting due high demand for assistance and limited resources may create pressure on targeting processes.	Apply clear vulnerability criteria; conduct transparent beneficiary validation with community leaders and local authorities; establish complaints and feedback mechanisms; conduct monitoring and verification visits.
Increased protection concerns, including GBV, exploitation, exclusion of vulnerable groups, and safeguarding issues due to	Mainstream PGI across all sectors; train volunteers and staff on PGI, Child Safeguarding, PSEA, and SGBV; establish confidential

displacement, overcrowded living conditions, limited privacy, and unequal access to assistance.	referral mechanisms and complaints channels; monitor protection risks throughout implementation.
Increased incidence of malaria, diarrhoeal diseases, and other communicable diseases due to damaged shelters, contaminated water sources, stagnant water, overcrowding, and poor sanitation conditions.	Conduct health and hygiene promotion activities, rehabilitate and disinfect wells, distribute mosquito nets, organize sanitation campaigns, and strengthen community awareness on disease prevention.
Community dissatisfaction, rumours, or disputes over beneficiary selection, perceived inequities in targeting or limited understanding of selection criteria.	Implement Community Engagement and Accountability (CEA) activities; provide regular information sharing; establish accessible feedback and complaints mechanisms; engage community representatives throughout the operation.
Safety incidents involving volunteers and staff during field operations.	Conduct regular security briefings; follow National Society security procedures; monitor weather conditions; provide appropriate personal protective equipment (PPE) and communication support to field teams.
Duplication of assistance or gaps in coverage, due to emergence of additional actors after operation launch or limited information sharing.	Maintain regular coordination with the National Civil Protection Service (NCPS), local authorities, IFRC, and other stakeholders; share assessment findings and operational updates to ensure complementarity of interventions.

Please indicate any security and safety concerns for this operation:

The security environment in the operational area is generally stable, and no major security incidents or access constraints have been reported in Sintcham Bassirou village or the surrounding areas of Gabu Region. However, the operation will be implemented during the rainy season, which presents several safety and operational risks that may affect staff, volunteers, and affected communities.

The primary safety concerns relate to adverse weather conditions, poor road infrastructure, and limited accessibility to affected communities. Heavy rainfall may further deteriorate road conditions, increase travel times, and create hazards for personnel conducting field activities, monitoring visits, cash distributions, and community outreach. Damaged structures and unstable buildings may also pose safety risks to volunteers and beneficiaries during shelter assessments and reconstruction activities.

Public health risks remain a concern due to the increased exposure of affected populations to malaria, waterborne diseases, and other communicable diseases associated with damaged water sources, stagnant water, overcrowding, and inadequate shelter conditions. These risks also extend to volunteers and staff working in affected communities. Appropriate health and safety measures will therefore be integrated into all field activities.

The operation includes cash assistance interventions, which may present risks related to crowd management, beneficiary expectations, and the secure delivery of assistance. These risks will be mitigated through advance community sensitization, clear communication on targeting criteria, appropriate distribution planning, and the use of the National Society's existing agreement with a Financial Service Provider (FSP) to deliver cash transfers through mobile money, thereby minimizing risks associated with physical cash handling.

Protection and safeguarding risks, including the potential for sexual exploitation and abuse, exclusion of vulnerable groups, and gender-based violence, will also be addressed through the mainstreaming of Protection, Gender and Inclusion (PGI) measures, staff and volunteer training, and the establishment of confidential feedback and referral mechanisms.

To ensure safe implementation, the Guinea-Bissau Red Cross (GBRC) will conduct security and safety risk assessments prior to and during field activities and will continuously monitor the operational environment throughout the response. Security updates will be regularly shared with staff and volunteers, while communication systems will be maintained to support real-time information sharing and incident reporting.

All staff and volunteers involved in the operation will adhere to the Fundamental Principles of the Red Cross and Red Crescent Movement, the IFRC Code of Conduct, and National Society security procedures. Personnel will be encouraged to complete the IFRC Stay Safe e-learning modules and will receive operational briefings covering personal security, safeguarding, health and safety measures, and emergency procedures before deployment.

To reduce operational and safety risks, volunteers and staff engaged in field activities will be provided with appropriate personal protective equipment (PPE), including raincoats, rubber boots, visibility items, and other equipment required to safely operate during the rainy season.

Through continuous risk monitoring, adherence to established security protocols, strong community engagement, and close coordination with local authorities, the operation's security and safety risks are assessed as manageable and are not expected to significantly affect implementation.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 44,713
Targeted Persons: 840

Indicators

Title	Target
# of households receiving conditional cash assistance for shelter repair and reconstruction	120
% of targeted households that utilize shelter cash assistance for the purchase of construction materials and shelter rehabilitation.	100
# of Community committee meetings held to discuss and support shelter 12 Reconstruction	6
Post-Distribution Monitoring (PDM) conducted and findings used to inform shelter intervention quality and accountability.	1

Priority Actions

- Conduct market assessments and regular monitoring of local markets to assess the availability and affordability of construction materials and track price fluctuations throughout the implementation period.
- Carry out registration, verification, and validation of beneficiary households in collaboration with community leaders, local authorities, and community committees to ensure transparent and accountable targeting.
- Conduct market analysis and continuous monitoring of construction material prices to confirm the appropriateness of the cash transfer value and identify any market-related risks that may affect shelter recovery activities.
- Organize a refresher training for volunteers on cash and voucher assistance (CVA), community engagement, accountability, beneficiary communication, and monitoring procedures to support effective implementation of the shelter cash intervention.
- Provide a one-off conditional cash transfer to 120 households in Sintcham Bassirou to enable affected families to purchase essential construction materials and undertake shelter repair and reconstruction activities.
- Deploy trained volunteers to conduct regular follow-up visits and provide technical support to beneficiary households, monitoring the use of shelter cash assistance and the progress of reconstruction activities.
- Facilitate community discussions, sensitization sessions, and meetings with community leaders and other stakeholders to explain the purpose of the shelter cash assistance, promote Build Back Better (BBB) principles, and encourage the appropriate use of funds for shelter recovery.
- Conduct Post-Distribution Monitoring (PDM) to assess beneficiary satisfaction, cash utilization, effectiveness of the assistance, adherence to shelter recovery objectives, and lessons for future programming.

Multi Purpose Cash

Budget: CHF 80,571
Targeted Persons: 3,024

Indicators

Title	Target
# of assessment conducted	1
# of volunteers trained and engaged in cash activities	20
# of targeted households that receive unconditional multipurpose cash assistance.	379

# of host families provided with cash for support support	53
Post-Distribution Monitoring (PDM) conducted and findings analysed to inform programme improvements.	1
% of targeted beneficiaries reached with information and sensitization on mobile money cash transfer processes prior to cash distribution.	100

Priority Actions

- Conduct registration, verification, and validation of beneficiaries in collaboration with community leaders, local authorities, and community committees to ensure transparent and accountable targeting.
- Organize an orientation and refresher training session for 20 volunteers on cash and voucher assistance (CVA), beneficiary engagement, data protection, accountability, and cash distribution procedures.
- Deploy 20 trained volunteers to conduct community sensitization and beneficiary awareness activities on mobile money processes, transfer schedules, withdrawal procedures, fraud prevention, and available feedback and complaints mechanisms.
- Deliver a one-off unconditional multipurpose cash transfer to 379 directly affected households through mobile money using the contracted Financial Service Provider (FSP).
- Deliver a one-off transfer to 53 host families through mobile money using the contracted Financial Service Provider (FSP) as support for food.
- Conduct regular market monitoring throughout the implementation period to assess market functionality, track price fluctuations of key commodities, and ensure the continued appropriateness of cash transfer values.
- Conduct post-distribution monitoring (PDM) following cash transfers to assess beneficiary satisfaction, utilization of assistance, protection concerns, accountability issues, and the overall effectiveness of the cash intervention.
- Analyse monitoring and PDM findings and use the results to inform programme adjustments and improve the quality and accountability of the response.

Health

Budget: CHF 17,552
Targeted Persons: 3,024

Indicators

Title	Target
# of volunteers trained on PSS, First Aid, CEA, safeguarding, and referral mechanisms.	20
# of hygiene and sanitation campaigns conducted in affected communities.	6
# of affected people reached with psychosocial support services.	379
# of households receiving insecticide-treated mosquito nets.	432
# of people referred with access to specialized support	50
# of people reached with key messages on disease prevention	3,024

Priority Actions

- Conduct a one-day training for 20 volunteers on Psychosocial Support (PSS), First Aid, Community Engagement and Accountability (CEA), safeguarding, and referral pathways to strengthen their capacity to support affected communities.
- Deploy 20 trained volunteers to provide community-based psychosocial support services to affected individuals and families during the first month of the operation.
- Provide Psychological First Aid (PFA), emotional support, identification of vulnerable individuals, and referral of cases requiring specialized care.
- Conduct household visits and group psychosocial support sessions to strengthen community coping mechanisms and recovery.
- Organize and implement six hygiene and sanitation campaigns (twice per month for three months) to clean affected communities and water sources, remove debris resulting from the windstorm, and improve environmental sanitation.
- Conduct community-based health and disease prevention awareness sessions focusing on malaria prevention, personal hygiene, environmental sanitation, safe water handling, and communicable disease prevention.
- Disseminate key messages on the correct use and maintenance of insecticide-treated mosquito nets (ITNs) through community awareness sessions and household visits.
- Procure and distribute two insecticide-treated mosquito nets per targeted household to reduce malaria risks among vulnerable populations.
- Procure raincoats and safety rubber boots for 20 volunteers and 5 staff members engaged in field activities to ensure safe implementation during the rainy season.
- Conduct routine monitoring and supervision to assess the quality and effectiveness of PSS, hygiene promotion, and disease prevention activities.

Water, Sanitation And Hygiene

Budget: CHF 6,221
Targeted Persons: 3,024

Indicators

Title	Target
# of people reached with hygiene promotion messages through IEC materials and community awareness sessions, disaggregated by sex and age where feasible.	3,024
# of target communities provided with community cleaning tools and supported to conduct environmental cleaning activities.	1
# of HHs trained on safe water treatment, drinking-water storage, hygiene and environmental cleaning.	432

Priority Actions

- Develop and disseminate hygiene promotion IEC materials, including posters, covering key messages on safe drinking-water storage, hand hygiene, household hygiene, environmental cleaning and disease prevention.
- Provide essential cleaning tools, including rakes, shovels, cutlasses, wheelbarrows, heavy-duty gloves and face masks, and support community-led environmental cleaning activities.
- Conduct assessments and water-quality testing of community water sources, including wells and boreholes, and support the rehabilitation of priority water sources based on identified needs.
- Provide refresher training to staff and volunteers on the safe disinfection of wells and boreholes using chlorine, including correct dosing and application.
- Train members of target communities on safe drinking-water storage, household hygiene and environmental cleaning practices.

Protection, Gender And Inclusion

Budget: CHF 4,060
Targeted Persons: 3,024

Indicators

Title	Target
# of staff and volunteers trained on PGI, Child Safeguarding, PSEA, SGBV prevention, and disability inclusion.	25
# of PGI risk assessments conducted and recommendations integrated into the response.	1
# of community awareness sessions conducted on PGI, safeguarding, GBV prevention, and referral pathways.	12
# of people reached through PGI interventions	3,024

Priority Actions

- Conduct a Protection, Gender and Inclusion (PGI) risk analysis to identify vulnerabilities, barriers to assistance, and protection risks affecting women, men, girls, boys, older persons, persons with disabilities, displaced populations, and other at-risk groups.
- Collect, analyze, and utilize Sex, Age, and Disability Disaggregated Data (SADDD) throughout the operation to support evidence-based planning, targeting, monitoring, and reporting.
- Conduct PGI awareness and capacity-building sessions for volunteers, staff, community leaders, and frontline responders on PGI Minimum Standards, Child Safeguarding, Prevention of Sexual Exploitation and Abuse (PSEA), Sexual and Gender-Based Violence (SGBV), and disability inclusion.
- Map, establish, and disseminate safe referral pathways for Gender-Based Violence (GBV), child protection, mental health, and other protection concerns to ensure affected individuals can safely access available services.
- Establish and facilitate safe spaces and support mechanisms for women, girls, female-headed households, survivors of violence, and other vulnerable groups to enhance safety, dignity, and access to information and support services.
- Provide community-based Mental Health and Psychosocial Support (MHPSS) services, including Psychological First Aid (PFA), group support sessions, and referrals for individuals requiring specialized care.
- Conduct community awareness sessions on GBV prevention, child protection, safeguarding, inclusion, and available reporting and referral mechanisms.
- Ensure PGI considerations and GBV risk mitigation measures are integrated across all sectors, including cash assistance, shelter, health, WASH, and community engagement activities.
- Monitor protection risks throughout implementation and adapt response activities based on community feedback and identified concerns.

Community Engagement And Accountability

Budget: CHF 9,896
Targeted Persons: 3,024

Indicators

Title	Target

# of volunteers trained on Community Engagement and Accountability (CEA), risk communication, and community feedback mechanisms.	20
% of affected households reached with information on Red Cross assistance, beneficiary selection criteria, health and hygiene promotion messages, and available feedback mechanisms.	100
% of feedback, complaints, rumours, and PDM findings analysed and acted upon to improve implementation and accountability.	100

Priority Actions

- Train volunteers on Community Engagement and Accountability (CEA), risk communication and community feedback mechanisms, including the integration of shelter risk communication and community engagement approaches within the Build Back Better (BBB) shelter training.
- Conduct community meetings and engagement sessions with affected households, community leaders, local authorities, and other stakeholders to promote awareness on waterborne disease prevention, safe hygiene practices, environmental sanitation, and other public health risks associated with the disaster.
- Establish and maintain accessible, inclusive, and confidential complaints and feedback mechanisms to ensure that affected populations can provide feedback, raise concerns, and influence operational decision-making throughout the intervention.
- Conduct consultations with community leaders, affected households, and vulnerable groups at the start of the operation to identify preferred communication channels and determine the most appropriate feedback and complaints mechanisms for the community.
- Mobilize volunteers to facilitate regular community meetings and household-level engagement sessions to clearly communicate the role of the Red Cross, planned interventions, beneficiary selection criteria, distribution processes, and available support services.
- Disseminate timely, accurate, and consistent information on the National Society's response activities through community meetings, awareness sessions, and other locally appropriate communication channels.
- Collect, document, analyse, and respond to community feedback, complaints, rumours, perceptions, and Post-Distribution Monitoring (PDM) findings, using the information to strengthen accountability and guide operational improvements and adjustments throughout the response.

Secretariat Services

Budget: CHF 15,523
Targeted Persons: 3

Indicators

Title	Target
# of IFRC monitoring and technical support missions conducted during the operation.	3
Lessons Learned Workshop conducted and documented, with recommendations integrated into the final operation report.	1

Priority Actions

- Conduct IFRC monitoring and support missions to provide technical guidance, quality assurance, and operational oversight across all sectors of the response, ensuring adherence to DREF standards and procedures.
- Organize regular security briefings and safety updates for staff and volunteers to strengthen operational readiness and ensure compliance with security and safety protocols throughout implementation.
- Establish and maintain community engagement mechanisms that enable affected communities to participate in beneficiary targeting, implementation, monitoring, and evaluation processes, ensuring that the response remains inclusive and responsive to community priorities.

- Establish accessible and confidential community feedback and complaints mechanisms, including rumour and perception tracking systems, and ensure that community feedback is regularly analysed and used to inform operational decision-making and programme adjustments.
- Conduct a DREF Lessons Learned Workshop involving staff, volunteers, community representatives, local authorities, and key stakeholders to document achievements, challenges, good practices, and recommendations for future emergency operations.

National Society Strengthening

Budget: CHF 21,912
Targeted Persons: 25

Indicators

Title	Target
# of volunteers and staff trained and briefed on their roles, responsibilities, safety protocols, and operational procedures.	25
# of volunteers and staff provided with appropriate personal protective equipment (PPE) and visibility materials.	25
# of volunteers the insured	20

Priority Actions

- Conduct induction and operational briefings for all volunteers and staff involved in the response, including clear roles and responsibilities, operational procedures, security protocols, and risk awareness measures.
- Provide regular security updates and safety briefings throughout the implementation period through meetings, field supervision visits, and established communication channels.
- Ensure all volunteers engaged in the operation are covered by appropriate insurance throughout the duration of the response.
- Promote volunteer safety, health, and well-being through regular supervision, psychosocial support, and adequate duty-of-care measures.
- Strengthen volunteer capacity through refresher training on operational procedures, cash assistance, Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), Prevention of Sexual Exploitation and Abuse (PSEA), shelter support, and community-based health promotion.
- Provide adequate personal protective equipment (PPE) and visibility materials, including raincoats, rubber boots, reflective vests, and identification items to staff and volunteers engaged in field activities.
- Conduct regular monitoring and supervision visits to ensure compliance with safety standards and operational procedures during implementation.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The Guinea-Bissau Red Cross (GBRC) will deploy 20 trained volunteers and 5 staff members to support the implementation of the operation. All personnel engaged in the response will be insured in accordance with National Society and IFRC volunteer insurance policies.

The volunteers will support beneficiary registration and verification, community engagement and accountability (CEA) activities, health and hygiene promotion, psychosocial support (PSS), post-distribution monitoring (PDM), shelter monitoring, cash distribution activities,

community clean-up campaigns, and disaster risk reduction awareness sessions.

The five staff members will provide operational coordination, technical supervision, monitoring, reporting, finance and administrative support, and oversight of implementation activities. Leadership and overall coordination of the operation will be provided by the National Society's Disaster Management (DM) Focal Point, supported by relevant headquarters and branch staff.

The operation will also benefit from technical support from the IFRC Country Cluster Delegation in Freetown, including support in operations management, PMER, finance, logistics, cash and voucher assistance (CVA), PGI, and CEA. An IFRC staff member will be deployed during the first month of implementation to provide technical guidance, strengthen quality assurance, and support compliance with DREF standards and procedures.

To ensure safe implementation during the rainy season, volunteers and staff involved in field activities will be provided with appropriate personal protective equipment (PPE), including raincoats and rubber boots.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes

If there is procurement, will it be done by National Society or IFRC?

Procurement for this operation will be led by the Guinea-Bissau Red Cross (GBRC) in accordance with the National Society's procurement procedures and the IFRC Procurement Manual, ensuring compliance with principles of transparency, accountability, competitiveness, value for money, and quality assurance.

Most procurement activities will be undertaken through local suppliers and service providers, given the availability of required goods and services in-country and the need to ensure timely delivery of assistance. Procurement will primarily support operational implementation and distribution activities, including personal protective equipment (PPE) for volunteers and staff, mosquito nets, dignity kits, water treatment materials, and other items required to support health, WASH, protection, and community engagement activities.

Where feasible, procurement processes will utilize competitive bidding to ensure quality and cost-effectiveness. Procurement planning will be initiated immediately upon approval of the DREF to avoid delays in implementation. The anticipated tendering process for locally procured items is expected to take approximately one to two weeks, depending on the nature and value of the goods or services required. No international procurement is anticipated at this stage.

For Cash and Voucher Assistance (CVA), cash transfers will be delivered through an established Financial Service Provider (FSP) under an existing service-level agreement currently used by GBRC. The same FSP was successfully utilized during the recent DREF operation MDRGW008, providing a tested and reliable mechanism for mobile money transfers. The existing arrangement will facilitate the rapid, secure, and accountable delivery of cash assistance to targeted households while minimizing operational risks and administrative delays.

The IFRC Country Cluster Delegation will provide technical support and oversight throughout the procurement process, including procurement compliance, cash programming quality assurance, and monitoring, to ensure adherence to IFRC standards and DREF requirements.

How will this operation be monitored?

Monitoring of the operation will be led by the Guinea-Bissau Red Cross (GBRC) with technical support from the IFRC Country Cluster Delegation (CCD) in Freetown. A structured monitoring system will be established to ensure that activities are implemented according to plan, resources are used efficiently, and assistance reaches the intended beneficiaries in a timely, accountable, and effective manner.

The operation will be monitored through regular field visits, activity tracking, beneficiary verification, community feedback mechanisms, and routine reporting. Trained volunteers and staff will collect data using standardized monitoring tools, while operational information will be consolidated and analysed by GBRC headquarters to support evidence-based decision-making and adaptive management

throughout implementation.

Progress will be tracked against the operational plan and key performance indicators across all sectors, including shelter recovery, multipurpose cash assistance, health, WASH, disaster risk reduction, Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA). Monitoring will focus on beneficiary reach, quality of implementation, timeliness of activities, community satisfaction, and achievement of planned outcomes.

Particular attention will be given to cash assistance programming. Prior to implementation, market assessments will be conducted and regularly updated to monitor price fluctuations and market functionality. Cash distributions will be monitored by GBRC staff and volunteers with technical support from IFRC. A Post-Distribution Monitoring (PDM) exercise will be conducted following cash transfers to assess the effectiveness, appropriateness, utilization, and impact of the assistance, as well as beneficiary satisfaction and any protection or accountability concerns. Community committees and established feedback mechanisms will provide additional oversight and facilitate the identification of issues requiring corrective action.

Community feedback and complaints mechanisms will be integrated throughout the operation to ensure accountability to affected populations and provide real-time information on community perceptions, concerns, and emerging needs. Findings will be regularly reviewed and used to inform operational adjustments where necessary.

To strengthen quality assurance and technical oversight, the IFRC Country Cluster Delegation will conduct regular monitoring and support missions throughout the operation. During the first month of implementation, an IFRC staff member will be deployed to support operational planning, establish monitoring systems, strengthen reporting processes, provide technical guidance, and ensure adherence to DREF standards and procedures. Additional monitoring visits by IFRC technical staff from Operations, PMER, Finance, and Cash and Voucher Assistance (CVA) functions will provide further support in implementation quality, financial compliance, risk management, and programme accountability.

Monthly progress reviews will be conducted by GBRC and IFRC to assess implementation performance, review achievements against targets, analyse challenges and risks, and identify any necessary corrective measures. At the conclusion of the operation, a lessons learned workshop involving GBRC staff, volunteers, local authorities, community representatives, and IFRC will be organized to document good practices, operational challenges, and key recommendations for future emergency responses.

Through this comprehensive monitoring approach, the operation will ensure effective implementation, accountability to affected populations, compliance with IFRC standards, and timely achievement of the intended humanitarian outcomes.

Please briefly explain the National Societies communication strategy for this operation

The Guinea-Bissau Red Cross (GBRC) will implement a communication strategy that promotes transparency, accountability, visibility, and meaningful engagement with affected communities throughout the operation. The strategy will support effective information sharing, strengthen community trust, enhance accountability to affected populations, and ensure consistent communication among all stakeholders involved in the response.

At the community level, communication activities will be closely linked to Community Engagement and Accountability (CEA) approaches. Trained volunteers will conduct regular community meetings, household visits, and awareness sessions to provide timely and accurate information on the operation, beneficiary selection criteria, assistance packages, distribution schedules, and available support services. Particular attention will be given to ensuring that women, children, older persons, persons with disabilities, and other vulnerable groups have equitable access to information and opportunities to provide feedback.

Two-way communication mechanisms will be established to enable affected people to ask questions, raise concerns, provide feedback, and report complaints safely and confidentially. Information collected through community feedback mechanisms will be regularly reviewed and used to inform operational adjustments and strengthen accountability.

Internally, GBRC will maintain regular communication between headquarters, branch teams, volunteers, and the IFRC Country Cluster Delegation in Freetown to ensure effective coordination, consistent messaging, and timely decision-making. Operational updates, activity reports, monitoring findings, and community feedback will be shared through routine coordination meetings and reporting systems, supported by the National Society's PMER processes.

Externally, GBRC will communicate the progress and impact of the operation through local media, community radio, social media platforms, situation updates, human-interest stories, and visibility materials. These channels will be used to raise awareness of humanitarian needs, highlight the support provided to affected communities, promote Red Cross activities, and reinforce key public

health, hygiene, disaster preparedness, and protection messages.

Protection, Gender and Inclusion (PGI) considerations will be integrated across all communication activities to ensure that messages are accessible, inclusive, culturally appropriate, and sensitive to the needs of different population groups. Communication materials will be adapted to local contexts and languages where required, while safeguarding and confidentiality principles will be respected throughout the operation.

The IFRC Country Cluster Delegation will provide technical communications support, including guidance on media engagement, visibility, public messaging, digital communications, documentation of operational achievements, and the development of human-interest stories and communication products. Key achievements, lessons learned, and operational outcomes will be documented and shared during and at the end of the operation to strengthen visibility, accountability, learning, and preparedness for future emergency responses.

Budget Overview

IFRC

DREF OPERATION

MDRGW009 - Guinea Bissau Red Cross
Windstorm in Sintcham

Operating Budget

Planned Operations	**173,608**
Shelter and Basic Household Items	47,619
Livelihoods	0
Multi-purpose Cash	85,808
Health	18,693
Water, Sanitation & Hygiene	6,625
Protection, Gender and Inclusion	4,324
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	10,540
Environmental Sustainability	0
Enabling Approaches	**39,871**
Coordination and Partnerships	0
Secretariat Services	16,535
National Society Strengthening	23,337
TOTAL BUDGET	**213,479**

all amounts in Swiss Francs (CHF)

Internal 8/27/2026 #V2022.01

[Click here to download the budget file]

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Click here for the reference