DREF Final Report

Botswana Floods

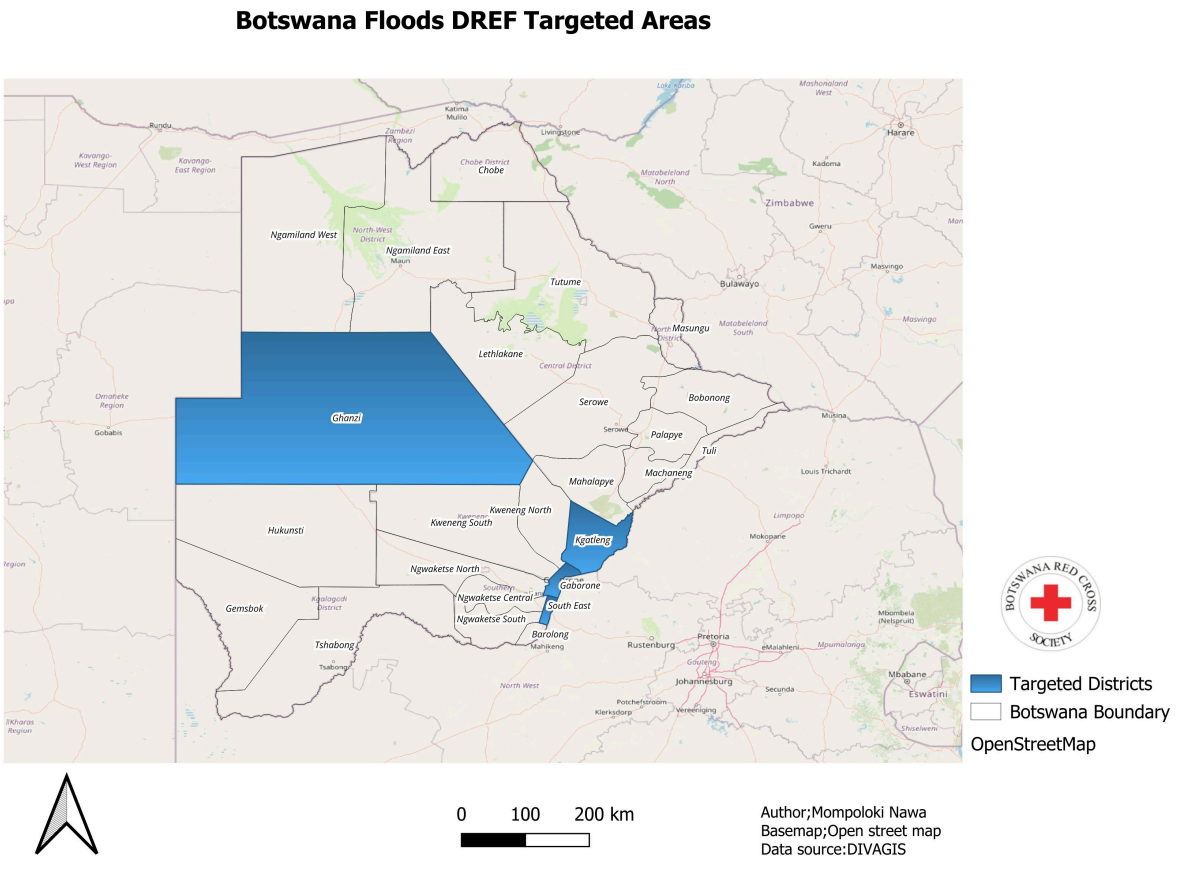
School focused flood safety awareness campaign

Appeal: **MDRBW008**	Total DREF Allocation: **CHF 488,646**	Crisis Category: **Yellow**	Hazard: **Flood**
Glide Number: **-**	People Affected: **190,000 people**	People Targeted: **9,000 people**	People Assisted: **88,603 people**
Event Onset: **Sudden**	Operation Start Date: **11-03-2025**	Operational End Date: **30-09-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **GABORONE, South-East, Kgatleng, Ghanzi**

International Federation of Red Cross and Red Crescent

Description of the Event



Map showing the 2025 Floods DREF Targeted Districts in Botswana

Date of event

21-03-2025

What happened, where and when?

Severe flooding occurred across Botswana in February 2025 following prolonged and intense heavy rains, which triggered widespread inundation affecting an estimated 190,343 people (30,524 households). The crisis was intensified by the overflow of 8 out of 9 major rivers and significant dam overflows—Bokaa (119%), Gaborone (105%) and Shashe (125%)—which heightened the scale and severity of the flooding.

The most affected areas included Gaborone, Kgatleng, Ghanzi, Tlokweng (South-East), Francistown, Kweneng, and Boteti, where communities experienced extensive damage to homes, schools, roads, commercial centres, and agricultural land. In Gaborone alone, 79,567 people were affected, with major disruptions due to damaged bridges, flooded commercial hubs such as Molapo and Riverwalk malls, school closures, and widespread power outages.

Other districts faced similar impacts, including school disruptions in Kgatleng, significant crop and livestock losses in Ghanzi, and housing destruction in Tlokweng. Across the country, 2,318 people were evacuated, with 402 individuals remaining in evacuation centres as of 2 March 2025, and 9 fatalities were recorded—two elderly men and seven children.

The situation was further compounded by earlier shocks, including storms in late 2024, flooding in January 2025, and the ongoing El Niño-induced drought, all of which had already weakened community resilience and stretched national response capacities. In light of the escalating humanitarian needs, the Botswana Red Cross Society (BRCS) launched a DREF operation from April to August 2025, delivering multi-sectoral assistance—including cash, shelter, food, WASH, PGI, CEA, and psychosocial support—in complement to government-led relief efforts.

Participant practicing spray application during the “wall of paint” exercise.

BRCS implementing team distributing NFIs

Children-focused flood safety awareness campaign in the rural school in Ghanzi

Volunteers in Dkar, following food and non food items distribution

Scope and Scale

Between 19 and 21 February 2025, Botswana experienced severe and widespread flooding triggered by intense, prolonged rainfall that overwhelmed natural and built water systems across the country. The scale of the event was unprecedented in recent years, affecting more than 190,000 people (30,524 households) nationwide and resulting in significant displacement, particularly in Gaborone, Ghanzi, Kgatleng, and South-East (Tlokweng). The floods disproportionately impacted vulnerable groups—including migrants, pregnant and lactating women, the elderly, and children—who faced higher exposure to hazards, limited mobility, and reduced access to essential services.

Hydrologically, the event reached critical thresholds, with 8 out of 9 major rivers overflowing and key dams surpassing capacity: Bokaa at 119%, Gaborone at 105%, and Shashe at 125%. These overflows intensified the severity of the flooding, increased downstream inundation, and heightened risks of prolonged or secondary flooding in low-lying communities. As a result, 2,318 people were evacuated, and by 2 March 2025, 402 individuals remained in evacuation centres. The floods also led to 9 fatalities, including 2 elderly men and 7 children.

The impact was extensive and multi-sectoral. Floodwaters destroyed or damaged homes, farms, schools, commercial centres, major road networks, and critical public infrastructure. A total of 1,489 families were forced to relocate, with many still living in evacuation centres by early March. Key urban and rural areas experienced school closures, transport disruptions, collapsed bridges, and widespread power outages. Livelihood losses were significant: inundated fields, damaged irrigation systems, and livestock deaths exacerbated food security risks in districts like Ghanzi and Boteti.

The scale of the disaster was compounded by consecutive shocks—storms in late 2024, flooding in January 2025, and an ongoing El Niño-induced drought—which had already eroded community resilience, strained household coping mechanisms, and placed pressure on national response systems.

Geographically, the floods affected multiple districts with varying severity:

Gaborone (79,567 people affected) suffered major infrastructure failures, including damage to roads, bridges, and commercial hubs such as Molapo and Riverwalk malls.
Kgatleng (16,450 people) experienced extensive school disruptions and housing collapses.
Ghanzi (6,783 people) faced substantial home damage, livestock losses, and approximately 600 evacuations.
Tlokweng (5,038 people) saw widespread destruction of homes and over 500 evacuations.
Francistown (36,196 people), Kweneng (20,215 people), and Boteti (26,094 people) also recorded significant impacts on housing, access roads, and agricultural production.

Given the magnitude and complexity of the event, the Botswana Red Cross Society (BRCS) launched a DREF operation from April to August 2025, delivering multi-sectoral assistance—including cash, shelter materials, food distributions, WASH interventions, PGI/CEA support, and psychosocial services—to complement the government's response and address the urgent humanitarian needs created by the floods.

Source Information

Source Name	Source Link
1. Mmegi Newspaper	https://www.mmegi.bw/news/roads-closed-as-heavy-rains-flood-gaborone/news
2. Youtube	https://www.youtube.com/watch?v=vsiJGxyiP6c
3. Reuters, online	https://www.reuters.com/video/watch/idRW286019022025RP1/
4. BBC, Online	https://www.bbc.com/weather/articles/cn7vyvr2l76o
5. Facebook	https://fb.watch/xUDakk7uLQ/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	IFRC Support and Coordination The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Pretoria Cluster Office, actively provided technical support and facilitated coordination efforts to assist the BRCS. This support included guidance on the planning and implementation of emergency response activities, capacity building, resource mobilization, and ensuring alignment with global humanitarian standards and practices. The IFRC also conducted joint monitoring visits, facilitated regular monitoring calls, and supported the extension of the project at no additional cost. These efforts

	strengthened operational efficiency, enhanced accountability, and ensured that the response remained timely and effective.
Participating National Societies	Through on going support from the Netherlands Red Cross initiative that is supporting DRR community-based training and Enhanced Vulnerability Assessment (eVCA), community members in Bobirwa and Letlhakeng were able to receive some DRR training.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) successfully supported the procurement of communication materials. This initiative significantly improved communication during the emergency and operation implemented by the BRCS. It was strategically designed to address existing communication gaps within the organization, thereby strengthening coordination and operational effectiveness during disaster response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The National Disaster Management Office (NDMO) joined forces with the Botswana Red Cross Society (BRCS) to mobilize additional support from various stakeholders to enhance disaster response efforts for affected communities. The government supported and implemented a range of actions to address the immediate needs of those impacted in the affected areas. These actions included facilitating safe evacuations for affected individuals and families, supplying essential groceries and cooking gas to meet basic needs, and distributing vouchers to assist with the purchase of food and toiletries. The Government of Botswana deployed Rapid Response Teams across the country to conduct assessments, search and rescue operations, and evacuations in collaboration with the BRCS and local authorities. As part of the emergency response, the BRCS provided transportation to access isolated areas, relief supplies, personnel, and food assistance. Overall, the government remained actively engaged in providing shelter assistance to affected families. However due to the scale of the disaster, local authorities called upon the BRCS to support various districts by providing: Food assistance: Shelter solutions, including tents, tarpaulins, and clothing. Household essentials such as mattresses, blankets, and cooking equipment. Clean drinking water and WASH education. Psychosocial support services. Additionally, cleanup operations were conducted to restore affected areas to safe and habitable conditions. Efforts to repair and rehabilitate damaged infrastructure were underway to facilitate a swift return to normalcy for affected communities. This collaborative approach highlighted the critical role of multi-stakeholder partnerships in ensuring an effective disaster response and recovery process.

UN or other actors	None

Are there major coordination mechanism in place?

The Government established the main coordination platforms and led interventions at both national and district levels.

The scale of the emergency triggered the activation of the Presidential Task Force, which served as the National Emergency Operating Centre (NEOC).
The District Disaster Management Committees, under the coordination of the National Disaster Management Office (NDMO), managed response efforts at the local level.

The NEOC was responsible for ensuring a swift, organized, and efficient flood response to minimize loss of life, property damage, and disruption. It achieved this through:

Coordination and Command – directing emergency efforts across sectors.
Situation Monitoring – gathering real-time data to inform decisions.
Resource Allocation – deploying essential supplies and personnel.
Public Communication – issuing warnings and updates to communities.
Recovery Planning – assessing damage and facilitating post-flood recovery.

The Botswana Red Cross Society (BRCS) was part of the multisectoral NEOC and provided support to the priorities defined by the task force, in line with its humanitarian mandate. This collaboration complemented government-led efforts and strengthened the overall response.
During the implementation timeline, there was a reallocation of roles and responsibilities among relevant ministries to ensure effective coordination and planning alignment. These changes included the transfer of certain roles from the Ministry of Health to the Ministry of Local Government and Traditional Affairs, as well as the relocation of Child Welfare Services to the Ministry of Child Welfare and Basic Education.

Needs (Gaps) Identified

Shelter Housing And Settlements

Floodwaters destroyed furniture and electrical appliances, leaving many households in urgent need of replacement items and essential support. This created an additional need for temporary building repairs, including walls, doors, window glass, door frames, and minor roof repairs, to restore damaged homes.
Reports highlighted widespread damage, including flooded houses, collapsed structures, blown-off roofs, and destroyed household items. As of 26 February 2025, 2,318 people had been evacuated, with thousands more relocating to alternative accommodation by their own means. By 07 March 2025, 402 households were still in evacuation centers; however, all have since left. To date, some families continue to shelter in tents, stay with relatives, or remain homeless following the collapse of mud houses.
Critical infrastructure, including roads, bridges, culverts, and drainage systems, was flooded or destroyed and remains weakened, posing a risk of further damage during future storms.
Despite some support, such as cash and voucher assistance enabling families to replace furniture, significant needs persisted:

- Households required replacement of destroyed furniture, electrical appliances, and other essential household items.
- Families left homeless due to collapsed mud houses required permanent shelter solutions.
- Damaged critical infrastructure (roads, bridges, culverts, drainage systems) required full restoration to ensure access to essential services.

Livelihoods And Basic Needs

Although the response phase addressed immediate needs through the distribution of relief items such as hygiene supplies, mattresses and blankets under Shelter, various household utensils and food, significant gaps remained. Affected households continued to require food and hygiene assistance, as well as support to restore disrupted livelihoods particularly given pre-existing vulnerabilities such as high unemployment and limited income sources.

Assessments identified a critical need for food and hygiene supplies in Gaborone, Ghanzi, Kgatleng, and Tlokweng Districts. Children required targeted nutritional support to meet essential dietary needs, as floodwaters had contaminated or destroyed household food stocks. In addition, the heavy rains further disrupted income-generating activities, deepening vulnerabilities and leaving many families unable to recover without sustained assistance.

Health

The Botswana Red Cross Society (BRCS) collaborated with the Ministry of Local Government and Traditional Affairs to provide psychosocial support (PSS) to flood-affected families, referring them to relevant organizations and government departments for further assistance. Since February 2025, 353 individuals received mental health and psychosocial support (MHPSS). Trained officers and volunteers delivered psychological first aid to vulnerable individuals impacted by the floods, particularly those who experienced mental distress, loss of property, or loss of livelihood.
In addition to psychosocial support, BRCS leveraged its experience in health promotion and risk communication to disseminate hygiene messages and promote measures to prevent vector-borne diseases in flood-affected areas.
The floods posed significant health challenges, including the risk of waterborne diseases such as cholera, dysentery, and hepatitis A, as well as vector-borne diseases like malaria. Arising from the floods, BRCS identified pressing needs related to mental health and psychosocial support for affected individuals, prevention and management of vector-borne diseases, and the provision of psychological first aid to address injuries while strengthening the capacity of local responders.
Despite these efforts, critical gaps remained:
Continued mental health and psychosocial support (MHPSS) for individuals affected by distress, loss of property, and loss of livelihood.
Ongoing prevention and management of vector-borne and waterborne diseases such as malaria, bilharzia, cholera, dysentery, and hepatitis A.
Expanded first aid services to address flood-related injuries and build the capacity of local responders.

Water, Sanitation And Hygiene

Flooding significantly intensified WASH challenges in Gaborone, Ghanzi, Tlokweng, and Kgatleng, heightening the risk of waterborne diseases such as malaria, bilharzia, and cholera. Kgatleng presented the most urgent WASH needs due to damaged infrastructure and septic tank overflows. Between April and May, the country experienced a malaria outbreak, further underscoring the severity of the situation.
Assessments revealed a critical need to prioritize the following interventions:

Hygiene promotion and risk communication on safe water use, sanitation, handwashing, and food handling practices.
Cleaning campaigns to remove stagnant water and debris, reducing the risks of malaria and mold buildup.
Distribution of hygiene and dignity kits to restore personal hygiene for affected families.
Training and mobilization of community volunteers to deliver hygiene, sanitation, and health education.
Desilting of stormwater drainage facilities in preparation for the next rainy season.

These actions were essential to mitigate health risks, restore safe living conditions, and strengthen community resilience against future outbreaks.

Risk Reduction, Climate Adaptation And Recovery

The floods and storms that occurred between November 2024 and January 2025 highlighted the urgent need to shift from reactive response to proactive measures. The Botswana Red Cross Society (BRCS) had prioritized disaster risk reduction, climate-smart solutions, and resilience building; however, significant gaps remained.
Key areas of focus included:
Awareness campaigns for children in flood-prone areas, including school-based training on safety and evacuation procedures to reduce drowning risks.
Addressing food insecurity in rural settings, where floods had deepened pre-existing vulnerabilities and disrupted agricultural livelihoods.

Water sources remained swollen, with the potential for further spilling, placing low-lying populations at continued risk. Vulnerable groups including children, the elderly, people with disabilities, and low-income households were disproportionately affected. There was a

pressing need to equip communities and volunteers with early action and risk reduction skills to strengthen resilience and reduce long-term disaster impacts across the country.

Operational Strategy

Overall objective of the operation

The objective of the operation was to provide recovery support to 9,000 individuals (3,167 households) in the districts of Gaborone, Ghanzi, Kgatleng, and South-East (Tlokweng), prioritizing cash assistance and relief distributions to help restore minimum living conditions and dignity. The operation also aimed to strengthen early warning systems to reduce the risk of future losses and fatalities.
Over the six-month implementation period (April–September 2025), the Botswana Red Cross Society (BRCS) successfully reached the targeted communities whose livelihoods had been severely disrupted by heavy rains and devastating floods. The operation achieved its objective by delivering timely and coordinated support across multiple sectors, including shelter, health, WASH, protection, climate change adaptation, and psychosocial assistance. These interventions were implemented in close collaboration with government authorities and local stakeholders, ensuring an integrated and community-driven approach to recovery.

Operation strategy rationale

From the onset of the disaster, the Botswana Red Cross Society (BRCS), in collaboration with the Government of Botswana, co-led evacuation efforts, distributed relief items, and provided psychosocial support to affected populations. Initial assessments revealed significant unmet needs among approximately 3,500 households, prompting a DREF allocation of CHF 488,646 to support 9,000 individuals (3,167 households) in the most affected districts: Gaborone, Ghanzi, Kgatleng, and South-East (Tlokweng).
The operational strategy was structured around eight critical pillars:
Cash and Voucher Assistance (CVA)
The plan initially targeted 700 households to receive two rounds of multipurpose cash (CHF 65 each) and 200 households to receive restricted cash grants (CHF 163) for shelter repairs. The operation concluded with 712 households receiving two rounds of unconditional cash, and 200 households benefiting from shelter repair grants, enabling access to essential materials and restoring safe living conditions.
Shelter and Relief Items:
BRCS distributed mattresses, blankets, tarpaulins, and repair vouchers to the most affected households, complementing cash assistance and strengthening evacuation centres. In Ghanzi District, where needs were most acute, 90 tents, 198 tarpaulins, and 50 kitchen sets were distributed to nine households requiring temporary shelter.
Food and Livelihood Support:
Targeted support was provided to 300 households with children under five, complementing government food baskets. Diversified food supplies were delivered to reduce malnutrition risks among vulnerable children.
Health and WASH:
The operation aimed to reach 9,000 people with psychosocial support (PSS), train 60 volunteers in Mental Health and Psychosocial Support (MHPSS), 20 in first aid, distribute 20 first aid kits, and provide hygiene kits to 700 households. Achievements included:
1,753 individuals received PSS
60 volunteers trained in MHPSS
20 volunteers trained in first aid
712 hygiene kits distributed
5 intensive clean-up campaigns conducted
10,841 people reached with hygiene promotion
33,994 individuals benefited from cleaning equipment
Protection, Gender and Inclusion (PGI):
A refresher training on PGI considerations was initially targeted for 65 volunteers, but due to needs on the ground BRCS had to adjust and include 20 more volunteers making it 85 volunteers in total. 4 PGI briefings were conducted in the 4 districts which meant to equip BRCS staff and volunteers with necessary information for the smooth implementation of the operation. This was helpful in strengthening the SGBV reporting systems too as reporting mechanisms were jointly established and explained during the trainings and community meetings. However a specific PGI analysis was not done as it was well incorporated in the assessments co conducted by the staff and volunteers.

Community Engagement and Accountability (CEA):
60 volunteers were trained on feedback collection and 423 community representatives were also engaged to understand local concerns and needs. BRCS was worked closely with the local communities to ensure that they are responding to the actual needs on the ground. The community leaders were a good source of leadership and insight for the BRCS team which to a greater extent enabled them to successfully implement the intervention.

Flood Risk Awareness Campaigns:
In response to recurring floods and associated fatalities, BRCS integrated flood risk awareness campaigns targeting schools. Eight schools in Tlokweng, Mochudi, and Ghanzi were reached, engaging over 400 learners. Each school received waste bins and educational materials to promote environmental awareness and disaster risk reduction. Additionally, 1,000 flood awareness booklets and 1,500 branded T-shirts were produced to support future school club activities.
Early Action Protocol (EAP) Development:
As part of BRCS's long-term strategy, the development of an Early Action Protocol for floods was initiated. Engagement sessions with IFRC and government stakeholders were conducted to strengthen preparedness, integrate flood-related disaster risk reduction into BRCS planning, and build resilience against climate-related hazards.
Due to delays caused by government restructuring and logistical challenges, the operational strategy was updated to include a one-month no-cost extension, approved until 30 October 2025. With a 91% budget utilization rate and most planned interventions delivered, the extension allowed for the completion of outstanding activities and ensured the operation met its objectives.

Targeting Strategy

Who was targeted by this operation?

The Botswana Red Cross Society (BRCS) supported 9,000 individuals (3,167 households) in the districts of Gaborone, Ghanzi, Kgatleng, and South-East (Tlokweng), which were among the worst affected by the floods. These districts were prioritized based on the severity of impact and formal requests for assistance received from local authorities. The targeting strategy focused on households with the highest vulnerability, ensuring that relief distributions and humanitarian services reached those most in need.
The breakdown was as follows:
700 families severely affected by the storm across Gaborone, Ghanzi, Tlokweng, and Kgatleng districts, with 175 households targeted in each district. This group specifically included the most vulnerable families—elderly-headed households, child-headed households, and households with persons with disabilities whose homes were completely destroyed. BRCS provided these families with essential non-food items (NFIs) and unconditional cash transfers to address their basic needs.
Cash grants for reconstruction were provided to 200 households identified as the most vulnerable, averaging 50 households per district. These were families whose homes were completely destroyed, had not received government assistance, and were staying in evacuation sites (among the 402 identified as of 07 March 2025). This group included some families from the 712 households above who met these criteria. The district allocation was adjusted based on damage assessments and verification conducted by BRCS.
Food assistance for children under five targeted 300 households with one or more children under five. Priority was given to elderly-headed households, children, and pregnant or lactating women who had lost their livelihoods. This intervention addressed the cyclical impact of floods on malnutrition and food insecurity within these family structures. Food support reached 100 households in Ghanzi, 66 in Gaborone, 66 in Tlokweng, and 67 in Kgatleng.
BRCS also continued to engage in evacuations, early warning dissemination, and health and WASH awareness campaigns, aiming to reach at least the 9,000 individuals targeted.
To ensure assistance reached the most severely affected families, beneficiaries underwent a thorough identification, registration, and verification process, validated in collaboration with traditional leaders, Disaster Risk Management (DRM) committees, and volunteers. The project included a comprehensive monitoring plan to verify that repairs were completed as reported and to validate improvements. This plan involved on-site inspections, photo documentation, receipt collection, and community feedback mechanisms.
In addition to providing direct financial assistance, the project fostered transparent communication and feedback through its Community Engagement and Accountability (CEA) component, ensuring that affected communities had a voice in the response and could provide feedback on the assistance delivered. The project also incorporated a Protection, Gender, and Inclusion (PGI) approach to ensure a sensitive and equitable response to the diverse needs of affected populations. This included training sessions and focus group discussions to leverage local knowledge and promote inclusivity throughout the operation.

Explain the selection criteria for the targeted population

The National Society's (NS) intervention and targeting were guided by assessments and requests from local authorities to ensure a complementary response. The targeting approach prioritized vulnerable groups, including:
- Elderly individuals
- Children under five
- Child-headed or elderly-headed households
- school children at risk of floods
- vulnerable households affected by floods

The goal is to ensure that those most severely affected received the necessary support to mitigate further risks, particularly food

insecurity.
Relief distribution was determined based on the extent of impact and damage, taking into account pre-existing vulnerabilities such as economic status, family size, marginalized groups, and livelihood disruptions. The NS beneficiary identification process involved a cross-evaluation of damages, loss of personal belongings, homes, and livelihoods to ensure targeted and effective assistance.

Total Assisted Population

Assisted Women	27,310	Rural	60%
Assisted Girls (under 18)	18,979	Urban	40%
Assisted Men	24,966	People with disabilities (estimated)	10%
Assisted Boys (under 18)	17,348		
Total Assisted Population	88,603		
Total Targeted Population	9,000		

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?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	No

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

Risk	Mitigation action
Emergence of needs in different regions than the selected regions of implementation.	Through verification the BRCS ensures needs assessments and intensified resource mobilization to ensure that all affected communities are responded to.
Logistical access challenges for unbanked beneficiaries in hard-to-reach villages without Financial Service Provider.	NS continually keeps a close monitoring on the cash process and post-disbursement. For any challenges, the NS will has considered alternative payment channels- for example cash-in-

	transit service to villages without Financial Service Provider e.g. Ghanzi.
Accessibility issues due to damage on the roads caused by the storms.	Local based volunteers have been engaged to assess the situation on the ground and advise on alternative routes.
Increased risk of water and vector borne diseases due to stagnant and contaminated water sources.	Intensified prevention interventions through public health education and WASH have been employed.
Emergence of concurrent disasters such as a health pandemic	Ongoing surveillance of potential health pandemics especially water borne diseases and mitigation guided by existing contingency plans to manage potential hazards.
Please indicate any security and safety concerns for this operation:	None
Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Shelter Housing And Settlements

Budget: CHF 100,762
Targeted Persons: 4,600
Assisted Persons: 4,114
Targeted Male: 1,372
Targeted Female: 2,742

Indicators

Title	Target	Actual
# of blankets provided to the affected families	700	712
# of mattresses provided to the affected families # of households that receive tarpaulins	120	712
# of HHs that receive kitchen sets	50	50
# of households that receive tents	50	90
# of matress provided to the affected families	700	712

Narrative description of achievements

Following the floods, the Botswana Red Cross Society (BRCS) provided comprehensive shelter assistance to ensure affected families had safe and dignified living conditions. This support enabled households to protect themselves, their families, and salvageable household items.

A total of 200 households received structural repair vouchers to renovate homes damaged by flooding. This intervention met the planned target and restored shelter for approximately 1,000 people. In addition to repair vouchers, BRCS distributed 712 blankets and mattresses to 712 beneficiaries, exceeding the initial target of 700 due to minor foreign exchange gains under the relevant budget lines.

50 affected families were further supported with kitchen sets, benefiting 250 people who had lost essential belongings during the floods. BRCS distributed 90 tents and 198 tarpaulins in affected areas, providing emergency temporary shelter for over 990 people.

In total, the shelter assistance reached 4,114 people, significantly contributing to the recovery and dignity of flood-affected communities. The success of this intervention was largely due to the dedication of Botswana Red Cross staff and volunteers, who ensured that the most vulnerable households received adequate shelter, housing, and settlement provisions.

The MPC PDM was comprehensive of all the sectors in the intervention, for Shelter the findings showed that the shelter assistance provided by BRCS was highly effective in helping affected households restore safety, dignity, and basic living conditions after the floods. Households that received repair vouchers reported improved protection from weather and increased stability in returning home, while those provided with temporary shelter materials expressed satisfaction with the timeliness and quality of items, noting they offered crucial support during displacement. Beneficiaries also highlighted that blankets, mattresses, and kitchen sets replaced essential items lost in the floods and contributed significantly to their comfort and recovery. In overall, beneficiaries expressed high levels of appreciation for BRCS staff and volunteers who ensured timely delivery to the most vulnerable.

Lessons Learnt

Shelter interventions in remote areas demand early and detailed logistical assessments to identify potential supply chain constraints, such as limited road access, seasonal disruptions, and availability of transport services. Incorporating these findings into the planning phase and allocating sufficient budget for transportation and contingency measures is essential to prevent delays and ensure timely delivery of shelter materials to affected communities, however, the commitment and local knowledge of BRCS volunteers was instrumental in delivering timely and culturally appropriate assistance.

The use of structural repair vouchers increased flexibility thereby empowered households to prioritize repairs according to their specific needs, improving satisfaction and efficiency.
Close collaboration with local leaders and volunteers ensured that assistance reached the most vulnerable families and minimized duplication.

Good financial management within the BRCS enabled them to have more money to procure more blankets and mattresses than anticipated further demonstrating the importance of flexible financial planning and combining structural repairs with essential household items (blankets, mattresses, kitchen sets) addressed both shelter and basic living needs, accelerating recovery.

Challenges

Limited Access to Structural Materials: In rural areas, the absence of local suppliers for shelter materials led to increased transportation costs and logistical complexities in delivering repair items.
• Delivering shelter assistance to flood-affected communities presented several logistical and operational challenges. 70% of the targeted households were located in remote areas with poor road infrastructure, which significantly hindered access. Transporting shelter materials such as tents, tarpaulins, mattresses, and kitchen sets required additional time and resources, increasing the overall cost of the intervention.
Supply chain limitations also posed a major obstacle. Local availability of essential shelter items was minimal, forcing reliance on distant suppliers and extending procurement timelines. This challenge was compounded by high transportation costs, as bulky items had to be moved over long distances, often requiring specialized vehicles and additional fuel budgets.
Weather-related disruptions further complicated logistics. Flooded roads and seasonal conditions delayed the movement of goods and volunteers, slowing down the pace of response. Additionally, coordinating logistics with community engagement and volunteer deployment proved complex due to scattered settlements and communication gaps, making it difficult to synchronize activities efficiently.

Multi Purpose Cash

Budget: CHF 100,427
Targeted Persons: 1,600
Assisted Persons: 912
Targeted Male: 315
Targeted Female: 597

Indicators

Title	Target	Actual
# of people who receive once off resticted cash transfers (voucher)	700	712
# of PDMs conducted	2	2
# of HHs that receive restricted Cash grants for structural repairs	200	200

Narrative description of achievements

A total of 712 registered beneficiaries successfully received two rounds of unconditional multipurpose cash assistance over two months, giving them the flexibility to prioritize and meet their immediate needs such as food, transportation, school fees, and health expenses. This flexibility was particularly valuable in the flood response context, where household needs varied significantly. Additionally, 200 beneficiaries received restricted cash in the form of vouchers to purchase building materials for repairing damaged houses. This dual approach combining unrestricted and restricted cash was highly appreciated by communities as it allowed tailored support for both urgent household needs and structural recovery.

The multipurpose cash intervention was implemented in urban settings, which presented programmatic challenges because many affected individuals had relocated by the time of the verification assessment. However, thanks to a thorough registration process and diligent follow-up by BRCS staff and volunteers, all registered beneficiaries were successfully tracked and received the much-needed assistance.

Two Post-Distribution Monitoring (PDM) exercises were conducted after each cash disbursement to assess effectiveness and beneficiary satisfaction. Feedback was overwhelmingly positive. Beneficiaries expressed appreciation for the convenience and efficiency of the selected financial service providers—Botswana Post and Orange Botswana—which facilitated smooth cash transfers. These providers were considered accessible and user-friendly, contributing to a 100% redemption rate. For building repairs, BRCS partnered with Cash Build for the voucher scheme, enabling beneficiaries to access durable, high-quality materials for structural repairs. Many beneficiaries highlighted that the materials from Cash Build were reliable and improved the resilience of their homes.

Overall, the multipurpose cash approach not only empowered households to make choices that best suited their circumstances but also strengthened dignity and autonomy during recovery. The use of trusted service providers ensured efficiency, convenience, and high satisfaction among beneficiaries, reinforcing the value of cash-based interventions in emergency response.

Lessons Learnt

Urban mobility during the intervention highlighted the need for adaptive targeting strategies. In urban settings, beneficiary movement is frequent, and many affected individuals relocate soon after disasters. Future interventions should incorporate flexible targeting and verification mechanisms, such as dynamic registration systems and real-time tracking, to ensure that assistance reaches all intended recipients despite relocation challenges.

Cultural sensitivity proved crucial for the success of cash-based assistance. Early engagement with communities and local leaders helped address cultural concerns and misconceptions, fostering trust and acceptance of the intervention. This approach ensured that the assistance was not only effective but also respected local norms and values, reinforcing community ownership and cooperation.

Flexibility in financial service provider (FSP) partnerships significantly enhanced reach and efficiency. Working with multiple FSPs and expanding their coverage helped overcome access barriers, particularly in underserved areas. This strategy ensured timely disbursement, improved convenience for beneficiaries, and contributed to high redemption rates. Future operations should continue leveraging diverse FSP networks to maximize accessibility and beneficiary satisfaction.

Challenges

Initial resistance to cash-based interventions due to cultural preferences created contextual constraints that delayed implementation. Some community members and local stakeholders were unfamiliar with or hesitant about receiving assistance in the form of cash rather than in-kind support. While approval was eventually granted following extensive engagement and sensitization, the delay affected project timelines and required additional efforts to build trust and acceptance.

Resource limitations also posed significant challenges. Several supported communities lacked access to adequate infrastructure and financial services, making it difficult for beneficiaries to redeem cash assistance easily. To address this, BRCS had to extend the coverage of financial service providers and adapt delivery mechanisms, which contributed to delays in completing cash distributions within the original project timeframe. These adjustments, while necessary, underscored the importance of pre-assessment of service availability and contingency planning for future operations.

Health

Budget: CHF 55,050
Targeted Persons: 9,000
Assisted Persons: 14,606
Targeted Male: 5,843
Targeted Female: 8,763

Indicators

Title	Target	Actual
# of people reached with psychosocial support	4,300	2,111
# of volunteers trained on MHPSS	60	60
#of people trained on Basic First Aid	20	20
# of First Aid Kits Distributed	20	20
# of Under 5 children reached with nutritional	300	300

Narrative description of achievements

Disseminating alert messaging was the backbone of the Health intervention implemented by the Botswana Red Cross Society (BRCS) as 10,841 people were reached with alert messages and with critical messages emphasizing: Safe water use through boiling, chlorination, or purification tablets; Proper handwashing with soap at critical times; Safe sanitation practices to discourage open defecation and effective waste management to reduce breeding grounds for disease vectors

Psychosocial Support (PSS) was an equally critical component of the health interventions implemented by the BRCS following the devastating floods. Affected families had endured traumatic experiences, including the loss of homes, belongings, and sources of livelihood. To address these needs, BRCS deployed a dedicated PSS task team comprising 60 volunteers who had received Mental Health and Psychosocial Support (MHPSS) training. These volunteers provided counseling to affected individuals, recognizing that while PSS is essential, participation must remain voluntary. Through these efforts, 1,753 individuals (896 female, 857 male) in Ghanzi and Kgatleng received PSS services, with some cases referred for additional specialized support. An additional 358 (260 female and 98 male) were supported with counselling.

To strengthen community resilience and disaster preparedness, BRCS engaged community leaders to nominate 20 community members for First Aid training. This training was vital in equipping local responders with life-saving skills should similar disasters occur in the future. To empower these trained individuals, BRCS distributed 20 First Aid kits, ensuring they had the necessary tools to support emergency response efforts.

Recognizing the importance of holistic support that addresses both physical and psychological needs, BRCS emphasized mental health as a priority during emergencies. As part of this commitment, BRCS facilitated the development and stakeholder review of a Psychological First Aid (PFA) Training Curriculum. The review workshop brought together 22 participants (8 male, 14 female), including community members and leaders. Collectively, they generated recommendations to improve learning outcomes, integrate stigma reduction strategies, and incorporate child-friendly approaches into the curriculum.

Maintaining adequate nutrition during emergencies was also essential to prevent further health complications and alleviate suffering. In response, BRCS distributed once-off food packages to 300 households with children under five, supporting approximately 1,500 people and addressing critical nutritional needs.

At the 3-day Village Child Protection Committee (VCPC) training hosted by BRCS, 112 community members were in attendance, where in Health messaging and health awareness was embedded in the Child Protection and SGBV awareness sessions thereby giving participants a holistic training under the topics of Disaster vulnerability, coordination with Health Services, Health consequences of SGBV and Health Education for children.

The intervention was able to assist 14,606 people in consideration of PGI and CEA initiatives that were cross-cutting and had very strong Health components.

Lessons Learnt

The intervention highlighted that psychosocial support (PSS) is vital after traumatic events but must remain voluntary and culturally sensitive. Community sensitization and trust-building are key to encouraging participation. Training community members in First Aid proved highly effective in strengthening local resilience and reducing reliance on external responders during emergencies.
Integrating mental health into disaster response was another critical lesson. Developing a context-specific PFA curriculum with stakeholder input ensures relevance, quality, and sustainability of training efforts, therefore the development and review of a Psychological First Aid (PFA) curriculum ensured preparedness and improved the quality of support. Stakeholder engagement during the review process fostered ownership and generated practical recommendations, such as stigma reduction and child-friendly approaches.
Nutrition support emerged as an essential component of health interventions. Providing food packages to households with young children helped prevent malnutrition and secondary health risks, reinforcing the need for integrated health and nutrition strategies. Finally, the role of trained volunteers was instrumental in delivering timely MHPSS services, emphasizing the importance of continuous volunteer training and logistical planning for health supplies to avoid delays.

Challenges

Access to affected areas was a major challenge due to flooded roads and damaged infrastructure, which delayed the delivery of health services and supplies. Psychosocial support uptake was lower than anticipated, as some individuals were reluctant to seek counseling because of stigma and cultural perceptions around mental health.
Volunteer capacity was stretched, with 60 trained volunteers facing high workloads and risk of fatigue given the scale of need. Coordination with community leaders for First Aid training and PFA curriculum review also required significant time and negotiation, slowing implementation and rolling out of the reviewed PFA curriculum.

Water, Sanitation And Hygiene

Budget: CHF 50,079
Targeted Persons: 20,000
Assisted Persons: 55,954
Targeted Male: 18,652
Targeted Female: 37,302

Indicators

Title	Target	Actual
#of people reached through Public awareness and public health education (WASH)	2,000	55,954
# of hygiene and dignity packs distributed	700	712
# of hygiene and sanitation campaigns conducted	12	12
# of volunteers trained volunteers on WASH	60	60
# of people reached with WASH(cleaning) equipment's	2,000	55,954

Narrative description of achievements

Following the flooding, 12 comprehensive WASH campaigns were implemented to reduce the heightened risk of waterborne diseases and to promote safe hygiene practices among affected communities. These campaigns combined community sensitization sessions in schools, health centers, and temporary shelters with door-to-door awareness alone reaching 1,400 people. BRCS volunteers led 5 clean-up awareness drives whilst radio and social media messaging further amplified the reach as 10,841 people were reached ensuring that critical information was accessible to both urban and rural populations. The key messages emphasized the importance of safe water use through

boiling, chlorination, or purification tablets, proper handwashing with soap at critical times, safe sanitation practices to discourage open defecation, and effective waste management to reduce breeding grounds for disease vectors. Communities were also encouraged to adopt safe food hygiene practices and to seek early medical attention for symptoms of diarrhea, cholera, or malaria.

To complement these awareness efforts, hygiene and dignity kits were distributed to 712 flood-affected households assisting 3,560 people. These kits contained essential items such as soap, buckets, water purification tablets, and menstrual hygiene materials, enabling families to maintain basic hygiene standards despite the disruption caused by the disaster. The dignity kits were particularly important in restoring a sense of safety and dignity for women and girls, reducing vulnerabilities and ensuring that their specific needs were addressed.

Solid waste management was also prioritized as part of the intervention. Cleaning equipment including a total of 150 industrial dust bins were strategically placed in high-density and flood-affected areas to improve community-level waste disposal, assisting 55,954 people. This initiative not only supported cleaner environments but also reduced public health risks by limiting mosquito breeding sites and strengthening collaboration with municipal waste collection systems.

In response to a malaria outbreak (63 cases, 3 deaths), BRCS collaborated with the Ghanzi District Health Management Team (DHMT) to train and deploy 24 volunteers (4 male, 20 female) across 10 villages and 14 health facilities. A malaria response was rolled out to address the increased risk of transmission due to stagnant water pools left behind by the floods. Community awareness campaigns reinforced the importance of eliminating stagnant water and encouraged prompt treatment-seeking behavior for fever cases reaching 6,159 people. Malaria prevention messages were integrated into the broader WASH campaigns, highlighting the link between flooding, poor sanitation, and vector-borne diseases.

Together, these interventions provided an integrated response that not only addressed immediate post-flooding health risks but also strengthened community resilience against future outbreaks. In total the WASH interventions reached 55,954 people.

Lessons Learnt

Early engagement with community leaders and volunteers was essential for promoting hygiene practices and ensuring acceptance of WASH activities. Flexibility in planning and delivery proved crucial when operating in geographically dispersed and logistically challenging areas, allowing teams to adapt to changing conditions.
Pre-positioning essential WASH supplies such as hygiene kits before disasters helped avoid delays in response. Sharing WASH messages through online platforms emerged as an effective and environmentally friendly method, especially when printing materials was not feasible.
Proactive engagement with local leaders and government departments helped mitigate political interference and streamline implementation. Integrating hygiene promotion with health messaging on disease prevention enhanced community awareness and reduced risks. The malaria response in Ghanzi further highlighted the importance of linking WASH and health interventions in areas prone to vector-borne diseases.
Finally, training volunteers and community members in safe water handling and hygiene strengthened immediate response and built long-term resilience.

Challenges

The vastness and difficult terrain of some districts, particularly in rural areas, posed significant logistical challenges for transportation and access. Delivering WASH supplies and deploying teams to remote communities required additional time, resources, and careful planning.
Competing priorities also affected implementation. Overlapping project timelines and concurrent activities created scheduling conflicts, which delayed certain interventions and strained available human and financial resources.
Communication delays emerged as another challenge. Changes in government ministries and administrative structures disrupted coordination mechanisms, resulting in slower decision-making and planning processes.
Finally, political dynamics influenced the intervention in some areas. Attempts by local leaders to politicize the response affected community perceptions and trust, requiring proactive stakeholder engagement and strong advocacy to maintain neutrality and ensure smooth implementation.

Protection, Gender And Inclusion

Budget: CHF 20,626
Targeted Persons: 9,000
Assisted Persons: 55,954
Targeted Male: 18,652
Targeted Female: 37,302

Indicators

Title	Target	Actual
# of volunteers trained on PGI consideration	65	85
# of briefing conducted on minimum standards for PGI in emergencies for staff and volunteers	4	2
# PGI analysis to better understand the risks, immediate needs and capacities of the affected populations to better inform the response.	3	0
# of trainings / meetings to Strengthen SGBV reporting mechanisms including conducting a mapping exercise to identify service providers	2	2

Narrative description of achievements

PGI was a critical component of the Botswana Red Cross Society's (BRCS) flooding response, ensuring that interventions upheld dignity, access, participation, and safety (DAPS) for all affected individuals. Disasters often exacerbate vulnerabilities, particularly for women, children, persons with disabilities, and marginalized groups. Integrating PGI principles across all sectors helped guarantee that assistance was inclusive, accountable, and sensitive to protection risks.

To strengthen institutional capacity, BRCS conducted 2 hybrid PGI–Community Engagement and Accountability (CEA) trainings for 35 staff members (12 male, 23 female) and 85 volunteers (45 males, 40 females). The trainings emphasized PGI-sensitive needs assessments, gender and diversity analysis, and safe referral pathways for survivors of violence or exploitation. Practical exercises reinforced the application of PGI principles in real-world humanitarian contexts.

Recognizing the heightened risks of child abuse and sexual and gender-based violence (SGBV) during emergencies, BRCS hosted a three-day Village Child Protection Committee (VCPC) training (24–26 September 2025) for 112 members (59 male, 53 female) from 11 communities in Ghanzi District. Grounded in Botswana's Children's Act, the sessions focused on child safeguarding, prevention of SGBV, and establishing clear referral mechanisms, another meeting was held to strengthen SGBV awareness and reporting mechanisms in Gaborone. These 2 initiatives aimed to build functional local structures capable of identifying and responding promptly to protection concerns.

PGI was integrated as a cross-cutting issue throughout the response, reaching 88,603 people, 70% of whom were women. This reflects the high proportion of female-headed households in affected communities and underscores the importance of gender-sensitive programming. By prioritizing PGI, BRCS ensured that interventions not only met immediate needs but also promoted equity, safety, and resilience among the most vulnerable.

There were plans to conduct a PGI analysis to better understand the risks, immediate needs and capacities of the affected populations to better inform the response, but these were not done as a standalone analysis as this formed part of the initial needs assessments done by BRCS, which were comprehensive enough to capture all relevant information.

Lessons Learnt

Combining PGI and Community Engagement and Accountability (CEA) training proved highly effective in building cross-cutting skills among staff and volunteers, fostering inclusive and accountable programming across all sectors. This integrated approach ensured that humanitarian interventions were sensitive to protection risks and responsive to community feedback.

Future operations should allocate sufficient resources for field-based PGI activities, particularly in geographically dispersed areas where logistical challenges can hinder timely implementation. Dedicated funding and planning for PGI will strengthen protection mechanisms and ensure that vulnerable groups are adequately supported.

The high proportion of female beneficiaries during the flooding response underscores the importance of designing interventions that address the specific needs of women and female-headed households. Gender-sensitive programming, including measures to prevent SGBV and promote equitable access to services, is essential for effective and dignified humanitarian assistance.

Challenges

One major challenge was limited resources for field-based PGI activities, especially in remote and geographically dispersed areas. This constraint affected the ability to conduct in-depth protection assessments and provide timely follow-up support.

Logistical and access difficulties also hindered the deployment of more trained PGI volunteers to some affected communities, delaying the

integration of PGI principles at the community level.
Another challenge was community awareness and cultural sensitivity. In some areas, discussions around gender-based violence (GBV) and child protection faced resistance due to cultural norms, requiring additional time for sensitization and trust-building.
Finally, coordination with multiple stakeholders posed difficulties. Aligning PGI priorities with other sectors and government structures sometimes led to delays in implementing referral pathways and safeguarding measures.

Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 10,452
Targeted Persons: 5,000
Assisted Persons: 5,176
Targeted Male: 2,505
Targeted Female: 2,671

Indicators

Title	Target	Actual
# of awareness raising campaigns for children in schools on safety during floods.	6	8

Narrative description of achievements

The initiative initially targeted six schools for Early Warning campaigns as a key risk reduction and climate adaptation measure, focusing primarily on Tlokweng and Mochudi, which were among the hardest-hit areas during the 2024–2025 floods. These floods had severely disrupted school activities, caused child fatalities, increased malaria exposure, and exposed significant gaps in waste management systems.
Due to the effectiveness and positive reception of the campaigns, the scope was expanded to include two additional schools, bringing the total to eight schools reached. These comprised two schools in Tlokweng, three in Mochudi, and three in Ghanzi, all selected based on the severity of flood impacts during the season.
In total, 5,176 students were reached through these campaigns. Of these, 460 students were designated as peer educators to represent their classes and disseminate flood safety knowledge during school assemblies, ensuring continuity of awareness efforts.
To reinforce climate adaptation and risk reduction, each school received one waste bin and ten educational materials. Additionally, 1,000 flood safety awareness booklets were printed and distributed, and 1,500 branded T-shirts were produced for BRCS school club members to promote visibility and engagement.
School Clubs Formation: BRCS planned follow-up activities to support the formation of school clubs dedicated to disaster risk reduction and climate awareness. These clubs will ensure proper reporting and continuity of awareness activities as part of the long-term sustainability strategy for this component.

Lessons Learnt

Future campaigns should integrate both traditional and modern teaching approaches to ensure consistent and effective messaging across diverse school environments. Combining interactive sessions, visual aids, and digital tools with culturally familiar methods will strengthen comprehension and retention.
Additionally, tailoring delivery mechanisms to local realities is critical, particularly in resource-constrained and linguistically diverse areas. Adapting materials to local languages and using context-specific examples enhances engagement and ensures that risk reduction messages resonate with all learners.

Challenges

Some rural schools lacked basic infrastructure and teaching resources, which required significant adaptation of delivery methods to suit local contexts. Facilitators had to rely on improvised materials and interactive discussions rather than standard visual aids or digital tools, ensuring that learning objectives were still met despite resource limitations.
Additionally, sessions in certain districts had to be extended to accommodate translation needs, as linguistic diversity posed a barrier to

comprehension. This adjustment was essential to ensure inclusivity and that all learners fully understood the early warning and risk reduction messages, but it also increased time and logistical demands on the campaign schedule.

Community Engagement And Accountability

Budget: CHF 11,498
Targeted Persons: 9,000
Assisted Persons: 11,445
Targeted Male: 5,610
Targeted Female: 5,835

Indicators

Title	Target	Actual
# of people reached with alert messages	10,000	10,841
# of volunteers trained on CEA - sharing accurage information and gather real time feedback	60	60
# of community representatives engaged in monitoring aid distribution.	60	181

Narrative description of achievements

Community engagement was pivotal to the success of the Botswana Red Cross Society (BRCS) flood response intervention. From the initial design phase through implementation, community members actively participated, contributing to the overall success of the operation. During the initial phase, BRCS engaged a total of 423 community representatives to understand local concerns and needs. These representatives were drawn from key implementation areas: D'kar: 60, Kacgae: 18, Kgatleng: 116, Tlokweng: 113 and Gaborone: 116. Their inputs strongly influenced the design of the response, ensuring alignment with the Red Cross mandate and fundamental principles.
10,841 people were reached with alert messages and with critical messages emphasizing: Safe water use through boiling, chlorination, or purification tablets; Proper handwashing with soap at critical times; Safe sanitation practices to discourage open defecation and effective waste management to reduce breeding grounds for disease vectors

To strengthen capacity, BRCS conducted two hybrid PGI–Community Engagement and Accountability (CEA) trainings for 35 staff members (12 male, 23 female) and 60 volunteers. These trainings equipped participants with CEA principles and practices to support inclusive and responsive programming. The sessions also provided contextual knowledge of the response mechanism, enabling staff and volunteers to identify opportunities, threats, and risks while working with diverse communities. The 60 volunteers trained on CEA were encouraged to share accurate information and gather real time feedback to support decision making during the implementation of the response intervention.

Community feedback was prioritized throughout the operation. 181 community representatives were engaged during two rounds of distributions to share feedback, reinforcing accountability. Additionally, Beneficiary Satisfaction Surveys were conducted to capture experiences, recommendations, and complaints, which informed continuous improvement of the intervention.
In overall 11,445 people were reached under community engagement and accountability and the feedback shared by the beneficiaries commended the efforts by BRCS to be inclusive on the communities from the response design.

Lessons Learnt

The experience demonstrated that standardized tools and templates for tracking community engagement are critical for improving data quality. Without uniform systems, reporting can become inconsistent and less reliable. Future operations should prioritize the development and use of these tools to ensure accurate data collection, streamlined analysis, and better decision-making.
Although outreach through radio and social media was widely implemented, the lack of media monitoring systems limited the ability to measure the true impact of these efforts. Establishing mechanisms such as listener feedback channels, radio station analytics, and social

media engagement tracking will provide valuable insights into audience reach and message effectiveness. This will strengthen accountability and help refine communication strategies in future interventions.
Engaging community representatives at the very beginning of the project proved vital in building trust and fostering a sense of ownership among affected populations. This early involvement ensured that interventions were contextually relevant and aligned with local priorities, which enhanced acceptance and sustainability. Future responses should continue to emphasize early and meaningful engagement as a cornerstone of effective humanitarian action.

Challenges

Time constraints during field activities made it difficult to accurately record all community representatives engaged. The rapid pace of implementation and logistical pressures meant that some interactions were not fully documented, affecting the completeness of engagement data and highlighting the need for more efficient recording processes in future operations.
Measuring the exact number of people reached through radio and other media platforms was also challenging. The operation relied on estimated listenership and viewership figures, which may not accurately reflect actual engagement. This points to the need for robust media monitoring systems, such as feedback mechanisms and analytics tools, to improve the reliability of outreach data in future interventions.

Secretariat Services

Budget: CHF 33,448
Targeted Persons: 78
Assisted Persons: 78
Targeted Male: 20
Targeted Female: 58

Indicators

Title	Target	Actual
#of units engaged in the regular monitoring (finance, PMER, Operation, logistic)	4	4
#of support and monitoring visits conducted	8	6
# of kick-off meeting organized	2	6
# of Lessons learnt workshop reported	1	1
# of monitoring calls (bi-monthly)	10	10

Narrative description of achievements

To ensure volunteer safety and uphold duty of care, 50 deployed volunteers were covered by insurance, providing protection throughout the operation. This measure reinforced BRCS's commitment to safeguarding its workforce during emergency response. 28 BRCS staff and IFRC staff supported the operation to ensure smooth and successful implementation.
For smooth coordination and effective monitoring, BRCS organized six kick-off meetings (two per district) at the start of the operation. These were complemented by regular coordination sessions and 10 bi-monthly monitoring calls, which helped track progress, address emerging challenges, and maintain alignment across departments.
A Lessons Learned workshop was convened, bringing together stakeholders from BRCS, government authorities, and community representatives. A total of 18 participants from various government departments attended the session, reflecting on the operation and identifying areas for improvement and collaboration. Several actionable recommendations emerged from the workshop, which BRCS is currently implementing to strengthen future responses.
Joint monitoring visits played a critical role in ensuring accountability and transparency. BRCS and IFRC conducted 6 joint monitoring

missions instead of 6 because of the heavy rains in March and April, as a result all the operations teams could not travel to support the BRCS on the ground but comprehensive support was given remotely. The visits included field data collection activities to support response assessments and progress tracking. These missions featured focus group discussions (12 FGDs) and door-to-door household visits (14 HHs) across all districts. The data collected provided valuable feedback from affected communities and helped assess the impact of interventions, informing adjustments and future planning.

Lessons Learnt

Investing in PMER systems proved critical for the success of the operation. Strengthening PMER capacity at both national and branch levels should be prioritized in future responses, as it enhances data collection, analysis, and reporting. This investment ensures evidence-based decision-making and improves accountability across all stages of implementation.
Joint monitoring between BRCS and IFRC significantly enhanced transparency and accountability. These collaborative efforts provided valuable insights into operational progress, helped identify gaps early, and fostered trust among stakeholders. Such partnerships are essential for improving responsiveness and ensuring that interventions remain aligned with community needs.
Early coordination was another key factor in driving efficiency. Kick-off meetings and regular coordination sessions streamlined implementation and promoted cross-sectoral collaboration. By fostering clear communication and shared objectives from the outset, these meetings minimized duplication and ensured that all departments and partners worked cohesively toward common goals.

Challenges

There were no significant challenges noted.

National Society Strengthening

Budget: CHF 106,305
Targeted Persons: 70
Assisted Persons: 185
Targeted Male: 36
Targeted Female: 149

Indicators

Title	Target	Actual
# of Volunteers & staff with Protection and visibility equipments	70	185
# coordination meetings	5	5
# of Monitoring from HQ for technical support and results	5	4

Narrative description of achievements

To ensure effective implementation and long-term sustainability of the flood response, the Botswana Red Cross Society (BRCS) integrated several capacity-strengthening measures into the operation. Strategic coordination played a pivotal role in shaping the response and contributing to long-term solutions, including the development of a clear exit strategy to ensure sustainability beyond the emergency phase. BRCS provided monthly updates to the IFRC delegation, enabling timely adjustments and ensuring that the response remained relevant and effective.
5 coordination meetings were held between the Health, Branch Development, and Disaster Management departments to monitor progress and maintain alignment across sectors. Stakeholder meetings with district leadership in implementation areas further strengthened collaboration and facilitated smooth operations. The operation had targeted 5 HQ visits but due Government restructuring delays, only 4 monitoring missions from HQ to districts were conducted for technical support and results assessment, the 4 missions where comprehensive enough as they were supported by dedicated personnel from PMER, Finance, and Disaster Management who were actively involved throughout the intervention, ensuring quality assurance, timely monitoring, and accurate reporting to support accountability and informed decision-making, the 5th mission was therefore not scheduled as there were sufficient monitoring tools and

systems in place to support the teams on the ground.
Volunteer safety and well-being were prioritized through comprehensive briefings on operational risks, sectoral responsibilities, and reporting protocols. Debriefing sessions were scheduled to provide volunteers with opportunities to share experiences and access psychosocial support, ensuring they were adequately informed and emotionally supported to carry out their roles effectively.
Visibility and protection were also key considerations. 185 branded merchandise were distributed to 65 BRCS staff and 120 volunteers, enhancing organizational visibility and ensuring protection during field operations. This measure reinforced community trust and recognition of BRCS as a key humanitarian actor. Additionally, a communications focal point was assigned to document BRCS activities and transform operational outputs into compelling communication materials, strengthening partner engagement and visibility.

Lessons Learnt

The ability to realign the operational strategy and secure a no-cost extension was critical for completing pending activities without compromising quality. This flexibility ensured continuity of interventions and allowed the operation to adapt to emerging challenges.
Additionally, cross-departmental coordination and proactive stakeholder engagement significantly strengthened the overall response. These collaborative efforts improved efficiency, enhanced accountability, and fostered trust among partners and communities, demonstrating the value of integrated approaches in complex emergency operations.

Challenges

Government restructuring delays posed a significant challenge during implementation. Changes in government ministries disrupted coordination mechanisms and slowed decision-making processes, resulting in delays for certain activities and necessitating a no-cost extension to complete pending tasks.
Logistical constraints also affected the timely delivery of critical items, particularly in remote districts with difficult terrain. Transport and procurement challenges not only delayed operations but also placed additional strain on the National Society's existing assets, including vehicles and storage facilities, highlighting the need for stronger contingency planning and resource allocation.

Financial Report

IFRC

DREF Operation
Final Report (CHF)

Date from: 11 Mar 2025 to 30 Nov 2025

MDRBW008 - Botswana - Flood

Operating timeframe: *Start date: 11-Mar-2025 End date: 30-Sep-2025*

Appeal launch date: *14-Mar-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**488,646**
DREF Response Pillar	488,646
Expenditure	-462,282
Closing Balance	**26,364**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	94,612	100,762	-6,150
PO02 - Livelihoods			
PO03 - Multi-purpose Cash	94,298	100,427	-6,129
PO04 - Health	98,712	105,128	-6,416
PO05 - Water, Sanitation & Hygiene			
PO06 - Protection, Gender and Inclusion	19,367	20,626	-1,259
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	39,638	10,452	29,186
PO10 - Community Engagement and Accountability	10,796	11,498	-702
PO11 - Environmental Sustainability			
Planned Operations Total	**357,423**	**348,893**	**8,530**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	31,406	7,084	24,322
EA03 - National Society Strengthening	99,817	106,305	-6,488
Planned Operations Total	**131,223**	**113,389**	**17,834**
Total	**488,646**	**462,282**	**26,364**

III. Expenditure by budget category & group

Prepared on 31-Jul-2026

Page 1 of 2

Click here for the complete financial report

Please explain variances (if any)

AOF1 - Disaster risk reduction had a 73.6% variance because PSSR charges were budgeted here. But the actual PSSR costs were charged to the different output codes.
SFI4 - Ensure a strong IFRC has a 77% variance because the monitoring visits were reduced under the operation due to the early rains that affected the operation and the Cluster struggled to secure a date.
By the end of the operation, there was a balance of CHF 26,364 that will be returned to the DREF pot.

Contact Information

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

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Click here for reference

DREF Operation
Final Report (CHF)

Date from: 11 Mar 2025 to 30 Nov 2025

MDRBW008 - Botswana - Flood

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PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	39,638	10,452	29,186
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Total	**488,646**	**462,282**	**26,364**

III. Expenditure by budget category & group

DREF Operation
Final Report (CHF)

Date from: 11 Mar 2025 to 30 Nov 2025

Description	Budget	Expenditure	Variance
Travel	31,406	6,406	25,000
Financial Charges		246	-246
General Expenditure	**31,406**	**6,652**	**24,754**
Cash Transfers National Societies	427,416	427,416	0
Contributions & Transfers	**427,416**	**427,416**	**0**
Programme & Services Support Recovery	29,823	28,214	1,609
Indirect Costs	**29,823**	**28,214**	**1,609**
Total	**488,646**	**462,282**	**26,363**