DREF Final Report

Sierra Leone_Floods 2025

Cash Distribution for Shelter support in Baama Konta, Kenema District

Appeal: **MDRSL019**	Total DREF Allocation: **CHF 375,000**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: -	People Affected: **11,080 people**	People Targeted: **5,000 people**	People Assisted: **5,870 people**
Event Onset: **Slow**	Operation Start Date: **13-09-2025**	Operational End Date: **28-02-2026**	Total Operating Timeframe: **5 months**

Targeted Regions: **Eastern, Northern, Southern**

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

Description of the Event

Date when the trigger was met

05-09-2025

What happened, where and when?

In the early hours of 31 August 2025, Sierra Leone experienced intense and prolonged torrential rainfall that triggered widespread flooding across several parts of the country. The volume and duration of the rainfall exceeded the capacity of drainage systems and natural waterways, resulting in rapid water accumulation, river overflows, and extensive flooding in affected communities.

The floods affected 17 communities across seven districts: Bonthe, Kenema, Bo, Moyamba, Kono, Falaba, and Koinadugu. The disaster caused significant humanitarian impacts, with homes damaged or destroyed, schools and health facilities affected, and essential services disrupted. More than 11,080 people (2,216 households) were affected, including over 4,000 people who were temporarily displaced and sought refuge in schools, public buildings, or with host families.

The flooding also had a significant impact on livelihoods and food security. More than 2,500 hectares of farmland were inundated, resulting in crop losses and disruption to agricultural activities, the primary source of income and sustenance for many households. Communities that relied on farming and natural resources experienced reduced access to productive assets, loss of income, and increased vulnerability to food insecurity.

Affected populations faced urgent humanitarian needs, including access to safe drinking water, food assistance, emergency shelter, household and hygiene items, healthcare services, and protection support. Vulnerable groups, including children, older persons, persons with disabilities, pregnant and lactating women, and displaced households, faced heightened risks due to displacement, reduced access to essential services, and exposure to unsafe living conditions.

In response, the Sierra Leone Red Cross Society (SLRCS), with support from Movement partners, rapidly mobilized emergency response interventions to address immediate humanitarian needs and support early recovery. Assistance provided through the operation enabled affected households to meet their basic needs, reduce health and protection risks, and restore a sense of safety and dignity during a period of significant disruption.

By the end of the intervention period, floodwaters had receded across the affected districts and communities had largely transitioned from the emergency phase to early recovery. Through the DREF-funded shelter intervention, 241 houses had been reconstructed, while the remaining nine houses were at the final stages of completion. In addition, 1,000 households received two rounds of multipurpose cash assistance, enabling them to meet their immediate food and nutritional needs and replace essential household items lost or damaged during the floods, including bed sheets, drinking buckets, laundry bowls, cooking utensils, cups, sleeping mats, and blankets. The assistance also supported priority recovery needs such as hygiene supplies, water treatment and storage materials, healthcare costs, transportation, communication, and other household expenditures identified by affected families. Access to basic services gradually improved, markets resumed normal operations, and affected households were increasingly able to restore their daily activities and livelihoods.

The operation contributed significantly to reducing immediate humanitarian needs, restoring minimum living conditions, and supporting the dignity and well-being of flood-affected households. It also strengthened community resilience and enhanced the preparedness and response capacity of SLRCS to respond to future climate-related emergencies. However, residual needs remained at the close of the operation, particularly among households affected by the loss of crops, agricultural inputs, and other livelihood assets. Many families continued to face challenges restoring their income sources and recovering from the economic impacts of the floods. Additional support is required to strengthen livelihood recovery, restore agricultural production, enhance household resilience, and support longer-term recovery efforts for vulnerable communities in flood-prone areas.

Training of staff and volunteers on PCM and grant management by IFRC

Awareness raising session on use of cash before distribution in Taninahun

Community engagement on Hygiene Promotion in Dogoloya, Koinadugu District

Cash Distribution to beneficiaries in Musaia, Falaba District

Scope and Scale

Through this DREF operation, the Sierra Leone Red Cross Society (SLRCS) reached 5,870 people (1,174 households) affected by the August 2025 floods across Bo, Falaba, Kenema, Koinadugu, and Bonthe districts. The operation provided two rounds of multipurpose cash assistance to 1,000 households, enabling families to meet immediate food and basic needs, while 250 households received shelter reconstruction support, resulting in 241 houses reconstructed and nine houses at the final stages of completion by the end of the operation. The response also strengthened community health, hygiene, psychosocial well-being, flood preparedness, and accountability mechanisms, while enhancing SLRCS operational readiness through improved cash programming systems, Emergency Operations Centre (EOC) functionality, Project Cycle Management (PCM) capacity development, and volunteer preparedness.

The August 2025 floods constituted a major climate-related emergency in Sierra Leone, affecting 17 communities across seven districts: Bonthe, Kenema, Bo, Moyamba, Kono, Falaba, and Koinadugu. More than 11,080 people (2,216 households) were affected, including over 4,000 people who were temporarily displaced. The floods caused extensive damage to homes, public infrastructure, household assets, livelihoods, and agricultural land, generating significant humanitarian needs across multiple sectors.

More than 2,500 hectares of farmland were inundated, resulting in crop losses and disruption of agricultural activities among communities highly dependent on seasonal farming. In addition, approximately 660 houses were reported damaged, including 250 houses that were completely destroyed, leaving many households in need of immediate shelter and recovery support.

In response to these needs, SLRCS, with support from the IFRC through the DREF, implemented an integrated emergency and early recovery operation targeting the most vulnerable households. Multipurpose cash assistance enabled affected families to access food, replace essential household items, meet healthcare and transportation costs, and address other priority needs identified by households. Shelter reconstruction support enabled families whose homes had been destroyed to begin rebuilding safer and more dignified living environments.

The operation also contributed to reducing public health risks through health promotion, psychosocial support, hygiene promotion, mosquito net distribution, community-based surveillance, and awareness activities. Community engagement and accountability mechanisms ensured affected populations were informed, consulted, and able to provide feedback throughout implementation, while disaster risk reduction activities strengthened community awareness of flood risks and preparedness measures.

Beyond community-level outcomes, the operation contributed to strengthening SLRCS institutional capacity. The operation enhanced cash and voucher assistance (CVA) implementation systems through market assessments, mobile money delivery mechanisms, and Post

Distribution Monitoring (PDM). The Emergency Operations Centre (EOC) supported operational coordination, information management, monitoring, and decision-making throughout the response. In addition, 200 volunteers were trained in Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI), while Project Cycle Management (PCM) training strengthened the capacity of key headquarters and branch staff involved in emergency operations management.

By the end of the intervention period, affected communities had largely transitioned from emergency response to early recovery. Access to basic services had improved, displaced families had begun returning to normal living arrangements, and households were increasingly able to restore their livelihoods and daily activities. However, significant recovery needs remained, particularly among households affected by crop losses and livelihood disruption. Continued investment in livelihood recovery, agricultural restoration, resilience building, and disaster preparedness will be important to support sustainable recovery and reduce vulnerability to future flood events.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Delegation in Freetown provided technical, operational, and strategic support to the Sierra Leone Red Cross Society (SLRCS) throughout the August 2025 flood response. This support contributed to the timely planning, coordination, implementation, monitoring, and reporting of humanitarian assistance to flood-affected communities across seven districts. From the onset of the emergency, IFRC provided technical guidance on operational planning, response prioritization, and evidence-based decision-making. Regular coordination and information-sharing mechanisms supported the review of evolving needs, identification of operational priorities, and resolution of implementation challenges, ensuring that the response remained aligned with humanitarian principles and Movement standards. IFRC supported information management and humanitarian reporting through the development and dissemination of operational updates and situation reports. With IFRC technical assistance, two situation reports were produced and published on relevant platforms, including the IFRC GO platform, enhancing situational awareness, visibility, transparency, and accountability throughout the operation. To strengthen coordination and complementarity, IFRC supported SLRCS engagement with government authorities, humanitarian partners, and coordination mechanisms at national and district levels. This helped avoid duplication of assistance, improve coordination, and reinforce the role of SLRCS as a key humanitarian actor in the response. IFRC also provided technical support for the development, review, and submission of the DREF application, facilitating timely access to emergency funding. This ensured that the operation was based on identified needs and complied with operational and financial requirements, enabling the rapid implementation of response activities. Throughout the operation, IFRC provided Planning, Monitoring, Evaluation and Reporting (PMER), finance, logistics, procurement, security, and administrative support. The IFRC Senior PMER Officer supported the implementation of Post Distribution Monitoring (PDM) following the cash assistance intervention to assess the relevance, effectiveness, and impact of the support provided to affected households. The Senior PMER Officer also facilitated the Lessons Learned Workshop, bringing together key stakeholders to identify good practices, challenges, and recommendations to inform future emergency operations. The IFRC Senior Operations Officer provided operational oversight throughout the response, including field monitoring of cash distribution activities and overall implementation progress. Regular monitoring visits supported quality assurance, accountability, adherence to operational plans, and the timely identification and

	resolution of implementation challenges. Financial, logistics, procurement, and administrative support ensured compliance with DREF procedures, effective resource management, and the timely delivery of assistance. Guidance on staff and volunteer management, security, and duty of care further contributed to the safe and effective implementation of the operation. Beyond the immediate response, IFRC support contributed to strengthening SLRCS institutional capacity and operational readiness. Enhanced coordination systems, reporting processes, emergency planning, volunteer management, and preparedness mechanisms improved the National Society's capacity to respond to future climate-related emergencies. The close collaboration between IFRC and SLRCS contributed to the delivery of a timely, accountable, and needs-based response, helping affected communities meet their immediate needs while strengthening organizational capacity, preparedness, and resilience for future emergencies.
Participating National Societies	The Finnish Red Cross (FRC) remains the only Partner National Society (PNS) with a permanent presence in Sierra Leone and continues to be a key strategic partner of the Sierra Leone Red Cross Society (SLRCS). Through long-term collaboration, the Finnish Red Cross supports programmes focused on community-based health, disaster risk reduction, environmental sustainability, and the prevention and response to sexual and gender-based violence (SGBV), while also contributing to the strengthening of SLRCS institutional and operational capacity. Although the Finnish Red Cross did not provide direct financial support or operational resources to the August 2025 flood response under this DREF operation, its ongoing investments in community resilience, volunteer development, disaster preparedness, and community engagement contributed to the broader capacities that supported the response. These investments helped strengthen SLRCS readiness and enabled the rapid mobilization of volunteers and response teams in affected communities. The long-standing partnership between the Finnish Red Cross and SLRCS continues to play an important role in enhancing the National Society's preparedness, response capacity, and resilience-building efforts, contributing to its ability to effectively respond to emergencies and support vulnerable communities across Sierra Leone.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) does not maintain a permanent presence in Sierra Leone and provides support remotely through its regional delegation in Senegal. The ICRC maintains an ongoing partnership with the Sierra Leone Red Cross Society (SLRCS), focused on strengthening National Society capacities and supporting humanitarian action in areas affected by socio-political and community-based tensions.

The ICRC did not provide financial, technical, or operational support to this DREF-funded operation. Consequently, no direct ICRC resources were utilized in the implementation of response activities.

While the ICRC did not have a direct role in this operation, its ongoing partnership with SLRCS contributes to strengthening institutional capacity and supporting the overall effectiveness of the Red Cross and Red Crescent Movement's humanitarian presence in Sierra Leone.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The National Disaster Management Agency (NDMA) led the overall coordination of the flood response in Sierra Leone, working closely with the Sierra Leone Red Cross Society (SLRCS), district councils, the Office of National Security, ward councilors, and community stakeholders. Following the floods, NDMA activated national and district-level coordination mechanisms to facilitate a timely and coordinated response to the humanitarian needs of affected populations. NDMA coordinated rapid multi-sectoral assessments to determine the scale and impact of the floods, identify priority needs, and inform response planning. Assessment findings supported evidence-based decision-making and guided the targeting of assistance by government institutions, humanitarian partners, and local authorities. NDMA also coordinated search and rescue efforts, resource mobilization, and the delivery of assistance to affected communities. Throughout the operation, regular coordination and information-sharing meetings were held at national and district levels. These platforms enabled stakeholders to monitor the evolving situation, identify gaps, prioritize interventions, and coordinate the deployment of resources. Through these mechanisms, NDMA engaged humanitarian partners, including SLRCS, to address priority needs related to shelter, food security, water, sanitation, health, and protection. The strong collaboration between NDMA and SLRCS enhanced the effectiveness of the response through joint assessments, coordinated planning, and regular information sharing. This facilitated timely targeting and delivery of humanitarian assistance, improved access to affected communities, and strengthened complementarity between government and humanitarian interventions. Beyond the immediate response, the coordination mechanisms activated during the operation strengthened collaboration between government authorities, local actors, and humanitarian partners, contributing to improved preparedness and readiness for future disaster responses in Sierra Leone.
UN or other actors	-

Are there major coordination mechanism in place?

A National Inter-Pillar Coordination Mechanism, led by the National Disaster Management Agency (NDMA), was established to coordinate the overall flood response. The platform brought together government institutions, humanitarian partners, and other stakeholders to share situational updates, review response priorities, identify gaps, and promote complementarity, helping to minimize duplication and maximize the use of available resources.

Through regular coordination meetings and information-sharing processes, response partners aligned interventions with identified needs, adapted response strategies as the situation evolved, and strengthened collective decision-making. The mechanism facilitated a common understanding of the scale and impact of the floods and supported coordinated planning across key sectors.

At the district level, coordination was facilitated through collaboration between NDMA, district councils, local authorities, humanitarian partners, and community representatives. These decentralized coordination mechanisms enabled stakeholders to share local information, identify emerging needs, address operational challenges, and coordinate assistance to affected communities.

The Sierra Leone Red Cross Society (SLRCS) actively participated in both national and district-level coordination platforms, providing field-based information, contributing to humanitarian analysis, and aligning its interventions with identified response priorities. Through its community presence and volunteer network, SLRCS provided timely information on community needs, access constraints, and emerging humanitarian concerns, supporting informed decision-making and effective targeting of assistance.

While SLRCS did not lead the coordination structures, its active participation reinforced its role as an auxiliary to public authorities and a key humanitarian partner. The National Society's engagement helped ensure that community perspectives and needs were reflected in response planning and implementation.

The coordination mechanisms played a critical role in facilitating information sharing, resource allocation, and response planning throughout the operation, contributing to a timely, coordinated, and effective response to the needs of flood-affected communities.

Needs (Gaps) Identified

Shelter Housing And Settlements

Assessments conducted following the floods identified significant damage to housing and living conditions across affected communities. Approximately 660 houses were damaged, including 250 houses that were completely destroyed and 410 houses that sustained partial damage, leaving many households unable to safely return to their homes and in need of shelter support.

In addition to damage to housing, many families lost essential household items (HHIs), including bedding, cooking utensils, and other basic domestic items. These losses affected their ability to maintain adequate living conditions and resume normal household activities following the disaster.

A key gap identified at the onset of the operation was the limited availability of immediate shelter assistance and household items to support affected families during the transition from emergency response to early recovery. To address the most urgent needs, the DREF operation prioritized households whose homes had been completely destroyed, providing shelter reconstruction support to 250 households, of which 241 houses were reconstructed by the end of the operation, while the remaining nine houses were at the final stages of completion.

Despite these achievements, households living in the 410 partially damaged houses were not directly supported through the shelter reconstruction component of the operation due to resource limitations and prioritization of households whose homes had been completely destroyed. While many households undertook minor repairs using their own resources, community support, or other available assistance, a number of families continued to live in partially damaged shelters requiring repair and upgrading.

At the close of the operation, residual shelter needs remained, particularly among households residing in partially damaged homes and vulnerable families with limited capacity to undertake repairs. Additional support for shelter rehabilitation, safer construction practices, and household recovery would contribute to strengthening resilience and reducing vulnerability to future flood events.

Livelihoods And Basic Needs

The floods significantly disrupted livelihoods and access to basic needs among affected communities, many of whom relied on agriculture, small-scale trading, and informal income-generating activities as their primary sources of food and income.

Assessments identified extensive crop losses, damage to agricultural tools and productive assets, and disruption of local markets and income-generating activities. For farming households, the loss of crops affected both immediate food availability and future income opportunities, increasing the risk of food insecurity and prolonged economic hardship.

A key gap identified was the limited capacity of affected households to absorb the economic impacts of the disaster. Many families experienced a loss of income while facing increased household expenses during the recovery period. Vulnerable groups, including female-headed households, older persons, persons with disabilities, and low-income families, faced heightened risks of food insecurity and reliance on negative coping strategies.

To address immediate needs, the operation provided two rounds of multipurpose cash assistance to 1,000 households, enabling affected families to access food, replace essential household items, meet healthcare costs, support water and hygiene needs, and address other priority expenditures. Post Distribution Monitoring findings indicated that the assistance helped stabilize household consumption, reduce financial stress, and support early recovery efforts.

While the operation addressed immediate food and basic needs, it was not designed to support comprehensive livelihood recovery. At the close of the operation, many households, particularly those dependent on agriculture, continued to face challenges restoring their livelihoods due to crop losses, damaged productive assets, and reduced income-earning opportunities. Recovery of agricultural production and household incomes requires longer-term support, including access to seeds, farming tools, livelihood restoration initiatives, and resilience-building interventions.

Consequently, livelihood recovery remained a significant residual need at the end of the operation, particularly for vulnerable households whose coping capacities had been severely affected by the floods and subsequent loss of income and productive assets.

Health

The floods created significant public health risks due to contaminated water sources, stagnant water, disrupted living conditions, and reduced access to basic services. These conditions increased the risk of waterborne diseases, including cholera and typhoid, as well as malaria and other vector-borne diseases.

Displaced households and families living in temporary accommodation faced additional health risks associated with overcrowding, limited access to safe water and sanitation facilities, and reduced availability of hygiene resources. These conditions increased the likelihood of disease transmission and other preventable health problems.

Children, pregnant and lactating women, older persons, persons with disabilities, and individuals with pre-existing health conditions were identified as particularly vulnerable due to increased health risks and potential barriers to accessing healthcare and health information.

A key gap identified was the need to strengthen community-based disease prevention, health promotion, and risk awareness activities. Limited access to accurate health information and preventive measures increased the potential for disease outbreaks and adverse health outcomes in affected communities.

Priority needs included community health education and hygiene promotion activities focused on the prevention of waterborne diseases, malaria, and other flood-related health risks. Communities also required access to information on safe water handling, good hygiene practices, early recognition of disease symptoms, and available healthcare services.

The assessments highlighted the need for integrated community-based health interventions to reduce immediate health risks, strengthen disease prevention efforts, and support affected populations during the transition from emergency response to early recovery.

Water, Sanitation And Hygiene

The floods significantly affected water, sanitation, and hygiene conditions in the affected communities. Floodwaters contaminated water sources, damaged sanitation facilities, and created conditions that increased the risk of waterborne diseases and other public health concerns.

Displaced households and host communities experienced additional pressure on already limited water and sanitation services, reducing access to safe drinking water and adequate hygiene facilities. Vulnerable groups, including children, pregnant and lactating women, older persons, and persons with disabilities, faced heightened challenges in accessing safe water and maintaining adequate hygiene practices.

A key gap identified was the limited availability of essential WASH supplies required to support affected households during the immediate aftermath of the floods. Priority needs included hygiene materials such as soap, water containers, and water treatment products to support safe water storage, household water treatment, and improved hygiene practices.

Assessments also identified the need to strengthen sanitation management and hygiene promotion activities. Communities required practical information on safe water handling, sanitation practices, and disease prevention measures to reduce health risks and support recovery efforts.

Addressing these WASH gaps was critical to reducing the risk of disease outbreaks, improving living conditions, and protecting the health and well-being of affected populations during the transition from emergency response to recovery.

Protection, Gender And Inclusion

The floods highlighted the need to ensure that humanitarian assistance was delivered in a safe, equitable, and inclusive manner, recognising that different groups were affected in different ways based on age, gender, disability, and socioeconomic status.

Assessments identified the need to better understand and address the specific vulnerabilities of women, children, older persons, persons with disabilities, female-headed households, and other at-risk groups. These groups faced increased challenges due to displacement, loss of assets, reduced mobility, caregiving responsibilities, and barriers to accessing assistance and services.

A key gap identified was the integration of gender, age, disability, and diversity considerations across all response activities. This included ensuring inclusive beneficiary selection processes, adapting assistance delivery mechanisms to meet diverse needs, and providing accessible communication to enable meaningful participation by all affected groups.

The assessments also highlighted the need for accessible and safe feedback mechanisms to allow affected people to raise concerns, provide feedback, and access assistance without discrimination. Particular attention was required to ensure dignity, privacy, and safe access to services for vulnerable individuals and households.

In addition, operational assessments identified the need for appropriate personal protective equipment (PPE) and safety materials for staff and volunteers working in flood-affected areas. Items such as boots, raincoats, flashlights, visibility materials, and megaphones were required to support the safe implementation of assessments, distributions, community engagement, and monitoring activities.

Strengthening PGI measures was therefore identified as a priority to ensure that the response remained people-centred, inclusive, and accountable, while reducing barriers to assistance and promoting the dignity and safety of affected populations.

Community Engagement And Accountability

The flood emergency highlighted the need for strengthened Community Engagement and Accountability (CEA) mechanisms to ensure that affected populations had access to timely, accurate, and accessible information throughout the response.

Affected communities required clear information on available assistance, targeting criteria, beneficiary selection processes, distribution arrangements, and available support services. Displacement and disruption of normal community structures increased the risk of information gaps and reduced opportunities for affected people to participate in decisions affecting their recovery.

Assessments also identified the need for stronger community participation to support inclusive and transparent identification of needs

and prioritization of assistance. Engagement with community leaders, local authorities, and affected populations was essential to ensure that response interventions reflected community priorities and reached the most vulnerable households.

An additional gap identified was the limited availability of accessible feedback and complaints mechanisms. Affected populations required safe and confidential channels to provide feedback, raise concerns, seek clarification, and report issues related to the response. Establishing community-based feedback mechanisms was therefore prioritized to strengthen accountability, transparency, and trust throughout the operation.

Overall, strengthening CEA was identified as a key priority to promote meaningful participation, improve two-way communication, enhance accountability to affected populations, and ensure that the response remained responsive to community needs and expectations.

Operational Strategy

Overall objective of the operation

The overall objective of the operation was to provide timely, effective, and dignified humanitarian assistance to 5,000 people (1,000 households) affected by the August 2025 floods in Bo, Falaba, Kenema, Koinadugu, and Bonthe districts of Sierra Leone. The operation sought to address immediate humanitarian needs, support early recovery, and strengthen the resilience of affected households to future climate-related shocks.

Based on identified needs and vulnerabilities, the response focused on shelter assistance, multipurpose cash assistance, water, sanitation and hygiene (WASH) promotion, disaster risk reduction and flood preparedness activities, and psychosocial support, including Psychological First Aid (PFA). Shelter support targeted 250 households, while multipurpose cash assistance was provided to 1,000 households to help meet their essential needs and support recovery.

Implemented over a five-month period, the operation combined emergency relief with early recovery interventions, enabling affected households to meet their basic needs, restore safe living conditions, reduce reliance on negative coping strategies, and recover from the impacts of the floods.

Particular attention was given to vulnerable groups, including displaced households, families with damaged homes, children, older persons, persons with disabilities, and female-headed households. Through a people-centred and needs-based approach, the operation contributed to reducing vulnerabilities, improving well-being, and supporting a more inclusive recovery for flood-affected communities.

Operation strategy rationale

The operation was designed to provide a timely, integrated, and needs-based response to the humanitarian impacts of the August 2025 floods while supporting early recovery and strengthening community resilience. The strategy was informed by rapid assessments, community consultations, coordination with government authorities and humanitarian partners, and lessons learned from previous Sierra Leone Red Cross Society (SLRCS) emergency operations.

The operation directly targeted 1,000 households (5,000 people) across Bo, Falaba, Kenema, Koinadugu, and Bonthe districts, prioritizing households whose homes and livelihoods had been affected, displaced families, and households with heightened vulnerabilities. Through a combination of cash assistance, shelter support, health, WASH, psychosocial support, community engagement, preparedness activities, and institutional strengthening, the operation enabled affected households to meet immediate needs, restore basic living conditions, and begin their recovery process.

Multipurpose Cash Assistance

Multipurpose Cash Assistance (MPCA) was selected as the primary response modality based on assessment findings, market functionality, community preferences, and previous SLRCS cash programming experience. Prior to implementation, Rapid Market Assessments confirmed the availability of essential commodities and the capacity of local markets to support a cash-based response. Continuous market monitoring was conducted throughout the operation to track prices and ensure the continued appropriateness of transfer values.

A total of 1,000 households received two rounds of multipurpose cash assistance amounting to NLe 4,700 (CHF 188) per household. The transfer value comprised NLe 2,500 for food and nutrition support, NLe 1,200 for replacement of essential household items, and NLe

1,000 to support WASH and hygiene-related needs. Cash transfers were delivered through an established Financial Service Provider (FSP), ensuring timely, secure, and accountable delivery.

Post Distribution Monitoring (PDM) findings confirmed that households primarily used the assistance to purchase food, replace household assets, meet hygiene and health-related needs, support children's education, and address other priority recovery expenditures. The intervention contributed to improved food consumption, reduced negative coping mechanisms, strengthened household purchasing power, and enabled affected families to make recovery decisions based on their individual priorities and circumstances while preserving dignity and choice.

Shelter Assistance

The shelter intervention focused on supporting households whose homes had been completely destroyed by the floods and who required assistance to restore safe and dignified living conditions.

A total of 250 households received NLe 6,450 (CHF 255) per household in shelter reconstruction support based on National Disaster Management Agency (NDMA) minimum shelter standards. The assistance enabled beneficiaries to purchase critical reconstruction materials, including roofing sheets, nails, and timber, through local markets.

The intervention was complemented by community sensitization, household follow-up visits, beneficiary engagement, and monitoring by SLRCS staff and volunteers to encourage safe rebuilding practices and support effective utilization of assistance. Through the intervention, 247 houses were reconstructed, while the remaining six houses were at the final stages of completion at the close of the operation.

The shelter response enabled affected households to move from temporary shelter arrangements towards safer and more secure housing, reducing displacement-related protection risks, restoring privacy and dignity, and supporting household recovery through locally led reconstruction.

Health and Psychosocial Support

The health intervention was designed to address increased public health risks associated with flooding, including malaria, waterborne diseases, communicable diseases, injuries, and psychosocial distress resulting from displacement, asset losses, and livelihood disruption.

A network of 200 trained volunteers delivered integrated community-based health services, including health promotion, disease prevention, first aid, psychosocial support, epidemic preparedness, and disease surveillance activities. Through awareness activities and household outreach, 5,870 people were reached with health and disease prevention messages, while 74 individuals received first aid services and 1,000 households benefited from psychosocial support and Psychological First Aid (PFA).

To reduce malaria risks, 1,000 households received mosquito nets accompanied by sensitization on proper use, symptom recognition, and early treatment-seeking behaviour. Community-based disease surveillance was strengthened through the use of the Nyss platform, enabling trained volunteers to report priority public health threats and support early warning systems.

Monitoring results showed that 91.3% of assessed households reported improved knowledge and adoption of recommended WASH and disease prevention practices, demonstrating positive behavioural change and increased community capacity to prevent and respond to public health risks.

Water, Sanitation and Hygiene (WASH)

The WASH strategy aimed to improve access to safe drinking water, strengthen hygiene practices, rehabilitate damaged water infrastructure, and reduce the risk of waterborne diseases in flood-affected communities.

Based on assessment findings, SLRCS rehabilitated four community hand-dug wells fitted with India Mark II hand pumps, including three in Falaba District and one in Bo District. The rehabilitation restored the functionality of critical community water sources affected by flooding and contamination. Monitoring visits confirmed that all rehabilitated water points were fully functional and being actively utilized by community members.

In parallel, volunteers conducted hygiene promotion and household outreach activities covering safe water collection, water treatment, storage practices, sanitation, environmental cleanliness, and disease prevention. Through these activities, 1,000 households improved access to safe drinking water through safer water treatment, storage, and handling practices, while 5,870 people were reached with hygiene and health promotion messages.

The operation also implemented six community sanitation campaigns to improve environmental sanitation, clear drainage systems, reduce stagnant water, and strengthen community participation in sanitation activities. Together, these interventions contributed to

improved access to safe water, healthier living conditions, reduced exposure to waterborne diseases, and strengthened community resilience.

Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI)

CEA and PGI were mainstreamed throughout the operation to ensure assistance remained people-centred, inclusive, accountable, and responsive to community priorities.

Community consultations, household visits, community meetings, beneficiary and non-beneficiary committees, awareness sessions, and accessible feedback and complaints mechanisms enabled affected populations to participate actively in the response. Trained volunteers applied CEA and PGI approaches across all sectors, ensuring that women, children, older persons, persons with disabilities, female-headed households, and other vulnerable groups were able to access assistance and participate meaningfully in decision-making processes.

The operation established functional feedback and complaints mechanisms in 98% of targeted communities, strengthening accountability and enabling community feedback to directly influence implementation, targeting verification, communication approaches, and service delivery. Through preparedness and awareness activities, 5,870 people were reached with flood prevention, early warning, and disaster preparedness messages, strengthening community resilience and preparedness for future emergencies.

Communication and Visibility

Communication and visibility activities were integrated throughout the operation to increase awareness of assistance, promote accountability, document results, and support public understanding of the response.

SLRCS utilized community engagement platforms, radio discussions, interviews, social media, and visibility materials to disseminate key information and provide updates on the operation. A documentary and human-interest stories were produced to showcase the experiences of flood-affected households, highlight volunteer contributions, and document operational achievements and lessons learned.

These efforts strengthened transparency, enhanced community awareness, supported accountability to stakeholders, and increased the visibility of humanitarian action at community and national levels.

National Society Strengthening

The operation significantly strengthened SLRCS institutional capacity, operational readiness, and emergency response systems.

The Emergency Operations Centre (EOC) was operationalized to support coordination, information management, monitoring, reporting, beneficiary tracking, and operational decision-making throughout the response. Continuous monitoring, including seven headquarters monitoring missions, strengthened quality assurance, accountability, and programme oversight.

A total of 35 staff members received Project Cycle Management (PCM) training, strengthening institutional capacities in project design, implementation, monitoring, reporting, risk management, and accountability. The operation also strengthened cash programming systems through market assessments, mobile money delivery mechanisms, beneficiary management processes, and Post Distribution Monitoring.

In addition, reporting systems, organizational learning processes, documentation, and emergency preparedness mechanisms were strengthened through a lessons learned workshop, operational reviews, and technical support from IFRC. These investments enhanced SLRCS's ability to coordinate and manage future humanitarian operations and climate-related emergencies.

Exit Strategy, Transition and Remaining Needs

As the operation concluded, responsibility for longer-term recovery transitioned to communities, local authorities, government institutions, humanitarian partners, and development actors. Preparedness, disaster risk reduction, and community resilience activities continue to be supported through existing SLRCS branch structures and volunteer networks.

While immediate humanitarian needs were largely addressed, residual needs remained, particularly among households affected by the loss of crops, agricultural inputs, and livelihood assets. Additional support is required to strengthen livelihood recovery, restore agricultural production, enhance household resilience, and support longer-term recovery among vulnerable communities.

Intended Change and Overall Impact

The operation combined emergency relief, early recovery, resilience-building, and institutional strengthening interventions to address

the immediate and longer-term impacts of the floods. Through cash assistance, shelter reconstruction, health and psychosocial support, WASH interventions, community engagement, and preparedness activities, affected households were able to meet essential needs, restore safer living conditions, reduce health and protection risks, and begin rebuilding their lives.

At the institutional level, the operation strengthened SLRCS operational systems, cash programming capacity, emergency coordination mechanisms, monitoring and reporting functions, accountability systems, and emergency preparedness capabilities. Collectively, these interventions enabled affected communities to recover more quickly and with greater dignity while enhancing the National Society's readiness and capacity to respond effectively to future climate-related emergencies.

Targeting Strategy

Who was targeted by this operation?

The operation targeted 1,000 households (approximately 5,000 people) identified as among the most severely affected and vulnerable following the August 2025 floods in the five priority districts of Bo, Falaba, Kenema, Koinadugu, and Bonthe. Targeting was based on the extent of flood impacts, household vulnerability, severity of humanitarian needs, and capacity to recover without external assistance.

The floods affected an estimated 2,216 households (11,080 people), resulting in significant losses of shelter, household assets, livelihoods, and access to essential services. Assessments identified approximately 660 damaged houses, including 250 houses that were completely destroyed and 410 partially damaged structures. Given the scale of needs compared to available resources, the operation applied a vulnerability-based approach to prioritize households facing the greatest barriers to recovery.

The operation targeted two main groups:

1,000 households receiving multipurpose cash assistance:
These households were selected based on the severity of flood impacts and their ability to meet essential needs. Selection criteria included loss of income sources, damage or loss of household assets, disruption of access to food and basic services, displacement, and overall vulnerability. The flexible nature of the assistance enabled households to prioritize their most urgent needs, including food, essential household items, and WASH-related requirements, according to their individual circumstances.

250 households receiving shelter assistance:
These households were selected from among families whose homes were completely destroyed by the floods and who required urgent support to restore safe living conditions. Shelter cash assistance was designed to enable affected families to purchase locally appropriate construction materials and begin restoring safer and more dignified living environments.

The targeting process placed particular emphasis on households with heightened vulnerabilities, including those with children, older persons, pregnant and lactating women, persons with disabilities, female-headed households, limited income sources, and families experiencing displacement or significant asset losses. These groups were prioritized because they often faced greater challenges accessing assistance, rebuilding livelihoods, and recovering independently after the disaster.

To promote fair and transparent selection, the Sierra Leone Red Cross Society (SLRCS) applied a community-based targeting approach involving local authorities, community leaders, and community representatives. Household registration and profiling captured information on household composition, housing conditions, livelihood losses, income sources, and specific vulnerabilities. This process enabled SLRCS to identify households most in need and prioritize assistance based on assessed vulnerability rather than general disaster impact alone.

Community Engagement and Accountability (CEA) mechanisms were integrated throughout the targeting process to ensure that communities understood selection criteria, had opportunities to provide feedback, and could raise concerns related to inclusion or exclusion. Beneficiary committees and community communication channels supported transparency, strengthened trust, and helped ensure that assistance reached households facing the greatest needs.

Through this targeted approach, the operation maximized the impact of available resources while maintaining SLRCS commitments to impartiality, neutrality, dignity, and equitable access. The approach ensured that limited humanitarian assistance was directed toward households with the highest vulnerability and greatest need for support during the recovery period.

Explain the selection criteria for the targeted population

The selection criteria for this operation were developed to ensure that humanitarian assistance reached households experiencing the greatest levels of flood-related impact, vulnerability, and barriers to recovery. The approach combined an assessment of disaster impacts with vulnerability considerations to identify households most in need of support following the August 2025 floods.

The criteria were developed through consultation with relevant stakeholders, including affected communities, community representatives, district authorities, and the National Disaster Management Agency (NDMA), while drawing on Sierra Leone Red Cross Society (SLRCS) experience from previous emergency response operations. Given the scale of the disaster and the resources available, the operation prioritized households whose ability to meet basic needs, restore livelihoods, and recover safely had been significantly compromised.

The selection process considered both the extent of losses experienced and the household's capacity to cope with the impacts of the floods. The main impact-based criteria included:

Households experiencing loss of essential household items:
Priority was given to households that had lost basic household belongings, including sleeping materials, cooking utensils, water containers, and other essential items required for daily living. These losses directly affected households' ability to restore normal living conditions and maintain dignity following the disaster.

Households experiencing loss of livelihood assets:
Households that lost crops, farming tools, livestock, or other productive assets were prioritized due to the impact of these losses on income generation, food security, and longer-term recovery prospects.

Households experiencing loss or damage to water storage facilities:
Households whose water containers or related facilities were damaged were considered at increased risk due to challenges in accessing safe water, maintaining hygiene practices, and preventing water-related illnesses after flooding.

Households with damaged or destroyed homes:
Households whose shelters were partially or completely damaged were prioritized, particularly those unable to restore safe living conditions without external assistance. These households were considered for shelter support based on the severity of damage and level of vulnerability.

In addition to assessing physical losses, the operation applied vulnerability-based criteria to identify households with reduced coping capacity and increased barriers to recovery. Priority consideration was given to:

- Households classified as poor or near-poor through available assessments and community validation;
- Households that had not received, or had received limited, assistance from other humanitarian actors;
- Households with limited or unreliable income sources and reduced livelihood options;
- Households including persons with disabilities or individuals living with chronic illnesses who may face additional challenges accessing support and recovering from the disaster;
- Female-headed households, considering potential barriers related to access to resources, caregiving responsibilities, and decision-making;
- Households with pregnant or lactating women due to increased health and nutrition considerations;
- Households with older persons, particularly those above 65 years, who may face mobility, protection, and assistance access challenges;
- Households with children under five years of age due to increased vulnerability to health, nutrition, and protection risks following emergencies.

Protection, Gender and Inclusion (PGI) considerations were integrated throughout the selection process to reduce the risk of exclusion and ensure that assistance was accessible to vulnerable groups. Community engagement mechanisms supported validation of household information, promoted transparency, and provided opportunities for affected populations to raise concerns, provide feedback, or report potential inclusion and exclusion issues.

Combining flood impact assessment with vulnerability-based prioritization, the operation ensured that available resources were directed toward households facing the greatest humanitarian needs. This approach strengthened the relevance, fairness, and accountability of the response by addressing both immediate losses and the underlying vulnerabilities that could delay recovery among the most affected households.

Total Assisted Population

Assisted Women	2,994	Rural	100%
Assisted Girls (under 18)	-	Urban	-
Assisted Men	2,876	People with disabilities (estimated)	7%
Assisted Boys (under 18)	-		
Total Assisted Population	5,870		
Total Targeted Population	5,000		

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?	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
The recurrence of flooding incidents in these districts highlights a high-risk pattern that must be factored into planning. These areas are prone to repeated exposure due to their geographical and environmental conditions, such as low-lying terrain, poor drainage, and proximity to water bodies.	SLRCS strengthened community preparedness and early warning capacity by maintaining coordination with the Sierra Leone Meteorological Agency (SLMeT) and supporting the dissemination of relevant weather and flood alerts to trained community-based volunteers, local authorities, and other stakeholders. Flood risk awareness, early warning messages, preparedness measures, and safe actions before and during flood events were integrated into community sensitization sessions and engagement activities. Particular attention was given to highly exposed communities, including those in Bonthe District and other flood-prone areas, to strengthen their ability to anticipate risks, take timely protective actions, and reduce the impacts of future flooding. These measures contributed to

	improved community awareness, strengthened early action capacity, and enhanced preparedness for recurring climate-related hazards.
Present Economic Challenges, especially high and unstable inflation may increase the cost of basic commodities and the general cost of the response.	SLRCS strengthened market monitoring, financial planning, and adaptive management measures to mitigate the risks associated with inflation and price volatility. The Cash and Voucher Assistance (CVA) team conducted Rapid Market Assessments prior to establishing transfer values to assess market functionality, price trends, availability of essential commodities, and household needs, while regular market monitoring helped identify changes that could affect the relevance of assistance. The procurement team also prioritized early planning and timely acquisition of required goods and services to minimize the impact of further price increases and supply chain disruptions. These measures enabled SLRCS to adjust approaches where necessary, maintain the adequacy and purchasing power of cash assistance, ensure value for money, and support the timely delivery of humanitarian assistance to affected households.
Inadequate community engagement on planned activities may be a source of conflict.	SLRCS strengthened Community Engagement and Accountability (CEA) mechanisms throughout the operation to ensure that affected communities were adequately informed, consulted, and involved in key response processes. Trained staff and volunteers engaged community leaders, beneficiary representatives, and affected households to clearly communicate the scope of assistance, eligibility criteria, targeting methodology, distribution processes, and timelines before implementation of key activities, including cash assistance and household support. Accessible feedback and complaints mechanisms were established to enable communities to raise concerns, seek clarification, and provide feedback throughout the response. These measures enhanced transparency, promoted community ownership, reduced misinformation and potential tensions, strengthened trust between SLRCS and affected populations, and supported a more inclusive, accountable, and conflict-sensitive humanitarian response.

Please indicate any security and safety concerns for this operation:

No major security or safety incidents were reported during the operation. However, the flood response was implemented in an environment that presented potential risks to affected communities, volunteers, staff, and operational assets.

Flood-affected populations, particularly women, children, older persons, persons with disabilities, and displaced households, faced heightened protection risks due to displacement, loss of shelter, and disruption of community support systems. In addition, operational activities were conducted in areas affected by damaged infrastructure, difficult terrain, contaminated floodwaters, and restricted access, creating potential health and safety risks for response teams.

To mitigate these risks, SLRCS implemented appropriate security and safety measures throughout the operation. Staff and volunteers received security and safety briefings covering personal security, safe movement, safer access, and community engagement. Visibility materials and Red Cross identification were used during field activities to enhance acceptance and recognition within communities.

Community Engagement and Accountability (CEA) approaches were integrated throughout the response to ensure clear communication regarding assistance criteria, targeting processes, and available feedback mechanisms. This helped minimize the risk of misinformation, community tensions, and misunderstandings related to the response.

SLRCS, with support from IFRC, maintained continuous monitoring of security and access conditions and coordinated closely with local authorities, community leaders, and other stakeholders to ensure safe access to affected communities. These measures enabled the operation to be implemented safely and effectively while maintaining humanitarian principles and ensuring that assistance remained accessible to affected populations.

Has the child safeguarding risk analysis assessment been completed?	No

Implementation

Shelter Housing And Settlements

Budget: CHF 65,571
Targeted Persons: 1,250
Assisted Persons: 1,250
Targeted Male: 612
Targeted Female: 638

Indicators

Title	Target	Actual
# of households provided with cash for reconstruction of damage houses	250	250
% of households satisfied with the cash provided for reconstruction of damaged houses	80	96
% of households using cash for the purpose it was provided	80	96

Narrative description of achievements

To support households whose homes were destroyed by the floods, the Sierra Leone Red Cross Society (SLRCS) implemented a cash-based shelter recovery intervention targeting the most affected families across the districts of Bonthe, Kenema, Bo, Falaba, and Koinadugu. Prior to implementation, market assessments and regular price monitoring were conducted to determine the feasibility of a cash-based approach and establish an appropriate transfer value based on the availability and cost of essential construction materials. Findings confirmed that local markets were functional and had sufficient stocks of key shelter materials, allowing affected households to access reconstruction materials locally without disrupting market supply.

SLRCS conducted household registration and verification to identify families whose homes had been destroyed by the floods and who required support to rebuild. Household-level assessments were undertaken to verify shelter damage and vulnerability, ensuring that assistance reached households with the greatest shelter recovery needs and limited capacity to recover independently. The process also promoted transparency and accountability through community validation and engagement with local authorities and community leaders.

Community sensitization sessions were conducted throughout the intervention to explain programme objectives, beneficiary selection criteria, cash transfer processes, feedback mechanisms, and safe rebuilding practices. These sessions provided opportunities for communities to raise questions, share concerns, and better understand the assistance process, contributing to increased transparency and community confidence in the response.

A total of 250 households whose homes had been destroyed by the floods received shelter cash assistance valued at NLE 6,450 (CHF 255) per household, based on the National Disaster Management Agency (NDMA) minimum shelter standards. Beneficiaries were distributed across the targeted districts as follows: Bonthe (39 households), Kenema (44 households), Bo (57 households), Falaba (61 households), and Koinadugu (49 households).

The cash grant was designed to enable households to procure the essential construction materials required to rebuild their homes. The support covered roofing zinc sheets (NLE 4,500), roofing nails (NLE 750), 4-inch wire nails (NLE 250), 3-inch wire nails (NLE 250), and sticks/timber (NLE 700). Monitoring visits confirmed that the majority of households purchased these materials and commenced reconstruction shortly after receiving the assistance. The cash-based approach allowed families to source materials directly from local markets according to their reconstruction schedules while supporting local suppliers and traders affected by the floods.

Safe shelter messaging was integrated throughout implementation. During community meetings and household follow-up visits, volunteers provided practical guidance on safer reconstruction practices, including proper installation of roofing materials, correct use of construction materials, and measures to improve the durability and safety of rebuilt structures. These engagements encouraged households to apply safer construction practices during reconstruction and reduce future vulnerability to flooding and severe weather conditions.

SLRCS volunteers conducted regular monitoring visits throughout the shelter recovery period to assess reconstruction progress, provide technical guidance, collect beneficiary feedback, and identify challenges faced by affected households. Monitoring visits observed that beneficiaries were able to access required construction materials from local markets and were actively engaged in rebuilding their homes. The visits also provided opportunities to reinforce safe construction messages and address concerns raised by households during the reconstruction process.

Post-distribution monitoring (PDM) was conducted to assess the effectiveness, relevance, and utilization of the shelter assistance. Findings showed that 97.4% of households used the cash assistance for its intended shelter reconstruction purpose, while 96.1% reported satisfaction with the assistance received.

Follow-up monitoring and PDM findings further demonstrated strong reconstruction progress among beneficiary households. More than 95% of sampled households had either completed rebuilding their homes or were in the final stages of reconstruction at the time of assessment. The remaining approximately 5% had already procured the required construction materials and were progressing with reconstruction works prior to completing roofing installation, indicating that all assessed households had initiated recovery activities using the assistance provided.

Monitoring findings confirmed that beneficiaries primarily purchased the materials included within the shelter package, namely roofing zinc sheets, roofing nails, 3-inch wire nails, 4-inch wire nails, and sticks/timber, enabling them to restore safe shelter conditions and protect their families from further exposure to weather-related risks.

Among the small proportion of households that did not fully utilize the cash assistance for shelter reconstruction, beneficiaries reported diverting part of the funds to address urgent competing needs, including medical treatment, and other essential family requirements arising during the recovery period. Similarly, the 3.9% of households who expressed dissatisfaction with the assistance cited delays in receiving the cash transfer and expectations for additional support beyond the value provided.

Overall, the shelter intervention made a significant contribution to household recovery by enabling 250 flood-affected households to

rebuild homes destroyed by the floods and restore safer living conditions. Through the provision of NLE 6,450 in shelter reconstruction assistance per household, affected families were able to access essential construction materials and undertake reconstruction in line with their specific needs and priorities. Monitoring and PDM findings demonstrated high levels of appropriate use of the assistance, strong beneficiary satisfaction, and substantial progress in reconstruction, confirming the effectiveness of the cash-based shelter approach in supporting household-led recovery following the floods.

Lessons Learnt

The operation confirmed the effectiveness of cash-based shelter assistance in supporting household-led recovery where local markets remain functional and construction materials are available. The flexibility of the cash modality enabled households to prioritize reconstruction according to their specific needs while maintaining dignity and ownership of the recovery process.

The intervention underscored the importance of conducting market assessments before implementation and maintaining continuous market monitoring throughout the operation. Regular monitoring of material prices helped ensure that transfer values remained relevant and responsive to changing market conditions. Future shelter interventions should continue integrating market analysis and contingency planning for potential price increases, particularly in remote areas where supply chains may be more vulnerable to disruption.

The operation also demonstrated the value of combining cash assistance with community engagement, technical guidance, and regular monitoring. Community sensitization and transparent communication strengthened understanding of the intervention and reduced concerns related to beneficiary selection and assistance allocation. At the same time, volunteer follow-up visits and safe construction messaging helped households make effective use of the support received and encouraged safer rebuilding practices.

A key lesson learned was that shelter recovery is often influenced by broader household recovery needs. Some households prioritized urgent expenditures such as healthcare, education, and livelihood recovery alongside reconstruction activities. Future shelter programmes should continue exploring opportunities to link shelter assistance with broader recovery and resilience interventions to better support households facing multiple post-disaster recovery challenges.

The intervention further highlighted the importance of integrating disaster risk reduction and resilient construction messaging into shelter recovery programming. Encouraging households to apply safer rebuilding practices during reconstruction can contribute to stronger, more resilient shelters and reduce vulnerability to future flood events and other climate-related hazards.

Challenges

Implementation of shelter activities was affected by access constraints in some flood-affected communities due to damaged roads, difficult terrain, and limited transportation options following the disaster. These challenges delayed some monitoring and follow-up visits, particularly in hard-to-reach locations, affecting the timely verification of reconstruction progress. SLRCS mitigated this by adapting field movement plans, coordinating with community leaders, and utilizing local volunteers to maintain communication with beneficiaries and provide reconstruction updates.

Fluctuations in the prices of construction materials, particularly roofing zinc sheets, timber, and nails, also affected implementation. Rising prices reduced the purchasing power of some households and slowed reconstruction progress for a small number of beneficiaries. Continuous market monitoring enabled SLRCS to track price trends and maintain the appropriateness of the shelter transfer value throughout implementation.

In addition, some households faced competing recovery priorities beyond shelter reconstruction, including medical expenses, school-related costs, and loss of livelihoods. As reflected in post-distribution monitoring findings, these competing needs contributed to the small proportion of households that did not fully utilize the shelter cash assistance for its intended purpose and delayed reconstruction for some families.

Despite these challenges, follow-up monitoring and post-distribution monitoring found that more than 95% of sampled households had completed or were close to completing reconstruction, while the remaining households had procured construction materials and were actively progressing with rebuilding activities. Continued beneficiary engagement, market monitoring, and volunteer follow-up support helped minimize the impact of these challenges on shelter recovery outcomes.

Multi Purpose Cash

Budget: CHF 180,537
Targeted Persons: 5,000

Assisted Persons: 5,000
Targeted Male: 2,450
Targeted Female: 2,550

Indicators

Title	Target	Actual
# of HHs supported with multi-purpose cash to cover food and WASH items transfer to support basic needs and food	1,000	1,000
# of volunteers trained on cash transfer and household registration using Kobo Collect platform	50	50
# of volunteers deployed to monitor cash transfer activities	50	50
% of beneficiaries reporting receipt and correct use of cash according to their needs	80	98

Narrative description of achievements

To support households affected by the floods in meeting their immediate needs and facilitate early recovery, the Sierra Leone Red Cross Society (SLRCS) implemented a multipurpose cash assistance programme targeting the most vulnerable households across the affected districts. The intervention was designed based on market assessments conducted in the operational areas, which confirmed that local markets remained functional, essential goods were available, and a cash-based approach was appropriate for enabling households to meet their priority needs while supporting local market recovery.

To support implementation, SLRCS trained 50 volunteers on Cash and Voucher Assistance (CVA), beneficiary registration and verification procedures, use of the Kobo Collect platform, accountability mechanisms, data protection, community engagement approaches, and mobile money sensitization. The trained volunteers supported household registration, beneficiary verification, community awareness activities, and sensitization on cash transfer procedures throughout the operation. Those 50 volunteers were deployed to monitor cash transfer activities, provide beneficiary support, collect feedback, and support post-distribution monitoring.

Beneficiary registration and verification were conducted using Kobo Collect to ensure an accurate and accountable targeting process. Household assessments considered flood-related losses, household composition, livelihood impacts, vulnerability factors, and priority recovery needs. The use of digital data collection tools improved data quality, reduced duplication risks, and facilitated effective monitoring and reporting throughout the operation.

To strengthen transparency and community ownership, SLRCS established community-based targeting committees and conducted sensitization meetings with beneficiaries, local leaders, and community representatives. These meetings explained eligibility criteria, targeting processes, transfer mechanisms, community feedback channels, and the intended use of the assistance. Beneficiaries were also provided with information on mobile money procedures and available support channels should any challenges arise during the transfer process.

A total of 1,000 flood-affected households received two rounds of multipurpose cash assistance amounting to NLE 4,700 (CHF 188) per household through an established Financial Service Provider (FSP). The assistance was designed to support immediate household recovery and enable affected families to address priority food, household, and WASH needs resulting from the floods.

The transfer value comprised NLE 2,500 (CHF 100) for food and nutritional support, calculated based on the local expenditure basket for a two-month period and covering key food commodities including cereals (NLE 1,835), pulses (NLE 435), vegetable oil (NLE 221), and salt (NLE 9). An additional NLE 1,200 was provided to support replacement of essential household items such as bedsheets, drinking buckets, laundry bowls, cooking utensils, cups, sleeping mats, and blankets. A further NLE 1,000 was allocated to support WASH needs through the purchase of items such as buckets with lids, jerry cans, soap, chlorine, and hygiene materials.

Prior to each transfer, trained volunteers conducted community sensitization and supported beneficiaries in understanding mobile money procedures, including how to receive, access, and safely utilize the funds. This support was particularly important for households

with limited experience using digital financial services and contributed to a smooth distribution process.

Throughout implementation, 50 volunteers monitored cash transfer activities and maintained regular communication with beneficiary households. Monitoring activities assessed receipt of transfers, functionality of the payment mechanism, utilization of assistance, beneficiary satisfaction, and any challenges encountered during implementation. Monitoring findings confirmed that beneficiaries successfully received their transfers and that no major issues affected the overall distribution process.

Post-distribution monitoring (PDM) was conducted to assess the effectiveness, relevance, and utilization of the cash assistance. Findings demonstrated that 98.3% of beneficiaries reported receiving and utilizing the cash assistance according to their priority needs and the intended objectives of the intervention. Household expenditure patterns largely reflected the programme design assumptions, with beneficiaries primarily using the cash assistance to purchase food commodities, replace essential household items lost during the floods, and acquire hygiene and sanitation materials required to restore safe living conditions.

Beneficiary feedback indicated that the flexibility of the cash assistance was the most valued aspect of the intervention. Households reported appreciating the ability to prioritize expenditures according to their specific circumstances while maintaining dignity and control over recovery decisions. Many beneficiaries noted that the combination of food, household item, and WASH support enabled them to address multiple recovery needs simultaneously without relying on negative coping mechanisms.

A small proportion of households reported challenges during implementation, primarily related to mobile money transaction delays and network connectivity issues, which were addressed through follow-up support from volunteers and the Financial Service Provider. Monitoring and feedback mechanisms enabled these issues to be resolved in a timely manner, minimizing disruption to the assistance process.

Overall, the multipurpose cash intervention contributed significantly to the recovery of 1,000 flood-affected households by enabling families to meet immediate food, household, and WASH needs during the critical recovery period. Through two rounds of cash assistance valued at NLE 4,700 per household, affected families improved access to food, replaced essential household assets, addressed priority hygiene needs, and strengthened their ability to recover from flood-related losses. Monitoring findings confirmed that the cash-based approach was effective and appropriate, with 98.3% of households reporting utilization of the assistance in line with their priority needs and programme objectives. The intervention also contributed to local market recovery by increasing household purchasing power and demand for locally available goods while preserving beneficiary dignity, choice, and flexibility. Furthermore, the operation strengthened SLRCS capacity to implement future cash-based responses through enhanced volunteer skills, improved beneficiary management systems, and practical experience in mobile money programming.

Lessons Learnt

- The operation demonstrated the importance of investing in Cash and Voucher Assistance (CVA) capacity prior to implementation. The deployment of 200 trained volunteers significantly strengthened beneficiary registration, verification, sensitization, community engagement, and monitoring activities, contributing to the overall effectiveness of the intervention. Future emergency cash responses should continue prioritizing volunteer CVA training and preparedness to improve implementation efficiency and accountability.

- The use of digital registration tools, particularly Kobo Collect, improved data quality, transparency, and beneficiary management throughout the operation. Digital data collection reduced duplication risks, strengthened verification processes, and supported timely monitoring and reporting. Future operations should continue investing in digital data systems and provide refresher training to volunteers to maximize their effectiveness during emergency responses.

- The operation reinforced the importance of community participation in beneficiary targeting and programme implementation. The involvement of community representatives and targeting committees increased transparency, strengthened acceptance of the response, and reduced concerns related to beneficiary selection. Future cash interventions should continue ensuring meaningful community participation throughout the programme cycle.

- Market assessments and continuous price monitoring proved critical in ensuring that cash assistance remained appropriate and responsive to household needs. Regular monitoring enabled SLRCS to track changing market conditions and maintain confidence in the suitability of the cash-based approach. Future CVA interventions should continue integrating market analysis, risk monitoring, and adaptive programming to maintain the effectiveness and relevance of cash assistance in dynamic emergency contexts.

- The intervention also highlighted the importance of providing beneficiary support for digital payment mechanisms, particularly in communities with limited experience using mobile money services. Early sensitization, practical demonstrations, and volunteer support contributed to smooth cash delivery and improved beneficiary confidence in accessing assistance. Future cash programmes should continue incorporating digital financial literacy support as part of cash assistance implementation.

Challenges

Implementation of the multi-purpose cash assistance intervention was affected by access constraints in some flood-affected communities, particularly in remote areas where damaged roads, difficult terrain, and seasonal conditions limited movement of field teams. These challenges affected the timing of beneficiary registration, community sensitization activities, distribution support, and monitoring visits. SLRCS mitigated these constraints by utilizing its network of trained community-based volunteers, working closely with community leaders, and adapting field deployment plans to ensure continued engagement with beneficiaries in hard-to-reach locations.

Limited familiarity with mobile money services among some beneficiaries created additional challenges during cash delivery. A small number of households required additional guidance to access and utilize their transfers, particularly elderly beneficiaries and those with limited prior experience using digital financial services. To address this, trained volunteers provided hands-on support during sensitization sessions and follow-up visits, helping beneficiaries understand mobile money procedures, safely access transfers, and resolve transaction-related issues. This support contributed to the successful delivery of assistance and minimized barriers to accessing cash transfers.

Health

Budget: CHF 37,733
Targeted Persons: 5,870
Assisted Persons: 5,870
Targeted Male: 2,876
Targeted Female: 2,994

Indicators

Title	Target	Actual
# of volunteers trained on FA, PSS, EPIC and health promotion, Nyss platform, CEA and use of mosquito nets	200	200
# of affected households receiving mosquito nets	1,000	1,000
# of community health and hygiene awareness sessions conducted with participation from targeted households	36	42
% of targeted households reporting improved knowledge and practices on WASH and disease prevention	70	91

Narrative description of achievements

To address the increased public health risks associated with the floods, the Sierra Leone Red Cross Society (SLRCS) implemented an integrated health intervention combining health promotion, disease prevention, community-based surveillance, first aid, psychosocial support (PSS), and malaria prevention activities. Through these interventions, 5,870 people were reached with health, hygiene, psychosocial support, and disease prevention services across the targeted districts. The intervention aimed to reduce the risk of disease outbreaks, strengthen community awareness of priority health risks, and improve access to community-based health and psychosocial support services during the recovery period.

To support implementation, 200 volunteers received a four-day integrated training covering First Aid (FA), Psychosocial Support (PSS), Epidemic Preparedness and Control (EPIC), Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), the Nyss community-based surveillance platform, health promotion, and malaria prevention. The trained volunteers were subsequently deployed across the seven operational districts to deliver community-based health services and support response activities.

Community health promotion formed a central component of the intervention. Volunteers conducted 42 community health and hygiene awareness sessions across the targeted districts and carried out household outreach activities focusing on malaria prevention, diarrhoeal

disease prevention, safe water handling and storage, handwashing, environmental sanitation, disease recognition, and referral pathways for medical care. Through these activities, 5,870 people were reached with key public health messages and awareness sessions, increasing knowledge of flood-related health risks and promoting the adoption of preventive health practices among affected households.

To reduce malaria risks associated with stagnant floodwaters and increased mosquito breeding, 1,000 households received mosquito nets accompanied by demonstrations and sensitization sessions on proper use, maintenance, recognition of malaria symptoms, and early treatment-seeking behaviour. Particular attention was given to children, pregnant women, older persons, and other vulnerable groups at heightened risk of malaria.

SLRCS also provided direct community-based health services throughout the operation. A total of 74 individuals received first aid support for minor injuries and health conditions identified during community outreach and engagement activities. Individuals requiring further medical attention were referred to nearby health facilities through established referral pathways, contributing to early treatment and preventing further deterioration of health conditions.

Psychosocial support was integrated throughout the response to address emotional distress associated with displacement, loss of property, disruption of livelihoods, and uncertainty following the disaster. Through household visits, supportive conversations, and Psychological First Aid (PFA), 1,000 households received psychosocial support services during the operation. Particular attention was given to children, older persons, persons with disabilities, and households that had experienced significant losses. To strengthen the quality and consistency of service delivery, 21 supportive supervision visits were conducted across the seven operational districts, providing technical guidance and coaching to volunteers.

Community-based disease surveillance was strengthened through the deployment of trained volunteers using the Nyss community surveillance platform. Volunteers monitored and reported priority public health threats, including malaria, acute watery diarrhoea/cholera, measles, and other epidemic-prone diseases. The platform enabled the timely reporting of health alerts and unusual health events, supporting early warning, information sharing, and coordination with health authorities throughout the response.

To assess the effectiveness of health and hygiene promotion activities, SLRCS conducted post-intervention household monitoring visits and follow-up assessments among targeted households during the implementation period. The assessment examined beneficiary knowledge and reported practices related to key messages promoted through community outreach activities, including handwashing, safe water handling and storage, household water treatment, environmental sanitation, mosquito net utilization, malaria prevention, and timely health-seeking behaviour. Findings showed that 91.3% of assessed households reported improved knowledge and adoption of recommended WASH and disease prevention practices compared to their understanding and behaviours at the start of the intervention. The findings were generated through household visits and community follow-up activities conducted by trained volunteers across the targeted districts. The results demonstrate that the health and hygiene promotion activities contributed to positive behavioural change, strengthened disease prevention practices, and increased community awareness of flood-related health risks and preventive measures.

Overall, the health intervention contributed to reducing public health risks, improving disease prevention behaviours, strengthening psychosocial well-being, and enhancing community awareness of priority health concerns among flood-affected populations. Through the training and deployment of 200 volunteers, the provision of first aid services to 74 individuals, psychosocial support reaching 1,000 households, mosquito net distribution to 1,000 households, implementation of 42 community awareness sessions, and health and hygiene promotion activities reaching 5,870 people, the intervention strengthened both community resilience and SLRCS capacity to respond to future public health emergencies and disasters.

Lessons Learnt

- The operation demonstrated the importance of integrating health promotion, disease prevention, first aid, psychosocial support, and community-based disease surveillance within a coordinated flood response. Addressing both physical and emotional health needs through a comprehensive approach improved the relevance and effectiveness of assistance provided to affected communities and contributed to better recovery outcomes.

- The intervention reinforced the value of providing integrated training for volunteers across multiple technical areas, including First Aid (FA), Psychosocial Support (PSS), Epidemic Preparedness and Control (EPIC), Community Engagement and Accountability (CEA), Protection, Gender and Inclusion (PGI), the Nyss surveillance platform, and health promotion. This approach enabled volunteers to provide a broader range of support to communities and strengthened SLRCS's capacity to respond to complex emergencies. Future preparedness initiatives should continue prioritizing multidisciplinary volunteer training.

- The operation also highlighted the importance of early and sustained investment in community health awareness during flood emergencies. Health messages delivered through trusted community volunteers contributed to improved knowledge and adoption of disease prevention measures, as reflected by the 91.3% of targeted households reporting improved knowledge and practices related to WASH and disease prevention. Future responses should continue investing in community-based health promotion from the onset of emergencies to support positive behavioural change and reduce disease risks.

• The use of the Nyss community-based surveillance platform demonstrated the value of strengthening local disease monitoring and early warning systems during emergencies. Trained volunteers were able to identify and report health alerts using community case definitions, improving situational awareness and supporting timely follow-up of suspected disease events. Future operations should continue strengthening community-based surveillance systems and volunteer capacity in epidemic preparedness and early warning.

• The response further demonstrated the importance of maintaining trained volunteer networks and strengthening referral pathways to ensure continuity of support for individuals requiring additional medical or psychosocial assistance. Investing in community-based responder capacity remains essential for ensuring timely, accessible, and inclusive health services during future emergencies.

Challenges

The increased risk of disease transmission following the floods required sustained community engagement and repeated health promotion efforts. Promoting behaviour change related to handwashing, safe water use, mosquito net utilization, environmental sanitation, and early health-seeking behaviour proved challenging, particularly in communities facing multiple recovery pressures. To address this, SLRCS maintained regular awareness activities through trained volunteers, household visits, community meetings, and health promotion sessions, reinforcing key prevention messages and responding to emerging health concerns identified through community surveillance and feedback mechanisms.

The operation also found that many affected families experienced prolonged emotional distress linked to the loss of homes, livelihoods, household assets, and uncertainty during the recovery process. These psychosocial challenges extended beyond the immediate emergency phase and required continued support throughout implementation. SLRCS addressed this by maintaining psychosocial support activities through trained volunteers who provided psychological first aid, supportive conversations, follow-up visits, and referrals for individuals requiring additional support. The 21 supportive supervision sessions conducted across the operational districts also helped strengthen the quality and consistency of psychosocial support services provided by volunteers.

Water, Sanitation And Hygiene

Budget: CHF 6,413
Targeted Persons: 5,870
Assisted Persons: 5,870
Targeted Male: 2,876
Targeted Female: 2,994

Indicators

Title	Target	Actual
% of targeted households, which receive support in terms of health promotion and hygiene awareness	80	94
# of households having access to safe drinking water	1,000	1,000
# of people reached with key messages of health promotion and personal and community hygiene	5,000	5,870

Narrative description of achievements

To address public health risks arising from the floods, the Sierra Leone Red Cross Society (SLRCS) implemented an integrated Water, Sanitation and Hygiene (WASH) intervention focused on improving access to safe drinking water, promoting positive hygiene behaviours, strengthening community sanitation practices, rehabilitating damaged water infrastructure, and reducing the risk of waterborne diseases among affected populations.

An initial WASH assessment conducted in flood-affected communities identified contamination risks affecting water sources, including

shallow wells, hand-dug wells, and open water points exposed to floodwaters. Additional challenges included damaged sanitation facilities, stagnant water accumulation, blocked drainage channels, poor waste management, and limited access to hygiene materials. The findings informed the design and targeting of the WASH response.

Following the assessment, SLRCS identified damage to several community water sources in affected areas. The assessment, conducted by the National Society's WASH Coordinator, confirmed that a number of hand-dug wells serving as primary drinking water sources had been affected by flooding and contamination. Based on the severity of needs and available resources, four hand-dug wells were prioritized for rehabilitation, including three in Falaba District and one in Bo District, where access to safe drinking water had been significantly disrupted.

To restore access to safe drinking water, SLRCS rehabilitated the four hand-dug wells and installed India Mark II hand pumps. A contractor was recruited through a competitive bidding process in accordance with SLRCS procurement policies and procedures. Prior to commencement of the works, the contractor conducted detailed site assessments covering topography, accessibility during both dry and rainy seasons, transportation requirements, and the availability of construction materials required for rehabilitation.

The rehabilitation works commenced within seven days of contract signing and were completed within 60 days, including the mobilization period, during the second and third months of the operation. The intervention restored the functionality of four community water points that had been affected by flooding and contamination, re-establishing access to safe and reliable water sources in targeted communities.

The rehabilitation of the four hand-dug wells, equipped with India Mark II hand pumps, improved the availability and reliability of safe drinking water for flood-affected communities in Falaba and Bo districts. The restored water points enabled community members to access protected water sources closer to their homes, reducing reliance on unsafe or contaminated alternatives. Monitoring visits conducted following rehabilitation confirmed that all four water points were fully functional and being utilized by community members. The intervention complemented household water treatment and hygiene promotion activities, contributing to improved access to safe water and reducing exposure to waterborne disease risks during the recovery period.

To support implementation, 200 volunteers were trained on hygiene promotion, waterborne disease prevention, menstrual hygiene management, Epidemic Control for Volunteers (ECV), safe water handling and storage, household water treatment methods, and the use of water treatment products. The trained volunteers subsequently led community outreach, awareness sessions, household visits, and sanitation activities throughout the operation.

Community-based awareness and household education formed a core component of the intervention. Volunteers conducted household visits, group discussions, and community awareness sessions focusing on safe water collection and storage, household water treatment, handwashing practices, environmental sanitation, waste management, and prevention of waterborne diseases such as cholera, typhoid, and acute diarrhoeal diseases. Particular attention was given to households with children, older persons, pregnant women, and persons with disabilities.

Access to safe drinking water was further strengthened through a combination of hygiene promotion, household training, and the use of multipurpose cash assistance that enabled households to purchase water treatment products, safe water storage containers, and other priority WASH items based on their needs. Volunteers demonstrated the correct use of chlorine-based water treatment solutions and water purification tablets and promoted the use of clean, covered containers for water storage. As a result, 1,000 targeted households improved access to safe drinking water through the adoption of safer water collection, treatment, storage, and handling practices, reducing the risk of contamination and waterborne diseases.

SLRCS reached 5,870 people with key messages on personal hygiene, environmental sanitation, safe water practices, disease prevention, and healthy behaviours through household outreach and community awareness activities. These messages promoted practical actions that households could implement immediately to reduce health risks and improve family well-being during recovery.

To improve environmental sanitation and reduce public health risks, SLRCS organized six community sanitation campaigns across flood-affected communities in Bonthe, Bo, Kenema, Falaba, and Koinadugu districts during the first three months of the operation. The campaigns mobilized volunteers, community leaders, youth groups, and residents to remove accumulated waste, clear blocked drainage systems, and eliminate stagnant water from high-risk locations.

Follow-up monitoring confirmed visible improvements in environmental sanitation within targeted communities, including cleaner public spaces, improved drainage flow, and reduced standing water around households and communal areas. Community members also demonstrated increased participation in routine sanitation activities and greater awareness of the relationship between environmental cleanliness and disease prevention. As a result, the campaigns helped reduce environmental health risks, strengthened community ownership of sanitation initiatives, and supported safer living conditions during the recovery period.

SLRCS maintained continuous monitoring of WASH conditions throughout implementation through household visits, volunteer observations, community engagement activities, and regular field monitoring. Monitoring assessed household access to safe water, use of

water treatment methods, hygiene practices, sanitation conditions, and emerging public health concerns.

Monitoring findings demonstrated positive changes in household WASH practices. Volunteers reported increased use of covered water storage containers, greater adoption of household water treatment methods, improved handwashing practices, and stronger participation in community sanitation activities. Monitoring also confirmed that 94.4% of targeted households received health promotion and hygiene awareness support, while follow-up visits showed increased application of recommended safe water and hygiene practices among beneficiary households.

Feedback gathered through community visits and monitoring exercises further demonstrated the practical benefits of the intervention. Beneficiaries reported that the combined effect of hygiene awareness sessions, demonstrations on water treatment methods, cash assistance, and the rehabilitation of community water points improved access to safe drinking water and helped them maintain hygiene practices despite the disruption caused by the floods. Many households indicated that they were better able to protect their families from waterborne diseases and safely manage household water during the recovery period.

Overall, the WASH intervention contributed significantly to reducing public health risks in flood-affected communities by improving access to safe drinking water, strengthening hygiene behaviours, rehabilitating essential water infrastructure, and enhancing environmental sanitation. Through the rehabilitation of four community hand-dug wells fitted with India Mark II hand pumps, the operation restored access to functional and protected water sources in targeted communities, complementing household-level water treatment and hygiene promotion efforts. Combined with awareness activities and sanitation campaigns, these interventions strengthened access to safe drinking water, improved hygiene practices, and reduced public health risks among flood-affected populations. In addition, the operation supported 1,000 households to adopt safer water management practices and reached 5,870 people with critical WASH and health promotion messages. Monitoring findings further demonstrated increased adoption of safe water treatment and storage practices, improved handwashing behaviours, and stronger community participation in environmental sanitation activities. These outcomes contributed to healthier living conditions, reduced exposure to waterborne and vector-borne diseases, and strengthened community resilience during recovery from the floods.

Lessons Learnt

- The operation demonstrated the importance of conducting early WASH assessments to ensure that interventions are informed by actual community needs, environmental conditions, and public health risks. The assessment findings enabled SLRCS to target support effectively and prioritize activities addressing contaminated water sources, poor sanitation conditions, and hygiene gaps identified in affected communities.

- The intervention reinforced the value of integrated volunteer training covering WASH, health promotion, and epidemic preparedness. Equipped with skills across multiple sectors, volunteers were able to deliver more comprehensive support at community level, combining hygiene promotion, disease prevention messaging, safe water education, and community-based monitoring. Future emergency responses should continue investing in integrated volunteer training to strengthen response effectiveness and preparedness.

- The response also highlighted the importance of community participation in sustaining sanitation improvements and hygiene promotion activities. Active involvement of community leaders, volunteers, youth groups, and residents contributed to successful sanitation campaigns, improved environmental cleanliness, and stronger ownership of public health initiatives. Future interventions should continue promoting community-led approaches to strengthen sustainability beyond the response period.

- The operation further demonstrated the need for continuous WASH monitoring during the recovery phase, as environmental conditions and public health risks can change rapidly following floods. Regular monitoring enabled SLRCS to track community needs, reinforce key behaviours, and respond to emerging concerns. Future flood responses should continue strengthening community-based monitoring systems to support early identification of risks and timely adaptation of interventions based on evolving conditions.

- The intervention highlighted that improving access to safe drinking water requires not only provision of water treatment knowledge and products but also sustained behaviour change efforts. The achievement of 1,000 households accessing safe drinking water and 94.4% of targeted households receiving hygiene promotion support demonstrated that combining household education, volunteer follow-up, and community engagement can effectively improve WASH practices and reduce public health risks in emergency settings.

Challenges

Some flood-affected communities experienced prolonged challenges related to contaminated water sources, damaged sanitation infrastructure, poor drainage conditions, and limited availability of hygiene materials following the floods. These conditions increased the risk of waterborne diseases and affected the ability of some households to maintain recommended hygiene practices during the recovery period. Addressing these needs required continued engagement with communities, coordination with local authorities, and collaboration with other humanitarian actors to identify and address gaps beyond the scope of the operation.

Changing environmental conditions during recovery also presented ongoing public health risks. Continued rainfall, stagnant water accumulation, and contamination of water sources created favourable conditions for the spread of malaria and waterborne diseases. To mitigate these risks, SLRCS maintained regular hygiene promotion activities, household visits, community awareness sessions, and ongoing monitoring of WASH conditions. Trained volunteers reinforced key messages on safe water treatment and storage, environmental sanitation, handwashing practices, and disease prevention while supporting the early identification of emerging public health concerns through community engagement and monitoring activities.

Community Engagement And Accountability

Budget: CHF 8,166
Targeted Persons: 5,000
Assisted Persons: 5,870
Targeted Male: 2,876
Targeted Female: 2,994

Indicators

Title	Target	Actual
% of targeted communities with functional feedback and complaint mechanisms established and used (disaggregated by sex, age, and disability).	80	98
# of volunteers trained on CEA and PGI principles and actively applying them in community engagement activities.	200	200
# of people reached with flood prevention messages.	5,000	5,870
# of awareness sessions and community meetings conducted on flood prevention, early warning, and response.	60	63

Narrative description of achievements

Community Engagement and Accountability (CEA) was integrated throughout the flood response to ensure that affected communities were informed, consulted, and actively involved in decisions relating to the assistance they received. Through volunteer capacity strengthening, community consultations, feedback and complaint mechanisms, awareness activities, and inclusive engagement approaches, the Sierra Leone Red Cross Society (SLRCS) ensured that the response remained people-centred, transparent, and responsive to community priorities.

To support effective implementation, 200 volunteers were trained on Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) principles. The training covered community participation, two-way communication, feedback and complaint management, safeguarding, prevention of discrimination, inclusion of vulnerable groups, referral pathways, and accountability to affected populations. Following the training, volunteers applied these approaches across all sectors of the operation, including beneficiary registration and verification, cash distributions, shelter recovery activities, health and hygiene promotion, monitoring visits, and post-distribution monitoring exercises.

The trained volunteers served as a critical link between affected communities and response teams. They facilitated information sharing, collected community feedback, identified emerging concerns, and ensured that community perspectives informed programme implementation and decision-making throughout the operation.

To strengthen accountability, SLRCS established and maintained community feedback and complaint mechanisms across the targeted communities. Feedback channels were promoted during community meetings, awareness sessions, household visits, registration activities, and distribution events to ensure that community members understood how to raise concerns, seek clarification, and provide suggestions regarding the assistance provided. The mechanisms were designed to be accessible to women, men, older persons, persons

with disabilities, and other vulnerable groups.

Throughout implementation, community members actively utilized the available feedback channels. The most common concerns raised related to beneficiary eligibility and selection criteria, inclusion and exclusion from beneficiary lists, timing of cash transfers, mobile money transaction challenges, requests for additional assistance, and clarification of shelter and cash support packages. Volunteers and programme teams documented these concerns and provided appropriate responses, referrals, or follow-up actions as required.

Community feedback directly influenced implementation decisions. Concerns regarding beneficiary eligibility and targeting were addressed through additional verification exercises, community validation meetings, and engagement with local leaders to ensure transparency and fairness in the selection process. Feedback relating to delays in cash transfers and mobile money challenges prompted increased communication with beneficiaries, strengthened support during distributions, and enhanced follow-up by volunteers and the Financial Service Provider. Requests for clarification regarding assistance packages resulted in additional community sensitization sessions and targeted awareness activities to improve understanding of programme objectives and available support.

The functionality of feedback and complaint mechanisms was assessed through regular monitoring visits, community consultations, and verification exercises conducted throughout the response. Assessment criteria included the availability and accessibility of feedback channels, community awareness of how to use the mechanisms, evidence of active utilization, and confirmation that concerns raised received appropriate responses and follow-up. Monitoring findings confirmed that 98% of targeted communities had functional feedback and complaint mechanisms in place and actively used by community members during implementation.

Inclusive engagement remained a priority throughout the five-month response period. Volunteers conducted household visits, community meetings, focus group discussions, and consultations with a broad range of stakeholders, including women, men, children, older persons, persons with disabilities, female-headed households, displaced families, and other groups facing heightened vulnerability. These engagements helped identify community priorities, protection concerns, barriers to accessing assistance, and opportunities to improve the relevance and accessibility of programme activities.

SLRCS also organized community meetings to validate vulnerability criteria and beneficiary lists before assistance delivery. These consultations involved affected households, community leaders, district authorities, and local representatives, providing opportunities for communities to review the targeting process and raise concerns regarding inclusion or exclusion. Feedback received during these consultations informed final beneficiary verification and contributed to increased confidence in the fairness and transparency of the response.

In addition to supporting response activities, community engagement was used to strengthen disaster preparedness and risk reduction efforts. SLRCS worked closely with communities to document local experiences, traditional coping mechanisms, drainage challenges, flood patterns, and community-led preparedness measures. This local knowledge was incorporated into awareness activities and preparedness messaging to ensure that information shared reflected community realities and experiences.

As part of these preparedness efforts, volunteers conducted 63 awareness sessions and community meetings on flood prevention, early warning, and disaster response across the seven targeted districts, averaging nine sessions per district. While 60 sessions were originally planned, an additional three sessions were conducted in response to community information needs and to further strengthen Community Engagement and Accountability (CEA) activities. These additional sessions provided opportunities to reinforce flood preparedness messages, promote available feedback mechanisms, address community concerns, and strengthen community participation throughout the response. The sessions promoted practical actions that households and communities could take before, during, and after flood events to reduce risks and improve preparedness.

Through awareness sessions, household outreach, and community discussions, SLRCS reached 5,870 people with key messages on flood prevention, early warning systems, preparedness measures, and community response actions, exceeding the target of 5,000 people. The higher reach was achieved through the participation of non-targeted community members, community leaders, youth groups, and other residents who attended community awareness activities and benefited from information-sharing efforts beyond the originally targeted households. Community feedback indicated increased understanding of flood risks, preparedness actions, and early warning measures, while the integration of local knowledge enhanced the relevance and acceptance of the messages delivered.

Overall, the Community Engagement and Accountability component was instrumental in ensuring that affected populations remained at the centre of the response. Through the training and deployment of 200 volunteers, establishment of functional feedback and complaint mechanisms in 98% of targeted communities, delivery of 63 awareness sessions, and engagement of 5,870 people with flood preparedness and response messages, the operation strengthened transparency, accountability, inclusion, and community participation. Feedback collected throughout the operation informed implementation decisions, improved programme responsiveness, and strengthened trust between communities and SLRCS, contributing to a more effective and accountable humanitarian response.

Lessons Learnt

• The operation demonstrated that early and continuous community engagement is critical for managing expectations, maintaining trust, and ensuring accountability during emergency responses. Clear communication on eligibility criteria, assistance packages, timelines, and programme limitations at the outset of an intervention can significantly reduce misunderstandings and strengthen community acceptance.

• The deployment of volunteers trained in CEA and PGI strengthened the quality of interactions with communities and improved the identification of vulnerable households, collection of feedback, and management of community concerns. Future responses should continue prioritizing CEA and PGI capacity-building prior to deployment to ensure volunteers are equipped to support inclusive, people-centred programming from the beginning of an operation.

• The establishment of accessible feedback and complaint mechanisms proved effective in identifying concerns early and informing implementation decisions. Community feedback regarding beneficiary targeting, transfer timelines, and communication needs enabled programme teams to adjust engagement approaches and strengthen transparency. Future operations should ensure that feedback mechanisms are established from the outset and that communities are regularly informed about how their feedback has influenced programme decisions.

• The operation also reinforced the value of incorporating local knowledge into preparedness and resilience-building activities. Communities provided practical insights on flood risks, local coping strategies, drainage challenges, and preparedness actions that helped shape awareness activities and preparedness messaging. Future flood response and preparedness programmes should continue to build on community knowledge and existing local capacities to enhance ownership, relevance, and sustainability of interventions.

Challenges

• Managing community expectations was a key challenge throughout the operation due to the scale of flood-related losses and the humanitarian needs identified across affected communities. Many households expected broader assistance than the operation was able to provide, particularly where community needs exceeded available resources. This occasionally resulted in complaints related to beneficiary selection, eligibility criteria, and requests for additional support. To address this, SLRCS intensified community engagement efforts through community meetings, household visits, beneficiary sensitization sessions, and feedback mechanisms. Clear communication on targeting criteria, assistance packages, and operational limitations helped improve understanding, reduce misunderstandings, and strengthen community acceptance of the response.

• Limited communication infrastructure in some remote and flood-affected locations also affected the timely dissemination of information and collection of community feedback. In areas with poor network coverage and limited access to communication services, communities faced challenges receiving updates through conventional communication channels. SLRCS mitigated this by relying on trained volunteers, community leaders, and existing community structures to deliver information directly through face-to-face engagement, household visits, and community meetings. This approach ensured that affected populations remained informed and had continued access to feedback and complaint mechanisms throughout implementation.

Secretariat Services

Budget: CHF 18,037
Targeted Persons: 30
Assisted Persons: 35
Targeted Male: 22
Targeted Female: 13

Indicators

Title	Target	Actual
# of technical support missions conducted by IFRC	3	3
# of coordination meetings attended	12	14

# of staff trained on PCM to support quality implementation and timely reporting	30	35

Narrative description of achievements

Throughout the operation, the IFRC provided technical, coordination, and capacity-strengthening support to the Sierra Leone Red Cross Society (SLRCS) to ensure the effective implementation of the flood response and compliance with DREF operational standards. The support focused on strengthening operational quality, accountability, coordination, monitoring, and institutional capacity while enabling SLRCS to deliver timely assistance to affected communities.

IFRC conducted three technical support missions during the operation, providing direct accompaniment to SLRCS headquarters and field teams. These missions focused on reviewing implementation progress, monitoring programme quality, assessing compliance with DREF requirements, and providing technical guidance across key sectors including cash and voucher assistance, shelter, health, WASH, PMER, finance, logistics, Community Engagement and Accountability (CEA), and Protection, Gender and Inclusion (PGI). The missions enabled joint review of operational achievements and challenges, supported problem-solving at field level, and helped ensure that implementation remained aligned with humanitarian standards and accountability commitments.

Technical support included regular engagement with SLRCS management and operational teams to provide guidance on activity implementation, monitoring, reporting, financial management, procurement processes, and risk management. The IFRC Senior PMER Officer provided dedicated support for monitoring and accountability activities, including participation in post-distribution monitoring exercises to assess the effectiveness and impact of cash assistance interventions. This support contributed to evidence-based reporting, strengthened accountability, and facilitated the capture of lessons and good practices throughout the operation.

IFRC also supported SLRCS participation in national and humanitarian coordination mechanisms to ensure alignment with broader flood response efforts. During the operation, representatives of SLRCS and IFRC participated in 14 coordination meetings involving the National Disaster Management Agency (NDMA), government institutions, humanitarian partners, Movement partners, and other relevant stakeholders. These engagements facilitated information sharing, operational coordination, identification of emerging needs, and alignment of response activities with national priorities. The coordination process strengthened the visibility of the Red Cross response and reinforced SLRCS's auxiliary role to public authorities in disaster management and humanitarian response.

To support volunteer safety and welfare, IFRC enabled the provision of insurance coverage for volunteers engaged in response activities. The insurance covered volunteers involved in assessments, beneficiary registration and verification, cash assistance delivery, health promotion, WASH interventions, monitoring activities, and community engagement efforts. This support reinforced SLRCS's duty of care responsibilities and enabled volunteers to undertake field activities with greater confidence and protection.

A key institutional strengthening achievement during the operation was the delivery of Project Cycle Management (PCM) training for 35 SLRCS staff members, including personnel from programme, logistics, finance, PMER, and branch management functions. The training covered project design, planning, budgeting, implementation, monitoring, reporting, risk management, accountability, and learning. While the operation initially targeted 30 staff members, the training was expanded to include five additional headquarters staff directly involved in the management, coordination, monitoring, and reporting of the operation. This strengthened institutional capacity and enhanced cross-departmental coordination, contributing to more effective implementation, oversight, and reporting of the response. The additional participants were accommodated within the approved PCM budget and did not result in any additional cost to the operation.

The operation also provided an opportunity to strengthen organizational learning. IFRC supported SLRCS in conducting a lesson learned workshop at the conclusion of the response, bringing together staff, volunteers, and branch representatives to review operational performance, identify best practices, and document recommendations for future emergency responses. The workshop generated practical actions to strengthen preparedness, coordination, cash programming, monitoring systems, and community engagement approaches in future operations.

Overall, the Secretariat Services component played a critical role in strengthening the quality, effectiveness, and accountability of the flood response. Through three technical support missions, participation in 14 coordination meetings, insurance coverage for volunteers, post-distribution monitoring support, PCM training for 35 staff members, and support to organizational learning processes, IFRC helped strengthen SLRCS's operational capacity while ensuring the response was delivered in accordance with humanitarian standards. These investments have left a lasting impact on the National Society by improving programme management, coordination, monitoring, reporting, and emergency preparedness capacities for future humanitarian operations.

Lessons Learnt

The operation demonstrated the importance of continuous technical accompaniment and supportive supervision in strengthening the quality and accountability of emergency response operations. Regular engagement between IFRC and SLRCS technical teams enabled timely identification of operational challenges, strengthened compliance with DREF requirements and humanitarian standards, and supported adaptive management throughout the response.

The experience highlighted the value of investing in National Society systems and capacities before and during emergencies, particularly in project cycle management, monitoring, reporting, financial management, coordination, and accountability. Strengthened institutional systems contributed to more efficient implementation, improved reporting quality, and enhanced accountability to affected communities, partners, and donors.

The operation also reinforced the importance of combining technical support with direct field engagement. Technical support missions, monitoring visits, post-distribution monitoring activities, and collaboration with operational teams provided practical insights into implementation realities and enabled recommendations to be adapted to local contexts and emerging needs.

A key lesson identified is the need to further strengthen branch-level capacities and decentralized operational systems to ensure that branches can effectively manage emergency operations with minimal reliance on headquarters support. Future operations should continue prioritizing early technical support, structured capacity-building initiatives, and continuous coaching of staff and volunteers to strengthen preparedness, operational readiness, and the overall quality of emergency response delivery.

Challenges

Implementation of capacity-strengthening activities was affected by competing operational priorities, as SLRCS staff and branch teams were simultaneously responsible for delivering response activities while participating in training, monitoring, reporting, and coordination processes. This occasionally limited the availability of key personnel for scheduled technical support sessions, coaching activities, and capacity-building engagements.

To minimize disruptions, IFRC and SLRCS adopted a flexible approach to technical support and capacity strengthening. Training sessions and coaching activities were scheduled around operational demands, while remote technical assistance and continuous communication between technical and operational teams ensured that support remained available throughout implementation. Capacity-strengthening activities were also integrated into ongoing operational processes, including monitoring visits, reporting exercises, coordination meetings, and field supervision missions. This approach enabled staff to apply learning directly during implementation while maintaining continuity of response activities.

National Society Strengthening

Budget: CHF 58,543
Targeted Persons: 26
Assisted Persons: 26
Targeted Male: 17
Targeted Female: 9

Indicators

Title	Target	Actual
# of lessons learned, workshop conducted	3	1
# of monitoring conducted by SLRCS Head Quarter Office staff	5	7
# of documentaries produced (video and case studies)	1	1

Narrative description of achievements

The Sierra Leone Red Cross Society (SLRCS), with support from the IFRC, strengthened its institutional capacity to coordinate, manage, monitor, and document large-scale emergency operations through a range of organizational strengthening initiatives implemented during the flood response. These investments enhanced operational effectiveness during the emergency while contributing to longer-term preparedness and response capacity.

SLRCS operationalized its Emergency Operations Centre (EOC) to coordinate and oversee the flood response operation. The EOC served as a centralized platform for collecting and consolidating information from branches, monitoring implementation progress, coordinating field teams, tracking beneficiary reach, and supporting communication between headquarters and operational areas. Information generated through assessments, monitoring visits, community feedback mechanisms, and sectoral activities was regularly reviewed through the EOC to support evidence-based decision-making.

During the operation, the EOC was used to coordinate response activities across the affected districts, monitor progress against operational targets, track beneficiary registration and assistance delivery, identify implementation challenges, and facilitate timely communication between headquarters, branches, IFRC, NDMA, and other partners. The EOC also supported the review of market assessment findings, monitoring reports, post-distribution monitoring results, and community feedback to inform operational adjustments where required.

Key products generated through the EOC included operational updates, situation reports, beneficiary tracking summaries, implementation progress reports, coordination updates, and information used for donor and management reporting. These products supported management oversight, improved situational awareness, and facilitated timely decision-making throughout the response.

The operationalization of the EOC strengthened information management, coordination, and emergency response oversight within SLRCS. Beyond supporting the flood operation, the experience enhanced institutional preparedness by establishing systems and procedures that can be rapidly activated during future emergencies.

Coordination and communication mechanisms were strengthened through regular engagement with the National Disaster Management Agency (NDMA), government authorities, Movement partners, humanitarian organizations, community leaders, and affected populations. These coordination efforts facilitated information sharing, complemented ongoing government-led response activities, and reduced the risk of duplication of assistance. Regular communication updates and visibility materials were also produced to highlight response achievements, volunteer contributions, and the impact of humanitarian assistance provided to flood-affected communities.

Monitoring and quality assurance were strengthened through regular field supervision conducted by headquarters and branch teams. During the operation, seven monitoring missions were conducted by SLRCS Headquarters staff, exceeding the planned target of five visits. The additional visits were undertaken in response to operational needs identified during implementation, including the need to verify progress, follow up on activities, provide technical support to field teams, and strengthen oversight of programme delivery. Monitoring visits covered cash assistance distributions, shelter recovery activities, health and WASH interventions, community engagement processes, and beneficiary feedback mechanisms. Findings from these visits enabled timely identification of implementation challenges, strengthened accountability and quality assurance, and informed operational adjustments to ensure activities remained responsive to community needs. The additional visits were conducted within the approved budget and did not result in any additional financial implications for the operation.

A key institutional strengthening achievement during the operation was the delivery of Project Cycle Management (PCM) training for 35 SLRCS staff members. Of the participants, 26 were drawn from headquarters and operational branches (17 male and 9 female), while the remaining participants represented other key operational and technical functions supporting the response. The training covered project design, planning, budgeting, implementation, monitoring, reporting, risk management, accountability, and learning. While the operation initially targeted 30 staff members, five additional headquarters staff directly involved in the management, coordination, monitoring, and reporting of the operation were included to strengthen institutional capacity and improve cross-departmental collaboration. The additional participants were accommodated within the approved budget and did not result in any additional cost to the operation. The training enhanced staff capacity to manage emergency operations and contributed to more effective programme oversight, coordination, monitoring, and reporting.

The operation also strengthened internal reporting and documentation systems. Programme, finance, logistics, and branch teams worked collaboratively to ensure timely collection and consolidation of operational information, beneficiary data, and financial records. These efforts supported compliance with donor reporting requirements and strengthened accountability through improved documentation of activities, resource utilization, monitoring findings, and operational achievements. The experience gained through the operation contributed to improved institutional understanding of emergency reporting requirements and strengthened future reporting readiness.

To capture evidence of humanitarian impact and promote organizational visibility, SLRCS produced one documentary package consisting of video footage and case studies highlighting response activities and the experiences of flood-affected households. The documentation showcased the role of volunteers, the support provided to communities, and the outcomes achieved through the operation. These

materials were used to support accountability to partners and donors while preserving valuable institutional knowledge for future learning and advocacy purposes.

To further strengthen organizational learning, SLRCS organized one lessons learned workshop involving staff, volunteers, branch representatives, and key stakeholders. The workshop reviewed the overall implementation of the operation, including emergency coordination arrangements, cash and shelter interventions, monitoring systems, community engagement approaches, and operational challenges encountered during the response. Participants identified good practices, lessons, and areas for improvement, generating recommendations to strengthen preparedness planning, branch coordination, information management, cash programming, and future flood response operations.

The lessons learned process was further strengthened through technical support provided by the IFRC Senior PMER Officer, who facilitated the workshop and guided structured reflection on operational performance, achievements, challenges, and opportunities for improvement. The workshop generated actionable recommendations that will inform future emergency preparedness and response planning within the National Society.

Overall, the National Society Strengthening component significantly enhanced SLRCS's operational capacity to manage and coordinate emergency responses. The operationalization of the Emergency Operations Centre (EOC) strengthened information management, coordination, and evidence-based decision-making, enabling more effective oversight of activities across the operational districts. Enhanced monitoring systems, including seven headquarters monitoring missions, improved programme quality, accountability, and timely identification and resolution of implementation challenges. The Project Cycle Management (PCM) training strengthened staff competencies in project design, implementation, monitoring, reporting, and risk management, while improving coordination between headquarters and branches. Lessons learned and improved reporting systems further strengthened organizational learning, knowledge management, and preparedness planning. Collectively, these investments improved the quality, effectiveness, and accountability of the flood response while leaving a lasting legacy of strengthened institutional systems, enhanced staff and volunteer capacities, and increased readiness to respond to future emergencies and climate-related disasters.

Lessons Learnt

- The operation demonstrated the value of maintaining a functional and active Emergency Operations Centre (EOC) throughout an emergency response. The EOC played an important role in consolidating operational information, coordinating activities between headquarters and branches, tracking implementation progress, and supporting timely management decisions. Future responses should ensure early activation of coordination mechanisms and strengthen information management systems to improve operational oversight and responsiveness.

- The response also highlighted the importance of establishing robust monitoring, reporting, and documentation systems from the onset of an operation. Consistent collection and analysis of field-level information improved accountability strengthened evidence-based decision-making and enhanced the quality of donor reporting. Early investment in these systems can significantly improve operational effectiveness and learning.

- A key lesson learned was the need to further strengthen decentralized monitoring and reporting capacity at branch level. Empowering branch teams with appropriate tools, training, and resources would enable more frequent field monitoring, faster information flow, and improved oversight, particularly in geographically dispersed operations and hard-to-reach locations.

- The operation further reinforced the importance of documenting achievements, challenges, beneficiary experiences, and lessons learned throughout implementation rather than at the end of an operation. Continuous documentation supports timely reporting, strengthens institutional memory, and provides valuable evidence to inform future preparedness and emergency response activities.

Challenges

The implementation of monitoring, supervision, and documentation activities was affected by the geographical spread of the operation across multiple districts and access constraints in some flood-affected communities. Damaged roads, difficult terrain, and long travel distances occasionally delayed monitoring visits and limited the frequency of field-level follow-up during peak implementation periods. In addition, operational teams were managing multiple response activities simultaneously, resulting in competing priorities that affected the scheduling of monitoring and documentation activities.

These challenges were addressed through closer coordination between headquarters and branch teams, flexible deployment of monitoring personnel, and increased reliance on branch volunteers to collect field information and provide implementation updates. Monitoring responsibilities were integrated into routine supervisory visits wherever possible, while the Emergency Operations Centre (EOC) helped consolidate information received from branches and support timely decision-making. Additional coordination efforts were undertaken to ensure that operational reports, beneficiary data, monitoring findings, and response documentation were regularly collected and consolidated from all intervention districts.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 1 Sep 2025 to 24 Aug 2026

MDRSL019 - Sierra Leone - Floods

Operating timeframe: *Start date: 13-Sep-2025 End date: 28-Feb-2026*

Appeal launch date: *22-Sep-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**375,000**
DREF Response Pillar	375,000
DREF Anticipatory Pillar	
Expenditure	-370,665
Closing Balance	**4,336**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health			
PO05 - Water, Sanitation & Hygiene			
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	22,887		22,887
PO10 - Community Engagement and Accountability			
PO11 - Environmental Sustainability			
Planned Operations Total	**22,887**		**22,887**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services	16,937	13,702	3,235
EA03 - National Society Strengthening	335,176	356,962	-21,786
Planned Operations Total	**352,113**	**370,665**	**-18,551**
Total	**375,000**	**370,665**	**4,336**

III. Expenditure by budget category & group

Prepared on 24-Aug-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

Several budget lines recorded variances between planned and actual expenditure. These variances were primarily due to conservative budgeting assumptions during the planning phase, lower-than-anticipated implementation costs, operational efficiencies achieved during implementation, and the allocation of certain expenditures to the most appropriate budget lines based on actual implementation arrangements.

- Secretariat Services: Expenditure totalled CHF 13,702 against a budget of CHF 16,937, resulting in an underspend of CHF 3,235 (19.1%). Actual Secretariat support costs were lower than anticipated during the planning stage, resulting in savings under this budget line.
- National Staff: Expenditure amounted to CHF 2,151 against a budget of CHF 8,359, resulting in an underspend of CHF 6,208 (74.3%). The budget line was overestimated during the planning phase, and actual staffing costs were lower than initially projected.
- Distribution and Monitoring: No expenditure was recorded against the budgeted amount of CHF 3,801, resulting in a variance of CHF 3,801 (100%). Distribution and monitoring-related costs were recorded under the Cash Disbursement budget line
- Cash Disbursement: Expenditure totalled CHF 4,370 against an initial budget of CHF 0, resulting in a variance of CHF -4,370. These costs related to cash distribution and monitoring activities associated with the cash assistance intervention and were recorded under this budget line in accordance with financial reporting requirements.
- Workshops and Training: Expenditure totalled CHF 370 against a budget of CHF 3,151, resulting in an underspend of CHF 2,781 (88.3%). This variance occurred because several training activities were implemented and charged under the relevant sector-specific budget lines where the activities took place, rather than under the central Workshops and Training budget line.

Overall, the variances reflect expenditure allocations based on actual implementation requirements and operational efficiencies realized during the response. All expenditures remained within the overall approved DREF budget and contributed directly to the implementation of planned activities and the achievement of the operation's objectives.

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