



Extent of household damage following heavy rains in Lerala. Source :BRCS Comms

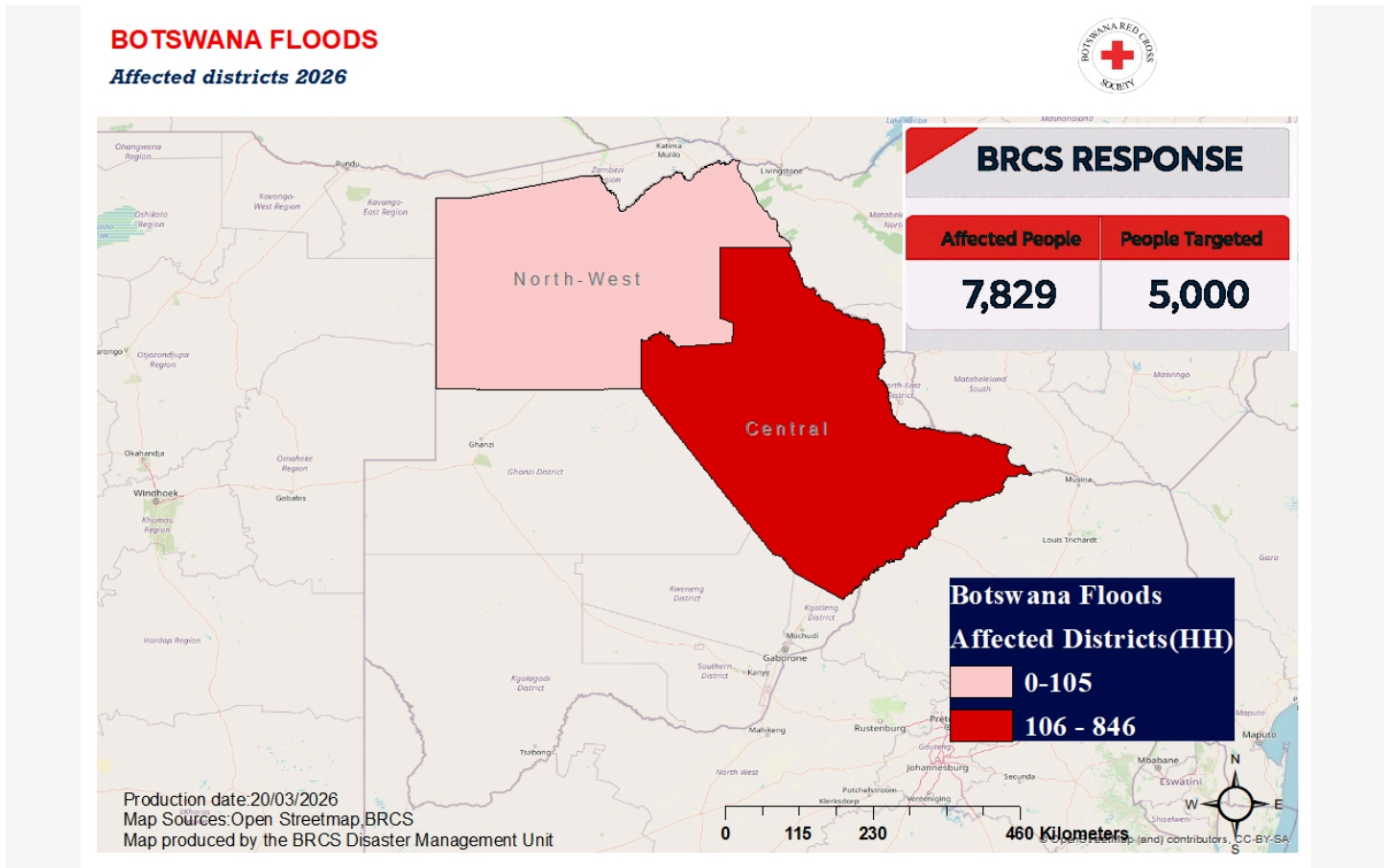
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| Appeal: MDRBW009 | Hazard: Flood | Country: Botswana | Type of DREF: Response |
| Crisis Category: Yellow | Event Onset: Sudden | DREF Allocation: CHF 499,928 | |
| Glide Number: - | People Affected: 7,829 people | People Targeted: 5,014 people | |
| Operation Start Date: 27-03-2026 | Operation Timeframe: 6 months | Operation End Date: 30-09-2026 | DREF Published: 03-04-2026 |

Targeted Regions: **Central, North-West**

Description of the Event

Date of event

17-03-2026



Botswana Affected Districts Map, 2026

What happened, where and when?

Between 15 and 19 March 2026, severe flooding affected multiple areas of the Palapye Sub District in the Central District, including Majwaneng, Lerala, Seolwane, Mokokwana, Mosweu, Maunatlala, Martins Drift and surrounding farming areas. This period marked a significant escalation of the ongoing floods emergency in Botswana. On 15 March, approximately 235 mm of rainfall was recorded at Molebatsi Primary School in Majwaneng, overwhelming drainage systems and resulting in widespread inundation of homes, roads and agricultural fields. Around 800 families affected. Moeng College was closed after an overflowing stream cut off safe passage between the boarding area and classrooms, making access unsafe for learners. This event marked a surge of the situation prompting a scale-up of assistance, also requested by local authorities.

For effective prioritization of response across affected areas, the National Society launched an assessment on 17 March to guide ongoing operations. By 20 March, findings confirmed a surge in needs and vulnerabilities, with 7,829 people affected across districts. The assessment highlighted urgent support requirements in Central/Palapye District, where over 2,335 households (7,707 individuals) suffered shelter damage, loss of household items, and displacement. Children, older persons, and female-headed households faced heightened vulnerability, while livelihood losses included livestock deaths. Flooding along the B140 near Maape turnoff further restricted movement and disrupted critical access routes. At the same time, conditions deteriorated in North West District (Khwai), where rising waters from the Okavango Delta inundated homesteads, forced relocations, and temporarily disrupted access to the primary school. Earlier March assessments documented extensive structural damage and restricted movement, with 37 households (122 people) directly affected. This prompted a written request for support from local authorities on 17th March

The combined impact constituted a widespread hydrometeorological emergency across central and northwestern Botswana. Continued rainfall and rising water levels are expanding the affected zones and overwhelming local coping capacities. The Department of



Meteorological Services forecasts indicate that above average rainfall may persist into April 2026, increasing the likelihood that more remote households will be affected.



House affected by Floods in Central District, 16 March 2026: Source BRCS Coms



BRCS in Palapye with District Council - 18 March 2026. Source BRCS Comms



CHW conducting CBS in North West District. Source BRCS Communications



Volunteer conducting Field Assessments in Central District: Source BRCS Comms

Scope and Scale

Flooding during the 2025 to 2026 rainy season has damaged or destroyed traditional mud and reed structures, displaced vulnerable households, disrupted schooling, and limited access to essential services across the Central and North West districts. A total of 2372 households, representing 7,829 individuals, have been confirmed as affected.

Impact was most severe in Palapye Sub District and Khwai, with widespread housing destruction, loss of livelihoods, displacement and serious access constraints. Data has been consolidated from BRCS Situation Updates and local authority assessments conducted by District Disaster Management Committees.

1) Central District

The district experienced heavy rainfall of approximately 235 mm on 15 March, caused by extensive flooding.

Areas affected: Majwaneng, Lerala, Seolwane, Mokokwana, Mosweu, Maunatlala, Martins Drift

Impacts include collapsed and partially collapsed homes, loss of food stocks and household items, livestock deaths, waterlogging, and displacement. Access to affected areas was impaired by damage to sections of the B140 road near Maape in Central District.

2) Northwest District (Ngamiland)

Areas affected: Khwai Village. Flooding disrupted access to the primary school and restricted movement within the village. 37 households, representing 122 people, were affected by overflow from the Okavango Delta. 17 households were relocated to safer areas.

Overall, 5 injuries were reported, the majority being minor, alongside one serious injury requiring further medical attention. No fatalities directly linked to flooding have been reported. Despite evacuation efforts, most families declined to relocate, choosing instead to remain in waterlogged and partially collapsed structures, while others sought temporary shelter with relatives.

These floods in Botswana represent an exceptional hydrometeorological emergency, with rainfall anomalies, simultaneous multi-district impacts, and extensive structural and livelihood losses. The cumulative impact of injuries, destruction of homes, loss of property, livestock deaths, crop losses, school disruptions, and repeated displacement have significantly eroded household resilience across rural and farming communities, while the March surge in Palapye overwhelmed local response capacity. With forecasts indicating above-average rainfall up to April, the situation remains ongoing and demonstrates the need to reduce current shelter vulnerability, exposure to weather, and risk for health and well-being.



| Source Name | Source Link |
|--|---|
| 1. Mmegi (The Monitor) | https://www.mmegi.bw/news/seolwane-families-left-homeless-after-heavy-weekend-rains/news |
| 2. Daily News print/PDF (Public Newspaper) | https://dailynews.gov.bw/common_up/dailynews/dailynews_pdf/19-03-2026_07-07-53_1773896873_dailynews_pdf.pdf |
| 3. Daily News | https://dailynews.gov.bw/news-detail/90596?utm_source=perplexity |
| 4. Africa CDC | https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://africacdc.org/news-item/malaria-surge-in-southern-africa/&ved=2ahUKEwisg93Mlq-TAxV0U0EAHQtlLKD4QFnoECC4QAAQ&usg=AOvVaw36E_u4sslglDqngVgBeuw |
| 5. Daily News (Public Newspaper) | https://google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://dailynews.gov.bw/news-detail/90061&ved=2ahUKEwisg93Mlq-TAxV0U0EAHQtlLKD4QFnoECBoQAAQ&usg=AOvVaw31aEwfMGPI_XNtUk13q53h |
| 6. The free library | https://www.thefreelibrary.com/Khwai+hit+by+flooding.-a0877731610 |

Previous Operations

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| Has a similar event affected the same area(s) in the last 3 years? | Yes |
| Did it affect the same population group? | Yes |
| Did the National Society respond? | Yes |
| Did the National Society request funding form DREF for that event(s) | Yes |
| If yes, please specify which operation | MDRBW008 |



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

While Botswana experiences seasonal rainfall, the flooding pattern observed in 2025–2026 is not consistent with typical recurrent events. The combination of rainfall anomalies, simultaneous multi-district impacts, extensive structural and livelihood damage, and prolonged ground saturation indicates that this is not a routine seasonal occurrence. Rather, it constitutes a significant and escalating hydrometeorological emergency that has surpassed local response capacity. DREF support is therefore essential to enable a timely and adequate humanitarian intervention, alleviate urgent needs, and help reduce already heightened vulnerabilities.

- Hydrometeorological monitoring indicates prolonged and above-normal rainfall, with several districts recording single-day totals exceeding 100 mm and sustained rainfall extending across multiple weeks. These anomalies resulted in simultaneous flooding in multiple districts, including Tonota, Tutume/Dzoroga, Palapye, and North-West (Ngamiland), a scale and geographic spread not observed in recent years.
- District Disaster Management Committees, supported by BRCS field teams, reported widespread structural collapse of traditional mud-and-reed houses, extensive damage to household assets, livestock losses and significant crop destruction. This level of destruction, affecting both eastern and north-western regions at the same time, exceeds the usual localized impacts associated with seasonal flooding.
- On the week of 15 March, it was forecasted that rains at a measurement of 50mm or more with potential of flash flooding would impact the central district, as well as Northwest consisting of mostly riverine flooding.
- Forecasts from the Department of Meteorological Services indicate that above-average rainfall will persist into April, increasing the likelihood of additional flooding, further structural collapse, and expanded humanitarian needs.
- This ongoing situation highlights the limitations of existing preparedness measures, including the Early Action Protocol currently under development by the National Society, which was not designed for an event of this magnitude.

Lessons learned:

Experience from previous BRCS DREF operations, including MDRBW008 (Floods 2025) and earlier flood-related responses coordinated with IFRC are considered under this planning. These operations demonstrated that BRCS responses are frequently challenged by limited access caused by washed-out roads, insufficient shelter materials when several districts are affected at once, and delays in reaching remote settlements. To address some of these key challenges, BRCS emergency response units have learnt that multi-district emergencies in Botswana require strong, early coordination structures, reliable logistics planning and pre-positioned shelter stocks to respond effectively. These learnings have been integrated directly into the design of this operation to strengthen coordination, access planning, surge capacity and community engagement. The main considerations being listed below:

- Coordination: Past DREF operations (e.g., MDRBW008) underscored the importance of early joint planning with DDMCs, S&CD offices and NDMO, which significantly improved assessment quality, beneficiary targeting and reduced duplication. This operation incorporates strengthened coordination from the onset.
- Logistics and Access: Earlier BRCS DREFs repeatedly faced road inaccessibility and logistical delays, especially in North West and Central District. Past operations showed the need for alternate route mapping, pre-arranged transport options and early deployment to remote areas. These measures are now embedded in this response's logistics planning.
- Protection, Gender and Inclusion (PGI): Learning from MDRBW008 and subsequent flood responses, integrating PGI ensured safer evacuations, reduced exclusion risks and improved assistance to women, children, the elderly and persons with disabilities. This DREF embeds PGI from assessment through to the distribution phases.
- Community Engagement and Accountability (CEA): Previous BRCS operations demonstrated that CEA is critical for reducing misinformation, improving voluntary evacuation and strengthening community trust. The current operation incorporates CEA focal points, feedback channels and messaging throughout the response.
- Supply Gaps and Pre-positioning: Past Multiple DREFs Operations revealed insufficient pre-positioned shelter stocks when several districts were affected simultaneously. This operation includes early procurement, stock replenishment and strengthened warehouse management to reduce response delays.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

Current National Society Actions

Start date of National Society actions

17-03-2026



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| Shelter, Housing And Settlements | <p>Although BRCS supported some households with tents and tarpaulins, there remains an ongoing need for additional emergency shelter materials, including tents, tarpaulins, roofing sheets, toolkits, and blankets. 50 HH reached so far with BRCS other resources to be replenished while 20 families received solar lamps from other funding sources, not accounted in the replenishment.</p> |
| Livelihoods And Basic Needs | <p>Following joint assessments with Public Authorities and Botswana Red Cross Society(BRCS), the National Society supported some of the affected households with clothes and food items. This is not sufficient as a small number of affected people are supported.</p> |
| Health | <p>The National Society is actively contributing to the national flood and public health emergency response through coordinated multi-sectoral engagement. It is represented within Health Emergency Response Teams and participates in Primary Health Care (PHC) Technical Working Groups, ensuring alignment with national strategies, standards, and operational priorities. The representation of NS in these committees creates an enabling environment for health response and coordination with the district team during these operations.</p> <p>The main health interventions and initiatives on which NS is active in the affected areas include:</p> <ul style="list-style-type: none"> - Strengthening One Health Disease Surveillance and Response in Southern Africa, including Botswana. - A Strategy Against Climate-Driven Disease Outbreaks - At the community level, the National Society is implementing a CBS system in the North-West District targeting priority climate-sensitive. This integrated approach strengthens early detection, reporting, and response to public health threats within vulnerable and hard-to-reach communities. This is a basis for NS to work on the already existing system and the CBS data collection systems during an emergency operation like this one. - BRCS has also recently trained some Community Health Workers (CHWs) and volunteers are delivering essential community-level interventions, including: <ul style="list-style-type: none"> * Risk communication and health education * Active surveillance and case identification * Referral and linkage to care * Follow-up and adherence support particularly for vulnerable households and at-risk populations. * Support to ongoing district campaigns, such as Malaria response. |
| Water, Sanitation And Hygiene | <p>The National Society is implementing Water, Sanitation, and Hygiene (WASH) interventions to reduce the risk of waterborne and vector-borne diseases in flood-affected areas.</p> <p>Ongoing key activities include.</p> <ol style="list-style-type: none"> 1. Provision of safe water 2. Construction of emergency pit latrines in the North-West District and rehabilitation of sanitation facilities. 3. The National Society is also actively participating in nationwide cleaning campaigns to clear drainage blockages and reduce environmental health risks. 4. WASH activities are reinforced through enhanced hygiene promotion and risk communication with intensified community education in the North-West District, focusing on safe water handling, sanitation and disease prevention. 5. In addition, community-based surveillance (CBS) incorporates WASH-specific indicators and questions to strengthen early detection of public health risks linked to water and sanitation. 6. Affected communities have also been supported with hygiene material. |
| Protection, Gender And Inclusion | <p>Botswana Red Cross Society (BRCS) has a designated PGI focal person and continues to mainstream PGI across all response operations building on experience from previous DREF interventions. As a preparedness measure over 100 staff and volunteers have been trained on PGI enhancing capacity to identify, prevent and respond to protection risks including those affecting vulnerable groups during emergencies.</p> <p>The National Society is currently undertaking the following actions:</p> <ul style="list-style-type: none"> - A landscape analysis of PGI in emergencies to strengthen evidence-based programming and inform inclusive response strategies. |



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| | <ul style="list-style-type: none"> - The Ns is currently in the process of developing the Child Safeguarding and PSEA Policies, which will guide responders on safeguarding issues. Currently, IFRC child safeguarding and PSEA policies remain primary guidance documents for this operation. - BRCS also implemented system strengthening of child protection committees in Ghanzi District following the 2025 floods. Therefore, it carries lessons learned informing current approaches to community-based protection. - These efforts ensure that response interventions are safe inclusive and responsive to the needs of women, children and other at-risk populations. |
| Education | BRCS, at the forefront of flood response efforts, has led joint field assessments to identify urgent needs across affected communities. With UNICEF as a long-standing partner supporting child protection and development, these assessments highlighted education-related challenges, including disruptions to learning and limited access to safe learning environments. |
| Community Engagement And Accountability | BRCS implements CEA through structured and continuous community interaction. Feedback is systematically gathered through Village Development Committees (VDCs), community assessments and household visits ensuring community perspectives inform response planning and implementation. Building on previous responses the National Society has conducted feedback sessions during public gatherings. This strengthens transparency and two-way communication. Additional mechanisms include community dialogues and engagement with local leadership structures. |
| Coordination | BRCS works closely with Ministry of Health, District Commissioners, National Disaster Management Committees, District Disaster Management Committees, Village Development Committees, UNICEF, and local councils throughout all phases of the disaster management cycle. Incident reports are submitted by the Offices of the District Commissioner (ODCs), accompanied by formal request letters detailing the specific support required, which enables timely coordination and targeted humanitarian action. |
| National Society Readiness | BRCS maintains an active and well-structured disaster response system, which was promptly engaged as heavy rains and flooding escalated across multiple districts. The National Society mobilised trained personnel at both headquarters and branch levels to support coordination, assessments, and relief delivery. As part of its verification and data quality assurance processes, three BRCS staff members and three volunteers conducted a 3-day joint field mission alongside Social & Community Development (S&CD) officers to validate rapid assessments from the initial affected districts. In the Palapye operational area, BRCS further deployed two volunteers together with the Branch Development Coordinator, who worked closely with district authorities to confirm household impacts, update beneficiary information, and facilitate relief planning in line with Government and District Disaster Management structures. Across all regions, the BRCS volunteer network remains operational and on standby, demonstrating consistent capacity to undertake household assessments, support evacuations where needed, and deliver essential relief items. The National Society is actively contributing to the national flood and public health emergency response through coordinated multi-sectoral engagement. It is represented within Health Emergency Response Teams and participates in Primary Health Care (PHC) Technical Working Groups ensuring alignment with national strategies standards, and operational priorities. |

IFRC Network Actions Related To The Current Event

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| Secretariat | The International Federation of Red Cross and Red Crescent Societies (IFRC), through its Pretoria Cluster Office, is providing ongoing technical and coordination support to |
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| | the National Society. This includes guidance on the planning and implementation of emergency response activities, strengthening operational capacity, supporting resource mobilization efforts, and ensuring alignment with global humanitarian standards and best practices. |
| Participating National Societies | In 2025, Netherlands Red Cross supported the Botswana Red Cross Society both operationally and technically. This includes assistance in conducting Enhanced Vulnerability Assessments (eVCA), which strengthen community-level risk analysis and inform targeted interventions. In addition, the Netherlands Red Cross supported with Community-Based Disaster Risk Management (CBDRM) initiatives, in 2 Districts to enhance community preparedness, resilience, and local response capacities. This combined support contributes to both immediate response efforts and longer-term risk reduction. |

ICRC Actions Related To The Current Event

International Committee of the Red Cross (ICRC) is supporting the Botswana Red Cross Society in strengthening its communication capacity through the provision of funding for the procurement of essential equipment. In addition, the ICRC is providing training on International Humanitarian Law (IHL), enhancing the National Society's ability to promote humanitarian principles and improve the effectiveness and professionalism of its response.

Other Actors Actions Related To The Current Event

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| Government has requested international assistance | No |
| National authorities | <p>Government of Botswana, through established disaster management structures, is leading and coordinating the flood response at national and district levels. Botswana Red Cross Society (BRCS) is working closely with District Disaster Management Committees (DDMCs) and local authorities to support assessments, coordination, and response efforts in affected communities.</p> <p>BRCS has mobilized trained volunteers across impacted areas to conduct rapid needs assessments and provide immediate assistance to affected households. Coordination between BRCS and government structures has been strengthened through active participation in DDMC platforms, ensuring aligned targeting and reduced duplication of efforts.</p> <p>The Government leads assessments, facilitates evacuations, and supports emergency response operations in collaboration with BRCS and other stakeholders. Priority actions have included the safe evacuation of affected populations, provision of temporary shelter, and distribution of essential food supplies to meet immediate needs.</p> <p>As part of the national disaster response system, BRCS has complemented government efforts by providing transportation to reach hard-to-access and cut-off areas, as well as contributing relief items, personnel, and operational support. Upon request from local authorities, BRCS continues to support affected districts with:</p> <ul style="list-style-type: none"> - Food assistance - Emergency shelter (tents and tarpaulins) - Essential household items (blankets, mattresses, cooking utensils, clothing) - Solar lighting; WASH (Water, Sanitation and Hygiene) education; Psychosocial support services - Government-led clean-up campaigns are ongoing to restore safe living conditions |



UN or other actors

BRCs is implementing a Pandemic Fund multi-country project supported through the World Health Organisation (WHO) and Botswana Public Health Institute (BPHI) aimed at strengthening preparedness, surveillance and response capacities for climate sensitive and zoonotic diseases.

This is a Community-Based Surveillance project in the North-West District targeting priority diseases including rabies, malaria and diarrhoeal diseases alongside environmental health surveillance and support to the Expanded Programme on Immunisation (EPI). This integrated approach enhances early detection, timely reporting and rapid response to public health threats particularly in vulnerable and hard-to reach communities.

A total of 12 technical leads and 13 CHWs/volunteers have been trained and deployed to implement key community-level interventions including:

- Risk communication and health education
- Active surveillance and case identification
- Referral and linkage to care
- Follow-up and adherence support, particularly for vulnerable populations
- Supporting rabies vaccination campaigns

Are there major coordination mechanism in place?

District Disaster Management Committees (DDMCs), under the coordination of the National Disaster Management Office (NDMO), are leading response efforts at district level. The Botswana Red Cross Society actively participates in these coordination platforms, contributing to planning, information sharing, and implementation of response activities across affected areas.

At national level coordination of the health response is led by the Ministry of Health, Ministry of Local Government and traditional Affairs with key technical oversight from the National Malaria Programme and the BPHI. The National Malaria and the Child Health Programmes are actively coordinating malaria and diarrhoea prevention and response through district health teams particularly in endemic and flood-affected areas. BPHI is supporting surveillance with increased focus on high-risk districts prone to malaria and diarrhoeal disease outbreaks.

While no formal Incident Management System (IMS) has been activated coordination remains functional with communication and sharing of reports with the National Society.

Needs (Gaps) Identified



Shelter Housing And Settlements

Widespread destruction of mud houses has been reported across Lerale, Selowane, Majwaneng and several North-West villages more especially Khwai. Households reported collapsed walls and roofs, soaked belongings, and loss of bedding and clothing. While BRCs and partners have distributed tents, tarpaulins, blankets and shelter kits, there remain gaps in essential shelter support. A total of 273 households experienced shelter damages across Northwest (Khwai) and Central, (Palapye villages) was reported by BRCs and S&CD assessments teams.

Shelter needs include:

Additional tents and tarpaulins for households with collapsed or unsafe structures

- Roofing sheets and light-repair toolkits to stabilise partially damaged homes
- Essential household items (mattresses, blankets, kitchen sets) for households with fully soaked belongings
- Measures to prevent secondary exposure, since NDMO tents are returnable assets and may be retrieved before permanent repairs occur.



Livelihoods And Basic Needs

Flooding has significantly disrupted livelihoods across all affected districts, causing loss of food stocks, clothing, bedding, school materials, essential household goods and small-scale income assets. Many households relying on subsistence farming, small livestock, informal trading and casual labour face prolonged income loss and reduced food security. In Palapye, over 600 households lost food supplies, bedding, clothing, household items and small livestock, including confirmed losses of six goats, two sheep and four gemsbok in



the Majwaneng/Rammai farms area. In Tswapong, small-scale farmers suffered major losses following heavy downpours, including 62 goats, 111 chickens and washed-away watermelons, with collapsed ploughing-field structures in Lerala and surrounding areas. In North-West settlements such as Khwai, Mababe, Tsau and Makalamabedi, displaced households lost food supplies, clothing, blankets, utensils and small livelihood tools.

Livelihoods and basic needs priorities:

- Food baskets to replace destroyed household food stocks
- Blankets, mattresses, clothing, school uniforms and basic household items
- Cooking sets, stoves and utensils to restore basic living conditions
- Water storage containers and hygiene items for households with damaged storage
- Seeds, tools and rehabilitation support for affected farmers in Pandamatenga and Tswapong
- Livestock replenishment for households with verified livestock deaths
- Early-recovery grants for households dependent on informal labour now disrupted by flooding



Multi purpose cash grants

Multi-purpose cash assistance is required to help households meet diverse and urgent needs that cannot be fully supported through in-kind distributions. Cash will allow affected families to purchase food, clothing, blankets, hygiene supplies, school materials, cooking utensils and small repair materials according to their priorities especially in Central and North-West settlements where losses are extensive and varied.

Preliminary BRCS observations indicate that local markets in major centres (Palapye, Tonota, Shakawe, Gumare) remain functional and with reputable services to consider for provision of essential goods such as food, clothing, blankets, hygiene items and repair materials. Supply chains continue to operate despite access challenges in smaller villages. A Rapid Market Assessment (RMA) will be conducted early in the operation to confirm price stability, availability of key items and trader capacity to support cash-based interventions.



Health

Health and Epidemiological Risks

The floods coincide with malaria and diarrhoeal disease seasons, elevating outbreak risk in flooded districts. The floods situation raised the risk of further escalation of the water borne and vector borne diseases. In Epidemiological Week 10, covering 1 to 7 March 2026, 89 malaria cases were reported nationally. Of these, 85 cases were indigenous and 4 imported, with 8 severe cases. Since the start of the 2025 to 2026 transmission season, there are 642 cumulative cases. Okavango accounts for approximately 73 percent of indigenous cases, while only 27 percent of season cases have been investigated at household level, indicating a surveillance gap. Diarrhoeal surveillance in Week 5 of 2026 recorded 75 cases with dehydration, reflecting seasonal risk compounded by WASH disruption in flood affected communities. Sporadic local malaria transmission is now observed in areas previously classified as non-malarious, indicating expanding transmission risk toward the Palapye corridor.

Significant gaps remain in availability of commodities, surveillance coverage, response capacity and community-level prevention practices across the affected districts.

1. Critical shortages of essential commodities constraining early case detection and appropriate case management particularly in the affected districts.
2. Community-based surveillance (CBS) implementation is currently limited resulting in inadequate geographic coverage and reduced capacity for early detection and timely response to priority diseases.
3. Currently only 13 Community Health workers have been deployed in the North West district to conduct Community Base Surveillance further constraining surveillance and community-level reporting in the district.
4. At the community level, uptake of vector control interventions remains suboptimal.
5. Inconsistent utilisation of Long-Lasting Insecticidal Nets and low coverage of Indoor Residual Spraying as well as inadequate adoption of other vector control measures are contributing to increased vulnerability to malaria transmission.



Water, Sanitation And Hygiene

Flooding has compromised sanitation systems and increased hygiene risks across affected districts. In Tonota, Dzoroga, Satau, and parts of the North West, bedding and clothing were soaked, household sanitation facilities damaged, and safe hygiene practices disrupted. These conditions have heightened exposure to waterborne and vector-borne diseases, including diarrhoeal illnesses and malaria.

A critical gap has been identified in the limited capacity of CHWs and Village Health Committees (VHCs) to deliver structured and sustained



hygiene promotion interventions. This is particularly evident in the Central District around Palapye, where community-level hygiene awareness and behaviour change efforts remain insufficient to address the scale of risk.

Poor sanitation conditions, accumulation of debris, and stagnant water in affected communities have created favourable environments for mosquito breeding and environmental contamination. The disruption of normal hygiene practices, combined with limited community capacity to identify and address sanitation challenges, has intensified public health risks and eroded household resilience.



Protection, Gender And Inclusion

Flood-affected populations, particularly women, children (including those who lost school materials/uniforms), older persons, and households hosting persons with chronic illness or disabilities face heightened protection risks due to displacement, and loss of basic items.

Children are particularly vulnerable during emergencies, as they face heightened risks of abuse, neglect, exploitation, and psychosocial distress. These risks are further exacerbated when family structures are disrupted and access to safe, protective environments is limited.

Key gaps identified include

1. Limited capacity of frontline responders at the village and district level (including CHWs, volunteers, and traditional leaders) to identify, prevent, and respond to child protection risks in emergencies. Additionally, SGBV referral pathways remain undocumented, challenging the process of safe referrals when cases are identified.
2. Absence of a comprehensive landscape analysis to inform programming,
3. BRCS responders have been trained on PGI in general, but not on Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA), creating a capacity-related gap in the safeguarding of vulnerable communities.
4. Insufficient mainstreaming of PGI considerations across response interventions.

This operation will therefore prioritise the capacitation of frontline responders on safeguarding during emergencies. The capacity building will focus on Child Safeguarding, PSEA, mapping of safe referrals, and implementation of safe referrals.

The landscape analysis will strengthen community-level protection systems and ensure that child protection is mainstreamed across all interventions, including shelter, health, and WASH activities.

The operation will ensure Integration of PGI minimum standards across all sectors; advocacy will be done across different departments to make sure that PGI sensitive reflective data is collected.

Families reluctant to move will require the provision of dignity kits and emphasise safe access to services.

To ensure safe access, the operation will strengthen referral pathways through Referral Mapping and documentation) and integrate with CEA to ensure that the voices of the vulnerable are evident in the response.

Continued psychosocial support (PSS) is needed, as field visits indicate many survivors remain traumatised despite initial support.



Risk Reduction, Climate Adaptation And Recovery

Persistent rainfall, waterlogging and saturated soils continue to heighten the risk of further structural collapses, particularly among households living in mud-based dwellings. In Pandamatenga, more than 8,000 hectares of crops were submerged, with soil erosion posing long-term risks to future planting and yields. Similar impact was observed in Tswapong, where small-scale farmers lost livestock and crops following heavy downpours as previously mentioned in the livelihood section. These combined losses weaken agricultural resilience and increase the need for climate-responsive recovery support.

Key Needs and Gaps:

Risk Reduction and Safer Shelter Practices

- Strengthened household and settlement-level awareness on safe relocation and flood-safe shelter techniques
- Support for at-risk households to reinforce or re-stabilise mud structures under continued saturation
- Promotion of safer construction and low-cost retrofitting methods in high-risk zones

Climate Adaptation and Agricultural Recovery

- Soil rehabilitation support for farmers in Pandamatenga and Tswapong, where waterlogging and erosion have damaged small-scale fields, livestock assets and fencing
- Access to replanting inputs (seeds, tools, fertiliser) for smallholders affected by livestock and crop losses
- Promotion of climate-resilient farming practices suited to high-rainfall variability





Community Engagement And Accountability

Initial engagement through VDCs and community structures has been valuable but structured two-way communication and systematic feedback remains limited. Strengthening CEA systems is essential to ensure transparent communication, improve targeting accuracy and enable communities to influence operational decisions.

Needs to be addressed:

- Regular kgotla meetings, household visits and community dialogues for clear explanation of assistance packages, eligibility and timelines
- Accessible feedback and complaints channels for all affected groups, including women, older persons and people with disabilities
- Tailored behaviour-change communication to support malaria, WASH and shelter safety messaging during ongoing flooding

Any identified gaps/limitations in the assessment

Access to the affected locations is a challenge, limiting the detailed assessments. Assessment teams were unable to fully access the areas due to deep mud, waterlogged terrain and general access constraints. Furthermore, across affected districts, damaged infrastructure, continue to delay assistance.

In addition, some vulnerable groups such as persons with disabilities, the elderly, child-headed households, and those in hard-to-reach areas may not yet be fully reached, requiring further targeted assessment and support.

While coordination structures exist and some efforts of response were engaged by authorities, the scale of the crisis has led to some gaps in information sharing and coverage. Other key unmet needs persist in shelter, essential household items, WASH, and health, with increased risks of malaria, diarrhoeal diseases, and rabies not fully addressed. Resource constraints including limited funding, relief stocks, and personnel are affecting the scale of the response.

Operational Strategy

Overall objective of the operation

The overall operation aims to deliver timely, lifesaving and protection-focused assistance in order to reduce immediate risks and improve shelter, WASH, health, and protection outcomes for 5,000 people affected by the 2026 floods in the Northwest and Central Districts - Botswana.

For the planned 6-month intervention, BRCS will achieve the above objective through the provision of emergency shelter, essential household items, basic needs support, and strengthening public health emergency response through CBS, risk communication, and community engagement (RCCE) and disease prevention for water, vector-borne diseases, and while ensuring protection, dignity, and community resilience over a six-month implementation period.

Operation strategy rationale

Severe and persistent rainfall has caused multi-district flooding that destroyed mud-and-reed homes, displaced families, ruined food stocks and essential items, and increased exposure to malaria and diarrhoeal disease. Therefore, this operation aims to stabilise living conditions quickly, reduce health and protection risks, and enable early livelihood recovery where feasible.

The response will deliver an integrated relief package sized to the most urgent needs:

Shelter, Housing, and Settlements assistance is planned with a blended approach of cash and relief distribution, to limit negative copying mechanism and provided more impactful assistance that is specific to the damages and needs. All the 500 households with damaged shelter, that lost their belongings during the impact of the floods will receive NFI such as blankets and mattresses. Further to this, specific assistance will be provided targeting groups with more severe damages to their houses. The BRCS will prioritize households with destroyed houses through tents and tarpaulins for 170 households, together with portable solar lights for 150 households (the BRCS has already provided 20 portable lights to the affected households). Further to this, through restricted cash, will be provided to 200 households to purchase building materials such as roofing sheets, doors, and windows. BRCS will use the right technical specification vouchers to ensure that the needed materials are procured by beneficiaries.

In Livelihoods and Basic Needs, to supplement diets for children under 5, 150 households will receive time-bound food vouchers to address malnutrition related to families who lost all their livelihoods for a period of two months. This particular voucher will cover nutritional needs for under 5, pregnant and lactating women. The National Society already has two active agreements with two retailers



(Choppies and Sefalana). The households that are receiving supplementary feeding will not be receiving unrestricted MPC but will be receiving restricted cash assistance for shelter.

In addition, the BRCS is targeting 200 farmers that have seen severe impact on their livelihood and shelter losses/destructions will receive agricultural input vouchers (seeds, fertilizer, tools) to restart production where planting remains viable, due to loss of crop yields, 200 households will be targeted with 1 farmer per household. This aim to reduce vulnerability and promote better use of the other sectoral assistance by ensuring income generating activities are targeted separately to the other needs.

Multi-Purpose Cash (MPC) will address urgent basic livelihood needs, specifically uniforms, stationery, and basic household items. MPC will support 500 households with compounded vulnerabilities through two monthly transfers, enabling families to meet diverse urgent needs with dignity while reducing negative coping. The 500 beneficiaries who will be receiving unrestricted cash include the 170 targeted households who will be receiving in kind shelter assistance specifically 50 tents and 120 tarpaulins. The unrestricted MPC will prioritise those who would not be receiving restricted cash assistance (structural repair voucher) to avoid duplication of interventions.

Cash assistance will be done using financial service providers. BRCS being cash ready to cover the planned assistance but trainings for branches are planned to undertake the planned assistance.

Health actions focus on risk communication for malaria and diarrhoeal disease, first aid and PSS/PFA for affected households and responders, and community outreach through volunteers and existing surveillance linkages. Health department will also prioritise the capacity building of volunteers (65) and 50 response teams as Rapid Response Teams (RRT) to implement RCCE, household assessments, insecticide treated nets (ITNS) deployment, and safe referrals. RRTs will facilitate RCCE on public health issues emanating from the floods, i.e., malaria, diarrhea. They will facilitate household assessment and refer based on the needs identified as per the assessment. They will facilitate education sessions in the community on the preventive measures for main ongoing outbreaks but also on the proper use of mosquito nets

WASH key interventions proposed for this operation include capacity building of CHWs and VHCS on PHAST (Participatory Hygiene and Sanitation Transformation); enabling communities to analyse their own sanitation and hygiene challenges, develop and implement locally appropriate solutions, mainstream hygiene promotion messages across all community platforms, and champion hygiene promotion and behaviour change initiatives. NS also prioritises the clean-up campaigns to remove debris following flooding and clear stagnant water. This will support the reduction of mosquito breeding sites and contamination, leading to diarrhoeal diseases. This intends to address the urgent need to strengthen community-level hygiene promotion and environmental sanitation capacity by expanding hygiene awareness and behaviour change initiatives with volunteers and using CEA approaches. At the household level, the National Society will deliver hygiene and dignity kits, water storage support to enhance hygiene practice.

CEA will be integrated through the implementation of this operation. Communities will be engaged through the traditional meeting places (Kgotla) to consult, engage, and provide feedback. This will ensure transparent, two-way communication and real-time programme adjustments. 65 volunteers will be engaged in regular kgotla meetings, mapping risks and giving feedback on project progress. With continued rainfall into April, high soil saturation and likelihood of further impacts, BRCS will continue the early warning messages, especially in schools, public spaces etc.

Safeguarding remains the core PGI response. Capacity gaps from BRCS volunteers, staff, and other frontliners will be addressed by training in child safeguarding and PSEA to ensure that the teams responding from an informed position. To ensure that during the response, identified safeguarding issues are handled properly, the operation will prioritise mapping and documentation of referral pathways as well as implementation of safe referrals.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The operation will target 1,515 households (5,000 individuals) among people affected by the floods that occurred on the 15th to 19th March 2026.

- 2,970 people (500hh) among the most vulnerable individuals will benefit from direct relief distributions that will aim to reduce their vulnerability, exposure, and address the urgent needs identified during the BRCS assessment.
- Additional 2,030 people composed of the host community and other affected individuals, will be included in the target for the outreach activities, they will be provided with health interventions, sanitation activities/cleaning, and community-led interventions to prevent the further spread of ongoing outbreak of Malaria and diarrhoeal disease. These efforts extended to a wider population affected remain critical for the entire community's well-being and protection.

Geographical focus: Affected areas following the floods. For the health and WASH services, we will apply a combined epidemiological and vulnerability-based approach, focusing first on areas with heightened malaria and diarrhoeal disease risk, followed by households with severe flood-related impacts.



For the beneficiary selection, priority will be given to households and individuals experiencing:

- Destruction or major damage to homes (collapsed, unsafe, or uninhabitable structures).
- Loss of essential household items (bedding, clothing, food stocks, utensils)
- Disrupted or destroyed livelihoods, including crop loss and livestock mortality
- Unsafe living conditions due to saturated floors, cracked walls, leaking roofs, or compromised sanitation. Considering households with partially damaged or unsafe structures will also be included, recognising that weakening walls, leaking roofs, and ongoing saturation can lead to secondary collapse and displacement.
- Households in epidemiologically high-risk zones for malaria and diarrhoeal disease.

Within these groups, vulnerable individuals will be prioritised, including:

- Social condition vulnerabilities representation in the affected households: children under 5, older persons (60+), pregnant and lactating women, persons with disabilities, Female-headed and child-headed households,
- Low-income and socially marginalised households with limited coping capacity

All selection decisions will be informed by verification assessments with DDMCs, S&CD offices, BRCS field teams, and community structures to ensure transparent, inclusive, and accountable targeting. To strengthen transparency and prevent inclusion/exclusion errors, BRCS will apply a three-step verification process:

1) Initial Identification

- Based on joint DDMC/S&CD/BRCS assessments, household self-reporting, and community leader inputs.
- Includes households missed in first-round assessments due to inaccessibility.

2) Household-level validation

- BRCS teams will conduct brief verification visits (or phone/SMS verification if access is restricted).
- Verification will confirm shelter condition, asset loss, livelihood impact and vulnerability status.

Community validation and final approval

- Beneficiary lists will be reviewed with VDCs and community representatives to ensure fairness.
- Appeals and complaints will be managed through CEA feedback channels (SMS/WhatsApp, kgotla meetings, volunteer focal points).

This approach reduces targeting errors, strengthens community trust, and ensures that assistance reaches those most in need.

Explain the selection criteria for the targeted population

The criteria and methodology defined in previous section considers the below rationale.

First criteria considered being the severity of impact and level of vulnerability, ensuring that assistance reaches those most in need. Severity of impact being based on Joint assessments conducted by District Commissioners' Offices, S&CD, DDMCs, BRCS and partners which has already identify the most affected and in need of immediate, time-bound assistance. Priority will be given to households that have experienced significant effects from the floods, including destruction or damage to homes, loss of essential household items, disruption of livelihoods, and reduced access to basic services such as safe water, sanitation, and healthcare. The targeting approach also recognizes that vulnerability is not limited to fully destroyed homes. Households with partially damaged or unsafe structures, such as weakened walls, damaged roofing, flooded interiors, or compromised sanitation facilities will also be prioritised. This is because these conditions can make homes unsafe and uninhabitable.

Particular attention is given to communities located in flood-prone areas, including informal settlements and rural villages, where exposure to flooding is higher and coping capacities are generally lower. Given the ongoing rainfall and continued flood risk, these vulnerabilities are likely to worsen, increasing the risk of further displacement and health hazards. This approach ensures a comprehensive and inclusive targeting process that reflects both immediate needs and evolving risks. Similar to social service targeting the health targeting will be based on epidemiological risk, vulnerability profile, geographic exposure and access to health services.

In addition, the selection process prioritizes populations at increased risk of public health threats associated with flooding, including malaria, diarrhoeal diseases, and potential exposure to rabies. Special consideration will be given to vulnerable and socially marginalised groups who are disproportionately affected during emergencies.

The above rationale is systematically validated with communities and a verification system is in place for targeting process.



Total Targeted Population

| | | | |
|---------------------------|-------|--------------------------------------|-----|
| Women | 2,714 | Rural | 80% |
| Girls (under 18) | 800 | Urban | 20% |
| Men | 1,000 | People with disabilities (estimated) | 5% |
| Boys (under 18) | 500 | | |
| Total targeted population | 5,014 | | |

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 |
|--|---|
| Continued heavy rainfall leading to further house collapses and expanded caseloads, | Closely monitor Botswana Meteorological Services alerts; maintain ongoing communication with DDMCs and VDCs; pre-position shelter stocks where feasible; activate rapid assessment teams immediately after new incidents. |
| Limited accessibility due to damaged roads, flooded low-lying areas, and poor terrain | Use 4x4 vehicles and stagger distributions; coordinate with District Councils for temporary road clearance; deploy local volunteers for last-mile delivery; schedule visits during safer weather windows. |
| Under-reporting or delayed identification of affected households, especially in remote settlements | Strengthen community reporting channels (help desks, WhatsApp/SMS, VDC networks); deploy trained CEA volunteers to conduct regular household outreach; validate community-reported cases through joint S&CD-BRCS assessments. |



Risk of Multiple/concurrent outbreaks (Diarrhoea, Malaria and Rabies) which may overwhelm the response capacity.

Strengthen Integrated Disease Surveillance response.
Conduct an integrated training using the One Health Approach for both health care workers and volunteers.
Implement an integrated response

Please indicate any security and safety concerns for this operation:

The operation is considered low-risk from a security perspective, with no major threats anticipated for staff or volunteers. The primary safety concerns relate to environmental hazards, including unstable flooded terrain, collapsing mud structures, falling debris, slippery surfaces, and the potential for vehicles to become trapped in mud. To mitigate these risks:

Staff and volunteers will receive safety briefings before deployments, including guidance on avoiding structurally compromised buildings.

Movement will follow BRCS and IFRC safety protocols, with travel restricted during heavy rainfall or unsafe road conditions.

Teams will rely on local guides, VDCs, and DDMCs to identify safe access routes and avoid high-risk areas.

Volunteers will be provided with PPE, including gumboots, gloves, visibility vests, and rain gear.

All field movements will be logged with district authorities and BRCS HQ for accountability and rapid response in case of incidents.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 106,872

Targeted Persons: 2,970

Indicators

| Title | Target |
|--|--------|
| Number of households provided with emergency shelter assistance (tents, tarpaulins) | 170 |
| Number of households receiving essential household items (blankets, mattresses) | 500 |
| Portable solar lights | 150 |
| # of households receiving restricted repair cash/vouchers for urgent structural works (walls, roofing, fixings). | 200 |

Priority Actions

Key activities:

- Assess and register eligible households
- Provide restricted cash grants for urgent structural repairs to partially damaged homes
- Distribute emergency shelter materials (tents, tarpaulins)
- Support lighting repairs for partially damaged homes through portable solar lights





Livelihoods And Basic Needs

Budget: CHF 73,054

Targeted Persons: 660

Indicators

| Title | Target |
|--|--------|
| Number of households receiving seed and fertilizer vouchers redeemed at approved agribusiness outlets. | 200 |
| Number of households receiving utilities and tools for plot rehabilitation and land preparation | 200 |

Priority Actions

Key activities:

- Coordinate beneficiary identification, registration, and verification with relevant authorities (Department of crops and animal production)
- Provide seed and fertilizer vouchers redeemable at vetted agribusiness suppliers to restart production for affected farming households.
- Supply essential utilities and tools for land preparation, minor plot rehabilitation, and early re-planting.
- Support agricultural response for affected farmers.



Multi Purpose Cash

Budget: CHF 74,911

Targeted Persons: 1,652

Indicators

| Title | Target |
|--|--------|
| # of households receiving two months of MPC transfers | 500 |
| Post-Distribution Monitoring (PDM) completed and findings used adapt programming | 2 |
| # of FSPs activated | 2 |

Priority Actions

Key activities

- Conduct identification, registration, and verification with S&CD, District Councils, and VDCs.
- Finalize and use FSPs for safe and fast cash delivery.
- Provide two months of unrestricted cash to households with compounded needs.
- Deliver one-off restricted cash grants for urgent structural repairs where homes are partially damaged.
- Conduct PDM within 2-4 weeks to assess use, satisfaction, and needed adjustments.



Budget: CHF 71,837
Targeted Persons: 5,000

Indicators

| Title | Target |
|---|--------|
| Number of RRT 's deployed to affected districts | 20 |
| Number of Health workers trained on IDSR | 50 |
| Number of people reached with epidemic-related health promotion activities | 5,000 |
| Percentage of cases reported through surveillance system | - |
| Percentage of individuals identified through CBS and outreach activities successfully referred/ linked to health facilities for appropriate services (vaccination, ORS, and zinc sulphate | - |
| Number of CHWs/volunteers trained on CBS | 65 |
| % of volunteers reporting into CBS system | 95 |
| % of alerts investigated within 24 hours | 90 |
| #/% of alerts investigated within 24 hours | - |
| # of confirmed cases detected via CBS mechanism | - |

Priority Actions

Key activities:

1. Deployment of Rapid Response Teams to affected districts to provide technical support on the health response.
2. Training of 50 Health workers on IDSR
3. Train 65 volunteers on CBS, deploy them to facilitate the health response activities below
4. Pre distribution sensitisation on proper use of ITNs to the target community
5. RCCE on water and vector-borne prevention, early treatment seeking
6. Active case finding and referral
7. Strengthen diarrhoeal disease surveillance and case management, including distribution of ORS and zinc sulphate in high-risk districts.
8. Scale up and integrate CBS for climate-driven diseases in alignment with the One Health approach.
9. Provide psychological first aid and community-based PSS services, particularly for displaced households



Water, Sanitation And Hygiene

Budget: CHF 20,252
Targeted Persons: 5,000

Indicators

| Title | Target |
|-------|--------|
|-------|--------|

| | |
|---|-------|
| Number of district staff and volunteers trained on PHAST | 65 |
| Number of people covered with hygiene promotion activities. | 5,000 |
| Number of cleaning campaigns conducted | 3 |

Priority Actions

Key activities:

1. Training of CHWs and VHCs on PHAST (Participatory Hygiene and Sanitation Transformation);
2. Clean-up campaigns to remove debris following flooding and clear stagnant water. This will support reduction of mosquito breeding sites and contamination leading to diarrhoeal diseases.



Protection, Gender And Inclusion

Budget: CHF 26,208

Targeted Persons: 5,000

Indicators

| Title | Target |
|--|--------|
| PGI analysis completed and key findings integrated into operational planning | 1 |
| Number of participants from districts teams trained on safeguarding and PSEA | 100 |
| Number of staff and volunteers completing PGI refresher training | 65 |
| Number of districts with referral pathways documented | 3 |

Priority Actions

Key activities:

1. Provide PGI briefings on Minimum Standards for PGI in Emergencies to staff and volunteers to strengthen protection-sensitive service delivery.
2. Conduct a PGI analysis to better understand protection risks, barriers, and vulnerabilities within affected communities
3. Development and dissemination of PSEA and Child Safeguarding policies
4. Deliver PGI refresher training (with emphasis on Child safeguarding and PSEA) for staff and volunteers to reinforce inclusive, safe, and dignity-focused practices across all sectors.
5. Training of district teams on Child Safeguarding and PSEA
6. Mapping and documentation of Referral pathways and implementation of safe referrals.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 9,716

Targeted Persons: 2,000

Indicators

| Title | Target |
|-------|--------|
|-------|--------|



Number of community or school sessions on flood risk and climate adaptation.

6

Priority Actions

Key activities:

- Promote climate-adaptive shelter and building techniques for households whose mud homes were damaged or collapsed.
- Conduct school/community awareness campaigns in riverbank and flood-prone settlements, focusing on children and youth who are highly exposed to environmental hazards and vector-borne disease risks.



Community Engagement And Accountability

Budget: CHF 4,444

Targeted Persons: 5,000

Indicators

| Title | Target |
|---|--------|
| Number of community meetings conducted to gather needs, concerns, and feedback. | 3 |
| Number of volunteers trained in CEA | 65 |

Priority Actions

Key activities:

- Conduct community meetings to ensure affected people can voice needs, concerns, and feedback throughout the response.
- Train 65 volunteers on CEA to deliver accurate information, handle feedback, and strengthen two-way communication.
- Share clear information on assistance packages, eligibility, and timelines in accessible formats.
- Maintain functional feedback and complaints channels across all intervention sites.
- Use community feedback to improve targeting, delivery schedules, and activity design.



Secretariat Services

Budget: CHF 40,789

Targeted Persons: 78

Indicators

| Title | Target |
|--|--------|
| #of units engaged in the regular monitoring (finance, PMER, Operation, logistic) | 4 |
| #of support and monitoring visits conducted | 4 |
| # of kick-off meeting organized | 2 |
| # of monitoring calls (bi-monthly) | 6 |



Priority Actions

Key activities:

- Organize kick-off meeting with IFRC units and NS involved for smooth implementation.
- Ensure detailed workplan for branches is in place
- Volunteers Insurance
- Support efforts to strengthen the PMER system of the NS at National and branch level.
- Support the regular visits to address the gaps for financial and operational management, monitoring and reporting. Coordinate with NS for the joint monitoring.
- Support NS on stakeholders mapping and engagement for the communication, resource mobilization and technical cooperation for long term planning.
- For the entire operation, IFRC will keep track of context evolution and progress of the intervention



National Society Strengthening

Budget: CHF 71,844

Targeted Persons: 75

Indicators

| Title | Target |
|--|--------|
| # of volunteers and staff with protection and visibility equipment | 75 |
| # of coordination meetings | 5 |
| # of monitoring visits from HQ for technical support | 5 |

Priority Actions

Key actions:

- Ensure adequate visibility and protection through the branding for staff and volunteers
- Ensure duty of care for volunteers
- Conduct briefings on risk of intervention and activities reporting for each sectoral team
- Mobilised and support the PMER, Finance and DM dedicated to the quality of the intervention. They will work to ensure proper monitoring and reporting is done in a timely manner.
- A communication focal point of the NS will dedicate quality time ensure NS response profile is done and all the resources, document, record from the NS actions is transform into communication materials for active partners engagement.
- Coordination will be instrumental for the proposed response and to contribute to the long term solutions needed for the exit strategy of this DREF intervention.
- Thorough the operation, NS will lead the monitoring of context and progress of the intervention. Monthly updates will be provided to IFRC delegation

About Support Services

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

The operation will be implemented through a combination of trained staff and volunteers from the Botswana Red Cross Society (BRCS). A total of 65 volunteers from the three targeted districts will be mobilized. These volunteers, who have strong knowledge of the local context, will receive refresher training in Integrated disease surveillance training, IDSR, PGI, CEA, and PHAST during the first week of the operation.

Following training, volunteers will support key field activities, including household assessments, beneficiary verification, hygiene promotion, relief distributions, and monitoring and reporting. They will be equipped with protective clothing, transport allowance, and



the necessary tools to carry out their duties effectively.

In addition, 10 staff members will be deployed to provide technical and operational support. Their roles will include coordination with stakeholders, supervision of volunteers, guidance on data collection, and conducting monitoring visits before, during, and after distributions.

Key leadership and coordination of the operation will be ensured by designated personnel, including two Disaster Management Officers, a Communications and Public Relations Officer, a Finance Officer, and a Health and Care Coordinator. Overall oversight will be provided by the Head of Social Services and the Head of Health and Care, ensuring effective implementation, accountability, and quality of the response.

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

Botswana Red Cross Society (BRCS) volunteer network generally reflects the gender, age, and cultural diversity of the communities being supported. Volunteers are recruited from local branches within the affected districts, which ensures familiarity with local languages, cultural practices, and community dynamics. This enhances trust, acceptance, and effective communication during the response.

Efforts have been made to ensure gender balance within the volunteer teams, with both male and female volunteers actively engaged. This is particularly important in supporting vulnerable groups such as female-headed households, pregnant and lactating women, and children, where gender-sensitive approaches are required. The inclusion of youth and adult volunteers also ensures a mix of energy, experience, and community acceptance.

However, some gaps remain. There is a need to further strengthen male representation in certain operational roles and increase the inclusion of volunteers with specialised skills to support persons with disabilities and other high-risk groups. In some areas, limited availability of volunteers from specific vulnerable groups may affect the depth of engagement.

To address these gaps, BRCS is actively promoting inclusive volunteer recruitment, prioritising gender balance and representation of different age groups. Additional training on PGI is being provided to all volunteers to ensure they are equipped to deliver sensitive and appropriate support. Where necessary, BRCS also works closely with community leaders and structures to ensure that specific cultural and social needs are respected and addressed.

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

Procurement for this operation will be the responsibility of the BRCS, which will manage all procurement processes at the national level in line with IFRC procurement standards, BRCS Procurement Policy and national legislation.

Procurement will primarily utilise local suppliers to ensure timely delivery and cost efficiency. Items procured will mainly be for direct distribution to affected households, including shelter materials and essential household items, with limited replenishment of contingency stocks where necessary.

For in-kind assistance, the procurement process will be expedited through the use of pre-qualified suppliers and existing framework agreements where available. The tendering process is expected to take approximately 1–2 weeks, depending on the availability and type of items required.

For Cash and Voucher Assistance (CVA), BRCS has existing framework agreements with two Financial Service Providers (FSPs), that is Botswana Postal Services and Orange Money Botswana. These will be used to deliver multi-purpose cash assistance through accessible and secure channels.

For voucher-based assistance (restricted cash), suppliers will be identified and contracted specifically for shelter-related items.

How will this operation be monitored?

BRCS has a dedicated Planning, Monitoring, Evaluation, and Reporting (PMER) unit responsible for overseeing and documenting its operations. The Disaster Management (DM) unit ensures effective project implementation while maintaining accountability to stakeholders and donors. This is achieved through comprehensive project planning, monitoring, evaluation, and reporting mechanisms.

A monitoring framework with defined timeframes was developed in collaboration with the IFRC to provide technical support, track



progress, identify challenges, and mitigate risks that could delay implementation. This framework has enabled timely corrective actions throughout the project. Additionally, IFRC will conduct monitoring visits to offer technical guidance and support to the National Society.

To enhance activity and impact monitoring, Post-Distribution Monitoring (PDM) exercises will be conducted every two months by the National Society. The findings from these exercises will inform a lesson learned workshop, helping to refine and improve future response efforts.

The post monitoring strategy incorporates periodic internal meetings for coordination, risk assessments, indicator tracking, and progress updates.

Please briefly explain the National Societies communication strategy for this operation

BRCS will implement a coordinated communication strategy to support effective internal coordination, external visibility, and accountability to affected communities throughout the operation. This will be done in close collaboration with the IFRC communications focal point.

Internally, BRCS will use regular coordination meetings, situation reports, and digital communication platforms (e.g., email and messaging groups) to ensure timely information sharing among staff, volunteers, and partners. Externally, updates will be shared with stakeholders, government counterparts, and partners through situation reports, briefings, and coordination platforms such as District Disaster Management Committees (DDMCs).

BRCS will ensure transparent and two-way communication with affected communities through Community Engagement and Accountability (CEA) approaches. This includes community meetings, household visits, engagement through Village Development Committees (VDCs), and feedback mechanisms to gather concerns, respond to questions, and adapt the response accordingly.

A media strategy will be implemented to enhance visibility and public awareness. This will include press releases, radio interviews, and engagement with both public and private media outlets. Social media platforms will be used to share real-time updates, key messages, and success stories through photos, videos, and infographics.

All response activities will be documented to capture progress, lessons learned, and impact. Human-interest stories and success stories will be developed and shared across communication channels to highlight the outcomes of the intervention.

The IFRC will provide technical support in communications, including guidance on content development, visibility, and alignment with global standards. This collaboration will strengthen the quality, consistency, and reach of communication outputs.



Budget Overview

International Federation of Red Cross and Red Crescent Societies

V2025.01.2

DREF budget tool for National Societies

| | | | | |
|----------------------------|-----------|-------------|-------------------------------|------------|
| National Society | Operation | Appeal Code | Currency (LC) & Exchange Rate | Date |
| Botswana Red Cross Society | Floods | Code | CHF 0.057163 | 21/03/2026 |

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| Output Code | Description | Block [select] | Implemented by [select] | Budget Group | Quantity | Unit | Unit Cost LC | Total Cost LC | Total Cost CHF | Review / Comments |
|------------------|---|----------------|-------------------------|--------------|----------|--------------|--------------|---------------------|-------------------|---|
| AP005 | Blanket | Response | National Society | 510 | 500.00 | Blankets | 450 | 225,000.00 | 12,861.68 | Increased unit cost as the diesel price |
| AP005 | Mattresses | Early Response | National Society | 510 | 500.00 | Mattresses | 450 | 225,000.00 | 12,861.68 | |
| AP005 | Tarpaulins | Early Response | National Society | 500 | 120.00 | Tarpaulins | 2000 | 240,000.00 | 13,719.12 | |
| AP005 | Tents | Early Response | National Society | 500 | 60.00 | Tents | 5000 | 300,000.00 | 17,148.90 | |
| AP005 | Transportation of relief items | Response | National Society | 593 | 1.00 | Lumpsum | 95000 | 95,000.00 | 5,430.49 | |
| AP005 | Solar Lights | Response | National Society | 560 | 150.00 | Solar Lights | 470 | 70,500.00 | 4,029.99 | |
| AP005 | Restricted Cash Grant for Structural repairs (Once off distribution) | Response | National Society | 578 | 200.00 | Households | 3,000.00 | 600,000.00 | 34,297.80 | |
| TOT_AP005 | Shelter assistance to households | | | | | | | 1,755,500.00 | 100,349.65 | |
| PO01 | Shelter and Basic Household Items | | | | | | | 1,755,500.00 | 100,349.65 | |
| AP007 | Agriculture seeds and fertiliser | Response | National Society | 523 | 200.00 | Households | 3,000.00 | 600,000.00 | 34,297.80 | |
| AP007 | Utilities and Tools | Response | National Society | 560 | 200.00 | Households | 1,500.00 | 300,000.00 | 17,148.90 | |
| AP007 | Targeted Food Assistance voucher | Response | National Society | 578 | 300.00 | Households | 1,000.00 | 300,000.00 | 17,148.90 | 150 HH targeted for supplementary |
| TOT_AP007 | Improvement of income sources | | | | | | | 1,200,000.00 | 68,595.60 | |
| PO02 | Livelihoods | | | | | | | 1,200,000.00 | 68,595.60 | |
| AP081 | Identification, registration, and verification of beneficiaries for restricted and unrestricted cash grants | Response | National Society | 578 | 4.00 | Lumpsum | 6,000.00 | 24,000.00 | 1,371.91 | |
| AP081 | Unrestricted, Unconditional Cash Grants | Response | National Society | 578 | 1,000.00 | Households | 1,200.00 | 1,200,000.00 | 68,595.60 | |
| AP081 | CBA FSP Cost | Response | National Society | 580 | 1,300.00 | Unit | 5.00 | 6,500.00 | 371.56 | |
| TOT_AP081 | Multi-purpose cash grants | | | | | | | 1,230,500.00 | 70,339.07 | |
| PO03 | Multi-purpose Cash | | | | | | | 1,230,500.00 | 70,339.07 | |
| AP109 | Training of 65 Volunteers and 50 MoH staff on IDSR Volunteers on IDSR | Response | National Society | 680 | 1.00 | Lumpsum | 500,000.00 | 500,000.00 | 28,581.50 | |
| AP109 | CBS activities-Disease Control (Vector Borne & Water Borne) | Response | National Society | 540 | 1.00 | Unit | 290,000.00 | 290,000.00 | 16,577.27 | |
| AP109 | Deployment of RRT | Response | National Society | 540 | 300.00 | Lumpsum | 1,300.00 | 390,000.00 | 22,293.57 | |
| TOT_AP109 | Health services in emergencies | | | | | | | 1,180,000.00 | 67,452.34 | |
| PO04 | Health | | | | | | | 1,180,000.00 | 67,452.34 | |
| AP111 | Conduct hygiene& sanitation and health sensitization sessions | Response | National Society | 680 | 12.00 | sessions | 6,000.00 | 72,000.00 | 4,115.74 | |
| AP111 | Cleaning campaigns | | | 530 | 1.00 | Lumpsum | 120,000.00 | 120,000.00 | 6,859.56 | |
| AP111 | Training of 65 volunteers and 10 staff members on health and hygiene promotion | Response | National Society | 680 | 1.00 | Lumpsum | 140,667.00 | 140,667.00 | 8,040.95 | |
| TOT_AP111 | WASH in emergencies | | | | | | | 332,667.00 | 19,016.24 | |
| PO05 | Water, Sanitation & Hygiene | | | | | | | 332,667.00 | 19,016.24 | |
| AP117 | Conduct a PGI analysis to better understand the risks | Response | National Society | 680 | 4.00 | sessions | 10,000.00 | 40,000.00 | 2,286.52 | |
| AP117 | Training on Child Safeguarding and PSEA | Response | National Society | 680 | 100.00 | sessions | 2,800.00 | 280,000.00 | 16,005.64 | |
| AP117 | PGI/PFA refresher Training on PGI for staff and volunteers | Response | National Society | 680 | 65.00 | sessions | 1,700.00 | 110,500.00 | 6,316.51 | |
| TOT_AP117 | Protection/gender/inclusion capacity | | | | | | | 430,500.00 | 24,608.67 | |
| PO06 | Protection, Gender and Inclusion | | | | | | | 430,500.00 | 24,608.67 | |
| AP101 | Awareness Campaigns for Children's Safety in flood-prone areas. 2 schools each district | Response | National Society | 680 | 6.00 | sessions | 26,600.00 | 159,600.00 | 9,123.21 | |



Contact Information

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

National Society contact: Kutlwano Mukokomani, Secretary General, sg@botswanaredcross.org, +267 71588544

IFRC Appeal Manager: Mercy LAKER, Head of Cluster Delegation, Mercy.LAKER@ifrc.org

IFRC Project Manager: Bongeka Mpinke, Operation Manager, bongeka.mpinke@ifrc.org

IFRC focal point for the emergency: Bongeka Mpinke, Operations Coordinator, bongeka.mpinke@ifrc.org

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