# DREF Final Report

## Liberia Floods 2024

Joint monitoring visit: Government, EU, IFRC and NS

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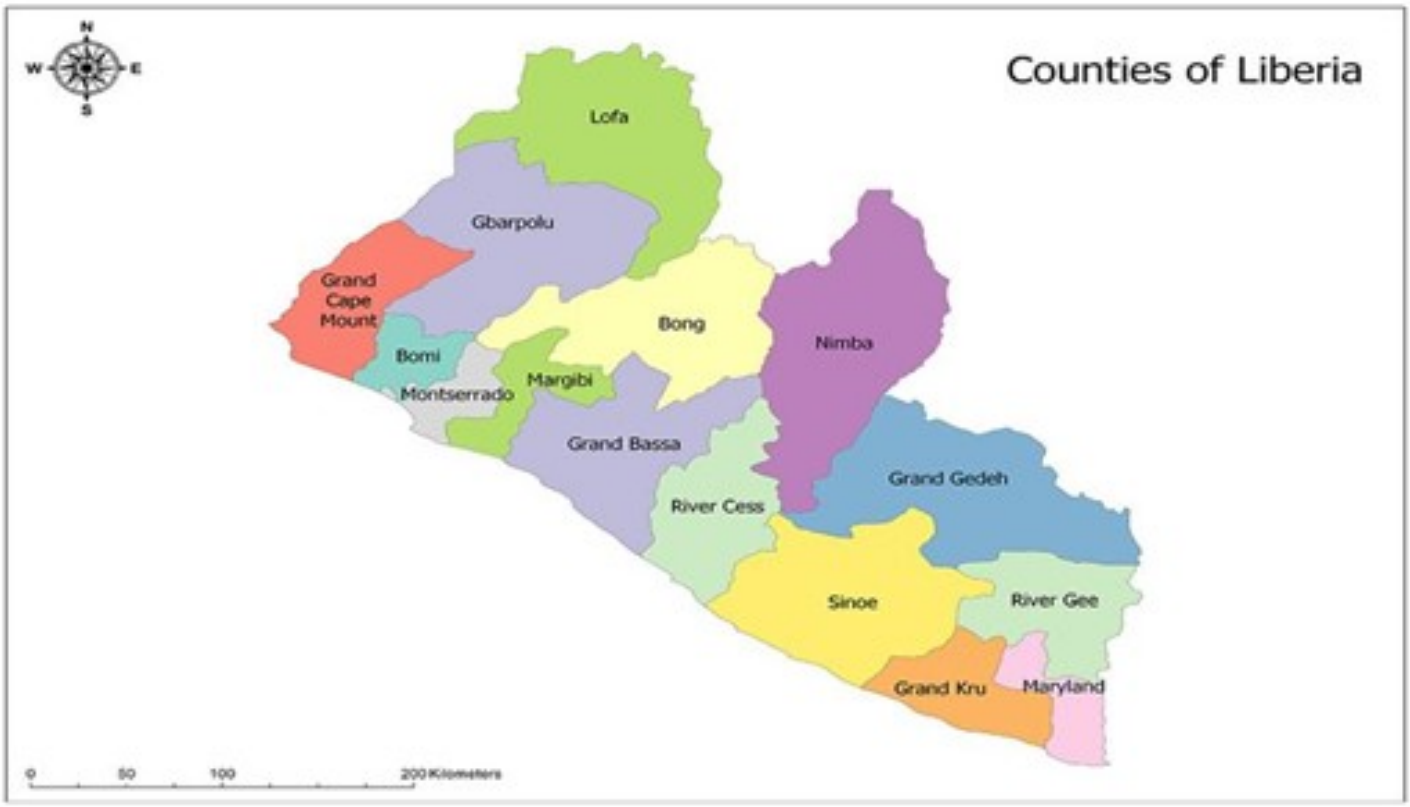
|---|---|---|---|
| Appeal:<br>**MDRLR008** | Total DREF Allocation:<br>**CHF 484,052** | Crisis Category:<br>**Yellow** | Hazard:<br>**Flood** |
| Glide Number:<br>**-** | People Affected:<br>**51,000 people** | People Targeted:<br>**13,100 people** | People Assisted:<br>**13,100 people** |
| Event Onset:<br>**Slow** | Operation Start Date:<br>**12-07-2024** | Operational End Date:<br>**-** | Total Operating Timeframe:<br>**4 months** |

Targeted Regions: **Bong, Grand Cape Mount, Montserrado**

# Description of the Event




Map of affected locations

## Date when the trigger was met

29-06-2024

## What happened, where and when?

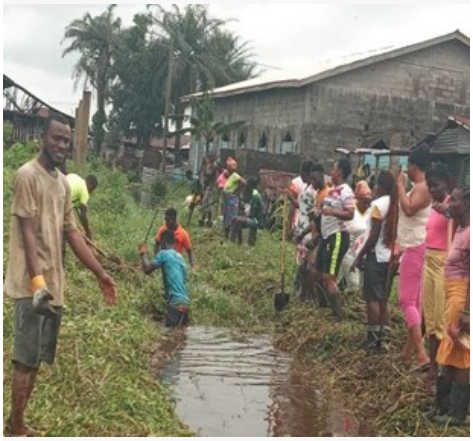
From 28 June to 1 July, Liberia experienced intense and continuous rainfall, which resulted in severe flooding across Montserrado (including Monrovia and adjacent communities), Bong, and Grand Cape Mount Counties. In total, approximately 75 communities were affected, with Monrovia reporting the highest number of impacted residents.

A joint assessment conducted by the National Disaster Management Agency (NDMA), local community structures, and the Liberian Red Cross Society Community-Based Action Teams (CBATs) found that 47 communities in Monrovia experienced flooding over the three-day period. Cape Mount and Bong Counties reported 28 affected communities and villages. Overall, the floods impacted approximately 51,000 people (10,000 households), causing temporary displacement to relatives' homes, nearby villages, and public buildings.

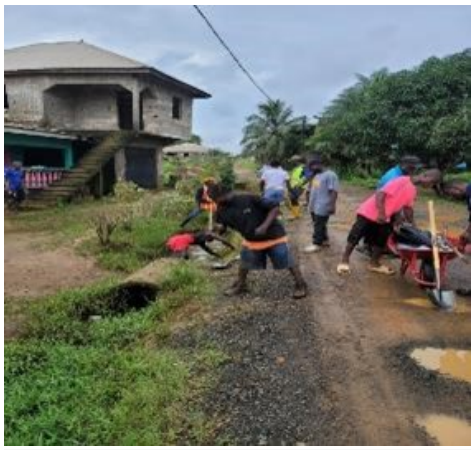
In response, the Liberia Refugee Repatriation and Resettlement Commission (LRRRC) identified eight temporary shelter sites in Monrovia and its environs, while Grand Cape Mount County designated two public facilities for shelter. In Bong County, many affected individuals found temporary refuge with family members in nearby homes. The NDMA issued warnings via national radio and television regarding the potential for additional flooding and displacement over the subsequent four months. Immediate interventions were carried out to support affected populations and prepare for potential future events.

The Liberia Meteorological Department had predicted continuous rainfall from May to September 2024 across six counties: Montserrado, Bomi, Cape Mount, Margibi, Grand Bassa, and Maryland. While these forecasts proved accurate, no major further damage occurred beyond the initial flooding of 28 June to 1 July 2024.

The floods caused loss of valuable household items, exposure to disease outbreaks, displacement, livelihood disruptions, and contamination of water sources. Vulnerable populations; women, children, the physically challenged, and single mothers comprised approximately 68% of those affected. Many sought shelters in temporary facilities, including public and private buildings, or with neighbors and relatives in adjacent, unflooded communities.

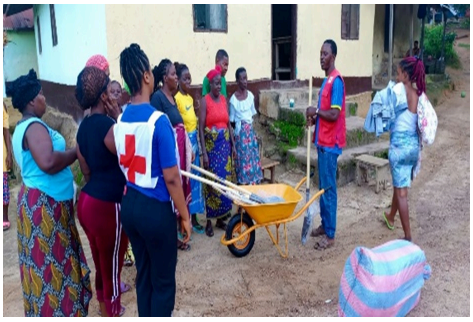


Community drainage cleaning



Community sanitation and drainage cleaning

Distribution of mosquito nets



Distribution of cleaning tools to community

## Scope and Scale

From 28 June through 1 July, Monrovia and its environs, including 47 communities, particularly those situated on low-lying plains, experienced record flooding. This event caused significant population displacement, both within affected areas and to surrounding communities. Additionally, 28 communities in Grand Cape Mount and Bong Counties experienced heavy rainfall, which resulted in extensive flooding.

A seven-day weather forecast (28 June–2 July 2024) issued by the African Union had indicated that Liberia was at Level 3 for high precipitation, signaling a potential rise in sea levels and a heightened risk of flooding that could compromise local coping capacities and increase community vulnerability. Nevertheless, the flooding was primarily driven by persistent heavy rainfall rather than sea level rise.

The affected communities urgently required humanitarian assistance to address immediate basic needs and implement mitigation strategies. These measures were critical to reduce further exposure and prevent the spread of impact to additional households and communities within the same localities and counties.

No deaths were reported in the affected areas; however, a significant number of people were displaced, with many seeking shelter in temporary facilities such as public buildings, while others stayed with friends or relatives.

# National Society Actions

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

# IFRC Network Actions Related To The Current Event

| | |
|---|---|
| **Secretariat** | The IFRC Country Delegation in Freetown supported preparedness and response efforts in Sierra Leone, Liberia, Guinea, and Guinea-Bissau. Staffed with experts in operations, disaster response, National Society development, PMER, and finance, the Delegation provided technical assistance to the Liberian Red Cross Society (LNRCS) in disaster response, health services, and resilience programs, while coordinating global Red Cross support and representing LNRCS internationally.<br><br>During the flood response, the IFRC engaged continuously with LNRCS leadership to identify priorities, define roles, and coordinate with Movement partners, NGOs, and donors. Communication channels enabled real-time information sharing and rapid decision-making, ensuring a coordinated and efficient response.<br><br>The IFRC leveraged its network of partners to provide resources, technical expertise, and funding, directing support to the most urgent needs. Under the DREF, the Delegation maintained operational and technical support, assigning an operations focal point and conducting PMER missions to strengthen accountability and learning. These actions enhanced LNRCS's capacity and resilience to respond effectively to future disasters. |
| **Participating National Societies** | In addition to the IFRC, the Swedish Red Cross was the only other Movement partner present in Liberia. It provided initial response support, while the Initial Response Fund facilitated assessments and early data collection. |

# ICRC Actions Related To The Current Event

The ICRC, which provides technical support to LNRCS through the Abidjan Regional Office, did not provide financial or technical support during the flood response.

# Other Actors Actions Related To The Current Event

| | |
|---|---|
| **Government has requested international assistance** | Yes |
| **National authorities** | The National Disaster Management Agency (NDMA) actively assessed the flood situation and mobilized resources to assist affected populations. An emergency coordination meeting was held in Monrovia on 1 July 2024, bringing together local partners, community-based NGOs, the Red Cross, and other humanitarian actors to review the situation, its impact, and plan a detailed assessment.<br><br>The NDMA issued an urgent call for support to provide humanitarian assistance, while local authorities and city governments ensured that displaced people had access to temporary shelters in public buildings. |
| **UN or other actors** | N/A |

**Are there major coordination mechanism in place?**

The NDMA activated its Disaster Risk Reduction (DRR) Platforms, convening meetings that included all operational cluster mechanisms and key response actors, including LNRCS. These meetings were essential for coordinating response efforts and ensuring effective collaboration among stakeholders.

The NDMA also actively supported resource mobilization, coordinating with partners to ensure adequate resources were available to support the humanitarian response to the flood crisis.

# Needs (Gaps) Identified

## Shelter Housing And Settlements

In the aftermath of the floods, affected families sought refuge in community public buildings, schools, and with host families, exposing them to dire living conditions. Many households faced food shortages and increased dependency on hosts, placing additional strain on already vulnerable communities. Approximately 80% of those affected were displaced and highly exposed to these challenges.

Available makeshift shelters lacked proper safety measures and protection from harsh weather, forcing many to stay in open buildings without privacy, increasing risks to health and protection. Host families, already economically strained, faced further hardship in accommodating displaced relatives.

The response highlighted an urgent need for adequate emergency shelters with structural integrity and weather protection to ensure the safety, dignity, and well-being of flood-affected populations.

Beyond shelter, there was a critical need for essential household items, including kitchen sets, clothing, mats, blankets, and cash assistance to address immediate humanitarian needs. Assessments by the National Society confirmed these items as top priorities, emphasizing the necessity of timely and sufficient support to prevent further deterioration of living conditions.

The response revealed significant gaps in emergency shelter preparedness and the availability of relief items, underscoring the importance of improved contingency planning, pre-positioning of supplies, and stronger coordination with stakeholders to enhance future disaster response.

## Livelihoods And Basic Needs

The floods severely disrupted livelihoods, leaving households in urgent need of essential household items (HHIs) to replace lost belongings and rebuild basic necessities, including food, protection, and hygiene supplies. Many affected families lived in agricultural and fishing communities, relying on farming, fishing, and petty trading as primary income sources.

Assessments revealed extensive damage to businesses, particularly small-scale traders and shop owners who lost merchandise to floodwaters. Farmers experienced significant losses as seeds, crops, and farming tools were destroyed, disrupting both food production and income generation. Household equipment and personal belongings were also washed away, further exacerbating economic hardships.

Families sheltering with host communities faced additional challenges, as limited food reserves and household resources strained both displaced households and their hosts, highlighting the urgent need for external support.

Addressing these livelihood gaps was critical to restoring economic stability and fostering resilience. Immediate interventions were necessary to replenish lost assets, provide financial assistance for business recovery, and introduce livelihood diversification strategies. Without timely support, the long-term economic impact would have been severe, making sustainable recovery efforts essential to ensure food security and economic independence for affected households.

## Multi purpose cash grants

In response to the floods, Multi-Purpose Cash Grants (MPC) were identified as a key intervention to address the urgent and diverse needs of affected communities. The floods disrupted livelihoods, destroyed household items, and damaged shelter, leaving many families with partial or total loss of homes and income. Displaced families were particularly vulnerable, unable to recover from these losses without support.

MPC provided a flexible solution, enabling families to prioritize their most pressing needs with dignity and autonomy. Assessments showed that cash assistance was highly preferred by beneficiaries, as it effectively addressed varied needs and helped restore a sense of normalcy. Past experiences also confirmed that cash-based interventions offered the most efficient and responsive approach to complex disaster impact.

LNRCS ensured a rapid and efficient MPC response, respecting beneficiaries' choices and priorities. Cash injections into local markets

supported families while stimulating local economies weakened by the disaster, providing a dual benefit in fragile contexts.

Despite its effectiveness, gaps in technical oversight were noted, particularly in adherence to quality and safety standards for shelter, water treatment, and hygiene interventions. Direct service provision and procurement support remained essential to safeguard community health and safety during response and recovery.

By implementing MPC, the operation strengthened resilience, promoted recovery, and empowered communities to manage post-disaster challenges. The response highlighted the need for continued technical support and monitoring to maximize the impact of cash assistance and ensure sustainable outcomes for vulnerable households.

## Health

Following the floods, addressing health needs was critical to mitigating risks from adverse weather, disease-carrying vectors, and poor hygiene and sanitation among displaced families. Women and children, identified as the most vulnerable during initial assessments on 28 June, faced heightened health risks due to unsafe living conditions.

Displaced families were forced to shelter in inadequate conditions, including open buildings without proper safety measures or sleeping on bare, wet floors in public areas. These conditions increased susceptibility to diseases such as malaria, diarrheal illnesses, and cholera, as they were continuously exposed to vectors and unsanitary environments worsened by persistent rainfall.

The situation limited families' capacity to prevent or manage health risks, creating an urgent need for awareness campaigns and community engagement. Lack of access to hygiene and sanitation facilities further heightened the potential for disease outbreaks, necessitating immediate intervention. Effective communication on hygiene practices and disease prevention was essential to reduce epidemic risks and address humanitarian concerns.

There was a critical need to prioritize adequate shelter that offered protection from the elements, alongside targeted hygiene and sanitation interventions. Health education campaigns were urgently required to equip communities with knowledge on disease prevention and safe hygiene practices. These measures were essential to safeguard public health, particularly among vulnerable populations, and mitigate the spread of diseases in flood-affected areas.

## Water, Sanitation And Hygiene

Following the floods, addressing Water, Sanitation, and Hygiene (WASH) needs was critical to preventing the spread of diseases among vulnerable populations, including women, children, the elderly, and people with disabilities (PWDs). These groups were particularly susceptible to waterborne diseases such as cholera and diarrhea.

The continuous rainy season and potential for rising sea levels increased the risk of further displacement and exacerbated existing humanitarian needs. Immediate action was required to provide communities with safe water, hygiene promotion, and adequate sanitation facilities to mitigate health risks.

The response revealed significant gaps in essential WASH services, as many communities lacked access to clean water and proper sanitation. Deteriorating hygiene conditions heightened disease risks, making the distribution of safe drinking water and hygiene kits urgently necessary.

Equipping response teams with personal protective equipment (boots, raincoats, flashlights, bibs, megaphones) was also essential to safeguard responders' health and enable effective service delivery in challenging conditions.

Addressing these WASH needs reduced waterborne disease risks, promoted community health, and strengthened resilience in flood-affected areas. However, gaps in timely access underscored the need for continued investment in community preparedness and response capacity for future disasters.

## Protection, Gender And Inclusion

In response to the floods, addressing protection, gender, and inclusion (PGI) needs was essential to ensure the dignity, access, participation, and safety of vulnerable households.

Assessments revealed a critical need for a comprehensive approach integrating PGI considerations across all response activities. Gaps were identified in recognizing the diverse needs, risks, and coping strategies of women, girls, men, boys, individuals with disabilities, and minorities. Special attention was required to protect and include vulnerable groups, with a pressing need for gender and diversity analysis across sectors such as WASH and Shelter to better understand and address their specific challenges.

A significant gap existed in ensuring equitable participation of men and women during distribution and hygiene promotion activities. Without considering gender roles, there was a risk of unequal access and participation. Response strategies needed closer alignment with IFRC minimum standards for PGI in emergencies to uphold human rights and prioritize inclusivity.

The assessment also highlighted an urgent need for online training on sexual and gender-based violence (SGBV) case disclosure and referral for all volunteers. This training was essential to ensure that SGBV cases were handled appropriately and accountability mechanisms were in place for continuous improvement.

# Operational Strategy

## Overall objective of the operation

The overall objective of the operation was to provide immediate basic assistance to meet the needs of 1,500 households (7,500 people) affected by floods across Montserrado, Grand Cape Mount, and Bong Counties. The caseload was based on the initial needs assessment conducted by the Liberia National Red Cross Society (LNRCS) in collaboration with the National Disaster Management Agency (NDMA). The floods affected a total of 51,000 people, and assistance was prioritized for 13,100 of the most vulnerable individuals: Montserrado – 7,860 people (1,572 households); Grand Cape Mount – 3,275 people (655 households); Bong – 1,965 people (393 households).

The intervention strategy combined shelter assistance with Multi-Purpose Cash (MPC) grants, disbursed in two installments. This approach enabled beneficiaries to address immediate livelihood needs and basic necessities, while simultaneously enhancing community health through improved water, sanitation, and hygiene (WASH) services over a four-month period.

## Operation strategy rationale

This DREF operation provided emergency shelter assistance, hygiene promotion, improved access to safe drinking water through water treatment, and access to food and non-food items primarily through the multi-purpose cash transfer approach. Disaster mitigation activities were also implemented to reduce future vulnerabilities.

Based on feedback from previous post-distribution monitoring, cash transfers proved to be an effective and rapid method to assist affected individuals in recovering according to their specific needs. This approach restored their dignity by allowing them to choose what was essential for their families while also supporting market recovery. The Liberian Red Cross Society (LNRCS) utilized its existing contract with Orange, which had been renewed during the MDRLR007 implementation, to facilitate cash interventions. This contract remained in effect throughout the operation. Continuous assessments and monitoring were conducted to ensure the operation remained aligned with the evolving situation on the ground, considering forecasts and potential adjustments from partners that could impact response parameters.

A- Shelter and Household Items (Target: 400 households or 2,000 people):

In the three targeted locations, the NS' initial rapid assessment identified 400 households whose homes had been completely or partially damaged or deemed at risk. Each household received USD 150 as shelter rehabilitation support to aid in repairing their homes. This amount was determined based on the cost of shelter toolkits and essential construction materials within the local market. Given the pre-existing housing deficit, it was not feasible to provide cash for rent.

Community committees were established to raise awareness about selection criteria and the proper utilization of cash for shelter rehabilitation. A total of 45 volunteers were deployed to engage with the 400 households, providing guidance on using the cash for its intended purpose. Community-Based Action Teams (CBATs) collaborated with local community structures and leadership to facilitate community engagement and oversight. These teams played an active role in monitoring shelter rehabilitation efforts. Through a robust Community Engagement and Accountability (CEA) approach, volunteers actively participated in the cash distribution process and community-based monitoring to ensure the intended impact of the DREF support was achieved.

B- Livelihoods & Basic Needs (Target: 1,500 households or 7,500 people):

LNRCS provided USD 185 per household to the most vulnerable households to support their nutritional needs for two months. This amount was based on the local expenditure basket. The transfer was distributed in two installments: the first in the initial month of DREF

implementation, followed by the second in the subsequent month to enhance sustainable outcomes. Prior to cash distribution, a market assessment was conducted to ensure that market conditions could support the intervention. Additionally, post-distribution monitoring was carried out to evaluate the effectiveness and impact of the intervention.

C- Health (Target: 13,100 people):

Health risks were a priority under this intervention. LNRCS ensured that affected communities and households maintained their health and well-being by promoting good health and WASH practices, reducing the occurrences of waterborne and vector-borne diseases such as malaria and acute watery diarrhea, and preventing cholera outbreaks. LNRCS also provided first aid and psychosocial support (PSS) to affected families as necessary.

A total of 110 volunteers were trained in PSS, CEA, CVA, First Aid, and Health Promotion. Disease prevention was integrated into messaging, activities, and relief support. To implement these actions effectively, 110 LNRCS volunteers were deployed four days a week for 12 weeks to assist communities in maintaining drainage systems and waste management practices. This initiative helped to prevent and rapidly identify any potential outbreaks.

D- Water, Sanitation, and Hygiene (WASH) (Target: 1,500 households or 7,500 people):

The WASH intervention focused on three pillars: access to safe water, sanitation, and hygiene. Sanitation sensitization and campaigns were conducted twice per zone in targeted communities. Cleaning tools, such as wheelbarrows, gloves, shovels, and machetes, were procured for LNRCS branch volunteers and community members to carry out community cleaning activities. These efforts included clearing drainage systems, waterways, garbage deposit sites, and houses.

Additionally, contaminated drinking water sources were chlorinated using HTH chlorine powder/granules to ensure communities had access to safe water. To further improve household sanitation, essential hygiene supplies, including water storage containers, jerry cans, toothpaste, laundry soap, bath soap, hygiene kits, and towels, were distributed to affected households.

LNRCS ensured visibility throughout the operation by procuring essential household items, WASH and health supplies, and visibility materials. For the teams conducting these activities, protective gear (boots, gloves, masks, and raincoats) was provided to 110 volunteers.

Community Engagement and Accountability (CEA):

CEA was mainstreamed throughout the intervention to ensure the meaningful participation of affected communities. A community feedback mechanism was established to collect complaints, claims, and other feedback from beneficiaries. Feedback was reported from branches to HQ, and responses were provided in a timely and sensitive manner. A list of FAQs was developed and disseminated to promote key messages and clarify common concerns.

The feedback mechanism operated through two primary communication channels:

Community Committees – Established within affected communities to monitor activities and share complaints throughout the project's duration.

Volunteer Engagement – A trained team of volunteers received and recorded complaints through dedicated contact numbers. These complaints were documented in Excel tables for further processing by the CEA team.

During previous DREF operations, the inability to support all affected persons and households raised concerns among community members. To address this, targeted community engagement was implemented to enhance understanding of selection criteria and encourage participation.

Weekly meetings were held with the IFRC cluster delegation to discuss challenges and provide technical support, ensuring quality implementation of the DREF. Specific mitigation measures were established for cash list verification and processing.

For WASH and health services, previous DREF operations demonstrated the positive impact of media involvement in awareness activities alongside volunteer efforts. As a result, media partners were engaged in this response. Additionally, local authorities and key community stakeholders were actively involved throughout the operation to build trust and confidence within the affected communities.

A Lessons Learned Workshop was conducted at the conclusion of the operation to document challenges, best practices, and recommendations for future responses. Volunteers conducted direct visits and focus groups to gather insights and assess the effectiveness of the intervention.

# Targeting Strategy

## Who was targeted by this operation?

Through the beneficiary identification process, the most at-risk and vulnerable families were identified. Targeted groups were verified through community engagement approaches such as home visits, transect walks through affected communities, and consultations with local leaders. The process combined data analysis, community engagement, and ongoing assessments to ensure that assistance reached those in greatest need while minimizing the risk of exclusion or discrimination.

Assessment and Information Gathering: Data was collected and analyzed on the flood-affected areas, including the extent of damage, population demographics, and existing vulnerabilities. LNRCS collaborated with local authorities and other relevant agencies during the assessments to ensure accuracy. Vulnerable groups, including children, the elderly, pregnant women, people with disabilities, and marginalized communities, were prioritized to determine those most at risk from the floods.

Through community engagement, the basic needs of the affected populations were assessed and addressed. Registration and profiling were conducted to systematically collect data on affected households and individuals, including family size, income, housing conditions, and specific vulnerabilities. These beneficiary profiles helped categorize and prioritize assistance for each target group.

The LNRC prioritized assistance based on the severity of needs, ensuring that those with the most critical requirements received support first. Factors such as loss of shelter, access to clean water, food security, health status, and the presence of vulnerable individuals within households were key determinants in the selection process.

## Explain the selection criteria for the targeted population

Targeted assistance beneficiary selection considered the following:

- Partial or complete loss of household items
- Partial or complete loss of livelihood assets
- Partial or complete loss of water storage
- Houses partially and or completely damaged Generally

Preference were given to:

- Households that are in the latest list of poor/near-poor households
- Households that have not received any support or received very little support from other agencies
- Households which have no sustainable source of income and livelihoods
- Households with person(s) with a disability or chronically ill person(s)
- Households headed by women
- Households with pregnant or lactating women
- Households with elderly person(s), i.e. over 65 years
- Households with children under 5 years

# Total Assisted Population

| | | | |
|---|---|---|---|
| Assisted Women | 6,681 | Rural | - |
| Assisted Girls (under 18) | - | Urban | - |
| Assisted Men | 6,419 | People with disabilities (estimated) | - |
| Assisted Boys (under 18) | - | | |
| Total Assisted Population | 13,100 | | |
| Total Targeted Population | 13,100 | | |

# Risk and Security Considerations (including "management")

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|---|---|
| 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 |
|---|---|
| Inflation. Over the past months, inflation was recorded on food items that are essential for family baskets. Some increase in prices from 9% to 33% following the WFP monitoring report. | To address rising prices of essential food items (9%–33% increase per WFP monitoring), cash transfer amounts were adjusted based on market assessments and price evaluations. Continuous monitoring on the ground ensured that assistance remained adequate to meet household needs despite inflationary pressures. |
| Perception issues related to the conduct of the operation or activities which may impact the access and acceptance of LNRCS | To ensure community acceptance and smooth implementation, the operation was clearly communicated to all stakeholders, including the approach and beneficiary selection process. Sensitization meetings with community elders and members covered assistance type, locations, schedules, venues, and distribution procedures. Beneficiary feedback was actively collected and incorporated to promote transparency and trust. |
| Risks associated with community-based cash and/or in-kind distribution activities | To reduce risks during community-based distributions, LNRCS implemented crowd control measures, including gender-segregated queues outside distribution points and marked queues with hazard tape inside centers. Beneficiaries were invited in staggered groups, minimizing time spent waiting and ensuring an orderly and safe distribution process. |
| Inadequate communication with the target population. Not communicating beneficiary selection criteria and the date of transfer to beneficiaries will lead to high levels of community frustration and undermine the operations. | To mitigate this risk, LNRCS worked with the affected community to ensure that the NS reputation and trust with the community were protected from the onset. |
| Difficulty of access to certain areas due to the rains that continue to fall. | To overcome access difficulties caused by continuous rains, LNRCS ensured that volunteers were equipped with personal protective equipment (PPE) and mobility support to safely reach affected areas. Distribution plans and volunteer deployment were adjusted to account for road conditions and waterlogged zones, ensuring timely delivery of assistance to all target communities. |

**Please indicate any security and safety concerns for this operation:**

There had been a significant rise in drug addiction among the youth in these counties, coupled with widespread gangsterism, which profoundly impacted the community. This situation exposed community members to various security risks, including sexual and gender-based violence (SGBV), theft, looting, armed robbery, and other criminal activities. Such challenges could have significantly

affected the effectiveness of the operation. Additionally, Red Cross teams were equally vulnerable to these crimes and could have faced potential backlash from the community if they had perceived the assistance provided as inadequate.

To mitigate these risks, all volunteers and staff involved in the operation strictly adhered to security measures set by both the Movement and the Government. Active monitoring of emerging security threats was maintained to protect RCRC personnel from conflicts, crime, violence, health risks, and road hazards. Prior to deployment, comprehensive security orientations and briefings were conducted to ensure the safety and security of response teams. Standard security protocols, emphasizing cultural sensitivity and adherence to a code of conduct, were implemented and strictly enforced. All personnel actively engaged in the operations completed IFRC security e-learning courses, including Level 1 Fundamentals, Level 2 Personal and Volunteer Security, and Level 3 Security for Managers, prior to deployment. IFRC's security plans applied universally to all IFRC staff throughout the operation. Area-specific Security Risk Assessments were conducted for every operational area where IFRC personnel were deployed, with identified risk mitigation measures promptly implemented. Adequate insurance coverage for personnel was also provided to mitigate financial risks associated with potential incidents.

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

# Implementation

## Shelter Housing And Settlements

**Budget:** CHF 64,080
**Targeted Persons:** 2,000
**Assisted Persons:** 2,000
**Targeted Male:** 1,020
**Targeted Female:** 980

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of households assisted in cash for shelter resistance | 400 | 400 |
| # of volunteers trained and engaged in cash activities | 45 | 45 |
| # of PDM conducted | 1 | 1 |
| % of the target satisfied with the cash provided to support their shelter needs | 90 | 93 |

### Narrative description of achievements

• Training of Volunteers on Cash Transfer and Household Registration: Forty-five volunteers were trained on cash transfer procedures and household registration using the Kobo Collect platform. The training equipped them to accurately register and verify beneficiary households, manage cash safely, and support community engagement. Volunteers also assisted vulnerable beneficiaries, including the elderly and persons with disabilities, ensuring efficient, transparent, and accountable distributions while facilitating smooth access to funds.

• Local Market Analysis and Targeting Committees: A local market analysis was conducted to assess the availability and accessibility of shelter and essential household items in affected areas. Based on these findings, community targeting committees were established, and beneficiaries were briefed on selection criteria and intended use of cash. This participatory approach ensured equitable targeting, strengthened community ownership, and promoted transparency and trust in the intervention process.

• Cash Assistance for Shelter Rehabilitation: Four hundred households received USD 150 each (28,050 LD) to support rehabilitation of partially or completely damaged homes, totaling USD 60,000. Beneficiaries used funds according to their specific needs, including home

repairs or securing temporary rental accommodation. This timely and flexible intervention addressed urgent shelter needs, restored dignity, and allowed families to prioritize their recovery, directly improving living conditions in flood-affected communities.

• Volunteer Deployment and Monitoring of Cash Transfers: Trained volunteers were deployed to monitor cash distribution, assist beneficiaries with fund access, and address challenges such as withdrawal fees or procedural confusion. They collected feedback and coordinated with the financial service provider and CEA team to resolve issues promptly. Their active presence ensured that cash distributions were smooth, safe, and accessible, especially for vulnerable individuals.

• Post-Distribution Monitoring (PDM): Following disbursements, PDM was conducted across Montserrado, Bong, and Cape Mount Counties with support from community-based action teams and committees. Monitoring evaluated the effectiveness, timeliness, and impact of the shelter cash assistance. Findings showed 93% of beneficiaries were satisfied with the support, indicating the intervention successfully addressed urgent shelter needs, empowered households to manage their recovery, and improved overall well-being. PDM also provided valuable insights to inform and improve future operational approaches.

### Lessons Learnt

• The supervisory support provided by the IFRC Cluster team greatly strengthened the capacity and confidence of the LNRCS implementation team, enabling them to systematically follow the Cash and Voucher Assistance (CVA) DREF procedures with precision.

• Collaboration between NDMA staff and National Society volunteers during the data verification process enhanced the NS's role as a key partner in the flood response, reinforcing its credibility and coordination with government agencies while improving the accuracy and effectiveness of beneficiary targeting.

### Challenges

• Limited accessibility in some flood-affected areas delayed household registration, monitoring, and cash distribution, highlighting the need for contingency planning and flexible logistics.

• Delays in fund transfers due to banking procedures affected the timeliness of cash disbursements, requiring close coordination with financial service providers.

• Some beneficiaries experienced initial confusion regarding cash withdrawal procedures and appropriate use of funds, underscoring the importance of clear communication, guidance, and on-site support during distributions.

## Livelihoods And Basic Needs

**Budget:** CHF 0
**Targeted Persons:** 7,500
**Assisted Persons:** 7,500
**Targeted Male:** 3,675
**Targeted Female:** 3,825

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of affected households who receive cash support for nutrition | 1,500 | 1,500 |
| # of volunteers trained and engaged in cash activities | 45 | 45 |
| # of PDM Conducted | 1 | 1 |
| % of target satisfied with the cash provided to support their basic needs | 70 | 93 |

## Narrative description of achievements

• Market Assessment and Community Engagement: At the start of the operation, a market assessment was conducted to evaluate the availability, prices, and functionality of local markets to support the cash transfer modality. Community representatives were actively engaged to validate the cash assistance approach and beneficiary selection criteria, ensuring alignment with local needs and priorities. This participatory process strengthened community ownership, enhanced transparency, and facilitated smooth implementation of the MPC intervention.

• Training and Deployment of Volunteers for Registration: Forty-five volunteers were trained on household registration for cash assistance, equipping them with skills to collect accurate beneficiary data and support equitable targeting. Following training, volunteers were deployed for two days across the three target counties to register households, ensuring vulnerable groups including the elderly, pregnant women, and persons with disabilities were accurately identified and verified. This foundation ensured fair and accountable cash distribution.

• Cash Distribution to Households: Through the MPC intervention, 1,500 households received USD 185 each (35,595 LD), covering nutritional needs for two months as well as essential household items, hygiene products, and water storage materials. Beneficiaries were able to prioritize their most urgent needs, empowering households to make decisions based on their circumstances. The intervention restored dignity, supported livelihoods, strengthened resilience, and injected cash into local markets, aiding economic recovery in flood-affected communities.

• Volunteer Deployment and Monitoring of Cash Transfers: The 45 trained volunteers were deployed for three days to monitor cash distribution. They assisted beneficiaries at cash-out points, supported individuals with mobility challenges, clarified withdrawal procedures, and collected feedback. Over 68 issues across the three counties were promptly addressed, ensuring smooth, safe, and equitable distribution while reinforcing community trust in the National Society.

• Post-Distribution Monitoring (PDM): A three-day PDM survey was conducted by 30 volunteers targeting 6% of recipient households. Volunteers received one-day training on the survey tool and data collection best practices. Findings confirmed that cash was primarily used for food, hygiene, and household needs, with no significant misuse reported. The results validated the MPC intervention's effectiveness, reinforced accountability, and provided insights for improving future operations, with 93% of beneficiaries reporting satisfaction with the support.

## Lessons Learnt

• The active involvement of community committees in mobilizing local populations proved highly effective, enabling volunteers to schedule awareness sessions at optimal times and locations, which increased community engagement and ensured beneficiaries were well-informed prior to cash distribution. This approach highlighted the importance of leveraging local networks to enhance communication, reduce manipulation of beneficiary data, and promote equitable targeting.

• Lessons further emphasized the value of thorough volunteer training, robust community engagement, continuous monitoring, and structured post-distribution monitoring (PDM) combined with real-time feedback mechanisms. Together, these measures ensured transparency, effective utilization of cash, and operational efficiency, contributing to the success and sustainability of livelihoods interventions in flood-affected communities.

## Challenges

• Occasional delays in market validation and cash disbursement due to banking procedures affected the timeliness of the intervention, highlighting the need for close coordination with financial service providers.

• Limited understanding among some beneficiaries regarding the flexibility and appropriate use of cash assistance required additional guidance, on-site support, and clear communication to ensure funds were used effectively.

## Multi Purpose Cash

**Budget:** CHF 256,770
**Targeted Persons:** 7,500
**Assisted Persons:** 7,500
**Targeted Male:** 3,675
**Targeted Female:** 3,825

## Indicators

| Title | Target | Actual |
|---|---|---|
| # of HHs provided with multi-purpose cash | 1,500 | 1,500 |
| # of volunteers trained and engaged in cash activities | 45 | 45 |
| % of target satisfied with the cash provided to support their shelter needs | 70 | 93 |

## Narrative description of achievements

• Registration and Verification of Beneficiaries: A comprehensive registration and verification process was conducted for 1,500 households, prioritizing the most vulnerable through needs assessments, home visits, and consultations with local leaders. This approach ensured that cash assistance reached those most in need, minimized duplication or exclusion, and enabled precise targeting. The transparent and accountable registration strengthened community trust in LNRCS and laid the foundation for an effective, needs-based distribution.

• Training of Volunteers: Forty-five volunteers underwent targeted training to support cash activities, equipping them with skills in safe cash handling, beneficiary guidance, monitoring, and feedback collection. Their deployment facilitated smooth operations, reduced errors, and enhanced community engagement, ensuring accountability and efficiency in the response. The trained volunteers became a crucial link between the community and the intervention, significantly boosting the overall effectiveness of the program.

• Distribution of Multi-Purpose Cash (MPC): Cash grants were delivered to 1,500 households in two installments, enabling families to meet urgent needs across food, hygiene, shelter, and other essential items. The process, supported by trained volunteers and community engagement mechanisms, ensured equitable, safe, and transparent distribution. Beyond addressing immediate household needs, the cash injection stimulated local markets, supported economic recovery, and empowered households to prioritize resources according to their own circumstances.

• Post-Distribution Monitoring (PDM): Following the distribution, post-distribution monitoring assessed the effectiveness, satisfaction, and challenges of the intervention. Findings revealed that 93% of beneficiaries were satisfied with both the support and the distribution process, demonstrating that the cash assistance effectively met urgent needs. The insights gained informed ongoing operations, reinforced community confidence, and validated cash-based assistance as a flexible, responsive tool for disaster recovery.

## Lessons Learnt

• The cash-based intervention demonstrated that providing flexible, household-centered support allows beneficiaries to prioritize their most urgent needs, delivering aid in a dignified and timely manner. Engaging communities through transparent communication and participatory approaches was essential for building trust, managing expectations, and ensuring fair access to assistance.

• Training and deploying volunteers proved critical for operational efficiency and accountability, while post-distribution monitoring offered actionable insights for improving implementation. These experiences underscore the importance of integrating market assessments, continuous monitoring, and clear communication strategies into future emergency cash responses to enhance effectiveness and responsiveness.

## Challenges

• The effectiveness of cash-based interventions in providing flexible, dignified, and rapid support tailored to household priorities. Community engagement and transparent communication were critical in building trust, managing expectations, and ensuring equitable access.

• Ongoing rains and flooding temporarily restricted access to certain communities, causing delays in registration and cash distribution. Fluctuating market prices and inflation required close monitoring to ensure that cash grants remained adequate to cover essential household needs. Additionally, limited understanding of beneficiary selection criteria occasionally led to confusion within communities, highlighting the need for enhanced sensitization and continuous engagement to ensure transparency and trust throughout the intervention.

# Health

**Budget:** CHF 21,195
**Targeted Persons:** 13,100
**Assisted Persons:** 13,100
**Targeted Male:** 6,419
**Targeted Female:** 6,681

## Indicators

| Title | Target | Actual |
|---|---|---|
| # of HHs provided with mosquito nets | 1,500 | 1,500 |
| #people reached with health activities | 13,100 | 13,100 |

## Narrative description of achievements

• Provision of Psychosocial Support (PSS): Forty-five trained volunteers were deployed to provide psychosocial support, with three volunteers assigned per community during the first month of the operation. Engaging directly with households, they offered counseling and guidance to alleviate stress and emotional trauma caused by the floods, while also reinforcing community coping mechanisms. This targeted support improved mental well-being, strengthened trust between the community and LNRCS, and ensured that vulnerable individuals received timely and appropriate care.

• Training of Volunteers and Refresher on First Aid: A one-day training and refresher session equipped 45 volunteers with essential skills in basic medical assistance, psychosocial support, and health promotion at the community level. By enhancing their capacity, volunteers delivered safe and effective services, minimized risks to both beneficiaries and responders, and contributed to a higher quality and more reliable health response throughout the affected areas.

• Procurement and Distribution of Mosquito Nets: A total of 1,500 mosquito nets were procured and distributed, providing protection for 7,500 individuals across affected households. Distribution was paired with sensitization on proper use and maintenance, reducing the risk of malaria and other vector-borne diseases. Combining material support with health education enabled households to adopt sustainable protective practices, improving community health and resilience against disease outbreaks.

• Community Environmental Health Activities and Sensitization: LNRCS implemented community-led environmental health interventions, including sanitation campaigns, clean-up exercises, and hygiene promotion sessions. Health sensitization complemented these activities, emphasizing mosquito net use and preventive measures. Engaging 13,100 people, these efforts reduced waterborne and vector-borne disease risks, strengthened community hygiene practices, and enhanced resilience against future public health threats.

## Lessons Learnt

• The response highlighted the critical importance of early training and refresher sessions to ensure volunteers were fully prepared for both psychosocial support and first aid activities. Integrating material support, such as mosquito nets, with targeted community sensitization proved highly effective in encouraging proper use and fostering sustainable behavior change.

• Strong community engagement and clear communication were essential for building trust, increasing participation, and ensuring equitable access. Overall, these experiences demonstrate that coordinated health and hygiene interventions can effectively reduce disease risk and enhance community resilience during flood emergencies.

## Challenges

• Health interventions were initially constrained by limited access to some flood-affected areas, which delayed the timely deployment of volunteers and the distribution of mosquito nets. The high demand for psychosocial support occasionally exceeded the capacity of available volunteers, creating gaps in service coverage.

# Water, Sanitation And Hygiene

**Budget:** CHF 5,693
**Targeted Persons:** 7,500
**Assisted Persons:** 7,500
**Targeted Male:** 3,675
**Targeted Female:** 3,825

## Indicators

| Title | Target | Actual |
|---|---|---|
| # of households assisted with WASH items via cash | 1,500 | 1,500 |
| # of PDM conducted | 1 | 1 |
| # of households having access to safe drinking water | 1,500 | 1,500 |
| #of people reached with WASH activities | 7,500 | 7,500 |
| % of people reported that cash has supported their capacity to improve hygiene and water access | 70 | 91 |

## Narrative description of achievements

• Sanitation Campaigns and Community Cleaning: A total of 110 volunteers were deployed across the three target counties to implement sanitation campaigns and environmental hygiene activities. Equipped with wheelbarrows, heavy-duty gloves, shovels, whoppers, and cutlasses/machetes, volunteers carried out communal clean-up exercises including debris removal, drainage clearing, and elimination of mosquito breeding sites. These activities improved environmental sanitation, reduced vector-borne disease risks, and enhanced community awareness of hygiene practices. By actively involving residents, the campaigns fostered a sense of ownership over local sanitation efforts, contributing to a healthier living environment.

• Cash for WASH Items: As part of the multi-purpose cash intervention, 1,500 households received flexible cash assistance to procure hygiene items and safe water storage materials, including jerry cans, water storage gallons, soap, laundry detergent, hygiene kits, and towels. Households were able to prioritize and address their specific WASH-related needs, improving access to safe water storage and promoting household-level hygiene practices. This approach empowered communities to take ownership of their health and sanitation needs and reinforced the value of integrating cash with targeted WASH interventions.

• Chlorination and Hygiene Awareness: Volunteers conducted regular chlorination of community water sources using HTH chlorine powder, complementing government-led water treatment activities. Hygiene and sanitation campaigns were conducted twice monthly over three months, totaling six sessions per community. Volunteers demonstrated correct use of WASH items, proper dosing and storage of water treatment products, handwashing at critical times, and safe disposal of human excreta. These interventions reached 7,500 people, increased knowledge of safe hygiene practices, encouraged demand for WASH items, and directly contributed to reducing disease risks while improving public health outcomes. Across the intervention, 1,500 households gained access to safe drinking water.

• Post-Distribution Monitoring (PDM): A post-distribution monitoring exercise was conducted following the cash for WASH items distribution to evaluate effectiveness, satisfaction, and overall impact. The findings confirmed that households were able to meet their WASH-related needs, guiding improvements for ongoing operations and reinforcing community confidence in LNRCS's flood response efforts.

## Lessons Learnt

• Equipping volunteers with both necessary materials and targeted training was critical for effective implementation of WASH interventions.
• Combining cash support with practical demonstrations enabled households to immediately apply knowledge and adopt sustainable hygiene practices.

• Strong community engagement strategies increased participation and ownership of WASH activities.
• Regular monitoring and repeated awareness campaigns reinforced hygiene messages and promoted the adoption of safe practices.
• Ensuring proper use of WASH items through hands-on guidance strengthened household-level hygiene and overall community resilience to flood-related health risks.

## Challenges

• Partial coverage of cash-based activities led to reduced participation in communal clean-up exercises by non-beneficiary households, highlighting the need to plan for inclusive engagement strategies during CVA-linked WASH interventions.
• Restricted access to certain flood-affected areas delayed the deployment of volunteers and the timely distribution of WASH items, underscoring the importance of pre-positioned stocks and contingency transport planning.
• Low initial uptake of hygiene practices in some communities revealed gaps in pre-activity sensitization, emphasizing the need for targeted awareness campaigns prior to interventions.

# Protection, Gender And Inclusion

**Budget:** CHF 0
**Targeted Persons:** 7,500
**Assisted Persons:** 7,500
**Targeted Male:** 3,825
**Targeted Female:** 3,675

## Indicators

| Title | Target | Actual |
|---|---|---|
| # of staff briefed on PGI and PSEA and the implementation of PGI minimum standards | 30 | 30 |
| # of volunteers briefed on PGI and PSEA and the implementation of PGI minimum standards | 110 | 110 |
| # of people reached with PGI and PSEA sensitizations by volunteers | 7,500 | 7,500 |

## Narrative description of achievements

• PGI Briefing and Training: A total of 110 volunteers and 30 staff were briefed on Protection, Gender, and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) principles and trained on the implementation of PGI minimum standards. These sessions equipped participants with the knowledge and skills to ensure safe, inclusive, and gender-sensitive assistance, enhancing their capacity to identify and address protection concerns in communities and shelters. The training strengthened volunteer preparedness and promoted consistent application of PGI standards throughout the operation, improving protection and accountability mechanisms.
• Community Awareness and Sensitization on SGBV and Inclusion: Volunteers conducted sensitization sessions reaching 7,500 people, focusing on sexual and gender-based violence (SGBV) prevention, inclusion, and the rights of vulnerable groups such as women, children, the elderly, persons with disabilities, and marginalized populations. The sessions raised awareness of safe practices, equitable access to services, and mechanisms for reporting abuse, empowering communities to recognize and respond to protection issues while reducing risks of exploitation and neglect.
• Establishment of Feedback Mechanisms and Referral Pathways: Feedback mechanisms and referral pathways were set up in communities and shelters to enable affected persons to report concerns, access timely support, and receive appropriate services. Volunteers and other actors working in shelters were sensitized on these pathways to promote coordinated, sensitive responses. These efforts mainstreamed PGI principles across interventions, strengthened accountability, and reinforced trust between LNRCS, volunteers, and affected communities.

## Lessons Learnt

• Early and comprehensive PGI and PSEA briefings and trainings for both volunteers and staff are critical to ensure consistent understanding and application of protection standards across all interventions.

• Community sensitization on SGBV, inclusion, and the rights of vulnerable groups effectively increases awareness, empowers communities to identify and report protection concerns, and reduces risks of exploitation and abuse.
• Establishing accessible feedback mechanisms and referral pathways strengthens accountability, enables timely response to protection issues, and fosters trust between affected communities, volunteers, and staff.
• Integrating PGI principles across all sectors enhances the overall quality, safety, and inclusivity of humanitarian assistance, highlighting the importance of mainstreaming protection throughout emergency operations.
• Continuous engagement, monitoring, and refresher sessions are necessary to reinforce PGI knowledge, maintain safe practices, and address evolving protection risks during prolonged or complex emergencies.

### Challenges

N/A

## Community Engagement And Accountability

**Budget:** CHF 3,735
**Targeted Persons:** 13,100
**Assisted Persons:** 13,100
**Targeted Male:** 7,860
**Targeted Female:** 5,240

### Indicators

| Title | Target | Actual |
|---|---|---|
| % of feedback received and responded to | 80 | 97 |
| % of staff and volunteers working on the operation who have been briefed on CEA | 70 | 81 |
| # of consultations with communities for list finalization | 5 | 5 |
| # of community groups and representatives consulted on response plans | 10 | 10 |

### Narrative description of achievements

• Training of Volunteers on CEA: A total of 70 volunteers were trained on Community Engagement and Accountability (CEA) principles to support all response activities, including cash distribution, WASH, shelter, and health interventions. The training strengthened volunteers' capacity to communicate effectively with communities, collect and manage feedback, and ensure transparency and accountability throughout operations. Equipped with these skills, volunteers facilitated participation, addressed concerns, and promoted trust between affected communities and LNRCS, enhancing the overall quality and responsiveness of the response.

• Establishment of CEA Feedback Mechanism: A dedicated feedback mechanism was established to collect, document, and respond to community complaints, suggestions, and concerns. The system ensured beneficiaries could safely report issues, with 97% of feedback received addressed, allowing operational adjustments to better meet community needs. This mechanism strengthened transparency, accountability, and responsiveness, building community confidence in LNRCS interventions.

• Media Engagement and Communication: Communication activities highlighted volunteer efforts and humanitarian support through media coverage, increasing public awareness of ongoing response activities. These efforts promoted community understanding of selection criteria, distribution processes, and available services, while improving visibility of LNRCS operations and reinforcing trust in the organization's activities.

• Community Meetings to Validate Beneficiary Lists: Five community meetings were conducted to validate beneficiary selection criteria and lists, engaging 10 community groups and representatives. This participatory approach ensured equitable targeting and inclusion, minimized misunderstandings, and strengthened community ownership of the response. By involving local leaders and members in

decision-making, the intervention enhanced transparency, accountability, and trust while ensuring assistance reached those most in need.

### Lessons Learnt

• Key lessons highlighted the importance of equipping volunteers with CEA training, integrating accessible community feedback mechanisms, and conducting transparent, participatory validation sessions. These measures reinforced community trust, accountability, and engagement, ensuring that interventions were more inclusive, responsive, and effective in meeting the needs of affected populations.

### Challenges

• Initial skepticism from some community members regarding beneficiary selection and feedback processes required intensified communication and participatory approaches to build trust and ensure understanding.

• Coordination and outreach to all target communities were occasionally constrained by adverse weather and logistical limitations, highlighting the need for contingency planning and flexible operational strategies.

## National Society Strengthening

**Budget:** CHF 74,935
**Targeted Persons:** 60
**Assisted Persons:** 60
**Targeted Male:** 38
**Targeted Female:** 22

### Indicators

| Title | Target | Actual |
|---|---|---|
| # of lessons learned workshop | 1 | 1 |
| # of monitoring missions undertaken by the IFRC Cluster Delegation | 3 | 3 |
| # of NS/HQ monitoring missions to support implementation Delegation | 5 | 7 |
| # of staff and volunteers briefed and the Code of conduct | 60 | 60 |

### Narrative description of achievements

• Volunteer Briefing, Training, and Code of Conduct: All 110 volunteers and 60 staff involved in the flood response were briefed on the National Society Code of Conduct, the Safer Access Framework (SAF), and operational guidelines, signing the Code of Conduct before deployment. Comprehensive orientation sessions covered PSS, WASH, CEA, CVA, and PGI principles, ensuring volunteers understood their roles, responsibilities, and standards required for safe and ethical operations. This preparation reinforced professionalism, accountability, and adherence to humanitarian principles, enabling volunteers to effectively support flood-affected communities while mitigating operational risks.

• Volunteer Safety and Personal Protective Equipment (PPE): To ensure volunteer safety, 110 sets of PPE including water-resistant suits, gumboots, and prepositioned life jackets were distributed to those engaged in high-risk activities such as search and rescue. Additionally, over 600 volunteers were insured through IFRC Geneva support. These measures safeguarded volunteer wellbeing, allowing them to operate effectively in flood-affected and high-risk areas over the four-month rainy season.

• Monitoring and Technical Support Missions: Three technical support missions from the IFRC Freetown Cluster Delegation provided strategic guidance, refined operational strategies, and ensured compliance with humanitarian standards. Senior management and operations teams conducted seven additional monitoring visits across three operational locations, verifying adherence to operational plans, assessing beneficiary impact, and addressing challenges in real time. These missions strengthened quality assurance, accountability, and operational efficiency, enhancing the overall effectiveness of the DREF response.

• Community Committees and Feedback Mechanisms: Community committees were established in 14 communities to act as liaisons between the National Society and affected populations, supporting beneficiary verification, awareness campaigns, clean-up activities, and feedback collection. A dedicated feedback system, including a call center (#1919), recorded 160 complaints, 238 appreciation messages, and 321 queries, enabling prompt responses and operational improvements. These mechanisms reinforced transparency, community trust, and accountability, ensuring interventions met the needs of affected populations.
• Flood Risk Awareness and Messaging: Volunteers disseminated flood warnings, safe construction guidance, and risk mitigation information throughout the rainy season. This proactive engagement improved community preparedness, awareness, and resilience to potential future flooding, complementing ongoing humanitarian interventions.

## Lessons Learnt

• Key lessons emphasized the importance of comprehensive volunteer training, clear briefing on the Code of Conduct, and provision of PPE and insurance to ensure safety and professionalism in flood response operations.

• Establishing robust feedback and community engagement mechanisms strengthened accountability, transparency, and trust with affected communities. Strategic monitoring and senior management oversight were critical for maintaining operational quality, coordination, and timely adjustments, while these insights will guide improvements in preparedness, efficiency, and humanitarian outcomes for future flood responses.

## Challenges

• Volunteer Safety in High-Risk Areas: Flood-prone and waterlogged locations increased risks for volunteers, requiring strict adherence to PPE use, safety protocols, and continuous supervision to prevent accidents or injuries.

• Sensitive Community Feedback Management: Handling complaints and feedback, especially on PGI and protection-related issues, demanded careful management, follow-up, and coordination to protect affected individuals while maintaining accountability.

• Coordination Across Multiple Sites: Ensuring effective communication, supervision, and operational oversight across several locations posed challenges in maintaining real-time updates and consistent quality of response activities.

# Financial Report



| Selected Parameters | | | |
|---|---|---|---|
| Reporting Timeframe | * | Operation | MDRLR008 |
| Budget Timeframe | * | Budget | APPROVED |

## DREF Operation

FINAL FINANCIAL REPORT

Prepared on 08/Sep/2025

All figures are in Swiss Francs (CHF)

### MDRLR008 - Liberia - Floods

Operating Timeframe: 12 Jul 2024 to 30 Nov 2024

### I. Summary

| | |
|---|---|
| **Opening Balance** | **0** |
| **Funds & Other Income** | **484,052** |
| DREF Response Pillar | 484,052 |
| **Expenditure** | **-448,222** |
| **Closing Balance** | **35,830** |

### II. Expenditure by planned operations / enabling approaches

| Description | Budget | Expenditure | Variance |
|---|---|---|---|
| PO01 - Shelter and Basic Household Items | 64,080 | 57,772 | **6,308** |
| PO02 - Livelihoods | | | **0** |
| PO03 - Multi-purpose Cash | 256,770 | 253,018 | **3,752** |
| PO04 - Health | 21,195 | 34,422 | **-13,227** |
| PO05 - Water, Sanitation & Hygiene | 5,693 | 3,883 | **1,810** |
| PO06 - Protection, Gender and Inclusion | | | **0** |
| PO07 - Education | | | **0** |
| PO08 - Migration | | | **0** |
| PO09 - Risk Reduction, Climate Adaptation and Recovery | 29,543 | 423 | **29,120** |
| PO10 - Community Engagement and Accountability | 3,735 | 1,258 | **2,477** |
| PO11 - Environmental Sustainability | | | **0** |
| **Planned Operations Total** | **381,016** | **350,776** | **30,240** |
| EA01 - Coordination and Partnerships | 8,100 | 3,308 | **4,792** |
| EA02 - Secretariat Services | 319 | 3,138 | **-2,819** |
| EA03 - National Society Strengthening | 94,618 | 91,000 | **3,618** |
| **Enabling Approaches Total** | **103,037** | **97,446** | **5,590** |
| **Grand Total** | **484,052** | **448,222** | **35,830** |

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## Please explain variances (if any)

• Health: The budget for Health was 21,195, while the actual expenditure reached 34,421.64, resulting in a negative variance of -13,226.64. This line was underbudgeted, and reallocations from savings in other lines were made to bridge the gaps and ensure the delivery of quality health services.

• Water, Sanitation & Hygiene (WASH): The allocated budget for WASH was 5,693, but only 3,883 was spent, leaving a positive variance of 1,810. This line was overbudgeted, and the resulting savings were redirected to cover gaps in other budget lines.

• Risk Reduction, Climate Adaptation and Recovery: A budget of 29,543 was set aside for Risk Reduction, Climate Adaptation and Recovery, but the expenditure amounted to only 423, creating a large positive variance of 29,120. Activities under this thematic area were

integrated into CEA, Health, and WASH interventions, and the allocated budget was reallocated to cover underfunded lines.

• Community Engagement and Accountability (CEA): For Community Engagement and Accountability, the budget was 3,735, while the expenditure stood at 1,258, leaving a positive variance of 2,477. This line was overbudgeted and underutilized, and the unspent balance was used to address shortfalls in other areas.

• Coordination and Partnerships: The Coordination and Partnerships budget was 8,100, with an expenditure of 3,308, resulting in a variance of 4,792. Similar to Risk Reduction, activities were integrated into CEA, Health, and WASH interventions, and the budgeted funds were redirected to cover gaps in other lines.

# Contact Information

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Click here for reference