DREF Final Report

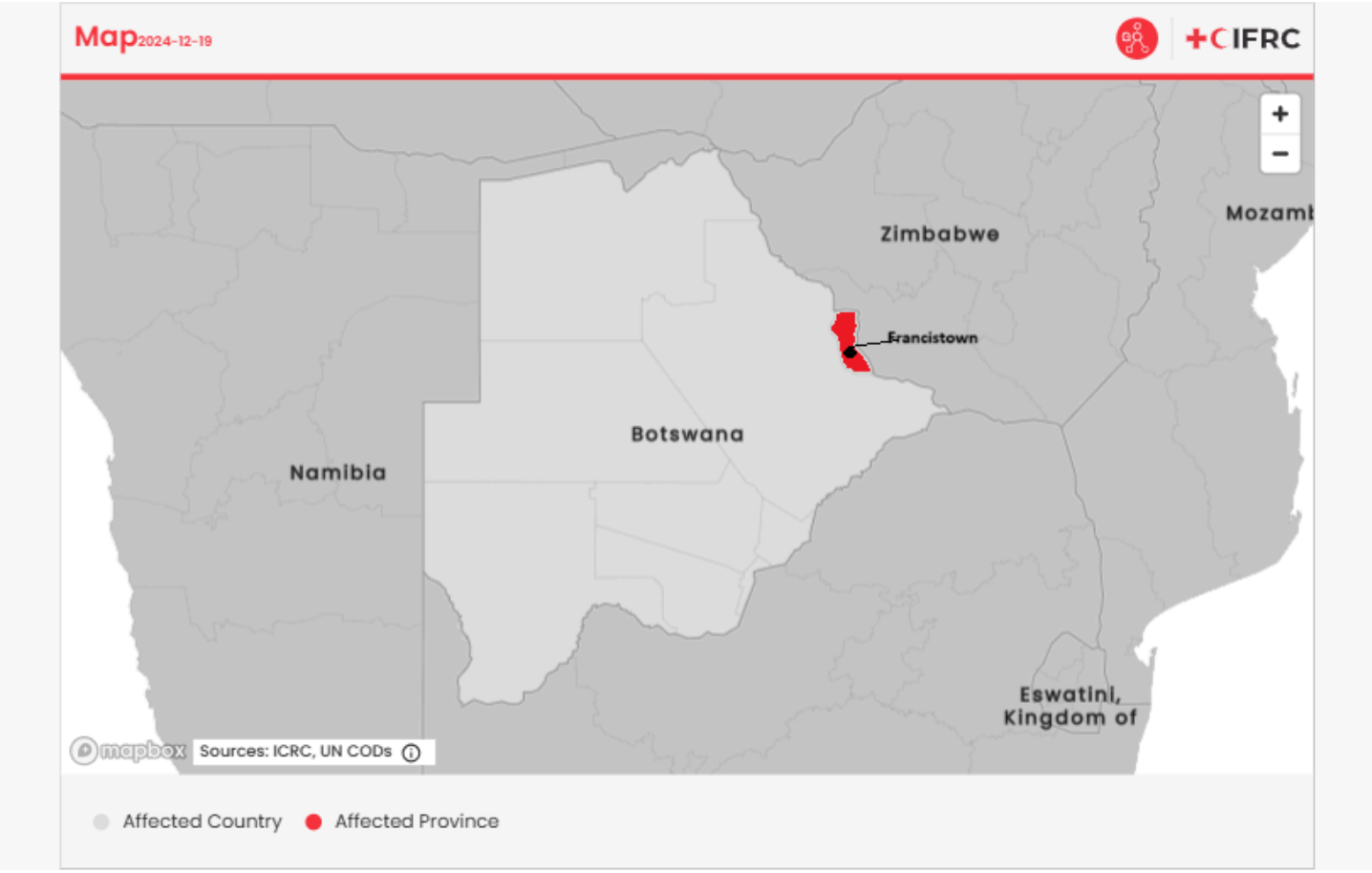
Botswana_Storm & floods

Damage in Francistown

Appeal: **MDRBW007**	Total DREF Allocation: **CHF 484,782**	Crisis Category: Yellow	Hazard: **Storm Surge**
Glide Number: **-**	People Affected: **105,000 people**	People Targeted: **4,300 people**	People Assisted: **20,000 people**
Event Onset: **Sudden**	Operation Start Date: **18-12-2024**	Operational End Date: **30-06-2025**	Total Operating Timeframe: **6 months**

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

Description of the Event



Map of Botswana

Date of event

20-01-2025

What happened, where and when?

Storm Incident Report – Botswana (November 2024 to January 2025)

On Monday, 25 November 2024, Francistown experienced heavy rainfall accompanied by strong winds, resulting in widespread destruction. Numerous vehicles, residential homes, office buildings, and informal business structures operated by street vendors at the bus rank sustained significant damage.

A second severe storm impacted Francistown and Tumasere on 3 December 2024, causing further destruction. Fallen trees damaged parked vehicles, and there were major disruptions to electricity and communication networks.

In response, government authorities, in collaboration with the Botswana Red Cross Society (BRCS), conducted assessments to determine the extent of damage to roads and infrastructure. The most affected areas in Francistown included Kgaphamadi, Somerset, Area W, Gerald Estate, and Galo/Old Mall. The storm's impact extended beyond private properties, affecting government offices, a junior school, a public clinic, and the civic center.

In Francistown alone, approximately 460 households (2,300 people) were severely affected, with many homes losing their rooftops and leaving families exposed to the elements.

On 4 December 2024, the Government of Botswana issued an appeal requesting the BRCS to complement government efforts in supporting affected communities. Subsequently, on 19 December 2024, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 300,391.77 through the Disaster Response Emergency Fund (DREF) to support BRCS in enhancing response efforts in the affected areas.

Between 18–20 January 2025, Botswana experienced another episode of severe heavy rainfall, exacerbated by the indirect influence of Tropical Cyclone Dekeledi, which affected weather patterns across the region. The cyclone intensified precipitation, leading to relentless downpours, strong winds, and widespread flooding.

Rainfall measurements included 125mm in Mogoditshane and 230mm in Mosetse. The cumulative impact of floods and storms was estimated to have affected approximately 21,000 to 23,000 households across 14 out of 31 districts in Botswana. The extreme weather conditions caused extensive damage to homes, infrastructure, and agricultural lands, significantly disrupting the livelihoods of affected communities.

Damage in Mogoditshane

Picture shows evacuations in the Central District

Scope and Scale

The hailstorm that struck on 25 November 2024, followed by another on 5 December 2024, brought heavy rain and strong winds, resulting in extensive damage to public buildings such as Ntshe House and Area W Clinic, as well as numerous private properties. Approximately 460 households, affecting around 2,300 people, were impacted. The storms caused widespread roof damage and uprooted trees.

Although Botswana was not directly in the path of tropical cyclones, the flooding incidents were driven by broader regional weather patterns during the same period and were further exacerbated by La Niña conditions. The intense rainfall associated with these systems led to severe flooding, particularly in the eastern and central parts of the country. As a result, 14 out of Botswana's 31 districts experienced significant flooding.

The districts affected included:
Boteti, Gaborone, Goodhope, Mahalapye (Shoshong, Radisele, Tobela, Mahalapye villages), Mogoditshane-Thamaga (Mogoditshane, Mmopane, Gabane, Tloaneng, Thamaga, Gakgatla), North East, North West, Okavango (Gumare), Palapye, Selibe Phikwe, Serowe, Sowa, Tonota (Mabesekwa), and Tutume (Dukwi, Tutume and surrounding areas, Gweta, Zoroga, Sepako, Mannoxai, Tshwaane-Malelejwe).

The most severely affected areas included:
Central District: Palapye, Mahalapye, Tobela, Radisele, Shoshong
North West: Nxaraga, Tsau, Botshabelo West, Semboyo, New Disana

Kweneng: Mogoditshane, Mmopane, Gabane, Tloaneng, Thamaga, Gakgatla
Prolonged heavy rains in these regions led to widespread flooding, particularly in low-lying areas, informal settlements, and riverbanks, resulting in displacement and extensive property damage.

Initial estimates indicated that 21,000 to 23,000 people were affected. However, subsequent assessments during emergency response operations suggested that the number could be as high as 105,000, raising concerns about resource allocation and the adequacy of relief efforts. These figures were expected to rise as assessments continued and further rainfall was anticipated.

The floods caused:
Extensive damage to infrastructure, property, livelihoods, and public health.
Severe consequences for vulnerable groups, including children, pregnant women, the elderly, people living with disabilities, and migrants.
Urgent needs for shelter, food, blankets, mattresses, and clothing.
While the Government of Botswana provided assistance—including cash, food parcels, tents, and vouchers to over 10,000 affected people—support did not reach all impacted areas. The Botswana Red Cross Society (BRCS) also contributed limited aid, including 13 family tents, 54 blankets, 25 tarpaulins, and 30 kitchen sets. However, the scale of the disaster required additional support to address gaps and complement government efforts.

Impact Summary by Location
(1) November – 5 December 2024: Francistown

Approximately 460 households (2,300 people) affected, particularly in Kgaphamadi, Somerset, Area W, Gerald Estate, and Galo/Old Mall.
Breakdown:
Kgaphamadi: 321 reports, 64 evacuated
Somerset: 73 reports, 5 evacuated
Tumasere: 51 reports, no evacuations
Gerald Estate: 15 reports, no evacuations
Damage to government offices, a junior school, a public clinic, and the civic center.
Minor injuries reported; no fatalities.
Areas in Francistown were covered by the DREF approved on 18 December 2024.
(2) 17–18 January 2025: Multiple Districts

Kweneng (Mogoditshane): 158 households (440 persons) affected
North West (Maun): 278 households (1,390 persons) affected
Central District (Shoshong, Kalamare, Tobela, Mahalapye): Over 855 households (4,275 persons) affected between 19 December 2024 and 14 January 2025
105 families evacuated in Central and Kweneng districts
5 fatalities:
2 children drowned in Mahalapye
1 drowning in Dukwi (Tutume District)
2 deaths in Tonota
The floods inflicted:

Severe agricultural losses, with submerged fields of maize, sorghum, and vegetables
Significant livestock losses in low-lying grazing areas
Damage to small businesses, especially informal markets in Francistown
Disruption to key road networks (e.g., A1 and A12 highways, Mababe bridge)
Power outages and water contamination from overflowing rivers and sewage systems
Temporary closure of schools and challenges in accessing healthcare facilities

Source Information

Source Name	Source Link
1. Letter from North West District Council Requesting Assistance	https://botswanredcrosssociety-my.sharepoint.com/:b:/g/personal/me_botswanaredcross_org_bw/EZh4I-4_xidOpp8DQ6O-994BrmBUUxkhKvCLgjBib73ehg?e=nVR6y2

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 International Federation of Red Cross and Red Crescent Societies (IFRC), through its Pretoria Cluster Office, actively provided technical support and facilitated coordination efforts to assist the Botswana Red Cross Society (BRCS). This support included guidance on the planning and implementation of emergency response activities, capacity building, resource mobilization, and ensuring alignment with global humanitarian standards and practices. The NS BRCS was further encouraged to develop an EAP to enhance disaster preparedness and anticipatory actions for events of similar nature.
Participating National Societies	`The Netherlands Red Cross implemented community-based Disaster Risk Reduction (DRR) training and supported the execution of Enhanced Vulnerability and Capacity Assessments (EVCA) for various interventions in different locations, specifically in the Bobirwa and Letlhakeng Districts which significantly helped with disaster response implementation further strengthening the BRCS response.

ICRC Actions Related To The Current Event

In 2025, the International Committee of the Red Cross (ICRC) assisted the Botswana Red Cross Society (BRCS) by procuring camera lenses, microphones, a laptop, branding materials, and by providing training on emblem use. This support strengthened the National Society's communication capacity for emergencies including this Storm disaster response and other BRCS operations, helping to address previously identified communication gaps.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The National Disaster Management Office (NDMO) joined forces with the Botswana Red Cross Society (BRCS) to mobilize additional support from various stakeholders in order to enhance disaster response efforts for affected communities. The government supported and implemented a range of actions to address both the immediate and ongoing needs of those impacted in the affected areas. These actions included: Facilitating safe evacuations for affected individuals and families Supplying essential groceries and cooking gas to meet basic needs Distributing vouchers to assist with the purchase of food and toiletries In addition, cleanup operations were carried out to restore affected areas to a safe and livable condition, and efforts to repair and rehabilitate damaged infrastructure were initiated to help communities return to normalcy as quickly as possible. This partnership demonstrated the importance of a collaborative approach in effectively managing disaster response and recovery efforts.
UN or other actors	None.
Are there major coordination mechanism in place?	

The Botswana Red Cross Society (BRCS) led the activities under this operation. BRCS actively participated in disaster management coordination mechanisms within the National Disaster Management Technical Committee (NDMTC) and District Disaster Management Committees (DDMCs). This collaboration involved close engagement with various stakeholders, including the National Disaster Management Office (NDMO), the Ministry of Health (through District Health Management Teams – DHMTs), Social and Community Development, and the Ministry of Water and Human Settlement.

The NDMO facilitated collaboration among various government ministries, non-governmental organizations, and community stakeholders to ensure a unified and effective disaster response.

Needs (Gaps) Identified

Shelter Housing And Settlements

The National Society (NS) assessed the level of impact and vulnerabilities of affected households to evaluate their capacity to cope with the situation and to facilitate necessary repairs. During the assessment, the NS identified that 158 houses in Kweneng District, 278 in the North West, and 855 in the Central District had been severely damaged, with many experiencing blown-off roofs or complete destruction.

The NS classified the severity of impact and household vulnerabilities to prioritize response efforts. Fully destroyed houses were identified as the highest priority, followed by homes with roof damage. Given the widespread damage to residential structures, there was a need to support the purchase of building materials to help families rebuild and regain adequate shelter.

Houses that had lost all roofing required tarpaulins to provide temporary cover while awaiting reconstruction support. In other cases, temporary repairs were needed, including replacement of doors, window glass, door frames, and minor roof and structural fixes and this is where the restricted cash came in handy as 167 HH were able to fix their damages houses.

Livelihoods And Basic Needs

Informal businesses operating at the bus rank, primarily run by street vendors selling fruits, vegetables, cold drinks, airtime, sweets, chips, and other snacks, were severely affected by the disaster. Many stalls were soaked in water, some were blown away and damaged, and cash earnings were lost amidst the strong winds. This resulted in a significant loss of income at a critical time when vendors had anticipated increased profits during the Christmas holidays, due to the high volume of people passing through Francistown en route to their villages.

Mogoditshane, known as a trade hub with numerous informal businesses and a high concentration of multi-residential areas, was also severely impacted by the floods on 17–18 January 2025. Many rental houses, which served as a source of income for local homeowners, were damaged, leaving property owners desperate to find means for repairs. This posed a major financial setback, especially during the economically challenging month of January.

Numerous homes had their rooftops blown off, exposing families to harsh weather conditions. In addition, trees were uprooted or broken, increasing hazards and causing further disruptions. Affected households were left in urgent need of food, clothing, blankets, mattresses, and toiletries.

It is important to recall that Botswana, a landlocked country in Southern Africa, spans approximately 581,730 square kilometers, making it one of the larger countries in the region. Despite its size, Botswana has a relatively small population of about 2.5 million people, resulting in a low population density. Therefore, devastating incidents of this nature have a significant impact, especially in rural communities, where many people depend on local markets, economic activities, and purchasing power for their livelihoods.

Multi purpose cash grants

Assessments revealed that vulnerable communities would have greatly benefited from unconditional cash grants, which would have enabled them to purchase basic food items and building materials to repair damage to their properties. Initially the intervention was meant to support 460 HH in Francistown but after further assessments and an operation update 200 additional HH from the three additional districts received once off multi-purpose cash transfers making it a total of 660HH.

In addition to the unconditional grants, under shelter, restricted cash assistance was distributed to households whose structures were severely affected—such as homes that were completely destroyed, had roofs blown off, or where families had lost all sources of livelihood. The restricted cash grant of CHF 160 was intended to support repairs to windows, doors, roofs, and other damaged parts of the homes.

Initially, 50 households in Francistown received unrestricted cash support. This number was later increased by 117 additional households in the Central, Kweneng, and North West districts, as BRCS continued to complement government efforts. In total 167HH received restricted cash for rebuilding.

To support the planned voucher system for distributing restricted cash to vulnerable communities, BRCS volunteers identified potential hardware suppliers who could assist in providing building materials.

Health

Individuals who were directly impacted by the disaster, as well as those who witnessed the events, required psychosocial support to cope with the lingering shock. Additionally, those who sustained minor injuries also needed similar support to prevent further emotional distress.

Mental health and psychosocial support for flood-affected communities was limited, as evidenced by observations of anger outbursts, sadness, withdrawal, and hopelessness. During the severe storms in Mmopane, Kweneng District, many community members experienced significant losses, including damage to their homes and personal belongings. These events disrupted their daily lives and created a sense of insecurity and distress. The emotional impact of such losses can be profound, especially when individuals are faced with the challenge of rebuilding their lives with limited resources. In this context, Mental Health and Psychosocial Support (MHPSS) played a critical role in helping affected individuals and families cope with the psychological aftermath of the disaster.
One notable incident involved a young woman who sustained injuries after a corrugated iron roof was blown off a neighbor's house and struck her. While she received medical attention for her physical injuries, it was equally important to provide psychosocial support to address the emotional trauma resulting from the experience. Without appropriate MHPSS interventions, such traumatic events could have led to long-term mental health issues, including anxiety, depression, and post-traumatic stress.
Beyond individual cases, the storms had a collective impact on the community, fostering feelings of fear, helplessness, and uncertainty. MHPSS interventions at the community level were essential to promote healing, restore a sense of normalcy, and strengthen social cohesion. These included group support sessions, community dialogues, and training of local volunteers in Psychological First Aid (PFA), enabling them to offer immediate emotional support and guidance.
Integrating MHPSS into emergency response efforts ensured that the recovery process addressed not only physical needs but also emotional and psychological well-being. This holistic approach was vital for building resilience and supporting long-term recovery among affected populations.

Assessments revealed that there was limited access to comprehensive basic care for injuries, animal bites, insect stings, and other flood-related health issues. To address these gaps, 50 volunteers were trained in Mental Health and Psychosocial Support (MHPSS) to offer PSS to community members, 20 community members received Basic First Aid training, and 20 First Aid kits were distributed to schools and other public institutions.

Water, Sanitation And Hygiene

As a result of the flooding, townships such as Kgaphamadi, Mogoditshane, White City, and Ledumang recorded the highest number of cases where water overflowed into homesteads. In Gaborone, there were incidents of septic water overflowing into streets and surrounding areas, posing a serious WASH (Water, Sanitation, and Hygiene) threat due to the presence of harmful bacteria and viruses. This contaminated water mixed with floodwaters, further polluting the streets. Additionally, stagnant water accumulated in areas where children typically played, and overflowed into homesteads, raising significant hygiene concerns.

There was a need to educate communities on hygiene practices, especially in areas affected by water overflow in homesteads and children's play areas. Dignity items and hygiene packs were identified as essential during this period to mitigate the spread of waterborne diseases, which tend to spread rapidly in densely populated areas with closely built homes.

WASH campaigns were deemed crucial throughout the intervention to reduce the risk of waterborne diseases, particularly during a diarrhea outbreak affecting both adults and children. It was essential to conduct these campaigns in the affected areas while ensuring the inclusion and protection of vulnerable groups.

Most of the flood-affected areas had poor drainage systems, making them highly susceptible to flooding during the rainy season. This

issue was especially evident in Kgaphamadi and Mogoditshane, where water overflowed into homesteads. The houses in Kgaphamadi, originally part of an informal settlement, were built close together, and the poor drainage in this low-income area posed a significant WASH threat.

Flooding of roads and buildings blocked sewage systems, and stagnant water in these areas posed serious health risks, including disease outbreaks, contamination of water sources, and disruptions to emergency response efforts.

To address hygiene needs, the BRCS planned to distribute hygiene kits, including soap and sanitary pads. Additionally, mass cleaning campaigns and the distribution of industrial bins and refuse bags were implemented as mitigation measures against vector-borne and waterborne diseases.

Protection, Gender And Inclusion

There was a need to ensure that street vendors in Francistown and Mogoditshane, primarily women, were not taken advantage of during their time of need. The small businesses they operated had supported their daily needs and those of their families, making them self-sufficient. However, following the disaster, they found themselves without the means to purchase food, clothing, and other necessities for their children.

It was necessary to educate responders and service providers on creating a safe and respectful environment where affected individuals could freely discuss how the disaster had impacted them. This included ensuring that they did not feel pressured to agree to any form of favors in exchange for being assessed or receiving assistance.

These efforts contributed to the intergration of Sexual and Gender-Based Violence (SGBV) and the enhancement of Protection from Sexual Exploitation and Abuse (PSEA).

Operational Strategy

Overall objective of the operation

This six-month flood response operation was designed to deliver timely and effective support to 4,300 individuals (660 households) who were affected by severe storms, strong winds, and flash flooding caused by heavy rains. This included 2,300 people (460 households) in Francistown and 2,000 people (200 households) in the Central, Kweneng, and Northwest districts.
The primary objective of the operation was to comprehensively address both the immediate and long-term needs of the most vulnerable populations in remote and hard-to-reach areas. The operation provided critical support through unconditional cash grants to meet basic needs, restricted cash grants to support home repairs, and non-food items (NFIs) such as blankets, mattresses, kitchen sets, tarpaulins, hygiene packs, and tents to ensure comfort and shelter. It also delivered health and medical services, including psychosocial support, first aid, and water, sanitation, and hygiene (WASH) services to promote hygiene and prevent disease outbreaks. Furthermore, Protection, Gender, and Inclusion (PGI) initiatives were implemented to safeguard the dignity and rights of all individuals.
At the heart of this operation was Community Engagement and Accountability (CEA), which ensured that the support provided was tailored to the unique needs and contexts of the affected populations. By actively involving communities in the recovery process, the operation empowered them to shape their own path to resilience and recovery. This multisectoral intervention reached a total of 20,000 people (13,320 females and 6,680 males).

Operation strategy rationale

The Botswana Red Cross Society (BRCS) had initially launched a response operation targeting 460 households in Francistown and Tumasere that had been affected by severe storms and strong winds. The initial plan included:
-Provision of tarpaulins as temporary shelter for 120 households.
-Distribution of hygiene packs to 460 households (once-off).
-Distribution of 460 blankets and 18 kitchen sets to restore some normalcy.
-Restricted cash grants of BWP 2,500 for 50 households to support home repairs (once-off).
Unconditional cash grants of BWP 1,000 for 460 households to revive informal livelihoods that had been destroyed (for 2 months).
Livelihoods training for vendors on how to re-establish their businesses post-disaster.

However, following the widespread flooding that occurred between 17th and 21st January 2025, the scope of the operation was expanded to include an additional 200 households across Central, Kweneng, and North West districts. These districts had been among the hardest hit, with many families displaced and left vulnerable. In response to the increased needs, BRCS escalated its interventions to

provide:

Hygiene packs to maintain sanitation and prevent disease outbreaks (one-off).
Unconditional cash grants for 200 households to enable families to meet immediate needs (for 2 months).
Restricted cash grants for 117 households to support home repairs (one-off), distributed as follows: 39 in Central, 39 in North-West, and 39 in Kweneng Districts.

To ensure proper utilization of the funds, a comprehensive monitoring plan was implemented, including on-site inspections, photo documentation, receipt collection, and community feedback. These measures were designed to verify that repairs were being made as reported and to validate improvements. This intervention specifically targeted households that had been totally destroyed and were owned by the most vulnerable families, including the elderly, child-headed households, and people with disabilities, as per the verified list.
Recognizing the significant structural damage to homes, the National Society provided one-time restricted cash grants designated for the repair and rehabilitation of affected residences. Due to limited resources, these grants were extended to 167 households across the four affected districts. Before distribution, beneficiaries underwent a thorough process of identification, registration, and verification. The beneficiary list was validated in collaboration with traditional leaders, Disaster Risk Management (DRM) committees, and volunteers to ensure that support reached the most severely affected families. This was a once-off payment, and the National Society planned to procure vouchers from suppliers that exclusively sold building materials.
Throughout the operation, the response strategy remained anchored in the same pillars outlined in the original DREF application published on the IFRC website. The National Society aimed to deliver both immediate response support through a combination of cash interventions and in-kind assistance, offering a holistic approach to disaster relief. This strategy sought to alleviate the immediate impacts of the disaster by meeting emergency needs and providing essential resources for recovery and stability. The cash interventions empowered affected households to meet their specific needs, while the in-kind distributions addressed critical shortages of items such as food, water, shelter materials, and essential household goods.
In addition to direct assistance, the operation contributed to restoring the well-being of affected communities and enabling them to regain their livelihoods and resilience in the face of future risks.
The Community Engagement and Accountability (CEA) component fostered transparent communication, ensuring that affected communities had a voice in the response and could provide feedback on the assistance delivered. These principles guided all aspects of the operation to ensure it was equitable, inclusive, and responsive to the diverse needs of the affected populations. The CEA/PGI checklist was considered throughout the implementation to ensure a sensitive PGI approach.
Furthermore, Safe Spaces and training on prevention, mitigation, and response to Sexual and Gender-Based Violence (SGBV) were conducted in collaboration with IFRC. The National Society established and maintained regular communication channels, including focus group discussions, suggestion boxes, and telephone lines, to facilitate dialogue with affected community members and leverage their local knowledge. CEA refresher training was also conducted for staff and volunteers to strengthen community engagement efforts.

Targeting Strategy

Who was targeted by this operation?

The Botswana Red Cross Society (BRCS) supported a total of 660 households with CVA (660 with unconditional cash and 167 of the same 660 with conditional cash), however as a multisectorial intervention 4 000HH were reached throughout the intervention. These households had lost their homes and livelihoods due to the storms and flooding. The assistance provided was distributed based on the severity and impact of the storm, the number of affected individuals, and the geographical areas impacted.

Essential non-food items (NFIs) and unconditional cash were provided to support access to basic needs for 660 households—460 in Francistown and 200 in the additional districts.
Cash for reconstruction was provided to 167 households: 50 from Francistown, and 39 each in Central, North West, and Kweneng Districts.
Kitchen sets, tarpaulins, and tents were distributed to 30 families whose homes had been completely destroyed.
WASH and Health awareness was not restricted only to those most severely affected by the floods but to all affected.

The selected vulnerable groups included:
Informal traders who had experienced stock loss and damage due to the storm.
Households whose personal property had been damaged during the storm and floods.
Individuals identified as destitute who had been affected by the storm and floods.

This focus on the selected districts was informed by an impact assessment conducted by the National Society in collaboration with the National Disaster Management Office in the affected areas. BRCS aimed to provide effective and targeted assistance while efficiently utilizing resources to complement government interventions.
In line with this approach, the National Society had initially targeted Francistown, and subsequently identified three additional districts—

North West, Kweneng, and Central—for targeted interventions. These four geographical areas were selected based on the severity of the flooding and their relative inaccessibility, ensuring that BRCS could complement government efforts and deliver aid to those most in need, particularly in hard-to-reach areas with limited assistance.
The response prioritized areas where government support was limited and aimed to address the various impacts of the flooding, including:

Damage to property and infrastructure,
Displacement of families,
Disruption to education and livelihoods,
Health and safety concerns.

Explain the selection criteria for the targeted population

A consultative and coordinated approach was used to validate the criteria with both the communities and the authorities.
Target Population: The majority of affected households were women and children, who are often among the most vulnerable during disasters. These groups were given priority in the various interventions. A vulnerability assessment was conducted to identify the most affected households and informal businesses in need of support.
The BRCS ensured constant engagement and inclusion through regular community meetings. These sessions provided a platform for community members to voice their concerns, offer feedback, and participate actively in decision-making processes. The NS worked closely with traditional leaders, councilors, DRM committees, and volunteers to verify the beneficiaries, ensuring that assistance reached the most affected families.
Community Engagement and Accountability (CEA) was integrated throughout the operation to ensure that community members and leaders were informed about the objectives and activities of the response. During the operation, household size was also considered, with a focus on prioritizing the most vulnerable populations. Interventions were tailored to the specific needs of each community.
To avoid duplication, communities that had already received support from other sources were not prioritized. Special attention was given to the most vulnerable households, including child-headed households, the elderly, women, and people with disabilities, particularly those who had not received assistance from the government, NGOs, or UN agencies.

Collaboration with Local Authorities:
The Social and Community Development Department, District Commissioner, local leaders/chiefs, District Disaster Management Committee, and volunteers living in the targeted locations were actively engaged in the household selection process to ensure a fair and transparent operation.

Total Assisted Population

Assisted Women	9,850	Rural	-
Assisted Girls (under 18)	3,470	Urban	100%
Assisted Men	4,238	People with disabilities (estimated)	10%
Assisted Boys (under 18)	2,442		
Total Assisted Population	20,000		
Total Targeted Population	4,300		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes

Does your National Society have child protection/child safeguarding policy?	**No**
Does your National Society have whistleblower protection policy?	**Yes**
Does your National Society have anti-sexual harassment policy?	**No**

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

Risk	Mitigation action
Risk of long-term mental health impacts (Traum and stress) due to disrupted livelihoods.	Training of volunteers and other community structures on PFA. Collaboration with ministry of local government to proving MHPSS services. Integration of PFA into response operations.
Negative publicity by media houses	Facilitate an inception meeting with media and key stakeholders outlining the operation, its objectives and relevance to the NS' mandate.
Possible delays in cash transfers	Ensure that the beneficiary information is verified and vetted to check accuracy before commencing cash transfers.
Accessibility issues due to damage on the roads caused by the storms	Engage volunteers to assess the situation on the ground and advise on alternative routes.
Procurement delays due to suppliers not meeting agreed timelines	Engage experienced suppliers who have the capacity to meet the demand and set timelines.
Increased risk of water and vector borne diseases due to stagnant and contaminated water sources.	Intensify prevention interventions through public health education and WASH.

Please indicate any security and safety concerns for this operation: There are no security concerns.

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

Implementation

Shelter Housing And Settlements

Budget: CHF 102,758
Targeted Persons: 4,300
Assisted Persons: 111,849
Targeted Male: 39,148
Targeted Female: 72,701

Indicators

Title	Target	Actual
# of blankets provided to the affected families	920	920
# of mattresses provided to the affected families	920	920

# of households that receive tarpaulins	120	120
# of HHs that receive kitchen sets	30	30
# of households that receive tents	40	40

Narrative description of achievements

The floods caused extensive damage to households, creating an urgent need for structural repair support. To address this, structural repair vouchers were provided to assist families who were already struggling and could not receive monetary or material support from the government due to funding constraints.

In total, 660 households were supported with 920 blankets and 920 mattresses to help restore basic comfort and dignity. For those whose homes were completely destroyed, 40 households received family tents. Additionally, 120 households with partially damaged structures were provided with tarpaulins to offer temporary shelter solutions. Based on community consultations 30 households were able to receive kitchen sets. Apart from direct shelter support the affected communities were supported with WASH and Health awareness sessions to help them maintain clean and safe environments, reaching 20,000 people, the WASH and Health interventions complement the Shelter interventions are further explained under the WASH and Health sections.

Lessons Learnt

Structural repair support needed to take into account pre-existing shelter deficits and should have promoted more durable, long-term housing solutions to enhance disaster resilience.
Communities need support in developing Community-Based Shelter Recovery Plans-which are shelter solutions tailored to local risks and resources.

Challenges

In remote areas, transporting building materials posed a significant challenge. Many affected households were unable to collect materials due to long distances and lack of transport. In such cases, the Botswana Red Cross Society had to hire trucks or request logistical support from local authorities, particularly the District Commissioners, to ensure materials reached the intended beneficiaries.

Livelihoods And Basic Needs

Budget: CHF 2,090
Targeted Persons: 60
Assisted Persons: 155
Targeted Male: 53
Targeted Female: 102

Indicators

Title	Target	Actual
# of vendors reached through training on how to re-establish their business post disaster	60	31

Narrative description of achievements

As part of the recovery efforts, a livelihoods training was organized to support small business owners in re-establishing their enterprises post-disaster.The training was planned for 60 vendors across the affected districts, but only 31 attended. The shortfall stemmed largely from skepticism among business owners, many of whom anticipated direct financial support rather than business-development skills. As a result, initial interest in the sessions remained low.

Despite the limited turnout, the workshop delivered significant value to those present. Participants reported being pleasantly surprised

by the insights gained—especially in business continuity planning, financial management, and market re-entry strategies. During post-distribution monitoring, several vendors expressed gratitude and described how they had shared the knowledge with fellow vendors and family members. The facilitator, a Senior Lecturer in the University of Botswana's Business Department, was instrumental to the program's success. His offer of six months of ongoing mentorship and referrals to financial-assistance institutions added considerable benefit to the intervention. By the end of the operation, a total of 155 people had been reached through this livelihood support.

Lessons Learnt

*Clear Communication was Critical: It is essential to consistently and clearly explain the purpose and benefits of any intervention. Early and thorough sensitization can help manage expectations and improve participation.
*Capacity Building Can Be Transformative: Even without financial aid, well-structured training with expert facilitation can empower beneficiaries and open pathways to sustainable recovery.
*Mentorship Adds Value: The offer of continued mentorship and referrals to financial institutions significantly enhanced the impact of the training and should be considered in future livelihood interventions.
*Tailored Approaches Work Best: Future programming should consider combining training with financial support or linking participants to microfinance opportunities to address both knowledge and resource gaps.

Challenges

*Low Attendance Due to Expectations of Financial Aid: Many business owners were reluctant to attend the training, expecting direct financial support rather than capacity-building sessions. This misconception led to a shortfall in attendance, with only 31 out of the planned 60 participants taking part.
*Limited Pre-Training Sensitization: The benefits of the training were not clearly communicated beforehand, which contributed to the low turnout and initial skepticism.
*Resource Constraints: The operation had limited capacity to offer both training and financial support, which may have affected community perceptions of the intervention's value.

Multi Purpose Cash

Budget: CHF 92,948
Targeted Persons: 4,300
Assisted Persons: 4,300
Targeted Male: 1,434
Targeted Female: 2,866

Indicators

Title	Target	Actual
# of people who receive once off cash transfers	1,320	4,300
# of PDMs conducted	4	4
# of CVA refresher training for staff and volunteers	1	1
# of HHs that receive restricted Cash grants for structural repairs	167	167

Narrative description of achievements

287 Volunteers and 32 staff played a critical role in ensuring that the targeting process was community-led and inclusive, prioritizing marginalized groups that were severely impacted. To strengthen the quality of implementation, a Cash and Voucher Assistance (CVA) refresher training was conducted for all staff and volunteers involved in the operation.
Community consultations and engagements were conducted to guide the beneficiary targeting and selection process. Initially, 460 households were targeted to receive cash transfers. However, following the operations update, the target was expanded to 660 households who all received their cash transfers to accommodate the growing needs identified during field assessments.
The cash grants were specifically aimed at vulnerable populations, with 76% of the selected beneficiaries being women—many of whom

were single mothers disproportionately affected by the floods.
Of the 660HHs that received general cash assistance, including 167HHs who successfully received restricted cash grants specifically for structural repairs, helping them begin the process of rebuilding their homes.
A total of 660 households (4,300 people) were supported with the cash interventions. To assess the effectiveness and impact of the cash assistance, 4 Post Distribution Monitoring (PDM) exercises were conducted across the districts of Central, Francistown, Kweneng, and Northwest. The results of the PDMs indicated that all beneficiaries successfully redeemed their cash grants, and the majority reported that the assistance was timely, relevant, and helped them meet their most urgent needs, including food, shelter, and household essentials.

Lessons Learnt

• BWP1000 disbursements were insufficient for recovery and reconstruction, especially in areas where local prices for basic goods continue to be significantly inflated. In future, there is need to increase the support based on the current average price of a food basket in Botswana.

Challenges

Some beneficiaries, particularly those in remote areas such as Moralane, faced difficulties accessing cash transfers due to limited access to mobile phones and unreliable network connectivity. These constraints made it challenging for them to use mobile money platforms, which were the primary mode of cash distribution.

Despite these barriers, the Botswana Red Cross Society volunteers were deployed to the remote areas to assist and they ensured that all affected individuals were still able to receive their cash assistance, ensuring that no beneficiary was left behind due to technological limitations

Health

Budget: CHF 37,949
Targeted Persons: 4,300
Assisted Persons: 20,000
Targeted Male: 6,680
Targeted Female: 13,320

Indicators

Title	Target	Actual
# of people reached with psychosocial support	4,300	4,487
# of group counseling sessions conducted	16	6
# of people/households reached with hygiene packs	520	520
# of volunteers trained on MHPSS	50	287
#of people trained on Basic First Aid	20	20
# of First Aid Kits Distributed	20	20

Narrative description of achievements

As part of the Storms DREF operation, the Botswana Red Cross Society implemented several health interventions to support communities affected by the floods. The communities most severely impacted particularly vulnerable groups exhibited signs of trauma and stress. In response, 287 volunteers were trained in Mental Health and Psychosocial Support (MHPSS) to provide mental health support within these communities. One of the key interventions was the provision of psychosocial support to help beneficiaries cope with the emotional

aftermath of the disaster.
By the end of the intervention, a total of 4,487 individuals (2,359 females and 2,128 males), including 388 persons with disabilities, had received Psychosocial Support (PSS). Additionally, six group counseling sessions were conducted to emphasize the importance of mental health and emotional well-being. These sessions focused on emotional support, stress management, active listening, and building coping mechanisms, recognizing the significant mental and emotional toll the floods had taken on affected households across various districts.

To strengthen preparedness and enhance community resilience, 20 community members were trained in Basic First Aid. This training aimed to equip them with the skills needed to respond to future emergencies and to cascade the knowledge to others within their communities. Furthermore, 20 First Aid Kits were distributed to ensure that trained individuals had the necessary tools to provide immediate assistance when needed.

Given that many people had lost their belongings during the floods, the distribution of hygiene packs was also prioritized to help maintain dignity and promote hygiene. In total, 520 individuals received hygiene packs as part of this intervention the same communities were targeted with Health and WASH campaigns reaching a total of 20 000 for the whole operation.

Lessons Learnt

Heavy winds, rain, or the gathering of dark clouds triggered emotional distress among community members, indicating that many victims continued to live with trauma from the floods.
Coping mechanisms and stress management techniques such as relaxation exercises and mindfulness proved helpful, along with the use of available resources like the local S&CD office, which supported material needs.

Challenges

Although the initial plan was to conduct 16 group counseling sessions, only 6 were actually implemented. This was primarily due to limited awareness and understanding of Psychosocial Support (PSS) among community members.
Most victims were not familiar with the importance of mental health support or where to access such services within their areas. As a result, participation in the sessions was lower than anticipated, and mobilizing communities for group counseling proved challenging.

Additionally, there remained a general stigma and lack of openness around mental health issues, which further hindered engagement. Many individuals continued to associate emotional distress with personal weakness or spiritual causes, rather than recognizing it as a natural response to trauma.

Key Recommendations:
PSS must be demystified and made more accessible through targeted awareness campaigns and integration with other community-based services. Normalizing mental health support especially in post-disaster settings can help increase acceptance and uptake. Strengthening collaboration with local structures, such as clinics and social welfare offices, could also improve referral pathways and the sustainability of support.

Water, Sanitation And Hygiene

Budget: CHF 42,377
Targeted Persons: 4,300
Assisted Persons: 20,000
Targeted Male: 6,680
Targeted Female: 13,320

Indicators

Title	Target	Actual
#of people reached through Public awareness and public health education (WASH)	20,000	20,000
# of hygiene and dignity packs distributed	520	520
# of hygiene and sanitation campaigns conducted	12	12

# of volunteers trained on WASH	50	287
# of people reached with WASH(cleaning) equipment's	2,000	2,600

Narrative description of achievements

The storm not only caused physical damage but also triggered a malaria outbreak, underscoring the critical link between health and disasters. In response, the Botswana Red Cross Society (BRCS) prioritized WASH and malaria prevention as foundational components of the operation. A total of 287 volunteers were trained on WASH principles and malaria prevention, equipping them with the knowledge to promote safe water use, hygiene practices, and environmental management strategies aimed at disrupting mosquito breeding cycles.

These volunteers were further capacitated with accurate and culturally sensitive messaging, enabling them to serve as trusted sources of information within their communities. Their efforts were instrumental in raising awareness and promoting behavioral change.

BRCS conducted 12 WASH campaigns, reaching 4,000HHs (20,000 people) with public health education and awareness activities inclusive of 520 households (2,600 people) who were directly supported with cleaning equipment to help maintain clean and safe environments. Following community consultations, 520 hygiene and dignity kits were distributed to severely affected households to restore personal dignity and promote hygiene.

The implementation of house-to-house campaigns proved especially effective. These personalized interactions allowed volunteers to assess household vulnerabilities, dispel myths, distribute mosquito nets where available, and demonstrate simple prevention methods such as draining stagnant water and properly storing water containers. Unlike mass messaging, this approach fostered two-way dialogue, empowered households to take practical action, and built community trust.
The cleaning campaigns also contributed to a significant reduction in litter and overgrown grass both of which had become breeding grounds for mosquitoes thereby supporting malaria prevention efforts.

Lessons Learnt

• Visibility is a key instrument. The visibility of BRCS activities not only enhanced community confidence but also motivated other actors to extend support to affected populations.
*Health and WASH Must Be Integrated: The malaria outbreak highlighted the need to integrate health and WASH interventions in disaster response planning to address interconnected risks.
*Community-Based Approaches Are Effective: House-to-house campaigns proved more impactful than mass messaging, allowing for tailored communication and stronger community engagement.
*Volunteer Training Is a Key Enabler: Training volunteers on both technical content and communication skills enhanced their effectiveness and credibility within communities.
*Early Planning for Supplies Is Essential: Ensuring adequate stock of mosquito nets, hygiene kits, and cleaning materials ahead of time can improve reach and impact during emergencies.

Challenges

• The cleaning campaigns attracted larger numbers of community members than anticipated; therefore, this resulted in transport and cleaning material challenges as the materials were limited, but the communities were supportive as they improvised and used some traditional ways like using branches and getting cleaning materials from other communities that were not as severely affected.

Protection, Gender And Inclusion

Budget: CHF 3,926
Targeted Persons: 55
Assisted Persons: 20,000
Targeted Male: 6,680
Targeted Female: 13,320

Indicators

Title	Target	Actual

# of volunteers trained on PGI consideration	55	287
# of briefing conducted on minimum standards for PGI in emergencies for staff and volunteers	4	4

Narrative description of achievements

The Botswana Red Cross Society (BRCS) significantly strengthened its capacity to deliver inclusive and dignified humanitarian assistance through targeted PGI training and integration across all response activities. This effort directly contributed to the successful Health and WASH campaigns, which reached over 20,000 people across the four affected districts.
A total of 287 volunteers—far exceeding the initially planned 55 were trained on PGI considerations, reflecting the expanded scale of the DREF operation and the increased need for community-level engagement. These volunteers played a critical role in ensuring that marginalized and at-risk groups were not overlooked during implementation. The training enhanced their ability to identify and prioritize the needs of the most vulnerable, including:
Women and girls,
Female-headed households,
Persons with disabilities,
Migrant families,
Child-headed households.

This capacity-building effort helped reduce exclusion errors and ensured that distributions were conducted in a safer, more dignified, and inclusive manner.
In each of the four affected districts—Francistown, Central, Kweneng, and North West—briefings were conducted for staff and volunteers on the Minimum Standards for PGI in Emergencies. These sessions reinforced the importance of inclusive programming and equipped teams with practical tools to uphold protection principles throughout the operation.
The integration of PGI into the Health and WASH campaigns ensured that outreach efforts were not only about hygiene and disease prevention, but also about protection awareness, gender sensitivity, and community empowerment. Messaging included:

Prevention of sexual and gender-based violence (SGBV),
Safe hygiene practices for women and girls,
Access to protection services,
Inclusive feedback mechanisms.
By embedding PGI into both the design and delivery of the response, BRCS ensured that the operation was equitable, responsive, and community-driven, ultimately enhancing the safety, dignity, and resilience of the 20,000 people reached.

Lessons Learnt

• In rural communities, referral services for SGBV survivors are sparse or non existent. The lesson learned is that cash distribution must be linked to functional protection services, and where such services are limited, BRCS and partners should advocate for mobile health and psychosocial support services during emergencies.

Challenges

While the majority of participants in the PGI training were female, it was observed that the population requiring more sensitization on PGI-related issues were predominantly male. This presented a challenge, as men are often less represented in such trainings despite being key stakeholders particularly in addressing harmful gender norms and behaviors. In some cases, men were identified as potential perpetrators of gender-based discrimination or violence, making their inclusion in PGI awareness efforts critical.

The limited male participation highlighted the need for more targeted engagement strategies to ensure that PGI messaging reaches and resonates with all segments of the community, especially those whose attitudes and behaviors significantly influence protection outcomes.

Community Engagement And Accountability

Budget: CHF 12,759
Targeted Persons: 4,300
Assisted Persons: 20,000

Targeted Male: 6,680
Targeted Female: 13,320

Indicators

Title	Target	Actual
# of focus discussions conducted to facilitate a dialogue with the affected community members to leverage on their local knowledge	4	4
# of staff and volunteers trained on implementing CEA minimum standard	55	319
% of community members who feel he aid provided by the operation covers their most important needs	-	82
# of and type of methods established to share information with communities about what is happening in the operation, including selection criteria	3	3
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation	-	82

Narrative description of achievements

Community Engagement and Accountability (CEA) was central to the success of the operation. The BRCS actively involved affected communities at every stage of the response from needs assessments and beneficiary targeting to feedback collection and monitoring. This participatory approach ensured that interventions were relevant, inclusive, and responsive to the actual needs on the ground.
To guide beneficiary selection, community consultations were conducted with a strong emphasis on transparency and fairness. A total of 319 Red Cross personnel comprising 287 volunteers and 32 staff facilitated four open community dialogues (one in each of the affected districts: Francistown, Central, Kweneng, and North-West). These sessions helped explain selection criteria, address concerns, and build trust between BRCS and the communities.
As part of the broader Health and WASH campaigns, which reached over 20,000 people, BRCS embedded CEA principles to ensure that communities were not only informed but also empowered to participate. Three feedback channels were established:
Door-to-door visits by trained community volunteers,
Suggestion boxes placed in accessible locations,
Community Disaster Management (DM) groups that served as local liaison points.

These mechanisms enabled beneficiaries to raise issues, ask questions, and provide suggestions. As a result, 82% of marginalized and at-risk groups reported that the aid they received met their most important needs.
Community members and leaders expressed appreciation for the inclusive and respectful approach. Some of the feedback included:

“We appreciated being consulted before decisions were made. It made us feel respected and part of the process.” – Village leader, North-West District.
“The Red Cross didn’t just bring help—they listened. That made all the difference.” – Elderly woman, Kweneng District.
“The hygiene messages helped us prevent sickness in our homes. We now know how to protect ourselves better.” – Youth group member, Francistown.

By ensuring that information about services, entitlements, and complaint channels was clearly communicated, BRCS reduced misinformation and strengthened community confidence in the response. The CEA approach also contributed to more equitable targeting, minimized exclusion errors, and empowered communities to take an active role in their own recovery.
Ultimately, this approach helped BRCS reach 20,000 people more effectively, ensuring that the response was not only impactful but also community-driven and accountable.

Lessons Learnt

• Where staff and volunteers applied CEA skills, distributions were smoother, tensions reduced, and response credibility improved. This confirmed that CEA is not an add-on but a core enabler of effective humanitarian response.

Challenges

• Communities sometimes viewed feedback mechanisms as direct complaint channels for immediate results. Volunteers struggled to manage expectations when feedback required time or higher-level decisions.

Secretariat Services

Budget: CHF 38,604
Targeted Persons: 4,300
Assisted Persons: 111,849
Targeted Male: 39,148
Targeted Female: 72,701

Indicators

Title	Target	Actual
#monioring missions conducted by technical and operations	4	4
# of Operational meetings and coordination attended or organized by IFRC	12	12

Narrative description of achievements

IFRC played a pivotal role in the successful implementation of the DREF operation in Botswana supporting BRCS to reach 111,849 people. Throughout the response, the IFRC provided both technical and operational support to ensure quality delivery and adherence to global IFRC standards.

IFRC technical and operations teams conducted a total of four in-country monitoring missions. These visits helped strengthen implementation, provided real-time guidance, and supported accurate reporting. In addition to field missions, 12 operational coordination meetings were held regularly, organized by the IFRC to facilitate planning, troubleshoot challenges, and ensure alignment with IFRC guidelines and protocols.

To build local capacity in cash programming, a targeted Cash and Voucher Assistance (CVA) training was held in Gaborone from 14–17 April 2025. Organized in partnership with the IFRC, the training equipped 45 staff and volunteers with practical skills across the full CVA cycle from needs assessment and beneficiary targeting distribution and post-distribution monitoring. This training significantly enhanced the team's ability to manage cash interventions effectively and responsibly.

Further, the IFRC conducted Post Distribution Monitoring (PDM) visits in the Central and North-East Districts, using a combination of key informant interviews with village leadership, household surveys, and focus group discussions held in traditional kgotla settings. These evaluations provided valuable insights into the effectiveness of the interventions and community perceptions of the support received and the community members appreciated constant communication, visits and the opportunity to give feedback to the National Society and the IFRC as a partner

Lessons Learnt

*Regular Coordination Strengthens Implementation: The operational meetings and monitoring visits were instrumental in maintaining momentum and ensuring accountability throughout the operation.
*Capacity Building Is Key to Sustainability: The CVA training not only improved immediate implementation but also laid the foundation for future cash-based programming within BRCS.
*Community-Based Evaluations Add Value: Conducting PDMs in culturally appropriate settings like kgotla meetings enhanced community participation and the quality of feedback collected.

Challenges

• At times, remote support is not feasible when the teams are consistently in remote areas with limited network coverage.

National Society Strengthening

Budget: CHF 102,672
Targeted Persons: 60
Assisted Persons: 20,000
Targeted Male: 6,680
Targeted Female: 13,320

Indicators

Title	Target	Actual
# of Stakeholder engagement meetings conducted	4	4
# of monitoring visits conducted	10	10
# of Project launch or inception meeting conducted	1	1
#Public relations and response profiling by National Office (Documenting the Operations)	1	1
#Conduct a lesson learned workshop	1	1

Narrative description of achievements

The Botswana Red Cross Society (BRCS) demonstrated strong operational capacity and deep community presence throughout the DREF operation. Leveraging its nationwide network of 13,000 trained volunteers, BRCS deployed 287 volunteers across the four affected districts—Francistown, Central, Kweneng, and North West. This strategic deployment enabled the timely delivery of life-saving Health and WASH interventions, ultimately reaching 20,000 vulnerable people with various services including critical hygiene promotion, disease prevention messaging, and essential services.

This achievement was a direct result of BRCS's institutional readiness and coordination capacity. To ensure smooth and coordinated implementation, BRCS conducted a project launch and inception meeting with government officials and community leaders from all four districts. This engagement secured stakeholder buy-in and laid a strong foundation for collaborative action.

To maintain quality and accountability, the BRCS Headquarters conducted 10 monitoring visits to the districts. These visits provided technical support, ensured alignment with the implementation plan, and upheld IFRC standards. They also served as mentoring opportunities for field teams, reinforcing operational discipline and adaptive learning.

As part of its commitment to transparency and visibility, BRCS produced a documentary profiling the operation. The documentary showcased the impact of the intervention and highlighted the critical role of the DREF fund in enabling a timely and effective humanitarian response. It was shared with key stakeholders, who commended the relevance and quality of the assistance provided.

To promote learning and continuous improvement, BRCS organized a Lessons Learned Workshop at the end of the operation. This brought together government representatives and stakeholders from all four districts to reflect on successes, challenges, and opportunities. The workshop also served as a platform to co-develop a community resilience plan, further strengthening preparedness for future disasters.

Overall, the ability of BRCS to reach 20,000 people was a testament to its strong leadership, volunteer mobilization, and operational excellence—key pillars of National Society strengthening that position BRCS as a trusted and capable responder in times of crisis.

Lessons Learnt

*Early Engagement Strengthens Implementation: The inception meeting with local authorities helped build trust and facilitated smoother coordination throughout the operation.

*Monitoring Enhances Accountability: Regular HQ monitoring visits ensured that district teams remained aligned with the implementation plan and IFRC standards.

*Visibility Builds Credibility: Documenting and showcasing the operation through a well-produced documentary helped demonstrate the impact of the DREF fund and strengthened accountability to donors and stakeholders.

Challenges

• 2 -day refresher trainings were conducted across the 4 districts spanning 8 days of training on the implementation workplan.
• Despite PGI training, ensuring consistent application of protection principles across all volunteers and districts may have been uneven, in that case identifying and reaching marginalized groups, such as undocumented migrants, may have posed challenges.
• While inception meetings were held, maintaining ongoing coordination with government, local leaders, and other actors may have required significant effort, especially in dynamic or politically sensitive environments.

Financial Report

Selected Parameters			
Reporting Timeframe	*	Operation	MDRBW007
Budget Timeframe	*	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 23/Sep/2025

All figures are in Swiss Francs (CHF)

MDRBW007 - Botswana - Storm

Operating Timeframe: 18 Dec 2024 to 30 Jun 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**484,782**
DREF Response Pillar	484,782
Expenditure	**-475,306**
Closing Balance	**9,476**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	29,588	3,706	**25,882**
AOF2 - Shelter	102,758	109,437	**-6,679**
AOF3 - Livelihoods and basic needs	94,910	101,079	**-6,169**
AOF4 - Health	37,949	40,416	**-2,467**
AOF5 - Water, sanitation and hygiene	42,377	45,131	**-2,755**
AOF6 - Protection, Gender & Inclusion	3,926	4,181	**-255**
AOF7 - Migration			**0**
Area of focus Total	**311,508**	**303,951**	**7,557**
SFI1 - Strenghten National Societies	134,669	143,422	**-8,753**
SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC	38,604	27,933	**10,671**
Strategy for implementation Total	**173,273**	**171,356**	**1,917**
Grand Total	**484,780**	**475,306**	**9,474**

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Please explain variances (if any)

The total budget and allocation for this DREF operation was CHF 484,782 for a 6-month implementation period. The total expenditure reported in this operation is CHF 475,306 with a closing balance of CHF 9,476 to be returned to the DREF pot. Explanations for variances of 10% or more are provided below by category and budget group.

AOF1 - Disaster risk reduction had an 87% variance because PSSR charges were budgeted here. But the actual PSSR costs were charged to the different output codes. The expenditures here are due to an output coding error. These are expenses under SF14-ensure a strong IFRC.

SFI4 - Ensure a strong IFRC had a 27% variance because The regional shelter monitoring visit was not done. The shelter verification was done at cluster level. There were savings on the CVA workshop costs.

Contact Information

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

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Click here for reference

Selected Parameters			
Reporting Timeframe	*	Operation	MDRBW007
Budget Timeframe	*	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 23/Sep/2025

All figures are in Swiss Francs (CHF)

MDRBW007 - Botswana - Storm

Operating Timeframe: 18 Dec 2024 to 30 Jun 2025

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Closing Balance	**9,476**

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AOF6 - Protection, Gender & Inclusion	3,926	4,181	**-255**
AOF7 - Migration			**0**
Area of focus Total	**311,508**	**303,951**	**7,557**
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SFI2 - Effective international disaster management			**0**
SFI3 - Influence others as leading strategic partners			**0**
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Strategy for implementation Total	**173,273**	**171,356**	**1,917**
Grand Total	**484,780**	**475,306**	**9,474**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	*	Operation	MDRBW007
Budget Timeframe	*	Budget	APPROVED

Prepared on 23/Sep/2025

All figures are in Swiss Francs (CHF)

MDRBW007 - Botswana - Storm

Operating Timeframe: 18 Dec 2024 to 30 Jun 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Personnel		**4,654**	**-4,654**
National Staff		4,654	-4,654
Workshops & Training	**19,579**	**15,584**	**3,995**
Workshops & Training	19,579	15,584	3,995
General Expenditure	**19,025**	**9,470**	**9,555**
Travel	15,703	7,201	8,502
Information & Public Relations	3,272		3,272
Financial Charges	50	2,269	-2,219
Contributions & Transfers	**416,589**	**416,589**	**0**
Cash Transfers National Societies	416,589	416,589	0
Indirect Costs	**29,588**	**29,009**	**578**
Programme & Services Support Recover	29,588	29,009	578
Grand Total	**484,780**	**475,306**	**9,474**