

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

BOTSWANA

Disaster: FLOODS

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: MDRBW004	Operation no. MDRBW004
Date of Issue: 30 November 2018	Glide number: FL-2018-000028-BWA
Date of disaster: 23 February 2018	
Operation start date: 21 March 2018	Operation end date: 21 August 2018
Host National Society: Botswana Red Cross	Operation budget: CHF 111,493
Number of people affected: 845 Households (4,225 people)	Number of people assisted: 564 households (2,820 people)
N° of National Societies involved in the operation: 1, Botswana Red Cross Society and International Federation of Red Cross	
N° of other partner organizations involved in the operation: 1, District Government (District Disaster Management Committee, District Health Management Team)	

A. SITUATION ANALYSIS

Description of the disaster

On 23 February 2018, above normal rainfall fell in Tutume Sub district in Central Botswana. The rainy season, which ended in March 2018 destroyed many households and roads. The drastic weather change resulted in torrential rains that affected the district causing displacement, damage to property and a risk of an outbreak of water borne and vector related disease. According to the Department of Meteorology Services, rainfall amounts range between 120-192mm, with a report of dams overflowing, causing floods in the neighbouring villages of the Tutume sub district. The water in the affected villages have dried up, but the destruction of roads and houses are still visible. The water in the outer villages, along the road is still visible at the time of this report.



BRCS volunteers seen assisting affected individuals to cross heavy flooded roads. ©BRCS Communication dept.

From preliminary local authority assessments, images shared online, newspapers and by RC volunteers' observations on the ground, the most affected villages were in the Tutume sub district, comprising of the following: Gweta, Zoroga and Tsookotshaa.

As of the 26th February, the villages of Gweta, Zoroga and Tsookotshaa were reported to be entirely flooded, affecting approximately 845 households (4,225 people). On 27 February 2018, the affected households were being evacuated to Gweta Vocational Training Centre and Zoroga Primary school.

Table 1: Number of affected persons in all three villages of concern

District	Villages	Affected population (families)
Central	Gweta	410
	Zoroga	310
	Tsookotshaa	125
	Total	845

NB: At the end of the operation the number of affected people still stand as indicated in the initial assessment. Out the total number of families affected the National Society assisted 564.

Gweta, Zoroga and Tsookotshaa villages were the most affected area which left household damaged thus leaving most people with no place to stay. The rain also had caused destruction to water sewages at the hospitals. The spillage from the hospital sewerage was handled very well by the district authorities as they prevented contamination of water sources from both villages. The BRCS continued with information dissemination to sensitise the community members to be very careful in handling and use of water, as it was not confirmed whether the water was safe or not during the assessment period. Water purification tables were distributed at household level and volunteers demonstrated how the water is treated using the aqua tablets. During the distribution of relief items, the water had dried up, which helped implementation to go smoothly despite internal roads being damaged by flooding.

During the implementation phase, the affected people who were residing at the evacuation sites were to move back to the affected villages to start rebuilding their collapsed and destroyed houses, with the assistance from Red Cross volunteers and District Commissioner's office. The government had setup temporary shelters for a period of 3 months (according to the emergency government policy) targeting households who had lost their homes. The temporary shelters from the Government had to be returned. People who received assistance from Botswana Red Cross were also assessed by the local authority to take into consideration other vulnerabilities and further follow up. The community leaders and members were engaged from the beginning of the operation in order to support and clarify the beneficiaries' selection process and explain the distribution (items and process). This community engagement was ensured by BRCS and the local authorities.

The Botswana Red Cross Society (BRCS) received several requests for relief intervention from District Authorities Offices, but the Country had not declared the situation as a national emergency. Although the Government did not declare these floods as a national emergency, there were important humanitarian needs such as shelter and WASH, which the National Society was unable to respond to without support. Therefore, the NS requested a CHF 111,493 DREF grant from the IFRC.

The National Society, through this DREF operation, provided assistance to 564 most affected households in the three severely affected villages (322 HH relocated in evacuation centres, 97 HH moved to host families and 145 HH who were still living in their partially flooded homes). 30 volunteers were trained on WASH, hygiene promotion and shelter support while 53 stakeholders were trained on community engagement and accountability (CEA), including government departments, affected populations and BRCS volunteers. The CEA training was a way of creating a platform to evaluate the just ended DREF operation as well as making future recommendation.

The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, Canada, Denmark, Finland, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID), AECID, the Medtronic and Zurich Foundations and other corporate and private donors. On behalf of Botswana Red Cross Society, the IFRC would like to extend its gratitude to all partners for their generous contributions.

Summary of response

Overview of Host National Society

The BRCS disseminated early warning messages that included several radio interviews to inform the public on the emergency. It actively participated alongside local disaster committees to support the evacuation of families stranded

by rising water. On Saturday 24 February 2018, the BRCS volunteers completed a joint rapid assessment with District Disaster Management Committee (DDMC) in the affected areas of Zoroga, Gweta and Tsookotshaa.

The District Disaster Management Committee was managing the evacuation centres including the classrooms of the Zoroga School with direct support of the BRCS. Eight tents were provided to the vulnerable families that included the elderly, lactating mothers and people living with disabilities. At these evacuation centres, the government provided security and no issues of violence or abuse have been identified.

BRCS assisted by providing 14 family sized tents to the Government run evacuation centre to reduce the overcrowding in the classrooms.

During the DREF implementation, BRCS distributed non-food items to all families who were relocated to the Government evacuation centres, moved to host families or remained at their homes. Not all affected populations were housed in evacuation centres due to inadequate space. The BRCS volunteers were on site at all the evacuation centres providing important PSS, in particular to children. They also ensured that sanitation of the area as well as the four (4) latrines were cleaned, even though there were insufficient. The government provided temporary latrines on site, however, they were removed as the government indicated the exercise was expensive to maintain.

Table 2: Items distributed to affected households by BRCS during the DREF implementation

Distributed items	Displaced to Evacuation Centre (322 HH)	Hosted by relatives (97 HH)	Remaining in their homes (145 HH)	Total 564
Kitchen sets	322	0	0	322
Blankets	322	109	0	430
Hygiene packs	322	97	145	564
Sanitation packs	322	97	145	564
Mosquito nets	644 (x2)	0	0	644
Aqua Tabs	322 (x60)	97(x60)	145 (x60)	33,840
Mattresses	644(x2)	0	0	644
Buckets	644(x2)	0	0	644
Jerry Cans	644(x2)	0	0	644
Bar soaps-	322 (x5)	0	0	1,610
Family tents	14	0	0	14
Taps + Shelter kits	322	0	0	322
Wood for framing (pcs)	2,800 (14 per HH)			2,800

BRCS participated in coordination meetings at national and district levels and continued to collaborate with the District Disaster Management Committee on continuous assessments. During the course of the operation the National Society managed to take part in different coordination meetings both at local and national levels. These meetings provided a platform for all partners to share reports and updates on the progress made. In total the NS attended four (4) coordination meetings (2 local and 2 national) where the NS operations update were communicated to authorities. The local coordination meetings were attended by different stakeholders, with the Red Cross branch chairperson representing the BRCS. Apart from this coordination mechanisms, Botswana Red Cross had internal daily briefings to update on the progress, challenges and any other new developments. Two assessments were also conducted in collaboration with the village committees. In the affected villages, BRCS volunteers organized daily morning briefings where sectoral teams provided updates. The daily briefings were focusing on progress, challenges and any other new developments coming in.

BRCS continued to monitor the situation and expanded its response with the support of the DREF. It is key to note that the BRCS had the experience and capacity to carry out all the proposed activities. BRCS has a pool of volunteers who are trained in the relevant sector activities such as assessments, relief distributions, WASH, Shelter, message dissemination and technical support. The National Society has been responding to different emergencies in the country including recurring seasonal floods.



BRCS volunteers assisting floods affected population in Zoroga with emergency shelter ©BRCS Communication dept.

Overview of Red Cross Red Crescent Movement in country

BRCS is part of IFRC Southern Africa Cluster, and from which it receives support. Communication has been maintained with the IFRC Cluster Office in Pretoria, as well as with the Africa Region Office in Nairobi during the DREF Operation. There was no other Movement partners present in the country at the time of the DREF.

Overview of non-RCRC actors in country

There were two major actors during the operation, the government and BRCS. The government assisted by providing the following:

- Boats, which were used to evacuate the affected population to the designated evacuation centres and to the general population who were cut off from the service provision;
- Coordinating response activities
- Establishing evacuation centres
- Distributing food to the affected population
- Hosting meetings in the affected area, where BRCS teams would also share their updates. The district committee was also responsible for organising community meetings where all stakeholder and village leaders briefed each other on the operation progress and challenges. These meetings were held in community centers (Kgotla) to allow everyone to participate and were coordinated by the District Commissioner.

The National Disaster Management Office Director (NDMO) and his team visited the area to appreciate the work done on the field. The first meeting with the NDMO was held in Gweta on the 2nd March 2018 and Zoroga villages on the 14th -15th April 2018. Gweta BRCS Branch chairperson participated in the meetings and briefed members of the coordination team on the role and plan of action of BRCS and the support the National Society provided to the local authorities. The Disaster Management Officer also attended a meeting at national level to report on the operation and other findings.

The District authorities worked closely with BRCS both in the assessment of the situation and providing temporary shelter at the evacuation centres. The District leadership also provided the affected population with the food, water and sanitation services for post flood clean-up. Apart from District Government, no other NGO or partner was present on the ground to support this emergency.

Needs analysis and scenario planning

The National Society in collaboration with the Government conducted needs assessment in the affected villages. The main needs identified were on shelter, water and sanitation, household items and knowledge on hygiene and safe water. The National Society identified the most affected 564 households (2,820 people) who needed urgent help. During the needs assessment, BRCS also identified that most of the affected households were also looking for long term solutions as they were already affected by floods. This was considered and reported during the Lessons Learned

workshop and BRCS will promote long term activities and plan following this operation to avoid the same impact in the future.

One of the major challenges faced by the community in the affected districts was unsafe drinking water, especially Gweta village which has a population of 9 000 people. The National Society was working hard to do door to door hygiene promotion to help communities understand how to collect and store safe water. The National Society distributed aqua tabs at household level and the volunteers demonstrated how to use the aqua tabs. The challenge of the hospital sewage was stabilized by pumping the spill to avoid the contamination of a nearby water source. Before the distribution of aqua tabs, the government at district level decided, as an emergency measure, to start water trucking from nearby villages which took a long time as the roads were destroyed. This delay put the communities at risk of using contaminated water. The National Society volunteers engaged in intensive house-to-house hygiene promotions and safe water dissemination to reduce this risk.

Due to shortage of water in Gweta village there was a fear of an outbreak of waterborne diseases, but through social mobilization, Botswana Red Cross Volunteers continued to conduct hygiene promotion activities using consultation meetings and distribution of Information, Education and Communication (IEC) materials at public gathering areas and clinics, which had a significant impact in changing behaviours and improved the hygiene practices at household level. Therefore, no waterborne disease outbreaks occurred during the time of the operation and even after at the time of reporting. Emergency shelter support was one of the challenges faced by the Government as they have shortages of tents. This resulted in accommodating affected communities at community halls and schools (used as evacuation centers). The evacuation centers were quickly overcrowded and it was a concern for the National Society. The volunteers were requested to continue hygiene promotion activities to avoid communicable disease outbreaks until the issue of space was resolved. BRCS also assisted with distributing and setting up 14 family tents from the NS own stock to the most vulnerable groups such as elderly, lactating mothers and disabled people.

The relief items procured were based on the needs assessment report. The relief items provided by the BRCS were complementing the items the government provided from the initial stage. The BRCS also provided PSS at the evacuation centres especially to the most vulnerable groups. This activity continued even after the affected people returned to their homes. The BRCS provided emergency shelter to 200 households by distributing shelter kits and wood frames for construction, targeting priority households that had their homes destroyed. Other households were assisted by repairing their partially destroyed houses using tarpaulins and repair kits to support covering their roofs and walls and improve safety.

The only challenge faced during the distribution was when the National Society found out the government did not provide food items to approximately 15 households. The National Society was not providing food items in the operational plan. As there were already conflicts between beneficiaries, the National Society decided to procure food items for the 15 households to avoid a further deterioration as beneficiaries already believed that it was the National Society's responsibility to cover those that did not get the relief items from the government. This food assistance was done with BRCS own funds and not under the DREF budget as it was not planned.

Risk Analysis

During the operation, some roads were still not accessible or suitable for vehicle use (due to heavy damages caused by the floods) which delayed the assessment. BRCS had to use alternative routes when possible or wait for the conditions to improve in order to access some targeted areas. The government came up with alternative routes to ensure aid could reach people despite flooding still visible in some parts of the affected villages and avoid delays.

During the distribution of activities, there were no risks identified which could hamper the implementation or security threats in all the affected areas. The only issue that hampered the operation was reaching some very remote victims with assistance, which took longer than planned. The alternative was to use Government boats to transport relief items to those remote affected communities.

According to the District Disaster Management Committee, 60% of the families did not leave their homes despite the high-water levels due to limited safe infrastructure options to house them. The continued presence of these families in flood affected areas, inadequate shelter and insufficient access to safe water or adequate sanitation conditions increases the risk to their health.

The poor condition of road networks due to flooding made the response challenging as it took time to reach affected population. These delays caused frustrations among the affected population and also increased the harmful impacts of the flooding. Overcrowding at the evacuation centres lead to other hygiene related and respiratory illnesses as well as potential issues with protection and gender-based violence, although no issues were identified. GBV was not covered during the operation due to lack of time and trained volunteers.

Targeting

The overall target for this DREF operation was 564 households (2,820 people) in Zoroga, Gweta and Tsokotshaa villages.

Please refer to [EPoA](#) for details on targeting.

Table 3: Number of persons requiring assistance from 3 villages of concern

Districts	Villages	Affected population (HH)	Population requiring assistance (HH)	BRCS Targeted population (HH)
Central	Gweta	410	410	205
	Zoroga	310	310	310
	Tsokotshaa	125	125	49

B. OPERATIONAL STRATEGY

Overall Operational objective:

To provide immediate relief assistance to 322 HH (1,610 persons) most affected by the flooding in Zoroga, Gweta and Tsokotshaa villages of Tutume Sub-district in the sectors of shelter, health, and wash.

Operational plan and strategy

The Operational plan and strategy for this operation remained as planned in the initial EPoA. During the operation, the National Society requested a two months no-cost timeframe extension (new end date: 21 August 2018) for the National Society to implement all the activities outlined in the EPoA and for IFRC RLU to complete replenishment of stocks provided to the NS for distribution.

Following technical issues with Botswana bank that caused considerable delay in the transfer of funds to the National Society, Botswana Red Cross Society was not able to continue implementation of activities started at the onset of this disaster. In addition, given shortage at the IFRC Dubai warehouse, IFRC Regional Logistics Unit (RLU) needed more time to proceed and complete the replenishment of the IFRC Regional Warehouse based in Harare within the operation timeframe. Therefore, a two month no-cost time-frame extension was granted to allow the National Society to implement all the activities outlined in the EPoA and for IFRC RLU to complete replenishment of stocks provided to the NS for distribution.

The focus of the operation was on the following sectors;

- Health:** In order to protect and limit the health risks of affected population, NS provided First Aid services to those in need, referring them if necessary, to the nearest health care centre. In addition, to prevent vector borne diseases, the NS conducted information dissemination on key messages on hygiene and how to mitigate mosquito breeding in flood affected areas. Activities under this sector include:
 - Procurement and distribution of mosquito nets (2 per household), blankets (2 per household) and mattresses (2 per household), as required by families either at evacuation centres or when they return to their homes. The distribution of these items would come with strong messaging on clearing of mosquito breeding areas.
 - Provision of First Aid services where needed and hygiene promotion activities for the families.

2. WASH: The BRCS in collaboration with DHMT developed an awareness campaign and materials to reduce the risk of waterborne and water related diseases targeting 564 households. The BRCS provided information to the affected families to make sustainable improvements to ensure safe water and improved hygiene practices. Activities under this sector include:

- Continuous activities to maintain basic sanitation conditions and hygiene standards at government run evacuation centres. Support with provision of hygiene products and garbage management in the area. Government is responsible for provision and maintenance of latrines.
- Promotion of safe water treatment, storage and hygiene practices. This included warning of potentially contaminated water, training on the use of chemical treatments (aqua tabs) as well as messages on how to clean homes after the flood water receded. This reached all accessible affected population (currently assessed at 564 HH but assessments are ongoing). Dissemination will be through house to house visit as well as community and evacuation centre sessions. Procurement and distribution of IEC material (total number of 1000 fliers will be printed)
- Train 30 volunteers on water borne vector control measures and water treatment.
- Procurement and distribution of cleaning kits to 564 households for the clean-up and disinfection of homes affected by contaminated waters. Orientations on the use of the products and the health risks of not cleaning the area (messages on vector control included).
- Procurement and distribution of water purification tablets for all 564 targeted households with orientation of their use and the safe storage of the water.
- Procurement and distribution of NFIs including buckets (2 per household), jerry cans (2 per household), kitchen kits (1 per household), soap (5 bars per household) and hygiene kits (2 per household) for women and girls for 322 vulnerable households that were displaced and have lost access to these items.

3. Provision of shelter: The BRCS provided a flexible approach to meeting the temporary shelter needs of 200 households who have been displaced by the floods (who are either staying with host families or in evacuation centres). Indeed, it planned to supply the basic repair and reconstruction needs to the most vulnerable 200 households that returned to their completely destroyed homes when the water recedes.

Activities will thus include:

- Procurement and distribution of shared shelter tool kits, tarpaulins, and essential wood for shelter frames for 200 most vulnerable households that return to destroyed homes. After receiving training, volunteers will support these families on the best use of these materials as well as site selection and other risk reduction considerations for returning to areas that may be seasonally flood prone.
- Train 30 volunteers for two days on safe emergency shelter support and safe shelter guidance and awareness for the communities.

4. Lessons Learned Workshop

At the end of the operation, the National Society conducted a lesson learned workshop in Gaborone. The participants included BRCS volunteers and staff who were part of the operation, IFRC staff and beneficiaries. The aim of the workshop was to evaluate the operation, looking at the challenges, achievements and lesson learnt. The outcome of the workshop was that the National Society should look into long term solutions looking as these communities are regularly being affected by floods. The need for multi sectoral-assessments were emphasised by participants, as was the need for the National Society to engage the Government in order to agree on one assessment tool that can be used,

and which covers all sectors. The facilitators also encouraged the National Society to make sure they always coordinate their efforts with the Government in all activities and during emergency operations.

C. DETAILED OPERATIONAL PLAN



Health

People reached:

Male: 1,394

Female: 1,426

Health Outcome 1: The immediate risks to the health of affected populations are reduced

Health Output 1.1: Communities are provided by NS with services to identify and reduce health risks

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	2,820	2,820
# of people reached by First Aid services	2,820	15
# of mosquito nets distributed. Target: 322 HH (2 per HH)	644	644

Narrative description of achievements

BRCS disseminated information of health-related messages to the affected population. Key messages were focusing on malaria, water-borne diseases and HIV/AIDS. HIV/AIDS is included in all health awareness messages as policy by the government. The messages were disseminated using different methods such as door to door campaign and community meetings, at clinics, hospitals and community halls and with the support of created IEC materials.

The First Aid Action team was in place since the initial evacuation and while the evacuation centers were setup to assist those who could experience any injuries, especially during the evacuation activities. The First Aid team stayed at the evacuation center but did not provide any FA services as there was no identified needs or requests. However, 15 beneficiaries were referred to hospitals as their conditions were beyond the First Aid team's capabilities. Follow ups were also done to ensure if the referred beneficiaries were able to be assisted.

1000 awareness posters with key health and wash messages were translated into the local language and distributed at strategic places such as clinics, community gathering places, schools and hospitals to ensure the communities had access to information. During the development of key messages, the National Society worked closely with Ministry of Health (MoH) at national level and District Health Management Team at district level. All messages shared were first validated by the MoH at national level.

644 mosquito nets were distributed to the affected population at the evacuation centers. The volunteers also demonstrated to the beneficiaries how to hang mosquito nets, especially to vulnerable groups.

The impact of BRCS volunteers' intense and efficient campaigns was shown by the lack of vector born disease outbreaks (malaria) reported.

Challenges

- The small number of trained volunteers on First Aid and health related issues. limited the coverage of villages, especially on information dissemination and implementation rate.
- Other Key health related issues like GBV and TB were not covered during the operation due to lack of time and trained volunteers.
- There was little coordination between stakeholders regarding the health response, especially at district level. However, BRCS made efforts to keep a minimum coordination to ensure that all stakeholders spoke the same language.
- Lack of transportation resources, especially vehicles, with the only vehicle in use during the operation was BRCS owned. The stakeholders at district level had no equipment and vehicles resources available.

Lessons Learned

Though the working relationship with the district officials was good, there is need to conduct a stakeholder mapping to know who is doing what, and their capacities to avoid duplication of efforts and ensure minimum coordination. With shortage of Health & First Aid actions teams, the National Society will in future train more volunteers as part of preparedness measures.

There is a need for a standard national referral system in place, which will help the beneficiaries to know where to access assistance from other stakeholders. This will reduce the burden for the National Society which was perceived by community members as the organization that does everything.



Shelter

People reached:

Male:796

Female:841

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Output 1.1: Short-term shelter and settlement assistance is provided to affected households

Indicators:	Target	Actual
# of people reached with safe and adequate shelter and settlement (Target 322 HH)	322	322
# households provided with emergency shelter and settlement assistance (Target 200 HH)	200	180

Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

Indicators:	Target	Actual
# households provided with technical support and guidance, appropriate to the type of support they receive (Target 200 HH)	200	180

Narrative description of achievements

The National Society managed to construct 180 (out of 200 planned) temporary shelters to the targeted beneficiaries in the affected villages and where BRCS conducted assessments. 20 beneficiaries refused the shelter construction as they requested BRCS to construct them in areas outside of the villages (at their farms) and where BRCS did not conduct assessment. Furthermore, BRCS is not authorized to build shelters where they do not have confirmation the beneficiaries owned the land.

BRCS also distributed 322 tarpaulins, 2800 pieces of wood for framing and 200 shelter tool kits.

Beneficiaries participated in the construction phase. 25 volunteers were engaged to assist and construct the emergency shelter in all the 3 affected villages, Gweta, Zoroga and Tsookotshaa. Prior to the DREF launch, BRCS was able to mobilize 14 family tents from the NS warehouses, nearby the affected villages. Volunteers disseminated information on how to protect the shelters and tarpaulins from hazards and risks such as fire and raised awareness on safe shelter.

To complete the shelter construction, BRCS also distributed 322 kitchen sets (1 per HH), 644 blankets (2 per HH) and 644 mattresses (2 per HH) to allow the beneficiaries to live with basic equipment under the temporary shelters or repaired homes.

BRCS trained 30 volunteers on emergency shelter. The shelter training included site selection, type of tools and kits to use to construct shelter. The training had a good impact as newly trained volunteers were able to construct proper shelters for beneficiaries, but also engaged beneficiaries' participation in the shelter response. In both trainings the participants were introduced to the Community Engagement and Accountability (CEA) approach.

The NS managed to evaluate the shelter activities at the end of the DREF operation. This was done with the participation of 43 community leaders and stakeholders from two target villages. The results of this evaluation were very positive, with community leaders acknowledging the good work done by the volunteers on constructing shelter but also involving communities in the construction. They now better understand BRCS role and capacities. However, they were also demanding for advocacy and support to find a long-term solution for the recurrent floods in this area. This was captured in the Lessons Learned Workshop and BRCS HQ will try to bring this up to National Authorities after the operation.

Challenges

- The NS faced delays as the shelter materials were received very late from the IFRC warehouse in Zimbabwe. This led to beneficiaries overstaying at the evacuation sites despite water having dried up. This caused some frustration among them.
- The other challenges faced during construction were that some beneficiaries wanted the NS to construct shelter at their farms outside of the villages. This was never an agreement, but the NS had to consult with the

government and the decision was taken that shelters should only be constructed where assessments were conducted.

Lessons Learned

- BRCS feel that the procurement process for both IFRC and NS should be simplified to increase effectiveness.
- The other lesson learned during this sectoral implementation is that the communities want the National Society to come up with long term solutions as their area is prone to flooding. This will reduce the vulnerabilities and the impacts of flooding.
- The communities, stakeholders and volunteers advised that the NS should introduce Cash Transfer Programme as a response modality. This will reduce the delays in BRCS response increase effectiveness.
- The affected communities and Government will be engaged when coming up with long term interventions or solution in future.
- The NS will also in future train communities on CEA, so they can fully take part during the operations and better manage their expectations.



Water, sanitation and hygiene

People reached:

Male: 1,394

Female: 1,426

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1: Communities are provided improved access to safe water

Indicators:	Target	Actual
# of families provided with knowledge and best practice to reduce the risk of waterborne and water related diseases (Target 564 HH)	564	564
# households provided with training and products to ensure safe water that meet agreed standards according to specific operational and programmatic context (Target 564 HH)	564	564

Output 1.2: NS promote positive behavioural change in personal and community hygiene among targeted communities.

Indicators:	Target	Actual
# of volunteers trained in hygiene promotion activities (Target: 60 volunteers)	60	60
# of people reached by hygiene promotion activities (Target: 2,820 persons)	2,820	2,820

Narrative description of achievements

Volunteers disseminated information on key waterborne and water related disease and raised awareness on safe water use, safe water storage and the importance of cleaning the environment. Communities were encouraged to use latrines at schools and other government institution, for those who did not have homes ones. Communities were trained on how to safely use aqua tabs to treat water.

To complement the awareness campaign, 33 840 Aqua tabs were distributed to 564 household to treat water. Before distributions of aqua tabs, volunteers demonstrated how to use them at a community meeting. BRCS distributed 644 hygiene packs, 1,610 bar soaps, 644 jerry cans, and 564 sanitation and cleaning materials (hand gloves, mask, steal and rubber rake) to the affected households to clean the shelters and surroundings environment and to collect rubbish.

60 volunteers were trained on hygiene promotion, targeting household hygiene practises and how to handle disease outbreaks. The dissemination of information was done through house-to house, community gatherings, and trainings. 1000 IEC materials (posters) were designed in consultation with Ministry of health especially in formulating key messages in relation to diseases outbreak such as malaria and diarrhoea.

Due to the continuous information dissemination, there were no diseases outbreak or related to waterborne related diseases reported during the duration of the operation in the targeted area.

Challenges

Some communities' members were reluctant to use the aqua tabs. Despite the volunteers' demonstration on how to use them, some beneficiaries feared it might affect their health. BRCS volunteers continued with their intense information dissemination to explain the community member who have doubts, and during these sessions, the Water

Utilities Cooperation (WUC) officials were engaged to assist in explaining to the community members how the aqua tabs works.

Lessons Learned

BRCS will continue to engage stakeholders for further collaboration, especially where the NS does not have the expertise and to be better prepared for future disaster and coordination mechanisms.

In the targeted area there is a need for a long-term solution on latrines. Only a minority of community members are using them, but the leaders want to be assisted to construct more latrines in the three villages. There is also the problem of inadequate latrines which pose more health threats, which was raised, and a request for long term support. The National Society will engage Movement partners to see how these communities can be assisted to come up with long term and sustainable interventions.

The National Society in future will train more volunteers on Water and Sanitation issues. This will be included in the village preparedness plans.

Strategies for implementation

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of assessments conducted in the affected areas	Not specified	2
# of volunteers and staff involved in the operation	25	29

Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output 3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues

Indicators:	Target	Actual
# of communication materials produced	1,000	1,000
# of videos produced	1	1

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
# of lessons learned workshop organized	1	1

Narrative description of achievements

BRCS conducted 2 assessments jointly with government. The National society assisted the government on evacuation activities and also setting up the evacuation camps. In the middle of the operation, the National Society successfully organizes workshop for community leaders and the district response team on the importance and reason of conducting assessments prior to starting the response (distribution and shelter construction) and the necessity for all populations to evacuate the flooded areas. The NS was able to use the influential people in the affected villages to convince the affected people who were refusing to leave their homes that were flooded.

The 25 volunteers engaged in the DREF operation were from the affected villages (Gweta, Zoroga and Tsookotshaa). To complement there were 4 staff involved in the operation, 3 were from the headquarters while 1 was from Kasane and was deployed as NDRT. The NDRT took the role of team leader, coordinating volunteers work and coordinating with stakeholders and authorities at district level.

The 25 volunteers were divided into action teams, such as shelter, health & First Aid and WASH.

1 video was produced during the distribution of NFI and construction of shelter in Zoroga and Gweta. It captured the interviews from both beneficiaries and communities' leadership. The video was done by BRCS communications department and was then distributed to key stakeholders (Government and District Commissioners) and with IFRC Regional Office (Nairobi) and Cluster Office (Pretoria). It was also broadcasted to the community leaders and volunteers during the trainings. The video increased the visibility of BRCS activities and role to the National authorities and stakeholders and raised the visibility and awareness of Red Cross Disaster response among the communities.

The National Society conducted a Lessons Learned workshop on the 13th -14th August in Otse. 7 volunteers, 3 staff members and 2 IFRC delegates (From Nairobi Regional Office and Southern Africa Cluster Office) participated in the workshop. The volunteers came from the affected villages of Zoroga, Gweta and Tsookotshaa.

Participants indicated that the National Society should now start considering the long-term interventions that will reduce the impacts of recurrent flooding in the mentioned villages. One of the outcomes that was over emphasised was the issue of coordination with local authorities during operations.

Challenges

- There was a conflicting issue between the assessment forms that was used by the Government and the National society. This led to a situation where inter-stakeholders coordination for data collection analysis and sharing was left out.
- The Government assessment tool is not a multi-sectoral tool, this is a challenge for the NS when it comes to sharing information with other partners on affected sectors that that have not been covered.
- During the assessment phase, the government was taking a long time to issue the final report that could assist the country to mobilize resources.
- The National society was constantly engaging the District Commissioner to provide adequate information and to encourage them to also conduct multi-sector assessments, as some sectors were left out, such as WASH and health.

Lessons Learned

- The National Society will in future train more volunteers on how to conduct rapid assessment within a shorter timeframe to enhance BRCS capacities to mobilize more resources quickly.
- The National Society will continue to advocate to the government to come up with one standard assessment tool or adopt the NS assessment tool. This will improve the assessment rate and ensure the coverage of all sectors to better address and respond in a timely manner to the needs of the affected population.

D. THE BUDGET

The overall budget for this DREF operation was CHF 111,493 of which CHF 102,621 was spent. A balance of CHF 8,872 will be returned to the DREF.

Explanation of variances in financial report

- Variance on the clothing and textile line: no budget was allocated but CHF 1,241 expenses booked as Mosquito net replenishment was procured internationally by IFRC but erroneously coded as clothing and textile.
- Variance on the food line: no budget was allocated but CHF 36 expenses booked to cover 15 Household that did not received food support from the Government as planned. BRCS had to cover this unexpected activity as explained in the narrative.
- Teaching material was over spent by CHF 614 (163.7%) as IEC materials costs were underbudgeted.
- Variance on the storage line: no budget was allocated but CHF 36 expenses booked as border customs clearance fees were erroneously coded under the storage line.
- Variance on the distribution and monitoring line: no budget was allocated but CHF 6,114 expenses booked as NS monitoring costs were not budgeted.
- Variance on the Logistics services line: no budget was allocated but CHF 3,215 expenses booked as this line was erroneously budgeted under the Shelter – relief line.
- Volunteers costs line: over spend of CHF 2,452 (33.8%) as volunteers per diem costs were underbudgeted.
- Workshops & Training line: over spend of CHF 3,728 (149.1%) as lessons learned workshop costs were underbudgeted.
- Variance on the financial charges line: no budget was allocated but CHF 1,362 expenses booked and could not be avoided.

Contact information

Reference documents



Click here for:

- Previous Appeals and updates

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

Botswana Red Cross Society

- Secretary General: Mildred Molefhi, sg@botswanaredcross.org.bw; +267 3952465
- Operational coordination: Sethamiso Moritshane, Disaster Management Officer, sethamisom@botswanaredcross.org.bw; +267 3952465

- Emergency Plan of Action (EPoA)

In the IFRC

- IFRC Country Cluster Support Team: Lorraine MANGWIRO , Head of Cluster, email: lorraine.mangwiro@ifrc.org
- Nicolas Boyrie, Disaster Management Coordinator; email: nicolas.boyrie@ifrc.org
- IFRC Africa Regional Office for Regional Disaster Management Unit: Alina Atemnkeng Arrah, Africa DREF Delegate; +254 731 067 277; email: alina.atemnkeng@ifrc.org

In IFRC Geneva

- Eszter Matyeka, DREF Senior Officer; phone: +41 75 4198604; email: eszter.matyeka@ifrc.org;

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for Resource Mobilization and Pledge: Kentaro Nagazumi, phone: +254 202 835 155; email: kentaro.nagazumi@ifrc.org;

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator, phone: +254 780 771 139; email: fiona.gatere@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org

Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Disaster Response Financial Report

MDRBW004 - Botswana - Floods

Timeframe: 21 Mar 18 to 21 Aug 18

Appeal Launch Date: 21 Mar 18

Final Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRBW004
Budget Timeframe	2018/3-2018/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			111,493			111,493	
B. Opening Balance							
Income							
Other Income							
DREF Allocations			111,493			111,493	
C4. Other Income			111,493			111,493	
C. Total Income = SUM(C1..C4)			111,493			111,493	
D. Total Funding = B +C			111,493			111,493	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			111,493			111,493	
E. Expenditure			-102,621			-102,621	
F. Closing Balance = (B + C + E)			8,872			8,872	

Disaster Response Financial Report

MDRBW004 - Botswana - Floods

Timeframe: 21 Mar 18 to 21 Aug 18

Appeal Launch Date: 21 Mar 18

Final Report

Selected Parameters

Reporting Timeframe	2018/3-2018/10	Programme	MDRBW004
Budget Timeframe	2018/3-2018/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A						B	A - B
BUDGET (C)				111,493			111,493	
Relief items, Construction, Supplies								
Shelter - Relief	50,138			37,752			37,752	12,386
Clothing & Textiles				1,241			1,241	-1,241
Food				494			494	-494
Water, Sanitation & Hygiene	31,378			19,089			19,089	12,289
Teaching Materials	375			989			989	-614
Total Relief items, Construction, Sup	81,891			59,565			59,565	22,326
Logistics, Transport & Storage								
Storage				36			36	-36
Distribution & Monitoring				6,114			6,114	-6,114
Transport & Vehicles Costs	2,700			788			788	1,912
Logistics Services				3,215			3,215	-3,215
Total Logistics, Transport & Storage	2,700			10,152			10,152	-7,452
Personnel								
National Society Staff	5,600			6,305			6,305	-705
Volunteers	7,237			9,689			9,689	-2,452
Total Personnel	12,837			15,994			15,994	-3,156
Workshops & Training								
Workshops & Training	2,500			6,228			6,228	-3,728
Total Workshops & Training	2,500			6,228			6,228	-3,728
General Expenditure								
Travel	2,010			1,576			1,576	434
Information & Public Relations	2,000			1,401			1,401	599
Office Costs	300							300
Communications	450			80			80	370
Financial Charges				1,362			1,362	-1,362
Total General Expenditure	4,760			4,418			4,418	342
Indirect Costs								
Programme & Services Support Recove	6,805			6,263			6,263	541
Total Indirect Costs	6,805			6,263			6,263	541
TOTAL EXPENDITURE (D)	111,493			102,621			102,621	8,872
VARIANCE (C - D)				8,872			8,872	