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# Emergency appeal

## Sierra Leone: Cholera Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

### Preliminary Emergency appeal n° MDRSL003 GLIDE n° [EP-2012-000041-SLE](#) 16 August 2012

This Preliminary Emergency Appeal seeks CHF 1,151,632 in cash, kind, or services to support the Sierra Leone National Society (SLRCS) to assist 1'440'000 beneficiaries for 6 months, and will be completed by the end of February 2013. A final report will be made available by May 2013 (three months after the end of the operation).

CHF150'000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.

**Summary:** A new outbreak of cholera in Sierra Leone has spread to eight districts, with the largest concentration of cases in the Western Area where the capital is located. Three of these districts were also affected by the previous outbreak in March 2012 (MDRSL002). As of August 12 2012, 9,059 cases of cholera and 159 deaths had been reported, representing a continuing significant rise in cases.

The government of Sierra Leone through the Ministry of Health and Sanitation (MHS) is stepping up efforts to contain the disease, which has re-emerged strongly and attained epidemic proportions. This outbreak and spread is related to poor sanitary conditions, acute water shortage, contamination of water sources and migration from affected regions to other regions. The number of confirmed cases has increased in the last couple of weeks, and predictions of heavy rains and possible flooding are likely to accelerate the spread and intensity of the outbreak. The number of cases reported by the MHS may not fully reflect the situation, as some cases in rural areas are not recorded, and only 24 of the 47 affected health centres have managed to report on confirmed cholera cases.

Sierra Leone Red Cross Society has mobilized volunteers for immediate cholera awareness and hygiene promotion activities. The previous cholera response operation funded by DREF was carried out by SLRCS from 20 March – 21 June 2012. This operation mainly focused on hygiene promotion activities, and clear evidence of behaviour change at community level was reported. The recent epidemic has spread to new geographical areas and new strains of cholera have been identified. The SLRCS is planning social mobilization for cholera awareness and hygiene promotion at community level gaining from the improved skills and capacities of staff and volunteers built in the last operation, and reinforcing with significant water and sanitation hardware component improving water sources and latrine facilities in communities as per the learning from the last response.

The planned operation targets 360,000 households in 4 districts (Kambia, Port Loko, Tonkolili and Moyamba) and involves 400 community based volunteers and 40 volunteer supervisors, with technical support from 2 regional disaster response team (RDRT) members throughout the operation. Volunteers will distribute educational materials, and conduct drama performances to promote good hygiene practices. They will also



Volunteers preparing for cholera activities. (Photo: Sierra Leone Red Cross)

chlorinate wells, and make house to house visits using cholera demonstration kits, to educate community members on how to prepare and administer oral rehydration salts solution as well as early detection of signs of cholera, referral and follow up. The operation will also enable rehabilitation of water sources and rehabilitation and construction of latrines. Additionally the SLRCS is planning to strengthen the community health facilities in the four affected areas by providing them with cholera kits containing basic treatment items.

The current epidemic differs from the situation last March. Based on the high number of reported cases, steady increase in new cases, predictions of rain and flooding, coupled with local coordination mechanisms already overstretched, SLRCS in this case has requested the launch of an emergency appeal and support from the IFRC Field Assessment and Coordination Team (FACT). Accordingly, a FACT team comprising experts in health, water and sanitation and reporting/information management arrived in-country on August 12 to support the SLRCS in technical assessments, coordination (especially in rural areas) and planning of interventions.

This Preliminary Emergency Appeal responds to a request from the Sierra Leone National Society, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the areas of Health and Water, Sanitation and Hygiene promotion.

[<click here for the attached budget; here for a map of the affected area; or here for contact details>](#)

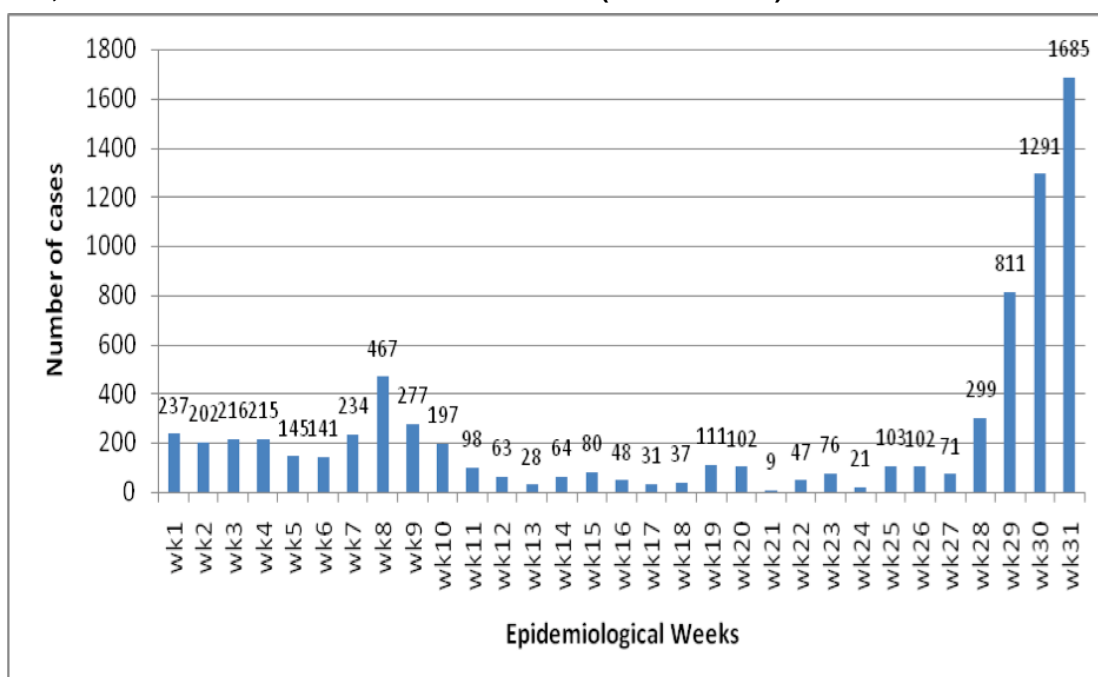
## The situation

On July 11, 2012, the Sierra Leone Ministry of Health and Sanitation declared a cholera epidemic in 8 of the 14 districts in Sierra Leone, stretching from Kambia in the north to Pujehun in the south. The outbreak is reported to have started in Kambia district. Heavy rains and poorly constructed or non-existent toilet facilities has led to a contamination of the water sources (unprotected wells and streams). This, when combined with the movement of people for trade, social gatherings and other reasons may have led to the spread of the outbreak from Kambia to the rest of the affected areas.

Sierra Leone experienced its last cholera epidemic only five months ago, where outbreaks were reported in Kambia, Port Loko and Puhehun. The Sierra Leone Red Cross responded to this outbreak through an operation funded by the IFRC's DREF, mainly focusing on social mobilization and hygiene promotion activities. The operation was successfully completed within three months and the outbreak was reported under control.

Though the three districts affected by the March 2012 outbreak are all affected by the new outbreak, the recent epidemic has already reached a much higher number of confirmed cases and larger geographical spread than the previous outbreak (see figure 1) and represents the introduction of a new strain of cholera.

**Figure 1, national trend of cholera cases week 1-32 (Source: MHS).**



Sierra Leone is currently in the middle of the rainy season (August being the wettest month), and it is envisaged that the epidemic will continue to spread very fast if urgent and appropriate action is not taken to address the unfolding situation. As of August 12 2012, 9,059 cases of cholera and 159 deaths had been confirmed (case fatality rate 1.8) in 8 districts distributed as per table 1. This represents a noticeable spike in cases over the last couple of weeks.

**Table 1: National Cumulative summary of Cholera Cases 1 January – 07 August 2012**

Name of affected district	District Population	Cumulative Number as reported up to 10 August 2012				Number reported on 11 August 2012				Grand Total	Total Deaths	CFR	Attack Rate
		Cases			Deaths	Cases			Deaths				
		<5	≥5	Total		<5	≥5	Total					
Western Area	1,243,804	466	3576	4042	54	12	80	92	1	4134	55	1.5	0.33
Port Loko	529,831	1733	921	2654	39	0	3	3	0	2657	39	1.5	0.50
Kambia	324,769	251	833	1084	28	0	11	11	0	1095	28	2.6	0.34
Pujehun	320,686	194	475	669	11	9	1	10	0	679	11	1.6	0.21
Bo	624,386	28	91	119	4	0	0	0	0	119	4	3.4	0.02
Bomabli	469,064	37	213	250	4	0	0	0	0	250	4	1.6	0.05
Moyamba	262,725	0	30	30	3	0	0	0	0	30	3	10.0	0.01
Tonkolili	413,276	50	161	211	16	4	41	45	0	256	16	6.3	0.06
<b>TOTAL</b>	<b>3,512,540</b>	<b>2,759</b>	<b>6,300</b>	<b>9,059</b>	<b>159</b>	<b>25</b>	<b>136</b>	<b>161</b>	<b>1</b>	<b>9,220</b>	<b>160</b>	<b>1.7</b>	<b>0.26</b>

Source: MHS Sierra Leone

Kambia one of the affected branches/districts in the North of the country is prone to cholera outbreaks due to its vast coastline, which easily floods and contaminates water sources. The branch/district also shares a boundary with Guinea where lots of cross-border activity such as movement of goods and services take place on a daily basis. Port Loko, which is also in the North, lies adjacent to Kambia. Tonkolili district, which is also in the northern part of the country, is a district with mining activities and has therefore become overcrowded leading to poor, inadequate sanitation and hygiene facilities.

The only available medical services in these districts are government hospitals and health centres and many of these are lacking basic amenities such as water and stable power, and surveillance and reporting mechanisms are not functioning well. In many communities cases are not treated by health facilities, or the cases are not reported. Therefore, the figures collected and presented by the MHS may be significantly lower than the actual number, especially in rural areas. In week 31, only 24 out of the 47 health facilities in the affected areas managed to report cholera cases.

A new cholera strain has recently been identified by the MHS: Asian type, serogroup 0.139 (OGAWA biotype). Reagent for confirmation is not available for the MHS.

Humanitarian agency response to the cholera outbreak is slow and focused more on Freetown than the rest of the country. Reports on diseases like Lassa fever in some districts (Port Loko) outside the traditional known areas, are still not included in the MHS coordination meetings. All identified cases of Lassa fever are referred directly to the specialized centre in Kanema district.

No clear sectoral response plan is in place, with each agency proposing what they can do. The response is mainly social mobilization and hygiene promotion, chlorination and case management (CTCs, CTUs).

WatSan facilities (latrines, water points and public water network) need rehabilitation or are non-existent in most communities and health centres throughout the country. Reporting and surveillance still pose challenges. Agencies and the MHS have proposed a minimum cholera response kit, though it is still not widely used. Huge gaps exist; although a number of NGOs are present, only three have reported funds and

resources available to start cholera response activities or access the proposed cholera kits. A large number of NGOs present in the country do not attend MHS coordination meetings currently being held.

No preparedness action has been reported in non-affected districts, even though trend and geographical spread indicate that these areas are at high risk and this is being considered by SLRCS and the FACT. Malnutrition is still present throughout the country and will exacerbate the situation.

Cholera hubs in the areas close to the Guinea border and confirmed cholera cases in Guinea indicate an epidemic spread over more than one country, which may call for regional coordination and interventions.

## Coordination and partnerships

SLRCS is an important strategic partner to the Health authorities and it works with them at all levels from national to branch/district levels in health promotion activities, such as social mobilization during immunization campaigns and bed net distribution. SLRCS is a member of the disease surveillance committee set up by the Ministry of Health and Sanitation over two years ago to monitor and report on communicable disease situations across the country. The NS is also a member of cholera task force committee formed in the wake of the recent cholera outbreak to monitor and coordinate activities. Weekly meetings to update on the cholera situation in the country are held every Thursday. Both committees comprise members from other organizations including Ministry of Health and Sanitation, MSF, Unicef, WHO, Oxfam, Save the Children, Concern worldwide, Sierra Leone Water Company (SALWACHO), the military, civil society, local councils and other concerned organizations. The NS has extensive experience both in cooperation and coordination with other humanitarian agencies, particularly Unicef and ACF. This is used as an entry point to increase district level coordination.

## Red Cross and Red Crescent action

The SLRCS has been involved in the implementation of a long-term community based hygiene promotion programme in most affected districts and active volunteers are already in place.

During the outbreak in March, the NS trained and mobilized 300 Red Cross volunteers and 280 community volunteers from within the affected communities to assist in social mobilization activities, case tracing, administration of ORS to cholera patients and assistance with the referral of critical cases to treatment centres. The activities were carried out as a DREF operation which was completed on 21 May 2012.

At the declared outbreak in July 2012, the SLRCS re-engaged the volunteers involved in the earlier cholera response activities and started hygiene promotion activities. The NS is planning to intensify and expand these activities through this operation and to engage more volunteers to cover the extended regions.

To ensure adequate facilities are available to support the hygiene promotion activities, the NS is planning to engage in WatSan hardware activities such as water point rehabilitation and provision of latrines, in communities, schools and health centres. Two members of the IFRC Regional Disaster Response Team to be deployed for the operation will support implementation of these activities.

Recognizing the imminent crisis, the IFRC Africa West Coast Regional Representation mobilized a technical support team consisting of Watsan Delegate and Senior Health Officer in the first week of August. The team supported the National Society in rapid assessments of the situation, identification of needs and current response gaps, and planning of relevant activities. Following this mission it was decided to launch an emergency appeal and to request international surge capacity.

An IFRC FACT team was deployed on August 12, 2012, consisting of an emergency health specialist, a WatSan specialist and reporting/information management support person. The team is tasked to support the SLRCS with a detailed assessment of current situation, including predicted risks, planning and start-up of relevant interventions. The FACT will also support the NS in efforts to improve the humanitarian coordination, especially for rural area response. In light of the cholera outbreaks in neighbouring countries, the FACT will closely monitor the situation in the region, and identify the risks of a possible regional crisis.

The IFRC preliminary emergency appeal has been launched with a start-up grant from the DREF of CHF150,000 to allow Red Cross activities to scale up immediately. Response activities described in this appeal that have not already commenced will be initiated, and plans will be shared with government and

humanitarian actors for coordination purposes. The ICRC has offered to provide protective gear for the volunteers.

## The needs

The planned operation is covering the districts of Kambia, Port Loko, Tonkolili and Moyamba to complement the health authorities and other stakeholders' efforts in responding to the outbreak through emergency health, water and sanitation activities. The four districts have been selected based on reported number of cases, projected risk of geographical spread of the epidemic, government plans, other humanitarian actors interventions and the capacity of the SLRCS. The operation is targeting rural areas not so much covered by other actors who are working more in the area of the capital and will assist a total of 90,000 households in each district, resulting in a total of 360,000 households or 1,440,000 beneficiaries.

**Immediate needs:** the knowledge and awareness of cholera treatment and prevention needs to be raised at community level to minimize further spread and magnitude of the epidemic. Dissemination of information and practical demonstration of adequate prevention measures needs to be carried out in all affected areas. Existing sanitation facilities in health centres and schools need immediate attention: Both provision/rehabilitation of WatSan hardware and software are needed for communities and health centres. Provision of emergency latrines will be given priority in health facilities lacking existing or functioning sanitation. Communities will be supported to build their own latrines during the social mobilization process through the promotion of SANPLAT type latrine platforms.

There is a dire need of improved coordination and information sharing mechanisms among the humanitarian actors, both at district and national levels. Many ongoing and planned activities are not being mapped, and the existing coordination meetings are not being attended by many NGOs. Mapping of needs and response gaps especially in the rural areas is urgently needed.

**Longer-term needs:** A longer-term change of hygiene behaviour patterns and norms in the communities at risk is necessary to prevent future epidemics. Combined with raised cholera prevention awareness, improved sanitation and access to clean water sources and latrines this will result in more resilient and better prepared communities.

There is a need for the SLRCS branches to be prepared and equipped to take appropriate and timely action in response to future epidemic outbreaks.

## The proposed operation

The social mobilization activities of the SLRCS will directly target 360,000 households (1 volunteer/10 households x 90 days x 400 volunteers) in the four branches using IEC materials, radio jingles and house-to-house visits strategy. The average household size is four persons, giving a total of 1,440,000 beneficiaries.

The SLRCS needs technical support both in the area of health, WatSan and coordination with other agencies. Training needs for 400 volunteers and 40 supervisors will include modules such as Hygiene/Health promotion, social mobilization, epidemics surveillance at community and district level, disinfection of water and sanitation facilities (both water points and communal/household latrines), household water treatment, conservation and water quality monitoring, rapid orientation on provision of emergency sanitation facilities (latrines, hand washing), vector control and prevention (specially rats responsible for Lassa fever). The social mobilization and hygiene promotion methodology will integrate triggering tools used in community-led total sanitation (CLTS) as well as emergency PHAST (participatory hygiene and sanitation training) approach.

The 400 volunteers will be selected among community members and existing active SLRCS volunteers in the communities to ensure local capacity and resilience are built. The following criteria will be applied in the selection process:

- Be a known and credible member of the community in the selected area
- Be available to volunteer in conformity with Red Cross Movement principles
- Be able to read, write and communicate clearly
- Be available to follow guidance from the technical support team of the SLRCS

Branch	Supervisors	Volunteers
Kambia	10	100
Port Loko	10	100
Tonkolili	10	100
Moyamba	10	100
<b>Total</b>	<b>40</b>	<b>400</b>

The NS will rehabilitate existing WatSan facilities in Health centres and schools to be functional. Water points for general consumption in communities should be given a special consideration: A recent mapping organized by the Ministry of Energy and Water Resources is available but data accessibility is limited.

To meet the need for preparedness in less affected areas, activities are planned to ensure capacity to respond to escalation of the current epidemic and future outbreaks in the 10 SLRCS branch offices not targeted for the immediate response. The activities include prepositioning of stocks, training of volunteers and development of preparedness plans. It is anticipated that the four branches targeted for the immediate response operations will build on previous capacity and will build further capacity during the implementation of this operation that will enable them to respond more effectively to future outbreaks.

### Emergency health

<b>Outcome 1: Improved awareness of epidemics (both cholera and Lassa fever) and surveillance amongst 360,000 households in four districts</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>360.000 families have been reached through cholera awareness campaign</li> <li>the risk of cholera outbreak is reduced through cholera prevention campaign</li> <li>the case fatality ratio of the current outbreak is reduced through treatment and referral awareness.</li> </ul>	<ul style="list-style-type: none"> <li>Produce 10,000 flyers and communication tools for public awareness</li> <li>Dissemination of cholera and Lassa fever messages through sessions, jingles, drama, TVs and other channels</li> <li>Orientation/refresher training for 400 community level volunteers</li> <li>Social mobilization, hygiene/health promotion and demonstration to raise awareness on cholera and Lassa fever amongst 360,000 household Improved surveillance in all the target areas (early detection, reporting and referrals of cases to specialised centres)</li> <li>Production of visibility material (600 T-shirts and banners) for Red Cross volunteers</li> <li>Deployment of RDRT to provide technical and coordination support to the NS both at field level and national level</li> <li>Continuous assessment and reporting</li> <li>Awareness and promotion of rats trap to prevent Lassa fever</li> </ul>
<b>Outcome 2: Strengthened capacity of health facilities in affected branches to deal with the cholera outbreak</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>20 health facilities have received cholera kits and necessary orientation.</li> </ul>	<ul style="list-style-type: none"> <li>Support the PHU with cholera kits</li> <li>Health facility orientation on the use of IFRC Cholera kits.</li> </ul>

### Water, sanitation, and hygiene promotion

<b>Outcome 3: Risks of waterborne and water related diseases have been reduced through the provision of safe water, sanitation and the promotion of safe hygiene practices for 360,000 households in four districts</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Safe water is provided for 360.000 families for six months through household water treatment and water point rehabilitation.</li> </ul>	<ul style="list-style-type: none"> <li>Refresher/orientation training followed by master training for 40 SLRCS supervisors, including reporting, coordination of community level volunteer activities and proper use of SPHERE standards.</li> <li>House to house hygiene promotion and social mobilization activities</li> <li>Safe use of water and sanitation treatments/disinfection products</li> </ul>

<ul style="list-style-type: none"> <li>• Appropriate sanitation is provided for household and institutions in selected communities</li> <li>• Up to 360.000 families are aware of cholera risks and good hygiene behaviours to reduce them .</li> </ul>	<p>promoted in 360,000 households through sensitization and demonstration sessions by Community Volunteers</p> <ul style="list-style-type: none"> <li>• Promotion of household water treatment and conservation in all the targeted households</li> <li>• Rehabilitation and disinfection of 50 water points used for public consumption in affected communities</li> <li>• Rehabilitation of 20 institutional latrines</li> <li>• Construction of 50 emergency latrines in health centres and schools of the target communities</li> <li>• Demonstration and distribution of water treatment chemical for immediate access to clean drinking water</li> <li>• Disinfection of household and institutional latrines over 3 months</li> <li>• Promote the construction and use of household latrines through social mobilization activities and the provision of SANPLAT slabs</li> <li>• Train and equip community level volunteers/members for household latrine construction</li> <li>• Deployment of RDRT to provide technical and coordination support to the NS both at field level and national level</li> <li>• Ongoing reporting and assessment</li> </ul>
<p><b>Outcome 4: The risk and effect of future cholera and other water-borne disease outbreaks is reduced through improved capacity of the SLRC branches</b></p>	
<p><b>Outputs (expected results)</b></p>	<p><b>Activities planned</b></p>
<ul style="list-style-type: none"> <li>• Skills and resources in 10 SLRCS district branches are available for rapid and efficient response to cholera and other water-borne diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• Prepositioning H2S water testing strips</li> <li>• Prepositioning Manual Back sprayer - 15 litres</li> <li>• Prepositioning DELTAMETHRIN, K-OTHRINE, 2.5%, wet table powder, 80g each</li> <li>• Prepositioning of Cholera Kits in districts</li> <li>• Prepositioning of CHLORINE, 5000mg (NaDCC 8680mg)</li> <li>• Training of Master trainers (already in one above)</li> <li>• Set up and Training of community volunteers</li> <li>• Prepositioning of set of protective clothing</li> <li>• Establishment of school hygiene clubs</li> <li>• Development of branch and community response plans</li> </ul>

### Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency. The communications activities outlined in this appeal are aimed at supporting the National Society to improve their communications capacities and develop appropriate communications tools and products to support effective operations. These activities are closely coordinated with the Communications department of the IFRC's Secretariat in Geneva. A detailed communications plan of action is forthcoming.

### Capacity of the National Society

The SLRCS has extensive experience in community mobilization and hygiene awareness activities. The Sierra Leone Red Cross Society has been involved in the implementation of a long-term CBHP program in most affected districts and active volunteers are already in place.

During the initial outbreak in March the National Society trained and mobilized 300 Red Cross volunteers and 280 community volunteers from within the affected communities to assist in social mobilization activities,

SLRCS has a branch in each of the 14 districts with a total number of 3'776 active volunteers(2011 data).

### Capacity of the IFRC

The IFRC is supporting operations in Sierra Leone from its Regional Representation in Abidjan, Ivory Coast and does not have a permanent representation in the country. A three member FACT team consisting of Health, WatSan and Information management / reporting delegate is in country and reporting directly to the Regional Representative for Africa West Coast. A logistics specialist will join the FACT team to provide logistical planning and support for the operation. It is also planned to send two RDRTs to provide support to the ongoing implementation of this response, and based on the FACT's assessment and plan with the SLRCS, to consider further possible human resource or material support.

The Africa West Coast Regional Representation will provide direct support to the IFRC and SLCRS personnel involved in the operation to ensure efficient implementation of the activities according to the movement principles and following international SPHERE standards.

A second line technical support will be provided by the West Africa support hub (Sahel Regional Representation) and the IFRC Africa Zone office in Nairobi.

### Security

The security situation in Sierra Leone has been fairly stable since the end of the civil war in early 2002. Crime in the form of theft and robbery has increased in recent years however, especially in the capital Freetown, though violence against foreigners is rare. Security in the previously higher-risk areas bordering Guinea and Liberia has improved although caution should be taken in these areas. Road infrastructure remains poor but is improving slowly. Electricity and water supply are haphazard, and communication, other than through mobile networks (which is patchy), is difficult. The location of the international airport at Lungi, on the opposite side of a river estuary, makes movement to the capital difficult. Travel in Sierra Leone in general requires careful logistical planning and good preparation. The Africa Zone Security Team will continue to monitor the situation and provide advice as necessary.

### Budget summary

See attached budget (Annex 1) for details.

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## Contact information

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Click here

1. Emergency Appeal budget and map [below](#)
2. Click [here](#) to return to the title page

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## 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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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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.
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# EMERGENCY APPEAL

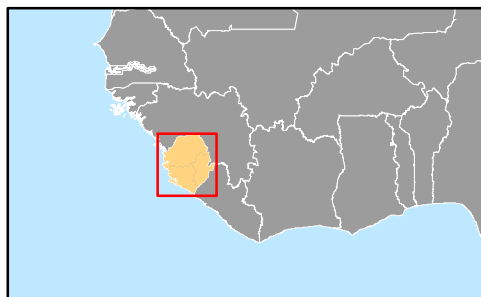
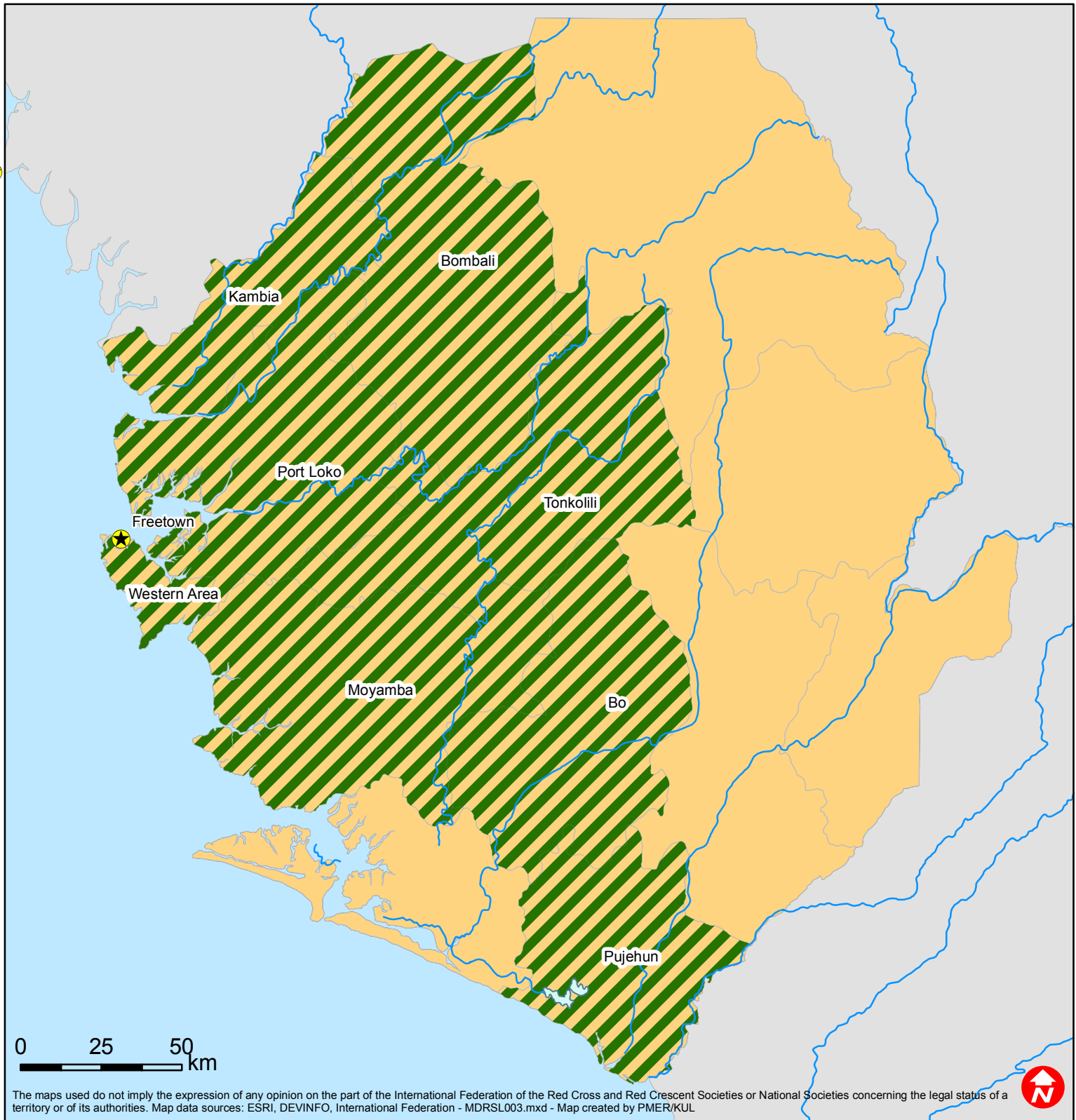
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## MDRSL003 Preliminary Appeal - Sierra Leone: Cholera Epidemic

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	1,000			1,000
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials	35,240			35,240
Clothing & Textiles	4,200			4,200
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene	345,300			345,300
Medical & First Aid	103,640			103,640
Teaching Materials	9,300			9,300
Utensils & Tools	2,000			2,000
Other Supplies & Services				0
Emergency Response Units				0
Cash Disbursements				0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>500,680</b>	<b>0</b>	<b>0</b>	<b>500,680</b>
Land & Buildings				0
Vehicles				0
Computer & Telecom Equipment	5,900			5,900
Office/Household Furniture & Equipment	700			700
Medical Equipment				0
Other Machinery & Equipment				0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>6,600</b>	<b>0</b>	<b>0</b>	<b>6,600</b>
Storage, Warehousing	600			600
Distribution & Monitoring	2,000			2,000
Transport & Vehicle Costs	41,000			41,000
Logistics Services				0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>43,600</b>	<b>0</b>	<b>0</b>	<b>43,600</b>
International Staff	107,000			107,000
National Staff				0
National Society Staff	41,475			41,475
Volunteers	125,240			125,240
<b>Total PERSONNEL</b>	<b>273,715</b>	<b>0</b>	<b>0</b>	<b>273,715</b>
Consultants				0
Professional Fees				0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Workshops & Training	153,000			153,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>153,000</b>	<b>0</b>	<b>0</b>	<b>153,000</b>
Travel				0
Information & Public Relations	22,600			22,600
Office Costs	2,550			2,550
Communications	5,000			5,000
Financial Charges	5,000			5,000
Other General Expenses	68,600			68,600
Shared Office and Services Costs				0
<b>Total GENERAL EXPENDITURES</b>	<b>103,750</b>	<b>0</b>	<b>0</b>	<b>103,750</b>
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Services Support Recovery	70,287	0		70,287
<b>Total INDIRECT COSTS</b>	<b>70,287</b>	<b>0</b>	<b>0</b>	<b>70,287</b>
Pledge Earmarking & Reporting Fees				0
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>1,151,632</b>	<b>0</b>	<b>0</b>	<b>1,151,632</b>
<b>Available Resources</b>				
Multilateral Contributions				0
Bilateral Contributions				0
<b>TOTAL AVAILABLE RESOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>1,151,632</b>	<b>0</b>	<b>0</b>	<b>1,151,632</b>



# Sierra Leone: Epidemic



-  Capital
-  Affected areas