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## Disaster relief emergency fund (DREF) Sierra Leone: Cholera Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRSL002  
GLIDE n° EP-2012-000041-SLE  
20 March, 2012**

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**CHF 114'688 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 128,000 beneficiaries (32,000 households). Unearmarked funds to repay DREF are encouraged.**

**Summary:** An outbreak of cholera in three (3) districts of Sierra Leone (Kambia and Port Loko in the North and Pujehun in the South) has claimed 34 lives according to the Ministry of Health and Sanitation in Sierra Leone. According to the same source, the outbreak was noticed during first week of February, when large numbers of people started reporting at various health facilities in the affected areas especially Kambia branch complaining of severe watery stools. The government of Sierra Leone through the Ministry of Health and Sanitation is stepping up efforts to contain the disease, which has attained epidemic proportions. As of March 9<sup>th</sup> 2012, the number of confirmed cholera cases in these districts stood at 2,137. This outbreak and spread is related to insanitary conditions, acute water shortage in many parts of the country, and migration from affected regions. Against this background, it is likely that more and more people will contract the disease unless urgent action is taken to address the situation.



**Volunteers getting equipped for epidemic prevention activities. Photo: Sierra Leone Red Cross**

Sierra Leone Red Cross Society, as an auxiliary to the government in the humanitarian sector, is planning to mobilize 400 volunteers to complement government's effort in social mobilization activities in cholera prevention and control. Volunteers will educate community members on how to prepare the ORS solution as well as early detection of cholera symptoms.

Sierra Leone Red Cross also hopes to strengthen the health facilities in the affected areas by providing them with cholera kits and drugs (Ringer's Lactate). The affected communities will also benefit from a rapid orientation on cholera detection, prevention, case detection and treatment and basic WATSAN skills to build their capacity and ensure resilience.

This DREF operation will enable the National Society to carry out these interventions in the 3 most affected branches in the country. This will help raise the visibility of the National Society and at the same time build the capacity of the organization to manage possible future outbreaks.

This operation is expected to be implemented over 3 months, and will therefore be completed by 19 June, 2012. A final report will be made available three months after the end of the operation (by September 2012).

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

## The situation

The Ministry of Health and Sanitation has officially declared the cholera outbreak in 3 branches/districts in the country on the 8<sup>th</sup> March 2012. No one knows exactly how it started, but health authorities believe that it may have started in Kambia, one of the affected districts, which shares a boundary with Guinea. Because of the high mobility of people from one community to another as a result of commercial and personal activities, the disease has spread quickly to other districts/branches. It is envisaged that the epidemics will continue to spread very fast if urgent and appropriate action is not taken to address the unfolding situation. Already additional districts are also reporting severe cases of watery diarrhoea. As at March 9<sup>th</sup> 2012, the total number of cases reported from the 3 cholera-declared districts of Port Loko and Kambia in the North and Pujehun in the South is **2,137**, with **34** fatalities.

### Summary of cases

District	No of communities	# of cases	# of deaths
Port Loko	17	1,168	8
Kambia	18	490	17
Pujehun	10	479	9
<b>Total</b>	<b>45</b>	<b>2,137</b>	<b>34</b>

Source : MOHS Sierra Leone

An estimated 210,033 people in 45 communities in these 3 districts/branches are at risk of the disease unless urgent action is taken such as social mobilization on cholera prevention, early case detection and referral and strengthening of health facilities through the provision of drugs and essential supplies.

The cause of this outbreak is mainly poor sanitary conditions (indiscriminate disposal of garbage, faeces and other wastes) leading to contamination of water sources. The month of March is also the peak of the dry season in Sierra Leone when most water sources—which are mainly unprotected wells and streams—run dry. The few remaining water points are usually over crowded leading to their contamination..

Kambia one of the affected branches/ districts in the North of the country, is prone to cholera outbreaks due to its vast coastline, which floods and contaminates water sources. The town also shares a boundary with Guinea where lots of cross-border movement of goods and services takes place on a daily basis. Port Loko which is also in the North, lies adjacent to Kambia. Pujehun district, located in the South, shares a border with Liberia, and like Kambia, experiences vast movements of people and goods across its border on a daily basis.

The only available medical services in these districts are government hospitals, health centres and consultations given by medical practitioners who are responsible for all or part of public health facilities. Most of these services are inaccessible to the majority of the Sierra Leoneans making a bad situation worse.

## Coordination and partnerships

Sierra Leone Red Cross 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. Sierra Leone Red Cross society 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 society is also a member of the cholera task force committee formed to monitor and coordinate cholera activities. In addition to the Ministry and the Red Cross, both committees comprise members from other organizations, including MSF, UNICEF, WHO and civil society.

## Red Cross and Red Crescent action

Sierra Leone Red Cross Society has already mobilized 400 community-based volunteers in 14 districts/branches of the country to do house-to-house health promotion activities, case tracing, administration of First Aid; Oral Rehydration Salts (ORS) to cholera victims and referral of critical cases to health facilities. Sierra Leone Red Cross plans to scale up its activities in the 3 most affected branches by training 400 volunteers on health promotion, cholera detection, prevention, case tracing, and treatment as well as on basic hygiene practices and also to embark on social mobilization activities, distribute water purification tablets (aqua tabs) to 32,000 households, equip health facilities with drugs (Ringer's Lactate solutions and Giving Sets) demonstrate the preparation and administration of ORT using cholera demonstration kits.

There is need for the deployment of a resource person from the regional disaster response team (RDRT) to Sierra Leone to support the operations and lend technical support for monitoring and reporting, as the Sierra Leone Red Cross is currently short staffed in the health department.

The IFRC, through its delegation in Abidjan in Cote d'Ivoire, continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management and operational issues are directed and implemented within the principles and core values of the Red Cross movement to reach the needs of the most vulnerable

## The needs.

The social mobilization activities of the Sierra Leone Red Cross Society will be targeting 32,000 households (1 volunteer/8 households per day x 10days x 400 volunteers) in the 3 branches using IEC materials, radio jingles and house-to-house visits strategy (since the average household size is 4 persons, this means that SLRCS will be reaching approximately 128,000 people, mainly women and children).

### Target population

Branch/District	No of Communities	Population in affected communities	Number of children Under 5	Number of pregnant women
Kambia	18	78,921	13,969	3,473
Port Loko	17	89,231	15,793	3,926
Pujehun	10	41,881	7,412	1,842
<b>TOTAL</b>	<b>45</b>	<b>210,033</b>	<b>37,174</b>	<b>9,241</b>

The 45 communities in 3 districts/branches were chosen because they are the most affected by the outbreak, due to their distant locations from health facilities, poor sanitation and acute water shortage caused by the harshness of the dry season. The 400 Red Cross volunteers selected for the operation are from the local communities and are aware of the cultures and traditions in the community. Gender will also be taken into account when choosing volunteers for training (fairly equal numbers of men and women)

To carry out the above intervention, the NS will conduct an orientation for 9 supervisors from the 3 branches/districts for two days. The supervisors will in turn cascade the orientation to 400 Red Cross volunteers on the Epidemic Control for Volunteers (ECV) manual and tool kits.

Branch	Supervisors	Volunteers
Pujehun	3	100
Kambia	3	150
Port Loko	3	150
<b>Total</b>	<b>9</b>	<b>400</b>

## The proposed operation

SLRCS will focus its intervention in the 3 affected branches to support the health authorities and other stakeholders' efforts in responding to the outbreak through community social mobilization, distribution of water purification tabs (Aquatabs) to households in affected communities strengthening health system by providing hospitals and health centres with medical and First Aid materials (Ringer's Lactate solutions and ORS) to manage cases. Orientation on cholera detection, prevention and basic sanitation practices to build capacity and ensure community resilience will be organized for 400 community volunteers.

### Water, sanitation, and hygiene promotion

**Outcome: 1: The risk of waterborne and water related diseases has been reduced through the provision of safe water to 32,000 families (128,000 beneficiaries).**

Activities planned	Expected results
<ul style="list-style-type: none"> <li>Promotion of hand washing with soap at critical times to households in the affected regions;</li> <li>Promotion of hygienic food handling in</li> </ul>	<ul style="list-style-type: none"> <li>Improved awareness on ORS preparation. and use among households</li> </ul>

<p>targeted Households and market places.</p> <ul style="list-style-type: none"> <li>Organise <b>90</b> Sensitization and demonstration sessions on ORT preparation (<b>2 in each community</b>).</li> <li>Organize sensitization and demonstration sessions on household water treatment methods.</li> <li>Volunteers organise weekly community clean-up campaigns.</li> <li>Procurement and distribution of water purification tablets to affected and vulnerable households in affected branches</li> </ul>	<ul style="list-style-type: none"> <li>Access to safe water promoted in 32,000 households in 45 affected communities through the provision of Aquatabs</li> </ul>

<b>Emergency Health</b>	
<b>Outcome 2: Prevention of the Cholera epidemic and its further spread is controlled and its morbidity and mortality in the affected region has been reduced.</b>	
<b>Activities Planned</b>	<b>Expected Results</b>
<ul style="list-style-type: none"> <li>Recruitment and rapid orientation of 400 volunteers for social mobilisation and sensitization</li> <li>Sourcing and printing <b>10,000</b> assorted copies of available IEC materials (posters and flyers etc.) on the outbreak risk reduction sensitization activities;</li> <li>Prompt referral of detected cases to Health Centres within the affected Regions;</li> <li>Production of visibility tools (procurement of <b>460 t-shirts and 6 banners</b>)</li> <li>Conduct health sensitization activities to the most affected communities in the 3 districts/branches with dissemination of messages for ten days.</li> <li>Diffusion of messages through sessions of Radio jingles for the promotion of Health messages</li> <li>Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement.</li> </ul>	<ul style="list-style-type: none"> <li>400 volunteers are recruited and oriented on social mobilization and sensitization.</li> <li>Hygiene and health education, early case detection and referral as well as sensitizations have been useful in reducing the number of victims;</li> <li>The fundamental principles of the Red Cross/Red Crescent Movement is promoted and respected.</li> </ul>
<b>Outcome 3: The capacity of the SLRCS headquarters and branches to prepare and respond to current and future outbreaks of epidemics is strengthened.</b>	
<b>Activities planned</b>	<b>Expected Results</b>
<ul style="list-style-type: none"> <li>Training of 3 Branch Health Officers and 6 Coaches in ECV for 3 days) from the affected Regions and other epidemic prone Regions.</li> <li>A 1-day ECV workshop to train <b>400</b> volunteers on cholera from the affected communities epidemic prone communities.</li> <li>Develop and test contingency plan for the 3 affected branches to ensure effective preparedness at branch level;</li> <li>Monitoring and supervision of activities from Headquarters and at Regions level</li> </ul>	<ul style="list-style-type: none"> <li>3 Branch Health Officers and 6 coaches of the SLRCS trained on the epidemic control manual for volunteers in order to build their capacity to handle the present situation and future outbreaks.</li> <li>The NS has appropriate level of competence to carry out social mobilization activities in the affected Regions and other regularly affected by outbreaks.</li> </ul>

<b>Outcome 4: The capacity of health facilities in affected districts to manage cholera cases is strengthened</b>	
<b>Activities planned</b>	<b>Expected outcomes</b>
<ul style="list-style-type: none"> <li>Procure and distribute Medical and first materials such as Ringer's Lactate IV and ORS to health facilities</li> </ul>	<ul style="list-style-type: none"> <li>Health facilities have adequate quantities of medical and first aid materials to Manage cholera cases</li> </ul>

## Contact information

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

- **IFRC Regional Representation:** Daniel Sayi, Regional Representative, West Coast, Abidjan, Côte d'Ivoire office phone; +22566775261 email: [daniel.sayi@ifrc.org](mailto:daniel.sayi@ifrc.org)
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### For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Africa phone: +254 731 067277; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@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 (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.

# DREF OPERATION

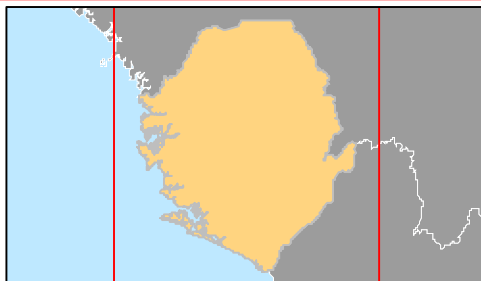
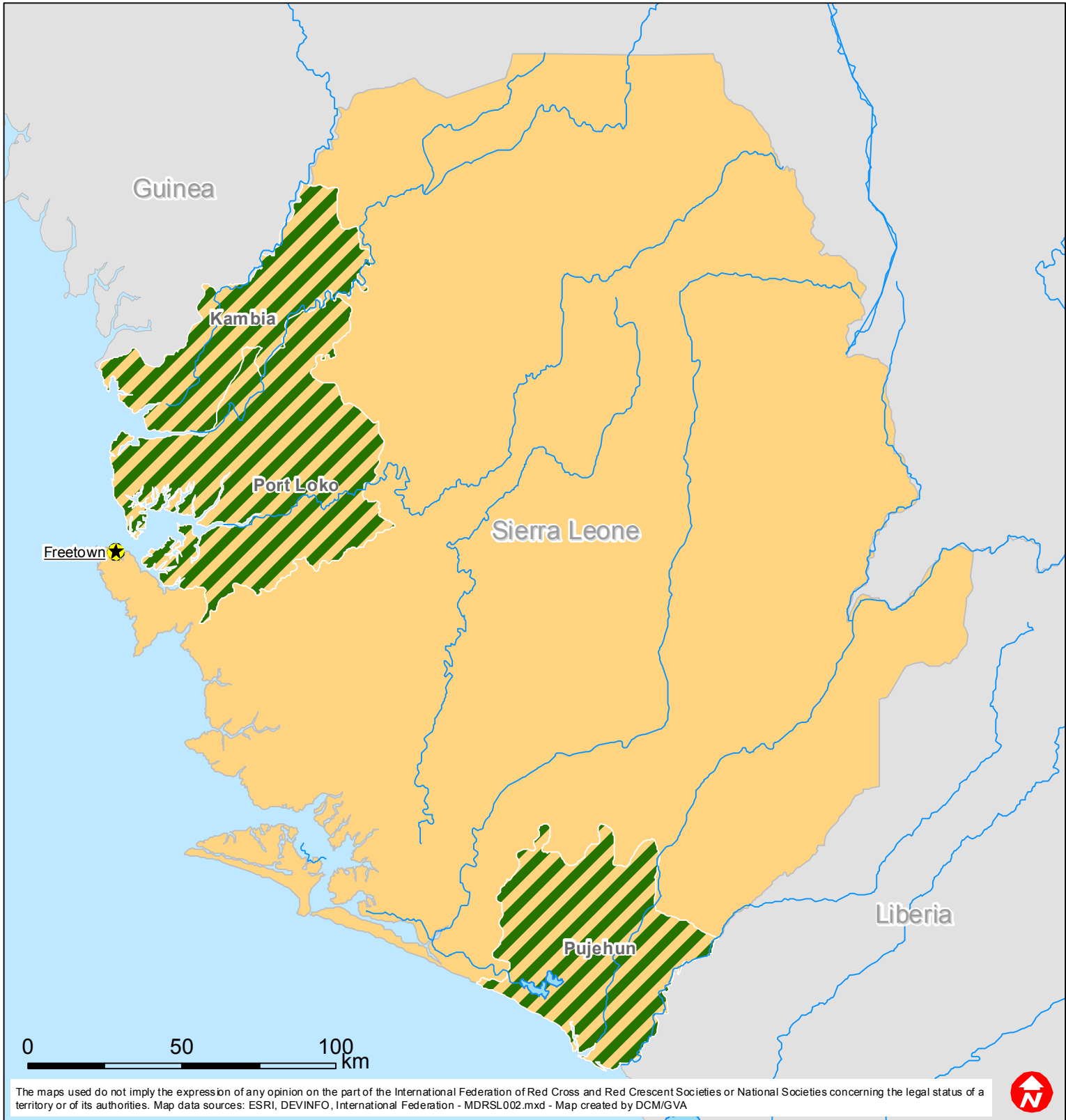
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## Sierra Leone: Cholera Outbreak (MDRSL002)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	8,530
Medical & First Aid	9,877
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>18,407</b>
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
Storage, Warehousing	200
Distribution & Monitoring	5,400
Transport & Vehicle Costs	1,600
Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>7,200</b>
International Staff	6,555
National Staff	0
National Society Staff	4,240
Volunteers	30,400
<b>Total PERSONNEL</b>	<b>41,195</b>
Consultants	0
Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	13,800
<b>Total WORKSHOP &amp; TRAINING</b>	<b>13,800</b>
Travel	0
Information & Public Relations	22,173
Office Costs	1,150
Communications	2,764
Financial Charges	1,000
Other General Expenses	0
Shared Support Services	0
<b>Total GENERAL EXPENDITURES</b>	<b>27,087</b>
Programme and Supplementary Services Recovery	7,000
<b>Total INDIRECT COSTS</b>	<b>7,000</b>
<b>TOTAL BUDGET</b>	<b>114,688</b>



# Sierra Leone: Epidemic



 Affected districts