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**DREF operation n° MDRSL002**  
**GLIDE n° EP-2012-000041-SLE**  
**31 October, 2012**

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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 Red Crescent response to emergencies. 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.

**Summary:** CHF 114'688 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 20 March, 2012 to support Sierra Leone Red Cross Society in delivering immediate assistance to some 128,000 beneficiaries (32,000 households).

The Sierra Leone Ministry of Health and Sanitation confirmed a cholera outbreak in 3 districts of Sierra Leone (Kambia and Port Loko in the North and Pujehun in the South) in early March 2012. The outbreak by this time had claimed 34 lives and affected 2,137 persons. The spread of Cholera to the neighbouring districts is attributed to the high mobility of people from one community to another for commercial and personal activities.

The response operation lasted 3 months during which 300 volunteers and 9 Branch Health Officers and Coaches received training in Epidemic Control for Volunteers (ECV) Manual and deployed in affected and at risk communities for social mobilization and to carry out health promotion activities. An additional 280 community volunteers attended an orientation workshop focussing on early case detection and referral of suspected cholera cases. During the operation, 96 suspected cholera cases were referred to health centres for treatment.

In total, 120,000 beneficiaries (30,000 households) in the affected districts of Pujehun, Kambia and Port Loko have been reached with health messages on cholera prevention, preparation and administration of Oral Rehydration Salt Solutions (ORS), household water treatment, hand washing, personal hygiene and environmental cleanliness. In addition to the sensitizations, Non-Food Items (NFIs) were distributed to support the management of the outbreak. These included 5,000 water treatment tablets and assorted medical supplies for use in treatment of household water thus ensuring access to safe drinking water.

Sierra Leone Red Cross (SLRC) as a member of the MoH disease surveillance committee attended weekly meetings of the cholera task force that was tasked with monitoring and coordination of response activities. World Health Organisation (WHO) provided technical expertise to the government on disease control while, Action Contre La Faim (ACF) chlorinated wells thus providing households with access to safe water. UNICEF donated drugs and medical items to the government who in turn through the Ministry of Health and Sanitation donated assorted medical items (IV fluids, drips, giving sets and ORS) to support case management of the disease.



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

An impact evaluation was conducted in the last two-weeks of the operation and indicated positive behavioural change amongst the target population and an overall reduction in the number of cholera cases recorded in the communities where the DREF operation was implemented by the Red Cross.

A total of CHF 7,055 that was unspent at the close of the operation has been returned to DREF. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of DREF contributions are found on: [http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2012.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf)

[<click here for the final financial report, or here to view contact details>](#)

## The situation

The Sierra Leone Ministry of Health and Sanitation confirmed a cholera outbreak in 3 districts of Sierra Leone (Kambia and Port Loko in the North and Pujehun in the South). The outbreak by early March 2012 had claimed 34 lives and affected 2,137 persons. Neighbouring districts were also reporting cases of watery diarrhoea among the residents.

The outbreak was attributed to poor sanitary conditions (indiscriminate disposal of garbage, human waste 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 with often fatal consequences.

The combined efforts of the various partners in the response operation impacted positively in combating further spread of the outbreak as well as assisting the affected persons. The activities of SLRCS trained volunteers in particular made a positive impact in containing the spread of the outbreak.

## Coordination and partnerships

There was very good coordination amongst all partners in the wake of the outbreak in February that ensured there was no duplication. SLRCS as a member of the MoH disease surveillance committee attended weekly meetings of the cholera task force that was tasked with monitoring and coordination of response activities. World Health Organisation (WHO) provided technical expertise to the government on disease control while. Action Contre La Faim (ACF) chlorinated wells there by providing households with access to safe water. UNICEF donated drugs and medical items to the government to support case management of the disease.

## Red Cross and Red Crescent action

SLRCS focussed its intervention in the 3 affected districts. Support was provided to the health authorities and other stakeholders' efforts in responding to the outbreak through community social mobilization, provision of water purification tablets and distribution of Non Food Items.

## Achievements against outcomes

Water, sanitation, and hygiene promotion	
<b>Outcome1: The risk of waterborne and water related diseases has been reduced through the provision of safe water to 32,000 families (128,000 beneficiaries).</b>	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Improved awareness on ORS preparation and use among households</li> <li>Access to safe water promoted in 32,000</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of hand washing with soap at critical times to households in the affected regions</li> </ul>

households in 45 affected communities through the provision of Aquatabs	<ul style="list-style-type: none"> <li>• Promotion of hygienic food handling in targeted Households and market places.</li> <li>• Organise 90 Sensitization and demonstration sessions on ORS preparation (2 in each community).</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>
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**Impact:** In total, 120,000 beneficiaries (30,000 households) in the affected districts of Pujehun, Kambia and Port Loko have been reached with health messages on cholera prevention, preparation and administration of Oral Rehydration Salt Solutions (ORS), household water treatment, hand washing, personal hygiene and environmental cleanliness. Jingles and radio messages on cholera prevention and control were broadcast on local FM radio stations.

Volunteers organised weekly community clean-up campaigns where community members and leaders participated in cleaning public places like markets, parks and drainages. Hand washing demonstrations were also carried out in the communities and buckets, disinfectants, brushes, hand sanitizers and towels distributed for community use.

Emergency Health	
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.	
Expected results	Activities planned
<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>	<ul style="list-style-type: none"> <li>• Recruitment and rapid orientation of 400 volunteers for social mobilisation and sensitization</li> <li>• Sourcing and printing 10,000 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 460 t-shirts and 6 banners)</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>
<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>	
Expected results	Activities planned

<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>	<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 400 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>
<p><b>Outcome 4: The capacity of health facilities in affected districts to manage cholera cases is strengthened</b></p>	
<p><b>Expected results</b></p>	<p><b>Activities planned</b></p>
<ul style="list-style-type: none"> <li>• Health facilities have adequate quantities of medical and first aid materials to Manage cholera cases</li> </ul>	<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>

**Impact:** One of the immediate needs of the affected communities was health education focussing on personal and communal hygiene, environmental sanitation and safe drinking water. In response the National Society organized a 1 day orientation workshop on Epidemic Control for Volunteers (ECV) Manual targeting the Branch Health Officers and Coaches in the 3 affected districts. Those trained cascaded the skills acquired by training a total of 300 volunteers who in turn embarked on house to house and community health promotion activities using megaphones. The volunteers also conducted 90 sensitization and demonstration sessions on correct preparation and administration of ORS to households in 45 communities using the cholera demonstration kits.

A 1 day orientation workshop focussing on early case detection and referral of suspected cholera cases was conducted reaching 280 community members. The skills acquired enabled the referral of 96 suspected cholera cases to health centres.

Information, Education and Communication (IEC) materials on the outbreak risk reduction sensitization activities were produced. A total of 10,000 assorted IEC materials including posters and leaflets were distributed to affected communities to enhance positive behavioural change. In addition, 40 banners, 420 T-shirts and caps printed with cholera prevention were distributed and used for identification by trained volunteers.

Health sensitization activities carried out included jingles depicting cholera messages that were aired on local FM radio stations. SLRCS in partnership with the Ministry of Health and Sanitation held radio and television talk shows on cholera prevention and control that were broadcast on local FM and TV stations reaching a large audience.

Procurement and distribution of 5,000 water purification tablets to 30,000 affected and vulnerable households in the affected districts was done. These water purification tablets distributed would last the households for at least 2 months. Prior to the distribution, volunteers conducted demonstration sessions in the communities on the use of the tablets for water purification.

Impact evaluation was conducted in the last two-weeks of the operation and indicated positive behavioural change among the target population and an overall reduction in the number of cholera cases recorded in the communities where the DREF operation was implemented by the Red Cross.

**Challenges:** In the targeted districts, majority of the households lack adequate access to clean drinking water which poses a threat to another outbreak of the disease. Only about 30% of people living in these communities have access to hand pump wells and many fetch their drinking water from broken water pipes that are prone to contamination. In addition, low latrine coverage and lack of proper waste disposal sites hinders the cholera prevention efforts and therefore requires urgent attention from the local authorities.

**Lessons Learned:** Community ownership of the intervention and motivated volunteers are key in ensuring the success of response operations of this nature. Well organised coordination and collaboration between partners in the operation enhances efficiency and minimises duplication of efforts.

**Recommendations:** There is need for National Society branch capacity strengthening in preparedness and control of common epidemic diseases. Additionally, essential materials and supplies need to be prepositioned in branches to improve on response time during emergencies.

## Contact information

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

- **Sierra Leone Red Cross:** Emmanuel Hindovei Tommy, Secretary General; Phone: +233 76 626 674; email: [etommy@sierraleoneredcross.org](mailto:etommy@sierraleoneredcross.org)
- **IFRC in Sierra Leone:** Hler Gudjonsson, Head of Operations; Phone: +232 79 544 213 email: [hler.gudjonsson@ifrc.org](mailto:hler.gudjonsson@ifrc.org)
- **IFRC Regional Representation:** Daniel Sayi, Regional Representative for West Coast; Abidjan; phone: +225 66775261 email: [daniel.sayi@ifrc.org](mailto:daniel.sayi@ifrc.org)
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: [christine.south@ifrc.org](mailto:christine.south@ifrc.org)
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: [ari.mantyvaara@ifrc.org](mailto:ari.mantyvaara@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone: +251-93-003 4013; fax: +251-11-557 0799; email: [loic.debastier@ifrc.org](mailto:loic.debastier@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting):

**IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; 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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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.
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Selected Parameters	
Reporting Timeframe	2012/3-2012/10
Budget Timeframe	2012/3-2012/6
Appeal	MDRSL002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	114,689					114,689	
<b>B. Opening Balance</b>	0					0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>	107,634					107,634	
<b>C4. Other Income</b>	107,634					107,634	
<b>C. Total Income = SUM(C1..C4)</b>	107,634					107,634	
<b>D. Total Funding = B +C</b>	107,634					107,634	
<b>Coverage = D/A</b>	94%					94%	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	0					0	
<b>C. Income</b>	107,634					107,634	
<b>E. Expenditure</b>	-107,634					-107,634	
<b>F. Closing Balance = (B + C + E)</b>	0					0	

Selected Parameters	
Reporting Timeframe	2012/3-2012/10
Budget Timeframe	2012/3-2012/6
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### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>114,689</b>					<b>114,689</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	8,530	2,465				2,465	6,065	
Medical & First Aid	9,877	11,593				11,593	-1,716	
<b>Total Relief items, Construction, Supplies</b>	<b>18,407</b>	<b>14,059</b>				<b>14,059</b>	<b>4,348</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	200	159				159	41	
Distribution & Monitoring	5,400	5,850				5,850	-450	
Transport & Vehicles Costs	1,600	3,925				3,925	-2,325	
<b>Total Logistics, Transport &amp; Storage</b>	<b>7,200</b>	<b>9,934</b>				<b>9,934</b>	<b>-2,734</b>	
<b>Personnel</b>								
International Staff	6,555	5,158				5,158	1,397	
National Society Staff	4,240	3,651				3,651	589	
Volunteers	30,400	29,295				29,295	1,105	
<b>Total Personnel</b>	<b>41,195</b>	<b>38,104</b>				<b>38,104</b>	<b>3,091</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	13,800	13,063				13,063	737	
<b>Total Workshops &amp; Training</b>	<b>13,800</b>	<b>13,063</b>				<b>13,063</b>	<b>737</b>	
<b>General Expenditure</b>								
Travel		1,386				1,386	-1,386	
Information & Public Relations	22,173	20,177				20,177	1,996	
Office Costs	1,150	924				924	226	
Communications	2,764	1,599				1,599	1,165	
Financial Charges	1,000	1,818				1,818	-818	
<b>Total General Expenditure</b>	<b>27,087</b>	<b>25,904</b>				<b>25,904</b>	<b>1,183</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	7,000	6,569				6,569	431	
<b>Total Indirect Costs</b>	<b>7,000</b>	<b>6,569</b>				<b>6,569</b>	<b>431</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>114,689</b>	<b>107,634</b>				<b>107,634</b>	<b>7,055</b>	
<b>VARIANCE (C - D)</b>		<b>7,055</b>				<b>7,055</b>		