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Emergency appeal operation update
Sierra Leone: Cholera Epidemic

Revised emergency appeal n° MDRSL003
GLIDE n° EP-2012-000041-SLE
Operation update n°3
15 February, 2013

Period covered by this Ops Update: 30 December 2012 to 15 January 2013.

Appeal target (current): CHF 1,061,852 in cash, kind and services and services.

Appeal coverage: 100% ***<click here to go directly to the updated donor response report>***

Appeal history:
- This Emergency Appeal was initially launched on a Preliminary basis on 16 August 2012 for CHF 1,151,632 for 6 months to assist 1,440,000 beneficiaries. CHF 150,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) as start up funds.
- The Emergency Appeal was launched on 17 September 2012 for CHF 1,358,780 for 6 months to assist 1,539,206 direct beneficiaries and 2,000,000 indirect beneficiaries.
- Operations update no. 1, published on 17 October 2012 provided a progress update on the deployment o three Emergency Response Units (ERUs), consisting of a Basic Health Care Unit from the Finnish and Japanese Red Cross, Community Health Module from the Norwegian and Canadian Red Cross, and a Mass Sanitation Module from the British Red Cross. These bilateral contributions are not included in the current appeal target.
- The Revised Emergency Appeal was launched on 29 December, 2012 reducing the appeal amount from CHF 1,358,780 to CHF 1,061,852. The number of targeted beneficiaries also increased due to the expansion of the target area. Previously the operation had focused only on Kambia, Port Loko, Bombali and Tonkolili, with activities in the revised appeal expanded to all 13 districts in the country
- Operations update no. 2 was published on 29 December 2012 to provide and updated on the then recently launched Revised Emergency Appeal
- On 15 January the period of operations for the emergency appeal was extended for one month. Operations are planned to be finished by the end of March. The reason for the extension is late arrival of funds, which has resulted in delays in the implementation of planned activities.

Summary: The operational period for this revised emergency appeal has been extended for one month, or until the end of March.

The cholera outbreak in Sierra Leone has declined from a high of more than 2,000 cases per week at the peak of the outbreak (in weeks 32 - 34), down to 16 cases in week 1 (2013). Although this is a significant decline, cases are still being reported in four districts, requiring ongoing prevention and control efforts to ensure the outbreak does not spread further. Epidemiological surveillance will be continued throughout the operation.

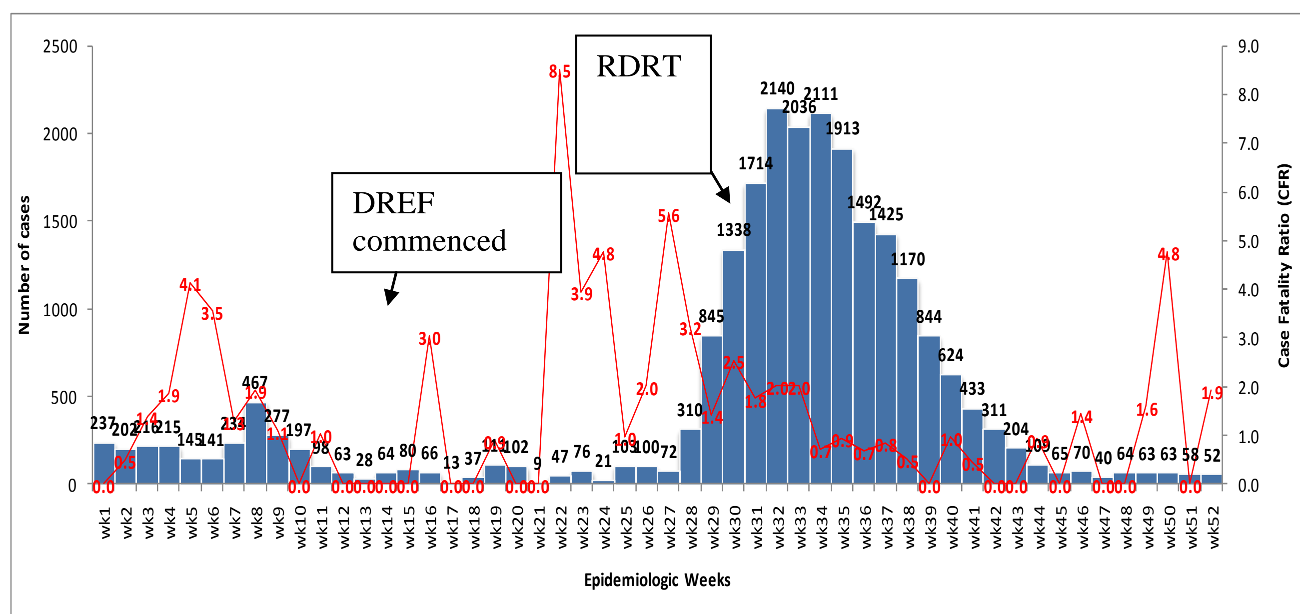
There have been few other major operational changes since last update. For the latest updates on activities please refer to Operations update no. 2

<click here to link to contact details >

The situation

An outbreak of cholera was declared in February, 2012. On 11 July 2012, the Sierra Leone Ministry of Health and Sanitation lab confirmed cholera in the Western District. A significant and rapid rise in cases of cholera can be seen in the graph below. The cases on a weekly basis from the national level rose quickly to 2000 cases per week with more than 50 per cent of those coming from the urban area in Freetown. On 16 August, the President of Sierra Leone declared a public health emergency and confirmed a national epidemic with 12 out of 13 districts reporting cholera cases. Only four districts reported cholera cases during the 1 week of 2013 i.e. Kenema (6), Tonkolili (2), Bombali (2) and Kambia (6).

Figure 1, national trend of cholera cases week 1-52 (Source: MoH).



Cholera cases have been reported annually in Sierra Leone in recent years; however the country has not seen an outbreak of this size in more than a decade. The total cumulative from 1 January 2012 – 8 January 2013 was 23009 cases, including 299 deaths (case fatality rate (CFR) = 1.30). The cumulative cholera case fatality ratio by district between 1 – 8 January 2013, is shown in the table below:

National Cumulative summary of Cholera Cases 1 January – 14th October 2012

Name of affected district	District Population	Cumulative Number as reported up to 8 January 2012				CFR	Attack Rate
		Cases			Deaths		
		<5	≥5	Total			
Western Area	1,243,804	1400	10405	11805	97	0.8	0.95
Port Loko	529,831	1740	1718	3458	58	1.7	0.65
Kambia	324,769	280	1325	1605	32	2.2	0.45
Pujehun	320,686	389	643	1032	14	1.4	0.32
Bo	624,386	80	588	668	17	2.3	0.11
Bombali	469,064	204	1127	1331	16	1.2	0.28
Moyamba	262,725	37	356	393	15	4.2	0.15
Tonkolili	413,276	154	1088	1242	34	2.7	0.30
Bonthe	160,114	75	250	325	10	3.2	0.20
Kono	305,952	27	166	193	2	1.1	0.06
Kenema	621,750	74	789	863	4	0.6	0.14
Koinadugu	318,849	6	88	94	0	0.0	0.03
TOTAL	**5,595,206**	**4,466**	**18,543**	**23,009**	**299**	**1.34**	**0.41**

The overall risk factors for water related diseases, and cholera specifically remain extremely high in Sierra Leone in general. Throughout the country there is a lack of sanitation facilities, inadequate quality and quantity of water sources (water points and public water networks) and insufficient waste management and access to health care can be limited in some areas.

The outbreak has stabilized over the past two months and due to the considerably lower case load, the remaining activities focus primarily on WatSan hardware, hygiene promotion and expanding the network of SLRCS volunteers capable of managing ORPs, reporting on cases, and hygiene promotion. Given the fact that cholera outbreaks occur every year in Sierra Leone, repeated outbreaks are likely to occur in the coming years. The activities in the revised appeal are crucial with regard to reducing the risk of cholera epidemics, as well as lowering the number of cases and the case fatality rate in future outbreaks.

Coordination and partnerships

There have been no changes with regard to coordination and partnerships since last update. For the latest updates please refer to Operations update no. 2

Red Cross and Red Crescent action

There have been no significant changes since last update. For the latest updates on activities please refer to Operations update no. 2

<table>
<tr><th colspan="2">Emergency Health and Care</th></tr>
<tr><td colspan="2">A decrease in the case fatality rate (CFR) for cholera is achieved, through the provision of clinical case management and support to the Ministry of Health emergency response</td></tr>
<tr><td>Outputs (expected results)</td><td>Activities planned</td></tr>
<tr><td>A mobile BHC is operational and providing clinical case management support starting in four target districts (Port Loko, Kambia, Bombali and Tonkolili) and/ or as per need based on evolution of the epidemic.</td><td>Deploy mobile Basic Health Care (BHC) ERU to areas affected to provide clinical case management in existing facilities and/or establish supplementary Cholera Treatment Centres (CTCs) if the need arises.
Provide clinical supervision and on the job training in areas of operation to Primary Healthcare Units (PHUs).
Supply district hospitals and PHUs with essential items if required to ensure proper case management and infection control practices are enabled.
Support UNICEF and the MoH in supply chain management for essential materials for treatment of cholera by assisting with information management, stock control and case estimation.</td></tr>
<tr><td colspan="2">Decrease the morbidity (case load) related to cholera through the provision of community-based management, referral and surveillance in five priority districts.</td></tr>
<tr><td>Outputs (expected results)</td><td>Activities planned</td></tr>
<tr><td>Improve the knowledge base of 778 volunteers through capacity building, training and on the job supervision so that they are able to identify the signs and symptoms of cholera and dehydration. They will also learn community based case management and referral systems.</td><td>Deploy a mobile CHM module to affected areas to provide technical support and supervision in community based management and surveillance.
Identify volunteers to be trained in affected chiefdoms.
Epidemic Control for Volunteers (ECV) training will be given to 129 key volunteers.</td></tr>
<tr><td>The existing community volunteer referral system for patients who show signs of cholera will be reinforced.</td><td>129 volunteers will participate actively in case finding and referral.
The mobile CHM will support the national society in the establishment of ORS corners through the provision of training and supplies to volunteers.</td></tr>
<tr><td>Households have improved knowledge of prevention, symptoms, early treatment and the correct way to manage cholera.</td><td>Key volunteers will cascade the knowledge to 649 volunteers on cholera community level treatment and prevention.
778 volunteers will provide ORS to mildly dehydrated cholera patients at selected points in</td></tr>
</table>

	their communities. 778 volunteers will provide health promotion messages related to cholera and other water and sanitation related diseases to individuals and households at opportunistic points of contact such as ORS points, clinic waiting areas, markets and schools.
In two chiefdoms, volunteers will provide community-based oral zinc to all children under 5 years affected by cholera. This will be used as a pilot for feasibility.	The volunteers in two chiefdoms, with support from the CHM and the MoH, will pilot the feasibility of community based ORS and zinc distribution to all patients under the age of five who are not seen at a medical facility.
Improved epidemiological surveillance of epidemics is achieved through capacity building of the Sierra Leone Red Cross and its Ministry of Health counterparts.	
Outputs (expected results)	**Activities planned**
A system will be established where volunteers manage 40 key ORS points. They will report on the weekly numbers of cases, which will add to the information collected through the existing system.	Community surveillance will be set-up through 40 selected ORS points. 129 ORS volunteers will be trained on case definition and reporting.
Contribute to improved data management at the national level.	The epidemiologist in the IFRC team will regularly participate in the C4 meetings. Regular analysis and predictions related to the epidemic are made based on data collection, and shared with other implementing partners.

Water, Sanitation, and Hygiene Promotion

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 151,670 households (estimated 910, 195 beneficiaries) in the five priority districts.	
Outputs (expected results)	**Activities planned**
A behavioural change communication strategy will developed, which will help the SLRCS tackle barriers to good hygiene.	The strategy will be developed based on the results of a mini Knowledge Attitudes and Practices (KAP) survey. Approved key messages aimed at addressing key myths and barriers to good hygiene and health practices will be developed.
Ten thousand people will benefit from improved hygiene knowledge through interactive community and school events.	A mobile cinema will tour the Western District, Port Loko, Bombali, Tonkolili and Kambia using events in schools and communities to engage people in hygiene promotion and give them an opportunity to ask key questions. Mini-cinema kits will be provided to each branch to continue this work in smaller villages and schools. Support SLRCS social mobilisation activities in public places (markets, transport hubs) with local partners.
Eight thousand households will have improved access information through the distribution of 400 radios.	Wind-up, solar powered radios will be distributed to identify communities through key volunteers to improve access to information for people deprived of electricity and the means to buy batteries.
Two million indirect beneficiaries will have better access to information through mass communication tools, such as radio and SMS.	A weekly one-hour talk-back radio show will be established allowing the SLRCS to discuss in more detail issues surrounding cholera and provide the population with a chance to ask questions and raise issues. This can be used beyond the cholera outbreak to disseminate practical, useful information on other areas of SLRCS programming. In partnership with UNICEF and the national telecommunications regulator, a more targeted SMS system will be established to allow individual communities to be targeted with information relevant to them, such as increases in cholera cases or the location of ORPs. This system would

	have use to the SLRCS beyond the cholera outbreak as a means of disaster warning and health education.
Households will have improved knowledge related to four key hygiene messages; they will use safe sanitation and hygiene practices, and will also have improved access to safe water.	With the support of the CHM, the SLRCS will train 129 key community volunteers in five districts. Community mobilisation activities will be established by the key volunteers, activating community based hygiene promotion volunteers (649). Conduct KAP survey at the beginning of activities and in three to four months (end line will trial Mobile Monitoring Survey System). Information, Education, Communication (IEC) materials, such as hygiene promotion discussion flip charts, and cholera awareness leaflets will be produced for use at ORPs and to disseminate to the population. House to house hygiene promotion and social mobilization activities will be conducted, including information on health seeking behaviours and key prevention messages. Peer educators and key school staff will be trained on cholera prevention in targeted areas. The distribution and demonstration of the use of household water treatment products will be conducted at the household level, strategic water points and schools. Village WASH committees will be reinvigorated to take a key role in prevention messaging and behaviour change.
Targeted households have access to treatment and safe storage of drinking water.	Four-thousand highly vulnerable households will be provided with NFI kits to ensure safe hygiene and sanitation practices.
A maximum of 40 high risk water points are identified and bucket chlorination is implemented for a period of three months as a pilot project.	Bucket chlorination will occur where appropriate at strategic open water points for a period of three months in urban areas with a high population. The major potential routes of transmission will be identified and targeted for hygiene promotion, such as food sellers in markets.
The health, hygiene promotion and clinical activities are supported by emergency WASH hardware (infrastructure rehabilitation and construction) activities.	Minor repairs will be done of 20 water points used for public consumption in affected communities. Forty institutional latrines will be built or rehabilitated Institutional latrines will be disinfected over a period of three months, by request or need. The RDRT will be deployed to provide technical and coordination support to the National Society, both in the field and at the national level. Rehabilitation of up to 100 strategic water points/pumps

Disaster Management and Capacity Building

The skills and resources of the SLRCS Headquarters and branches are available for rapid and efficient response to cholera and other water borne diseases as well as other emergencies	
Outputs (expected results)	**Activities planned**
The Sierra Leone Red Cross branches will have both human and material resources in order to be able to respond quickly and effectively to future epidemics.	District health management teams will be engaged and provided with support. Key equipment for future outbreak will be prepositioned. Two people from each of the ten branches will be trained on ECV. The development and revision of branch and community response plans will be supported. A Red Cross radio show will be created, as well as an SMS system that will allow the national society to respond quickly to future threats. Targeted branches will be provided with a mini cinema kit and a full PA system will be available at national office for community events and cinema for beneficiary communication activities. Conduct national disaster response team training (NDRT)

IFRC standard operational procedures will be implemented to support the ongoing operation (supplies, warehouse and fleet management).	SLRCS staff will be given on the job training and capacity building on the receiving of relief goods and equipment, warehouse management, fleet management, procurement and reporting. An exit strategy will be developed on the mobilised fleet and central warehouse A logistic workshop will be organized.
A well coordinated response with shared plans, resources, and reports leading to effective epidemic control.	The progress of the program will continue to be reported on regularly. Coordination meetings will be regularly attended by team members, in all districts.

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Logistics

Outcome: Provide logistics support to the CTC, water sanitation and hygiene activities

Outputs (expected results)	Activities planned
That the operation is logistically well supported in their emergency activities. Manage the warehouse containing ERU materials and other items purchased for the ongoing response Build capacity of logistics staff within SLRC. Well managed and inventoried handover process of ERU's.	Purchase construction and NFI materials in a fair and transparent manner Set up and manage the warehouse facility in Freetown. Build capacity within SLRC staff with regards to good practice in warehouse management. Order items from IFRC Las Palmas if need be Further assess the needs in the field to inform programming Actively collaborate with all parties in executing ERU handover process

There have been few other major operational changes since last update. For the latest updates on activities please refer to Operations update no. 2

Communications – Advocacy and Public information

SLRC continues to maintain a steady flow of timely and accurate information between the field and other major stakeholders for fundraising, advocacy and maintaining the profile of emergency operation. This is an effective mechanism for disaster response and the cornerstone to promote greater quality, accountability and transparency. The communications activities planned will support the National Society to improve its communications capacities and develop appropriate communications tools and products to support effective operations.

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 community-based health program in all districts in the country and active volunteers are already in place. During this operation through the support of the ERUs, the National Society has trained and mobilized 778 Red Cross volunteers from within the affected communities to assist in social mobilization activities. The SLRCS has a branch in each of the 14 districts in the country, with a total number of 3,776 active volunteers (2011 data). The New SLRCS Act, replacing the previous legislation dating from 1962, was passed on 22 August 2012, enhances the status of the NS and reinforces the SLRCS auxiliary role to the Government.

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 multi-sectoral FACT is in country and reporting directly to the Regional Representative for Africa West Coast. Two RDRTs have also been sent to provide support to the ongoing implementation of this response. The Regional Representative for Africa West Coast will provide direct support to the IFRC and the SLRCS personnel involved in the operation to ensure the activities are being implemented efficiently, according to 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.

Contact information

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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.

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.