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# Emergency Appeal Operations Update

## Sierra Leone: Cholera Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

### Revised emergency appeal n° MDRSL003

GLIDE n° [EP-2012-000041-SLE](#)

**Operation update n°4**

**11 March, 2013**

**Period covered by this Ops Update:** 15 January 2013 - 3 March 2013.

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

**Appeal coverage: 100%** [<click here to go directly to the updated donor response report >](#)

#### Appeal history:

- The Preliminary Emergency Appeal was launched on 16 August 2012 for CHF 1,151,632 for six months to assist 1,440,000 beneficiaries.

- To start the operation, CHF 150,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF).

- The Emergency Appeal was launched on 17 September 2012 for CHF 1,358,780 for six months to assist 1,539,206 direct beneficiaries and 2,000,000 indirect beneficiaries.

- Operations update 1 was published on 24 October and provided a progress update on the deployment of three Emergency Response Units (ERUs), consisting of a Basic Health Care Unit from the Finnish and Japanese Red Cross, a 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. The report on progress was also packaged as an operations update.

- On 15 February January, another operations update was issued. The period of operations for the emergency appeal was extended for one month until end of March. The reason for the extension was late arrival of funds, which resulted in delays in the implementation of planned activities.

- This operations update will extend the Emergency Appeal for one additional month. Operations are planned to be finished by the end of April. The reason for this second extension is delays in the implementation of the TERA SMS system.



SLRCS distributes NFI kits to beneficiaries in Port Loko District. Source: IFRC

## Summary:

The operational period for this Emergency Appeal has been extended for one month, until the end of April.

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 39 cases in week 6 (2013). Although this is a significant decline, cases are still being reported. A similar weekly number of cases have been reported since week 45. This situation requires ongoing prevention and control efforts to ensure the outbreak does not spread further. Epidemiological surveillance will be continued throughout the operation.

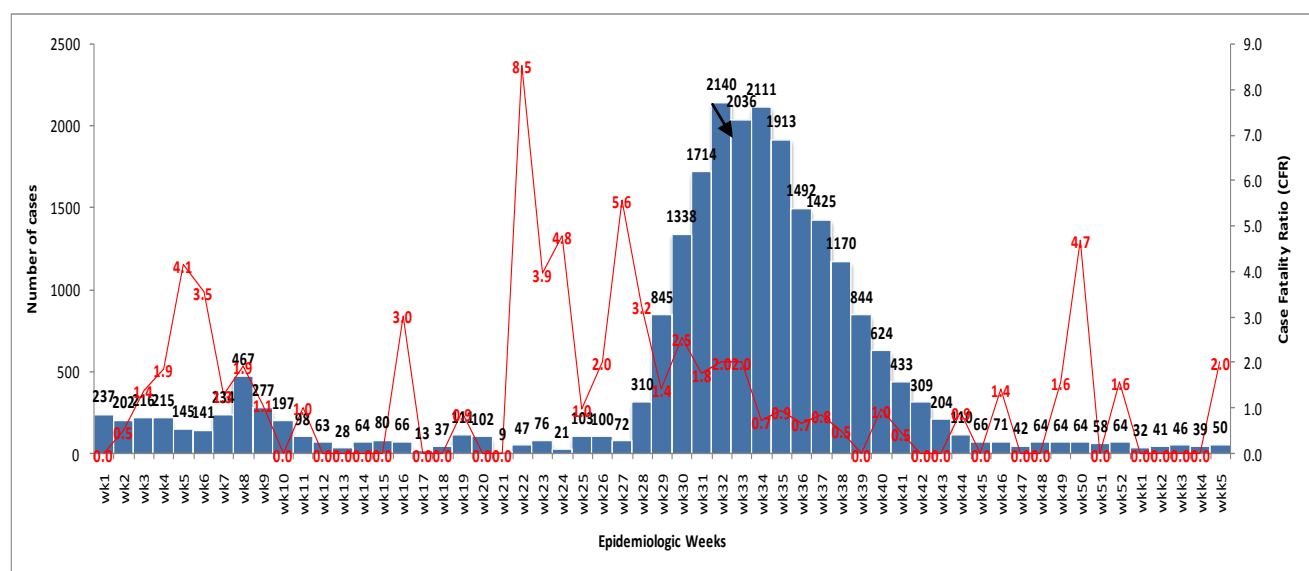
With the outbreak stabilized and lower case load, the remaining activities focus primarily on WatSan hardware, hygiene promotion and expanding the network of SLRCS volunteers capacity to manage oral rehydration points (ORPs), monitoring and reporting of cases, and hygiene promotion. Construction of rehabilitation of 54 institutional latrines (drop holes) is either completed (34), on-going (10) or under preparation (10). Repeated outbreaks are likely to occur in coming years. The activities in the Appeal are crucial to improving resilience in reducing the risk of cholera epidemics, as well as lowering the number of cases and the case fatality rate in future outbreaks. Please refer to previous updates for progress to date.

[<click here for the interim financial report, or here to view 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 2,000 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 first week of 2013: Kenema (6 cases), Tonkolili (2 cases), Bombali (2 cases) and Kambia (6 cases).

**Figure 1, national trend of cholera cases 2 January 2012 to 11 February 2013 (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 – 11 February 2013 is 23,220 cases, including 300 deaths (case fatality rate (CFR) = 1.29). The cholera case fatality ratio by district between 1 January 2012 and 11 February 2013 is shown in the table below as well as a table of cumulative CFR by district. The majority of new cases in week six were in Kambia and Kenema.

### National Cumulative summary of Cholera Cases 1 January 2012 – 11 February 2013

Name of affected district	District Population	Cumulative Number as reported between 1 January 2012 and 11 February 2013			CFR	Attack Rate	
		Cases		Total			Deaths
		<5	≥5				
Western Area	1,243,804	1400	10405	11805	97	0.8	0.95
Port Loko	529,831	1740	1720	3460	58	1.7	0.65
Kambia	324,769	282	1378	1660	32	1.9	0.51
Pujehun	320,686	391	645	1036	14	1.4	0.32
Bo	624,386	80	589	669	17	2.5	0.11
Bombali	469,064	204	1128	1332	16	1.2	0.28
Moyamba	262,725	37	356	393	15	3.8	0.15
Tonkolili	413,276	154	1128	1282	35	2.7	0.31
Bonthe	160,114	75	260	335	10	3.0	0.21
Kono	305,952	27	166	193	2	1.0	0.06
Kenema	621,750	77	883	960	4	0.4	0.15
Koinadugu	318,849	6	89	95	0	0.0	0.03
<b>TOTAL</b>	<b>5,595,206</b>	<b>4,473</b>	<b>18,543</b>	<b>23,009</b>	<b>300</b>	<b>1.34</b>	<b>0.41</b>

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. Access to health care can be limited in some areas.

The outbreak has stabilized over the past three 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 capacity to manage oral rehydration points (ORPs), monitoring and reporting of 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 Appeal are crucial to improving resilience, in 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 in coordination and partnerships since last update. For the latest updates please refer to previous operations updates.

## Red Cross and Red Crescent action

### IFRC Sierra Leone Cholera Operational Review (Global ERU review)

All ERUs exited operational areas by the middle of October, 2012. An IFRC Cholera Operational Review (global ERU review) was conducted between December 2012 and January 2013. Its findings were published in a report in January 2013.<sup>1</sup> Findings supported the training of volunteers and the establishment of ORP's as appropriate responses to the epidemic. The SLRCS ORP's were found to have significantly reduced the burden on the health system in the 16 chiefdoms where they were operational. It was concluded that the impact of the ORP's would have been even greater in a worst case epidemic scenario. Hygiene promotion activities such as house to house visits by volunteers and mobile cinema activities were found to have reached more than half a million people and over a million are thought to have been reached through the SLRCS radio programme.

### Lessons Learnt Cholera Response Workshop

SLRCS and IFRC health team held a lessons learnt workshop on the cholera response on 2 February. The workshop resulted in recommendations, including an SLRCS cholera contingency plan be finalized by the end of

<sup>1</sup> Peter Rees-Gildea IFRC Consultant, Sierra Leone Cholera Operational Review, Jan 2013

March with clearly defined roles and responsibilities outlined for key SLRCS staff. Detailed plans for the preposition of ORP resources are needed.

Results from the lessons learnt workshop also confirmed the importance of continuing the effective use of beneficiary communication tools, such as radio, SMS, cinema for awareness raising campaign. It is highly recommended that community sensitization and hygiene promotion also continue through the dry season.

## Progress towards outcomes

<b>Emergency Health and Care</b>	
<b>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</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
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.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provide clinical supervision and on the job training in areas of operation to Primary Healthcare Units (PHUs).</li> <li>• Supply district hospitals and PHUs with essential items if required to ensure proper case management and infection control practices are enabled.</li> <li>• 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.</li> </ul>
<b>Decrease the morbidity (case load) related to cholera through the provision of community-based management, referral and surveillance in five priority districts.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
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.	<ul style="list-style-type: none"> <li>• Deploy a mobile CHM module to affected areas to provide technical support and supervision in community based management and surveillance.</li> <li>• Identify volunteers to be trained in affected chiefdoms.</li> <li>• Epidemic Control for Volunteers (ECV) training will be given to 129 key volunteers.</li> </ul>
The existing community volunteer referral system for patients who show signs of cholera will be reinforced.	<ul style="list-style-type: none"> <li>• 129 volunteers will participate actively in case finding and referral.</li> <li>• The mobile CHM will support the national society in the establishment of ORS corners through the provision of training and supplies to volunteers.</li> </ul>
Households have improved knowledge of prevention, symptoms, early treatment and the correct way to manage cholera.	<ul style="list-style-type: none"> <li>• Key volunteers will cascade the knowledge to 649 volunteers on cholera community level treatment and prevention.</li> <li>• 778 volunteers will provide ORS to mildly dehydrated cholera patients at selected points in their communities.</li> <li>• 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.</li> </ul>
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.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Improved epidemiological surveillance of epidemics is achieved through capacity building of the Sierra Leone Red Cross and its Ministry of Health counterparts.</b>	

<b>Outputs (expected results)</b>	<b>Activities planned</b>
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.	<ul style="list-style-type: none"> <li>• Community surveillance will be set-up through 40 selected ORS points.</li> <li>• 129 ORS volunteers will be trained on case definition and reporting.</li> </ul>
Contribute to improved data management at the national level.	<ul style="list-style-type: none"> <li>• The epidemiologist in the IFRC team will regularly participate in the C4 meetings.</li> <li>• Regular analysis and predictions related to the epidemic are made based on data collection, and shared with other implementing partners.</li> </ul>

Progress on track: no update since the last operations update

### 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.**

<b>Outputs (expected results)</b>	<b>Activities planned</b>
A behavioural change communication strategy will be developed, which will help the SLRCS tackle barriers to good hygiene.	<ul style="list-style-type: none"> <li>• The strategy will be developed based on the results of a mini Knowledge Attitudes and Practices (KAP) survey.</li> <li>• Approved key messages aimed at addressing key myths and barriers to good hygiene and health practices will be developed.</li> </ul>
Ten thousand people will benefit from improved hygiene knowledge through interactive community and school events.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Support SLRCS social mobilisation activities in public places (markets, transport hubs) with local partners.</li> </ul>
Eight thousand households will have improved access information through the distribution of 400 radios.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Two million indirect beneficiaries will have better access to information through mass communication tools, such as radio and SMS.	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
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.	<ul style="list-style-type: none"> <li>• With the support of the CHM, the SLRCS will train 129 key community volunteers in five districts.</li> <li>• Community mobilisation activities will be established by the key volunteers, activating community based hygiene promotion volunteers (649).</li> <li>• Conduct KAP survey at the beginning of activities and in three to four months (end line will trial Mobile Monitoring Survey System).</li> <li>• Information, Education, Communication (IEC) materials, such as hygiene promotion discussion flip charts, and cholera awareness</li> </ul>

	<p>leaflets will be produced for use at ORPs and to disseminate to the population.</p> <ul style="list-style-type: none"> <li>• House to house hygiene promotion and social mobilization activities will be conducted, including information on health seeking behaviours and key prevention messages.</li> <li>• Peer educators and key school staff will be trained on cholera prevention in targeted areas.</li> <li>• The distribution and demonstration of the use of household water treatment products will be conducted at the household level, strategic water points and schools.</li> <li>• Village WASH committees will be reinvigorated to take a key role in prevention messaging and behaviour change.</li> </ul>
Targeted households have access to treatment and safe storage of drinking water.	<ul style="list-style-type: none"> <li>• Four-thousand highly vulnerable households will be provided with NFI kits to ensure safe hygiene and sanitation practices.</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Bucket chlorination will occur where appropriate at strategic open water points for a period of three months in urban areas with a high population.</li> <li>• The major potential routes of transmission will be identified and targeted for hygiene promotion, such as food sellers in markets.</li> </ul>
The health, hygiene promotion and clinical activities are supported by emergency WASH hardware (infrastructure rehabilitation and construction) activities.	<ul style="list-style-type: none"> <li>• Minor repairs will be done of 20 water points used for public consumption in affected communities.</li> <li>• Forty institutional latrines will be built or rehabilitated</li> <li>• Institutional latrines will be disinfected over a period of three months, by request or need.</li> <li>• The RDRT will be deployed to provide technical and coordination support to the National Society, both in the field and at the national level.</li> <li>• Rehabilitation of up to 100 strategic water points/pumps</li> </ul>

### **PHAST Training of Trainers (ToT) refresher course and modification of IEC materials**

In collaboration with the Regional IFRC WatSan delegate, the SLRCS PHAST ToT Refresher course took place between 5 – 9 February, 2013. Four participants were qualified as PHAST ToT.

### **TERA SMS system**

A beneficiary communications delegate arrived in Sierra Leone on 20 January and is scheduled to remain in country until 19 April to complete the installation and launch of the system. A specialist technician from a service company Trilogy, in Bolivia has arrived in Sierra Leone to install the system on Airtel and Comium networks. The system is planned to be launched before the end of operations at the end of April 2013.

Recent developments in the implementation of the TERA system include the establishment of processes and procedures. A number of SMS messages for disaster early warning, outbreaks and health promotion have been prepared. The contract with telecommunications company Comium is being finalised and testing and other preparations for the installation of the TERA SMS system in telecommunications company Airtel are underway.

### **Radio Show and Radio Listener Groups**

The SLRCS Red Cross show established as a part of the cholera operation continues on a weekly basis, and the radios that have been distributed continue to be used by SLRCS listener groups on a regular basis.

### **Mobile Cinema**

Mobile cinema activities continue on branch level as a permanent component of their activities. All branches have been provided with mini-cinema kits. Two films on malaria and treating water have been translated into Krio language. Following MoH approval the films will be dubbed with the Krio scripts and used in the mobile cinema.

### **Follow-up KAP Survey using RAMP system**

A KAP survey was completed in September and a follow-up survey using RApid Mobile Phone based Survey (RAMP) will be conducted before the end of operations at the beginning of March. Results and analysis of the

first survey have already been completed and a summary was presented in the Emergency Appeal operations update 1. Training with the RAMP reporting procedures were conducted at the start of February. By the end of Feb 2013, survey questionnaires will be finalized by the IFRC Health delegate; with the support of the IFRC Health Geneva team. Sixteen smart phones have been purchased and installed with the system. A data management consultant will be employed to analyze the data and to prepare an evaluation.

### WASH hardware

Two local WatSan staff continue to implement activities in the field. Construction of rehabilitation of 54 institutional latrines (drop holes) is either completed (34), on-going (10) or under preparation (10). The original appeal target of 40 latrines is unchanged in this revised appeal. The rehabilitation and construction of 40 water points is either finished (33), on-going (4) or under preparation (3). The target of the revised emergency appeal is a total of 100 water points (repair of pumps and construction and rehabilitation of wells). This target is expected to be reached before the end of March.

### WatSan activities in Kambia, Port Loko, Bombali and Tonkolili

Activity	Finished		Ongoing		Preparation		Total		Total all dist
	Kam Port L	Bomb Tonk	Kam Port L	Bomb Tonk	Kam Port L	Bomb Tonk	Kam Port L	Bomb Tonk	
Wells New	0	0	0	0	1	0	1	0	1
Bore hole pumps	1	0	0	0	0	0	1	0	1
Submerg pumps	2	0	0	0	2	0	4	0	4
Solar pumps	1	0	0	0	0	0	1	0	1
Hand pumps	11	9	0	4	0	0	11	19	30
ORS water points	1	2	0	0	0	0	1	2	3
<b>TOTAL water points</b>	<b>16</b>	<b>17</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>19</b>	<b>21</b>	<b>40</b>
Latrines new	5	2	0	0	9	0	14	2	16
Latrines rehab	12	15	10	0	1	0	23	15	38
<b>TOTAL LATRINES (no of drop holes)</b>	<b>17</b>	<b>17</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>37</b>	<b>17</b>	<b>54</b>
Garbage disposal	2	1	0	0	0	0	2	1	3
Disinfection pits and area	2	1	0	0	0	0	2	1	3
Incinerator	3	1	0	0	0	0	3	1	4
Disinfection spraying	2	1	0	0	0	0	2	1	3
Hand and foot wash at hospital	3	2	0	0	0	0	3	2	5

For information on activities that were already completed during earlier stages of the operation, please refer to [operations update no 1](#).

### Disaster Management and Capacity Building

<b>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</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
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.	<ul style="list-style-type: none"> <li>• District health management teams will be engaged and provided with support.</li> <li>• Key equipment for future outbreak will be prepositioned.</li> <li>• Two people from each of the ten branches will be trained on ECV.</li> <li>• The development and revision of branch and community response plans will be supported.</li> <li>• 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.</li> <li>• 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.</li> <li>• Conduct national disaster response team training (NDRT)</li> </ul>
IFRC standard operational procedures will be implemented to support the ongoing operation (supplies, warehouse and fleet management).	<ul style="list-style-type: none"> <li>• 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.</li> <li>• An exit strategy will be developed on the mobilised fleet and central warehouse</li> </ul>

	<ul style="list-style-type: none"> <li>• A logistic workshop will be organized.</li> </ul>
A well coordinated response with shared plans, resources, and reports leading to effective epidemic control.	<ul style="list-style-type: none"> <li>• The progress of the program will continue to be reported on regularly.</li> <li>• Coordination meetings will be regularly attended by team members, in all districts.</li> </ul>

### TERA SMS beneficiary messaging system

A technician from the telecommunications company Trilogy in Bolivia arrived in Sierra Leone at the end of February. The technician has installed the system at the Airtel, which is the largest phone company in Sierra Leone with 800,000 active subscribers. Training of SLRCS staff to operate the system is now under preparation and the system is scheduled to be fully operational in early April.

## Logistics

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

Outputs (expected results)	Activities planned
<p>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.</p>	<ul style="list-style-type: none"> <li>• Purchase construction and NFI materials in a fair and transparent manner</li> <li>• Set up and manage the warehouse facility in Freetown. Build capacity within SLRC staff with regards to good practice in warehouse management.</li> <li>• Order items from IFRC Las Palmas if need be</li> <li>• Further assess the needs in the field to inform programming</li> <li>• Actively collaborate with all parties in executing ERU handover process</li> </ul>

Remaining medical, WatSan and other technical material from the ERUs that were handed over to the SLRCS have been moved from the rented warehouse in Freetown to the branch warehouse in Western Area. Items donated to the MoH have been transported to government warehouses. The warehouse rented in Freetown by SLRCS through the operations has been emptied and was handed over at the end of February.

There have been few other major operational changes since last update. For the latest updates on activities that are not reported in this operations update please refer to operations update 1 and operations update 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 the operation. The communications activities planned will support the SLRCS to improve its communications capacities and develop appropriate communications tools and products to support effective operations.

## Contact information

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

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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.

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Selected Parameters	
Reporting Timeframe	2012/8-2013/01
Budget Timeframe	2012/8-2013/04
Appeal	MDRSL003
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>	<b>1,061,853</b>					<b>1,061,853</b>	
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>	
<b>Income</b>							
<u><b>Cash contributions</b></u>							
<i>British Red Cross</i>	52,814					52,814	
<i>European Commission - DG ECHO</i>	495,579					495,579	
<i>Icelandic Red Cross</i>	118,170					118,170	
<i>Japanese Red Cross Society</i>	78,179					78,179	
<i>Red Cross of Monaco</i>	6,021					6,021	
<i>Swedish Red Cross</i>	211,089					211,089	
<i>The Canadian Red Cross Society</i>	5,802					5,802	
<b>C1. Cash contributions</b>	<b>967,654</b>					<b>967,654</b>	
<u><b>Inkind Goods &amp; Transport</b></u>							
<i>British Red Cross</i>	10,824					10,824	
<i>New Zealand Red Cross</i>	8,787					8,787	
<b>C2. Inkind Goods &amp; Transport</b>	<b>19,611</b>					<b>19,611</b>	
<u><b>Inkind Personnel</b></u>							
<i>Icelandic Red Cross</i>	59,587					59,587	
<i>Japanese Red Cross Society</i>	37,083					37,083	
<b>C3. Inkind Personnel</b>	<b>96,670</b>					<b>96,670</b>	
<u><b>Other Income</b></u>							
<i>Programme &amp; Services Support Recover</i>	1,275					1,275	
<i>Sundry Income</i>	4,354					4,354	
<b>C4. Other Income</b>	<b>5,629</b>					<b>5,629</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>1,089,564</b>					<b>1,089,564</b>	
<b>D. Total Funding = B + C</b>	<b>1,089,564</b>					<b>1,089,564</b>	
<b>Coverage = D/A</b>	<b>103%</b>					<b>103%</b>	

## 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>	<b>0</b>					<b>0</b>	
<b>C. Income</b>	<b>1,089,564</b>					<b>1,089,564</b>	
<b>E. Expenditure</b>	<b>-683,178</b>					<b>-683,178</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>406,387</b>					<b>406,387</b>	

Selected Parameters	
Reporting Timeframe	2012/8-2013/01
Budget Timeframe	2012/8-2013/04
Appeal	MDRSL003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

### 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>1,061,853</b>					<b>1,061,853</b>	
<b>Relief items, Construction, Supplies</b>								
Food		1,778				1,778	-1,778	
Water, Sanitation & Hygiene	117,000	31,041				31,041	85,959	
Medical & First Aid	840	2,281				2,281	-1,441	
Teaching Materials	10,800						10,800	
Utensils & Tools	20,000	19,166				19,166	834	
Other Supplies & Services	29,640						29,640	
<b>Total Relief items, Construction, Supplies</b>	<b>178,280</b>	<b>54,265</b>				<b>54,265</b>	<b>124,015</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	92,911	13,085				13,085	79,826	
Office & Household Equipment	2,550	560				560	1,990	
<b>Total Land, vehicles &amp; equipment</b>	<b>95,461</b>	<b>13,645</b>				<b>13,645</b>	<b>81,816</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	15,000	4,951				4,951	10,049	
Distribution & Monitoring	2,000	3,914				3,914	-1,914	
Transport & Vehicles Costs	44,084	28,971				28,971	15,113	
<b>Total Logistics, Transport &amp; Storage</b>	<b>61,084</b>	<b>37,836</b>				<b>37,836</b>	<b>23,248</b>	
<b>Personnel</b>								
International Staff	318,000	187,644				187,644	130,356	
National Staff		92				92	-92	
National Society Staff	25,575	5,644				5,644	19,932	
Volunteers	27,532	3,198				3,198	24,334	
<b>Total Personnel</b>	<b>371,107</b>	<b>196,577</b>				<b>196,577</b>	<b>174,530</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees		500				500	-500	
<b>Total Consultants &amp; Professional Fees</b>		<b>500</b>				<b>500</b>	<b>-500</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	30,265	3,263				3,263	27,002	
<b>Total Workshops &amp; Training</b>	<b>30,265</b>	<b>3,263</b>				<b>3,263</b>	<b>27,002</b>	
<b>General Expenditure</b>								
Travel	94,429	35,825				35,825	58,604	
Information & Public Relations	71,979	31,038				31,038	40,941	
Office Costs	5,050	12,327				12,327	-7,277	
Communications	28,390	9,465				9,465	18,925	
Financial Charges	5,000	11,815				11,815	-6,815	
Other General Expenses	56,000	86				86	55,914	
<b>Total General Expenditure</b>	<b>260,848</b>	<b>100,557</b>				<b>100,557</b>	<b>160,291</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		145,763				145,763	-145,763	
<b>Total Contributions &amp; Transfers</b>		<b>145,763</b>				<b>145,763</b>	<b>-145,763</b>	
<b>Operational Provisions</b>								
Operational Provisions		93,047				93,047	-93,047	
<b>Total Operational Provisions</b>		<b>93,047</b>				<b>93,047</b>	<b>-93,047</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	64,808	35,671				35,671	29,137	
<b>Total Indirect Costs</b>	<b>64,808</b>	<b>35,671</b>				<b>35,671</b>	<b>29,137</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		653				653	-653	

**MDRSL003 - Sierra Leone - Cholera Epidemic**

Appeal Launch Date: 13 aug 12

Appeal Timeframe: 13 aug 12 to 31 mar 13

**Interim Report**

Selected Parameters	
Reporting Timeframe	2012/8-2013/01
Budget Timeframe	2012/8-2013/04
Appeal	MDRSL003
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**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>1,061,853</b>					<b>1,061,853</b>	
Pledge Reporting Fees		1,400					1,400	-1,400
<b>Total Pledge Specific Costs</b>		<b>2,053</b>					<b>2,053</b>	<b>-2,053</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1,061,853</b>	<b>683,178</b>					<b>683,178</b>	<b>378,675</b>
<b>VARIANCE (C - D)</b>		<b>378,675</b>					<b>378,675</b>	