



SIERRA LEONE: CHOLERA OUTBREAK

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 149,805 (USD 119,844 or EUR 94,813) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to enable the Sierra Leone Red Cross Society (SLRCS) to assist some 77,500 beneficiaries. This operation is expected to be implemented over 3 months, and will be completed by the end of January 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Background and current situation

For many years, heavy rains have continued to cause serious flooding in many lowland areas of Sierra Leone as well as in areas along riverbanks, leading to contamination of streams and wells as they become filled with uncollected garbage and effluent from sewages. This has exacerbated the incidence of waterborne diseases such as diarrhoea and cholera. Overcrowded living conditions, particularly in the capital city (Freetown), have contributed to the waterborne diseases becoming endemic in the country. The situation is not helped by poor sanitation conditions, shortage of safe drinking water, contaminated food and fruits, compounded with the problem of inadequate medical facilities.

On 11 October 2006, the government of Sierra Leone issued a press release confirming cholera cases in Freetown. The eastern part of the city (hosting 60% of the population, or 1,000,000 inhabitants), the western area (hosting 40%, or 650,000 inhabitants) and the centre of the city are the most affected areas. Besides Freetown, other areas affected include Tonkolili and Kambia districts – in the north – as well as some suburbs. The cholera-like Acute Watery Diarrhoea (AWD) cases reported in Kambia District are mainly originating from the Samo Chiefdom, which has an estimated population of 25,000 inhabitants.

Over the past eight weeks, some parts of the country have suffered severe loss of lives due to the AWD and cholera cases. At least 1,636 cases, with 80 to 150 deaths (translating to a case fatality rate of 3%), have been recorded in different hospitals. The table below shows the number of cases and deaths in the three most affected areas; Freetown, Kambia and Tonkolili.

Table 1: Statistics of cholera cases in Freetown, Kambia and Tonkolili

Week	Dates	Cases	Deaths	Case Fatality Rate
Freetown				
34	20 – 26 August	45	3	6.67%
35	27 August – 2 September	114	3	2.63%
36	3 – 9 September	130	4	3.08%
37	10 – 16 September	96	2	2.08%
38	17 – 23 September	277	8	2.89%
39	24 – 30 September	366	14	3.83%
40	1 – 7 October	297	10	3.35%
41	8 – 14 October	190	6	3.16%
	Total	1,515	50	3.30%
Kambia District				
39	24 – 30 September	19	4	21.05%
40	1 – 7 October	17	2	11.76%
41	8 – 14 October	50	12	24.00%
	Total	86	18	20.93%
Tonkolili District				
41	8 – 14 October	35	3	9%
	Total	35	3	9%

Source: Ministry of Health and Sanitation

The only available medical services are government hospitals, health centres and consultations given by medical practitioners who are most of the time responsible for all or part of public health facilities. Most of these services are inaccessible to majority of the Sierra Leone population. This has led to serious health hazards for more than 60% of the Sierra Leoneans, many of whom are already suffering from other socio-economic conditions such as acute poverty and disability. There are fears that if immediate action is not taken by health workers, more lives will be lost in these communities. Furthermore, the disease is likely to spread to areas that are not affected as it is highly contagious.

Red Cross and Red Crescent action

Following the confirmation of a cholera outbreak by the government, the Sierra Leone Red Cross Society (SLRCS) deployed a rapid assessment team from the Western area branch to further assess the situation at community level as well as in referral hospitals. The national society (NS) has set up a multi-disciplinary cholera task force that is spear-headed by the director of programmes. Technical support is being provided by an assistant community-based health and care (CBHC) coordinator, a disaster management coordinator, a pharmacist, a capacity building delegate, a health statistician and the reporting officer of the SLRCS.

The SLRCS action had already started in July through activation of hygiene promoters and volunteers in all the districts of Sierra Leone, including training of volunteers in Participatory Hygiene and Sanitation Transformation (PHAST), cholera preparedness and the use of oral rehydration salts (ORS) – with the help of ORS training kits – as well as other hygiene practices. Red Cross volunteers have been sharing their knowledge with other communities, thereby increasing their hygiene awareness by demonstrating their ability to undertake precautionary measures in case of eventual cholera outbreaks.

Consequently, these communities have not only been empowered to identify and deal with their hygiene problems, but also, there has been a great reduction of risk. Without this, the death toll from cholera could have been higher than what has been recorded in this period. The challenge facing the SLRCS operation at the moment is lack of enough cholera kits and means of mobility to swiftly respond to all the cases, particularly in communities that are scattered on islands, far away from the clinics.

The International Federation, through its delegation in Sierra Leone, continues to work closely with the NS by supporting its staff and volunteers in all activities and ensuring that management as well as operational issues are

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directed and implemented within the principles and core values of the International Red Cross/Red Crescent Movement, thereby reaching the needs of the most vulnerable. The head of delegation, the capacity building delegate and the HIV/AIDS delegate have been taking part in field work, giving technical inputs as well as encouraging community members to identify their problems and design their own appropriately-chosen methods of resolving them by mobilizing locally-available resources.

These practices have been studied and replicated by other communities and now the most vulnerable communities are able to design their own response methodologies that can effectively respond to pandemics and outbreaks of this nature at reduced costs. The replication of training and empowerment of communities by SLRCS staff and volunteers are still ongoing. However, health and disaster hazards are still considered a very big challenge for the Red Cross as some communities still find it difficult to forestall the threats posed by the factors that can lead to disease outbreaks.

Coordination

The Red Cross cholera task force is coordinating its actions with the National Task Force for Emergency Preparedness and Response, the Ministry of Health and Sanitation (MoHS) and the National Disaster Management Office – Office of National Security – to assess the situation and to mobilize all necessary support to manage and control the situation. The task force is also coordinating with the International Committee of the Red Cross (ICRC) and other Movement partners. It has been monitoring the outbreak since the first cases were reported in mid-July, with particular focus on Freetown. The MoHS has put in place measures for control and management in collaboration with partners.

Plan of action

With the CHF 148,805 allocated from the Federation's DREF, SLRCS action will initially focus on the most densely populated communities (Freetown and Kambia District), for increased disease surveillance, mobilization of additional volunteers and training. The Red Cross/Red Crescent action will target 62,500 beneficiaries in Freetown and 15,000 in Kambia.

As this is a long-term situation of increased cholera and Acute Watery Diarrhoea (AWD), referral hospitals are at the very end of resources; the additional burden of the diarrhoea cases has almost exhausted their stock. To keep a holistic approach and to support the patients being referred, the SLRCS will be working at community level, setting up emergency posts as well as supporting MoH referral health facilities. The NS has equally proposed to support 2/3 of the referral facilities in Freetown with Ringer lactate if the MoH fails to attract assistance from other partners.

Objective: To contribute to the reduction of the number of cholera and AWD cases, and their related deaths, in Freetown and Kambia District.

Expected results:

- All Red Cross activities are implemented in a coordinated way, thus avoiding duplication of services with other actors;
- Red Cross experience is shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at national and district levels;
- Well-trained and motivated volunteers have been able to reach the most affected people and have provided life-saving support to those falling sick from the epidemic;
- Cholera kits and other disaster response materials supplied to the MoHS have been useful in reducing the number of cases;
- The public has come to know more about the role of the International Red Cross/Red Crescent Movement.

Activities:

- Participate actively in coordination meetings at national level (task force), district health task force meetings in Kambia and Freetown municipality so as to obtain the relevant statistics;
- In collaboration with the MoHS, World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Médecins Sans Frontières (MSF) and other actors, participate in community cholera activities such as identify suspected cases and reporting them to health authorities; transporting sick persons to or from health facilities; setting up emergency points in the communities for ORS treatment; sensitizing households on how to handle or disinfect beddings, clothes and other materials; distributing disinfectant to

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households; educating communities on the signs of the disease and how it is spread (in markets, churches, mosques, schools, special public gatherings and other public meeting places);

- Deploy a regional health resource person from Lagos sub-regional office to support the SLRCS and the delegation in the management of the epidemic;
- Acquire two cholera kits and body bags;
- Supply volunteer units with the cholera kits;
- Provide support to medical units and MoHS referral health facilities;
- Carry out a crash refresher course for 40 volunteers in Freetown and 200 in Kambia District;
- Train 40 new volunteers in Freetown East and 100 new volunteers in Samo Chiefdom, Kambia;
- Deploy 380 volunteers and coaches to support the training activities;
- Provide the volunteers and teams with welfare and logistics support as well as protective materials;
- Promote the Fundamental Principles of the Movement, especially at a period of campaigns for the forthcoming elections.

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