

DREF operation final report



SIERRA LEONE: CHOLERA

DREF operation n° MDRSL001

24 June, 2008

The International Federation's 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 149,805 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 17 October, 2006 to support the national society in delivering assistance affected populations in Freetown and Kambia District, or to replenish disaster preparedness stocks.

(Refer to the [DREF Bulletin](#) for more information).

This operation was implemented over 3 months, and was completed by 31 January 2007. This operation was 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".

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

The situation

For the past two decades, Sierra Leone has had a history of waterborne diseases such as diarrhoea, vomiting, dysentery and cholera. The country has been experiencing heavy rains that have caused serious flooding in several low lands and river communities for a number of years. This has led to contamination of streams and wells as they become filled with uncollected garbage and effluent from sewages, thus exacerbating the incidence of waterborne diseases as a consequence. This has led to loss of lives in several parts of the country.

The only available medical services 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 Leone population. This has led to serious health hazards for more than 60% of the population, many of whom are already suffering from other socio-economic conditions such as acute poverty and disability.

At least 1,746 cases and 170 deaths were recorded in different hospitals, mobile outlets and public health units (PHUs) from Freetown, Lungi and Kambia. As the cholera situation increased, referral hospitals are at the very end of resources. In addition, diarrhoea cases have almost exhausted their supplies. To support the Ministry of Health and Sanitation (MoH&S), the Sierra Leone Red Cross Society (SLRCS)

worked at community level, setting up emergency posts with the MoH&S referral facilities and supporting two-thirds of referral facilities in Freetown with ringer lactate; a total of 87 people received ringer lactate.

Red Cross and Red Crescent action

The Federation delegation in Sierra Leone worked closely with the SLRCS by supporting its staff and volunteers in all Red Cross activities. It ensured that management as well as operational issues were directed and implemented within the principles and core values of the Red Cross/Red Crescent Movement, reaching the needs of the most vulnerable.

The Federation head of delegation (HoD) and the capacity building (CB) and HIV and AIDS delegate took part in field operations by providing technical inputs as well as sensitizing community members on how to identify their health problems and design their own appropriately chosen methods of addressing these problems. The most vulnerable communities improved on their response methodologies, using locally available resources that effectively responded to pandemics and outbreaks of this nature at reduced costs. These practices will be documented and replicated in other communities. The replication of training and empowerment of communities by the SLRCS staff and volunteers is still ongoing. However, health disasters are still considered a challenge for the Red Cross, as some communities struggle to prevent the threats posed by factors that can lead to disease outbreaks.

The Federation delegation also coordinated the international procurement of additional cholera kits, intravenous (IV) fluids and IV bags as well as protection kits for the volunteers.

Progress towards objectives

Health and care

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

Achievements:

A cholera task force was set up by SLRCS and was spear-headed by the director of programmes. The task force consisted of an assistant CBHC coordinator, a disaster management coordinator, a pharmacist, a capacity building delegate, a health surveyor and a reporting officer. The task force worked very closely with the national task force as well as with other partners in order to mobilize all necessary support to bring the situation under control.

SLRCS volunteers were mobilized to administer cholera treatment to the most affected areas, particularly in suburb communities such as Kroo Bay, Lumley, Kissy and Susan's Bay around the Western Area as well as Yeliboya Islands, Kortima Islands and Soribolomya village in Samu Chiefdom, Kambia District, and north of Sierra Leone. Some river communities in Pujehun, Bonthe and Moyamba districts (south of the country) were also targeted.

As an auxiliary body to the Government of Sierra Leone (GoSL) in addressing humanitarian needs, the national society worked closely with district health teams to carry out operations geared towards reducing the effects of the outbreak. 20 emergency cholera outlets were set up in the Western Area. These outlets are run by community volunteers who render first aid treatment by administering oral rehydration salts (ORS) to the affected people; a total of 554 people received ORS. The patients who did not respond to first aid treatment were referred to primary or main health units. Similarly, Kambia and Lungi units established mobile outlets, where Red Cross health teams and volunteers offered medical services. Cholera kits were also supplied to the government referral units by the national society.

In November and December 2006, following the distribution and demonstration of cholera kits, 155 volunteers from the Western Area received refresher training on cholera preparedness. In addition, 240 urban volunteers received training on prevention and control of cholera.

SLRCS volunteers in the various Red Cross operational areas, who were trained on participatory hygiene and sanitation transformation (PHAST), cholera preparedness and the use of ORS as well as other

hygiene practices, were given cholera kits to help in the mitigation of the pandemic. The volunteers assisted in the distribution of cholera kits and drugs in the established mobile units, PHUs and hospitals.

Communities were sensitized and trained on PHAST and the use of the salt and sugar solution (SSS). As a result, some of these communities are trying to improve on their general environmental sanitation by cleaning their homes, observing simple hygiene practices and using SSS. There are plans to carry out refresher trainings on PHAST in the cholera endemic communities in the future.

Impact:

Capacities for the sensitized communities have been built as they are now able to handle their health/sanitation problems and minimize the spread and impact of waterborne diseases such as cholera. This also led to a reduction of risk as it is assumed that the death toll would have been higher than what is recorded at the moment.

Challenges:

Several communities are located far from medical facilities. Thus, it was difficult to provide adequate medical services to all the affected people. The Kambia Red Cross branch found it difficult to access the target areas, especially in the sea and river areas where boats are the only means of transportation, though unsafe. Some communities were not reached while some did not receive cholera kits.

Conclusion

Lessons learned:

A cholera outbreak in a country that is already characterized by severe poverty poses a serious threat. The MoH&S, the SLRCS and other partners such as Médecins Sans Frontières (MSF) Holland and MSF Belgium responded swiftly in order to bring the cholera situation in Sierra Leone under control. Community health workers need to actively participate in mitigation and the number of health facilities in vulnerable communities need to be increased and equipped so as save lives in the event of potential cholera outbreaks. In addition to supplying drugs, target populations need to be trained and empowered in good hygiene and sanitation practices to minimize the spread and impact of waterborne diseases such as cholera.

How we work	
<i>All International Federation assistance seeks to adhere to the <u>Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief</u> and is committed to the <u>Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)</u> in delivering assistance to the most vulnerable.</i>	
<p>The International Federation’s activities are aligned with its 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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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.

Contact information

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MDRSL001 - Sierra Leone - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/10-2008/1
Budget Timeframe	2006/10-2008/1
Appeal	MDRSL001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		148,442				148,442
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
<i>DREF</i>		124,833				124,833
C1. Cash contributions		124,833				124,833
C. Total Income = SUM(C1..C5)		124,833				124,833
D. Total Funding = B + C		124,833				124,833
Appeal Coverage		84%				84%

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		124,833				124,833
E. Expenditure		-124,833				-124,833
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		148,442					148,442	
Supplies								
Food			10,718			10,718	-10,718	
Water & Sanitation	14,750						14,750	
Medical & First Aid	66,399		20,174			20,174	46,224	
Teaching Materials	1,960						1,960	
Total Supplies	83,109		30,892			30,892	52,216	
Land, vehicles & equipment								
Computers & Telecom	5,100		4,082			4,082	1,018	
Total Land, vehicles & equipment	5,100		4,082			4,082	1,018	
Transport & Storage								
Storage	9,540		2,252			2,252	7,288	
Distribution & Monitoring			26,779			26,779	-26,779	
Transport & Vehicle Costs			16,436			16,436	-16,436	
Total Transport & Storage	9,540		45,467			45,467	-35,927	
Personnel								
International Staff Payroll Benefits	3,300		1,650			1,650	1,650	
National Staff	750		13			13	737	
National Society Staff	29,980		7,155			7,155	22,825	
Total Personnel	34,030		8,817			8,817	25,213	
Workshops & Training								
Workshops & Training	2,220		16,239			16,239	-14,019	
Total Workshops & Training	2,220		16,239			16,239	-14,019	
General Expenditure								
Travel	4,425		5,009			5,009	-584	
Information & Public Relation			1,911			1,911	-1,911	
Office Costs	370		2,973			2,973	-2,603	
Communications			217			217	-217	
Professional Fees			1,024			1,024	-1,024	
Financial Charges			75			75	-75	
Other General Expenses			12			12	-12	
Total General Expenditure	4,795		11,221			11,221	-6,426	
Programme Support								
Program Support	9,649		8,114			8,114	1,535	
Total Programme Support	9,649		8,114			8,114	1,535	
TOTAL EXPENDITURE (D)	148,442		124,833			124,833	23,609	
VARIANCE (C - D)			23,609			23,609		