



SIERRA LEONE: CHOLERA OUTBREAK

No.MDRSL001
27 February 2007

INTERIM FINAL REPORT

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

Period covered by this Interim Final Report: 17 October 2006 to 31 January 2007.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 149,805 was allocated from the Federations DREF on 17 October 2006 to respond to the needs of this operation. (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".

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 summary

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.

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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.

Coordination

The SLRCS community-based health care (CBHC) and disaster management programmes worked in close collaboration with MoH&S, the Office of National Security (ONS), the United Nation's Children's fund (UNICEF) as well as with the World Health Organization (WHO).

With technical support from the task force in Freetown, the Federation and the collaborative effort of the national society's CBHC and disaster management departments, the MoH&S, the ONS and various field staff and volunteers were able to follow up the cholera situation as well as offer treatment and deliver cholera kits to patients and PHUs in Kambia, Freetown and Lungi communities.

Red Cross and Red Crescent action

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.

Progress

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.

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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.

Constraints

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.

International Federation response

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.

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.

Special note: This Interim Final Report is being issued without an interim financial report. A Final Report, comprising of the final financial report and this narrative, will be issued in due course.

For further information please contact:

- *In Sierra Leone:* Arthur de-Winton Cummings, Secretary General, Sierra Leone Red Cross Society, Freetown; Email: slrcs@sierratel.sl; Phone +232.22.22.23.84; Fax +232.22.22.90.83
- *In Sierra Leone:* Momodou Lamin Fye, Head of Federation Sierra Leone Delegation, Freetown; Email: momodoulamin.fye@ifrc.org; Phone + 232.76.67.21.25; Fax +232.22.22.81.80
- *In Senegal:* Alasan Senghore, Head of Federation West and Central Africa Regional Delegation, Dakar; Email: alasan.senghore@ifrc.org; Phone +221.869.36.41; Fax +221.860.20.02
- *In Geneva:* Madeleine Lundberg, Federation Regional Officer for West and Central Africa, Africa Dept.; Email: madeleine.lundberg@ifrc.org; Phone +41.22.730.43.35; Fax +41.22.733.03.95

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