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# Emergency appeal (Revised)

## Sierra Leone: Cholera Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

Revised emergency appeal n° MDRSL003  
GLIDE n° [EP-2012-000041-SLE](#)  
**Revised emergency appeal**  
29 December, 2012

This revised emergency appeal now seeks CHF 1,061,852 in cash, kind, or services to support the Sierra Leone National Society (SLRCS) to assist 917,000 direct beneficiaries, and will be completed by the end of February 2013. An additional 2,000,000 people will benefit from SMS messaging and 2,350,000 people from radio programs on disaster warning and health education. A final report will be made available by May 2013, three months after the end of the operation.

**Appeal target (current):** CHF 1,061,852 in cash, kind and services. [<click here to go to the revised budget >](#)

**Appeal coverage:** 38% (against current amount of CHF 1,358,780, corresponding to 50% of revised amount of CHF 1,061,852)

[<click here to go 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](#) was published on 17 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, 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.
- This emergency appeal revision reduces the appeal amount from CHF 1,358,780 to CHF 997,045. The number of targeted beneficiaries has increased due to the expansion of the target area. Previously the operation has focused only on Kambia, Port Loko, Bombali and Tonkolili, but this revised appeal will see activities expanded to all 13 districts in the country. A proposed SMS messaging system is estimated to reach 2 million with vital early warning and health information.



In November the Sierra Leone Red Cross Society distributed non-food items to 4,000 households in the hardest hit areas of Port Loko, Kambia, Tonkolili and Bombali. Photo SLRCS

**Summary:** The operation is estimated to have already reached more than 2,000,000 people to date in the whole country. Since the beginning of the operation activities have focused mainly on 4 districts, namely; Bombali, Tonkolili, Port Loko and Kambia. They have benefitted from basic health care including daily surveillance, hygiene promotion, and awareness campaigns as well as provision of oral rehydration solution (ORS) and water and sanitation hardware. A field assessment and coordination team (FACT) was deployed to obtain detailed assessment information. IFRC assisted with deployment of 3 Emergency Response Units (ERUs) consisting of a Finnish Red Cross Basic Health Care module (BHC ERU) supported by Japanese Red Cross, a Norwegian Red Cross community health module (CHM ERU) supported by Canadian Red Cross, and a British Red Cross mass sanitation module (MSM ERU). The ERUs operated in the districts of Bombali, Tonkolili, Port Loko and Kambia.

To decrease the transmission of cholera, the operation has provided clinical case management, referral, surveillance, and support to the Ministry of Health (MoH) emergency response. The activities have contributed to reducing the risk of waterborne diseases through water, sanitation and hygiene promotion, as well as improving disaster management and the capacity of the SLRC to respond to cholera outbreaks and other emergencies in the future. The IFRC supported the ERU teams to carry out epidemiological analysis. Additionally, IFRC carried out a Knowledge Attitudes and Practices (KAP) baseline survey in two districts. A follow up survey will be conducted in the same villages at the end of the operation.

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 61 cases in week 48. Although this is a significant decline, the number of cholera cases is still significant, requiring ongoing prevention and control efforts to ensure the outbreak does not spread further. Epidemiological surveillance will be continued throughout the operation.

As a part of the revised appeal, an additional 1,400 volunteers in all districts of the country will receive epidemic control for volunteers (ECV) training. Out of these, 400 volunteers will receive training in case management to supervise 400 oral rehydration posts (ORPs), and 100 additional volunteers will be trained in community surveillance, monitoring and reporting of cases. This enables the SLRCS to establish in every district new ORPs where volunteers provide cholera and severe diarrhoea patients with oral rehydration solution and clean water. Additional community surveillance volunteers will greatly contribute to the reliability and long term sustainability of the National case monitoring system.

Negotiations with telecommunications companies in Sierra Leone are in the final stages and three out of four companies in the country are expected to install the TERA SMS messaging alert system for distributing disaster preparedness and health and hygiene promotion messages to an estimated 2,000,000 beneficiaries. There are over 2,000,000 mobile phones in Sierra Leone and mobile phone ownership is widespread both in rural and urban areas. Most families have access to at least one mobile phone and generally all family members are in a position to benefit from Red Cross messages. The TERA SMS system is specially designed for the Red Cross movement and has previously been installed by the IFRC in Haiti where it was shown to be a very powerful health messaging and DRR tool, underscoring its effectiveness of the system for risk reduction. In case of cholera outbreaks and other types of epidemics or natural disasters, the SLRCS will be able to instantly send targeted SMS messages to millions of beneficiaries based on their geographical location or other risk factors.

As the number of cases has greatly declined, the remaining activities in this revised appeal focus primarily on WatSan hardware, hygiene promotion and expanding the network of SLRCS volunteers capable of managing ORPs, reporting on cases, and hygiene promotion. Currently operational costs are 16.7% of the total budget, while personnel costs are 34.9% and general expenditure 24.5%. This is because software-typed intervention, particularly involving disease prevention through hygiene promotion, are often proportioned differently to operations which focus more distribute NFIs and shelter related activities, which have a higher proportion of operational costs. Software interventions require more human resources and less operational costs. In addition, regardless of funds received, adequate staff - including delegates - are required to ensure that operation is implemented as planned. The operation is only partially funded to date. Should additional funding be made available then additional activities will be implemented, which will rebalance how finances are proportioned.

Cash contributions have been gratefully received from British, Canadian, Icelandic, Japanese, Monaco, New Zealand and Swedish Red Cross Societies, as well as the British Government. In kind contributions (goods, transport and personnel) have been received from British, Canadian, French, Japanese and Norwegian Red Cross Societies. Additional bilateral contributions through the provision of Emergency Response Units have been received from the British, Canadian, Finnish and Norwegian Canadian Red Cross Societies. Donors are urged to provide further support to this operation so that new and previously planned activities can be completed.

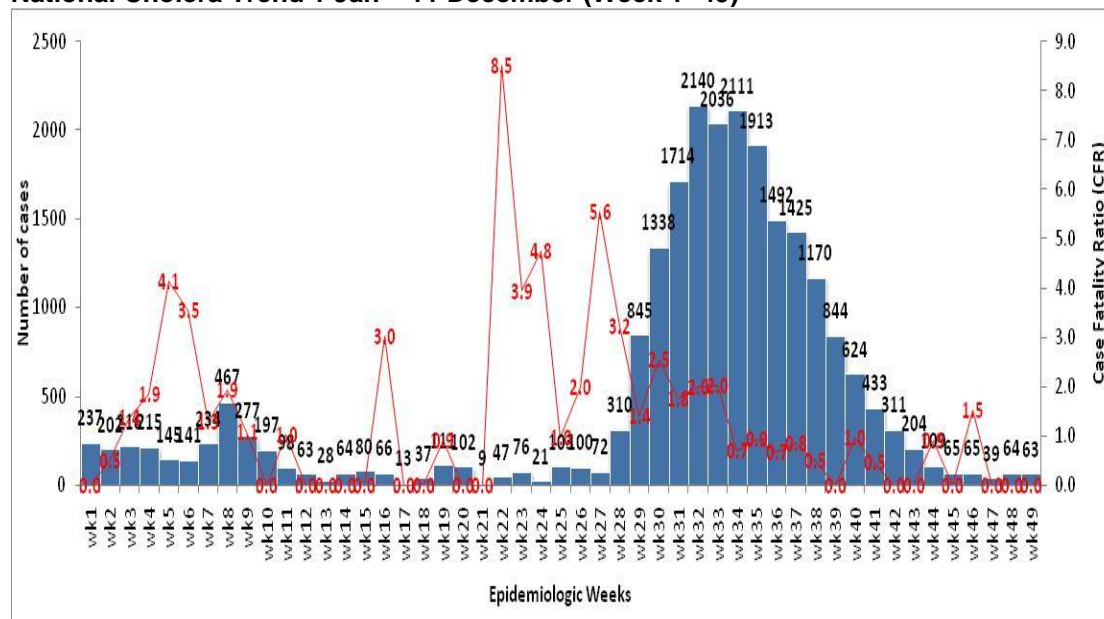
Given the fact that cholera outbreaks occur every year in Sierra Leone, repeated outbreaks are likely to occur in the coming years. The activities in this revised appeal are crucial with regard to reducing the risk of cholera epidemics, as well as lowering the number of cases and the case fatality rate in future outbreaks.

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

## The situation

An outbreak of cholera was declared in Sierra Leone in February 2012 in the border district of Kambia. Ongoing cases on the border regions of Guinea and Sierra Leone since February made control difficult. These mobile fishing communities along the coast are regularly affected by cholera due to unsafe water access. The cholera outbreak spread and reached significant levels in Port Loko. As shown on the epidemic curve below, a gradual decline in cases is attributed to an increase in awareness and preventative measures from a number of partners including the SLRC, MSF, ACF and the Ministry of Health. In mid June, initial cases were detected in Freetown, the capital of Sierra Leone situated on the coast in the Western district and a hub for regional travel. Freetown is characterised by high levels of urban poverty, poor sanitation, with intermittent access to a degraded piped water system and overcrowding. On 11 July 2012, the Sierra Leone Ministry of Health and Sanitation laboratory confirmed cholera in the Western District. The cholera 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 confirming cholera cases.

**National Cholera Trend 1 Jan – 11 December (Week 1 -49)**



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. Cholera outbreaks tend to show a rapid upward trend but a slower declining “tail” after the peak. The Sierra Leone nationwide trend follows a similar pattern, and it can be seen on the chart below that the number of new cases has remained consistently low for the past month (W45 - 65 cases, W46 – 65 cases, W47 – 39 cases, W48 – 64 cases, W49 – 63 cases).

The total cumulative from 1 January – 11 December was 22,800 cases, including 296 deaths (case fatality rate (CFR) = 1.30). During the initial phase of the outbreak case fatality rate was extremely high in some locations with a daily high of 38% CFR at some points at the peak. With consistent intervention, the national average since the beginning of the year is now down to 1.30%, which is still over the accepted limit of 1% for cholera.

**Table 1: National Cumulative summary of Cholera Cases 1 January – 11 December 2012**

Name of affected district	District Population	Cumulative Number as reported up to 11 December 2012				CFR	Attack Rate
		Cases			Deaths		
		<5	≥5	Total			
Western Area	1,243,804	1400	10402	11798	97	0,8	0,95
Port Loko	529,831	1740	1716	3455	58	1,7	0,65
Kambia	324,769	279	1278	1544	32	2,1	0,48
Pujehun	320,686	389	640	1027	14	1,4	0,32
Bo	624,386	80	580	650	17	2,5	0,11
Bombali	469,064	204	1124	1328	16	1,2	0,28
Moyamba	262,725	37	356	393	15	3,8	0,15
Tonkolili	413,276	152	1055	1207	32	2,7	0,29
Bonthe	160,114	75	249	323	10	3,1	0,20
Kono	305,952	27	166	193	2	1,0	0,06
Kenema	621,750	72	687	730	3	0,4	0,12
Koinadugu	318,849	6	86	92	0	0,0	0,03
<b>TOTAL</b>	<b>5,595,206</b>	<b>4461</b>	<b>18339</b>	<b>22800</b>	<b>296</b>	<b>1,30</b>	<b>0,41</b>

As the number of cases has greatly declined, the remaining activities in this revised appeal 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 this 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

Overall there has been excellent coordination, both within the Red Cross movement and more widely with Government, UN and other NGOs, which has helped to avoid duplication of efforts and wasted resources. Nationally, the cholera response has been led by the Ministry of Health through a National Cholera Taskforce, of which SLRCS is a member. Two sub-committees report into the taskforce; the WASH and Social Mobilisation sub-committee and the Case Management and Logistics sub-committee. These groups currently meet once per week. Now disbanded, there was also a Presidential Taskforce in operation until late November. At a local level, SLRCS is a member of the District Health Management Teams, where local activity is coordinated between actors present in that area. Over and above the cholera operation, SLRCS is also a member of a number of ongoing coordination groups, such as the disease surveillance group, and is a strategic partner to the Ministry of Health on key health promotion activities such as immunization and malaria campaigns.

## Red Cross and Red Crescent action

Several PNSs are engaged in long-term cooperation with the SLRCS, including the British, Canadian, Finnish, Icelandic, Japanese, Red Cross societies. Activities include among others CBHP, CAR centres for former child soldiers, disease management, organisational development and youth activities. The SLRCS has extensive experience in community mobilization, hygiene awareness activities, and long term community based health programs in all districts. This has greatly facilitated the capacity building components that are an integral part of all activities in the operations. This includes the training of 778 volunteers in cholera case management and

hygiene promotion activities. The increased access to trained long term volunteers as a component of SLRC disaster preparedness structures improves the ability of the NS to respond swiftly and effectively to cholera epidemics and other similar disasters. All SLRCS branches have received their own cinema kit. This enables them to organize cinema events in communities to raise awareness of cholera and other topics related to health and disaster preparedness. The strong volunteer base is one of the factors that further will enhance the key role played by the SLRC in disaster response on a national level. Ongoing and planned hygiene awareness activities will continue to strengthen community resilience. Prepositioning of stocks such as ORS and water treatment materials at branch and HQ level as a part of the operations also enhances the ability of the National society to respond to a cholera outbreak in the future. Although Sierra Leone has not seen a cholera outbreak of this magnitude for decades, cases of the disease are reported every year, and there is a considerable risk of repeated outbreaks that require a swift response.

## The Needs

As the number of cholera cases has greatly declined the need for immediate treatment of cholera cases is greatly reduced. The operation now focuses on medium and longer term activities. This includes changing hygiene behavioural patterns and norms in communities at risk in order to prevent future epidemics. The revised appeal addresses these needs in all districts of the country.

Combined with cholera prevention messaging, there is also a need for improved sanitation in addition to access to clean water sources and latrines. In the revised appeal the focus of these activities will continue to be given to the areas from which cholera has historically originated. WatSan activities will therefore focus on the districts of Kambia, Port Loko, Bombali and Tonkolili.

There is a need for the branches of the SLRCS to improve their capacity to take appropriate and timely action in response to future epidemic outbreaks. Increased staff and volunteer capacity and material resources, including prepositioned contingency stocks and a Red Cross emergency SMS system, will ensure that the SLRCS is in a good position to respond to future cholera outbreaks in a timely and effective manner.

The initial appeal targeted 1,539,206 people out of a population of 5,731,708 people in 12 districts. Four districts - Port Loko, Kambia, Bombali and Tonkolili - were targeted with full multi-sectoral programming to address the cholera outbreak, Western area was targeted with hygiene promotion and social mobilization, and the remaining districts were targeted with preparedness activities. The detailed targets of the revised appeal are outlined under the proposed operation below.

## The proposed operation

This revised appeal will work in the following sectors; Emergency Health, Water, Sanitation and Hygiene Promotion, and capacity building of the national society in Disaster Management. Previously the operation has focused only on Kambia, Port Loko, Bombali and Tonkolili, but this revised appeal will see activities expanded to all 13 districts in the country. New activities in Bombali will be supported through a bilateral agreement between UNICEF and SLRCS and are not included within this appeal.

### Emergency Health and Care

**Outcome 1: 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 (Completed)**

<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 BHC ERU to areas affected to provide clinical case management in existing facilities and/or establish supplementary 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> </ul>

	<ul style="list-style-type: none"> <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>Outcome 2: 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>
Output 1: 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. An additional 1400 volunteers will receive training through the revised appeal.	<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.(Completed)</li> <li>Identify volunteers to be trained in affected chiefdoms. (Completed)</li> <li>Epidemic Control for Volunteers (ECV) training will be given to 129 key volunteers. (Completed)</li> </ul> <p>New Activity:</p> <ul style="list-style-type: none"> <li>28 ECV trained staff in 14 branches cascade ECV training to 1400 volunteers</li> </ul>
Output 2: 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. (Ongoing)</li> <li>The mobile CHM will support the national society in the establishment through the provision of training and supplies to volunteers. (Completed)</li> </ul> <p>New Activity:</p> <ul style="list-style-type: none"> <li>400 volunteers will participate actively in case finding and referral.</li> </ul>
Output 3: Households will 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. (Completed)</li> <li>778 volunteers will provide ORS to mildly dehydrated cholera patients at selected points in their communities. (Ongoing)</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.(Ongoing)</li> </ul> <p>New Activities:</p> <ul style="list-style-type: none"> <li>67,200 people will participate in the branch mobile cinema events, which will be targeted at schools, market associations, mothers' clubs and areas where SLRCS has other programs, such as Village Water committees or social mobilisation</li> <li>2 million beneficiaries will be reached through the Red Cross weekly national radio show, which will broadcast on cholera at least once every six weeks focusing on less well known issues, such as food and water safety.</li> <li>All 13 SLRCS branches will establish their own monthly 1-hour radio show on a local station, which will focus on cholera at least once every two months.</li> <li>A radio drama will be created and broadcast on Red Cross radio shows and will focus on cholera at least once every six weeks.</li> <li>350 listener groups will be established country-wide (av. 25 per branch) by SLRCS community volunteers. These groups will deliver at least 1 positive development in their communities every six months.</li> </ul>

<p>Output 4: 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.</p>	<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> <p>Activity cancelled</p>
<p><b>Outcome 3: Improved epidemiological surveillance of epidemics is achieved through capacity building of the Sierra Leone Red Cross and its Ministry of Health counterparts.</b></p>	
Outputs (expected results)	Activities planned
<p>Output 1: A system will be established where volunteers manage 40 key ORS points in 4 districts. Through the revised appeal an additional 400 ORS points will be established in 10 districts. They will report on the weekly numbers of cases, which will add to the information collected through the existing system.</p> <p>(Expanded output)</p>	<ul style="list-style-type: none"> <li>• Community surveillance will be set-up through 40 selected ORS points in 4 districts. Through the revised appeal an additional 400 ORS points will be established in 10 districts. (Expanded activity)</li> <li>• 129 ORS key volunteers will be trained on case definition and reporting. (Completed)</li> </ul> <p>Through the revised appeal an additional 400 volunteers in 10 districts will be trained in on case definition and 140 in reporting and monitoring(Expanded activity)</p>
<p>Output 2: Contribute to improved data management at the national level.</p>	<ul style="list-style-type: none"> <li>• The epidemiologist in the IFRC team will regularly participate in coordination meetings. (Ongoing)</li> <li>• Regular analysis and predictions related to the epidemic are made based on data collection, and shared with other implementing partners. (Ongoing)</li> </ul>

### Progress towards outcomes

#### **BHC ERU (clinical case management)**

The mobile BHC ERU completed its activities during the first half of October and handed over all materials to the MoH and the SLRCS. Detailed account of the activities are available in [operations update no 1](#).

#### **CHM ERU (Cascading of knowledge to community volunteers)**

The CHM ERU completed all its activities during the first half of October. Detailed accounts of completed activities are available in [operations update no 1](#).

### Under this Revised Appeal

The targets of the original appeal have already been met, but in this revised appeal, SLRCS will expand the training carried out by the ERUs as follows:

- 28 new ToTs trained across 14 branches, who will cascade hygiene promotion training to an additional new 1400 volunteers
- 140 volunteers will be trained in monitoring and reporting
- 400 volunteers will be trained to establish 400 new ORPs in the 10 branches, which don't yet have ORPs. These volunteers will also be trained in hygiene promotion, disease identification, case management and referral.

District/Branch	Total additional volunteers who will be trained based on the revised PoA				Outstanding cascading training: Total number of volunteers	Total number of new ORPs
	ECV ToT (Branch health officers)	Total volunteers receiving hygiene promotion training	Total volunteers trained for monitoring and reporting	Total volunteers receiving case management training for ORPs*		
Western Area	2	100	10	40	100	40
Port Loko	2	100	10	0	100	0
Kambia	2	100	10	0	100	0
Pujehun	2	100	10	40	100	40
Bo	2	100	10	40	100	40
Bombali	2	100	10	0	100	0
Moyamba	2	100	10	40	100	40
Tonkolili	2	100	10	0	100	0
Bonthe	2	100	10	40	100	40
Kono	2	100	10	40	100	40
Kenema	2	100	10	40	100	40
Koinadugu	2	100	10	40	100	40
	2	100	10	40	100	40
	2	100	10	40	100	40
<b>TOTAL</b>	<b>28</b>	<b>1400</b>	<b>140*</b>	<b>400**</b>	<b>1400</b>	<b>400</b>

\*The 140 monitoring volunteers are a part of the total 1400 volunteers who will be trained in the operation

\*\* The 400 ORP volunteers are a part of the total 1400 volunteers who will be trained in the operation

\*\*\* management of ORPs, management of diarrhoea cases and referral Identification and evaluation of cases,

### Provision of zinc

The provision of zinc to all cholera affected children under five has been cancelled to avoid duplication. Zinc supplements were distributed only by the MoH through public health units.

### Establishment of ORS points

Through the operation 380 ORPs have already been established, for details please refer to [operations update no1](#). Through the revised appeal additional 400 ORPs will be established in 10 districts. 380,000 people benefit from ORPs already established through the operation. 400,000 people will be benefitting from the 400 additional ORPs, calculated from an estimated average catchment area with 1000 people.

### Epidemiological surveillance

The epidemiologist in the IFRC team regularly participated in coordination meetings until end of mission in October. Epidemiological surveillance and analysis of MoH data is continued by IFRC health delegate. Regular analysis and predictions related to the epidemic continues based on data collection, and is shared with other implementing partners.

### Continuation of mobile cinema, radio and listening groups

The mobile cinema, radio show and distribution of radios have now been completed with the support of the British Red Cross MSM ERU. All 14 SLRCS branches have been equipped with their own cinema equipment and this activity will continue under the direction of the branch health officers and SLRCS CBHP department, targeting an estimated 67,200 people. The national radio show will also continue, targeting an estimated 2,000,000 listeners, and return to the topic of

cholera at least once every six weeks. The radio show will also be used to support other SLRCS programs such as disaster management, humanitarian values and organisational development. 350 radio listening groups will be managed locally by the branch health officers, in order to encourage community action on key hygiene and health issues.

The use of these tools in relation to cholera will be managed by the SLRCS CBHP team and not the BRC MSM ERU so have been moved to health. This is also in line with the use of these activities for wider health education, and not limited to only hygiene promotion.

<b>Water, Sanitation, and Hygiene Promotion</b>	
<b>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>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
A behavioural change communication strategy will be developed, which will help the Sierra Leone Red Cross Society 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. (Completed)</li> <li>Approved key messages aimed at addressing key myths and barriers to good hygiene and health practices will be developed. (Completed)</li> </ul>
10,000 people will benefit from improved hygiene knowledge through interactive community and school events. (Output expanded)	<ul style="list-style-type: none"> <li>A mobile cinema will tour the country using events in schools and communities to engage people in hygiene promotion and give them an opportunity to ask key questions. (Completed). Mini-cinema kits will be provided to each branch to continue this work in smaller villages and schools. (Completed)</li> <li>Support SLRCS social mobilisation activities in public places (markets, transport hubs) with local partners. (Ongoing)</li> </ul>
Eight thousand households will have improved access to information through the distribution of 500 radios.	<ul style="list-style-type: none"> <li>Wind-up, solar powered radios will be distributed to identified communities through key volunteers to improve access to information for people deprived of electricity and the means to buy batteries. (Completed)</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. (Completed)</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. (Completed)</li> <li>Community mobilisation activities will be established by the key volunteers, activating community based hygiene promotion volunteers (649). (Completed)</li> <li>Conduct KAP survey at the beginning of activities and in three to four months time.(endline will trial Mobile Monitoring Survey System) (Ongoing)</li> <li>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</li> </ul>

	<p>the population. (Ongoing)</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. (Ongoing)</li> <li>• Peer educators and key school staff will be trained on cholera prevention in targeted areas. (Completed)</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. (Ongoing)</li> <li>• Village WASH committees will be reinvigorated to take a key role in prevention messaging and behaviour change. (Ongoing)</li> </ul>
4,000 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.(Completed)</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. (Completed)</li> <li>• The major potential routes of transmission will be identified and targeted for hygiene promotion, such as food sellers in markets. (Completed)</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. (Ongoing)</li> <li>• 40 institutional latrines will be built or rehabilitated (Ongoing)</li> <li>• Institutional latrines will be disinfected over a period of three months, by request or need. (Completed)</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. (Completed)</li> <li>• Rehabilitation of up to 100 strategic water points/pumps (Ongoing)</li> </ul>

## Progress towards outcomes

### Behavioural change communication strategy

A cholera behaviour change communication strategy and set of recommendations for the sustainability of beneficiary communication activities has been developed, based on the results of a mini KAP survey (Knowledge, Attitudes and Practices). This strategy provides recommendations to SLRCS on the key audiences, messages and channels to focus on to reduce the impact of future cholera outbreaks. It also looks more broadly at how beneficiary communications and the tools introduced can be integrated into SLRCS's community-based health promotion (CBHP) and disaster management (DM) programs.

The first survey was completed in September and the second survey is planned to be conducted in February. Also through the operation approved key messages aimed at addressing key myths and barriers to good hygiene and health practices have been developed.

### Mobile cinema

More than 30,000 people have benefitted from a mobile cinema that has toured all districts of the country. This activity has now completed and been handed over to the SLRCS.

### Distribution of Radios

500 Wind-up, solar powered radios have been distributed to identified communities through key volunteers to improve access to information for people deprived of electricity and the means to buy batteries. The establishment of radio listener groups managed by selected volunteers is still on going, and the groups will be an integral part of SLRCS branch activities in the future.

### SLRCS weekly radio show

A weekly one-hour talk-back radio show has been 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.

### TERA SMS beneficiary messaging system

This system has not yet been funded and has through this revised appeal been redefined as an integral part of the SLRCS DRR system. (see DRR section below)

### Community based hygiene promotion

Community based hygiene promotion activities by the ERUs are outlined in [operations update no 1](#). Through these activities community based hygiene promotion activities will be strengthened by training an additional 1,400 volunteers in all districts will receive community based hygiene promotion training through this revised appeal. Additional IEC material will be supplied due to expansion of hygiene promotion activities in this revised appeal. House to house hygiene promotion and social mobilization activities will be continued in all districts and peer educators in 36 schools in Kambia, Port Loko, and Tonkolili will train an estimated 750 children, who in turn will reach another estimated 36,000 children. Additional WASH committees will be invigorated as an integral part of WatSan hardware activities.

### WASH hardware

22 institutional latrines (2-5 drop holes each) are either completed (8) , ongoing (13) or under preparation(1),. The original appeal target of 40 latrines is unchanged in this revised appeal. 34 major repairs of water points (pumps) are either completed, ongoing or under preparation. The rehabilitation of 13 wells is either finished (5), ongoing (3) or under preparation (5). The target of the revised emergency appeal is a total of 100 water points (repair of pumps and construction and rehabilitation of wells).

Completed Watsan activities:

Activity	Finished	Ongoing	Preparation	Total
Wells Rehabilitation	5	3	5	13
<b>TOTAL WELLS REHAB</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>13</b>
Bore hole pumps	1			1
Submersible pumps			2	2
Solar pumps		1		1
Hand pumps	21	5	4	30
<b>TOTAL PUMPS</b>	<b>22</b>	<b>6</b>	<b>6</b>	<b>34</b>
Latrines new	6	12		18
Latrines rehab	2	1	1	4
<b>TOTAL LATRINES (2-5 drop holes)</b>	<b>8</b>	<b>13</b>	<b>1</b>	<b>22</b>
Garbage disposal	2			2
Disinfection pits and area	2			2
Incinerator	2	1		3
Disinfection spraying	2			2
Hand and foot wash at hospital	3			3
ORS water points at hospital	2			2
Water committee	5	2		7
Hand wash stands	6			6
Cholera ward	1			1

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

**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
<p>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.</p>	<ul style="list-style-type: none"> <li>• District health management teams will be engaged and provided with support. (Ongoing)</li> <li>• Key equipment for future outbreak will be prepositioned. (Ongoing)</li> <li>• Two people from each of the branches will be trained on ECV. (Completed)</li> <li>• The development and revision of branch and community response plans will be supported. (Ongoing)</li> <li>• A Red Cross radio show will be created that will allow the national society to respond quickly to future threats. (Completed)</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. (Completed)</li> <li>• Conduct national disaster response team training (NDRT)</li> <li>• In partnership with the Office of National Security, Ministry of Health, the national telecommunications regulator and telecommunications companies, a targeted SMS system will be established to allow individual communities to be reached with information relevant to them. This system will be used to run prevention and response campaigns on cholera, including advertising ORP locations and warning of new outbreaks. This system can be used by the SLRCS beyond the cholera outbreak as a means of disaster warning and health education</li> </ul> <p>New activity:</p> <ul style="list-style-type: none"> <li>• Provide a stock of 100 cholera awareness leaflets and 100 of each kind of cholera poster to all 14 branches, to be used in the event of a cholera epidemic</li> </ul>
<p>IFRC standard operational procedures will be implemented to support the ongoing operation (supplies, warehouse and fleet management).</p>	<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. (Completed)</li> <li>• An exit strategy will be developed on the mobilised fleet and central warehouse. (Completed)</li> <li>• A logistics workshop will be organized in January.</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. (Ongoing)</li> <li>• Coordination meetings will be regularly attended by team members, in all districts. (Ongoing)</li> </ul>
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### Progress towards outcomes

For previously completed activities please refer to [operations update no 1](#)

### Under this Revised Appeal

#### Disaster response

- 28 ECV trained SLRCS branch staff are planned to cascade their knowledge to 1400 community volunteers in all districts.
- Key equipment for future outbreak will be prepositioned
- The development and revision of branch and community response plans will be supported.
- TERA SMS system will be fully implemented in January and February. Negotiations with telecommunications companies have taken place and agreements with 3 out of 4 mobile service providers in the country are in the final stages. This activity has been moved to DRR in this revised appeal to better reflect its most important functions..

SLRCS staff have been given on the job training and capacity building on the receiving of relief goods and equipment, warehouse management, fleet management, procurement and reporting. The contract of the warehouse rented for the operation has been extended until end of January and the lease of the 3 IFRC VRP vehicles has been extended until the beginning of March. A logistics workshop is planned to be organized before the end of the operation at the end of February.

### Logistics

<b>Outcome: Provide logistics support to the CTC, water sanitation and hygiene activities</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• That the operation is logistically well supported in their emergency activities.</li> <li>• Manage the warehouse containing ERU materials and other items purchased for the ongoing response</li> <li>• Build capacity of logistics staff within SLRC.</li> <li>• Well managed and inventoried handover process of ERU's.</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase construction and NFI materials in a fair and transparent manner (Completed)</li> <li>• Set up and manage the warehouse facility in Freetown. Build capacity within SLRC staff with regards to good practice in warehouse management. (Ongoing)</li> <li>• Order items from IFRC Las Palmas if need be.</li> <li>• Further assess the needs in the field to inform programming (Ongoing)</li> <li>• Actively collaborate with all parties in executing ERU handover process (Ongoing)</li> </ul>

### Progress towards outcomes

NFI materials were successfully distributed to 40,00 HH (24,000 beneficiaries calculated at 6 per household). The warehouse was set up during the early stages of the operation and will be exited at the end of January. Warehouse staff continue to receive on the job training. The SLRCS warehouse has been used as storage for parts of the items donated to the national society by the emergency response units.

## Communications – Advocacy and Public Information

SLRCs 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 mechanism for effective disaster response and the cornerstone to promote greater quality, accountability and transparency. C Through the operation the National Society will be supported to improve its communications capacities and develop appropriate communications tools and products to support effective operations. As a part of the operation the SLRCS has established a weekly radio show, further enhancing its image and management of public information. Through participation in coordination meetings and through close cooperation with various donors the SLRCS has been able to raise bilateral funds to support its cholera related activities.

The following news releases and web stories have been published in IFRC's website:

<http://www.ifrc.org/en/news-and-media/press-releases/africa/sierra-leone/sierra-leone-funds-needed-to-respond-to-cholera-outbreak/>

<http://www.ifrc.org/en/news-and-media/news-stories/africa/sierra-leone/hygiene-promotion-is-key-to-fighting-cholera-outbreak-in-mabela-58366/>

### Capacity of the National Society

The SLRCS has extensive experience in community mobilization and hygiene awareness activities. The National 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. A new SLRCS Act was passed on 22 August 2012 and enhances the status of the National Society while reinforcing auxiliary role of SLRC 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. Until the end of its activities in the country in October a multi-sectoral FACT team reported directly to the Regional Representative for Africa West Coast. Two RDRTs were sent to provide support to the ongoing implementation of this response but they both ended their missions in November. The Regional Representative for Africa West Coast continues to 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 Representation) and the IFRC Africa Zone office in Nairobi. The IFRC operations manager and health delegate will continue to support the operation until the end of the March. A finance delegate and a WatSan delegate will be in country from January until the end of March, and a beneficiary communications delegate will be in country for 6-8 weeks to follow up on the implementation of the TERA SMS system.

### Budget summary

See attached budget (Annex 1) for details.

Simon Eccleshall  
On behalf of Jagan Chapagain  
Acting Under Secretary General  
Programme Services Division

Bekele Geleta  
Secretary General

## Contact information

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

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### For Performance and Accountability (planning, monitoring, evaluation and reporting):

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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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

# EMERGENCY APPEAL

29-12-12

MDRSL003 Sierra Leone: Cholera Epidemic

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief				0
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles				0
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene	117,000			117,000
Medical & First Aid	840			840
Teaching Materials	10,800			10,800
Utensils & Tools	20,000			20,000
Other Supplies & Services	29,640			29,640
Emergency Response Units			1,389,250	1,389,250
Cash Disbursements				0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>178,280</b>	<b>0</b>	<b>1,389,250</b>	<b>1,567,530</b>
Land & Buildings				0
Vehicles				0
Computer & Telecom Equipment	92,911			92,911
Office/Household Furniture & Equipment	2,550			2,550
Medical Equipment				0
Other Machinery & Equipment				0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>95,461</b>	<b>0</b>	<b>0</b>	<b>95,461</b>
Storage, Warehousing	15,000			15,000
Distribution & Monitoring	2,000			2,000
Transport & Vehicle Costs	44,084			44,084
Logistics Services				0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>61,084</b>	<b>0</b>	<b>0</b>	<b>61,084</b>
International Staff	318,000			318,000
National Staff				0
National Society Staff	25,575			25,575
Volunteers	27,532			27,532
<b>Total PERSONNEL</b>	<b>371,107</b>	<b>0</b>	<b>0</b>	<b>371,107</b>
Consultants				0
Professional Fees				0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Workshops & Training	30,265			30,265
<b>Total WORKSHOP &amp; TRAINING</b>	<b>30,265</b>	<b>0</b>	<b>0</b>	<b>30,265</b>
Travel	94,429			94,429
Information & Public Relations	71,980			71,980
Office Costs	5,050			5,050
Communications	28,390			28,390
Financial Charges	5,000			5,000
Other General Expenses	56,000			56,000
Shared Office and Services Costs				0
<b>Total GENERAL EXPENDITURES</b>	<b>260,849</b>	<b>0</b>	<b>0</b>	<b>260,849</b>
Partner National Societies				0
Other Partners (NGOs, UN, other)				0
<b>Total TRANSFER TO PARTNERS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Programme and Services Support Recovery	64,808	0		64,808
<b>Total INDIRECT COSTS</b>	<b>64,808</b>	<b>0</b>	<b>0</b>	<b>64,808</b>
Pledge Earmarking & Reporting Fees				0
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL BUDGET</b>	<b>1,061,852</b>	<b>0</b>	<b>1,389,250</b>	<b>2,451,102</b>
<b>Available Resources</b>				
Multilateral Contributions	414,003			414,003
Bilateral Contributions			1,389,250	1,389,250
<b>TOTAL AVAILABLE RESOURCES</b>	<b>414,003</b>	<b>0</b>	<b>1,389,250</b>	<b>1,803,253</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>647,849</b>	<b>0</b>	<b>0</b>	<b>647,849</b>

Selected Parameters	
Reporting Timeframe	2012/8-11
Budget Timeframe	2012/8-2013/2
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>1,358,780</b>					<b>1,358,780</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>	30,314					30,314	
<i>Icelandic Red Cross</i>	19,770					19,770	
<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>351,175</b>					<b>351,175</b>	
<u><b>Inkind Goods &amp; Transport</b></u>							
<i>New Zealand Red Cross</i>	8,787					8,787	
<b>C2. Inkind Goods &amp; Transport</b>	<b>8,787</b>					<b>8,787</b>	
<u><b>Inkind Personnel</b></u>							
<i>Other</i>	53,470					53,470	
<b>C3. Inkind Personnel</b>	<b>53,470</b>					<b>53,470</b>	
<u><b>Other Income</b></u>							
<i>Programme &amp; Services Support Recover</i>	571					571	
<b>C4. Other Income</b>	<b>571</b>					<b>571</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>414,003</b>					<b>414,003</b>	
<b>D. Total Funding = B + C</b>	<b>414,003</b>					<b>414,003</b>	
<b>Coverage = DIA</b>	<b>30%</b>					<b>30%</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>414,003</b>					<b>414,003</b>	
<b>E. Expenditure</b>	<b>-405,856</b>					<b>-405,856</b>	
<b>F. Closing Balance = (B + C + E)</b>	<b>8,147</b>					<b>8,147</b>	

Selected Parameters	
Reporting Timeframe	2012/8-11
Budget Timeframe	2012/8-2013/2
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>1,358,780</b>					<b>1,358,780</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	1,000						1,000	
Construction Materials	13,340						13,340	
Water, Sanitation & Hygiene	389,590	22,497				22,497	367,093	
Medical & First Aid	14,960						14,960	
Teaching Materials	9,300						9,300	
Utensils & Tools	20,000	19,166				19,166	834	
Other Supplies & Services	44,000						44,000	
<b>Total Relief items, Construction, Supplies</b>	<b>492,190</b>	<b>41,663</b>				<b>41,663</b>	<b>450,527</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	8,420	13,087				13,087	-4,667	
Office & Household Equipment	2,550	561				561	1,989	
Medical Equipment	50,000						50,000	
<b>Total Land, vehicles &amp; equipment</b>	<b>60,970</b>	<b>13,648</b>				<b>13,648</b>	<b>47,322</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	15,000	4,949				4,949	10,051	
Distribution & Monitoring	2,000	3,914				3,914	-1,914	
Transport & Vehicles Costs	44,084	23,516				23,516	20,568	
<b>Total Logistics, Transport &amp; Storage</b>	<b>61,084</b>	<b>32,379</b>				<b>32,379</b>	<b>28,705</b>	
<b>Personnel</b>								
International Staff	229,000	130,397				130,397	98,603	
National Staff		92				92	-92	
National Society Staff	25,575	5,513				5,513	20,062	
Volunteers	27,532	3,121				3,121	24,411	
<b>Total Personnel</b>	<b>282,107</b>	<b>139,124</b>				<b>139,124</b>	<b>142,983</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	15,000						15,000	
Professional Fees		500				500	-500	
<b>Total Consultants &amp; Professional Fees</b>	<b>15,000</b>	<b>500</b>				<b>500</b>	<b>14,500</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	105,000	3,263				3,263	101,737	
<b>Total Workshops &amp; Training</b>	<b>105,000</b>	<b>3,263</b>				<b>3,263</b>	<b>101,737</b>	
<b>General Expenditure</b>								
Travel	115,429	24,373				24,373	91,056	
Information & Public Relations	30,120	28,003				28,003	2,117	
Office Costs	5,050	2,746				2,746	2,304	
Communications	27,900	6,902				6,902	20,998	
Financial Charges	5,000	11,529				11,529	-6,529	
Other General Expenses	76,000						76,000	
<b>Total General Expenditure</b>	<b>259,499</b>	<b>73,553</b>				<b>73,553</b>	<b>185,946</b>	
<b>Operational Provisions</b>								
Operational Provisions		79,245				79,245	-79,245	
<b>Total Operational Provisions</b>		<b>79,245</b>				<b>79,245</b>	<b>-79,245</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	82,930	21,444				21,444	61,486	
<b>Total Indirect Costs</b>	<b>82,930</b>	<b>21,444</b>				<b>21,444</b>	<b>61,486</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		837				837	-837	



Selected Parameters	
Reporting Timeframe	2012/8-11
Budget Timeframe	2012/8-2013/2
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>1,358,780</b>					<b>1,358,780</b>	
Pledge Reporting Fees		200					200	-200
<b>Total Pledge Specific Costs</b>		<b>1,037</b>					<b>1,037</b>	<b>-1,037</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1,358,780</b>	<b>405,856</b>					<b>405,856</b>	<b>952,924</b>
<b>VARIANCE (C - D)</b>		<b>952,924</b>					<b>952,924</b>	