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Emergency appeal

Sierra Leone: Cholera Epidemic

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSL003
GLIDE n° [EP-2012-000041-SLE](#)
17 September 2012

This emergency appeal now seeks CHF 1,358,780 in cash, kind, or services to support the Sierra Leone Red Cross Society (SLRCS) to assist 1,539 206 direct and 2,000,000 indirect beneficiaries for six months, and will be completed by the end of February 2013. A final report will be made available by May 2013 (three months after the end of the operation).

CHF150,000 was allocated from the International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish the DREF are encouraged.

CHF 1,389,250 has been provided in-kind to support the deployment of three Emergency Response Units (ERUs). The Basic health Care Unit from the Finnish and Japanese Red Cross, the Community Health Module from the Norwegian and Canadian Red Cross, and a Mass Sanitation Module from the British Red Cross.

Summary: A new outbreak of cholera in Sierra Leone has spread to 12 out of 13 districts, with the largest concentration of cases in the Western Area, where the capital, Freetown is located. Three of these districts were also affected by the previous outbreak in March 2012, which was supported by a DREF grant (MDRSL002). As of 30 August, 14,521 cases of cholera have been reported and 243 deaths had been confirmed, representing a continuing and significant rise in cases over the past two months. This is the largest cholera outbreak reported in Sierra Leone since the pandemic hit the country from 1970 to 1971.

The government of Sierra Leone declared the outbreak a national epidemic on 16 August, and the President established a Presidential Task Force to address the public health emergency. This outbreak and spread is connected to poor sanitary conditions, acute water shortage, contamination of water sources and the migration of people from one affected region to other. The escalation of cases is being fuelled by consistent and heavy monsoonal rains. Predictions of heavy rains and possible flooding are still in place and will continue to hamper control efforts especially in the areas in and around Freetown, where sanitation is extremely poor.

Data collection and the epidemiological analysis of the current outbreak are being led by the Ministry of Health (MoH). The numbers do not fully reflect the situation, as some cases in rural areas are not being recorded, and not all health centres in the affected areas are regularly reporting. There are many logistical challenges in Sierra Leone, but with continued support from the International Red Cross Movement, logistics, data collection and analysis is improving.

The Sierra Leone Red Cross Society (SLRCS) has mobilized volunteers for immediate cholera awareness and hygiene promotion activities. The previous cholera response operation funded by the IFRC's Disaster Response Emergency Fund (DREF) was carried out by SLRCS from 20 March to 21 June, 2012. This operation mainly



Volunteers preparing for cholera activities (Photo: Sierra Leone Red Cross)

focused on hygiene promotion activities, and evidence of improved hygienic practices at the community level was reported. The recent epidemic has spread to new geographical areas and the possibility of a new strain of cholera is being investigated.

The SLRCS, with support from the IFRC, has begun implementing a multi-sectoral integrated approach to tackle the epidemic, building on its core strength of social mobilisation, hygiene promotion and the community management of cholera and learning from its earlier response regarding to the need to add in health and water & sanitation activities. Through the deployment of Emergency Response Units (ERUs), the operation has started to provide technical capacity building and support to the Ministry of Health and district hospitals in clinical management, infection control, epidemiology and water and sanitation. The Red Cross is currently the only organization on the ground with this multi-level approach; providing assistance from the clinical-level to the household-level.

Given the dynamic and constant evolution of the outbreak, the planned operation needs to be flexible, responsive and have the ability to move with the outbreak, with all 13 districts of the country at-risk of cholera. The proposed operation has prioritised the target districts based on current needs and the risk of significant outbreaks. Population density, the availability of safe water and access to health care are also used as target criteria.

The operation is currently being implemented in the four districts of Kambia, Port Loko, Bombali and Tonkolili. An additional district, the Western District, is also being targeted in the initial phases, but only with hygiene promotion and safe water provision at the household level. This is because MSF and the Ministry of Health are already heavily involved with operations in this district. The Red Cross operation in these five districts will cover two million indirect beneficiaries through social mobilisation and prevention messages and 910,195 direct beneficiaries (151,700 households). Depending on the amount of funding available and the evolution of the outbreak, social mobilisation and hygiene promotion activities could be rolled out and conducted in other districts targeting an additional number of 629,000 direct beneficiaries, bringing the total number of beneficiaries to 1,539,206 if full funding is secured and the epidemic continues to spread.

To ensure the effective implementation of the operation, an operational plan has been developed based on the strengths and capacities of SLRCS, while providing support to fill gaps in clinical management and epidemic analysis and control. The SLRCS has a branch office in every district and a significant number of active volunteers, who have been implementing community health and other programs as part of their development programming. In the Western Area, Port Loko and Kambia, cholera activities have been ongoing for several months, and the SLRCS has more than 200 Oral Rehydration Solution (ORS) points currently operational, in addition to ongoing hygiene promotion. This operation will provide the necessary surge capacity and technical support needed to meet the increased needs of both the SLRCS and its governmental partners.

An initial assessment by the IFRC West Coast Regional Office was undertaken from 7 – 11 August and this began the initial planning phases for the operation. A Field Assessment Coordination Team (FACT) was deployed on 12 August and it identified significant gaps in the capacity of the humanitarian sector as a whole to respond to the outbreak. The team saw the need for further technical support, as the Ministry of Health and other actors were overwhelmed. The SLRCS are well placed to respond, with its national coverage of volunteers, excellent relationship with the government line ministry and established working relationships with a number of key NGO partners. To provide the necessary surge capacity and technical support, two Regional Disaster Response Team (RDRT) Water and Sanitation (WatSan) delegates were immediately deployed. A Basic Health Care Emergency Response Unit (ERU) in cholera configuration is now also on the ground supplied by the Finnish Red Cross in partnership with the Japanese Red Cross. To ensure a fully integrated approach to the epidemic, focusing on prevention, early case finding and treatment, a Community Health Module, run by the Norwegian Red Cross with support from the Canadian Red Cross, and a Mass Sanitation Module (MSM), run by the British Red Cross, were also requested for the operation. As part of these ERUs, two technical specialists, one specialising in beneficiary communication and one epidemiologist have been brought in to the operation.

This Emergency Appeal responds to a request from the Sierra Leone National Society, and focuses on providing support to take an appropriate and timely response in delivering assistance and relief in the areas of Health and Water, Sanitation and Hygiene Promotion.

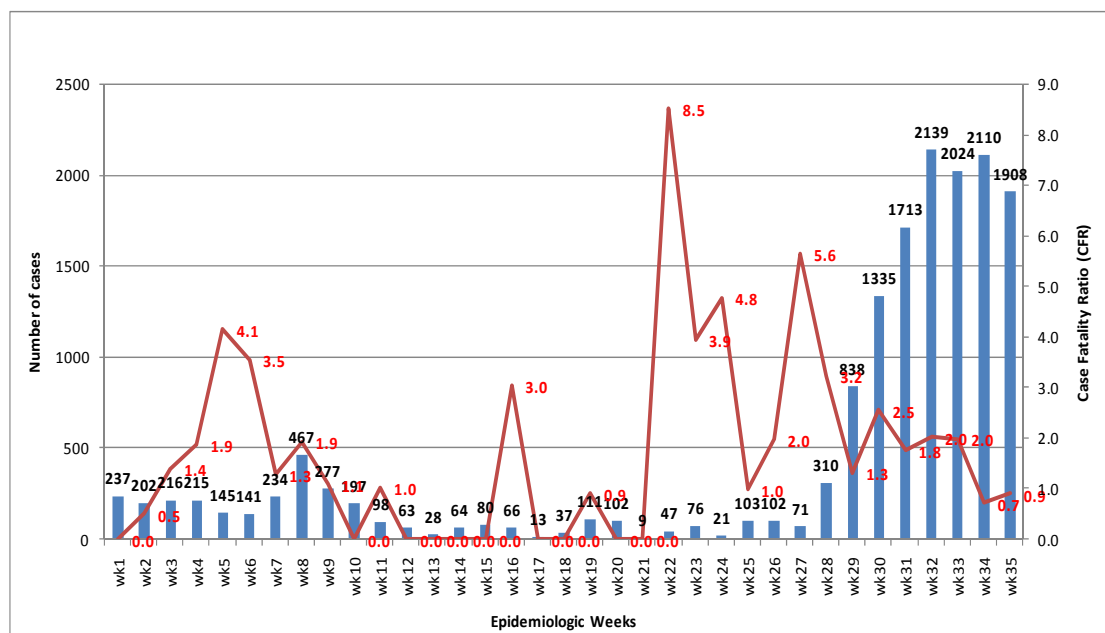
[**<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>**](#)

The situation

An outbreak of cholera was declared in February 2012 in the border district of Kambia. Ongoing cases of cholera in Guinea had been determined as the likely source and the sale of unsafe water by vendors in coastal towns to island dwellers off the coast seems to be the primary source of infection. The outbreak spread and was thought to have reached significant levels in Port Loko, (although there is some question over whether this was actually cholera now given the high number of patients under the age of five in that outbreak, who are prone to diarrhoea which may not be caused by cholera). It can be seen from the epidemic curve below that cases gradually declined in response to an increase in awareness and preventative measures from a number of partners including the SLRCS, MSF, ACCF 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. Freetown is characterised by large areas of urban poverty, poor sanitation, and intermittent access to a degraded piped water system and overcrowding. It is also the hub for regional travel. On 11 July, 2012, the Sierra Leone Ministry of Health and Sanitation laboratory confirmed cholera in the Western District. A significant and rapid rise in cases of cholera can be seen in the graph below. The number of cases on a weekly basis rose quickly to 2000 cases per week on the national level, 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 now confirming cholera cases.

Figure 1: national trend of cholera cases (blue) and case fatality ratio (red) week 1-35 (Source: Sierra Leone MoH).



Sierra Leone has not seen an outbreak of this size in more than a decade, with previous yearly case loads averaging approximately 2000 cases a year. The current accumulated case load is 14,521 with 243 deaths recorded (National accumulative CFR 1.7).

Table 1: National Cumulative summary of Cholera Cases 1 January – 7 September 2012

Name of affected district	District Population	Cumulative Number as reported up to 6 September 2012				Number reported on 7 September 2012				Grand Total	Total Deaths	CFR	Attack Rate
		Cases			Deaths	Cases			Deaths				
		<5	≥5	Total		<5	≥5	Total					
Western Area	1,243,804	1004	7429	8433	87	8	63	71	0	8504	87	1.0	0.68
Port Loko	529,831	1740	1445	3185	56	0	20	20	0	3205	56	1.7	0.60
Kambia	324,769	256	1035	1291	31	0	2	2	0	1293	31	2.4	0.40
Pujehun	320,686	282	552	834	11	6	0	6	0	840	11	1.3	0.26
Bo	624,386	45	305	350	8	1	9	10	0	360	8	2.2	0.06
Bombali	469,064	162	880	1042	15	5	10	15	0	1057	15	1.4	0.23
Moyamba	262,725	24	172	196	13	0	0	0	0	196	13	6.6	0.07
Tonkolili	413,276	104	720	824	31	3	18	21	0	845	31	3.7	0.20
Bonthe	160,114	61	96	157	3	0	5	5	0	162	3	1.9	0.10
Kono	305,952	22	54	76	0	0	3	3	0	79	0	0.0	0.03
Kenema	621,750	22	145	167	1	0	0	0	0	167	1	0.6	0.03
Koinadugu	318,849	2	17	19	0	0	1	1	0	20	0	0.0	0.01
TOTAL	5,595,206	3,724	12,850	16,574	256	23	131	154	0	16,728	256	1.5	0.30

Source: Sierra Leone MoHS

The accumulative case fatality rate and case load is somewhat deceptive and a closer look at the figures by district shows an unacceptably high case fatality rate at the district level as new outbreaks occur. The Freetown figures somewhat skew the overall analysis and a specific focus on the district and even the chiefdom (sub-district) level is required to see how the outbreak is spreading, where high attack rates and case fatality rates are occurring, and where assistance is most urgently required.

At the district and village levels, health staff struggle to respond quickly. The only available medical services in the districts of Kambia, Port Loko, Bombali and Tonkolili are government hospitals and Primary Health Units at the chiefdom and community level. Many of these Primary Health Units lack basic amenities such as water, adequate sanitation and stable power, supplies and trained staff. Surveillance and reporting mechanisms are also not well functioning in these areas. In many communities, cases are either not treated by health facilities, or if they are, they are not being reported. As a result, the figures collected and presented by the Ministry of Health may be significantly lower than the actual number.

Humanitarian agency response to the cholera outbreak has been slow and focused more on Freetown than the rest of the country. There are more than 80 WatSan partners in Sierra Leone, but many are development focused and have struggled to transition into an emergency phase. The scale up by major WatSan partners, such as Oxfam, ACF and Concern has been hampered by limited funds however fundraising is starting to gain momentum; with many projects beginning in the past weeks. At the beginning no clear sectoral response was in place leading to adhoc interventions. The new Presidential Task force, with assistance from UNICEF, the WHO, and operational partners, has now developed a full national sectoral plan and as a result, coordination among partners is improving. There is a heavy emphasis on hygiene promotion and water provision reflecting the number of WASH-based operational partners' in-country. A lack of health partners on the ground has left a significant gap, especially in the regional areas, with MSF the only active health partner. The work that the Red Cross is doing and plans to do will contribute greatly to bridging this gap.

The overall risk factors for water related diseases, and cholera specifically remain extremely high in Sierra Leone in general. WatSan facilities (latrines, water points, public water network and waste management) need to be repaired or are non-existent in most communities and health centres throughout the country. A lack of resources is also delaying preparedness action in non-affected districts, even though trends, including geographical spread, indicate that these areas are at high risk.

The MoH, with support from the WHO, has modelled the current epidemic to provide some guidance for planning purposes. Based on assumed attack rates, current spread and the level of current health indicators, a predicted case load of approximately 32,000 cases is expected by the end of the year. This prediction is based on current assumptions and does not take into account the scale up of interventions and preventative activities that should limit the number of cases in the coming weeks.

Coordination and partnerships

The Sierra Leone Red Cross is an important strategic partner to the Health authorities and it works with them both at the national and district levels in health promotion activities, such as social mobilization during immunization campaigns and bed net distribution. The SLRCS is a member of the disease surveillance committee, set up by the Ministry of Health and Sanitation more than two years ago to monitor and report on communicable disease situations across the country.

The coordination of the national response to cholera outbreak is done by the Ministry of Health, with the assistance of the WHO. The Ministry has created a National Cholera Task Force, and the SLRCS is a member. This task force has two main sub committees; case management/logistics and the WASH sub-committee. In addition, a technical group supported by the WHO meets daily (C4 – Cholera Control and Command Centre). The government's Presidential Task Force is chaired by the Chief of Staff. It mainly functions as an internal government management and coordination body, but is also improving coordination among partners. In addition, a Partner Coordination meeting is held by the WHO, with UNICEF, and all NGOs are invited to attend. It meets once a week to enhance better coordination between actors.

Task Force mechanisms have also been established at the district level. These meetings are attended by the district health officers and other key partners, and NGOs are invited. The SLRCS has extensive experience both in cooperation and coordination with other humanitarian agencies, particularly UNICEF and ACF. This is used as an entry point to increase district level coordination.

Red Cross and Red Crescent action

The Sierra Leone Red Cross has been involved in the implementation of a long-term community-based hygiene promotion programme in most of the districts affected by the outbreak, and active volunteers are already in place in all the districts in the country. This has provided a significant base of volunteers already trained in health and hygiene promotion from which to launch emergency operations.

During the outbreak in March, the National Society trained and mobilized 300 Red Cross volunteers and 280 community volunteers from within the affected communities to assist in social mobilization activities, case tracing, the administration of Oral Rehydration Solution (ORS) to cholera patients and the assistance with referral of critical cases to treatment centres. The activities were carried out as a DREF operation, which ended on 21 May, 2012.

When the current outbreak began in July 2012, the Sierra Leone Red Cross re-engaged the volunteers and started hygiene promotion activities, ORS points and the referral of cases. The National Society is planning to intensify and expand these activities through this operation and to engage more volunteers to cover the extended regions.

To complement its hygiene promotion activities, the Sierra Leone Red Cross learned from the previous response, that there was a need to improve the water and sanitation infrastructure and support the health system. The capacity to intervene in water and sanitation sector is currently limited in the national society, and activities have mainly been implemented by local contractors. Two members of the IFRC Regional Disaster Response Team have been deployed for this operation and will support the implementation of the emergency WatSan activities. There is a need for a long-term water and sanitation activities which would need to be executed as part of the longer-term community-based health (CBHP) programme.



Beneficiary raising his hand to ask a question about cholera prevention at a mobile cinema event in the Western district (Photo Finnish Red Cross)

Recognizing the imminent crisis, the IFRC Africa West Coast Regional Representation mobilized a technical support team consisting of a WatSan Delegate and a Senior Health Officer in the first week of August. The team supported the SLRCS in rapid assessments of the situation, the identification of needs and current response gaps, and the planning of relevant activities. Following this mission it was decided to launch an emergency appeal and to request international surge capacity.

An IFRC Field Assessment Coordination Team (FACT) was deployed on 12 August, 2012, consisting of an emergency health specialist (acting as team leader), a WatSan specialist and a reporting/information management support person supported by the Australian, Icelandic and American Red Cross Societies. This was later strengthened with the further deployment of a replacement team leader from Finnish RC, an emergency health specialist from German RC, an administration member from British RC, a reporting / information delegate from Canadian RC and two logistics specialists from Liberia RC and Danish RC. The team was further strengthened by the deployment of two Regional Disaster Response Team (RDRT) WatSan delegates. The team supported the SLRCS with a detailed assessment of the current situation, including predicted risks, planning and the start-up of relevant interventions. The FACT is also supporting the SLRCS to improve humanitarian coordination, especially for rural area response and to develop a plan of action. In light of the cholera outbreaks in neighbouring countries, the FACT will closely monitor the situation in the region, and identify the risks of a possible regional crisis. An IFRC DREF has been launched on the 6 September for cholera response in neighbouring Guinea (MDRGN005).

A preliminary emergency appeal was launched on 16 August with a start-up grant from the DREF of CHF150,000 to allow Red Cross activities to scale up immediately. Response activities have begun and plans are being shared with the government and other humanitarian actors for coordination purposes.

After completing an initial assessment the FACT, in coordination with the Regional and Zone IFRC offices recommended the deployment of three Emergency Response Units (ERUs). The Basic Health Care Unit from the Finnish and Japanese Red Cross, the Community Health Module from the Norwegian and Canadian Red Cross, and a Mass Sanitation Module from the British Red Cross. These teams arrived in week 33 and are currently operational. The deployment of these national societies has significance as the Finnish, British and Japanese are all long-term implementing partners of the Sierra Leone Red Cross, and have invested both in development programs and in the development of the national society. Their involvement in this emergency ensures the operation is sustainable, and will help with the recovery efforts while at the same time building resilience in the communities.

The needs

Immediate needs: The knowledge and awareness of cholera prevention and treatment needs to be raised at the community level to prevent the outbreak from spreading further and to reduce the magnitude of the epidemic. The dissemination of information and the practical demonstration of adequate prevention measures need to be carried out in all the affected areas. While good work has been done already by the Ministry of Health and agencies to publicize key messages through radio and television, this has not moved beyond basic messaging. More targeted and engaging communication is needed to increase the relevance and impact on the population. A beneficiary communication delegate has been brought in to ensure that this happens and to look at alternative methods of communication.

Existing sanitation facilities in health centres and schools need immediate attention. The provision of emergency latrines will be given priority in health facilities lacking existing or functioning sanitation. In addition water points need repairs in order to provide safe water for public consumption in affected communities.

The Ministry of Health needs additional support to cope with current case loads. The clinical management of cholera at the district and community levels are currently poor, and not following the WHO protocols, which is leading to higher than normal case fatality rates and high hospitalisation rates, due to a lack of early treatment at the village level. Data surveillance is also poor and needs urgent support. An epidemiologist has been brought in to do capacity building in communities on how to effectively monitor the situation.

Longer-term needs: A longer-term change of hygiene behavioural patterns and norms in the communities at risk will be necessary to prevent future epidemics.

Combined with cholera prevention messaging, there is also a need for improved sanitation in addition to access to clean water sources and latrines. Particular emphasis should be given to the areas from which cholera has historically originated, in order to provide more strategic resilience in the Kambia and Port Loko districts. The Sierra Leone Red Cross is keen to support work in this field and build its capacity. There is a need for the national society branches to be prepared and equipped to take appropriate and timely action in response to future epidemic outbreaks. Increased staff and volunteer capacity and material resources, including pre-positioned contingency stocks, a Red Cross Emergency SMS system and a Mobile Monitoring Survey tool in place, will ensure that the SLRCS is in a good position in order to respond immediately to future outbreaks.

Given the widespread nature of the current epidemic, this plan is based on prioritizing the affected districts, and will be based on available funding and the case load of cholera. The table below indicates the priority areas, the estimated reach that can be attained in each district and the amount of beneficiaries that can be helped by this operation.

Table 2: Target population by district calculations

Districts	District Pop	Attack Rate	Total Projected Cases	% of target population to be served	Target Population
Western Area	1,243,804	1.0%	12,438	10%	124380
Port Loko	529,831	0.5%	2,649	50%	264916
Kambia	324,769	0.5%	1,624	50%	162385
Pujehun	320,686	0.5%	1,603	20%	64137
Bo	624,386	0.5%	3,122	20%	124877
Bombali	469,064	0.5%	2,345	50%	234532
Moyamba	262,725	0.5%	1,314	50%	131363
Tonkolili	413,276	0.5%	2,066	30%	123983
Koinadugu	318,849	0.3%	957	Preparedness	63770
Kenema	621,750	0.3%	1,865	Preparedness	124350
Kailahun	442,454	0.3%	1,327	Preparedness	88491
Bonthe	160,114	0.3%	480	Preparedness	32023
TOTAL	5,731,708		31,791		0
					1,539,206

Red – Indicating current operational priorities for full multi-sectoral programming

Orange – Current operational priority for Hygiene Promotion and Social Mobilisation activities due to number of other implementing partners on the ground.

Yellow – Watch areas for 2nd phase implementation - Increasing case load of cholera or existing partners with limited capacity already present.

Green – Preparedness priorities – limited cases to date but potential for significant outbreak

The proposed operation

This emergency appeal operation will focus on the prevention and treatment of cholera and building the capacity of the national society to respond to future crises, with the view of assisting 1,539,206 direct beneficiaries. The sectors to be supported include: Emergency Health, Water, Sanitation and Hygiene Promotion, and capacity building of the national society in Disaster Management. The five geographical districts that will be covered by this operation are: the Western District, Kambia, Port Loko, Bombali and Tonkolili.

Emergency Health and Care

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

Outputs (expected results)	Activities planned
A mobile BHC is operational and providing clinical case	<ul style="list-style-type: none"> Deploy mobile Basic Health Care (BHC) ERU to areas affected to

<p>management support starting in four target districts (Port Loko, Kambia, Bombali and Tonkolili) of up to an estimated 8,684 people and/ or as per need based on evolution of the epidemic.</p>	<p>provide clinical case management in existing facilities and/or establish supplementary Cholera Treatment Centres (CTCs) if the need arises.</p> <ul style="list-style-type: none"> • Provide clinical supervision and on the job training in areas of operation to Primary Healthcare Units (PHUs). • Supply district hospitals and PHUs with essential items if required to ensure proper case management and infection control practices are enabled. • 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.
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Decrease the morbidity (case load) related to cholera through the provision of community-based management, referral and surveillance in five priority districts.

Outputs (expected results)	Activities planned
<p>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.</p>	<ul style="list-style-type: none"> • Deploy a mobile CHM module to affected areas to provide technical support and supervision in community based management and surveillance. • Identify volunteers to be trained in affected chiefdoms. • Epidemic Control for Volunteers (ECV) training will be given to 129 key volunteers (who is turn will train others).
<p>The existing community volunteer referral system for patients who show signs of cholera will be reinforced.</p>	<ul style="list-style-type: none"> • 129 volunteers will participate actively in case finding and referral. • The mobile CHM will support the national society in the establishment of ORS corners through the provision of training and supplies to volunteers.
<p>Households have improved knowledge of prevention, symptoms, early treatment and the correct to manage cholera.</p>	<ul style="list-style-type: none"> • Key volunteers will cascade the knowledge to 649 volunteers on cholera community level treatment and prevention. • 778 volunteers will provide ORS to mildly dehydrated cholera patients at selected points in their communities. More serious cases will be referred to cholera treatment centres. • 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.
<p>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"> • 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.
<p>Improved epidemiological surveillance of epidemics is achieved through capacity building of the Sierra Leone Red Cross and its Ministry of Health counterparts.</p>	
Outputs (expected results)	Activities planned

<p>A system will be established where volunteers manage 40 key ORS points. They will report on the weekly numbers of cases, which will add to the information collected through the existing system.</p>	<ul style="list-style-type: none"> Community surveillance will be set-up through 40 selected ORS points. More serious cases will be referred to health facilities. 129 ORS volunteers will be trained on case definition and reporting.
<p>Contribute to improved data management at the national level.</p>	<ul style="list-style-type: none"> The epidemiologist in the IFRC team will regularly participate in the C4 meetings. Regular analysis and predictions related to the epidemic are made based on data collection, and shared with other implementing partners.

Water, Sanitation, and Hygiene Promotion

Risks of waterborne and water related diseases have been reduced through the provision of safe water, sanitation and the promotion of safe hygiene practices for 151,670 households (estimated 910,195 beneficiaries) in the five priority districts.

Outputs (expected results)	Activities planned
<p>A behavioural change communication strategy will be developed, which will help the SLRCS tackle barriers to good hygiene.</p>	<ul style="list-style-type: none"> The strategy will be developed based on the results of a mini Knowledge Attitudes and Practices (KAP) survey. Approved key messages aimed at addressing key myths and barriers to good hygiene and health practices will be developed.
<p>10,000 people will benefit from improved hygiene knowledge through interactive community and school events.</p>	<ul style="list-style-type: none"> A mobile cinema will tour the Western District, Port Loko, Bombali, Tonkolili and Kambia using events in schools and communities to engage people in hygiene promotion and give them an opportunity to ask key questions. Mini-cinema kits will be provided to each of five target branch to continue this work in smaller villages and schools. Support SLRCS social mobilisation activities in public places (markets, transport hubs) with local partners.
<p>8,000 households will have improved access information through the distribution of 500 radios.</p>	<ul style="list-style-type: none"> 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.
<p>2,000,000 indirect beneficiaries will have better access to information through mass communication tools, such as radio and SMS.</p>	<ul style="list-style-type: none"> 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. In partnership with UNICEF and the national telecommunications regulator, a more targeted SMS system will be established to allow individual communities to be targeted with information relevant to them, such as increases in cholera cases or the location of ORPs. This system would have use to the SLRCS beyond the cholera outbreak as a means of disaster warning and health education.

<p>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.</p>	<ul style="list-style-type: none"> • With the support of the CHM, the SLRCS will train 129 key community volunteers in five districts. • Community mobilisation activities will be established by the key volunteers, activating community based hygiene promotion volunteers (649). • Conduct KAP survey at the beginning of activities and in three to four months time (endline will trial Mobile Monitoring Survey System) • 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 the population. • House to house hygiene promotion and social mobilization activities will be conducted, including information on health seeking behaviours and key prevention messages. • Peer educators and key school staff will be trained on cholera prevention in targeted areas. • The distribution and demonstration of the use of household water treatment products will be conducted at the household level, strategic water points and schools. • Village WASH committees will be reinvigorated to take a key role in prevention messaging and behaviour change.
<p>4,000 targeted households have access to treatment and safe storage of drinking water.</p>	<ul style="list-style-type: none"> • Four-thousand highly vulnerable households will be provided with NFI kits to ensure safe hygiene and sanitation practices.
<p>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.</p>	<ul style="list-style-type: none"> • Bucket chlorination will occur where appropriate at strategic open water points for a period of three months in urban areas with a high population. • The major potential routes of transmission will be identified and targeted for hygiene promotion, such as food sellers in markets.
<p>The health, hygiene promotion and clinical activities are supported by emergency WASH hardware (infrastructure rehabilitation and construction) activities.</p>	<ul style="list-style-type: none"> • Minor repairs will be done of 20 water points used for public consumption in affected communities. • 40 institutional latrines will be built or rehabilitated • Institutional latrines will be disinfected over a period of three months, by request or need. • The RDRT will be deployed to provide technical and coordination support to the National Society, both in the field and at the national level. • Rehabilitation of up to 100 strategic water points/pumps

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
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<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"> • District health management teams will be engaged and provided with support. • Key equipment for future outbreak will be prepositioned. • Two people from each of the ten branches will be trained on ECV. • The development and revision of branch and community response plans will be supported. • A Red Cross radio show will be created, as well as an SMS system that will allow the national society to respond quickly to future threats. • 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. • Conduct national disaster response team training (NDRT)
<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"> • 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. • An exit strategy will be developed on the mobilised fleet and central warehouse • A logistic workshop will be organized.
<p>A well coordinated response with shared plans, resources, and reports leading to effective epidemic control.</p>	<ul style="list-style-type: none"> • The progress of the program will continue to be reported on regularly. • Coordination meetings will be regularly attended by team members, in all districts.

Logistics

For the duration of the operation IFRC and SLRC will rent a warehouse to manage and track items being used for the CTC, water sanitation and hygiene activities. In addition to this we will work closely with SLRC with regard to the local procurement and supply of construction materials for emergency water and sanitation rehabilitation and construction activities. If need be there is the option to draw down further NFIs or other stock items from the IFRC Las Palmas warehouse. Six vehicles will be provided by the Global Fleet base for the operations under the Vehicle Rental Program (VRP).

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

Outputs (expected results)	Activities planned
<p>The operation is logistically well supported in their emergency activities.</p> <p>The warehouse containing ERU materials and other items purchased for the ongoing response is well managed</p>	<ul style="list-style-type: none"> • Purchase construction and NFI materials in a fair and transparent manner • Set up and manage the warehouse facility in Freetown. Build capacity within SLRC staff with regards to good practice in warehouse management. • Order items from IFRC Las Palmas if need be

<p>Capacities of logistics staff within SLRC is developed.</p> <p>Well managed and inventoried handover process of ERU's.</p>	<ul style="list-style-type: none"> • Further assess the needs in the field to inform programming • Actively collaborate with all parties in executing ERU handover process
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Communications – Advocacy and Public information

Maintaining a steady flow of timely and accurate information between the field and other major stakeholders is vital for fundraising, advocacy and maintaining the profile of emergency operations. During an operation, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, is an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency.

The communications activities outlined in this appeal are aimed at supporting the SLRCS to improve their communications capacities and develop appropriate communications tools and products to support effective operations. These activities are closely coordinated with the Communications department of the IFRC's Secretariat in Geneva. A detailed communications plan of action is forthcoming.

Capacity of the National Society

The SLRCS has extensive experience in community mobilization and hygiene awareness activities. The Sierra Leone Red Cross Society has been involved in the implementation of a long-term community-based health (CBHP) program in all districts in the country and active volunteers are already in place. During the initial outbreak in March, the National Society trained and mobilized 300 Red Cross volunteers and 280 community volunteers from within the affected communities to assist in social mobilization activities. Some of these 778 volunteers mentioned above have already been trained and will receive refresher training, while others will be new to the operation. The SLRCS has a branch in each of the 14 districts in the country, with a total number of 3,776 active volunteers (2011 data). The New SLRCS Act, replacing the previous legislation dating from 1962, was passed on 22 August 2012 enhances the status and reinforces the SLRCS auxiliary role 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-country. A multi-sectoral FACT is in-country and reporting directly to the Regional Representative for Africa West Coast. Two RDRTs have also been sent to provide support to the ongoing implementation of this response. The IFRC is now recruiting four delegate positions to replace the outgoing FACT and to support the operation for the coming three months – an operations manager and a health, water & sanitation and logistics delegate.

The Regional Representative for Africa West Coast will provide direct support to the SLRCS and IFRC 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 Regional Representation) and the IFRC Africa zone office in Nairobi.

Budget summary

See attached budget (Annex 1) for details.

Jagan Chapagain
Acting Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

Contact information

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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 (NGO's) 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.

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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.

International Federation of Red Cross and Red Crescent Societies

BUDGET SUMMARY

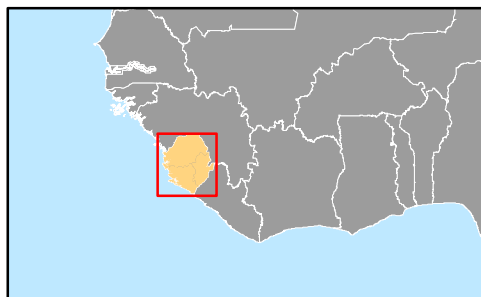
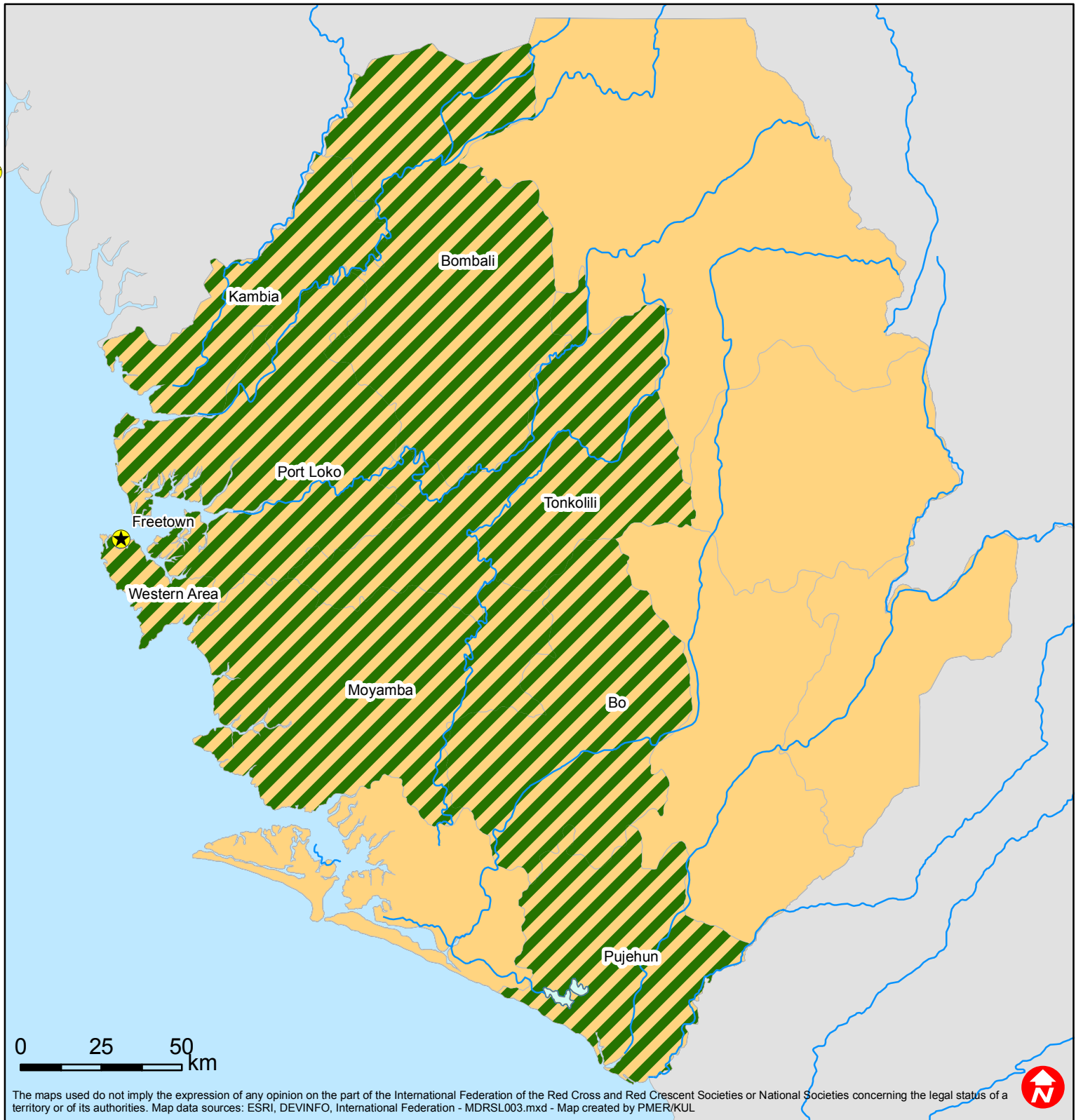
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Sierra Leone: Cholera Epidemic (MDRSL003)

Budget Group	Multilateral Response	Inter-Agency Shelter Coordination	Coordinated Support (ERUs)	TOTAL BUDGET CHF
Shelter - Relief	1,000			1,000
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities / Infrastructure				0
Construction - Materials	13,340			13,340
Clothing & Textiles	0			0
Food				0
Seeds & Plants	0			0
Water & Sanitation	389,590			389,590
Medical & First Aid	14,960			14,960
Teaching Materials	9,300			9,300
Utensils & Tools	20,000			20,000
Other Supplies & Services & Cash Disbursements	44,000			44,000
ERU (Emergency Response Units)			1,389,250	1,389,250
Total Supplies	492,190	0	1,389,250	1,881,440
Land & Buildings				0
Vehicles	0			0
Computer & Telecom	8,420			8,420
Off/House Equip-Audiovisual Equipment	2,550			2,550
Office/Household Furniture & Equipment	0			0
Medical Equipment	50,000			50,000
Other Machinery & Equipment	0			0
Total Land, vehicles & equipment	60,970	0	0	60,970
Storage	15,000			15,000
Distribution & Monitoring	2,000			2,000
Transport & Vehicle Costs	44,084			44,084
Total Transport & Storage	61,084	0	0	61,084
International Staff	229,000			229,000
Regionally Deployed Staff	0			0
National Staff	0			0
National Society Staff	25,575			25,575
Volunteers	27,532			27,532
Consultants	15,000			15,000
Total Personnel	297,107	0	0	297,107
Workshops & Training	105,000			105,000
Total Workshops & Training	105,000	0	0	105,000
Travel	115,429			115,429
Information & Public Relation	30,120			30,120
Office Costs	5,050			5,050
Communications	27,900			27,900
Professional Fees				0
Financial Charges	5,000			5,000
Other General Expenses	76,000			76,000
Total General Expenditure	259,499	0	0	259,499
Cash Transfers to National Societies	0			0
Cash Transfers to 3rd parties				0
Total Contributions & Transfers	0	0	0	0
Program Support	82,930	0	0	82,930
Total Programme Support	82,930	0	0	82,930
Services & Recoveries				0
Shared Services				0
Total Services	0	0	0	0
TOTAL BUDGET	1,358,780	0	1,389,250	2,748,030
Available Resources				
Multilateral Contributions	0			0
ERUs contributions	0		1,389,250	1,389,250
TOTAL AVAILABLE RESOURCES	0	0	1,389,250	1,389,250
NET EMERGENCY APPEAL NEEDS	1,358,780	0	0	1,358,780



Sierra Leone: Epidemic



-  Capital
-  Affected areas