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Emergency Plan of Action Final Report

Sierra Leone: Ebola Virus Disease (EVD) Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal: n° MDRSL005	GLIDE n° EP-2014-000039-SLE
EPoA update: Final report	Timeframe covered by this update: June 2014 to June 2018
Operation start date: 26 June 2014	Operation end date: 30 June 2018
Overall operation budget: CHF 60,159,969	Emergency Appeal: CHF 64,388,116
Operation Manager (responsible for this EPoA) Younos Abdul Karim Overall responsible for implementation, monitoring and reporting and compliances of the operation	National Society contact: Kpawuru Sandy Secretary General Sierra Leone Red Cross Society
N° of people being assisted: 6.3 ¹ million	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC), British, Finnish, Swedish, and Icelandic Red Cross.	
Other partner organizations actively involved in the operation: Ministry of Health and Sanitation, Ministry of Social Welfare, Ministry of Agriculture, UNDP, Japanese Government, WHO	

Summary of major revisions made to emergency plan of action:

The Emergency Appeal (EA) MDRSL005 was launched in June 2014 for 880,000 Swiss francs to support the Ebola response in shelter, health and care, food security and Livelihood, WATSAN, DRR and national society capacity building. Eight further revisions to the EA were made; the first revision was done in July 2014 for 1.36m Swiss francs. The second revision done in September and October 2014 for 12.85m Swiss francs, followed by third revision for 41.1m Swiss francs. The EA was further revised in March and June 2015 for 56.8m Swiss francs, followed by Appeal revision n° 5 for 95.0m Swiss francs to extend from emergency to recovery phase. The final two revisions were made in April 2016 and July 2017 seeking a total of 90.5m Swiss francs and 64.3 m Swiss francs for 6.3m people respectively.

The different revisions to the EA enabled IFRC to support SLRCS both during response and in meeting the immediate recovery needs of communities and individuals most affected by Ebola, and to support their transition to resilient communities. The extension ensured successful completion of some remaining activities. The key focus of capacity building were finance and logistics management strengthening, that enable SLRCS be in a better position to efficiently and effectively deliver programs. Finance management strengthening activities was based on the finance capacity assessment conducted in February 2017. Finance management strengthening was supported by the British Red Cross, as they have a well-established in country delegation and commitment to longer-term presence in Sierra Leone.



The extension period provided the opportunity to SLRCS/IFRC to successfully complete the construction of the two warehouses in Bo and Freetown, that enhanced SLRCS' logistics capacity.

¹ End of Ebola report, May 2018

The greatest milestone during the extension was the opportunity for SLRCS/IFRC to successfully complete the construction of the two warehouses in Bo and Waterloo towns. This has given the SLRCS the capacity to preposition both non-food items and Ebola response stocks at strategic locations within the country, allowing them to respond to emergencies in a faster and more efficient manner.

This operation closed with total expenditure of CHF58,280,413 which represent 91% of the total appeal budget and 97% of the total income.

As per the financial report attach, this operation closed with a balance of CHF1,932,239, available balance for country operation plan is CHF1,872,394 after the outstanding pledge of CHF59,935 will be written-off.

The International Federation seeks approval from its donors to reallocate this balance to the Ebola Virus Disease (EVD) Outbreak to support Sierra Leone Operational Plan focused on Disaster Risk Reduction and Livelihood Strengthening programs including Cash Transfers to vulnerable groups and support to Sierra Leone Red Cross-National Society transformation plan. Partners/donors who have any questions in regard to this balance are kindly requested to contact Mr. Younos Abdul Karim, Head of Country Office (younos.karim@ifrc.org) within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

Details of allocation breakdown to country operational plan (CoP) of 2018/2019 are presented below:

1. CHF500,000 to be allocated to the ongoing 2018 CoP of Sierra Leone which is focused on Disaster Risk Reduction.
2. CHF1,372,394 to be allocated to 2019 COP of Sierra Leone with the following planning:
 - CHF400,000 to Disaster Risk Reduction and Livelihood Strengthening including Cash Transfers to vulnerable groups.
 - CHF600,000 to the Sierra Leone Transformation Plan which is a wide-ranging plan to improve the governance and management, quality, impact and efficiency of the Sierra Leone Red Cross Society thereby strengthening its humanitarian impact nationally.
 - CHF372,394 will go to strengthening IFRC Sierra Leone Country operations including Monitoring and Reporting, effective risk management and internal controls, HR strengthening and salaries.

Appeal history and background:

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|--|--|
| <input type="radio"/> March - April 2014: | Ebola outbreak first detected in Guinea; National Ebola Task Force established in Sierra Leone. |
| <input type="radio"/> May 2014: | First Ebola case reported in Sierra Leone near the border with Guinea. |
| <input type="radio"/> June 2014: | Emergency Appeal launched for 880,000 Swiss francs. |
| <input type="radio"/> July 2014: | IFRC Appeal revision n° 1 issued for 1.36m Swiss francs. |
| <input type="radio"/> September and October 2014: | Appeal revision n° 2 for 12.85m Swiss francs, followed by revision n° 3 for 41.1m Swiss francs. |
| <input type="radio"/> March and June 2015: | Appeal revision n° 4 for 56.8m Swiss francs, followed by Appeal revision n° 5 for 95.0m Swiss francs to extend from emergency to recovery phase. |
| <input type="radio"/> April 2016: | Appeal revision n° 6 for 90.5m Swiss francs for recovery activities. |
| <input type="radio"/> July 2017: | The revised Emergency Appeal n° 7 is launched on 4 th of July 2017 seeking a total of 64.3 million Swiss francs for 6.3m people.
The Emergency Appeal is extended to 30 of June 2018 |
| <input type="radio"/> November 2017: | This final report captures all achievements of the Ebola response operation |
| <input type="radio"/> October 2018: | This final report captures all achievements of the Ebola response operation |

A. Situation analysis

Description of the disaster

The Ebola virus diseases (EVD) was first detected in Sierra Leone in May 2014 in Kailahun District and was introduced into the eastern part of the country from Guinea. The diseases spread westward, and by December 2014, all the 14 districts in Sierra Leone had reported cases of the disease.

As the outbreak spread across the country, the response became more coordinated and more elaborate that resulted in halting spread of the outbreak completely. The operation targeted households in all district with preference on the extent of confirmed cases and impact, as well as the response capacity of the National Society.

Among other activities, response tools at communities, branch and national level have been established to support communities prepare and response against epidemics and other disasters. A total of 2,160 people including RC volunteers have been trained and equipped in emergency response. In addition, 2 National Disaster Response Team (NDRT)s and 7 District Disaster Response Teams (DDRT) have been formed to be deployed for potential disaster emergencies. At the district level, 420 District Disaster Management Committee (DDMC) members have been trained on contingency planning. Following training, 7 District contingency plans have been developed. As part of community disaster preparedness, 120 people have been trained on early warning and 7 simulation exercises on contingency plans were conducted. To strengthen collaboration with neighboring National Societies, SLRC has held 3 cross border information exchange visits.

The roll-out of CBS was key in the detection of and prompt response to disease outbreaks in the communities including measles and other notifiable disease and has strengthened the existing health care system.

Psychosocial support programming has led to improvement in the psychosocial wellbeing of the volunteers, staff and communities that were affected by the EVD outbreak, as confirmed by PSS needs and capacity assessment conducted in March 2017 in 5 districts. For various training, 3,600 people attended Community Based Health (CBH) meetings, 980 volunteers participated in Community Based Psychosocial Support (CBPSS) training. In addition, 200 volunteers were involved national immunization campaign. To facilitate psychosocial support, a nationwide working group of 45 focal points have been established.

The IFRC Country Office in Sierra Leone provides coordination and facilitation with movement partners with an interest in supporting the humanitarian efforts of the SLRCS through bilateral and multilateral meetings. In operational aspects, the IFRC supported the SLRCS Programme and Disaster Management Department with coordination, information consolidation, reporting, and other technical support.

Overview of Host National Society and Movement Partners

The Sierra Leone Red Cross Society (SLRCS) is a “nationwide society of members and volunteers empowered by the difference they make in the lives of vulnerable communities in partnership with our stakeholders”. The SLRCS was established in July 1962 by the Government of Sierra Leone by an Act of Parliament.

SLRCS played crucial role in the massive government and multi-agency response to the Ebola outbreak during the emergency phase that resulted in halting the outbreak in November 2015, when Sierra Leone was declared Ebola-free. The importance of SLRCS’ contribution to the response was widely recognized. SLRCS with support from IFRC and partners, embarked on an early recovery programme and commenced transition activities to long-term programming.

The National Society has organizational structures at the national and regional/district level organized around departments managing programmes and support units, finance, logistics and procurement and resource mobilisation. This has been instrumental in planning, coordination and implementation of the nationwide preparedness and response activities, as well as long-term community-based health and disaster management (DM) programmes. The society has developed a corps volunteers supporting DM, health, PSS, social mobilization and contact tracing. The strengthened human resource base owing to the response will be instrumental in preparedness and response to future outbreaks, as well as support to other long-term organisational activities.

Overview of Red Cross Red Crescent Movement in country

Until the Ebola outbreak, the IFRC did not have representation in Sierra Leone and was supporting SLRCS through the IFRC West Coast Cluster Office in Cote d’Ivoire. Following the Ebola outbreak, an IFRC presence was established in Sierra Leone to provide operational support to SLRCS. The IFRC has a small team of international delegates and national staff assisting the National Society to respond to the needs of vulnerable communities in

the aftermath of the outbreak. IFRC is supporting the National Society in key technical areas and is also contributing to strengthening the organisational capacity of SLRCS.

SLRCS will continue to receive support from the British Red Cross, which has established a presence in-country supporting CBHP and DM activities, as well as organisational development, finance management development, PMEAL and program management. This will be invaluable in strengthening the NS's capacity in serving vulnerable communities in Sierra Leone.

SLRCS is also receiving support from other partner National Societies including the, Swedish, Finnish and Kenyan RCS and from ICRC.

Overview of non-RC / RC actors in country

The IFRC and SLRCS have been collaborating with many organizations including UNDP, in the recently concluded project supporting the reintegration of SLRCS volunteers that were involved in the EVD response. The IFRC also received support for its recovery activities from the Japanese Government for food security and livelihoods project in 4 districts. SLRCS worked closely with several government ministries including the Ministry of Health and Sanitation, in implementation of community-based health (CBH), and community-based surveillance (CBS) and the Ministry of Social Welfare, Gender and Children's Affairs in psychosocial support programming. It also collaborates with Ministry of Agriculture in implementation of food security and livelihoods projects. The Office of National Security has been instrumental in the coordination of disaster management activities.

Needs analysis and scenario planning

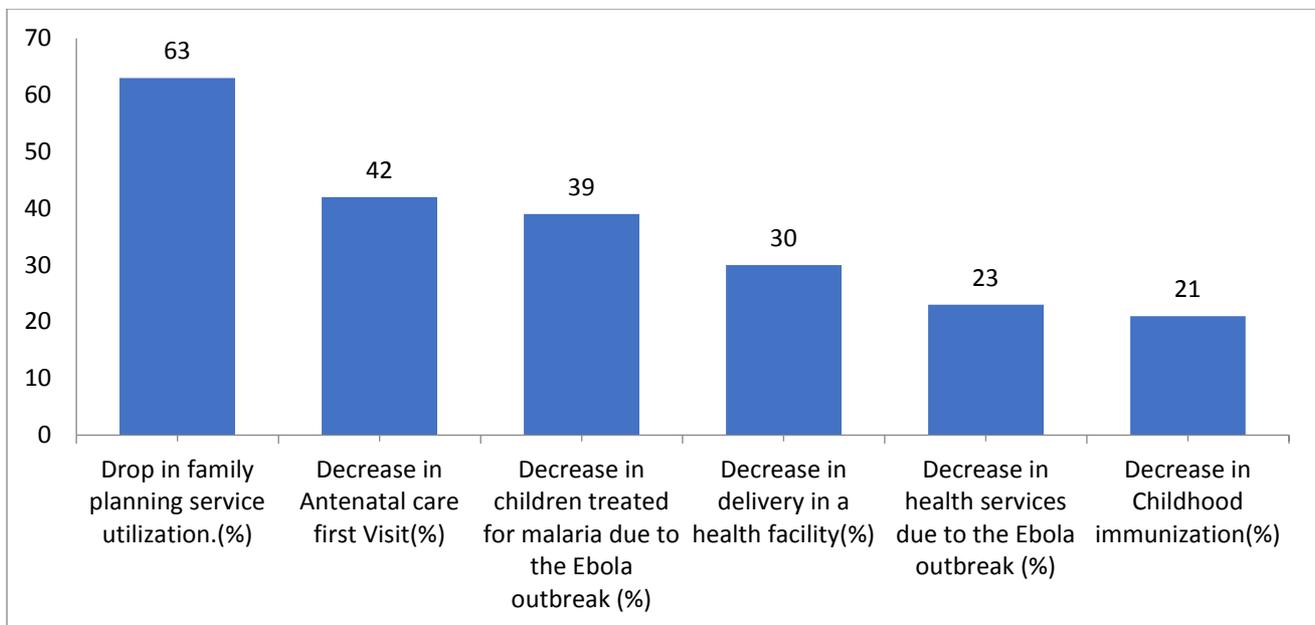
Needs analysis

Sierra Leone is rated as a country with low human development, ranking amongst the ten lowest countries in the world (*UNDP Human Development Report 2015*). Health indicators in the country are particularly poor. The infant mortality rate is 107 per 1000 live births, the highest in the world (*State of the World's Children 2015*). Life expectancy at birth is 46 years.

Several factors contribute to these poor health indicators. Only 60% of the population has access to a safe drinking water source and only 13% use improved sanitation facilities. Food insecurity is also an important factor contributing to these poor health data. Child nutrition problems are widespread, with 21% of children being underweight and 45% stunted. Sierra Leone is highly dependent on food imports, with 80% of its food being imported. Only 15% of available farmland in the country is used for food production. In 2011, it was estimated that 2.5 million people were food insecure (45% of population). 374,000 people (6.5% of population) were considered to be severely food insecure. Food insecurity increases sharply during the lean season (June to August). Poverty is pervasive, with more than six out of ten people in the eastern and northern regions living on less than one Euro a day.

Low levels of education also contribute to poor health. Three-quarters of children do not enroll in primary school at the correct age. Two-thirds of women aged 15-49 and half of men aged 15-49 have no formal education. Thirty-five percent of women and 52% of men are literate.

From February 2015 to March 2015, an IFRC Recovery Rapid Assessment Team (RRAT) was deployed to Sierra Leone. The initial planning of recovery activities was based on the RRAT assessment findings. The findings of the assessment indicated a particularly serious impact of the EVD outbreak on the health of the population. According to a household survey by UNDP, in response to the Ebola outbreak, 43% of respondents changed the place where they seek medical advice. Twenty-four percent indicated a reluctance to use health facilities because the normal facility was no longer operational. Twenty-six said they had lost trust in their facility and 22% applied self-medication, either through the purchase of drugs in pharmacies (18%) or using herbs (4%). The impact on utilization of services for mother and child health care can be seen in following figures.



Ebola Virus Disease caused a huge loss of the gains made in the country's health-care services, especially on the flagship Free Healthcare Initiative introduced by the government in April 2010 for pregnant women, lactating mothers and children under five years of age. Before the epidemic, infant mortality rates had declined from 128 deaths per 1000 births in 2008 to 92 deaths in 2013. The utilization of Maternal Health Services was also greatly affected, with a decrease in antenatal and postnatal check-ups. Deliveries at health facilities and family planning services were severely affected.

Immunization services have been adversely affected by the EVD outbreak, leading to a low immunization status of children. Some of the main causes are the disruption of routine immunization at the Peripheral Health Units (PHU), the EVD focus of health care workers and delayed National Immunization Days (NIDs). As per the Demographic and Health Survey 2013, 58% of children between 12 and 23 months received all recommended vaccines in 2013. A decrease of 21% in childhood vaccinations has been documented due to EVD.

Nutrition programmes in many PHUs were halted due to EVD. Prior to the EVD outbreak, 35% of PHUs provided outpatient therapeutic feeding programmes. The health and nutrition sectors experienced a range of direct and indirect effects as a result of the epidemic, with the potential to reverse recent progress.

The EVD outbreak has also had a major impact on food security and livelihoods. The outbreak occurred at a crucial period in the agricultural season for rice and other important food crops. Many farmers were unable to complete key, time-critical agricultural activities, such as harvesting and crop maintenance. Rice farming is labour intensive. Traditionally, a group of people gather together to conduct the farming work, receiving food or cash in return. The restrictions on gathering and movement, together with the death of community members, disrupted this local labour system. Rice production reduced in Kailahun by 17% and 50% in Port Loko / Bombali. In general, reduction of food production due to EVD was around 10%. Household income from alternative sources declined, causing weak household purchasing power and limiting food access of poor households reliant on market purchases to meet basic needs. Most severely affected were those households directly impacted by EVD and poor, non-agricultural households residing in zones strongly affected by EVD. There has been a reduction in household dietary diversity and on the number of meals eaten per day.

Sierra Leone had begun the process of strengthening its DM system when the EVD epidemic began. The Government of Sierra Leone's (GoSL) Disaster Management Department (DMD) was installing district and chiefdom level Disaster Management Committees (DMC), leaving five districts and nine chiefdoms without DMCs by 2014. Due to the EVD outbreak the process halted. The outbreak also impacted on DMD activities, such as the establishment of warehouses and volunteer groups in various parts of the country, the appointment of disaster risk management focal persons in ministries and agencies and the mapping of hazards, vulnerabilities and capacities, among other strategies to strengthen the response system. The rapid spread of Ebola highlighted the need to have adequate early warning and emergency response mechanisms for epidemics in place.

Defining the needs of vulnerable communities in the post-EVD environment is challenging. Massive disruption was caused to the lives of many people, but there was limited data available through which programme priorities could be determined. The data obtained by the RRAT in 2015 provided valuable insights into the needs of Ebola-affected communities. The IFRC took into consideration these evolving changes and needs while still maintaining existing commitments to communities. This resulted in some changes in priorities, both in terms of activities and targeted individuals and communities. Some of the core activities undertaken given the changing situation included PSS needs and capacity assessment conducted to identify the long-term recovery /development needs of those most

affected by Ebola outbreak. Key findings of the assessment were that most of individuals, communities affected by Ebola had recuperated and returned to their normal lives and this was attributable to natural recovery over time as well as interventions put in place. The assessment however, noted the unmet PSS needs not directly related to the outbreak. This could be addressed through integration of PSS activities in SLRCS long term programs in Disaster Management and CBH.

At the same time SLRCS built on its experience of delivering effective support to vulnerable communities in key programme areas of health, WATSAN food security and livelihoods, and disaster risk reduction. The activities undertaken in 2017 aimed to re-establish SLRCS' core activities, ensuring that support to vulnerable communities is consistent, providing the durable support they require, so that positive changes within vulnerable communities can be sustained. The intervention areas were also informed by the auxiliary role SLRCS play to local authorities and its contribution to the long-term development programs across the 14 districts.

The SLRCS sustained these relationships with communities, and authorities in preparedness, response, recovery and long-term programs.

Beneficiary selection

While the EVD operation had a national focus due to the country-wide risk of EVD, assessments and information provided by the Government health, officials have highlighted the specific needs of high-risk groups, which have informed the plan of action. These groups include those with extreme vulnerabilities as well as opinion leaders, including EVD patients, survivors and their families, orphans and vulnerable children, youth and women's groups and associations, health workers, schools, religious and traditional healer leaders, and Red Cross volunteers.

In Sierra Leone, Ebola put already vulnerable groups such as women, children, the older generation, people with disabilities and orphans at greater risk due to the disruption of traditions, social systems and restrictions of movement. Concerns have also been raised that response and treatment options were not tailored for vulnerable groups, for example few facilities accepted pregnant women and there were none for people with disabilities.

The need for a prioritized gender specific approach within the Ebola response emerges as a clear theme in many reports. Women were disproportionately affected by the Ebola outbreak as the morbidity and mortality figures indicate. As a result, the recovery plan will give special attention to women and women's groups. To date, Government health authority's reports indicate that 59% of the people affected by the EVD are women. The health workers affected have been mainly women as they are the ones that care for their sick family members and relatives. They are also the ones that care for the body of the person that has died, which is highly infectious.

B. Operational strategy and plan

Overall Objective

To support government in the fight against Ebola and to provide timely and appropriate disaster recovery assistance to affected populations in Sierra Leone through the restoration and improvement of their livelihoods, support to strengthen individual and community health systems, community resilience and access to basic services until June 2018. This program strengthened the operational and institutional capacity of SLRCS.

Proposed strategy

The strategy of the EVD Recovery Appeal document (revision No. 6) was based on the revised Ebola Strategic Framework, that had identified the following five outcomes:

- 1) The epidemic is stopped.
- 2) The National Society has better Ebola preparedness and stronger long-term capacities.
- 3) IFRC operations are well coordinated.
- 4) Safe and dignified burials (SDB) are effectively carried out by all actors.
- 5) Recovery of community life and livelihoods.

The first outcome was met, with the epidemic being declared over by the in November 2015 and therefore there was no need for safe and dignified burials and the SLRCS teams were demobilized. The current revised appeal strategy (revision No. 7) focused on the following issues:

1. Restoring and strengthening the livelihoods of Ebola-affected communities.
2. Building the resilience of vulnerable communities.
3. Increasing the access of Ebola-affected communities to appropriate health services.
4. Supporting communities to respond to their psychosocial needs.
5. Strengthening SLRCS's capacity to support community-based disaster risk reduction, response and preparedness.

6. Strengthening volunteer development.
7. Strengthening the leadership and management of SLRCS, particularly in key areas such as finance management, logistics and procurement.

Operational support services

Human resources

Overall responsibility for timely implementation, financial management and reporting was led by the Head of Country Office. In response to the EVD epidemic needs for response capacity, the IFRC was quick to mobilize the surge capacity required to enhance planning, coordination and implementation and to deploy essential equipment and materials. This included vehicles, water and sanitation supplies, shelter materials, medical equipment and medicines. The capacity of SLRCS has been strengthened further through dedicated support to improve branch infrastructure and equipment and support systems including IT and tele-communications.

Given the recovery challenges facing communities and the capacities available within the national society, the IFRC Country Office has ensured that relevant technical delegates are available to support SLRCS in the implementation of planned recovery activities. The recovery operation was supported by technical delegates in food security and livelihoods, finance and administration and logistics.

SLRCS has been supported to integrate the recovery activities into their core programmes under established departments within the National Society. Health related activities such as Community based Surveillance (CBS), WASH and CBHP were implemented by the health department, DRR activities were implemented by the Disaster Management department and food security and livelihood activities implemented through the existing humanitarian values and livelihood department.

In each of the districts involved in the response, there were trained volunteers in social mobilization and community mobilization/education, contact tracing and surveillance, psychosocial support and SDB. During the response phase of the EVD epidemic, SLRCS mobilized and trained over 2,000 volunteers in 13 operational areas. These volunteers were involved in the recovery activities whenever needed, to ensure volunteer retention and utilization of the capacities developed during the response.

Logistics and supply chain

During the response phase, IFRC established a robust supply chain to deliver all protective equipment supplies, to secure an uninterrupted supply chain and to effectively support the logistics needs of the operation. IFRC Global Logistics Service (GLS) played a key role in ensuring secured constant supplies for the ETCs, for the SDB teams and the other pillar support functions.

The IFRC continued their support to the NS in the recovery operation and strengthen its capacity in fleet management, procurement, warehousing and import processes. A detailed capacity enhancement of SLRCS' logistics and procurement team has been developed.

Security

The IFRC Security Unit in Geneva and Regional Security Coordinator in Nairobi worked closely with the IFRC Country Office to monitor the security situation and provide support when required. Regular security reviews were conducted to identify security risks and challenges and review risk mitigation strategies outlined in the current security guidelines.

Planning, Monitoring, Evaluation, and Reporting (PMER)

The performance of the operation was monitored through a robust system of accountability and reporting. Emphasis was placed on tracking the progress of outputs to inform operational planning and decision making. The SLRCS PMER structures at branch level was enhanced, contributing to staff and volunteers collecting viable data, that was timely and trusted. PMER delegates supported the National Society to use data collection tools effectively, including real time mobile data collection and to improve data management.

The IFRC worked in close coordination with British RC to ensure that baseline information was collected at sector levels to develop and implement needs-based programmes. In addition, IFRC in coordination with partners carried out joint mid-term and final evaluation exercises and lessons learned workshop, to assess policy adherence, relevance and appropriateness, efficiency, effectiveness and connectedness of the emergency operation. Other assessments, such as the Knowledge, Attitude and Practice (KAP) surveys, were continued at sector level and regular reporting was maintained.

Administration and Finance

Financial resource management was according to the SLRCS regulations and IFRC guidelines. The National Society's financial procedures were applied to justify expenditure and completed in IFRC formats. To enhance

financial management and analysis, financial management software was installed, and key staff were trained to use the software in an effective and efficient manner.

C. DETAILED OPERATIONAL PLAN

 Health People reached: 6.3 million people being supported Male: Female:		
Outcome 1.1 Community based health: The immediate and medium-term health needs of targeted communities are met through enhanced capacity in Community Based Health Programme (CBHP) and improved access to health and care.		
Output 1.1.1 Strengthened capacity of branches, volunteers and community to implement CBH activities.		
Indicators	Target	Actual
CHBP Planning, Monitoring, Evaluation and Reporting tools updated and reviewed	1	1
CBHP PMER tools pretested and reviewed	1	1
Number of communities who participated in baseline survey in five districts	25	20
Number of staff trained as ToT in five districts in infection prevention and control (IPC) using community-based health and first aid (CBHFA) and epidemic control for volunteers	20	20
Number of volunteers trained on IPC using CBHFA and ECV approaches in five Districts	1,250	1,250
Number of volunteers from 14 branches trained on IPC	280	31
Number of staff at District and HQs trained on Kobo tool box	30	0
Output 1.1.2 Social Mobilization campaigns efficiently and effectively carried out in target communities.		
Indicators	Target	Actual
Number of volunteers provided with IEC materials on CBHFA and ECV to branches and communities	1,250	1,250
Roll out CBHFA and ECV approaches in 25 communities in five branches. Number of communities reached through CBHFA and ECV approaches in five branches	25	25
Number of households reached through awareness campaigns through house to house visits by community-based volunteers and other means of communication in support of the national immunization day campaigns in May, June and July	31,250	31,250
Number of monitoring and supervision to branches and communities conducted	4	4
Midterm and end term evaluation survey conducted to evaluate the progress and impact of activities	1	1
Number of volunteers surveyed regarding health facilities, communities and water sources	280	280
Output 1.1.3 Revitalize existing community health clubs – fathers, mothers and Youth Peer Educator clubs to help in promoting safer and healthy communities.		
Indicators	Target	Actual
Number of mothers who participated in annual mother's congress	90	90
Number of community health groups (Mother, Father, etc.) that participates in CBH meetings	3,600	2,520
Number of focus groups discussions and consultations at chiefdom and district level conducted to sensitize on community-based surveillance priority disease/events	11	11
Number of volunteers who participate in monthly community meetings to support CBS activities	2,000	2,000
Number of monitoring evaluation and learning including regular checks conducted to ensure the information provided is reaching target audience and is relevant.	14	14
Number of volunteers from five branches trained on First Aid and Disaster Management	50	54

Annual mothers congress organized	1	1
Number of volunteers that provide support to Ministry of Health and Sanitation during national immunization days	200	200
Number of regular collaborative meetings held with District Health Management Team (DHTM)	12	7
Number of monthly joint field visits with DHMT.	12	8
Number of weekly reports completed and shared with the Public Health Unit (PHU) Officers-in-charge.	12	9
Number of monitoring and supervision of volunteers to ensure proper reporting.	12	7

Achievement

The transition of emergency response to NS society core activities that commenced in 2017 includes CBS as part of the CBHP. This merged the activities conducted in community health clubs that focused on preventive and promotive health in reproductive maternal and child health activities.

Community based surveillance was one of the key priorities under the MoHS and evolved from community event surveillance undertaken during the emergency response, where SLRCS had been supporting the GoSL in three districts of Koinadugu, Bonthe and Port Loko. Its implementation was successful in controlling the Ebola outbreak, as other partners supported in other districts of Sierra Leone.

As an essential tool of detecting outbreaks and providing an early warning system, the MoHS increased the number of events that are being monitored in CBS to include Acute Flaccid Paralysis (Polio), acute watery diarrhea, measles, neonatal tetanus, Guinea worm, maternal death, neonatal death, cluster of deaths, suspected Ebola and Yellow Fever. These changes made it essential to undertake sensitization sessions at the chiefdom level.

The roll-out of CBS has been instrumental in early detection of disease outbreaks and has thus contributed to a strengthened surveillance system, both at the community and facility levels in the three districts. The report published by US Center for Disease Control and Prevention, showed Sierra Leone's Integrated Disease Surveillance and response has been strengthened, based on a review conducted between November 2015 – September 2016. This indicated that Sierra Leone's disease reporting increased from 35% to 96% of health facilities reporting weekly data. This shows significant gains attributed to the role out of CBS, as an integral component of integrated diseases surveillance and response (IDSR). The result also depicts improved coordination with all stakeholders at the community, facility and district levels in surveillance and reporting.

26 volunteers and 5 staff received training on WATSAN/IPC specialized training. The training covered key aspect of WASH including vector control and how to prevent infection during any kind of emergency. The training strengthened the national society technical skills and knowledge more specific in Water and Sanitation emergency response equipment, Hygiene promotion, infection prevention and control, dead body management, assessment/plan of action in the community and/or in any setup facilities.

Challenge

Training for staff at District and HQs were not conducted on Kobo tool box due to lack of capacity by then. This has however been added to the DOP as the PMER unit now has the capacity to conduct the training both at HQ and branch level.

Outcome 1.2 Psychosocial interventions have contributed to enhanced psychosocial wellbeing of targeted communities.

Output 1.2.1 The Psychosocial interventions with a gender and diversity perspective designed based on the post-EVD needs.

Indicators	Target	Actual
Three-year PSS strategic plan developed	1	1
Number of master trainees/supervisors recruited, trained and supervised	5	5
Number of SLRCS volunteers who participated in baseline assessments including a Psychosocial First Aid (PFA) survey	1,200	1,200
Number of SLRCS volunteers who participated in baseline qualitative assessments and sensitizations	1,200	1,200
Number of PSS volunteers reached through Community Based Psychosocial Support refresher training at branch level	980	980
Number of PSS officers provided with refresher training, capacity building and including supervision	40	40
Number of branch managers/supervisors provided with CBPSS and "caring for volunteers" trainings.	40	40
Number of supervisors, PSS officers, PSS coaches trained as ToT of CBPSS	45	70
Number of SLRCS volunteers trained in stress management and coping skills	2,000	2,000

Number of SLRCS volunteers supported	2,000	2,000
Number of volunteers who underwent evaluation of skills retraining and reintegration programme	2,000	1,300
Number of EVD SLRCS volunteers provided with reskilling support	2,000	1,300
Number of PSS officers and CAR centre advocates provided with Sex and Gender Based Violence training	60	60
Conduct listening skills study to get at core belief of communities	105	50
Number of PSS coaches recruited and trained	14	14
Number of Nation-wide working groups of PSS focal points formed	45	45
Number of volunteers supplied to 140 Kiosks including education materials	280	280
Number of community-based PSS and Children Resilience ToT training conducted	1	1
Number of training of staff and volunteers on CBPSS and children resilience conducted	5	5
Number of people trained on SGBV and violence prevention/protection	120	120
Output 1.2.2 Psychosocial interventions provided to survivors, families staff and volunteers and orphans and other vulnerable children.		
Indicators	Target	Actual
Number of people put in CBPSS groups at branch level	70	70
Number of survivors and their families, staff, volunteers, orphans and vulnerable children provided with CBPSS activities	420,000	420,000
Number of volunteers at branch level trained on CBPSS	980	980
Number of PS focal points who participate in annual nation-wide Focal Point Meeting	45	45
Number of people provided with survivor kit	1,500	1,500
Number of survivors reached by CBPSS volunteer groups through house to house visits	4,000	4,000
Number of survivors, orphans and SGBV victims provided support through Child Advocacy and Rehabilitation (CAR) centre programmes	1,600	1,600
Number of people supported through established nation-wide referral system for specialized care (mental service, child care facilities, child protection measure)	420,000	420,000
Conduct monitoring and supervision once every month	1	1
Number of people 50% of whom should be women involved in football and volleyball competition organized by SLRCS	1,300	1,300
Procure recreational and PS materials.	1,300	1,300
Number of groups consisting of children, youths, families/ foster families supported with quality PS daily activities in Red Cross friendly spaces	8	8
Number of quarterly radio discussions organized in target branches	2	2
Number of monitoring and supervision visits to operational branches	6	6
<p>Progress towards outcome A PSS capacity needs assessment conducted in February 2017 in five targeted districts provided insight on the prevailing PSS needs and recommendations for long-term PSS interventions. The assessment showed that most of the communities had recuperated and returned to their normal lives, supported by interventions that had been put in place and natural recovery over time. At the same time, there were unmet PSS needs not necessarily related to the Ebola outbreak, including gender-based violence. This could be addressed through program integration with other traditional activities of the national society in community-based health and DM. Some of the capacities created within the national society during the reporting year include:</p> <p>CBPSS training for 980 volunteers and staff The training on CBPSS enabled the volunteers from each district to do community resource and capacity mapping, that aided in identifying gaps and vulnerabilities in their communities. The mapping exercise will be useful in strengthening ownership of response efforts in the event of a future crisis. The training also enhanced the volunteers' understanding on the needs of vulnerable groups, concepts of child protection and elements of psychosocial needs mapping.</p> <p>Training on referral system to specialized mental health services for PSS coaches, Field Health Officers & Mental Health Nurses The training addressed the role each participant plays in provision of mental health and psycho-social support services, based on the professional and legal role each has. The result of the training was also the creation of common mental health referral and follow-up tools for use by the districts. Attention during the training was</p>		

drawn to the Interagency Standing Committee (IASC) guidelines for provision of mental health and psychosocial support (MHPSS) in emergency settings, that resulted in the establishment of a coordination mechanism between the three referral systems (protection, health and mental health).

Coping skills and stress management training - ToT training for 70 (39 female and 31 male) social mobilization, contact tracing and psychosocial support volunteers

The training was conducted between the 22-28 March 2017 and imparted skills and knowledge on coping and stress management to the volunteers. The training is envisaged to improve the volunteers' abilities to cope with stress, not only for their benefit, but also for their families, communities and the country at large. The training was also useful in increasing the human resources with deeper understanding of coping skills and stress management necessary in addressing psychosocial support needs in the event of future crises, as well as creating individual, community and organizational resilience.

Violence prevention and concepts of peace building training

Training on violence prevention and peace building concepts for 120 (71 females and 49 males) SLRCS staff and volunteers across the 14 branches was conducted between 18-29 April 2017. The training strengthened the National Society's capacity to prevent, mitigate and respond to any form of violence. The training emphasized various forms of interpersonal and self-directed violence and how to recognize and address them in a comprehensive manner, to create safe environments. Violence is a health, social, justice, legal, spiritual, economic, cultural, community-development and human rights problem and in most occasions, is passively inflicted, creating catastrophic consequences on individuals, families, communities and the country at large. The training provided a basis for addressing the issue through establishment of prevention teams in each of the districts, that oversee violence prevention initiatives within their jurisdictions.

The training also provided an opportunity to the volunteers and staff to learn about conflict resolution mechanisms that will enable them to sustain personal and professional relationships. The training will go a long way to creating safe working environments for communities and the country at large and thus foster social, political and economic progress.

Water, sanitation and hygiene

People reached: People reached: 6.3 million people being supported

Male:

Female:



Outcome 1.4 Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Output 1.4.1 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Indicators:	Target	Actual
Needs assessment conducted in which hygiene issues are defined and capacity assessed to address the problem	1	1
Target groups including key messages and methods of communicating with beneficiaries (mass media and interpersonal communication) selected	Appropriate mass media communication	Radio in the box was largely used, followed closely by radio talk shows where call-ins were made during Red Cross Show
Number of communities and schools provided with print and adapted promotional materials for sanitation and hand washing	180	180
Number of people who participated in global hand washing day	280	230
Number of WASH committees trained in Participatory Hygiene and Sanitation Transformation (PHAST)	170	250
Number of teachers and students trained in Children's Hygiene and Sanitation (CHAST)	210	210
Number of community's groups implementing PHAST	120	120
Number of schools implementing CHAST	60	42
Number of Parent Teachers' Association trained on WASH.	100	100

Achievement:

There was bilateral support from British Red Cross largely for Wash, and Wash activities for purposes of better co-ordination, were dropped for BRC to implement. The WASH component of the operation was funded and implemented by BRC through its CBHP structure that exist in the national society.

**Livelihoods and basic needs****People reached: 8,250**

Male: 4,454

Female: 3,796

Outcome 1.8 Food production increased by twenty per cent in the target communities in eight districts (Kailahun, Pujehun, Tonkolili, Port Loko, Bombali, Moyamba, Kono and Western Area Rural) by 2017.

Output 1.8.1 Target families to be supported with food production selected and trained.

Indicators:	Target	Actual
Conduct detailed needs assessments/baseline survey to determine the actual needs of beneficiaries selected for the food production project in each of the eight districts	1	1
Train master farmers in general agriculture in collaboration with the Ministry of Agriculture on modern farming methods (100/district)	80	80

Achievement:

Eighty members (master trainers) of the 104 farmers' group were trained on general agriculture and community leadership topics and replicated their knowledge among group members. In addition, 100 Master Trainer volunteers were sensitized at eight focal secondary schools and communities, on prevailing risks in all the four-targeted project districts (Bombali, Kambia, Kono and Port Loko). The acquired skills from volunteer's master trainers enabled the interventions to reach many more families and students. The volunteers cascaded the skills learnt to school children and community members. As a result, 1,737 students (947 males, 762 females and 28 children), and 1,352 community members (680 Males, 561 females and 111 children) were sensitized in schools and communities respectively, on prevailing risks. Moreover, eighty community representatives (volunteers) were also trained on early warning systems for two days and have been able to use low-tech tools to set up simple and user-friendly early warning systems.

Output 1.8.2 Agricultural inputs and material provided to 800 target families in 2016 and 2017.

Indicators	Target	Actual
Stakeholders meeting on initiating project implementation organized	1	1
Rapid needs assessment and targeting beneficiaries in collaboration with stakeholders conducted	1	1
Beneficiaries registered	2,000	2,000
Number of Innovative lead farmers selected	280	80
Number of innovative lead farmers trained on improved agricultural practices	280	80
Number of farming groups organized out of the 2000 beneficiaries	80	80
Number of farm families that have been procured for seeds and tools in the eight districts	800	800
Number of seeds and tools distributed to selected farm families in 25 communities per district	800	800
Number of project monitoring meetings conducted with Programme staff and branch managers.	14	14

Achievement

Communities have experienced significant improvement in terms of their agricultural practices. Through various case studies conducted, community's members are now putting bigger pieces of land under cultivation of rice something that used not to happen. They have also organized themselves in groups which has enabled them to receive trainings and support from the government.

The project has delivered agricultural skills, inputs and livestock such as 2,946 bags of rice seeds, 2,128 sachets of vegetable seed, 7,440 hand tools and livestock of 2,000 goats to EVD affected community members, to protect and strengthen sustained livelihoods recovery.

Outcome 1.9 Communities in the four districts severely affected by EVD restore and enhance their quality of life with the assistance of livestock provided.

Output 1.9.1 EVD affected target beneficiaries provided with small animals (goats).

Indicators:	Target	Actual
Number of farmers groups of beneficiaries organized from 2000 beneficiaries	80	80
Number of goats procured for 80 farmers groups	2,000	2,000
Number of goats distributed to 80 farmers groups	2,000	2,000
Post-distribution utilization of goats by 80 farmers group monitored	80	80

Achievement

The communities have received support from the government in terms of treatment of their livestock. There is better productivity of the animals with better care that they are getting, and community changed attitude towards livestock and crop farming

Post distribution monitoring was done by MAFFS. This was because the farming groups were handed over to MAFFS who registered them as farmers association. Being registered gives them access to government agricultural grants, fertilizer, access to markets, etc.

Outcome 1.10 Vocational skills and knowledge of EVD survivors, orphans, teenage mothers and SLRCS volunteers engaged in the EVD response improved through training and capacity building strategies.

Output 1.10.2 Vocational skills training and/or productive assets to improve income sources are provided to target population.

Indicators	Target	Actual
Number of volunteers provided with training to enhance their business development skills	400	462
Number of business proposals selected and recognized as the best (provide seed money for establishment of micro-enterprises)	160	243
Number of volunteers trained on financial inclusiveness	1,300	1,256
Number of volunteers supported to undergo practical training and develop vocational skills	400	402
Number of volunteers provided with support to undertake formal education (resumption of tuition/school fees)	400	374

Achievement

The UNDP funded project supported a total of 374 volunteers to resume their studies in senior secondary school, technical and vocational educational training (TVET) centers and tertiary institutions after the EVD outbreak, through payment of one year's tuition fee and provision of educational support for reading and writing materials.

The total of 374 volunteers that resumed their studies have pursued West African Senior School Certificate Examinations (WASSCE), Higher Teachers Certificate (HTC), national diplomas, higher national diplomas, degree courses and masters' programs in various educational institutions across Sierra Leone. These volunteers will form a large human resource base for SLRCS and the country at large, based on their skill sets.



Disaster Risk Reduction

People reached²: People reached: 6.3 million people being supported

Specific Objective: To reduce the vulnerability of targeted communities to epidemics and other disasters through strengthened capacities and application of risk reduction preparedness and response measures.

Outcome 1.12: Community Event-Based Surveillance (CEBS) functional enabling effective early warning for epidemics and natural disasters.

² Reference to the counting people reached guidance

Output 1.12.1: CEBS established in five districts and key staff and volunteers trained		
Indicators:	Target	Actual
Number of participants trained (DM and Health) to identify, define and review CEBS triggers in health and natural hazards (EVD, cholera, measles, bush fire, floods, storms).	200	200
Number of SLRCS and IFRC who underwent master training on the use of Magpi for CEBS.	36	36
SLRCS Magpi database manager to coordinate all data collection, analysis and mapping activities recruited trained and deployed	1	1
Number of districts with CEBS implementation team	5	3
Data collection tools and protocols using Magpi for digital data collection and management developed	N/A	N/A
Reporting guidelines (booklets) for CEBS developed and printed	2,000	2,000
Number of schools with DRR education programmes	28	8
Output 1.12.2 SLRCS and community volunteers trained on CEBS.		
Indicators:	Target	Actual
Number of monthly district-level monitoring visits.	30	24
Number of quarterly headquarters monitoring visits to district.	9	6
Output 1.12.3: Establish and sensitize communities on early warning systems		
Indicators:	Target	Actual
Number of stakeholders who attend early warning workshop at National level	120	120
Number of awareness sessions on impending hazards through targeted messaging using TERA (mass messaging using SMS conducted.	30	28
Number of early warning/DRR forums where active participation was recorded	9	7
Number of exchange visits conducted to ensure information exchange between branches in cross-border areas (Guinea and Liberia)	3	3
<p>Achievements</p> <p>The roll out of CEBS commenced in 2015 with the aim of having a strong surveillance system at the community level, with a corresponding community level response to halt the spread of the epidemic. The strong surveillance system at the community level was supported by the mainstream Integrated Disease Surveillance and Response (IDSR) at the facility level (peripheral health units and Community health center), at the community, chiefdom and district levels. This significantly contributed to the control of the outbreak and strengthened the health care system in the three districts (Bonthe, Koinadugu and Port Loko) that had been assigned to SLRCS by Ebola Response consortium (ERC).</p> <p>The other districts planned for the role out of CEBS were Western Area Rural and Western Area Urban. The implementation in the two districts did not takes place, owing to recommendations that the MoHS and ERC increase the focus in districts that had limited access to facilities and detection of disease outbreaks.</p> <p>In 2016 and 2017, there was transition from CEBS to community-based surveillance (CBS) as an early warning system strategy, for both natural disasters and disease outbreaks. This was strengthened in the three districts in collaboration with Ministry of Health and Sanitation, office of National security and other stakeholders at the district, chiefdom and at the community level.</p> <p>CBS was deeply embedded in both the GoSL's recovery and long-term development goals, under the President's recovery priorities and the "Agenda for Change" development blueprint respectively. The national society will continue to support the GoSL, playing its auxiliary role in supporting community based programmes.</p> <p>The roll out of DRR components in 28 schools is underway as eight schools have been reached and the remaining schools will be completed during the extension period.</p> <p>Number of monthly visits conducted. Eighty-three percent (10/12) Monthly visits were conducted by the branches to the Chiefdoms. The branch teams in collaboration with the DSO conducted 10 chiefdom monthly visits in the two districts. The visits addressed some of the key challenges in project implementation with the chiefdom authorities</p> <p>In total 16 monitoring visits were conducted by the HQ project team during the year. Six of the missions included either SLRCS or IFRC Director of Programmes. These visits were either to respond to issues emanating from programme implementation or to help expedite the pace of implementation. None of the visits were directed by any</p>		

structured PMER plan. It is worthy of note that the initial target was not realistic and should have been revised during the year.

SLRCS hosted an early warning systems workshops with key stakeholders, including the Office of National Security and other partners, both at the district level and national level in 2016. This formed part of the sensitization process, to ensure all parties were conversant with the plans SLRCS was undertaking and formed part of the district disaster risk reduction plans.

This coordination with stakeholders and communities has overtime informed the dissemination of TERA messages of impending hazards to communities at risk, especially in Koinadugu, Pujehun and Bonthe district.

Cross-border coordination meetings with bordering district have also been fostered during response and recovery periods. Advocacy on increased collaboration in surveillance was discussed during the meetings of Mano River union that comprises of the three countries. Cross-border collaborations have also been fostered among the bordering districts in surveillance information exchange.

Outcome 1.13: Capacity of SLRCS staff and volunteers strengthened to effectively and efficiently undertake disaster preparedness, response and recovery interventions is improved.

Output 1.13.1: Established and trained disaster response teams

Indicators:	Target	Actual
Number of volunteers and staff in 7 targeted branches who are members of Branch Disaster Response Team	140	140
Number of BDRT members trained in disaster preparedness and response (incl. contingency planning, PSS and beneficiary communication).	140	140
Number of District Disaster Response Team members trained on response to epidemics and other disasters.	140	140
Number of staff and volunteers (health and DRR) trained on specialized NDRT	60	60
Number of community-based volunteers trained in disaster preparedness and first aid to form CBRT	2,160	2,160
Number NDRT members provided with refresher training once a year for 5 days	30	30
NDRT roster established and regularly updated	1	1
Number of trainings provided to volunteers for search and rescue at sea	1	0
Number of participants provided with specialized NDRT training	1	1
Training of CBDMCs in health disaster management especially for epidemic outbreaks (with CBHP).	30	30
Number of emergency response volunteers recruited, trained and appropriately equipped	2,160	2,160

Output 1.13.2: Contingency Plans (CP) developed at district and national level.

Indicators:	Target	Actual
Number of districts prone to common epidemics and disasters with CP	7	7
Number of District Disaster Management Committees (DDMCs) members from 7 District trained on CP	420	420
Number of community participants involved in simulation on contingency planning exercise	700	700
HQ contingency plan (especially for election) is updated and simulation exercise conducted	1	1
Contingency plans and early warning systems for epidemic outbreak for communities is developed	1	0
Contingency plans and early warning systems for flood-prone communities in three branches developed	1	0
Simulation exercise to practice activating contingency plan in communities with participation of stakeholders is conducted	1	0
Number of communities provided with DRR promotional IEC materials in three branches	30	30

Output 1.13.3: Emergency response materials strategically pre-positioned where they can be easily deployed in case of an emergency.

Indicators:	Target	Actual
Procure and preposition materials for health emergency response at SLRCS branches and HQ (e.g. water buckets, chlorine, gloves, burial kits with gowns and gloves).	14 kits	14

Achievement:

Branch disaster response teams were established and trained in the seven targeted districts of Kenema, Kailahun, Bo, Pujehun, Bombali, Koinadugu, and Western Area in 2016. The teams are effective and well established across the branches and have been responsible for the coordination of response and preparedness activities at the various branches.

SLRCS in collaboration with the Ministry of Tourism will be conducting tailored training sessions for volunteers and the boat operations team on search and rescue. This will support and enhance the existing collaboration between SLRCS and the tourism board on the safety measures and increase capacity in response to incidences along the beaches.

The pending activities not accomplished under the output have been included and will be implemented under the Development Operational Plan (DOP). and will significantly strengthen the DRR implementation through specialized training on NDRT and CBDMCs.

SLRCS has updated the contingency plans with support from ICRC, BRC and IFRC. This was useful in helping the national society in March 2018 elections.

Updating of contingency plans and simulation exercises for flood prone areas, as well as the setting up of early warning systems for disease outbreaks are all part of the DOP.

Outcome 1.14 DRR interventions reduce the risk of disaster and improve community resilience in targeted communities.

Output 1.14.1 The target communities are sensitized on risks and involved in their prevention.

Indicators:	Target	Actual
Detailed needs assessment/baseline survey to identify most at-risk communities to be targeted conducted	1	1
Number of districts with target communities provided with clean-up tools and materials	7	7
Number of flood prone communities supported to improve drainage and build containment walls	14	14
Number of branches provided with emergency response IEC materials	7	7
Number of weekly community sensitizations campaigns of risks carried out	112	112
Number of radio broadcast conducted in 7 districts	210	210
Number of TV broadcast/Media coverage in WU conducted	7	7
Number of schools where DRR educational programmes have been rolled out	42	42
Number of IEC materials and radio-TV public service announcement produced that carry out community sensitization campaigns of risk	504	504

Achievement:

Among key accomplishments include 112 weekly community clean up campaigns, people in 7 districts received disaster risk reduction messages through 210 radio broadcast and different types of 504 IEC materials, people at 14 communities have been benefited from small scale mitigation measures such as improved drainage systems and control walls and students and teachers in 42 schools were provided with educational programmes in DRR.

Strengthen National Society

Outcome 1.15 The quality and performance of National Society leadership (governance and management) improved at all levels of SLRCS structures.

Output 1.15.1 Training and meetings of the leadership held according to statutory requirement and capacity building needs.

Indicators:	Target	Actual
Number of weekly management meetings held	112	112
Number of branches that audit accounts were conducted	13	13
Number of Branch Development and Fundraising Planning Workshop conducted	2	2
Organize Number of Branch Governance Experience Sharing Meetings held	2	2
Number of Branch Monitoring Visits conducted	4	4
Number of volunteer guidelines updated	1	1
Duty and care protocols for volunteers with reference to lessons learnt form the EVD response reviewed	1	1

Bi-annual general assembly organized	1	1
Election of the Governing Board Executives organized	1	1
Number of meetings for 18 board and senior management staff held	8	4
Leadership training in collaboration with the Africa Governance Group facilitated	1	0
Number of Quarterly Branch Executive Statutory Meetings Supported	13	13
Number of youths trained on leadership	40	33

Achievement

There is increased interaction and technical support to the operational team by the leadership and management. This is credited to the regular management meetings where key operational issues are discussed, and challenges and gaps thereof addressed. In addition, the branch development and fund-raising workshop has equipped the branch leadership with technical skills in developing fund raising plan. This is most important in terms of the long-term sustainability of the SLRCS work and is in line with the African road map of strengthening branches as the center for resilience. It is also important to note that volunteers have played a critical role in the EVD response. The review of duty and care protocols for volunteers with reference to lessons learnt from EVD response has enhanced how SLRCS engages and better manage volunteers. Accountability mechanisms to donors and beneficiaries has improved due to regular audits for branch accounts. Critical to mention is the branch governance experience sharing meetings which has contributed in strengthening further accountability mechanisms.

Challenge

Time could not permit Leadership training in collaboration with Africa Governance Group facilitated to commence, this has however been made part of the CoP

Outcome 1.16 Mass base of the National Society i.e. membership increased and used as the major venue to reach the grassroots population.

Output 1.16.1 Membership recruitment drive enhanced at all levels of the society.

Indicators	Target	Actual
Number of monthly campaigns done to reactivate operation 10500 monthly to expand pool of fee-paying Red Cross members	12	12
Volunteers/membership database system established and maintained	1	1
Elections of branch executives organized	1	1
Number of volunteer youths organized in a youth camp	70	70
Number of National youth executive meetings organized	7	7
Elections of branch youth executives organized	1	1
Number of awareness campaigns conducted on RC principles and values	28	28

Output 1.16.2 Membership and volunteer recognition mechanism in place.

Indicators	Target	Actual
Rewarding and recognition mechanism and systems developed at all levels of SLRCS structure	1	1
Number of annual membership events organized to recognize members (World Red Cross Day)	1	1
Number of veteran Red Cross meetings organized	1	1
A national workshop to discuss volunteerism in Sierra Leone is organized and hosted by the RC.	1	1
MoUs are signed with relevant ministries concerning SLRCS programmes.	1	4 (ICRC, IFRC, BRC, FRC)

Achievement:

Due to the increased campaigns to reactivate operations membership has increased. The volunteers are also more rejuvenated and motivated to continue working because of various activities meant to bring them together such as youth camps. It is also critical to point out that youths have been involved in leadership through democratic exercise elections conducted at the branch level. This is in line with IFRC youth policy regarding youth and volunteer's engagement.

To date, there are four key MoUs/agreements with the NS, and one with the AfDB for Waste Disposal Management with the Freetown City Council.

Challenge:

At the peak of the response, there was a need to engage more volunteers to increase the capacity of SLRCS to respond in a timely and effective manner to the Ebola outbreak. Large numbers of those engaged were not traditional Red Cross volunteers; and were not familiar with the fundamental principles which occasionally resulted in lower standards of adherence to the fundamental principles and code of conduct of the RCRC Movement. Also, the

government of Sierra Leone at some point requested organizations to stop all burial activities, there were spirited demands by some newly recruited volunteers to be given benefits for their engagement period and some sought to cause trouble at the facilities of the national society especially in the provinces.

Outcome 1.17 The resource base of the National Society widened with more resources mobilized.

Output 1.17.1 Viable income generating activities for the National Society established.

Indicators	Target	Actual
Number of Guest Houses constructed/rehabilitated in 2016 – 2017	10	10
Number of warehouses constructed	2	2

Output 1.17.2 New and existing partnerships strengthened.

Indicators	Target	Actual
Number of partnerships developed and established within country	10	10
Number of project management committee established at HQs	1	1
Number of exchange visits for knowledge sharing organized	10	10
Number of people participating in Annual Partnership meeting	200	200
Number of workshops organized for skills sharing	4	4
Participated in Movement and partnerships forums	5	0
Assessed National Society capacity using Organizational Capacity Assessment and Certification (OCAC) tool.	1	1
SLRCS developed business plans for resource mobilization activities.	1	0
NS provided with support to plan and manage its partnership meeting	1	1

Achievement:

The context in Sierra Leone since 2014 when Ebola struck and 2017 when floods and mudslide hit the country have encouraged many partners to engage with the National Society. This could be attributed to the strength NS exhibited during the Ebola outbreak with the support of IFRC and sister societies.

Apart from movement partners, many other organisations have partnered with NS during these periods, like: UNDP, WHO, Chinese Embassy, construction companies, Foundations, etc.

However, where NS has scored a number of points on partnership have been with the line ministries we work with; notably, health and Social Welfare, Agriculture and Food security.

IFRC during the extension period supported in the completion of the construction of two warehouses in Bo and Waterloo.

IFRC and British RC Country team provided technical and financial support to NS for partnership meeting. Before this happens, NS organized a three-day planning meeting where also, all partners technical persons for the different programmes supported in the review and development of key NS documents for 2018.

Challenge:

While the resource base of the National Society was widened, its staff count, and operational costs also increased, and this presented a new challenge of right sizing the national society to a sustainable level during the Ebola recovery phase and beyond.

Outcome 1.18 Financial accountability strengthened by a new financial system integrated into the National Society.

Output 1.18.1. Financial management system strengthened.

Indicators	Target	Actual
National Society financial manual revised by July 2016	1	1
Internal audit policy developed	1	1
Standard procurement manual and procedure established by August 2016	1	1
Financial management training conducted	1	1
Number of quarterly internal Audit and Control conducted	10	1
External Audit conducted	1	1
Number of risk management workshops for senior management staff at headquarters conducted	60	60
Anti-fraud policy developed and rolled out	1	1

Finance management capacity assessment is undertaken	1	1
Finance management development plan of action is developed and implemented.	1	1
Output 1.18.2 Logistics structures built, and procedures strengthened.		
Indicators	Target	Actual
Number of manuals reviewed	4	4
Number of logistics quality control tools developed	4	4
Number of insurance policy provided for SLRCS assets.	3	3
Number of SLRCS offices renovated and quipped	14	14
Number of trainings conducted by IFRC to strengthen the logistics and capacity and capacity of the National Society	4	4
Three SLRCS warehouses are constructed in Waterloo, Bo and Makeni.	2	2
All IFRC emergency stocks are transferred to SLRCS.	1	0

Achievement:

The IFRC logistics technical person has supported the NS focal point in procurement and logistics. Till date, all IFRC quality control tools have been adapted for NS use.

Construction for the two warehouses in Bo and Western Area should be complete by June. The process into procuring the services of the consultant and contractor was led by IFRC through the committee of contracts set up to move procurement issues.

As soon as the warehouses are completed, all stock from the rented warehouses will be transferred to the NS warehouses and formerly handed over to the NS.

The financial capacity assessment conducted in February 2017 provided key areas within SLRCS that need to be strengthened. This was based on an external assessment conducted by consultancy firm, MANGO. Key areas of focus will be on financial management development, skills development and the development of policies, procedures and systems.

This will be a critical area of support the SLRCS during the extension period. BRC has an in-country finance development delegate and with support from the IFRC Finance and Admin Delegate, will support in implementation of the assessment recommendations.

During the response phase, IFRC established a robust supply chain to deliver all protective equipment supplies, to secure an uninterrupted supply chain and to effectively support the logistics needs of the operation. IFRC Logistics Procurement Supply Chain Management Unit (LPSCM) played a key role in ensuring constant supplies of quality items for the ETCs, for the SDB teams and the other pillar support functions.

The IFRC continued their support to the NS in the recovery operation and strengthened its capacity in fleet management, procurement, warehousing and import processes. A detailed capacity enhancement of SLRCS' logistics and procurement team has been developed.

In addition, IFRC supported the construction of two warehouses in Waterloo and Bo to be used to store both Non-Food Items and Ebola Response kits in case of future outbreaks.

IFRC emergency stock has not yet been transferred to the SLRCS. It will be done from November 2018 upon completion of transfer of all stock from rented warehouses to the newly built SLRCS Warehouse in Waterloo.

Challenge:

Outcome 1.19 PMER and beneficiary communication (Community Engagement and Accountability) systems, structures, tools and methodologies are strengthened in the National Society.

Output 1.19.1 PMER capacity improved at all levels of the organization.

Indicators	Target	Actual
Number of PMER guidelines and manuals disseminated	80	80
Reporting system for tracking reports due and evaluations developed	1	1
PMER training conducted	1	1
Number of quarterly planning and review workshop organized	4	4

Achievement:

There is considerable improvement in terms of data use for decision making and quality programming due to improvement in the M&E system. The planning process is more and more guided by the needs of the beneficiaries; strengthened by the monitoring and evaluation reports gathered by the M&E system and framework put in place. Case studies and field visits have been well structured, and reports fed back into programming to improve the quality of delivery of the interventions.

Challenge:

Before the response, there was no PMER unit within the NS. This was solved with the presence of a PMER IFRC Delegate in the country to capacitate NS staff. There was difficulty in getting data on KPI from the branches on key thematic areas due to the unavailability of internet at branches at the onset of the response, data was received from focal persons across the country using mobile phones.

Outcome 1.21 Improved human resource management system contributes to a sustainable and favourable work environment.

Output 1.21.1 The human resource recruitment and motivation system strengthened.

Indicators	Target	Actual
Human Resource (HR) policy updated	1	1
Staff satisfaction survey conducted	1	1
Orientation sessions organized for staff quarterly	2	2
Number of stress management sessions conducted	2	2
Number of training sessions for fraud and corruption conducted	2	2
Number of trainings conducted on general logistics, procedures and practices	4	4
Policy documents disseminated: HR, Staff handbook, code of conduct and performance appraisal	2	2
Number of insurance policies established and implemented	2	0
Number of refresher trainings on records management conducted	2	2
HR monitoring visits conducted	8	8

Achievement:

The staff survey has been important in getting concerns of staff addressed, identifying existing human resource gaps besides updating the HR policy. More productive human resource staff is expected over time once some of the recommendations following the survey is implemented. Some of the interventions that are already started including stress management sessions for staff as well as fraud and corruption training.

Challenge:

There were some delays in recruitment of expatriate staff that set back some operations slightly. Due to internet connectivity challenges within Sierra Leone some online systems were sometimes difficult to utilize such as the E-Travel and My HR.

Outcome 1.22 SLRCS' programmatic and operation objectives are supported.

Output 1.22.1 IFRC provides financial and technical support to SLRCS programmes and promotes good practice.

Indicators	Target	Actual
Technical support provided by IFRC to SLRCS in key technical areas including FSL and PSS.	2	2
IFRC provided funding for recovery activities based on agreed programme budgets.	12	12
Reviews of IFRC supported programmes indicate adherence to good practice.	1	1

Achievement:

IFRC has been providing technical support to SLRCS through its delegates for the key intervention streams in this appeal. These include PSS, Logistics and procurement, FLS, finance, etc. The recovery activities have been reviewed a number of times based on the agreed extension dates and budgets till June 2017.

Challenge:

There were delays in liquidation of funds received for activities implementation which in many cases delayed disbursement of funds. The capacity of the finance team was built to enhance early liquidation but was however associated with some inconsistent compliance. IFRC direct payment to service providers and the restriction on the disbursement of funds until working advances were returned helped solve the problem.

Quality programming		
Outcome 1: Outcome 1.23: Enhanced Capacity of SLRCS Programme team to monitor, evaluate and report on programme implementation in a timely fashion.		
Output 1.23.1: SLRCS programme delivery at branch level strengthened.		
Indicators:	Target	Actual
Number of joint SLRCS programmes/PMER/finance monitoring to branches conducted	12	6
Number of supportive supervisions by SLRCS HQ (programmes and finance) to branches conducted	12	4
Number of data quality verification visits to branches by PMER unit conducted	12	0
Output 1.23.2: Learning and adopting quality standards tools in SLRCS programmes increased.		
Indicators:	Target	Actual
Number of monthly/quarterly programme review meetings conducted	12	6
Number of community feedback meetings on programmes conducted	6	0
Number of joint mid-term and end-term evaluations exercises.	2	1
Number of lessons learned workshop	2	2
<p>Achievement:</p> <p>Programme quality was ensured through integrated approaches that involved monitoring, lessons learning workshop, spot checks and adherence to policy and guidelines in procurement processes. The monitoring approach included participatory discussions with beneficiary communities' members to get their views regarding the interventions and services provided by the Red Cross. Feedback from the beneficiaries were discussed and used to improve the quality of programme delivery and approaches. For instance, the EVD had a programme on improving the skills of the volunteers through vocational training. To enhance the quality of the skills and knowledge offered by the training institutions, the SLNRC and IFRC conducted spot check visits to the institutions to confirm the level of attendance of the beneficiaries and whether they were undertaking their courses. They also engaged with the institutions who provided the details of curriculum and attendance information during the monitoring visits.</p> <p>Two regional lessons learning workshops that brought together the three EVD affected countries (Sierra Leone, Liberia and Guinea) were conducted with the aim of leveraging on cross border learning. The lessons learnings were significant in improving the programme implementation as SLNRC was able to acquire best practices and learning that it continues to employ in its EVD programming.</p> <p>In terms of ensuring quality in services provided, SLNRC used IFRC procurement policy and guidelines which emphasized transparency, accountability and value for money. Additionally, there was a strong procurement committee in place to support with the process. It is also important to note that clear communication and clarification was provided regarding the interventions provided to the beneficiaries for purposes of accountability and transparency.</p> <p>Meetings for community feedback on programmes conducted were not held. However, this is added to the CoP as the priority areas to address to get community feedback on programme delivery.</p> <p>Challenge:</p> <p>A lot of impromptu external partners/thematic pillar meetings were called needing SLRCS/IFRC representation, this in many cases resulted in the absence of key players for internal review meetings leading in some cases to postponements.</p> <p>There was no community engagement and accountability structure at the national society during the response which limited the aspect of providing feedback to beneficiaries during the response. This structure was however developed and is now available and functional.</p>		

D. The budget/ expenditure variance

Interim financial report is annexed

CoP has been revised focusing on national society operational and institutional capacity strengthening, community resilience activities such as Community Epidemic and Preparedness Programme (CP3), livelihood diversifications in the form of small entrepreneurship and skill development, disaster risk reduction activities related to contingency planning, community based early warning systems, disaster response tools i.e. national

disaster response team. In addition, activities were not covered under Emergency Appeals EVD and mudslides operation will be supported through CoP. The Strategies for Implementation (SFI) includes following activities-

1. Strengthen the governance and management structures of NS through organized trainings
2. Improve the financial accounting and management systems at HQ and branch level
3. Strengthen the human resource and record management system
4. Increase NS capacity for organizational development through OCAC and BOCA
5. Develop a new strategic plan for 2019-23 and an operational plan for 2019
6. Revise and update policies of the Society
7. Improve staff capacity in key areas of the NS
8. Improve the resource mobilisation capacity of the NS
9. Organize the Society's profiling activities
10. Strengthen SLRCS Management Information System

The COP of July to December 2018 targets 63,000 people (indirect 406,000 people) to benefit from areas of interventions and SFIs for 6 months. It is anticipated that a number of activities planned are of a longer-term nature than 2018 and will spill over into 2019.

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

In the Sierra Leone Red Cross Society:

- Secretary General: Mr Constant Kargbo; email: ckargbo@sierraleoneredcross.org; phone: +232-795-175-19

IFRC Country Office:

- Younos Abdul Karim, Head of Country Office, email: younos.karim@ifrc.org phone: +232-792-368-09

IFRC office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org,
- Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270 | Mob +254 (0) 731067286, email: khaled.masud@ifrc.org

In IFRC Geneva :

- Antoine Belair, Operations Coordinator (Americas and Africa Regions), Tel. +41 22 730 4281, Mob. +41 79 708 3149; Email antoine.belair@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Kentaro Nagazumi, Head of Partnership and Resource Development, Nairobi, email: kentaro.nagazumi@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit :** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email. fiona.gatere@ifrc.org; phone: +254 780 771 139

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 Humanitarian 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.

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			60,159,969			60,159,969	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross			1,308,722			1,308,722	
Australian Red Cross			212,745			212,745	
Bill & Melinda Gates Foundation			1,053,418			1,053,418	
British Red Cross			502,693			502,693	
British Red Cross (from British Government*)			22,599,634			22,599,634	
British Red Cross (from Children's Investment Fund Foundation*)			1,765,139			1,765,139	
British Red Cross (from DEC (Disasters Emergency Committee)*)			1,270,399			1,270,399	
Czech Government			130,033			130,033	
European Commission - DG ECHO			996,437			996,437	
FIATA-Intl Fed Freight Forwarders Assoc.			12,584			12,584	
Finnish Red Cross			24,406			24,406	
Finnish Red Cross (from Finnish Government*)			266,936			266,936	
French Red Cross			88			88	
French Red Cross (from Total*)			179,569			179,569	
Icelandic Red Cross			716,563			716,563	
Icelandic Red Cross (from Icelandic Government*)			196,360			196,360	
Italian Government Bilateral Emergency Fund (from Italian Government*)			1,203,910			1,203,910	
Japanese Government			1,907,100			1,907,100	
Japanese Red Cross Society			447,008			447,008	
KPMG Disaster Relief Fund			4,994			4,994	
KPMG International Cooperative(KPMG-I)			32,348			32,348	
Nethope INC.			45,673			45,673	
Norwegian Red Cross			71,892			71,892	
On Line donations (from Argentina - Private Donors*)			2			2	
On Line donations (from Australia - Private Donors*)			170			170	
On Line donations (from Austria - Private Donors*)			31			31	
On Line donations (from Azerbaijan Private Donors*)			5			5	
On Line donations (from Bahrain - Private Donors*)			115			115	
On Line donations (from Barbados - Private Donors*)			1			1	
On Line donations (from Belarus - Private Donors*)			3			3	
On Line donations (from Bermuda - Private Donors*)			42			42	
On Line donations (from Brazil - Private Donors*)			220			220	
On Line donations (from Brunei - Private Donors*)			2			2	
On Line donations (from Bulgaria - Private Donors*)			27			27	
On Line donations (from Canada - Private Donors*)			183			183	
On Line donations (from Chad - Private donors*)			1			1	
On Line donations (from Chile Private Donors*)			9			9	
On Line donations (from China - Private Donors*)			65			65	
On Line donations (from Colombia - Private Donors*)			11			11	
On Line donations (from Costa Rica - Private Donors*)			8			8	
On Line donations (from Cyprus - Private Donors*)			1			1	
On Line donations (from Czech private donors*)			14			14	
On Line donations (from Denmark - Private Donors*)			2			2	
On Line donations (from Dominican Republic - Private Donor*)			1			1	
On Line donations (from Ecuador - Private Donors*)			1			1	
On Line donations (from Egypt - Private Donors*)			94			94	
On Line donations (from Fiji Private Donors*)			1			1	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters			
Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		
All figures are in Swiss Francs (CHF)			
On Line donations (from Finland - Private Donors*)	2		2
On Line donations (from France - Private Donors*)	35		35
On Line donations (from Georgia Private Donors*)	4		4
On Line donations (from Germany - Private Donors*)	33		33
On Line donations (from Great Britain - Private Donors*)	353		353
On Line donations (from Greece - Private Donors*)	97		97
On Line donations (from Hong Kong - Private Donors*)	285		285
On Line donations (from Hungarian - Private Donors*)	34		34
On Line donations (from icelandic RC*)	2		2
On Line donations (from India - Private Donors*)	141		141
On Line donations (from Indonesia - Private Donors*)	36		36
On Line donations (from Ireland - Private Donors*)	47		47
On Line donations (from Israel - Private Donors*)	9		9
On Line donations (from Italy - Private Donors*)	39		39
On Line donations (from Japan - Private Donors*)	334		334
On Line donations (from Jordan - Private Donors*)	3		3
On Line donations (from Kazakhstan - Private Donors*)	2		2
On Line donations (from Kuwait - Private Donors*)	121		121
On Line donations (from Latvia - Private Donors*)	3		3
On Line donations (from Lebanese - Private Donors*)	19		19
On Line donations (from Lithuania- Private Donors*)	1		1
On Line donations (from Luxembourg - Private Donors*)	1		1
On Line donations (from Macao - Private donors*)	17		17
On Line donations (from Malaysia - Private Donors*)	97		97
On Line donations (from Malta - Private Donors*)	2		2
On Line donations (from Mexico - Private Donors*)	25		25
On Line donations (from Moldova, Republic Of - Private donors*)	1		1
On Line donations (from Namibia - Private Donors*)	1		1
On Line donations (from Nepal Private Donors*)	1		1
On Line donations (from Netherlands - Private Donors*)	14		14
On Line donations (from New Zealand - Private Donors*)	61		61
On Line donations (from Nigeria private donors*)	2		2
On Line donations (from Norway - Private Donors*)	128		128
On Line donations (from Oman - Private Donors*)	33		33
On Line donations (from Pakistan Private Donors*)	1		1
On Line donations (from Panama Private donors*)	10		10
On Line donations (from Peru - Private Donors*)	4		4
On Line donations (from Philippines - Private Donors*)	29		29
On Line donations (from Poland - Private Donors*)	24		24
On Line donations (from Portuguese - Private Donors*)	35		35
On Line donations (from Puerto Rico - Private donors*)	4		4
On Line donations (from Qatar Private Donors*)	161		161
On Line donations (from Republic of Korea - Private Donors*)	94		94
On Line donations (from Romania Private Donors*)	8		8
On Line donations (from Russia - Private Donors*)	38		38
On Line donations (from Saudi Arabia - Private Donors*)	164		164
On Line donations (from Serbia - Private Donors*)	1		1
On Line donations (from Sierra Leone - Private Donors*)	27		27
On Line donations (from Singapore - Private Donors*)	408		408
On Line donations (from Slovakia Private Donors*)	1		1

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Selected Parameters			
Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>On Line donations (from Slovenia - Private Donors*)</i>	1	1
<i>On Line donations (from South Africa - Private Donors*)</i>	26	26
<i>On Line donations (from Spain - Private Donors*)</i>	106	106
<i>On Line donations (from Sri Lanka - Private Donors*)</i>	33	33
<i>On Line donations (from Swedish - Private Donors*)</i>	137	137
<i>On Line donations (from Switzerland - Private Donors*)</i>	38	38
<i>On Line donations (from Syria Private Donors*)</i>	1	1
<i>On Line donations (from Taiwan - Private Donors*)</i>	148	148
<i>On Line donations (from Thailand - Private Donors*)</i>	90	90
<i>On Line donations (from Trinidad & Tobago - Private Donors*)</i>	10	10
<i>On Line donations (from Turkey - Private Donors*)</i>	16	16
<i>On Line donations (from Ukraine private donors*)</i>	8	8
<i>On Line donations (from Unidentified donor*)</i>	2	2
<i>On Line donations (from United Arab Emirates - Private Donors*)</i>	462	462
<i>On Line donations (from United States - Private Donors*)</i>	4,630	4,630
<i>On Line donations (from Uruguay - Private Donors*)</i>	1	1
<i>On Line donations (from Vietnam - Private Donors*)</i>	11	11
<i>Other</i>	-7,002	-7,002
<i>Red Crescent Society of the Islamic Republic of Iran</i>	10,000	10,000
<i>Red Cross of Monaco</i>	18,097	18,097
<i>Spanish Government</i>	3,872,916	3,872,916
<i>Spanish Red Cross</i>	284,955	284,955
<i>Swedish Red Cross</i>	1,268,464	1,268,464
<i>Swiss Red Cross</i>	308,943	308,943
<i>Swiss Red Cross (from Swiss Government*)</i>	1,700,000	1,700,000
<i>The Canadian Red Cross Society</i>	265,049	265,049
<i>The Canadian Red Cross Society (from Canadian Government*)</i>	923,182	923,182
<i>The Netherlands Red Cross</i>	74,329	74,329
<i>The Netherlands Red Cross (from Netherlands Government*)</i>	1,206,285	1,206,285
<i>The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)</i>	51,875	51,875
<i>Toyota Motor Corp.</i>	19,102	19,102
<i>UNDP - United Nations Development Programme</i>	1,425,634	1,425,634
<i>UNICEF - United Nations Children's Fund</i>	456,715	456,715
<i>United States Government - USAID</i>	12,440,860	12,440,860
C1. Cash contributions	59,277,778	59,277,784
Inkind Goods & Transport		
<i>British Red Cross</i>	100	100
<i>Finnish Red Cross</i>	204,488	204,488
<i>Spanish Red Cross</i>	14,040	14,040
<i>Swiss Red Cross</i>	127,872	127,872
<i>The Netherlands Red Cross</i>	58,436	58,436
C2. Inkind Goods & Transport	404,935	404,935
Inkind Personnel		
<i>Australian Red Cross</i>	36,973	36,973
<i>Austrian Red Cross</i>	7,600	7,600
<i>Belgian Red Cross (Francophone)</i>	7,600	7,600
<i>British Red Cross</i>	35,163	35,163
<i>Finnish Red Cross</i>	28,150	28,150
<i>German Red Cross</i>	32,641	32,641
<i>Italian Red Cross</i>	7,118	7,118
<i>New Zealand Red Cross</i>	85,053	85,053
<i>Norwegian Red Cross</i>	101,437	101,437
<i>Spanish Red Cross</i>	1,795	1,795
<i>Swedish Red Cross</i>	22,800	22,800

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Selected Parameters			
Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

<i>Swiss Red Cross</i>	24,293	24,293
<i>The Canadian Red Cross Society</i>	74,643	74,643
<i>The Netherlands Red Cross</i>	16,137	16,137
C3. Inkind Personnel	481,405	481,405
Other Income		
<i>Fundraising Fees</i>	-2,822	-2,822
<i>Sales</i>	5,867	5,867
<i>Services Fees</i>	10,870	10,870
<i>Sundry Income</i>	34,704	34,704
C4. Other Income	48,619	48,619
C. Total Income = SUM(C1..C4)	60,212,742	60,212,742
D. Total Funding = B + C	60,212,742	60,212,742

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			60,212,742			60,212,742	
E. Expenditure			-58,280,413			-58,280,413	
F. Closing Balance = (B + C + E)			1,932,329			1,932,329	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters

Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				60,159,969		60,159,969		
Relief items, Construction, Supplies								
Shelter - Relief	155,105			155,105		155,105	0	
Shelter - Transitional	41,730			41,730		41,730	0	
Construction - Facilities	3,073,483			1,080,008		1,080,008	1,993,475	
Construction Materials	354,127			354,127		354,127	0	
Clothing & Textiles	557,905			557,905		557,905	0	
Food	308,432			308,432		308,432	0	
Seeds & Plants	161,847			164,089		164,089	-2,243	
Water, Sanitation & Hygiene	1,061,778			1,064,280		1,064,280	-2,501	
Medical & First Aid	4,618,915			4,619,179		4,619,179	-263	
Teaching Materials	36,102			36,102		36,102	0	
Utensils & Tools	256,182			256,182		256,182	0	
Other Supplies & Services	362,703			362,703		362,703	0	
Cash Disbursement	204			204		204	0	
Total Relief items, Construction, Sup	10,988,514			9,000,046		9,000,046	1,988,468	
Land, vehicles & equipment								
Land & Buildings	1,498			1,498		1,498	0	
Vehicles	912,757			912,757		912,757	0	
Computers & Telecom	537,008			537,008		537,008	0	
Office & Household Equipment	235,534			235,534		235,534	0	
Others Machinery & Equipment	9,280			38,349		38,349	-29,069	
Total Land, vehicles & equipment	1,696,078			1,725,147		1,725,147	-29,069	
Logistics, Transport & Storage								
Storage	980,370			981,968		981,968	-1,598	
Distribution & Monitoring	3,009,929			3,009,929		3,009,929	0	
Transport & Vehicles Costs	6,297,362			6,302,545		6,302,545	-5,183	
Logistics Services	639,493			639,993		639,993	-500	
Total Logistics, Transport & Storage	10,927,153			10,934,435		10,934,435	-7,281	
Personnel								
International Staff	8,283,477			8,303,749		8,303,749	-20,272	
National Staff	284,567			249,295		249,295	35,271	
National Society Staff	6,783,092			6,853,073		6,853,073	-69,981	
Volunteers	9,925,503			9,925,761		9,925,761	-259	
Total Personnel	25,276,638			25,331,878		25,331,878	-55,240	
Consultants & Professional Fees								
Consultants	269,127			247,507		247,507	21,620	
Professional Fees	364,929			374,291		374,291	-9,362	
Total Consultants & Professional Fees	634,056			621,798		621,798	12,258	
Workshops & Training								
Workshops & Training	1,973,111			2,024,595		2,024,595	-51,484	
Total Workshops & Training	1,973,111			2,024,595		2,024,595	-51,484	
General Expenditure								
Travel	1,469,942			1,479,992		1,479,992	-10,050	
Information & Public Relations	1,233,175			1,185,123		1,185,123	48,051	
Office Costs	1,708,600			1,711,574		1,711,574	-2,974	
Communications	1,110,494			1,111,765		1,111,765	-1,271	
Financial Charges	-2,032,042			-2,047,651		-2,047,651	15,608	
Other General Expenses	92,990			92,990		92,990	0	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 30 Jun 18

Appeal Launch Date: 26 Jun 14

Final Report

Selected Parameters

Reporting Timeframe	2014/4-2018/9	Programme	MDRSL005
Budget Timeframe	2014/4-2018/9	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)				60,159,969		60,159,969		
Shared Office and Services Costs	417,776			420,565		420,565	-2,789	
Total General Expenditure	4,000,934			3,954,360		3,954,360	46,575	
Depreciation								
Depreciation and impairment	653,230			653,727		653,727	-497	
Total Depreciation	653,230			653,727		653,727	-497	
Contributions & Transfers								
Cash Transfers to 3rd Parties	59,388			59,388		59,388	0	
Total Contributions & Transfers	59,388			59,388		59,388	0	
Operational Provisions								
Operational Provisions	0						0	
Total Operational Provisions	0						0	
Indirect Costs								
Programme & Services Support Recove	3,475,490			3,495,460		3,495,460	-19,970	
Total Indirect Costs	3,475,490			3,495,460		3,495,460	-19,970	
Pledge Specific Costs								
Pledge Earmarking Fee	442,212			446,416		446,416	-4,204	
Pledge Reporting Fees	33,165			33,165		33,165	0	
Total Pledge Specific Costs	475,378			479,582		479,582	-4,204	
Operational Forecasting								
Operational forecasting	0						0	
Total Operational Forecasting	0						0	
TOTAL EXPENDITURE (D)	60,159,969			58,280,413		58,280,413	1,879,556	
VARIANCE (C - D)				1,879,556		1,879,556		