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# Emergency appeal

## Sierra Leone: Ebola Virus Disease

 International Federation  
of Red Cross and Red Crescent Societies

**Revised Emergency Appeal  
No. 3 (MDRSL005)**

Glide n° **EP-2014-000039-SLE**

**6.3 million people** to be assisted

**CHF 41.1m** Appeal budget

**CHF 1.2m** DREF allocated, including  
**CHF 1.0 million** for pre-financing of  
the **ERU**

Launched: June 2014

1<sup>st</sup> revision: July, 2014

2<sup>nd</sup> revision: September, 2014

Appeal timeframe: 15 months

End date: June, 2015

This revised Emergency Appeal seeks a total of **CHF 41.1m** (increased from CHF 12.9m) to enable the IFRC to support the **Sierra Leone Red Cross Society (SLRCS)** to respond to the worsening Ebola Virus Disease (EVD) outbreak for **6,348,350 people**. This revised Appeal represents a significant scaling up of SLRCS activities to conduct contact tracing, safe and dignified burials, social mobilisation, communications, and psychosocial support to **11** operational areas in **10** districts. It will extend the clinical case management component through the established Ebola Treatment Centre (ETC) in Kenema; increase physical resources such as vehicles, motorbikes and protective equipment; increase human resources (28 international staff, 97 national staff, and active 2,188 volunteers). Safe and dignified burial teams will be increased from **3** to **29** teams across the country. A beneficiary communications component includes use of mobile phone technology by Red Cross volunteers in data collection and reporting. The planned response reflects the current situation and information available at this point of the rapidly evolving operation, and will be adjusted based on further developments and more detailed assessments.

Details are available in the [Emergency Plan of Action \(EPoA\)](#).

## The disaster and the response to date

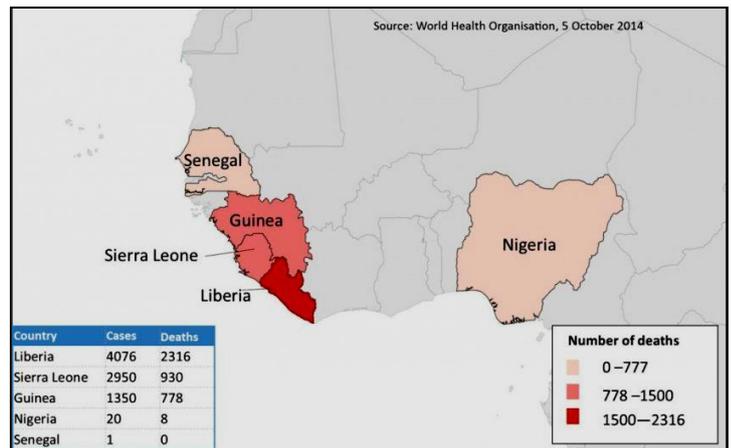
**March - April:** Ebola outbreak first detected in Guinea; Sierra Leone established National Ebola Task Force. IFRC 1<sup>st</sup> DREF allocation of CHF 113,217 for preparedness.

**26 May:** First ebola case reported in Sierra Leone near the border with Guinea, with rapid caseload spread as a result of the movement of health care workers.

**June:** IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); IFRC 2<sup>nd</sup> DREF allocation of CHF 114,119 and Emergency Appeal launched for CHF 880,000.

**July:** IFRC issues revised appeal for CHF 1.36m and deploys Emergency Response Units to establish the Ebola Treatment Centre in Kenema with extraordinary DREF allocation of CHF 1m.

**September - October:** with confirmed caseload spiralling out of control and twelve out of thirteen districts affected; IFRC issues revised appeal for CHF 12.85m. The IFRC ebola operation has achieved the following: 433 safe and dignified burials; 820 volunteers trained and active in the ebola operation; 17,470 contacts traced and followed up by the Red Cross volunteers; 1,352 houses and public facilities disinfected; 774,348 people reached through door to door social mobilization campaigns; 2,090 people received psychosocial support and re-integrated back to the community after treatment; 126 patients treated at the Red Cross treatment centre in Kenema; over 7 million SMS's on ebola prevention sent across the country; millions of people have been reached with ebola prevention and awareness through radio dramas and the weekly live one-hour radio call-in show for questions and



answers about Ebola; pre-positioning of personal protective equipment and related training on their proper use and disposal; Interagency coordination through the National Task Force.

## The operational strategy

**Overall objective:** Contribute to the reduction of mortality and morbidity related to the Ebola virus disease in Sierra Leone through awareness messaging, safe and dignified burials, contact tracing, social mobilization provide psychosocial support and case management/treatment to those affected.

**Proposed strategy:** The appeal strategy follows the agreed Ebola regional framework with activities developed to ensure a harmonised approach and collaboration around the key activities based on technical recommendations. Each pillar (listed below) is of equal importance and reliant on the others to be effective. One of the objectives of social mobilization is to encourage people to identify possible symptoms early, and present themselves to case management. With no case management, the impact of social mobilisation is limited, but the same can be said for the effectiveness of case management if no one is willing to present themselves to the health centre.

1. Community Engagement: Social mobilization, two-way beneficiary communication and sensitization
2. Safe and dignified Burial and Disinfection, formerly Dead Body Management (DBM)
3. Psychosocial Support (PSS): Re-entry and Social Re-integration into Society
4. Surveillance and Contact Tracing
5. Case management and Treatment

**Beneficiary selection:** In addition to having a national range, and based on the assessments carried out and indications provided by the Ministry of Health and Sanitation, the plan of action particularly targets high risks groups and opinion leaders. These groups are the same as in the previous appeals:

- Women's groups and associations
- Bike riders and drivers
- Schools
- Religious and traditional healer leaders
- Health workers
- Ebola patients

Special attention is given to women and women's groups since they are particularly vulnerable. To date, MoHS reports indicate that 59% of the people affected by EVD are women. The health workers affected have been mainly women and women are the ones that take care of 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 if not dealt properly with.



### Coordination and partnerships



The IFRC has established a regional Ebola response and preparedness coordination function through its Ebola Management Unit in Conakry, Guinea. The unit ensures outbreak-wide data collection and analysis, knowledge management, cross-border collaboration, resource mobilization, consistent effective preparedness and response and provides coordination at strategic level. The Sierra Leone Red Cross Society is a member the National Ebola Taskforce with the Ministry of Health, World Health Organization and NGO partners including Médecins Sans Frontières, Save the Children and Action Contre la Faim. It is also a member of the taskforces established at a district level and daily coordination meetings take place in Kailahun under joint MoHS/WHO leadership. Under the national taskforce are five pillars: laboratories and surveillance; case management, social mobilization, logistics and coordination. The same technical coordination structures have been established in Kailahun and each of these groups meet twice a week. Updates on the epidemiological situation are provided at the taskforce meetings and are also published on the Ministry of Health and Sanitation's Facebook page and the WHO Global Alert and Response website.

The overall IFRC response is coordinated from the IFRC Ebola coordination centre in Conakry where the IFRC head of emergency operation leads a programme support team in order to maintain a coordinated response in multiple countries following the same response strategy but adapted to specific contexts and National Society capacity, role and mandate.



## Health and care

**Outcome: Contribute to the reduction of mortality and morbidity related to the Ebola Virus Disease in Sierra Leone through community awareness and social mobilisation, contact tracing and surveillance, provision of psychosocial support, safe and dignified burials and case management to those affected.**

**Output 1: Community understanding, engagement, ownership and implementation of prevention and control measures is ensured through effective social mobilisation and two-way communication with beneficiaries, community leaders and religious leaders to prevent further transmission and control the outbreak.**

**Activities planned:**

Train 550 volunteers nation-wide in EVD signs, symptoms, prevention and referral mechanisms (50 social. mob volunteers per each of the identified locations)

Training/briefing on PHAST/CHAST and CBSC communications for social change (11 training sessions)

Identify/recruit and train community-based groups/teams (at least 5 groups per chiefdom.) in 113 chiefdoms in 10 districts

Build and Install 10 Red Cross information kiosks and hand washing station in 11 operation areas.

Conduct health promotion campaigns using house-to-house and street-to-street approach.

Organize child-to-child activities in targeted areas (production of games, kids t shirts, little radios etc.) in the 11 operational areas

Organize focus group discussions with the most vulnerable people in the operational areas

Organize mass sensitization and sanitation campaigns

Organize briefing and debriefing sessions for 550 volunteers on community-based awareness-raising, social mobilization and PSS (4 sessions in each of the 11 operational areas).

Produce 3,000 flash cards – PHAST pictures on Ebola and PHAST toolkits 10 sets per operational area

Re-production of 500 community HP T-shirts

Procurement of 1,130 hand washing stations. 10 stations with buckets, taps and kiosks per each of the 113 chiefdoms in the country.

Distribute social mobilization / hygiene promotion kits (chlorine, soap, back pack, hand sanitizer, megaphones and batteries to the chiefdoms

Organize regular Knowledge Attitude and Practices (KAP) survey.

Recruitment of 11 Branch Social mobilization Officers (11)

Establishment of nation-wide monitoring and reporting system to track implementation progress and inform operational planning.

**Output 2: To engage people and families in a meaningful dialogue to address stigma, dispel rumours or misperceptions of the disease, bury bodies safely and respectfully and highlight the importance of seeking early treatment and provide opportunities for communities to voice their say and ask questions using different communication mediums.**

**Activities planned:**

Establishment of one hour live interactive weekly Television program to be broadcast across SLBC footprint with a focus on gathering and responding to communities needs for information. ( 4 times per month)

Scaling up of current Radio activities to two weekly one hour interactive Radio Broadcasts across SLBC with a focus on gathering and responding to communities needs for information ( 4 times per month)

Establishment of IVR (pre-recorded information exchange) system in cooperation with Local Telecommunication providers to provide access to pre-recorded prevention and programmatic information relating to Ebola

Scale up the use of the TERA system to a set structure of targeted messaging and community feedback

Establish TERA on second Telecommunication network Africell in Sierra Leone

Train 470 volunteers in basic community engagement and beneficiary communications with a focus on the dissemination of Ebola information and feedback in all districts going (house-to-house) as well as document with mini-KAPS using RAMP/ODK

30 Short forums (2 per district) and engagement with “community resource oriented persons” Chiefs, traditional healers, teachers, soldiers and police, hunters, musicians, sport personalities etc. To build a team of leaders for communities to prevent Ebola and use as spokespersons on broadcast mediums Radio and TV.

Train Ben Comms field staff and volunteers in data collection RAMP/ODK to support DBM teams in information gathering and community engagement during DBM process.

Establish system of data and information collection from all BC activities to disseminate for use on broadcast mediums, SMS, IVR, management and operational teams to allow a clearer understanding of current community thoughts and understandings of Ebola (identify gaps)

Produce 5 minute radio dramas for broadcast on weekly SLRC Radio Broadcasts

Produce 20 x 15 minutes of audio recorded DRAMA series for distribution on CD to communities

Communication community field trips for TV/radio broadcast weekly gathering of audio and video programming

Media training and workshop with National media companies to discuss Humanitarian BC activities

Press briefings (if necessary)

One day sessions with Artists and musicians, film producers to discuss national Ebola strategy and how SLRC can work with these groups

Short Training in community engagement and beneficiary communications to all operational staff

Production of IEC materials print, billboards, wall murals,

Radio and TV production promotion materials for broadcast use

Audio and Video training for BC field staff

Bi weekly meeting – phone - Establish Regional network of BC practitioners in the Ebola affected countries

Procure 150 smart phones for ben comms volunteers
Recruitment of Branch Ben comm Officers (11)
Recruitment of Ben Com staff for the National Society HQ

**Output 3: Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials.**

**Activities planned**

Provide surge (specialized) vehicles for teams involved in activities related to Dead Body Management teams in the 11 operational areas (at least 1 pickup vehicle for burial, 1 for DBM volunteers and 1 community engagement activities per branch).
Specialized DMB training for 10 DBM team in Freetown
Perform safe burials of human remains in the 11 operational areas, including from the /Ebola Treatment Centre (ETC) and within communities in close collaboration with the Ministry of Health and Sanitation / District Health Management Teams.
Identify and train 11 national society DBM trainers
Establish coordination and clear referral mechanism with country health teams
Train 224 volunteers on Dead Body Management (transport of body, and disinfection /fumigation of dwellings (houses, toilets, kitchens, utensils and personal effects of affected families) the 11 operational areas.
Regular refresher training sessions (8 sessions), on the dressing and proper removal (best practices) of the PPE as well as disinfection every 6 weeks for DBM.
Procurement 900 DBM Starter kits and 1,800 replenishments kits.
Organize cross-border workshop on Dead Body Management.
Nutrition support for DBM volunteers (water and sandwich).
Medical support (multi-vitamins, and water).
Recruitment of a Dead Body Management Supervisor at headquarters.
Procure additional DBM materials (local procurement of rain boots, shovels, cutlasses, pick axes, chopping axes, duck tapes, converse ropes, hand sanitizers, jerry cans and buckets)
Conduct quality assurance check of DBM team by an external partner or supervisors.
Conduct regular DBM activity monitoring by the National Society and IFRC
Development of DBM Sop and IFRC guidelines on EVD cross border epidemics/Translation
Rented accommodation (room) for DBM Teams (11 districts). 1 room per operational area.
First aid training for all DBM volunteers
Recruitment of 11 Branch DBM Officers (11)
Recruitment of 11 DBM trainers for the National Society
Recruitment of National Society Dead Body Management Supervisor and trainer

**Output 4: Psychosocial support is provided to families and individuals affected by the epidemic with a sick person in the family or a deceased, including a survival kit (essential food and non-food).**

**Activities planned**

Train 400 volunteers in all the 11 operational areas districts that are following up contact in psychosocial first aid. Normal training cost
Provide psychosocial counselling to affected persons, family members, and volunteers.
Conduct community visits for mitigation and reduction of stigma and fear.
Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases.
Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and reassure communities.
Procurement and distribution of appropriate resettlement packages/survival kits for 2000 affected families. (orphans and children)
Real-Time review of post-traumatic stress disorders ( PTSD) risk factors for staff and volunteers in Ebola operation.
Recruitment of 11 Branch PSS Officers

**Output 5: In coordination with partner agencies, an effective alert investigation, community surveillance, and contact tracing system is implemented to ensure rapid referral and care**

**Activities planned:**

Train 330 volunteers in all the 11 branches for Surveillance and Contact Tracing of suspected, probable and confirmed cases (11 training sessions)
Undertake contact tracing and follow-up activities by volunteers in communities
Provision of mobile phones for CT volunteers
Recruitment of Branch 11 Contact Tracing Officers
Procurement of 30 infra-red thermometers for offices of the National Society.
Regular Reporting of CT

**Output 6: Provision of EVD clinical case management in areas reporting large amount of transmissions and lack of treatment facilities**

**Activities planned:**

Assessment and scoping mission
Initial Emergency Response Unit deployment
Construction of Ebola Treatment Centre in Kenema

Recruitment of management, technical and support staff
Mobilization of establishment materials and running supplies
Build and manage 60 bed ETC
Train 200 local staff to work safely in ETC
Procure medicines and personnel protective equipment
Establish pre deployment training course in Geneva for incoming specialists teams
Open recruitment internationally support
Establish data management system HMIS using RAMP and Redat
Implement full clinical care of suspected, probably and confirmed cases of Ebola (including DBM)
Provide discharge support for all patients from ETC
Engage in community outreach activities in support of coordination and prevention activities
Decommissioning and handover

<b>Output 7: The capacity of Sierra Leone Red Cross Society to manage Ebola virus disease outbreak response has been expanded and strengthened.</b>
<b>Activities planned:</b>
Recruitment of National Society Ebola staff at headquarters and Branches in the operational areas.
Identification and recruitment of SLRCS National Ebola Coordination at headquarters.
Recruitment of NS support staff (programme staff, warehouse/fleet, finance staff, security guards etc.)
Establishment of Monitoring Rapid Response (Mobile) Team (RRT) consisting of a doctor/nurse, DBM specialist, Contact Tracing specialist, and a driver.
Provision and transportation services (mini buses) for the transportation of NS headquarters staff to avoid public transport so as to minimise body contact.
Training of newly recruited national society staff from 6 operation areas (34 staff): <i>Bo, Bombali, Kailahun, Kenema, Port Loko, Western Area Rural and Urban.</i>
Training of additional recruited national society staff on Ebola response mechanisms and reporting for 4 more operational areas (16 staff): <i>Moyamba, Tonkolili, Pujehun and Kambia</i>
Capacity building in computer skills and reporting etc. (local training)
Provision of office equipment and materials for the operational areas (electricity supply, internet connectivity, stationery, etc.)
IT support for at least 11 operational areas plus headquarters (laptops and desk top computers, printers, photocopiers, digital cameras)
Refurbishment at national headquarters building (painting, electricity and plumber works, etc.)
Upgrading branch infrastructure (refurbishment work) at branches based on needs.
Improvement of national headquarters Emergency Operations Room (EOR) with internet facility, computers, printers, telephone hotlines, information and information dissemination, and updates on Ebola
Provision of complementary insurance covering local and international staff and volunteers involved in the Ebola operations.
International Federation insurance cover against accidents and injuries for 1,850 National Society volunteers for a period of one year.
Support to SLRCS participation in international Ebola trainings programmes and workshops, conferences and meetings. (flights tickets accommodation per diem)
Restoration / repairs of national headquarters and branch radio communication base stations equipment.
Volunteer recognition - ceremony and certificate award to all volunteers and staff involved in the Ebola operation

<b>Output 8: Mobilization and establishment of IFRC support functions and structures in Sierra Leone.</b>
<b>Activities planned:</b>
Recruitment of Delegates
IFRC technical support / monitoring visits
Regional Ebola Workshop Field Level
Develop SDB SoPs and IFRC guidelines on EVD cross border epidemics and their translation
Real- Time Evaluation of the Ebola operation in Sierra Leone
IFRC Office Set Up- HQ/Office Rent
Regional office, Zone and Geneva communication costs



## Programme support services

### Human Resources

The National Society has extended its response capacity to the Ebola operation, and therefore is severely overstretched. The current scale-up is targeted in clinical staff and logistics, in addition to needs initially proposed through the Emergency Appeal launched in June, including expansion of volunteer mobilization in education, awareness raising and social mobilization, contact tracing and surveillance, PSS support and dead body management, supervision of burials and disinfection of houses. In Sierra Leone, an organic chart has been developed to address the needs of both: the IFRC ETC in Kenema and the expanded activities in 6 districts. The human resources needed for long term operation are in place or are currently being recruited and the global tools emergency personnel will be phased out in the coming weeks. Details on the human resources of the operation are available in

the [Emergency Plan of Action \(EPoA\)](#). Related to human resources for Ebola response-wide coordination, support services, institutional learning, cross-border collaboration and programme guidance will be managed by the IFRC Ebola coordination function in Guinea under the IFRC Ebola coordination and preparedness appeal (MDR60002).

**Logistics and supply chain:** Global markets for essential items such as PPE, Chlorine and Body Bags are being depleted, and in order to avoid being compelled to use non-standard items, there is a need for IFRC to ensure that the logistics set up is in place to ensure that the operations can run without interrupted supplies, which would put RC staff and volunteers at risk. The Ebola logistics teams will be supported by Head of Zonal Logistics Unit based in Nairobi. Sierra Leone will have one logistics coordinator who will report to the Head of Operations (HeOPs) and a technical reporting line to the Head of ZLU in Nairobi. The logistics staffing includes the current Logistics ERU team. From October onwards, a new structure will be in place, with logistics personnel based in Freetown, Kenema, and Kailahun. A detailed and up-to-date mobilization table is established and available on the Federation's Disaster Management Information System (DMIS). All contributions must be coordinated with Dubai Global Logistics Service.

**Information Technologies:** Access to Internet goes from limited to non-existent in the affected regions and information flow between branches and headquarter is limited, with adverse effect on timely reporting. A local internet company has been identified to provide internet in all the six identified districts. Additionally, VSATs equipment have been installed in Kenema and Freetown operation hubs. The running costs of the internet service provision currently in place in Kailahun and planned to be installed in the other 11 operational areas will be covered through the Emergency Appeal for the remaining period of the operation. The appeal will also support costs for IT delegate, radio stations, TERA and other telecommunication needs for the Ebola operation.

**Communications:** The Sierra Leone Red Cross Society, with support from IFRC regional and zone communications, has been coordinating various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. A communication delegate has been recruited to support and increase the operation's profile who will ensure that key messages are updated, engage with media regarding the added value of Red Cross interventions, support the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, and provide the NS communication team with communication training and appropriate equipment.

**Security:** IFRC Africa Security Delegate and Security Unit in Geneva continue to work closely with our in country Operation Managers and support team in Geneva to monitor and support on security related matters. The Volunteer Security Booklet – "Volunteer Stay Safe" in English is being sent to the operations to ensure that all volunteers involved in the operation have access to the document to raise their security awareness. Although Security Guidelines are in place, there will need to be an in depth analysis of the different contingencies and challenges that could arise from various threats and changing context, such as disruptions in international travel, border closings and ad-hoc quarantine orders.

**Planning, monitoring, evaluation, and reporting (PMER):** The monitoring of the operation will be strengthened through establishment of a robust nation-wide monitoring and reporting system to track implementation progress and inform operational planning through continuous situation assessments. Sierra Leone Red Cross Society, in close cooperation with the IFRC will monitor the progress of the operation. The PMER delegate will support the NS to develop and use data collection tools including real time data collection using RAMP (mobile data collection), with two KAP surveys planned in 2015. In addition, a real time evaluation (RTE) to assess policy adherence, relevance and appropriateness, efficiency, effectiveness, and connectedness of the response to the Ebola outbreak in West Africa will be conducted from late October to early December 2014.

**Administration and Finance:** Financial resource management will be according to the Sierra Leone Red Cross Society regulations and IFRC guidelines. In addition, the National Society's own procedures will be applied to the justification of expenses process and will be completed on IFRC formats. Finance delegates for the operation to provide dedicated finance management support in the entire duration of the operation. The IFRC will provide overall financial support to the National Society support in a bid to build its capacity and ensure that the National Society is able to take up some financial and administration responsibilities for the operation.



## Budget

See attached IFRC Secretariat budget (Annex 1) for details.

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## Contact Information

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and peace.

# Sierra Leone: Ebola Emergency Appeal

24.10.2014

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	324,819			324,819
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	95,550			95,550
Food	530,712			530,712
Seeds & Plants	0			0
Water, Sanitation & Hygiene	904,117			904,117
Medical & First Aid	7,815,893			7,815,893
Teaching Materials	7,917			7,917
Utensils & Tools	457,054			457,054
Other Supplies & Services	212,720			212,720
Emergency Response Units	400,000		722,000	1,122,000
Cash Disbursements	0			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>10,748,782</b>	<b>0</b>	<b>722,000</b>	<b>11,470,782</b>
Land & Buildings	0			0
Vehicles Purchase	457,140			457,140
Computer & Telecom Equipment	339,191			339,191
Office/Household Furniture & Equipment	102,997			102,997
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>899,328</b>	<b>0</b>	<b>0</b>	<b>899,328</b>
Storage, Warehousing	859,620			859,620
Distribution & Monitoring	1,576,122			1,576,122
Transport & Vehicle Costs	4,375,309			4,375,309
Logistics Services	0			0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>6,811,051</b>	<b>0</b>	<b>0</b>	<b>6,811,051</b>
International Staff	7,370,482			7,370,482
National Staff	76,500			76,500
National Society Staff	3,950,826			3,950,826
Volunteers	2,567,968			2,567,968
<b>Total PERSONNEL</b>	<b>13,965,776</b>	<b>0</b>	<b>0</b>	<b>13,965,776</b>
Consultants	358,977			358,977
Professional Fees	12,000			12,000
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>370,977</b>	<b>0</b>	<b>0</b>	<b>370,977</b>
Workshops & Training	1,355,218			1,355,218
<b>Total WORKSHOP &amp; TRAINING</b>	<b>1,355,218</b>	<b>0</b>	<b>0</b>	<b>1,355,218</b>
Travel	578,252			578,252
Information & Public Relations	860,389			860,389
Office Costs	1,697,194			1,697,194
Communications	553,753			553,753
Financial Charges	90,000			90,000
Other General Expenses	0			0
Shared Support Services	472			472
<b>Total GENERAL EXPENDITURES</b>	<b>3,780,060</b>	<b>0</b>	<b>0</b>	<b>3,780,060</b>
Programme and Supplementary Services Recovery	2,465,527	0	0	2,465,527
<b>Total INDIRECT COSTS</b>	<b>2,465,527</b>	<b>0</b>	<b>0</b>	<b>2,465,527</b>
<b>TOTAL BUDGET</b>	<b>40,396,719</b>	<b>0</b>	<b>722,000</b>	<b>41,118,719</b>