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## Emergency appeal operations update Sierra Leone: Ebola Virus Disease

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n°</b> MDRSL005	<b>Glide n°</b> <a href="#">EP-2014-000039-SLE</a>
<b>Date of Issue:</b> 14 November 2015	<b>Period covered by update:</b> 7 April 2014 to 31 October 2015
<b>Operation manager:</b> Andrew Jarjou	<b>Point of contact:</b> Constant Kargbo, Acting Secretary General, Sierra Leone Red Cross Society
<b>Timeframe covered by this update:</b> 7 April 2014 to 31 October 2015	
<b>Operation start date:</b> 07 April 2014	<b>Timeframe:</b> 45 Months, End date 31 December 2017
<b>Appeal budget:</b> CHF 94,595,428	<b>Appeal coverage:</b> 57%
<b>Disaster Relief Emergency Fund (DREF) allocated:</b> CHF 113,217	
<b>N° of people being assisted:</b> Nationwide, with specific actions in high risk communities (6,348,350)	
<b>Host National Society(ies) presence (n° of volunteers, staff, branches):</b> about 2,600 active volunteers from Sierra Leone Red Cross Society, 13 branches)	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> American RC, Australian RC, Botswana RC, British RC, Canadian RC, Finnish RC, Kenya RC, Norwegian RC, Spanish RC and Swiss RC	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health and Sanitation, World Health Organization, Médecins sans Frontières, UNICEF, Save the Children, Action Contre la Faim, Catholic Relief Services, Concern Worldwide, World Vision, CARE, Cafod.	

**This Operation update will allow the reallocation of a portion of the 2014 budget into the 2015 one to adequately cover costs of all planned and implemented activities specifically 'Operation Northern Push' and Community Event Based Surveillance (CEBS).**

### Summary:

- March-April 2014: Ebola outbreak first detected in Guinea; National Ebola Task Force established in Sierra Leone
- May 2014: 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 2014: IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); Emergency Appeal launched for CHF 880,000.
- July 2014: IFRC [Appeal revision n° 1](#) issued for CHF 1.36m; Emergency Response Units deployed to establish the Ebola Treatment Centre in Kenema with extraordinary DREF allocation of CHF 1m.
- September-October 2014: with confirmed caseload spiraling out of control and twelve out of thirteen districts affected; IFRC issues Appeal [revision n° 2](#) for CHF 12.85m, followed by [revision n° 3](#) for CHF 41.1m.
- March 2015: [Appeal revision n° 4](#) for CHF 56.8m.
- June 2015: [Appeal revision n° 5](#) for CHF 94M to extend from emergency to recovery phase
- November 2015: The Government of Sierra Leone declared that the Ebola outbreak is over.

## Coordination and partnerships

The IFRC Country Representation is well positioned and resourced to support the SLRCS in operational and institutional capacity development initiative related to the EVD response, and indirectly to other structures and programmes. Due to magnitude of the response, the IFRC established an EVD coordination unit based in Accra, Ghana, which provides surge capacity and regional coordination in multiple countries following the same response strategy – Liberia, Guinea, Nigeria and Mali. The West Coast Regional Representation (WCRR) and the Africa Zone coordination team also have the capacity to provide technical guidance and support including resource mobilization/grant management, logistics, finance development, reporting, communication and beneficiary communications - in order to ensure sufficient capacity for the response and preparedness operations across West Africa.

Locally, SLRCS is a member of the National Ebola Response Centre (NERC) and attends the daily briefings to share progress on activities under the SDB Pillar – to which the National Society has the lead role. SLRCS is also a member of the District Ebola Response Centres (DERC) with branches participating in daily meetings and briefings. SLRCS has a permanent representation at the Western Area Command Centre that coordinates all EVD activities in respect of alerts, ambulances and burials in the populous Freetown area.

The SLRCS has been actively involved since January 2015 at the district level in the development of the District Ebola Plans, including submitting activities and geographical focus for inclusion in the Catalogue for Partner Support to the District Ebola Response Committee (DERC) as coordinated by UNMEER Field Crisis Managers. IFRC/SLRCS have also participated in the development of District Surveillance Plans in partnership with the District Health Management Team (DHMT) and WHO. Regular meetings are held with agencies that co-facilitate other pillars such as with UNICEF (social mobilization), WHO (case management) and UNFPA (surveillance and contact tracing).

Red Cross (SLRCS & IFRC) are the co-facilitators along with the Ministry of Health and Sanitation (MoHS) of the SDB pillar and chair weekly meetings attended by representatives from the MoHS, National Ebola Response Committee (NERC), WHO, CDC, DFID, USAID, Concern Worldwide, CRS, World Vision, MSF and UNMEER. Typically 25 representatives participate in these meetings that have resulted in the development of a number of national standard operating procedures for SDB and household disinfection, as well as other decisions on SDB that have been presented to and approved by the NERC.

Updates on the epidemiological situation are provided at the NERC and DERC meetings and are also published on the MoHS' Facebook page, WHO Global Alert and Response website and in the weekly UNMEER Situation Report.

Partner National Societies (PNSs) that have provided *bilateral support* to the SLRCS include; American Red Cross, Austrian Red Cross, Belgian Red Cross, Botswana Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Iranian Red Crescent, Norwegian Red Cross, Spanish Red Cross and Swiss Red Cross. Additionally, 14 Partner National Societies have provided multilateral support through the deployment of technical specialists and through financial contributions to the EVD emergency appeals.

## Operational implementation

### Overview

IFRC's [Ebola Strategic Framework](#) is organised around five outcomes:

- i. The epidemic is stopped;
- ii. National Societies have better Ebola virus disease (EVD) preparedness and stronger long-term capacities;
- iii. IFRC operations are well coordinated;

- iv. Safe and Dignified Burials (SDB) are effectively carried out by all actors; and
- v. Recovery of community life and livelihoods

***Overall objective: Contribute to ending EVD epidemic in Sierra Leone through awareness messaging, safe and dignified burials, contact tracing, social mobilization provide psychosocial support and case management/treatment to those affected.***

**Output 1.1: Social Mobilization and Beneficiary Communications: Community understanding, engagement, ownership and implementation of prevention and control measures is ensured through effective social mobilization and two-way communication with beneficiaries, community leaders and religious leaders to prevent further transmission and control the outbreak**

**Output 1.2: Community Engagement:** To engage people and families in a meaningful dialogue to address stigma, dispel rumours or cultural 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.

### Achievements

According to the latest KAP (Knowledge, Attitude and Practice) survey conducted between February and March 2015 in Kambia, Kenema and Freetown;

- Over 80 per cent of the people surveyed felt they needed more information on EVD, which implies that the level of acceptance of the messages distributed in communities is high but there are still areas of confusion or gaps in the information provided. In this sense, the level of understanding of the messages circulated should be evaluated at the time of dissemination by focusing on receiving feedback from the people targeted.
- Most respondents feel they need more information regarding prevention measures and around half of respondents believe they are at 'moderate' to 'great' risk of infection in the next six months, which implies that their confidence in the prevention measures they have been informed of is still not at the intended level. As such, the manner in which these messages are disseminated requires revision to account for the difficulties in comprehension or acceptance of some of the people.
- In all districts, especially in Kambia, the information circulating in communities presents an unbalanced emphasis on 'bush meat' and 'blood' as a means of transmission while there is less focus on the infectiousness of body fluids and body contact. The messages related to prevention measures and modes of transmission should be reinforced with even degree of significance placed on 'bush meat', 'blood/body fluids' and 'physical contact with a suspected case'.
- Religious venues appear to be well engaged in disseminating messages regarding EVD, notably in Kambia; however this does not imply that they are necessarily trusted and followed. It appears that the information circulated in communities is most well accepted if it is coming from the MoHS or other recognised health/medical professionals. The information disseminated at religious events should be monitored, addressed where there are gaps identified, and reinforced under the banner of the MoHS or health/medical professionals.
- As observed in some of the findings, it would appear that adequate knowledge around early referral of a suspected case is mostly present in the communities but proper attitude and action around this issue are yet to be achieved. In this sense, the messages passed to the public should place greater emphasis on the necessity of early treatment.

The findings highlighted a largely successful set of sensitization efforts across the three districts. The results indicate that communities have shown a significant improvement in their knowledge and perceptions on the EVD outbreak than what was witnessed at the beginning of the operation. It is also important to note that from qualitative information gathered by the assessors during the interviews, a positive conclusion can be drawn regarding the acceptance of burial teams in communities.

The Red Cross continues implementing social mobilization and beneficiary communication activities, modifying messaging with the changing phases of the outbreak and response, particularly as *contact tracing* and *community-based event surveillance* is scaled up. As the EVD response operation transitions to the recovery phase and the National Society resumes traditional health activities, *social mobilization* and *beneficiary communication* approaches utilized in the current outbreak will be integrated into ongoing preparedness activities, and activated during response operations to future disasters and disease outbreaks.

During the reporting period, the Red Cross had **1,740** trained active volunteers across the **14** operational areas that have reached **3,523,399 people** through house-to-house campaigns and targeted focus group discussions.

The other key achievements in the reporting period include;

- Improved two-way communication with beneficiaries as the volunteers were trained in effective beneficiary communications and subsequently integrated into SDB teams, so that they could engage with families during the process of collecting bodies and disinfection. Beneficiary communications volunteers collected key data from bereaved family members during this process, and 35 phones were programmed with MAGPI software to enable quick and efficient data collection and processing.
- Twice weekly interactive radio programmes were broadcast on a national radio station, which enable the SLRCS to reach wider population with EVD prevention messages.
- Live interactive television programs were broadcast on national TV on a weekly basis, and the general population had an opportunity to call in, ask questions and give feedback on their experiences.
- With regards to information, education and communication material, 2,000 EVD flyers (prevention, treatment and ant stigma etc.) were distributed in Bombali in partnership with UNICEF and the MoHS.
- A house-to-house campaign was conducted to celebrate survivors and address stigma and discrimination at the community level, while also emphasizing on the importance of early reporting of suspected cases to community care centres.
- In partnership with MoHS and other partners, The Red Cross supported the 'Operation Northern Push' whereby, 685 social mobilization volunteers were trained on Community Led Ebola Action (CLEA) approach which aim to empower communities to do their own analysis and take their own action to become Ebola-free. CLEA Approach focuses on triggering collective action by inspiring communities to understand the urgency and the steps they can take to protect themselves from Ebola. This is done through a process provoked by Community Mobilisers from within and outside the community.
- In Port Loko district, various strategies were used to make sure community engagement is well achieved in the three chiefdoms namely Marampa, Marforki and Masimera. Activities in the reporting period included; Recruitment and orientation of additional traditional healers (as champions, mobilizers, task force members, etc); awareness campaigns across the

chiefdoms using vehicle sound tracks and daily radio broadcasts; House-to-house campaign; distribution of IEC materials (posters, flyers and others) and social mobilization activities in checkpoint and health screening areas

### **Output 3: Quality care is provided to Ebola patients in Kenema and Kono districts**

#### **Achievements**

Case management pillar involves the provision of clinical care in a unit utilising full bio-security measures. Patients are cared for by nursing, medical and allied health professionals.

Initially, the Red Cross ETC in Kenema had 13 local staff employed in a variety of tasks and supported by an expat team on average of 16 ERU. The constraints of limited expat staff and the need to train and supervise 126 new local staff meant the use of a controlled and steady increase in bed numbers through phases to ensure staff health and safety. To ensure the ETC could safely manage at its full capacity, a third and final phase of increase in staff numbers was completed in mid-October 2014 and the improvement in availability of more expats has also ensured patient numbers were able to increase safely with an average of 22 per rotation.

In addition to the initial unit in Kenema, a second ETC was opened in Kono district in January 2015. In early December, a large number of cases started to arrive in Kenema ETC from Kono district. An initial assessment found the general hospital was overwhelmed with cases and was ill prepared for managing EVD. A rapid response team was deployed from Kenema to initially decontaminate the hospital, transfer all patients and to construct a temporary triage and holding centre. This was completed within six days of arrival. In less than three weeks the holding centre admitted 206 patients, with 150 of them being transferred to Kenema for further investigation and support. In the reporting period, the two Red Cross ETC have admitted **1,015** patients of which unfortunately **370** deaths were recorded, whilst **537** patients were discharged and **108** referrals made.

### **Output 5: *Safe and Dignified Burial (SDB) and Disinfection: Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials.***

#### **Achievements**

SLRCS has been undertaking the appropriate and efficient SDB of dead bodies in all the affected districts coordinating with other partners. These include collection of corpses ensuring religious and cultural practices are adhered to when possible and paying particular attention to families concerns and feelings. Alongside, the SDB teams assisted in the disinfection of contaminated homes in selected districts also in collaboration with other partners.

The SDB team has been composed of adequately trained and well-equipped teams of SLRCS volunteers of ten members per team: four (4) stretcher-bearers, two (2) sprayers, one (1) dresser, one (1) beneficiary communication volunteer and two (2) drivers. SLRCS SDB supervisors at the national headquarters and branch level coordinates and supervises the collection of corpses and perform safe and dignified burials under the overall management of the national EVD coordinator and a highly experienced SDB supervisor at headquarters with specifically identified SDB officers in each of the branches. IFRC ensured longer-term oversight and management of the operation with additional and

specialised human resources providing technical support and maintaining links with other parts of the operation – especially logistics and fleet.

The Red Cross continued emphasising safety and care for the volunteers and staff involved in SDB through refresher training in the use of personal protective equipment (PPE) every six weeks. The teams are visited by trained supervisory staff that makes quality assurance checks. Checks are also conducted by external specialists such as from CDC, MSF or WHO on a regular basis.

As the caseload continue increasing and spreading to new districts IFRC significantly increased the SDB teams from the initial 3 teams to 29 teams across the country. In December 2014 another significant scaling-up occurred resulting in the SLRCS/IFRC having 49 SDB teams operating throughout the country, burying as of December 2014 between 400 and 450 corpses per week. The teams were further increased to 54 and in October 6 more teams were trained bringing total teams in the country to 60 with over 600 staff and volunteers working on safe and dignified burials and as of 31 October 2015 had carried out **28,656** safe and dignified burials without any infection of our staff and volunteers. Red Cross have also trained supervisors of MoHS burial teams and members of the SDB Consortium including Concern Worldwide, CRS, World Vision and CAFOD promoting standardized training packages and procedures.

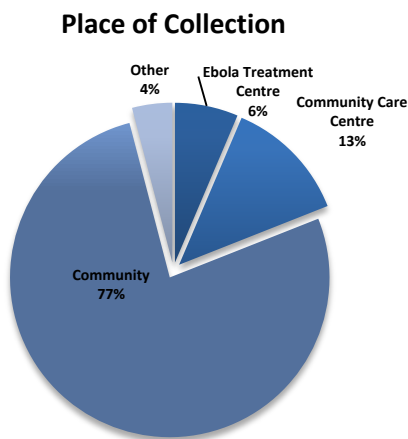
With support from CDC and other partners the Standard Operating Procedure for Home Disinfection after Collection of Corpses or Transfer of Suspect/Probable EVD Cases was developed and approved since the homes and possessions of many confirmed cases are not being disinfected. Partners are engaged in this activity with the Red Cross being asked to assist in this activity in Kono.

**Table 1: Cumulative burials conducted by the Red Cross teams per district**

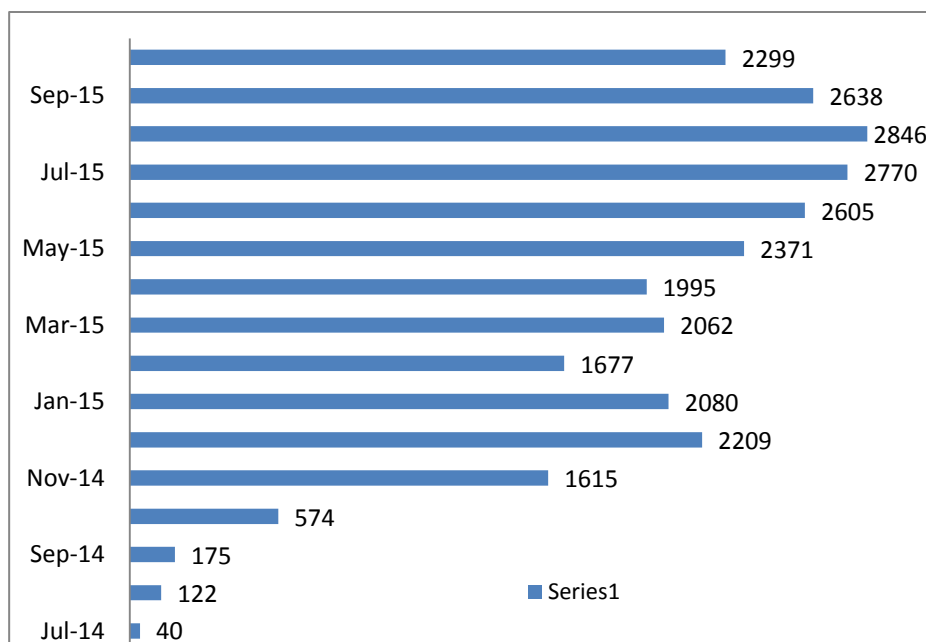
N°	DISTRICT	BURIAL TEAMS	COMMUNITY	HEALTH CENTRE	CURRENT WEEK	Oct-15	CUMULATIVE
1	Bo	5	29	46	75	380	4468
2	Bombali	4	21	30	51	239	2513
3	Bonthe	3	6	0	6	80	1061
4	Kailahun	4	15	2	17	113	2113
5	Kambia	3	15	3	18	77	648
6	kenema	4	50	29	79	292	2271
7	Koinadugu	3	6	7	13	68	536
8	Kono	5	14	0	14	87	1119
9	Moyamba	2	13	1	14	80	821
10	Port Loko	5	13	1	14	124	1838
11	Pujehun	3	15	2	17	110	1364
12	Tonkolili	4	20	1	21	115	1163
13	Western Rural	6	40	1	41	203	2915
14	Western Urban	9	31	28	59	331	5248
<b>GRAND TOTAL</b>		<b>60</b>	<b>288</b>	<b>151</b>	<b>439</b>	<b>2299</b>	<b>28,078</b>

In the reporting period, **54** Red Cross burial teams picked up 77 per cent of the bodies for burial from the community, 13 per cent from the community care centres, 6 per cent from EVD treatment centres (ETCs) and 4 per cent were picked from other locations. This is illustrated in Chart 1 below.

**Chart 1: Locations where bodies were collected for burial during the reporting period**



**Graph 2: Monthly average of Safe burials conducted by Red Cross Burial teams**



**Output 6: *Psychosocial support* - Psychosocial support is provided to families affected by the epidemic with a sick person in the family or a deceased, including a survival kit (essential food and non-food).**

### Achievements

The activities to reach this output consist of PSS and the provision of a survivor's kit containing key items to families that have lost material goods through disinfection or who are unable to manage their normal lives because of isolation schemes or other measures related to having an EVD patient in the family, or being a contact. The kits are offered to families with a sick person who are experiencing social exclusion and stigma or after the SDB team has completed their task or on discharge of a survivor from the ETC.

A total of **400** trained Red Cross volunteers, from their own communities conducted door-to-door visits, working with elders, community and religious leaders to engage people and families in a meaningful dialogue to address stigma, dispel rumours or cultural misperceptions about the disease. Door-to-door visits are a key community interaction used to provide support, information and improve engagement with the community and individuals affected. In the reporting period, **285,026** people were reached with PSS activities at community level. We have also worked with contact tracers and have distributed 2500 survivor kits while using this distribution as an entrance way to offer PSS support.

SDB volunteers in particular continue to be rejected by their own families, friends and even communities. Alternative strategies have been designed and are still being improved to ensure they cater for the welfare of the volunteers at the same time alleviating the prevailing stigmatisation and rejection. The activities include explicit PSS sessions with such families, allocation of rooms for SDB volunteers, increasing their daily incentives, complementary insurance packages, and special family allowances in case of death. Additionally we have completed a ToT of PFA for SDB team leaders that then have cascaded PFA training down to all SDB team members.

In an effort to integrate PSS into the community health systems we have also trained the Field Health Officers to be PSS leads in each of their branches, thus they have not only become trainers of PFA but have also been trained in CBPSS.

**Output 7: *Community surveillance and Contact Tracing* - In coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care**

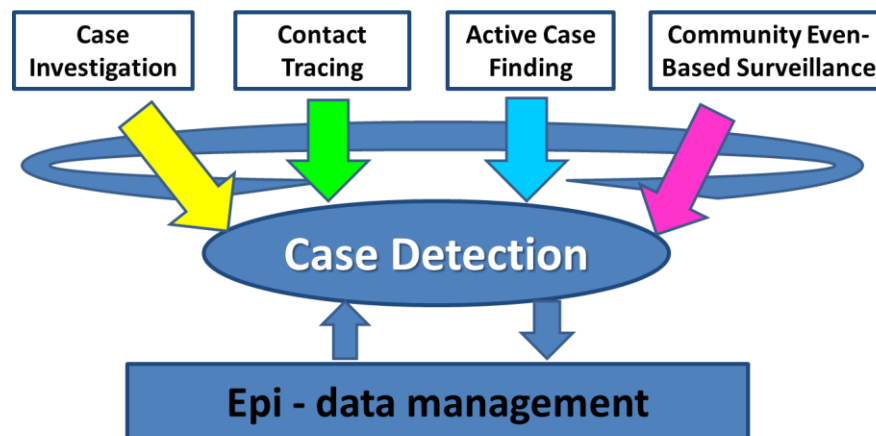
### Achievements

In coordination with other agencies – in particular the MoHS and UNFPA – the Red Cross has trained over **800** volunteers in contact tracing. At the district level these trained volunteers are working in close coordination with the DERC and other agencies monitoring contacts as part of the national surveillance system. By the end of the reporting period, **27,156** contacts had been traced and followed up by Red Cross volunteers.

In addition, IFRC and SLRCS have taken the lead role in introducing *Community Event-Based Surveillance* (CEBS) in Port Loko, Koinadugu and Bonthe. The project, which is being implemented in collaboration with other partners including the MoHS, DHMT, IRC, DFID, CDC, WHO and others, is in its formative planning stages, and envisaged to make a significant contribution to the early detection of

suspected EVD cases in communities across these districts, which have a cumulative population of 1,062,178. CEBS will form the foundation of an *early warning system* that will help prevent epidemics of this size and scale, EVD or otherwise, from reoccurring. Early warning systems such as the CEBS when coupled with *rapid response teams* are the key to early prevention and detection of disease outbreaks and epidemics.

**Figure 1: Surveillance system framework**



**Output 6: National Society Capacity Development and support costs - The capacity of Sierra Leone Red Cross Society to manage EVD outbreak response has been expanded and strengthened**

### Achievements

IFRC has partnered closely with SLRCS to enhance and strengthen their capacity to manage Red Cross EVD response operations, and effectively implement activities at the community level. Significant surge human resourcing has been mobilized to strengthen coordination and response planning and implementation, in addition to the provision of essential equipment and materials, including vehicles, water and sanitation supplies, shelter materials, medical and laboratory equipment and medicines.

The capacity of the SLRCS has been strengthened further through dedicated support to improve branch infrastructure and equipment, and support systems including information and technology (IT) and telecommunications. Through this operation the IFRC supported the operationalization of all 14 SLRCS branch offices, which are now fully functional. IFRC technical delegates were deployed to provide support in the sectors of health, logistics, water and sanitation, psychosocial support, infection prevention and control, resource mobilization, PMER, communications, information technology, finance and administration. The in-country delegates worked closely with National Society counterparts and supporting volunteer teams to strengthen the required skills and competencies.

To meet the operational needs of the EVD outbreak, the SLRCS recruited a national EVD coordinator based at the national headquarters in Freetown, and reinforced human resourcing at the branch level through the recruitment of district operation managers, SDB coordinators and community engagement officers. These roles are focused exclusively on the EVD response operation and will be further strengthened to support the implementation during the recovery phase.

At headquarters a mobile team for surge support to branches has been established, consisting of a doctor/nurse, and SDB and contact tracing specialists, accompanied by a driver. If gaps in response capacity are identified following the registration of a confirmed case, the rapid response team from Freetown is deployed. The objective of having the surge mobile team in place is to ensure the National Society quickly implement key activities in a safe and controlled way and undertake training, capacity building and supervision of new teams that are established in response to the new cases. This also helped in sharing learning and best practice across districts.

## D. THE BUDGET

Some of the EVD activities initially planned and budgeted in 2014 were deferred to 2015 owing firstly Ebola response team rotations (from FACT, ERU to recruiting international staff). The challenges of the disease and the fear of contracting EVD seriously affected the recruitment process creating gaps in implementation. At the same time, the SLRCS volunteers were overwhelmed with the SDP pillar, which scaled up activities in the last quarter of the year. Secondly Sierra Leone is the only NS doing case management and treatment, and as a new dimension, there was a lot of learning in 2014 and restructuring to ensure adequate coverage in all pillars. In addition to scaling up operational capacity, more funding was secured in 2015 such as from DFID. As consequence of this, more activities have been implemented during the last quarter of this year and a portion of the funds allocated for 2014 will be moved into 2015.

## Contact information

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1. Revised Emergency Appeal budget *(if needed)* [below](#)
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All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

**Disaster Response Financial Report****MDRSL005 - Sierra Leone - EVD Preparedness**

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Operations Update 30

**Selected Parameters**

Reporting Timeframe	2014/4-2015/9	Programme	MDRSL005
Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source	N	Project	*

All figures are in Swiss Francs (CHF)

**I. Funding**

	Disaster Management	Health & social services	National Society development	Principles & Values	Co-ordination	TOTAL	Deferred Income
<b>A. Budget</b>	<b>94,595,427</b>					<b>94,595,427</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross		405				405	
American Red Cross	M1408051	497,143				497,143	
American Red Cross	M1501038	811,174				811,174	
Australian Red Cross	M1504060	212,746				212,746	
Bill & Melinda Gates Foundation	M1411075	478,545				478,545	281
Bill & Melinda Gates Foundation	M1411076	573,592				573,592	999
British Red Cross		3,870				3,870	
British Red Cross	M1409018	570,145				570,145	
British Red Cross	M1409019	904,496				904,496	
British Red Cross	M1410041	6,172,963				6,172,963	
British Red Cross	M1411061	1,765,133				1,765,133	
British Red Cross	M1411071	3,449,167				3,449,167	
British Red Cross	M1411083	9,191,218				9,191,218	
British Red Cross	M14GK051	7				7	
British Red Cross	M1503007	1,276,783				1,276,783	
Canadian Red Cross		206				206	
Canadian Red Cross	M1407026	45,958				45,958	
Canadian Red Cross	M1407105	3,921				3,921	
Canadian Red Cross	M1411041	425,954				425,954	
Canadian Red Cross	M1411081	422,437				422,437	
Canadian Red Cross	M1502089	260,922				260,922	
Canadian Red Cross	M1506088	29,244				29,244	
Czech Government	M1412085	130,033				130,033	
European Commission - DG ECHO	M1404141	196,178				196,178	
European Commission - DG ECHO	M1411001	799,998				799,998	
FIATA-Intl Fed Freight Forwarders	M1505118	12,584				12,584	
Finnish Red Cross		356				356	
Finnish Red Cross	M1412017	192,346				192,346	
Finnish Red Cross	M1412038	87,753				87,753	
Finnish Red Cross	M14GK035	1,446				1,446	
Finnish Red Cross	M14GK038	9,441				9,441	
French Red Cross		88				88	
French Red Cross	M1410130	179,569				179,569	
Icelandic Red Cross		491				491	
Icelandic Red Cross	M1407117	14,755				14,755	
Icelandic Red Cross	M1411089	79,509				79,509	
Icelandic Red Cross	M1412102	815,000				815,000	
Italian Government Bilateral	M1412008	1,203,910				1,203,910	
Japanese Government	M1408049	139,693				139,693	
Japanese Government	M1410042	869,175				869,175	0
Japanese Government	M1503053	3,409				3,409	398,467
Japanese Red Cross Society	M1407056	29,000				29,000	
Japanese Red Cross Society	M1408029	16,100				16,100	
Japanese Red Cross Society	M1410006	42,754				42,754	
Japanese Red Cross Society	M1503127	117,097				117,097	
KPMG Disaster Relief Fund	M1501104	4,994				4,994	
KPMG International Cooperative	M1412077	32,348				32,348	
Nethope INC.	M1502070	0				0	45,673
Norwegian Red Cross		115				115	
Norwegian Red Cross	M1407078	42,613				42,613	
On Line donations	M1501099	4,851				4,851	
On Line donations	M1505146	3,061				3,061	
On Line donations	M1506156	207				207	



## Disaster Response Financial Report

### MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

#### Operations Update 30

Selected Parameters			
Reporting Timeframe	2014/4-2015/9	Programme	MDRSL005
Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source N		Project	*

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On Line donations	M1507093	546		546
On Line donations	M1508075	1,059		1,059
Red Crescent Society of Islamic	M1410139	10,000		10,000
Red Cross of Monaco	M1409022	18,097		18,097
Spanish Government	M1412139	3,872,916		3,872,916
Spanish Red Cross	M1411122	284,693		284,693
Spanish Red Cross	M14GK039	263		263
Swedish Red Cross		653		653
Swedish Red Cross	M1407119	130,170		130,170
Swedish Red Cross	M1412097	377,395		377,395
Swedish Red Cross	M1504110	255,481		255,481
Swedish Red Cross	M1507038	66,662		66,662
Swiss Red Cross	M1409105	300,000		300,000
Swiss Red Cross	M1412137	1,700,000		1,700,000
Swiss Red Cross	M14GK037	8,312		8,312
The Netherlands Red Cross	M1404095	51,875		51,875
The Netherlands Red Cross	M1407103	121,629		121,629
The Netherlands Red Cross	M1410069	482,484		482,484
The Netherlands Red Cross	M1410070	241,242		241,242
The Netherlands Red Cross	M1411091	360,930		360,930
The Netherlands Red Cross	M14GK055	2,314		2,314
The Netherlands Red Cross	M1503113	70,574		70,574
The Netherlands Red Cross	M15GK011	1,442		1,442
Toyota Motor Corp.	M1505089	19,102		19,102
UNDP - United Nations Development	M1508014	0		0
United States Government - USAID	M1409094	3,268,058		3,268,058
United States Government - USAID	M1412068	5,240,010		5,240,010
<b>C1. Cash contributions</b>		<b>49,010,807</b>		<b>49,010,807</b>
<b>6,315,141</b>				
<b>Inkind Goods &amp; Transport</b>				
British Red Cross		100		100
Finnish Red Cross		204,488		204,488
Spanish Red Cross		14,040		14,040
Swiss Red Cross		127,872		127,872
The Netherlands Red Cross		58,436		58,436
<b>C2. Inkind Goods &amp; Transport</b>		<b>404,935</b>		<b>404,935</b>
<b>Inkind Personnel</b>				
Australian Red Cross		36,973		36,973
Austrian Red Cross		7,600		7,600
Belgian Red Cross (Francophone)		7,600		7,600
British Red Cross		35,163		35,163
Canadian Red Cross		59,819		59,819
Finnish Red Cross		28,150		28,150
German Red Cross		32,641		32,641
Italian Red Cross		7,118		7,118
New Zealand Red Cross		85,053		85,053
Norwegian Red Cross		80,786		80,786
Spanish Red Cross		1,795		1,795
Swedish Red Cross		22,800		22,800
Swiss Red Cross		24,293		24,293
The Netherlands Red Cross		16,137		16,137
<b>C3. Inkind Personnel</b>		<b>445,930</b>		<b>445,930</b>
<b>Other Income</b>				
Fundraising Fees		-2,822		-2,822
Services Fees		6,425		6,425
Sundry Income		34,704		34,704
<b>C4. Other Income</b>		<b>38,306</b>		<b>38,306</b>
<b>C. Total Income = SUM(C1..C4)</b>		<b>49,899,979</b>		<b>49,899,979</b>
<b>6,315,141</b>				
<b>D. Total Funding = B +C</b>		<b>49,899,979</b>		<b>49,899,979</b>
<b>6,315,141</b>				

**Disaster Response Financial Report****MDRSL005 - Sierra Leone - EVD Preparedness**

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Operations Update 30

**Selected Parameters**

Reporting Timeframe	2014/4-2015/9	Programme	MDRSL005
Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source	N	Project	*

All figures are in Swiss Francs (CHF)

**II. Movement of Funds**

	Disaster Management	Health & social services	National Society development	Principles & Values	Co-ordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>	49,899,979					49,899,979	6,315,141
<b>E. Expenditure</b>	-40,696,436					-40,696,436	
<b>F. Closing Balance = (B + C + E)</b>	9,203,543					9,203,543	6,315,141

## Disaster Response Financial Report

### MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Operations Update 30

#### Selected Parameters

Reporting Timeframe	2014/4-2015/9	Programme	MDRSL005
Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source	N	Project	*

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## III. Expenditure

Account Groups	Expenditure					TOTAL	Variance A - B
	Budget A	Disaster Management	Health & social services	National Society development	Principles & Values		
<b>BUDGET (C)</b>						<b>94,595,427</b>	
<b>Relief items, Construction, Supplies</b>							
Shelter - Relief	211,800	151,382				151,382	60,418
Shelter - Transitional	47,140	41,730				41,730	5,410
Construction - Facilities	2,545,001	29,051				29,051	2,515,950
Construction Materials	205,190	327,164				327,164	-121,974
Clothing & Textiles	497,700	521,340				521,340	-23,640
Food	1,061,205	262,697				262,697	798,508
Seeds & Plants	269,400	110				110	269,290
Water, Sanitation & Hygiene	4,842,577	1,016,132				1,016,132	3,826,445
Medical & First Aid	9,185,017	4,667,525				4,667,525	4,517,492
Teaching Materials	745,979	30,454				30,454	715,525
Utensils & Tools	609,265	66,567				66,567	542,698
Other Supplies & Services	829,920	356,598				356,598	473,322
ERU	0						0
Cash Disbursement	635,255	204				204	635,051
<b>Total Relief items, Construction, Sup</b>	<b>21,685,449</b>	<b>7,470,956</b>				<b>7,470,956</b>	<b>14,214,493</b>
<b>Land, vehicles &amp; equipment</b>							
Vehicles	3,992,440	553,622				553,622	3,438,818
Computers & Telecom	632,091	281,237				281,237	350,854
Office & Household Equipment	471,312	154,486				154,486	316,826
Others Machinery & Equipment	4,000	9,280				9,280	-5,280
<b>Total Land, vehicles &amp; equipment</b>	<b>5,099,843</b>	<b>998,625</b>				<b>998,625</b>	<b>4,101,218</b>
<b>Logistics, Transport &amp; Storage</b>							
Storage	464,327	523,946				523,946	-59,620
Distribution & Monitoring	5,750,319	2,927,058				2,927,058	2,823,261
Transport & Vehicles Costs	6,602,871	4,292,255				4,292,255	2,310,616
Logistics Services	1,412,432	583,993				583,993	828,439
<b>Total Logistics, Transport &amp; Storage</b>	<b>14,229,949</b>	<b>8,327,252</b>				<b>8,327,252</b>	<b>5,902,697</b>
<b>Personnel</b>							
International Staff	8,785,401	4,966,179				4,966,179	3,819,222
National Staff	45,000	245,237				245,237	-200,237
National Society Staff	12,272,641	4,524,975				4,524,975	7,747,666
Volunteers	11,663,605	5,352,459				5,352,459	6,311,146
<b>Total Personnel</b>	<b>32,766,647</b>	<b>15,088,850</b>				<b>15,088,850</b>	<b>17,677,796</b>
<b>Consultants &amp; Professional Fees</b>							
Consultants	381,430	134,127				134,127	247,303
Professional Fees	355,935	154,713				154,713	201,222
<b>Total Consultants &amp; Professional Fees</b>	<b>737,365</b>	<b>288,840</b>				<b>288,840</b>	<b>448,525</b>
<b>Workshops &amp; Training</b>							
Workshops & Training	5,930,760	937,286				937,286	4,993,474
<b>Total Workshops &amp; Training</b>	<b>5,930,760</b>	<b>937,286</b>				<b>937,286</b>	<b>4,993,474</b>
<b>General Expenditure</b>							
Travel	1,589,297	692,439				692,439	896,858
Information & Public Relations	2,313,265	830,067				830,067	1,483,198
Office Costs	2,897,334	1,402,815				1,402,815	1,494,519
Communications	1,303,531	741,654				741,654	561,877
Financial Charges	250,198	-1,201,053				-1,201,053	1,451,251
Other General Expenses	15,520	19,048				19,048	-3,528

## Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Operations Update 30

### Selected Parameters

Reporting Timeframe	2014/4-2015/9	Programme	MDRSL005
Budget Timeframe	2014/4-2017/12	Budget	APPROVED
Split by funding source	N	Project	*

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Expenditure						TOTAL	Variance A - B
	Budget A	Disaster Management	Health & social services	National Society development	Principles & Values	Co-ordination		
<b>BUDGET (C)</b>		<b>94,595,427</b>					<b>94,595,427</b>	
Shared Office and Services Costs	2,840	55,663					55,663	-52,823
<b>Total General Expenditure</b>	<b>8,371,984</b>	<b>2,540,632</b>					<b>2,540,632</b>	<b>5,831,352</b>
<b>Depreciation</b>								
Depreciation and impairment		494,368					494,368	-494,368
<b>Total Depreciation</b>		<b>494,368</b>					<b>494,368</b>	<b>-494,368</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers to 3rd Parties		23,747					23,747	-23,747
<b>Total Contributions &amp; Transfers</b>		<b>23,747</b>					<b>23,747</b>	<b>-23,747</b>
<b>Operational Provisions</b>								
Operational Provisions		1,731,260					1,731,260	-1,731,260
<b>Total Operational Provisions</b>		<b>1,731,260</b>					<b>1,731,260</b>	<b>-1,731,260</b>
<b>Indirect Costs</b>								
Programme & Services Support Recove	5,773,430	2,431,535					2,431,535	3,341,895
<b>Total Indirect Costs</b>	<b>5,773,430</b>	<b>2,431,535</b>					<b>2,431,535</b>	<b>3,341,895</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		342,253					342,253	-342,253
Pledge Reporting Fees		20,832					20,832	-20,832
<b>Total Pledge Specific Costs</b>		<b>363,084</b>					<b>363,084</b>	<b>-363,084</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>94,595,427</b>	<b>40,696,436</b>					<b>40,696,436</b>	<b>53,898,991</b>
<b>VARIANCE (C - D)</b>		<b>53,898,991</b>					<b>53,898,991</b>	

**Disaster Response Financial Report**

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Operations Update 30

**Selected Parameters**

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Split by funding source	N	Project	*

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**IV. Breakdown by subsector**

Sector / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>Disaster_Management</b>							
Disaster management	44,044,406				0	0	
Disaster response	50,551,021		49,899,979	49,899,979	40,696,436	9,203,543	6,315,141
Subtotal Disaster_Management	94,595,427		49,899,979	49,899,979	40,696,436	9,203,543	6,315,141
<b>GRAND TOTAL</b>	<b>94,595,427</b>		<b>49,899,979</b>	<b>49,899,979</b>	<b>40,696,436</b>	<b>9,203,543</b>	<b>6,315,141</b>