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Emergency Plan of Action Operation Update Sierra Leone: Ebola virus disease (Recovery)

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal: n° MDRSL005	GLIDE n° EP-2014-000039-SLE
EPoA update n° 8; date of issue	Timeframe covered by this update: January 2017 to October, 2017
Operation start date: 26 June 2014	Operation timeframe: 48 months. Operation end date is 30 June 2018
Overall operation budget: CHF 64,388,116	If Emergency Appeal: CHF 64,388,116
Operation Manager (responsible for this EPoA): Nasir Khan, overall responsible for compliance, monitoring and reporting of the operation	Point of contact: Paul Jenkins, Head of Country Office
N° of people being assisted: 6.3¹ 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 Societies.	
Other partner organizations actively involved in the operation: Ministry of Health and Sanitation, Ministry of Social Welfare, Ministry of Agriculture, UNDP, Japanese Government, and WHO.	

Summary of major revisions made to emergency plan of action:

Since launch of emergency appeal operation, most of planned activities under outcomes of disaster risk reduction, livelihood, health, WATSAN and strengthen National Society have been implemented.

The operational update seeks to extend the emergency appeal to 30 June 2018, to enable IFRC to support SLRCS in meeting the immediate recovery needs of communities and individuals most affected by Ebola and to support their transition to resilient communities. The extension until June 2018 is sought to ensure successful completion of some remaining activities. The key focus of capacity building during the extension period will be finance and logistics management strengthening, that will enable SLRCS to be in a better position to efficiently and effectively deliver programmes. Finance management strengthening activities will be based on the finance capacity assessment conducted in February 2017. Finance management strengthening is also 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 will also provide the opportunity to SLRCS/IFRC successfully complete the construction of the two warehouses in Bo and Freetown, that will enhance SLRCS' logistics capacity.

The expenditure rate today of the operation has reached up to CHF 55,749,870 which represent 86.58% of the total budget and 93% of the total funding.

¹ Revised Appeal MDRSL005, July 2017

A. SITUATION ANALYSIS

Description of the disaster

- **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.
- **June 2014:** Emergency Appeal launched for 880,000 Swiss francs.
- **July 2014:** IFRC Appeal revision no. 1 issued for 1.36m Swiss francs.
- **September and October 2014:** Appeal revision no. 2 for 12.85m Swiss francs, followed by revision no. 3 for 41.1m Swiss francs.
- **March and June 2015:** Appeal revision no. 4 for 56.8m Swiss francs, followed by Appeal revision no. 5 for 95.0m Swiss francs to extend from emergency to recovery phase.
- **April 2016:** Appeal revision no. 6 for 90.5m Swiss francs for recovery activities.
- **July 2017:** The revised Emergency Appeal no. 7 is launched on 4 July 2017 seeking a total of 64.3 million Swiss francs for 6.3m people.
- **November 2017:** **An Operation Update is issued, and the Emergency Appeal is extended to 30 of June 2018**

The IFRC has been supporting the Sierra Leone Red Cross Society (SLRCS) to deliver recovery assistance and support to Ebola Virus Disease (EVD)-affected populations (including EVD survivors, orphans and vulnerable children; affected households; and Red Cross and community volunteers). Changing needs within communities affected by Ebola and ongoing consultation with vulnerable populations have revealed a need to refocus recovery efforts. The revised appeal of July 2017, focused on health and care, including community-based health (CBH), psychosocial support (PSS), disaster risk reduction, food security and livelihoods, and National Society development. The goal of post-EVD recovery was to re-establish the conditions for a quick return to a healthy society, with viable livelihoods, psychosocial well-being, economic growth and overall human development that can foster inclusive and resilient communities.

Since the Ebola disease outbreak in 2014, the situation has evolved with a shift of focus from emergency response to preparedness and recovery. The planned activities within the period under review was to support a transition to routine, pre-Ebola services and increase efforts to restore livelihoods of Ebola-affected communities, improve access to health services, and enhance the capacity of the NS, enabling it to respond to disasters in an effective and efficient manner.

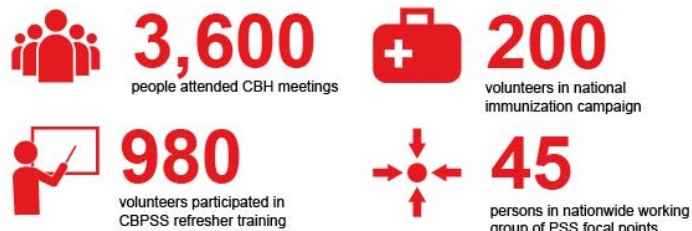
The interventions implemented in 2017 within food security and livelihoods included reskilling and reintegration of 1,300 SLRCS volunteers that were involved in EVD operations and supporting vulnerable EVD affected communities in 8 districts, in crop and livestock production activities, to enhance community resilience. The reskilling and reintegration project supported the volunteers through provision of alternative livelihoods opportunities, enabling them to acquire new skills.

The summary includes key success features of the progress against outcomes to date.

Health

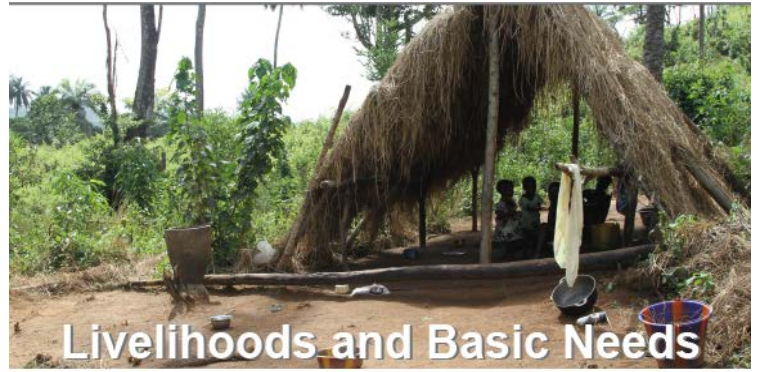
The roll-out of CBS has been key in the detection of and prompt response to disease outbreaks in the communities including measles and other notifiable disease and has strengthened the existing health care system.

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. Some 3,600 people attended CBH meetings, 980 volunteers participated in Community-Based Psychosocial Support (CBPSS) training. In addition, 200 volunteers were involved in national immunization campaign. To facilitate psychosocial support, a nationwide working group of 45 focal points have been established.



Livelihood and basic needs

A total of 402 volunteers completed vocational training in various fields and were supported with start-up kits to operationalize the skills they acquired. A total of 374 students were supported to resume their tertiary studies in institutions of higher learning across Sierra Leone. In addition to volunteers supported in vocational and tertiary education, a total of 462 volunteers completed business development training and submitted business plans that were provided with seed funds to establish small and medium enterprise. The remaining 62 volunteers that were already skilled prior to the EVD outbreak were streamed through career advisory placement training and provided internship opportunities to gain essential work experience. This gave them the chance to showcase their skills, competencies and abilities and hence improve their likelihood of being absorbed into the labour market.



The food security and livelihoods project activities implemented in 8 districts aimed at enabling the target communities to rebuild their livelihoods, enhance food security from farming activities and prevent further depletion of household livelihoods

assets through integrating disaster preparedness, early warning systems and risk reduction responses. The project has delivered agricultural skills, inputs and livestock such as 2,946 bags of rice seeds; 2,128 sachets of vegetable seeds; 7,440 hand tools and livestock of 2,000 goats to EVD affected community members to protect and strengthen sustained livelihoods recovery. The project also supported communities to strengthen their resilience by introducing effective early warning systems and improving disaster preparedness and response mechanisms. A total of 5,300 direct beneficiaries are envisaged to be reached when the implementation of the project is completed in the eight districts by the end of 2017.

Disaster Risk Reduction

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 Red Cross volunteers have been trained and equipped in emergency response. Two National Disaster Response Teams (NDRT) and 7 District Disaster Response Team (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 have been conducted. To strengthen collaboration with neighboring NSs, SLRC has held 3 cross border information exchange visits.

Summary of current response

Overview of Host National Society

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 has played a 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 has been widely recognized. SLRCS with support from IFRC and partners embarked on an early recovery programme and is currently undertaking transition activities to long-term programming.

The National Society has organizational structures at national and regional/district level with organized around departments managing programmes and operations, strategic partnerships, finance, logistics and procurement and resource mobilization. This has been instrumental in planning, coordination and implementation of the nationwide preparedness and response activities, and long-term community based health and disaster management (DM) programmes. The Society has developed a corps of 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, and support to other long-term organizational activities.

Overview of Red Cross Red Crescent Movement in country

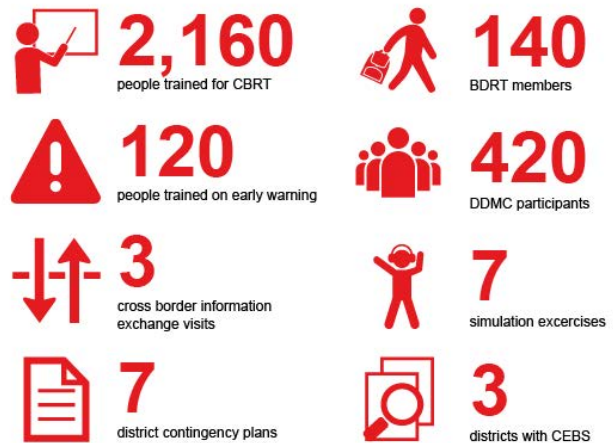
Until the Ebola outbreak, the IFRC did not have representation in Sierra Leone and was supporting SLRCS through the IFRC West Coast Cluster Office in Côte d’Ivoire. Following the Ebola outbreak, an IFRC presence was established in Sierra Leone to provide operational support to the NS. The IFRC has a small team of international delegates and national staff assisting the NS to respond to the needs of vulnerable communities in the aftermath of the outbreak. IFRC is supporting the NS 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, and organizational development, finance management development, PMEAL and programme management. This will invaluable in strengthening the NS’s capacity in serving vulnerable communities in Sierra Leone.

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

Overview of non-RC / RC actors in country

The IFRC and SLRCS are 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 receives support for its recovery activities from the Japanese Government, in recently completed food security and livelihoods project in four districts. SLRCS continues to work 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

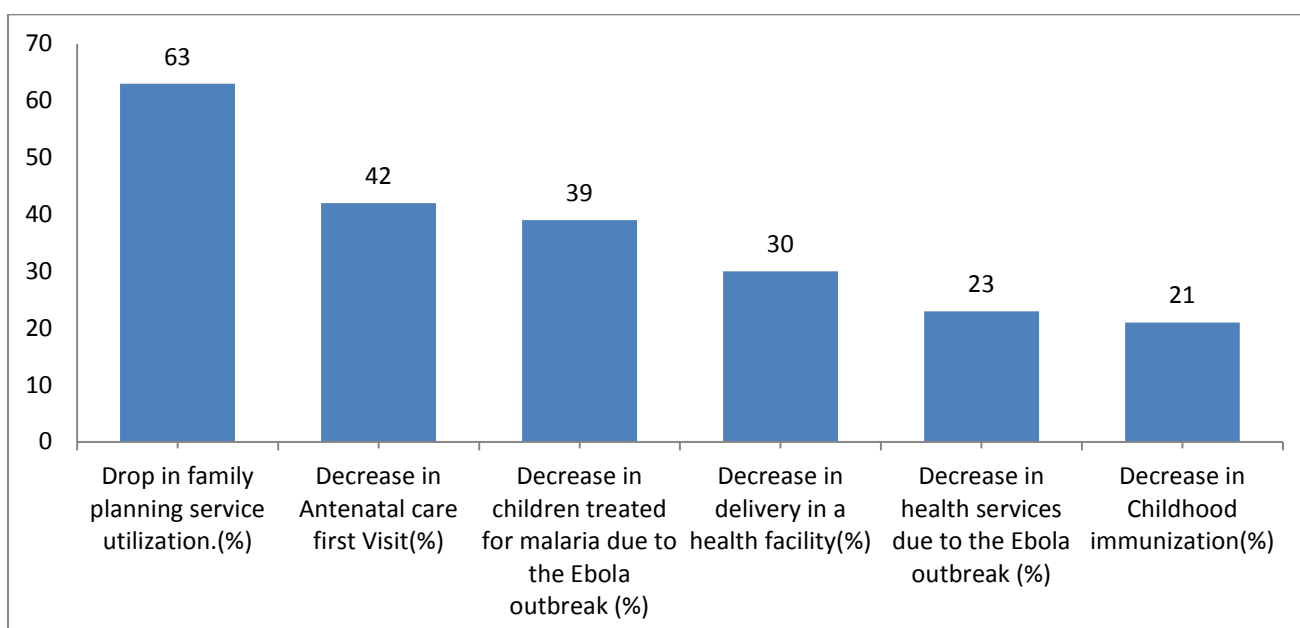
Needs analysis

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 1,000 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). Some 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 percent said they had lost trust in their facility and 22% applied self-medication, either through the purchase of drugs in pharmacies (18%) or through the use of 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 1,000 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 Ebola 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 disaster management 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-Ebola 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 aims to sustain these relationships with communities, and authorities in preparedness, response, recovery and long-term programmes.

Beneficiary selection

While the EVD operation has 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.

Risk Analysis

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B. OPERATIONAL STRATEGY

Overall objective

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 programme will also further strengthen the 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.

Given the changing needs within communities affected by Ebola, the data and assumptions on which many programme activities were based were reviewed. Consultation with communities was crucial in assessing the needs and priorities of Ebola-affected communities. Whilst recognising that Ebola had affected individuals and households differently, the collective impact on communities had been profound. Many agencies were focusing their support on Ebola survivors, or households where family members were lost to Ebola. The RC avoided the narrow focus on these groups and sought to support a more collective and cohesive approach to community recovery and resilience building.

SLRCS with IFRC support worked work closely with other agencies, particularly government ministries at district level, in identification of community needs and prioritization of intervention areas in all the food security and livelihoods, Community based surveillance, psychosocial support areas and community based health.

The recovery programme ensured that the specific needs of women in communities were addressed through consultation with women on their appropriate needs as they played a significant role in caring for the sick and other traditional roles. Many women lost male family members who made important contributions to household livelihoods. This considerably increased the vulnerability of these women and their households. Women were also affected by the lack of access to general health care during the outbreak. This was a concern for pregnant women who were unable to access ante-natal care and safe delivery services. Women needs form the core part of the recovery programs as all the activities were integrated.

Other vulnerable groups include children, many of whom were traumatised by the disturbing events they witnessed during the Ebola outbreak. Many children lost parents, siblings and care-givers. Their education was seriously affected by the closure of all schools in the country for nine months. The number of teenage pregnancies increased significantly during this period. The specific needs of children were considered within the context of wider community recovery activities.

1. Build community resilience through health-focused disaster risk reduction and management

Community-Based Health

- The SLRCS in close coordination and with technical support from IFRC and the British Red Cross continues to implement existing community-based health programme, focusing on reproductive, maternal and child health, HIV and AIDS, water and sanitation and hygiene promotion, prevention and control of communicable diseases, public health in emergencies and on establishing a referral mechanism for cases to the PHUs in their respective communities. Community-Based Health and First Aid (CBHFA) and Epidemic Control for Volunteers (ECV) have being integrated into core programmes.
- For the current phase of the recovery programme, SLRCS will continue to work in 133 communities where they were implementing community-based health programmes before the EVD outbreak. As recovery programming continues, SLRC will roll-out the CBHFA approach in new communities and additional districts across the country.
- Historically, SLRCS has supported mothers' clubs, father's clubs and youth peer educators, as a means to promote specific health issues, such as maternal and child health, HIV and AIDS, and to raise awareness of gender-based violence, through facilitating regular meetings and educational sessions at the community level. These clubs will be re-activated and supported with relevant training and the provision of tools and material.
- As the MoHS plans for a series of National Immunization Days (NIDS) focusing on measles and polio and the distribution of Vitamin A, Albendazole and vouchers for long lasting insecticide treated bed nets, SLRCS will support the NIDS through social mobilization activities. Social mobilization will be conducted using a community engagement approach through door-to-door campaigns, distribution of IEC materials,

SMS, radio and television broadcasts and sound trucks. These activities will be used to encourage parents to get their children vaccinated, as well as addressing any rumours and misconceptions about the campaign. On the immunization days, the SLRCS volunteers will help with queue management and marking the children vaccinated with indelible ink. Defaulter tracing will be a focus of follow-up activities to ensure full coverage is achieved.

- Community Based Surveillance (CBS) has been a key instrument used by the MoH to identify, inform, detect and take action on 11 communicable diseases. SLRCS with support from IFRC and other partners has committed to supporting these efforts in two of the most affected districts (Koinadugu and Bonthe) of the EVD epidemic. Provision of this support will be continued until the end of June 2018.

Psychosocial Support

SLRCS has supported communities affected by the EVD epidemic across 13 districts. SLRCS and IFRC conducted a PSS needs and capacity assessment with the aim of identifying PSS long-term recovery /development needs. From the findings, most of the individuals and communities had recuperated and returned to their normal lives. In addition, there was no evidence of stigma and discrimination against the EVD affected individuals. The findings indicated unmet PSS needs in protection, among them sexual and gender based violence. The assessment highlighted areas to be strengthened within SLRCS, to improve delivery of PSS interventions.

Within the reporting period, a significant PSS capacity was created through training for the volunteers, and staff in all aspects of the provision of psychosocial support, both at emergency, recovery and development phases. This was done through training on Psychological First Aid (PFA), Community-Based Psychosocial Support (CBPSS), developing coping skills and stress management, violence prevention and peace building training. The training built a solid foundation that could be utilized in the varied landscapes of PSS interventions.

The PSS programme is currently being integrated into long-term community based health and first aid, and disaster reduction.

Food security and livelihoods (FSL)

During a rapid early recovery and rehabilitation assessment in 2015, eight districts were identified as target areas, or locations for the Government of Japan funded project implementation. These included Kailahun, Pujehun, Kambia, Kono, Port Loko, Bombali, Moyamba, and Western Area. Implementing the project in eight districts presented serious logistical challenges in accessing certain areas of the country and risked overstretching resources. It was therefore agreed to focus on four adjacent districts (Kambia, Bombali, Port Loko, Kono). Reducing the target districts did not have any impact on the number of targeted beneficiaries in the original project proposal. Through focusing on four districts, the project reached a relatively high number of beneficiaries with the available resources. As stated above, the project reached 2,000 direct and 12,000 indirect beneficiaries through the food security and livelihoods project components. Through rolling-out disaster risk reduction education and sensitization activities, 1,737 students in eight secondary schools and 1,352 community members from the four target districts were sensitised on prevailing disaster risks. As a result, most communities are aware of some of the prevailing hazards and dangers present in their locations.

The former project did not have sufficient resources to address the needs of EVD affected people in all the targeted districts. Food security and livelihoods activities however remain an important aspect of the recovery appeal. The FSL programme aims to help affected communities restart and strengthen their livelihoods activities. The SLRCS recently initiated a similar FSL project in the four districts (Kailahun, Pujehun, Tonkolili, and Koinadugu) that were omitted from the Japanese Government funded project. SLRCS in coordination with the MAFSS and Social Welfare has identified 2,000 beneficiaries (800 farming households and 1,200 savings and loan group members) in those four districts most affected by EVD epidemic. The lessons learned from the previous project implementation have been applied in launching implementation of this project. Lessons learned have also be utilised in targeting beneficiaries and communities, preparing detailed implementation work plans and establishing monitoring and evaluation frameworks, to make the project a success. The 800 farming households have been organised into 32 farmers' groups (8 groups per district) whilst the 1,200 households are organised into 60 saving and loan groups (15 groups per district).

Some of these groups have already been engaged in farming activities and it is expected that most of these farmers' groups will start farming activities in the coming months. SLRCS, with technical backup support from IFRC and in close coordination with the Ministry of Agriculture, will provide the selected groups of farmers with some key elements of support, to kick start the food security and livelihoods activities. These support /activities include:

- Target and organise 800 beneficiaries (households) into 32 farmers' groups;
- Training 200 innovative (lead) farmers, selected from 32 farmers' groups, in improved agricultural practices;
- Procure and distribute 1,200 bags of rice seed and 3,200 various farm tools to 32 farmers' groups;
- organise 60 savings and loans groups at village level (20 members per group);
- Train 60 members of 60 village savings and loans groups on entrepreneurship
- Provide loans and start up services to savings and loans groups.

2. Strengthen National Society Capacity

The National Society Development Strategy sets out how SLRCS intends to manage, develop and engage its staff and volunteers to optimise their contribution to becoming a leading, sustainable and resilient organization, delivering quality services. A number of areas have been identified for support to enhance the capacity of SLRCS.

Leadership and accountability

This includes planning for strategic meetings (governance and management) and identifying lessons learnt and action points from statutory meetings to be implemented by the senior management team.

Volunteer recruitment, retention and recognition

Development of a volunteer database, which will facilitate volunteer management and monitoring of activities. SLRCS will also build upon the training strategies of each programme, through the development of a nationwide calendar, to streamline and monitor training of volunteers.

The Swedish Red Cross, in coordination with the three most EVD affected National Societies (Sierra Leone, Liberia and Guinea), carried out in January 2017 a volunteer development evaluation. The purpose of this exercise was to identify, recognise and document challenges faced by the three EVD-affected NS in recruiting, managing and retaining volunteers during the EVD epidemic. The report was presented to Pan-African Conference in April 2017. The results of this report will be extremely helpful in addressing some of the key issues of recruiting, managing and retaining volunteers.

Human Resources, Training and Professional Development

Relevant training and professional development opportunities will be identified and provided to help staff and volunteers work effectively and support effective service delivery, while an integrated HR management system is being developed to effectively implement duty of care and other related personnel matters.

Partnership Development and Resource Mobilisation

With support from IFRC, SLRC will strengthen partnerships and improve accountability to donors and other stakeholders. SLRCS is working to ensure effective cooperation through formal agreements and with the coordination of the IFRC. A resource mobilisation strategy will be developed, and new funding sources and partnership opportunities will be explored, with the assistance of the IFRC Country Office, West Coast Regional Representation and the Africa Regional Office.

Financial management and accountability

A comprehensive finance management capacity assessment of the NS was carried out in February 2017. The results of this assessment identified a number of crucial areas needing the attention of the NS. IFRC, in coordination with the British Red Cross, will support SLRCS to address gaps and weaknesses identified in the capacity assessment report. In addition, SLRCS will be supported to develop tailored training programmes for those key staff members responsible for financial accountability issues, while making sure that all policies for improved financial and other resources are comprehensive and in place.

PMER and Community Engagement and Accountability (CEA)

Critical to performance and accountability is strong PMER and CEA systems. The IFRC in coordination with other partners is supporting SLRCS to build capacity and systems to implement effective monitoring and reporting according to quality standards and in a timely manner. IFRC will also support SLRCS to strengthen mechanisms to facilitate two-way communication and ensure transparency and accountability to communities supported through the operation.

BRC has supported SLRCS through in-country delegate assistance to strengthen the PMEAL unit. This includes support for the recruitment, induction and training of field staff on PMEAL principles. This will assist SLRCS to improve significantly its accountability and reporting practice.

Operational support services

Human resources

Overall responsibility for timely implementation, financial management and reporting will continue to be led by the Head of Country Office. In response to the EVD epidemic needs for response capacity, the IFRC was quick to mobilise 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 telecommunications.

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 will be 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 will be implemented by the health department, DRR activities will be implemented by the Disaster Management department and food security and livelihood activities will be implemented through the existing humanitarian values and livelihood department.

In each of the districts involved in the response, there is a cadre of 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 will be involved in the recovery activities whenever needed, to ensure volunteer retention and utilisation 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 will continue to support 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 and will be completed before the end of December 2017.

Security

The IFRC Security Unit in Geneva and Regional Security Coordinator in Nairobi will continue working closely with the IFRC Country Office to monitor the security situation and provide support when required. Regular security reviews will be conducted to identify security risks and challenges in the context of upcoming general elections in the country and review risk mitigation strategies outlined in the current security guidelines.

Planning, Monitoring, Evaluation, and Reporting (PMER)


The performance of the operation will be continuously monitored through a robust system of accountability and reporting. Emphasis will be on tracking the progress of outputs to inform operational planning and decision making. The SLRCS PMER structures at branch level will be enhanced, so that staff and volunteers collect viable data, that is timely and trusted. The BRC PMER delegate will continue supporting the National Society to use data collection tools effectively, including real time mobile data collection and to improve data management.

The IFRC is working in close coordination with BRC to ensure that baseline information is collected at sector levels to develop and implement needs-based programmes. In addition, IFRC in coordination with partners will carry 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, will continue at sector level and regular reporting will be maintained.

Administration and Finance

Financial resource management will be according to the SLRCS regulations and IFRC guidelines. The NS's own procedures will be applied to justify expenditure and will be completed in IFRC formats. To enhance financial management and analysis, financial management software will be installed and key staff will be 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	1250 1250
Number of volunteers from 14 branches trained on IPC	280 In progress
Number of staff at District and HQs trained on Kobo tool box	30 In progress
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	1250 1250
Roll out CBHFA and ECV approaches in 25 communities in five branches.	25 25

Number of communities reached through CBHFA and ECV approaches in five branches		
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	0 ²
Number of volunteers surveyed regarding health facilities, communities and water sources	280 volunteers	280 volunteers
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
Progress towards outcome		
<p>The transition of emergency response to NS society core activities that commenced in 2017 includes CBS as part of the CBHP. This would merge the activities conducted in community health clubs with that focused on preventive and promotive health in reproductive maternal and child health activities.</p> <p>Community based surveillance is 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.</p> <p>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 diarrhoea, 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.</p> <p>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 –</p>		

² Midterm evaluation was not done; however, an end line evaluation is being organized for the three Ebola affected countries.

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.

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

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

Indicators	Target	Actual
Three-year PSS strategic plan developed	1 Plan	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 volunteers	1,200 volunteers
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

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:

CBPSS training for 980 volunteers & 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.

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 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 females and 31 males) 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 emphasised 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: same as health
 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	0
Number of WASH committees trained in Participatory Hygiene and Sanitation Transformation (PHAST)	170	0
Number of teachers and students trained in Children's Hygiene and Sanitation (CHAST)	210	0
Number of community's groups implementing PHAST	120	0
Number of schools implementing CHAST	60	0
Number of Parent Teachers' Association trained on WASH.	100	0

Progress towards outcome:

Activities under WASH interventions could not be carried out due to lack of technical capacity from the SLNRC in WASH. However, with the enhanced capacity of the SLNRC through support from British Red Cross, in WASH, the interventions will be implemented in the coming months



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	1	1

for the food production project in each of the eight districts		
Train master farmers in general agriculture in collaboration with the Ministry of Agriculture on modern farming methods (100/district)	80	80
<p>Progress towards outcome 80 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.</p>		
<p>Output 1.8.2 Agricultural inputs and material provided to 800 target families in 2016 and 2017.</p>		
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
<p>Progress towards outcome: Outcome related to the one above 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.</p> <p>The project has delivered agricultural skills, inputs and livestock such as 2,946 bags of rice seeds, 2128 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.</p>		
<p>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.</p>		
<p>Output 1.9.1 EVD affected target beneficiaries provided with small animals (goats).</p>		
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	Post distribution monitoring is currently being done by MAFFS. This is because the

farming groups were handed over to MAFFS who have registered them as farmers association. Being registered gives them access to government agricultural grants, fertilizer, access to markets etc.

Progress towards outcome

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

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.

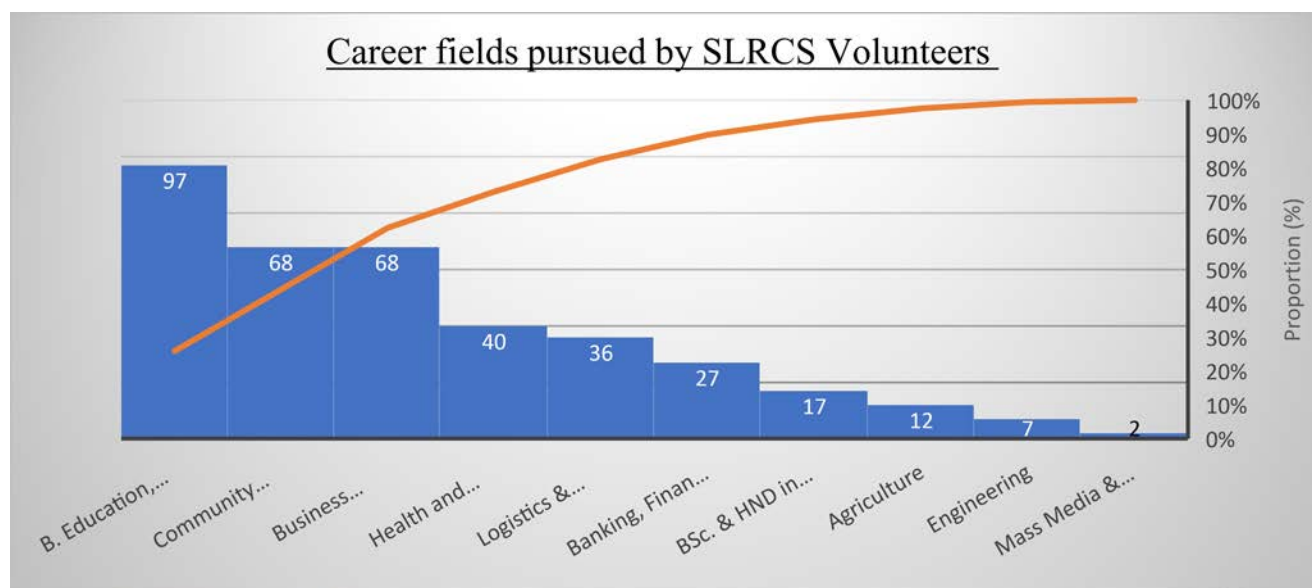
Output 1.10.2 Vocational skills training and/or productive assets to improve income sources are provided to target population.

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 volunteers	1256
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

Progress towards outcome

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 are pursuing 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. Once the volunteers qualify, they will form a large human resource base for SLRCS and the country at large, based on their skill sets. The chart below shows the various fields being pursued by the volunteers.



Vocational Skills Development

As of May 2017, 65% (262/402) of the volunteers who opted for vocational skills training have completed their one-year or six-month training program at various vocational training institutions across Sierra Leone. The six-month program was tailored for those volunteers that opted to do driving as a career, based on their qualification and passion for the course. The other courses were offered for a duration of one year, as approved by National Council for Technical and Vocational Education (NCTVE). The remaining 35% of the volunteers are expected to complete their training program by July 2018. The chart (*Chart 2*) below shows the breakdown of the vocational skills the volunteers are undertaking.

The volunteers that have completed their vocational skills training, have been provided with start-up kits that comprise of the tools or equipment necessary to operationalize the skills they acquired during the training. The table (*Table: 1*) below provides details of the start-up kits. Some of the start-up kits were provided to groups that were formed, so that there was synergy in skills utilization.

The volunteers were encouraged to form clusters that facilitated synergy in utilization of skill sets already acquired. This builds on the strength of working together, as seen during the EVD response, where they delivered enormous results at a challenging time, while they were conducting safe and dignified burials

At the same time, it is also being ensured that the volunteers develop a long-term working relationship with the training institutions and their concerned SLRCS branches. This additional measure should help in proper utilization and long-term use of the equipment provided in delivering desired services in their respective fields. The training institution will support in mentorship and updating their technical skills, that may have changed due to technological changes or advances in their line of training.

Additionally, the project supported SLRCS district branches by installing small scale solar power systems across the 14 branches. This will enable the volunteers to access a reliable power supply necessary for continuous learning and improvement in their professions. This puts into cognizance that most of the districts in Sierra Leone are not within the national power grid and power supply is intermittent

Chart 2: SLRCS SDB/IPC, Social Mobilization, Contact Tracing & Psychosocial support volunteers
Vocational Skills Training Breakdown

Vocational Skill Undertaken by SDB/IPC , Social Mobilization, Contact Tracing & PSS Volunteers

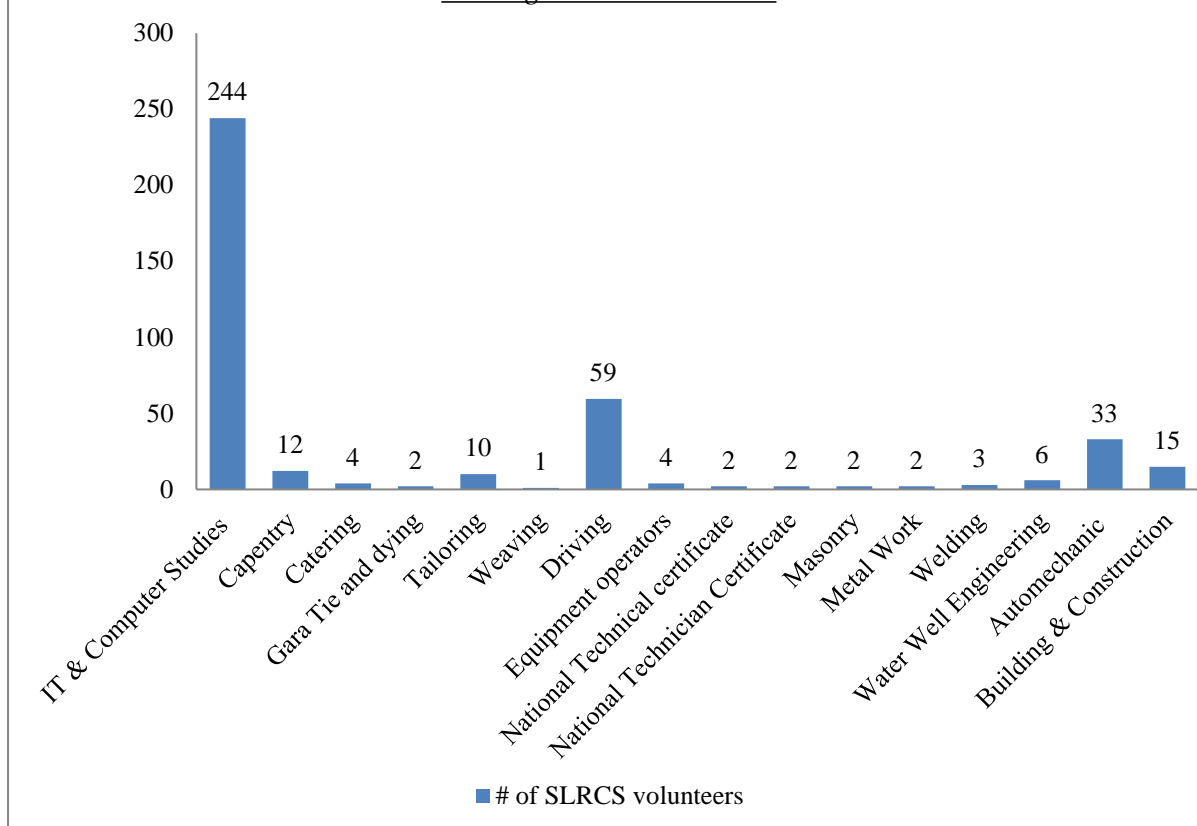


Table 1: Details of start –up kits for SLRCS SDB/IPC, social mobilization, contact tracing & psychosocial support volunteers

Vocational Skills Training	# Of SLRCS Volunteers	Description of Start-Up Kits
IT/Computer studies	242	Laptops
Building & Construction	17	Masonry toolkit
Carpentry	12	Carpenters tool kit
Auto Mechanic	16	Moto mechanic toolkit
Water well engineering	6	Plumber kit
Driving	59	Driving licenses
Welding & Metal Work	5	Welding & metal toolkit
Tailoring	10	Tailors toolkit
Total	367	

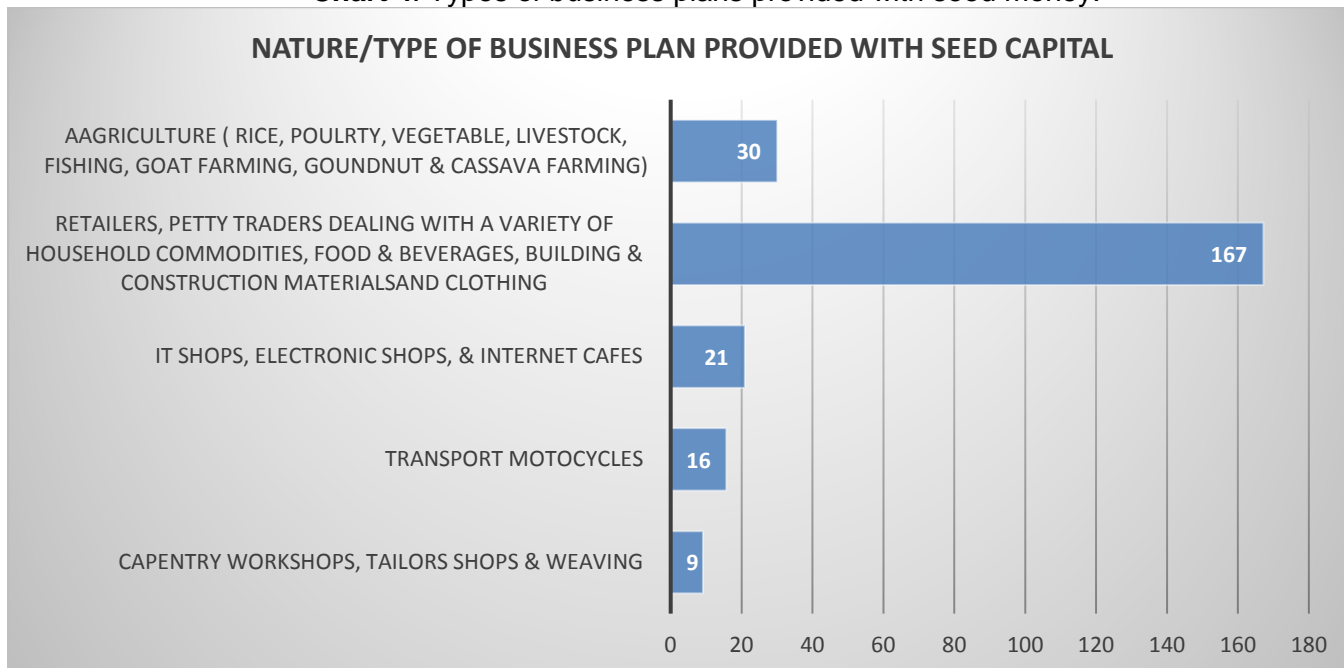
All the 402 volunteers are envisaged to complete vocational training by July 2018, based on the time they enrolled for their training course. The last set of volunteers (Soc. Mob, PSS & CT) added into the project are envisaged to complete after the project duration period. Follow-up arrangements have been made with the training institutions and the respective SLRCS branches to guarantee completion. The volunteers who qualify from these vocational training institutions will significantly increase the proportion of the skilled labour force necessary for self-reliance and self-actualization and in turn contribute to the progressive development of the society and the economy of the country.

Business Skill Development (BDS)

A total of 462 volunteers opted for business development training. Some 95% (442/462) of the volunteers that streamed through business development successfully completed the training and developed 243 business plans that were provided with start-up capital. There is a total of 10 group business plans with a total of 148 members across the Eastern region of Sierra Leone and 233 individual business plans. The remaining 19.8% (20) of the volunteers neither completed the training nor submitted a business plan for

funding. The chart (*Chart 4*) below illustrates the nature and type business ideas or plans provided with seed capital.

Chart 4: Types of business plans provided with seed money.



The training provided the necessary skills in business planning and management that will be essential in the execution of business ideas enshrined in the business plans.

SLRCS will monitor progress in implementation of the business plans and frequently engage with the BDS service providers and line ministries for technical support, in a bid to ensure that the desired goal of the project of establishing and expanding SMEs is realized. This will, in the long term, enhance the economic status of the volunteers, their families, communities and the country at large. In addition, SLRCS has entered a partnership agreement with Ecobank, through a memorandum of understanding, to support the volunteers in monitoring of the progress made in the implementation of the business plans. The partnership established will not only support in implementation of business plans developed by the volunteers, but also increase the chances of the volunteers to access loan facilities.

Career Advisory Placement Services (CAPS)

Sixty-two volunteers opted for CAPS, of which 8% (5/62) of the volunteers are currently in employment, while 92% (57/62) of the volunteers are undergoing internship programs at various institutions and organizations across Sierra Leone. The internship initiative provides an opportunity for the volunteers to gain essential work experience and provide them the chance to showcase their skills, competencies and abilities and hence improve their likelihood of being absorbed into the labour market.

Financial inclusion

A total of 1,256 (930 Males and 326 males) SDB/IPC, social mobilization, contact tracing and psychosocial support volunteers successfully completed financial literacy training, with support from Ecobank. The training imparted skills, knowledge and information required by the volunteers to make prudent financial decisions regarding savings and lending schemes. It is envisaged that the volunteers will apply the skills acquired in improving their access to an array of financial services and thus encourage long-term engagement with banking and microcredit institutions.



Disaster Risk Reduction

People reached³: Same as health and WATSAN

Male:

Female:

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.

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

Progress towards outcomes

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 centres), 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).

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

³ Reference to the counting people reached guidance

and ERC increase the focus in districts that had limited access to facilities and detection of disease outbreaks.

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.

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.

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.

Number of monthly visits conducted. Some 83% (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

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 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	Scheduled for 1 st quarter of 2018
Number of emergency response volunteers recruited, trained and appropriately equipped	2,160	Scheduled for 1 st quarter of 2018
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	Moved to 2018
Contingency plans and early warning systems for epidemic outbreak for communities is developed	1	Rescheduled for 2018
Contingency plans and early warning systems for flood-prone communities in three branches developed	1	Will be ready by December 2017
Simulation exercise to practice activating contingency plan in communities with participation of stakeholders is conducted	1	Scheduled for November 2017
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
<p>Progress towards outcomes:</p> <p>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.</p> <p>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.</p> <p>The pending activities not accomplished under the output are going to be implemented in November and December 2017 and will significantly strengthen the DRR implementation through specialized training on NDRT and CBDMCs.</p> <p>SLRCS is currently in the process of updating the contingency plans with support from ICRC, BRC and IFRC. This will be critical as Sierra Leone prepares to hold elections in March 2018.</p> <p>Updating of contingency plans and simulation exercises for flood prone areas, as well as the setting up of early warning systems for disease outbreaks, will be implemented in November and December 2017.</p>		
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
<p>Progress towards outcome: All activities planned have been completed by 2016. 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.</p>		

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	Rescheduled for 2018
Number of Quarterly Branch Executive Statutory Meetings Supported	13	13
Number of youths trained on leadership	40	33
<p>Progress towards outcome 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</p>		

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 line with the African road map of strengthening branches as the center for resilience. It 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.

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, and FRC)

Progress towards outcome:

Due to the increased campaigns to reactivate operations membership has increased. The volunteers are also more rejuvenated and motivated to continue working as a result 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. One is in progress with the AfDB for Waste Disposal Management with the Freetown City Council.

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	IFRC during the extension period will support in the completion of the construction of two warehouses in Bo and Waterloo. The tendering

		process has been completed and contracts have been awarded to the contractors
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 IFRC and British RC Country team are providing technical and financial support to NS for the 2017 partnership meeting. Before this happens, NS will organize a three-day planning meeting where also, all partners technical persons for the different programmes will support in the review and development of key NS documents for 2018
Progress towards outcome:		
<p>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.</p> <p>Currently, IFRC and BRC are supporting with organising the yearly planning and biannual partnership meeting which should take place in November 2017.</p>		
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 workshop 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 This will be done when the warehouse is completed
Progress towards outcome:		
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
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

Progress towards outcome:
 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.

Outcome 1.21 Improved human resource management system contributes to a sustainable and favorable 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	ongoing
Number of insurance policies established and implemented	2	ongoing
Number of refresher trainings on records management conducted	2	2
HR monitoring visits conducted	8	ongoing

Progress towards outcome:
 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.

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	ongoing
Reviews of IFRC supported programmes indicate adherence to good practice.	4 th quarter	ongoing

Progress towards outcome:
 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.

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
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Number of joint SLRCS programmes/PMER/finance monitoring to branches conducted	12	6
Number of supportive supervision 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 (scheduled for 1 st quarter of 2018)
Number of joint mid-term and end-term evaluations exercises.	2	1
Number of lessons learned workshop	2	2
<p>Progress towards outcomes:</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>		

Annex 1: ASSUMPTIONS AND RISKS TABLE TEMPLATE

#	RISK DESCRIPTION	IMPACT	PROBABILITY	OVERALL RISK RATING	CONTROL MITIGATION ACTIVITIES /	RISK OWNER	COMPLETION DATE
Programmes and Operations							
1	Further outbreak of Ebola limits planned programme implementation.	High	Medium	Medium	Maintain coordinated surveillance activities and preparedness to respond to any future outbreak.	Programme Coordinator	Ongoing
2	Increasing poverty in communities leads to disruption of planned programmes.	Medium	Low	Low	Ensure programmes are flexible to respond to changing needs, supported by a strong volunteer corps.	Programme Coordinator	Ongoing
3	IFRC's and NS's reputations are compromised by slow rate of programme implementation.	High	Medium	Medium	IFRC will provide technical support to key programmes and provide additional support if required, to ensure that the momentum of programme implementation is maintained.	Programme Coordinator	Ongoing
4	Reputational risk due to public criticisms of NS / IFRC programmes.	Medium	Medium	Medium	IFRC and NS collaborate to ensure effective communication with beneficiaries, volunteers and other stakeholders.	Programme Coordinator	Ongoing
Finance							
5	NS finance management capacity limitations constrain programme implementation.	High	High	High	IFRC will prioritize support for finance management capacity development.	HoCO	Ongoing
6	Delays in NS reconciling working advances leads to low level of funding transfers from IFRC.	High	High	High	IFRC's finance team will closely monitor management of working advances and raise any concerns immediately these arise.	FAD	Ongoing
7	NS is unable to meet its operational costs.	High	Medium	Medium	Ensure that NS budgets are realistic and seek to predict any shortfalls in advance.	FAD	Ongoing
Logistics and Procurement							
8	NS logistics and procurement weaknesses constrain programme implementation.	Medium	Medium	High	IFRC will continue its programme of intensive logistics training and support and its oversight of procurement processes.	Logistics Coordinator	Ongoing

9	Poor adherence to procurement procedures results in integrity concerns.	High	Medium	Medium	IFRC will continue to support and oversee the activities of the CoC. A new procurement policy for the NS will be developed. Training will be provided to NS staff on the new policy.	Logistics Coordinator	Ongoing
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Security

10	Political and social unrest due to continuing economic decline and elections.	Medium	Medium	Medium	Maintain humanitarian diplomacy activities, particularly in communities. Maintain IFRC security focal point. Ensure access to accurate security information.	HoCO	Ongoing
11	Economic decline leads to high levels of criminality.	Low	Medium	Low	Maintain effective security for staff, delegates and assets.	HoCO	Ongoing

Human Resources

12	Poor retention of IFRC national staff.	Medium	Low	Low	Ensure appropriate remuneration and benefits package for national staff. Ensure staff have opportunities for professional development.	HoCO	January 2018
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IT

13	Efficiency of the Country Office is compromised due to the inability to maintain effective IT systems and support.	High	Medium	Medium	Develop an effective programme of training and development for IFRC's IT Officer. Identify external support as required. Liaise with Regional IT Manager to ensure effective plans are in place to maintain and develop IT systems.	HoCO	March 2018
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Administration

14	Loss of fixed assets.	Medium	Medium	Medium	Registration of all fixed assets (above a value of CHF 500). Annual asset verification exercise.	FAD	December 2017
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PMER

15	Poor quality and delayed donor reporting.	Medium	High	High	Maintain accurate timetable of donor's report. Begin reporting well in advance of deadlines. Ensure time for quality control of reports.	Programme Coordinator	Ongoing
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Resource Mobilization

16	Inadequate funding raised in 2017 for continuation of NS's core programmes in 2018 and beyond.	High	High	High	Strengthen relations with existing donors. Build relationships with new donors. Develop innovative programmes to attract donors. Support SLRCS to develop income generating activities.	HoCO	Ongoing
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D. BUDGET

Interim financial report is annexed

Reference documents



Click here for:

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

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in 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.**

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	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			61,197,408			61,197,408	
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			1,053,404			1,053,404	14
British Red Cross			502,693			502,693	
British Red Cross (from British Government*)			22,714,430			22,714,430	
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			1,907,103			1,907,103	-4
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.			45,410			45,410	263
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 31 Dec 17

Appeal Launch Date: 26 Jun 14

Interim Report

		Selected Parameters	
Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	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 31 Dec 17

Appeal Launch Date: 26 Jun 14

Selected Parameters			
Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

On Line donations (from Slovenia - Private Donors*)	1	1	
On Line donations (from South Africa - Private Donors*)	26	26	
On Line donations (from Spain - Private Donors*)	106	106	
On Line donations (from Sri Lanka - Private Donors*)	33	33	
On Line donations (from Swedish - Private Donors*)	137	137	
On Line donations (from Switzerland - Private Donors*)	38	38	
On Line donations (from Syria Private Donors*)	1	1	
On Line donations (from Taiwan - Private Donors*)	148	148	
On Line donations (from Thailand - Private Donors*)	90	90	
On Line donations (from Trinidad & Tobago - Private Donors*)	10	10	
On Line donations (from Turkey - Private Donors*)	16	16	
On Line donations (from Ukraine private donors*)	8	8	
On Line donations (from Unidentified donor*)	2	2	
On Line donations (from United Arab Emirates - Private Donors*)	462	462	
On Line donations (from United States - Private Donors*)	4,630	4,630	
On Line donations (from Uruguay - Private Donors*)	1	1	
On Line donations (from Vietnam - Private Donors*)	11	11	
Other	-6,069	-6,069	
Red Crescent Society of the Islamic Republic of Iran	10,000	10,000	
Red Cross of Monaco	18,097	18,097	
Spanish Government	3,872,916	3,872,916	
Spanish Red Cross	284,955	284,955	
Swedish Red Cross	1,420,097	1,420,097	
Swiss Red Cross	308,943	308,943	
Swiss Red Cross (from Swiss Government*)	1,700,000	1,700,000	
The Canadian Red Cross Society	265,049	265,049	
The Canadian Red Cross Society (from Canadian Government*)	923,182	923,182	
The Netherlands Red Cross	74,329	74,329	
The Netherlands Red Cross (from Netherlands Government*)	1,206,285	1,206,285	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)	51,875	51,875	
Toyota Motor Corp.	19,102	19,102	
UNDP - United Nations Development Programme	1,425,634	1,425,634	
UNICEF - United Nations Children's Fund	456,715	456,715	
United States Government - USAID	12,396,067	12,396,067	45,820
C1. Cash contributions	59,500,074	59,500,079	46,094

Inkind Goods & Transport

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	
C2. Inkind Goods & Transport	404,935	404,935	

Inkind Personnel

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	
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	101,437	101,437	
Spanish Red Cross	1,795	1,795	
Swedish Red Cross	22,800	22,800	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Selected Parameters			
Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

Swiss Red Cross	24,293	24,293	
The Canadian Red Cross Society	74,643	74,643	
The Netherlands Red Cross	16,137	16,137	
C3. Inkind Personnel	481,405	481,405	
Other Income			
Fundraising Fees	-2,822	-2,822	
Sales	4,893	4,893	
Services Fees	10,870	10,870	
Sundry Income	34,704	34,704	
C4. Other Income	47,644	47,644	
C. Total Income = SUM(C1..C4)	60,434,063	60,434,063	46,094
D. Total Funding = B + C	60,434,063	60,434,063	46,094

* 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			60,434,063			60,434,063	46,094
E. Expenditure			-55,749,870			-55,749,870	
F. Closing Balance = (B + C + E)			4,684,193			4,684,193	46,094

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	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)				61,197,408		61,197,408		
Relief items, Construction, Supplies								
Shelter - Relief	192,902			155,105		155,105	37,797	
Shelter - Transitional	47,140			41,730		41,730	5,410	
Construction - Housing	0						0	
Construction - Facilities	132,281			562,320		562,320	-430,039	
Construction Materials	354,184			354,127		354,127	58	
Clothing & Textiles	559,768			557,905		557,905	1,864	
Food	320,293			308,432		308,432	11,861	
Seeds & Plants	203,791			138,355		138,355	65,436	
Water, Sanitation & Hygiene	1,954,135			1,059,612		1,059,612	894,523	
Medical & First Aid	4,988,837			4,616,870		4,616,870	371,968	
Teaching Materials	387,277			36,102		36,102	351,175	
Utensils & Tools	98,334			229,288		229,288	-130,954	
Other Supplies & Services	363,606			362,703		362,703	903	
Cash Disbursement	3,900			204		204	3,696	
Total Relief items, Construction, Sup	9,606,450			8,422,754		8,422,754	1,183,696	
Land, vehicles & equipment								
Land & Buildings				1,498		1,498	-1,498	
Vehicles	739,186			912,757		912,757	-173,572	
Computers & Telecom	361,449			495,204		495,204	-133,755	
Office & Household Equipment	251,001			235,534		235,534	15,466	
Others Machinery & Equipment	19,760			9,280		9,280	10,480	
Total Land, vehicles & equipment	1,371,395			1,654,274		1,654,274	-282,878	
Logistics, Transport & Storage								
Storage	1,307,068			769,856		769,856	537,212	
Distribution & Monitoring	3,050,274			3,006,762		3,006,762	43,512	
Transport & Vehicles Costs	6,343,584			6,205,445		6,205,445	138,140	
Logistics Services	623,679			636,993		636,993	-13,314	
Total Logistics, Transport & Storage	11,324,606			10,619,055		10,619,055	705,550	
Personnel								
International Staff	8,056,550			7,786,848		7,786,848	269,702	
National Staff	210,840			201,921		201,921	8,920	
National Society Staff	7,710,495			6,304,429		6,304,429	1,406,067	
Volunteers	9,964,190			9,871,429		9,871,429	92,760	
Total Personnel	25,942,075			24,164,626		24,164,626	1,777,449	
Consultants & Professional Fees								
Consultants	277,030			192,375		192,375	84,655	
Professional Fees	313,523			342,594		342,594	-29,072	
Total Consultants & Professional Fees	590,553			534,970		534,970	55,583	
Workshops & Training								
Workshops & Training	2,461,077			1,888,713		1,888,713	572,364	
Total Workshops & Training	2,461,077			1,888,713		1,888,713	572,364	
General Expenditure								
Travel	1,314,978			1,355,429		1,355,429	-40,451	
Information & Public Relations	1,229,933			1,116,889		1,116,889	113,044	
Office Costs	1,899,783			1,652,301		1,652,301	247,482	
Communications	1,061,781			1,081,856		1,081,856	-20,075	
Financial Charges	-660,878			-2,049,302		-2,049,302	1,388,424	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - Ebola Virus Disease

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	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)				61,197,408			61,197,408	
Other General Expenses	88,255			92,646			92,646	-4,391
Shared Office and Services Costs	104,540			349,044			349,044	-244,504
Total General Expenditure	5,038,392			3,598,864			3,598,864	1,439,528
Depreciation								
Depreciation and impairment	646,614			650,992			650,992	-4,378
Total Depreciation	646,614			650,992			650,992	-4,378
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				336,126			336,126	-336,126
Total Operational Provisions				336,126			336,126	-336,126
Indirect Costs								
Programme & Services Support Recove	3,707,636			3,341,045			3,341,045	366,591
Total Indirect Costs	3,707,636			3,341,045			3,341,045	366,591
Pledge Specific Costs								
Pledge Earmarking Fee				446,387			446,387	-446,387
Pledge Reporting Fees	449,224			32,678			32,678	416,546
Total Pledge Specific Costs	449,224			479,065			479,065	-29,841
TOTAL EXPENDITURE (D)	61,197,408			55,749,870			55,749,870	5,447,538
VARIANCE (C - D)				5,447,538			5,447,538	

Disaster Response Financial Report**MDRSL005 - Sierra Leone - Ebola Virus Disease**

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2017/08	Programme	MDRSL005
Budget Timeframe	2014/4-2017/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	61,197,408		60,434,063	60,434,063	55,749,870	4,684,193	46,094
Subtotal BL3	61,197,408		60,434,063	60,434,063	55,749,870	4,684,193	46,094
GRAND TOTAL	61,197,408		60,434,063	60,434,063	55,749,870	4,684,193	46,094