

Emergency Plan of Action DREF Final Report

Sierra Leone: Floods

DREF operation	n° MDRSL008 / PSL049
Date of Issue: 18 February 2020	Glide number: FL-2019-000089-SLE
Date of disaster: 02 August 2019	
Operation start date: 09 August 2019	Operation end date: 09 November 2019
Host National Society: Sierra Leone Red Cross Society	Operation budget: Swiss francs 173,092
Number of people affected: 5,381 people (896 households)	Number of people assisted: 1,800 (300 households)
N° of National Societies involved in the operation: Two (2), British Red cross and Finnish Red Cross	
N° of other partner organizations involved in the operation: 14, including Office of the National Security, Freetown City Council, WFP, UNICEF, World Vision, Plan international, Concern Worldwide, CRS, CORD Aid, GOAL, Action Aid, Ministry of Agriculture, Relief and Rehabilitation Commission and Action Against Hunger	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The Netherlands Red Cross and ECHO contributed in replenishing the DREF for this operation. On behalf of Sierra Leone Red Cross Society (SLRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster



On 1st August 2019, floods and landslides in Freetown, Capital of Sierra Leone, were triggered by heavy and continuous downpour. The raging floods resulted in the destruction of houses and road networks, and the livelihoods of approximately 896 households (5,381 people), according to the results of the rapid needs assessment (RNA) conducted by the Office of National Security (ONS) in collaboration with other humanitarian actors in disaster management.

Indeed, this episode of floods came after persistent torrential rains from late May 2019 to August 2019, with the highest recorded incident being on 1st to 2nd August 2019. The Office of National Security confirmed that the floods had claimed six (6) lives and that more people, especially lactating mothers, pregnant women and children, were likely to face the risks of illness from water-borne diseases. Owing to stagnant pools of water and temporary rain created ponds there were significant increases in mosquito infestation and the rise of malarial infection. This was a potential threat to people, especially those living in the most affected communities. The abundance of contaminated water with limited WASH facilities meant communities were exposed to diseases such as diarrhoea and cholera. In addition, the floods undermined the livelihood capacity of people in the affected communities as it destroyed food crops as well as submerged agricultural production resulting in increased malnutrition especially for children under five years of age. Based on this background, there was a need for a multi-stage response, linking relief and recovery interventions for the affected populations. It was on account of this situation that Sierra Leone Red Cross Society and its Movement partners including IFRC, British Red Cross and Finnish Red Cross exerted efforts and embarked on various response and recovery activities.

Summary of response

Overview of Host National Society

With respect to this floods' operation, the SLRCS was at the center of the government led multi-agency response plan. At the onset of the flood response, an initial 20 SLRCS volunteers were deployed to work in affected communities by providing rescue, first aid services to injured people, distribution of household items to flood-affected populations and supporting other organizations in relief distribution. In addition, Red Cross volunteers provided awareness programmes on flood preparedness, health precautions, hygiene and sanitation, dissemination of early warning early action messages, and provided psychosocial support to the bereaved families. The PSS sessions in the communities brought together most traumatized community members who were mostly hit by the floods, giving them a chance to express their emotions about their feelings related to lost loved ones or livelihoods, and helped them to normalize their behavior and interaction with other people.

At the onset, three (3) ambulances with body bags and protective gear for volunteers were deployed to support transportation of affected persons from their flooded homes to either safer places or health centers in Moiba, Bathurst and Culvert communities in Freetown, while Red Cross volunteers supported 40 people by carrying them on their bare backs from the cut-off communities to the mainland in Kaningo and Kamayama communities. SLRCS ambulance services also transported 18 wounded people to health facilities for medical attention.

SLRCS activated eight (8) National Disaster Response Team members (NDRT) to beef up the human resource capacity in the Freetown Red Cross branch for quality and timely response. The NDRT team were joined by 25 SLRCS volunteers who were deployed to carry out the government led rapid needs' assessment of the affected communities to ascertain the degree of loss and damage suffered, and also supported government led registration of affected households. SLRCS's contribution to the response was widely recognized by both state and non-state actors.

The National Society has organizational structures at the national and district levels organized around programmes and support units; finance, logistics and procurement including resource mobilization. The NS also has 26 NDRT trained staff and volunteers with the required knowledge in responding to disasters of every kind. This served as a strength to facilitate planning, coordination and the provision of a timely response to the flood related issues in Freetown and its immediate environs. Prior to the floods, the National Society completed a training for senior, programme and branch managers on how to ensure good community engagement and accountability within programmes and operations.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides technical support to the SLRCS through its Sierra Leone Country Office, which is based in Freetown and the Africa Region office based in Kenya. These two offices supported the NSs request for a DREF grant and on 9th August, the [DREF operation](#) was launched, to meet the needs of most affected people from the floods.

These emergency funds enabled volunteers to assist 1,800 (300 households) with search and rescue, first aid, health care, water, sanitation and hygiene promotion and emergency food and distribution of household kits. To speed up implementation of the operation and meet immediate needs of the affected HHs, the number of volunteers previously engaged was increased from initial 20 to 100, comprising of ten from each of the affected communities. Most of these volunteers were community-based who provided psychosocial support to distressed victims and carried out hygiene promotion activities in the affected communities working three days in a week.

The Sierra Leone Red Cross Society (SLRCS) with the support of the IFRC coordinated the support of RCRC Movement partners. The Movement was part of the coordination mechanisms at national level, meeting every day from the onset of the disaster. The two bilateral National Societies (NSs), the British and Finish Red Cross in Sierra Leone supported the launch of the DREF to enable the SLRCS promptly respond to the floods. Furthermore, the BRC and FRC provided funds to support other functions falling out of the DREF criteria and other preliminary needs to flood affected communities in Bonthe District and Lakka community respectively.

Overview of non-RCRC actors in country

Key actors that were active in the floods response included; Office of the National Security (ONS), Freetown City Council (FCC), World Food Program (WFP), UNICEF, World Vision, Plan international, Concern Worldwide, CRS, CORD Aid GOAL, and Action Aid among others. The Office of the National Security played coordinating role since the onset of the floods; consolidating the different response support to the operation as well as coordinating resource mobilization along with partners. Meetings were held to provide update on the disaster to partners and together, agree on the response mechanism. It was in one of the meetings that partners resolved to conduct a rapid needs assessment, forming five (5) multispectral zones with key actors to lead the assessment. The joint assessment was conducted with data collected, collated and consolidated which provided useful information for the response. UN agencies and INGOs also supported the Government to provide timely assistance to the affected people with WFP coordinating the data collection exercise, ensuring that actual beneficiaries were captured.

Needs analysis and scenario planning

Needs analysis

The basic needs of affected people were identified during the initial assessment conducted by SLRCS in collaboration with other disaster management actors to include shelter, WASH, food, health, PSS and security components. The findings from the assessment indicated that in overall terms the floods had displaced households, destroyed livelihoods and contaminated water sources. A consequence of polluted water sources was the increased risk of water borne diseases, with the worst affected persons being mothers, the elderly, persons with disabilities and malnourished women and children. A majority of the affected households had limited access to food and shelter due to damaged housing and destroyed agricultural lands.

The provision of water storage gallons to enhance storage capacity at household level, and hygiene promotion to address the risk of water borne diseases were among critical immediate needs of the affected population. Other critical immediate needs included provision of safe drinking water and food.

Scenario planning

This emergency plan of action was based on the most likely scenario that the level of damage caused by the floods would continue to increase and the humanitarian situation would further deteriorate but not on a wide scale. Based on this scenario, NS initially requested for the DREF to kick-off emergency activities and intended to request a second allocation if needed as the implementation progressed. Although the scenario was confirmed with the damage spreading beyond what was indicated in the EPoA with additional locations affected such as Bonthe, 215 HHs affected including 141 males and 74 females, and Lakka community in Freetown having 30 HHs affected including 16 males and 14 females. The NS initially thought to request for DREF support to be able to effectively respond to the newly reported floods incidents. However, with the wiliness of the PNs to provide timely support to NS, it was however later decided by NS not to request for a supplementary allocation from the DREF. The British RC and FRC provided support for supplementary actions in new affected areas of Bonthe and Lakka respectively.

Operation Risk Assessment

Sierra Leone in 2019 observed early flooding incidents as the rainfall intensity increased between August to September 2019. The high incident of flooding affected many communities in the country. These floods posed life-threatening situations, including destruction of houses, livestock, and road networks as well as water and sanitation facilities. Some communities (e.g. Dodo in the western part of Freetown) were cut-off completely from safe places.

With experience from previous emergency operation (Floods and Landslides) in which beneficiary selection was not clear, communication was poor, people were forced to move from temporary locations – which led to high levels of community frustration which fell on SLRCS volunteers as they engage in their social mobilization. The risk was mitigated during the DREF response by NS working with the affected communities to ensure that their reputation and trust within communities was protected from the outset.

In an unstable economy, possible changes in prices and in the supply chain due to flooding was initially predicted to impede the level and output of implementation, this was however not feasible during the period of implementation. Furthermore, during the flood season, cholera, diarrhoea and malaria cases were also expected to increase within populations living in flood-prone areas. The NS worked on hygiene and sanitation campaigns to ensure that affected areas were cleaned up, reducing risks of disease outbreak. Also, with mass sensitization and collaborative effort by partners, no incident of cholera was reported throughout the implementation of the plan of action.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this EPoA was to provide immediate basic assistance to address the most acute needs of 1,800 people (300 households) affected by floods in the capital city of Sierra Leone, Freetown. This was done by addressing immediate Shelter, WASH and Health/PSS needs of ten (10) communities in the city of Freetown including Kroobay, Kamayama, Kaningo, Barthurst, Berwick section (Bololo), Culvert, Mabela, Dodo, Ogu Farm and Cline town communities.

Proposed strategy

SLRCS, through its thematic core areas of focus ensured a collective response to the direst needs of the flood affected population. The strategy included gender-sensitization and protection in all programming, psychosocial support, and community engagement and accountability as a crosscutting approach to all affected people.

The DREF operation provided support in the planned areas of focus and achieved the below:

Shelter: The NS provided shelter related household items (HHIs) to 300 most affected households as follows: -

- Replenishment of 50 blankets and 50 tarpaulins initially distributed to 26 households.
- Procurement and distribution of 300 HHIs kits, with each kit composed of 1 kitchen set (2 saucepans, 1 knife, 1 ladle, 6 cups, 6 plates), 3 mosquito nets, 3 tarpaulins and 3 blankets. The distribution of the household kits was supported by 20 volunteers.

Health and Care: The NS ensured that affected households had good health practices with a view to reducing the occurrences of water and vector borne diseases such as malaria and diarrhoea. They also sought to prevent any cholera outbreak. In addition, SLRCS provided psychosocial support to the affected families. Activities included:

- Procurement and distribution of 900 mosquito nets (3 per household, is part of the HHIs kits),
- Deployment of 25 volunteers for search and rescue, also providing first aid to persons injured by the floods for 1 week from the disaster date.
- Psychosocial support provided to affected families. Some 30 volunteers were dedicated to providing PSS support to affected persons within their communities (3 per community). A one-day training was organized for volunteers involved in this activity.
- Health promotion activities, including sensitization campaigns. Some 70 SLRCS volunteers from all 10 communities targeted (7 volunteers per community) were deployed 3 days a week for 12 weeks to ensure community awareness on health issues resulting from the floods. This helped to rapidly identify and prevent any eventual outbreaks.

Water, Sanitation, and Hygiene: WASH activities for the targeted 300 households aimed to improve access to safe water, access to improved hygiene activities and disease prevention in the communities. The activities included:

- Procurement and distribution of 1,800 pieces of laundry soap (2 bars/household) and 11,700 pieces of bathing soap (13 per household) sufficient for 3 months.
- Procurement and distribution 600 jerry-cans of 10l and 600 buckets of 14l (2 per household for each item);
- Procurement and distribution of 162,000 Aqua tabs to purify 810,000 liters of water to be used by 1,800 people for 30 days, as per Sphere standard, each person should have at least 15l of water per day;
- Procurement and distribution of hand sanitizers (2 bottles per household);
- Conduct 3 days health and hygiene promotion training for 100 volunteers. This will refresh/prepare volunteers to conduct hygiene and sanitation promotion activities in the affected communities.
- Conduct hygiene and sanitation campaigns twice a month for 3 months (6 campaigns) to ensure communities, including their latrines, are cleaned up from the debris resulting from the flood. This activity was implemented by 100 volunteers (10 per community in all 10 target communities) and sanitation equipment (shovel,


wheelbarrow, rack, cutlass, axe and hammer) were procured and distributed to implement this activity. IEC materials (1,500 leaflets and 1,000 posters) for hygiene promotion activities were also provided.

SLRCS visibility was maintained through procurement of all items under HHIs, WASH, Health, visibility materials and protective clothing for 100 volunteers involved in this operation. Continued assessments and monitoring were also integrated in the operation to ensure that the operation is in line with the evolving situation on the ground.

Community Engagement and Accountability (CEA)

Community Engagement and Accountability (CEA) was mainstreamed throughout the intervention to guarantee meaningful participation of the affected communities. An effective complaints and feedback mechanism was set up to ensure community feedback was taken into account in the implementation of the EPoA. Hygiene and health promotion sessions were instrumental in collecting feedback and responding to community concerns. In addition, SLRCS informed community members that they can use the 300 Hotline service to ask questions, make complaints or provide feedback.

C. DETAILED OPERATIONAL PLAN

 <p>Shelter People reached: 1,365 Male: 669 Female: 696</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and short-term recovery through shelter and settlement solutions		
Indicators:	Target	Actual
# of households supported with household items	300 HHs (1,800 people)	273 HHs (1,365 People)
Output 1.1: Short-term shelter and settlement assistance is provided to affected households		
Indicators:	Target	Actual
# of household kits distributed	300	273
# of assessments conducted	1	1
% of households providing feedback on SLRCS response modalities	70% (1,260 people)	78% (1,065 people)
Narrative description of achievements		
<ul style="list-style-type: none"> Conduct rapid initial assessment of situation <p>Raid National Disaster Response Team members (NDRT) and 25 SLRCS volunteers were deployed to carry out the government led rapid assessment of the affected communities to ascertain the degree of loss and damage suffered. According to a report issued from the Inter-agency rapid needs assessment (RNA) conducted by the Office of National Security (ONS) in collaboration with other humanitarian actors in 23 affected communities, on 2nd August 2019 rains rendered 567 houses completely destroyed; 848 houses with broken walls; 1,474 displaced with host families, while 320 HHs were displaced and sleeping in public buildings. The raging floods also resulted in substantial destruction of road networks and destroyed the livelihoods of approximately 896 households (5,381 people). Basic needs of affected people including shelter, WASH and related items, food, health including psychosocial support, and security were identified during initial rapid assessments. The findings from the assessment also, indicated that the floods displaced some households and destroyed livelihoods, including crops in the field (in outskirts communities), and contaminated water sources, consequently increasing the risk of water borne diseases, with the worst affected being mothers, elderly, persons with disabilities and malnourished women and children. A majority of the affected households had limited access to shelter and food due to their destruction by the floods.</p>		

• **Procurement and distribution of Shelter/ Essential Households Items**

Relief items including Kitchen sets, blankets, hygiene kits, bathing and laundry soap, tarpaulins and cleaning tools were procured and distributed to affected HHs. SLRCS in conjunction with IFRC, and with support from the community-based volunteers distributed those relief items to 273 households who were seriously affected by floods on 2nd August 2019 in Freetown. The relief items comprised of cooking set, 3 tarpaulins, 3 blankets, 13 pieces of bathing soap, 2 pieces of laundry soap, 2 buckets (14l), 1 sanitary kit, 2 jerry cans and 50 sachets of Aqua tabs, shaving stick, sanitary pads, toothbrush and toothpaste. These were important items that helped the families maintain basic household functions and personal hygiene and in turn contributed to the overall goal of the operation. Each Distribution was conducted for two days with each day having three clusters.

List of items distributed:

No	Item Description	Unit	Items Distributed
1.	Tarpaulins	Pcs	819
2.	Blankets	Pcs	819
3.	Kitchen kits	Kit	273
4.	Jerry Cans	Pcs	546
5.	14l Buckets	Pcs	546
6.	Bathing Soap	Pcs	3,549
7.	Laundry Soap	Pcs	546
8.	Aqua Tabs	Sachet	13,650
9.	Hygiene kits	Kits	273

Number of households reached per community:

Name of community	Target HH	HH Reached
Barthust	1	1
Mabella	3	0
Susay Bay	75	68
Susay Bay Banking	10	10
Kamaya	3	0
Kaningo	11	11
Bololo	22	16
Jamiaca Bololo1	1	1
Jamiaca Bololo2	2	2
Syke Street Bololo	8	8
Regent	4	4
Kroo bay Spain	14	14
Kroo bay	12	11
Berwick street	7	6
Camp Charilie Ogo Farm	9	8
Ogo Farm	15	15
Turay Drive Ogo Farm	4	4
Dodo	5	5
Wellington Bottom Oku	94	89



Distribution of relief items to flood affected communities, Kroobay community

Challenges

The initial target for the distribution of relief item was 300 HHs. By the time Red Cross support was available, Cline town and Culvert were already covered by other institutions. As the Office of National Security (ONS) discouraged duplications, other communities were allocated to Red Cross which did not have the same total of expected HH. As a result, only 273 HHs were distributed. The balance of HHs will be kept in the warehouse as part of warehouse stock for future response.

There were some logistical issues with the transport of humanitarian items to be distributed in targeted communities. The National Society's 7-ton truck broke down, which required transferring the items to other vehicles to be able to deliver them on time.

Lessons Learned

- For any future DREF operation, the response team through CEA should ensure that selection criteria are disseminated among affected people, to ensure transparency of Red Cross activities.
- Involvement of all relevant authorities in all response will enable better coordinated programming.



Health

People reached: 1,638

Male: 803

Female: 835

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of households reached with immediate health support	300	273

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of volunteers deployed for search and rescue	25	20
# of volunteers trained in PSS	30	30
# of PSS sessions conducted	12	18
# of households receiving 3 mosquito nets	300	273

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

Indicators:	Target	Actual
# of volunteers deployed for health promotion	70	70
# of health promotion sessions conducted	36	8

# of floods related diseases reported	0	0
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Narrative description of achievements

Needs analysis and population to be assisted

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

- **Deployment volunteers for search and rescue;**

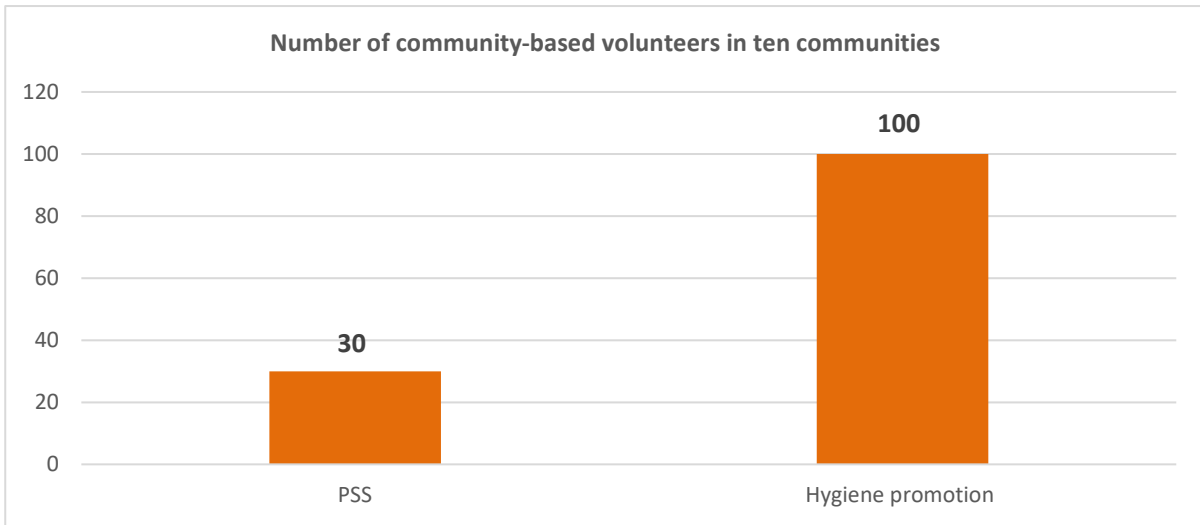
20 SLRCS volunteers were deployed to work in affected communities and providing rescue, first aid services to injured people. The rescue team supported 40 people by carrying them on their bare backs from the cut-off communities to mainland Kaningo and Kamayama communities, and also conveyed 18 wounded people to the SLRCS ambulances who were taken to health facilities for medical attention.

- **Procurement and distribution of 900 mosquito nets (3 per household)**

SLRCS health team with support from IFRC distributed mosquito nets, hygiene kits, pieces of soap, aqua tabs and jerry cans to floods affected households. The goal was to ensure that affected HHs would be able to sleep healthily and peacefully under a mosquito net, with the overall intention of reducing the occurrence of malaria. Malaria is a major health concern in Sierra Leone, particularly during the rainy season. It is the most common cause of death among children under 5 years old. Sleeping under a mosquito net is a necessary effort to eradicate malaria.

- **Training of volunteers in PSS**

A days training on psycho-social support was provided to 30 volunteers that were engaged in DREF operations. The activity supported the strengthening of volunteers in skills and knowledge of PSS to provide psychological first aid to individuals, and communities affected by the floods. The psychosocial well-being and resilience of individuals, families, and communities affected by August floods, and other crises were improved through the HH PSS sessions held and IEC materials distributed. Targeted recipients included affected families, communities that are prone to disasters or epidemics, vulnerable children in- and out-of-schools. The PSS activities in the affected communities also helped change victims into active survivors rather than passive victims.



- **Provide PSS support to targeted households**

Eighteen PSS sessions for ten communities were carried out. The activity was conducted to bring together most traumatized community members who were hit by the floods. Affected populations were given the chance to express their emotions on how they feel since they lost their loved ones as a result of the disaster. PSS was provided to them to continue their normal mode of behaviour and interaction with other people in the absence of their past relatives. A total number of 30 PSS volunteers were deployed and provided psychological first aid, through one-to-one and group PSS talks with survivors and other distressed persons in affected communities.

- **Production of PSS related IEC material**

Information and psychoeducation were considered as useful in providing PSS support to affected communities. The PSS unit produced and distributed 1,000 PSS IEC materials focusing on stress, coping, psychological first aid, supporting children and supporting volunteers.

Output 1.3: Community-based disease prevention and health promotion is provided to the target population

- **Training of volunteers in health and hygiene promotion**

One hundred (100) community-based volunteers in the flood affected communities were provided a three-day training on hygiene promotion. The training built their capacities and practical skills and enabled them to evaluate behavioral change in hygiene, sanitation and water interventions using participatory methods among the affected community members. Trained volunteers carried out awareness programmes on health, hygiene and sanitation matters, and also disseminated early warning early action messages.



Hygiene promotion training facilitated by the Ministry of Health and sanitation

- **Deployment of volunteers for hygiene promotion**

Seventy (70) volunteers were deployed to carry out house-to-house visits and health promotion activities on priority diseases. The house-to-house visits done by the volunteers enhanced communities' responses in detecting diseases early and thus reporting them to the local authorities including health facilities.



Engagement of school children on hygiene promotion activities

Challenges

N/A

Lessons Learned

- IEC materials to be printed before the commencement of community engagement activities.
- It will be essential for SLRCS to increase the awareness sessions in affected communities.



Water, sanitation and hygiene

People reached: 5,381

Male: 2,637

Female: 2,744

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of affected people reporting improved hygiene conditions	(90% or 4,843 people)	4,197

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Indicators:	Target	Actual
# of people provided with clean water fit for drinking	1,800 people or 300 HHs)	1,365 people or 273 HHs

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

# of volunteers deployed for hygiene promotion	50	50
# of hygiene and sanitation promotion sessions conducted	36	8
# of affected people reached with key hygiene and sanitation promotion messages	5,381 people or 896 HHs	5,381 or 896 HHs

Narrative description of achievements

Needs analysis and population to be assisted.

A total of 25 volunteers were deployed to support the government led detailed WASH assessments conducted by the WASH pillar. The assessment revealed many people, especially lactating mothers, pregnant women and children, were likely to face the risks of illness from water-borne diseases. Owing to stagnation of dirty water and multiplicity of ponds, it was predicted that malaria would be on the increase. This was a potential threat to people, especially those living in the affected communities. The abundance of contaminated water with limited WASH facilities were a basis for the majority of people living in the affected communities to be exposed to diseases such as diarrhea and cholera. In addition, the floods undermined the livelihood opportunities of people in the affected communities as it destroyed crops and submerged household goods and food stuffs, which was likely to precipitate malnutrition especially for children under five years of age.

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

• Procurement and distribution of aqua tabs, jerry cans, soap, buckets and hand sanitizers

SLRCS health team with support from IFRC distributed hygiene kits, pieces of soap, aqua tabs, buckets, hand sanitizers and jerry cans to the floods affected households. The operation distributed aqua tabs to 273 HHs to ensure water purification at household level. The Aqua tabs procured were 67 mg, each tablet was enough to treat up-to 10l of water. An Initial distribution of 15,000 Aqua tablets was done followed by an additional distribution of 15,000 tablets. The SLRCS volunteers were trained on how to use aqua tabs, they went out providing training on the use of the tablets and conducted house-to-house monitoring on the use of the tablets during the hygiene promotion activities in communities. The provision of Aqua tabs contributed towards the improving the daily access to safe water and ensured adequate water of good quality for the target population.

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population

• Production of IEC material for sensitization.

Information Education and Communication (IEC) materials (1,500 leaflets and 1,000 posters) on hygiene promotion for the mass awareness campaign were produced in collaboration with the Ministry of Health. The SLRCS CBHP team in coordination with the Community Engagement and Accountability (CEA) Team consulted with the community to get their views on the areas that required more education and developed the IEC materials accordingly. The materials were used to support awareness activities and visibility for the operation. Provision of

IEC by the volunteers has helped to reach out to affected families. The IEC has helped in the improvement of personal hygiene and is in turn contributing to the reduced incidences of diarrheal diseases.

- **Procurement of sanitation equipment for volunteer's shovel, wheelbarrow, rack, cutlass, axe and hammer)**

Through the DREF operation, the SLRCS supported the affected communities through the distribution of sanitation equipment including shovels, wheelbarrows, racks, cutlasses, axes and hammers to support affected communities to carry out clean-up activities intended to improve the storm water drainage systems. Community members were also engaged to improve gutters and drainage channels within the community clusters. This activity helped to improve environmental sanitation conditions in the ten communities by mitigating potential flooding thus reducing incidents of water borne diseases.



Presentation of cleaning tools to stakeholders in one of the affected communities

- **Hygiene promotion sessions:**

A total number of 50 SLRCS volunteers were deployed for hygiene promotion in collaboration with Ministry of Health and sanitation. The volunteers conducted eight (8) hygiene promotion session, educating the community on good hygiene practice and the use of the distributed hygiene materials. The use of volunteers was key as they could communicate in local languages and were able to reach out to more people easily through community meetings and FGDs within their localities.



Hygiene promotion session in a flood affected community, Mabella

Challenges

N/A

Lessons Learned

- Capacity building for volunteers is very essential particularly refresher training on use of aqua tabs before engaging the communities
- SLRCS having existing community-based volunteers trained on hygiene promotion is essential for disease prevention during emergencies as they could be activated immediately to do community awareness and improving sanitation in affected communities

Strategies for Implementation

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of assessments conducted	3	2

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of Rapid assessments carried out	1	1
# of flood affected communities/households assessed	10	10
# of volunteers and NDRT participating in the response (Target: 100 volunteers and 8 NDRT)	108	108
# supportive supervision provided by the SLRCS HQ and IFRC team	6	5
# of Lessons Learned Workshop conducted	1	1

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
# of volunteers trained in CEA	10	10
# of targeted people reached using mobile cinema	5,381 people or 896 HH	3,943 or 657HHs

Narrative description of achievements

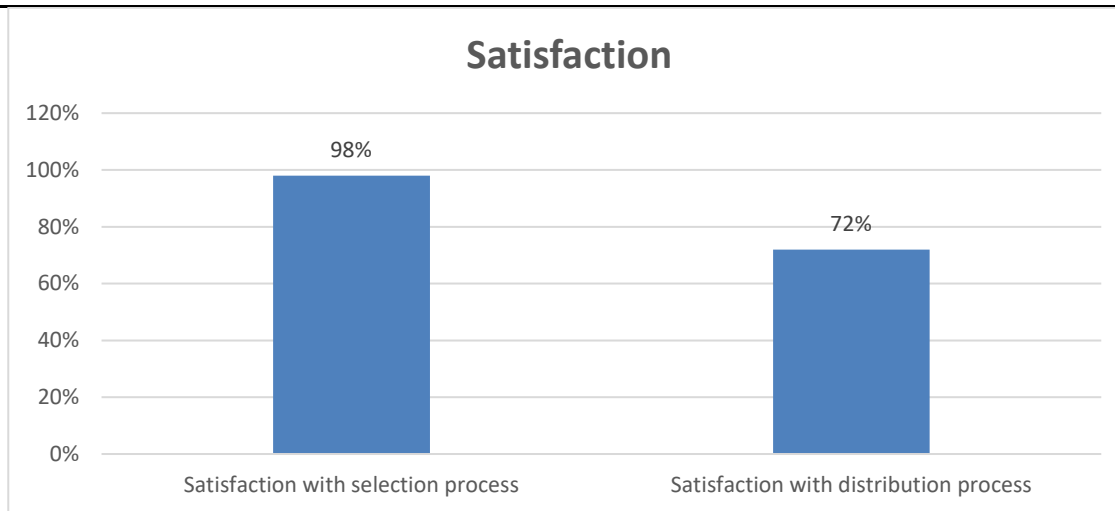
Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

- **Monitoring by joint teams of SLRCS/IFRC**

The day-to-day monitoring of the operation was the responsibility of the PMER Unit to ensure appropriate accountability, transparency and financial management of the operation. Regular monitoring of the activities was carried out by the operation team while five scheduled monitoring visits were made jointly by IFRC/SLRCS teams.

- **Post Distribution Monitoring to get community feedbacks**

Post-distribution monitoring was also conducted and was geared towards determining the level of satisfaction of communities regarding the targeting and the distribution process. The satisfaction survey revealed that 98% of the households surveyed were satisfied with the targeting process because they were well informed about the whole process. Seventy-two (72) percent of the targeted households also showed satisfaction with the distribution process because distribution sites were well organized, and volunteers were available and welcoming. The graphics below reports on the mentioned data.



- **Organize a Lesson Learned workshop**

A one (1) day Lessons Learnt Workshop was held following the implementation of DREF attended by 26 participants including SLRCS staff, volunteers, IFRC, PNs, Office of National Security and the Freetown City Council. The Lessons Learnt Workshop (LLW) was used as a methodology for the NS and its partners to analyze the relevance, effectiveness, impact, and timeliness of the DREF response operation. The outcome of the workshop is to inform future operations planning and implementation by the NS, and also allow the SLRCS to reflect on its disaster readiness status, given that the country and specifically this region, is prone to flooding.

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

- **CEA Training**

Ten volunteers (10), one from each of the flood affected communities were provided three-day training on CEA skills and approaches. The training was to capacitate community-based volunteers on CEA, for them to understand how to fully carry out CEA activities including engagement theatre, community dialogue and face to face visit in communities. The trained volunteers supported CEA team in collecting feedback and complaints from the community members and advertised the SLRCS 300 hotline system. Among key training achievements were shared understanding of CEA approach to be used in the communities, increases knowledge on the Red Cross and its fundamental principles, increased knowledge in rumor tracking, increased knowledge in Disaster Preparedness messages, knowledge in providing feedback and complaints and to record it on a log sheet and also participants understanding their roles and responsibilities in supporting the DREF.

- **Dialogue session with youth and women's groups**

Community Dialogue for youth and women's group was held in two of the floods affected communities. The activity was designed to provide communities with the opportunity to freely raise issues of concern without directing the content of their conversation by providing safe space for them to come together and talk about issues of concern. The initiative was part of a wider project combining service delivery and protection with specific initiatives focusing on supporting distressed victims regain normal life through the provision of PSS. Dialogue was chosen as an approach to allow communities to explore issues together and, if proven useful, to use the approach to address the issues raised. The dialogue approach sought to enable these community members to increase mutual understanding and to improve relationships among them, empowering communities to address their issues in constructive and creative ways. The dialogue approach that was used did not seek to solve specific problems, but rather to enable communities to talk openly about any issue or problem they had. It aimed to increase their understanding of those issues and to look at them from a different perspective, or to understand more concerns and perspectives in considering how those issues affect different groups within their community.



Dialogue session with youth and women's groups held in affected communities

- **Complaint and feedback mechanism**

A feedback mechanism was set up in affected communities to allow beneficiaries to express their concerns or displeasure with the relief items and hygiene promotion kits that were supplied. Also, a complaint mechanism which allows beneficiaries to confidentially report corruption or abuse of power, and to seek redress was setup. Examples of complaint mechanisms include SLRCS 300 hotline service and direct complaints to project staff members trained to act as "focal points," receiving complaints sensitively and without judgment, and ensuring the complainant's safety. Both feedback and complaint mechanisms helped build a culture of transparency and accountability and improved programme quality.

- **Mobile cinema shows in target communities**

Mobile Cinema shows were held in the floods affected communities. The activity was done to change the behaviour of disaster - prone communities for them to know how they should prepare themselves by improving on positive health practices in their homes and communities during and after flooding. Key focus was placed on measuring people's behaviour and perception on cholera causes and prevention.



Mobile cinema show in one of the affected communities

- **Simulation exercise with stakeholders and CBDMCs**

Disaster management unit undertook a Community Early Warning Systems contingency plan and simulation exercise for 35 participants from ten floods affected communities. The activity enhanced the knowledge of CBDMCs

and communities on disaster preparedness, mitigation and response aiming at saving lives and protecting livelihoods and assets

- **Community Drama Performance**

Drama performances which were meant to impact behavioral change through participation and feedback in two flood affected communities (Kaningo and Kamayama) on cholera causes and prevention, hygiene and flood mitigation were held. The activity was to help improve positive health practices in their homes and communities during and after a flood, and also orient community members on ways of mitigating flooding in their communities. One skit was developed from each community by community-based volunteers. The Skit was performed by volunteers on Cholera prevention showcasing community member practices they should embark on to prevent cholera, like frequent hand washing, stopping open defecation, eating covered food, cleaning the environment and visiting the hospital when sick.



Community drama performance in one of the affected communities

Challenges

N/A

Lessons Learned

- Compliance with the DREF action plan is crucial for effective service delivery
- Ensure that volunteers are trained before community engagement activities and volunteers are appreciated for the good work they deliver
- Community volunteers must be recruited together with community leaders/stakeholders to ensure community trust and confidence
- Mobile cinema and forum theatre are easy and effective ways of passing on health information to the communities in a shortest possible time
- Active involvement of NS NDRT members is one of the strengths in ensuring that activities are implemented in time

D. BUDGET

The DREF Plan of action sought Swiss francs 173,092 of which 100% was provided. The total expenditure recorded was Swiss francs 127,515. Of the operation budget 74% was spent, leaving a balance of Swiss francs 45,557.

Explanation of variances

The implementation of the DREF operation was to a larger extent in accordance with the budget lines, however some variances were experienced due to various reasons varying from high operational costs for specific areas, and underbudgeting. The analysis below gives the highlights of the major variances:

Activity line	Budget (CHF)	Variance (CHF)	Comment
Utensils & Tools	10,230	7,428	Utensils & Tools was underspent due to overbudgeting
Clothing & Textiles	3,520	-1,049	Clothing & Textiles was overspent due to underbudgeting
Other Supplies & Services	6,820	5,396	Other Supplies & Services were over budgeted
Teaching Materials	1,100	1,100	Materials were printed, but expenditure booked under the hygiene promotion IEC materials budget line as it was overbudgeted
Distribution & Monitoring	971	971	The supportive supervision/Monitoring visits were carried out by NS HQ staff, branch office and IFRC in operational communities and did not utilize money for the visits
National Society Staff	2,673	2,526	Payment of incentive for volunteer divers was largely charged under budget line meant for volunteers' incentive as they were part of the 100 volunteers that were insured for the operation.
Volunteers	28,039	10,482	Implementation of the DREF plan of action was a bit delay due to approval. The operation was to start on August 9, 2019, but implementation started in the second week September thus reducing the number of community engagement that was anticipated especially the health promotion sessions.
Workshops & Training	20,152	7,909	The workshop materials and expenses costed less than anticipated.
Travel	3,267	3,267	The LLW workshop was to be facilitated by an external facilitator to identify lesson learnt and good practices from the DREF implementation. It was however not possible to get the support person and thus facilitated by the IFRC local staff.
Office Costs	1,034	712	The office costs were overbudgeted and was meant for the use of National Society. Requests were not submitted by NS that match allocated budget

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

**For further information, specifically related to this operation please contact:
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For In-Kind donations and Mobilization table support:

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

- IFRC Regional PMER Unit: Marie Manrique, Acting Regional PMER Manager; email: marie.manrique@ifrc.org

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.

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/08-2019/12	Operation	MDRSL008
Budget Timeframe	2019/08-2019/11	Budget	APPROVED

Prepared on 05/Feb/2020

All figures are in Swiss Francs (CHF)

MDRSL008 - Sierra Leone - Floods

Operating Timeframe: 09 Aug 2019 to 09 Nov 2019

I. Summary

Opening Balance	0
Funds & Other Income	173,092
DREF Allocations	173,092
Expenditure	-127,515
Closing Balance	45,577

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter	47,765	51,673	-3,908
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	38,027	9,279	28,748
AOF5 - Water, sanitation and hygiene	69,845	55,242	14,603
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	155,637	116,194	39,443
SFI1 - Strengthen National Societies	8,005	5,348	2,657
SFI2 - Effective international disaster management	9,450	5,973	3,478
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	17,455	11,321	6,134
Grand Total	173,092	127,515	45,577

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/08-2019/12	Operation	MDRSL008
Budget Timeframe	2019/08-2019/11	Budget	APPROVED

Prepared on 05/Feb/2020

All figures are in Swiss Francs (CHF)

MDRSL008 - Sierra Leone - Floods

Operating Timeframe: 09 Aug 2019 to 09 Nov 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	96,602	85,304	11,298
Shelter - Relief	44,143	48,329	-4,186
Clothing & Textiles	3,520	4,569	-1,049
Water, Sanitation & Hygiene	30,789	28,179	2,610
Teaching Materials	1,100		1,100
Utensils & Tools	10,230	2,802	7,428
Other Supplies & Services	6,820	1,424	5,396
Logistics, Transport & Storage	4,430	3,525	905
Distribution & Monitoring	971		971
Transport & Vehicles Costs	3,460	3,525	-65
Personnel	30,712	10,752	19,960
International Staff		123	-123
National Society Staff	2,673	147	2,526
Volunteers	28,039	10,482	17,557
Workshops & Training	20,152	12,243	7,909
Workshops & Training	20,152	12,243	7,909
General Expenditure	10,632	7,909	2,722
Travel	3,267		3,267
Information & Public Relations	5,500	5,948	-448
Office Costs	1,034	322	712
Communications	512	561	-49
Financial Charges	264	980	-716
Other General Expenses	55	97	-42
Indirect Costs	10,564	7,783	2,782
Programme & Services Support Recover	10,564	7,783	2,782
Grand Total	173,092	127,515	45,577