DREF Operation n° | MDRSL012 | Glide n°:
--- | --- | ---
Date of issue: | 25 August 2022 | Expected timeframe: 03 months
Operation start date: | 10 August 2022 | Expected end date: 31 November 2022

**Category allocated to the of the disaster or crisis:** Yellow

**DREF allocated:** CHF 96,180

**Total number of people affected:** People living in the immediate areas of demonstrations and violence  

**Number of people to be assisted:** 1,500 people (approx. 220 households)

**Provinces affected:** Freetown, Waterloo, Makeni, and Kamakwei towns

**Provinces/Regions targeted:** Freetown, Waterloo, Makeni, and Kamakwei towns

**Host National Society presence (n° of volunteers, staff, branches):** Sierra Leone Red Cross Society (SLRCS) has above 17,000 active volunteers; 60 staff members. The National Society (NS) covers 13 Districts in all the four Regions in Sierra Leone.

**Red Cross Red Crescent Movement partners actively involved in the operation:** International Federation of Red Cross and Red Crescent Societies (IFRC); and British Red Cross (BRC).

**Other partner organizations actively involved in the operation:** Office of National Security, National Disaster Management Agency (NDMA), Freetown City Council (FCC), Ministry of Health and Sanitation (MOHS), Ministry of Youth, UN Agencies, Save the Children International, Sierra Leone Police and Military leaderships.

### A. Situation analysis

**Description of the disaster**

Since early July 2022, Freetown has been undergoing a series of strike actions with civil unrest precipitating a humanitarian crisis affecting populations across many parts of the country. On 8 and 9 August 2022, an organized group of civilians operated under social media platforms by unknown Sierra Leoneans in and outside Sierra Leone requested a sit-home action across the Country. On 10 August 2022, citizens took over the streets of Freetown, Waterloo, Makeni, and Kamakwei towns to **demonstrate against the Government of Sierra Leone for unemployment, economic hardship, and injustices,** demanding reductions in fuel prices, economic relief for indebted families, fair prices for agricultural products, employment and labour rights, security, and protection. Thousands of people have mobilized around the country, blocking roads and main supply routes. Although the mobilizations began peacefully in the Eastern Part of Freetown, the capital city of Sierra Leone, the situation deteriorated rapidly. A confrontation between security forces and demonstrators across the country led to increasing casualty rates. The deadly engagement started with tear gas canisters, which was followed by live bullets as the situation deteriorated further in less than three hours. Regulatory measures were imposed attempting to control the crowd, including a curfew. The authorities arrested and detained some of the protesters and conducted property searches and...
restrictions on the internet and social media. A cross-section of the population has been impacted, with a high casualty rate reported for young people.

On 13 August 2022, the protest extended to three other districts, and more than five towns with more than 20 concentration points and road blockades. As a result of these demonstrations, public and private property damage and people detained and injured have been reported by media and social media. Additionally, in the case of Shell, Kissy, Wellington and Calaba town in the Western Rural District, the protesters set fires in police stations, and other government properties, killed security personnel and attacked key political figures in these locations. The vice president of the Republic of Sierra Leone declared a state of emergency and imposed a nationwide curfew from 3pm to 7am that day, which was later reviewed from 7pm to 7am due to severe internal commotion.

According to a rapid assessment of the situation from the SLRCS, it is estimated that around 458,133 people are affected at the national level, corresponding to those participating in the demonstrations as well as in the immediate vicinity, who have been exposed to violence with potential traumas and impact beyond physical injuries. According to data provided by the Office of National security, over 34 people were injured, 30 deaths (including 3 police officers), and many detained in different parts of the country.

Public health system in the rural parts of the Country is also severely disrupted, reducing access for medical services, particularly for people with less income and access challenges. According to NS branch response teams, there is clear evidence of injuries sustained by many people that were not documented by anyone, and these people are presently in hiding because of fear of being arrested by the police though they are carrying severe pains from the bullet wounds. This category of victims and those admitted need various forms of immediate support such as hygiene kits and unconditional cash to meet other needs now and at discharge from the Public hospital. Also, the majority of those who lost their lives breadwinners and have left behind spouses and children requiring food supplies and some form of livelihood support. The victims under treatment in Connaught, Rokupa, Makeni and Kamakwei government hospitals are in immediate need of blood, psychological and psychosocial support and family tracing for some of the dead victims before burial.

Sierra Leone has nine months to the next presidential and parliamentary elections. Recently, a mid-term census has been conducted in the country which result will inform boundary delimitation for the next elections. The main opposition party and other parties have openly rejected the outcome of the census. It is anticipated that more demonstrations and violence will be associated with the electoral process ranging from relays, campaigns, presidential debates, and polling. There is a need for preparedness effort to support rapid response to victims of unforeseen riots.

**Summary of the current response**

**Overview of Host National Society Response Action**

On 10 August, the Sierra Leone Red Cross Society National Disaster Response Team (NDRT) led by the Secretary-General, reactivated its standby social mobilization, disaster, burial, and First Aid teams to help reduce human suffering from the protest. A total of 5 members of staff and 35 volunteers are presently mobilizing for:

- Voluntary blood donors to support the injured at Connaught hospital. In Freetown alone, SLRCS volunteers have donated over 29 units of blood to the Connaught Hospital blood bank, as they are overwhelmed with injured victims from the demonstration. Similar support is being provided in Rokupa hospital in Freetown, regional hospital in Makeni and Weslyan Missionary hospital in Kamakwei.
- Collection of corpses from the streets of Freetown, Makeni, Kamakwei and Waterloo to mortuaries in the respective locations.
- The National Society (NS) has mobilized 6 ambulances and 7 vehicles already deployed in the four locations, Freetown (Eastern), Makeni, Kamakwei and Port Loko districts respectively to facilitate movement of volunteers and affected population.

Crisis and disaster response is the first thematic area in NS Strategic plan (about to be finalized), Preparedness for Effective and Response (PER) and 2022 operational plans. Response to August 10 anti-government protest is therefore directly linked to NS strategic direction in the next five years.

The NS has adequate human resource and financial management capacity to support this intervention at coordination and implementation levels. There are trained and experienced National Disaster Response Team Members at headquarters, and branches equipped to lead the process of implementation, monitoring, and reporting. Present strength in logistics and financial management is adequate to support such intervention at its current and escalation stages. The national society has the capacity to manage large response needs because due to its outstanding experience with Ebola response (2014 -2016) and the Covid-19 response (2020 - 2021).
SLRCS leadership and NDRT team are participating in all the planning meetings convened by the Office of the National Security (ONS), which is the leading Government oversight for all national security matters including civil unrest. Presently, the National Disaster Management Agency (NDMA), UN agencies, Sierra Leone Police and Military leaderships, and SLRCS are the only dependable partners in the response.

**Lesson learned from previous operations will be capitalised in this intervention.**

From previous operations, NS will take advantage of cash experience from DREF operations such as MDRSLO10. The main lessons in cash assistance that will be applied here is to engage both communities and institutions to ensure acceptance and clear information sharing on criteria and modalities. The same FSP will also be used in this operation.

Challenge on reporting and especially timely financial reporting will be improved by a dedicated finance focal point that will manage all funds transactions and payments during the intervention. Thus, that person will be deployed as NDRT finance focal point support both HQ and branches financial management.

Failing to explain limitation of one's work at the initial stage of intervention might attract other unrelated issues. The team was not quite detailed in explaining the scope of their counselling efforts as such, they were confronted with domestic issues. It is therefore necessary to be exact with the community members on the extent of one's role at the initial stage of any intervention.

As such, National society will increase the knowledge of communities and stakeholders involved in this crisis with appropriate briefings on the role and principles but also in the assistance and actions to be taken. This especially for direct cash assistance.

*Link to further lessons learnt that informed the strategy can be found [here](#).*

**Overview of Red Cross Red Crescent Movement Actions in country**

The IFRC maintains a country office in Freetown, providing technical assistance to the SLRCS with humanitarian operations related to disasters and crises caused by natural hazards; health services in hard-to-reach areas; longer-term resilience-building programmes; coordinating support by IFRC membership to SLRCS; enhancement of SLRCS organizational development; and representing SLRCS internationally. Through representation & coordination, the IFRC Country Delegation from the onset of the Response has been engaging ARCS leadership & supported the identification of SLRCS’s areas of intervention, its roles, and responsibilities in its coordination with Red Cross Red Crescent (RCRC) Movement partners, UN agencies, national and international NGOs, and donors through networking and collaboration.

In addition to IFRC, British Red Cross and Swedish Red Cross are Movement partners with presence in Sierra Leone. International Red Cross Red Crescent Movement partners in-country continue to coordinate closely in line with existing Movement Coordination and Cooperation mechanisms anchored under a Movement Cooperation Agreement (MCA).

Given the limited financial means available at SLRCS, IFRC Country Delegation in Sierra Leone supported the preparation and submission of this DREF request to enable the National Society to respond to the August 12 Civil unrest, and adequately prepare for the upcoming elections. IFRC Country Office in Freetown will continue providing support to SLRCS throughout the implementation of the DREF.

**Overview other actors’ actions in country**

The Government of Sierra Leone is providing support through Connaught and Rokupa hospitals in Freetown, regional hospital in Makeni, and Wesleyan hospital in Kamakwei. The Emergency hospital is also providing specialized services for those victims with severe injuries and fractures. Save the Children was also observed providing Child Protection services during the unrest in Waterloo. The staff helped in returning minors back to their homes, not to be involved in the protest. UN agencies such as UNICEF and UNDP were observing the situation in all the hotspots cities and towns. The Sierra Leone Police and Military are enforcing the curfew and monitoring hotspots with several arrests being made, according to the Sierra Leone Assessment report on August 11, 2022.

The NS leadership is working collaboratively with some of these partners and there is evidence of commitment to further collaboration in the implementation of this DREF with the Office of the National Security and some of the partners in the coordination forum named above.
Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Health: Considering the Civil Unrest resulted in confrontations between social actors and the security forces, more than 50 injured persons were identified by NS with contusions, skull, chest, abdomen, pelvis or multi-system injuries, fractures, haemorrhages, and breathing disorders, among other pathologies. It is necessary to support the local Ambulance and Prehospital Medicine System because there is limited access to health sub-centres and hospitals, due to blockades of streets, avenues, and highways. Therefore, the health needs during this emergency mainly involve providing primary health, including first aid services to people unable to reach hospitals for treatment. Also, injured victims of the protest in the hospital lost a lot of blood through bleeding before they were taken to hospital. There is a need for blood transfusion to save their lives and speedy recovery.

In summary:
- People injured by the events during the blockades and demonstrations require first aid actions and whiteness mentally affected
- Coordination of mobilization and transfer of patients between affected areas and medical centres, as well as between medical centres. All according to the level of care required and the priority of actions that guarantee adequate medical attention
- Provision of ambulance service to transport injured victims to health facilities for proper medical treatment.

Psychosocial Support: SLRCS has identified the need to provide psychosocial support to people affected due to stress and traumatic situation and tension that increases anxiety associated with losing their freedom of movement and exposure to dangers in the streets social conflict. Affected communities and the witnesses are all impacted by the violence and the fear of resurgence of such actions or to get to the hospital in case they will be taken for protestant and face retaliations.

It is also necessary to provide mental health and psychosocial support to the volunteers and staff that are part of the response because they are working more than 10 hours daily dealing with confrontations between the actors. Burnout syndromes or compassion fatigue occur when witnesses of complex situations require attention and psychosocial support to prevent problems to their mental health immediately and in the future.

Livelihoods & Basic Needs
The August 12 Civil Unrest in the capital Freetown and other parts of the country resulted in families losing their loved ones, with other badly injured relatives admitted to the hospital. Injured victims certainly require extra costs to ensure medical treatment and recovery, or costs associated with burials. Homes, properties, and businesses were destroyed during the protest, especially in the earthen parts of Freetown and Makeni which recorded the highest affected victims. Secondary data analysis revealed vulnerable women and men in hotspots communities in Freetown, Waterloo, Makeni and Kamakwei lost their livelihoods, shops or stores were destroyed, petty traders’ goods were vandalized, and businesses were closed for about a week among others during the protest that began on August 8th and 9th with sit-down strikes and violent protests on the third day. The NDMA rapid assessment revealed most affected families in the impacted areas which livelihoods has been disrupted or indirectly affected, are exposed to greater vulnerability. Disabled persons, people injured or with relatives dead in the manifestations are on the list and the situation has increased their vulnerability in a hard economic context. It is there necessary for these families to access basic needs supplies such as food items and support to restart their medical bills.

Affected households met by RC has exposed their difficulties to face cost for medicine and medical bills. To note that most of the affected families and in general in the country, population is living with low or no regular income or in poverty.

Communications: Achieving safe access to affected people and communities requires maintaining the positive image that civilians and state actors, who recognize the Red Cross as an impartial and independent entity. In past, the Red Cross emblem has been affected by its improper use by unauthorized individuals or entities authorized to do so while conducting actions contrary to the Fundamental Principles; these actions jeopardize all humanitarian personnel’s safety and the National Society’s reputation. Therefore, it is necessary to intensify efforts to disseminate information regarding the SLRCS actions and the International Movement’s humanitarian principles to increase civilians’ and state actors’ awareness regarding the work that the Red Cross performs and strengthen the population’s trust in humanitarian personnel. Thus, there is a need to develop a communication strategy focusing on disseminating key messages on emergency response, and prioritizing messages of the humanitarian role of the SLRCS in social protest (dissemination through social networks and mass messaging). Including the monitoring of traditional and digital media (social networks) to evaluate the contents, messages and primary and secondary actors that are part of the collective public opinion. The communication strategy will also allow for documenting the impact of this DREF funded response.
Security and safe access: The lack of understanding of humanitarian work by the actors involved can generate risks to the safety of the humanitarian personnel including the SLRCS staff and volunteers, such as attacks on institutional properties, vehicles, especially ambulances in all operational areas. There is a clear need to support actions to activate campaigns on respect for humanitarian organizations, respect for the Red Cross emblem, operational communication, safe behaviour in rural and urban environments exposed to the risk of confusions, weapon. Increase of the respect for the Medical Mission in the national territory. Mitigating these operational risks requires proper equipment, identification, visibility, life insurance activation, humanitarian staff and volunteers training on safer access and operational security is thus essential.

During the days of mobilizations, there have been clashes between the public forces and the protesters. Tear gas is frequently used as part of crowd control. Therefore, the response team involved in operations; assisting in first aid, pre-hospital care, psychosocial support and re-establishing family contact requires anti-gas masks to increase safety and protection if manifestation began again.

Capacity building
The August 10 protests, which deteriorated to bloody and violent actions should be understood as a signal for the dangers that lies ahead of the country especially with the approaching general elections that involves political campaigns, voting day, counting, announcing of results and post elections management. All these events can be very challenging as tensions may suddenly rise in several hotspots’ areas across the country. This DREF application will therefore be used to provide capacity building of 120 staff members and volunteers, 200 Sierra Leone Police Officers and 200 Military personnel in several areas, including the use of Emblem, High Insecurity Training (HIT), Emergency First Aid Services, stress management, Psychological and Psychosocial support before, during and after violent protests, managing electioneering processes.

Target:
This intervention targets 1,500 people (approximatively 220 households) in the impacted areas (Freetown Eastern, Makeni, Kamakwei and Port Loko) township. This target includes a total of 150 most affected households who will be directly supported with basic needs, livelihoods and promotion of peace, and indirect target that will receive mental health support. The direct target represents the most affected families amongst those that have lost (partially or totally) their dwellings and livelihoods and their source of income. The targeting strategy will also consider victims of the protest admitted in the hospitals or discharged, victims identifiable with the protests, immediate families of people killed during the protest in hotspots communities.

The list of beneficiaries inclusive of 34 dead by SLRCS to ensure that the target victims benefit from the support. List of beneficiaries will be taken from the police list of all the injured, dead and people part of the manifestations and compared with the general list from the SLRCS and those of partners to minimise and eradicate any possible duplication of names.

The selected beneficiaries would be reached through phone calls and SMS message as the information channel for selection process to benefit from the support. Hence, the volunteers will embark on community engagement and dialogue sessions with people in the impacted areas to clearly communicate the criteria use for selection.
## Scenario planning

<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>HUMANITARIAN CONSEQUENCES</th>
<th>POTENTIAL RESPONSE</th>
</tr>
</thead>
</table>
| **BEST CASE SCENARIO** | • Protests stop immediately curfew lifted, people arrested are in court and victims have access to services. Basic needs and their works/livelihoods.  
• Normal services are provided as usual, the emblem, human rights and auxiliary function are respected. However, events are continuously monitored considering forecasts. | • DREF approved and implemented on time in collaboration with partners and national stakeholders.  
• The NS carries out preparation and readiness processes concerning materials, equipment, and volunteer training.  
• Communication campaign on the auxiliary function, Fundamental Principles and the use of and respect for the emblem. |
| **MOST LIKELY SCENARIO** | • The protest escalated beyond current situation. Victims and community do not have access to basic needs and difficult to restore livelihoods, live in fear and emotional stress. People will result to negative coping mechanisms, such theft, sale of family asset, drugs abuse and SGBV.  
• Clashes occur between opposing groups; police and military presence significantly increases in urban and rural areas. - There are injuries, damage to public and private property (burned vehicles and tires, broken glass) and difficulty accessing primary and secondary areas.  
• There are events of transhumance, threats and/or voter coercion. Armed attacks against voting stations and theft and/or destruction of electoral material. | • There is potential to scale-up the below proposed intervention as beneficiary numbers and community keep increasing.  
• Activation and monitoring of events from the National Society crisis room, as well as at the territorial level.  
• Teams prepare for possible interventions in the field and provide first aid where needed.  
• Communication campaign on the auxiliary function, Fundamental Principles, and the use of and respect for the emblem.  
• Increase the regular provision of emergency services, with priority given to crisis and/or catastrophe situations.  
• Safer Access, Psychosocial Care, Search and Rescue, First Aid, Dignified Management of Dead Bodies and Missing.  
• Psychosocial care, first aid, orientation en route, etc. |
| **WORST CASE SCENARIO** | • Protest lasting for a longer period, leading to loss of lives, civil and ethnic conflict, displacement, migration, human right abuses, sexual gender-based violence, disruption of livelihoods and induces insecurity.  
• There is an increase in the disruption of public order, the social system, and the number of people injured and/or killed due to clashes. This affects daily economic and social activities, increasing tensions in the affected populations.  
• Clashes, combats or harassment between armed groups and the public forces. Organized Armed Groups decree armed strikes.  
• Increase in threats and armed attacks against the security forces, social leaders, former members of armed groups who have been reincorporated, or kidnapping of candidates.  
• Riots and seizure of public or private facilities.  
• Armed attacks against electrical infrastructure, oil infrastructure and indiscriminate improvised explosive devices.  
• Confinement armed and unarmed road blockades. | • SLRCS will work with relevant national and international partners, and community stakeholders to conduct a comprehensive assessment of the situations and use the data to develop a long-term development programme that help restore peace.  
• The agreements and protocols established at the highest level with the government and the affected sectors are implemented to exercise the Red Cross's humanitarian mandate as an auxiliary to the country's public authorities.  
• Safer Access, Psychosocial Care, Search and Rescue, First Aid, Livelihoods, Protection (safe referral and minimum protection approach), Medical Mission, Humanitarian Caravans, Humanitarian Corridors, Operational Communication, Humanitarian Diplomacy.  
• Socio-emotional care, guidance on individual and collective reparation routes, emergency humanitarian aid, temporary housing, CPA care route and protection of family ties, messages of respect for the civilian population and humanitarian organizations, promotion of safe behaviour in rural and urban environments in the face of the risk of contamination by weapons. |
| • Forced Displacement.  
  Possible infractions or incidents against the different elements that make up the Medical Mission, including aggressions and threats to health personnel, restrictions to the free transit of ambulances or other sanitary vehicles.  
  Misuse of the emblem. | • Training in institutional doctrine, minimum protection approach, safe referral, care routes, internal communication, visibility of the indicative and protective use of the emblem.  
  Carry out coordinated actions with the ICRC and IFRC to support the operation given the context.  
  Coordinate a resource mobilization plan with Movement partners and national and international cooperation.  
  Dissemination and compliance with International Humanitarian Law. |
Operation Risk Assessment

As this is a context of socio-political interest and since the need to strengthen the pillar of acceptance of the actions of the SLRCS is an important one, the following factors may affect the response:

- Lack of safe access for teams due to lack of knowledge of Red Cross and Red Crescent resulting on attacks on ambulance units, institutional vehicles, and SLRCS facilities.
- Attacks on SLRCS operational personnel who provide pre-hospital care, psychosocial support, referents for RFL.
- Blockage of roads or hindering units' mobility to different points of the country's cities.
- Shortage of pre-hospital care supplies, food products or fuel to continue care.
- Situations of violence that generate looting and consequently the shortage of stocks in the market and effects on the availability of food resulting in nutritional insecurity of the population.
- Identification of SLRCS as a government institution rather than an independent and impartial actor.
- Physical and mental exhaustion of the response teams.
- Damage to the image and institutional reputation due to false or ill-intentioned information circulating on social networks.
- Risk of contagion of COVID-19 response personnel or other virally transmitted diseases.

To mitigate this risk SLRCS will ensure the following measures are set and respect:

- Ensure briefings and communication is conducted to security personnel and remind to communities on Red Cross and Red Crescent and principles and use of Emblem. Similar awareness raising will be extended to the public through social media platform and community engagement through the implementation of the DREF.
- Ensure all engage staff and volunteers undergo the mandatory security training, received insurance and have appropriate visibility by wearing of jackets.
- Continuous meetings will be organised to support information flow on movement, news, manifestations and update on situation evolution to ensure same level of information and readiness.
- Ensure communication channel is set, understand and use by engaged staff.
- Preventive measures to COVID will be applied.

B. Operational strategy

Overall Operational objective:
The overall objective of the operation is to improve the living conditions of around 1,500 people (220 households) affected by the violence by providing pre-hospital care, psychosocial support, emergency medical and blood transfer services, and multi-purpose cash assistance, as well as mitigate the risk of attacks on the National Society that could lead to its inability to perform its humanitarian mandate.

Proposed strategy
The proposed strategy is developed around the below specific objectives:

- Reduce the risk of people losing their lives or getting injured by providing them with first aid services, mobilization of emergency first aid team that will support in any potential unrest protection, and information.
- Reduce the risk of people’s mental health issues arising from social unrest by providing vulnerable groups with psychosocial support.
- To ensures readiness ambulances will be repaired to be on an alert system for action in case of additional manifestation
- Provide unconditional cash assistance to 1,050 people (150 HHs) most vulnerable people in the affected localities to support medical fees and other basic needs resulting from the situation.
- Sensitization on the use of Emblem, key message of Who we are? How we act and how we relate with others to institutions and communities in the areas of intervention.
- Mitigate the risk of attacks on the National Society that could lead to its inability to perform its humanitarian action by disseminating information to the public on the Red Cross emblem, humanitarian action and medical missions.

NS plan will consider the lessons learnt from previous DREF interventions to strengthen the intervention. To note that, as explained in the actions of SLRCS, health intervention has already started since the beginning of the intervention and this plan will allow the reimbursement of the engaged costs and extend the actions with some readiness to any potential manifestation.
Beneficiaries of the DREF intervention will be registered and verified through criteria developed and certified by the coordination forum and other stakeholders. The overall timeframe for the implementation of the below strategy will be 2 months with 1 additional month to allow the organisation of operational learning activities (Post distribution monitoring and lessons learnt).

**Unconditional cash to cover basic needs**

Based on the needs identified, the intervention will provide an unconditional cash grant to the 150 households to support their livelihoods and cover for medical expenses. SLRCS estimates that 2,000 New SLL (CHF 137) would be an acceptable contribution to support deceased family members and injured victims as medical fees support and to help cover basic needs of these most affected households. This will be made as a one-off instalment and an evaluation of the use of the cash will be conducted during a Post distribution monitoring.

SLRCS has an existing agreement with two financial service providers (FSP) (Orange Money) and Africell which supported unconditionally cash transfer during the response to the Susan’s Bay Fire incident, and the recent Wellington Oil Tanker Explosion Response. The contract with Africell was used for the Oil Tanker DREF with no challenge and will again be used to support this disbursement.

To support the process of cash transfer to target beneficiaries, 15 volunteers will be deployed to support awareness raising and community engagement. They will sensitize targeted families on the use of the cash following IFRC guidelines for medical assistance and basic needs, support them in accessing their cash grants as they are stationed at the Financial Service Provider (FSP) cashing points. Volunteers will also conduct post-distribution monitoring for two days to ascertain satisfaction with the support and distribution process.

**Health**

Health services will be provided to targeted population affected directly or indirectly by the violence already recorded and the potential occurrence of others. The first aid and psychosocial support has started from the onset and will be provided, as necessary. From 10 August to now, SLRC mobilised at least 60 volunteers to achieve the efficient transport of the patient, properly managing the time of care in all the operative phases. The health strategy involved:

- Mobilisation of 6 NS ambulances for 2 months. Maintenance and deployment of the ambulance has started from 10 August to support evacuation of injuries and victims, transport of volunteers first-aid teams.
- 80 volunteers will be trained in first aid and PSS. These volunteers are mobilised to prevent injuries from getting worse, favouring the recovery of the affected person in a short time in case of escalation.
- National Society will ensure procurement and positioning of 10 first-aid kit per to support the different emergency team and
- Procurement and distribution of 100 visibility jackets to contribute to the protection of 80 volunteers and 20 staff.
- Following the demand from Health centers and communities, national society will promote blood donation from volunteers.
- 60 Volunteers are mobilised for a circumstances blood donation campaign for severe injuries at the health centers in Freetown. To the initial 35 volunteers mobilised, NS will add 25 volunteers to ensure blood donors are mobilized to support the needs of bloods in hospitals where the affected people and injuries has been evacuated.

All volunteers and personnel from the National Society involved directly or indirectly to NS intervention will receive psychosocial support. SLRCS staff and volunteers will include both headquarters and branches. SLRCS and RCRC movement staff, volunteers, the Sierra Leone Police and Military personnel.

NS will enhance readiness health assistance by keeping volunteers on alert during the 2 months and ambulances ready to be deployed. A deployment plan and alert mechanism will be developed for each hotspot, coordinated, agreed and shared with all the emergency team (volunteers, supervisors, ambulance drivers and staff). In case of manifestations or others violence registered, the teams could be activated, to prevent injuries from getting worse, favouring the recovery of the affected person in a short time.

The 80 volunteers will constitute one emergency team and received jackets for visibility and IEC material with messages on peace, emblem and Movement principles, PSS support messages.

**For safe access preventive measures**, 400 Security forces (200 police and 200 military personnel) in the impacted areas will be capacitated on NS emblem and application of the Fundamental Principles and refresher on basic humanitarian and disaster law. These sessions will engage high level management from NS to raise the voice of the NS in the importance of this briefing and encourage a rollout of the message to their different offices/units.
**Community Engagement and Accountability (CEA)**

A structured and clear means of communication and feedback mechanisms for the context of unrest will be developed, in close collaboration with community structures and branch offices. This will ensure volunteers are duly informed of their duties, but also that communities are aware of the immediate action to take in case there is violence. To note, CEA will be mainstreamed throughout the intervention for maximum and meaningful participation of the affected communities. Transparency of information is a main point in the CEA strategy in this intervention. As such, to ensure clarity and for a good flow of information, roles and responsibilities will be agreed with representatives, community and civil protection or appropriate government division. In the communication activities, dissemination of RC Fundamental Principles will be included in the CEA activities and approach, to ensure access and acceptance. Community feedback systems will be set, especially to collect and treat rumours and/or perception tracking.

**Operational Support**

**Human Resources**

The SLRCS has Department for Disaster Risk Management, Logistics, Communication, PMER, Community Health, and Security, who are active in the Situation and Monitoring Room, holding regular meetings, regular follow-up to the Provincial Branches through the hotlines, liaison with key actors, communication protocols, preparation, and issuance of situation reports as the scenario evolves. For this operation, the SLRCS has activated

- 80 volunteers to support PSS, First aid and evacuation. This includes the 15 involved in cash distribution.
- 60 volunteers involved in blood donation.
- 20 staff, 5 in each hotspot. Among the 5 from Freetown, 4 will be facilitating the various trainings.
- 01 NDRT finance focal point to improve timely and quality financial reporting.

**Logistics and Supply Chain:** The procurement of items or the provision of services will meet the required conditions, according to the needs of the affected population (external client) and/or the operational areas (internal client), to ensure adequate supplies and optimal performance. All purchases with support of Freetown cluster will be made locally in the country, and the NS procedures, regulations and guidelines will be applied for the procurement process, considering the regulations of the DREF procedures and those of the International Federation of Red Cross and Red Crescent Societies.

NS will ensure vehicles and ambulances already mobilised for assistance since 10 August are ready to support further intervention by keeping maintenance.

**Security:** The SLRCS will work within the framework of action of Safer Access, in addition to compliance with the provisions contained in the Sierra Leone Red Cross Security Manual, in accordance with the IFRC Freetown Cluster Delegations Minimum Security Requirement (MSRs) which must be applied by all components of the Red Cross Movement present in Sierra Leone, as well as all the management, employees and volunteers of the SLRCS.

The Regional Security Unit has been encouraging National Staff Volunteers to complete the New Stay Safe 2.0 Global Edition:

- Stay Safe 2.0 Global Edition: Level 1- Fundamentals: [https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/fd082aef-a477-427b-9ace-8c5f2a13b935](https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/fd082aef-a477-427b-9ace-8c5f2a13b935)
- Stay Safe 2.0 Global Edition: Level 2- Personal and Volunteer Security in Emergencies: [https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/a88a5612-4347-447b-95b1-2d8b468d987c](https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/a88a5612-4347-447b-95b1-2d8b468d987c)
- Stay Safe 2.0 Global Edition: Level 3- Security for Managers: [https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/c38f447b-3655-4867-b2bc-695f5f8c4b9e](https://ifrc.csod.com/ui/lms-learning-details/app/curriculum/c38f447b-3655-4867-b2bc-695f5f8c4b9e)

Regular briefings and update will be maintained to keep the whole team informed and aware.

**Planning, Monitoring, Evaluation and Reporting:** The Disaster Risk Management Team is responsible for implementing the Plan in coordination with the other departments of the NS. The International Federation of Red Cross and Red Crescent Societies will hold regular operations meeting with the SLRCS to know the progress of the operation, and monitoring visits in Sierra Leone branches. The operation will constantly monitor the situation, the scenario is constantly evolving, and this analysis will be used to assess the need to expand the intervention area based on the needs assessed. A Lessons Learned workshop will be planned jointly with the movement partners to gather experiences and learning opportunities of this event to guide preparedness/Contingency planning ahead of the presidential and parliamentary elections which is usually associated with violence during rallies and campaigns.
C. Detailed Operational Plan

Livelihoods and basic needs
People targeted: 1,050
Male: 516
Female: 534
Requirements (CHF): 22,804

<table>
<thead>
<tr>
<th>P&amp;B Output Code</th>
<th>Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</th>
<th>% of affected population confirming that cash provided has support their medical and basic needs Target: 80 % # of people receiving unconditional cash assistance (Target 150)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;B Output Code</td>
<td>Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs</td>
<td># of affected HHs provided with cash to recover their livelihoods Target: 150 # of PDM conducted: Target: 1</td>
</tr>
<tr>
<td>Activities planned</td>
<td>Week / Month</td>
<td>1</td>
</tr>
<tr>
<td>AP081</td>
<td>Identification of caseloads and verification of household beneficiaries</td>
<td></td>
</tr>
<tr>
<td>AP081</td>
<td>Conduct Information session for volunteers to be engaged in cash distribution</td>
<td></td>
</tr>
<tr>
<td>AP081</td>
<td>Deployment of 15 volunteers to sensitize targeted families on the details of Mobile money transactions</td>
<td></td>
</tr>
<tr>
<td>AP081</td>
<td>Cash support to 150 immediate family members of dead victims and the injured under treatment in health facilities and those receiving treatment from their immediate family members because of fear of not been arrested. 1 ROUND OF PAYMENT</td>
<td></td>
</tr>
<tr>
<td>AP081</td>
<td>Conduct post distribution monitoring (PDM) for 2 days after cash disbursement</td>
<td></td>
</tr>
</tbody>
</table>
Health
People targeted: 1,500
Male: 735
Female: 765
Requirements (CHF): 46,475

Population to be assisted: 448 people affected from the August 12 protect and violence during election campaigns
Programme standards/benchmarks: MoH and WHO standards.

<table>
<thead>
<tr>
<th>P&amp;B Output Code</th>
<th>Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</th>
<th>Health Outcome 2.1: Improved access to health care and emergency health care for the targeted population and communities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of people reached with pre-hospital care and first aid services Target: 150</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of people reached with health services (first aid, ambulance transfers). Target: 150</td>
<td></td>
</tr>
<tr>
<td></td>
<td># people reached with key messages of respect for the Medical Mission*. Target: 1,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of hotspots cover with NS intervention (04)</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of additional first aid kit purchased (10)</td>
<td></td>
</tr>
</tbody>
</table>

Activities planned
Week / Month  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16
AP022  Trained and mobilised 80 volunteers for first aid
AP022  Mobilisation of on 6 Ambulances and 7 operational vehicles
AP022  Ensure evacuations of injuries and assist transport back to their home
AP022  Blood donation by 60 voluntary blood donors of 60 units of safe blood for victims under treatment at secondary and tertiary facilities.
AP022  Procure fuel for operations (3,000 litres)
AP022  A combined training on the use of the Emblem, application of Fundamental Principles and International Humanitarian Law (IHL), safety and security, emergency first aid services, and psychosocial support before, during and after violence protests to 20 staff and 80 volunteers
AP022  Provision of visibility and protective materials/equipment.
AP022  Engage 20 Senior Sierra Leone Police Officers and 20 Republic of Sierra Leone Armed Forces (RSLAF) personnel in 10 barracks (Freetown 4, Bombali 2, Kamakwei 2 and Port Loko 2) on the use of the Emblem, Red Cross Fundamental Principles and International Humanitarian Law (IHL) in 1 day.
### Health Outcome 6: The psychosocial impacts of the emergency are lessened

% of people reached population provided with psychosocial support. Target: 80 %

<table>
<thead>
<tr>
<th>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</th>
</tr>
</thead>
<tbody>
<tr>
<td># of PSS sessions held in affected communities Target 8</td>
</tr>
<tr>
<td># of people reached with PSS target 1,500</td>
</tr>
<tr>
<td># of volunteers and staff provided with PSS support 120</td>
</tr>
</tbody>
</table>

#### Activities planned

<table>
<thead>
<tr>
<th>Week / Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP023</td>
<td>PSS session held with affected HHs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP023</td>
<td>PSS provided to staff and volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Strategies for Implementation

**Requirements (CHF): 26,902**

#### P&B Output Code  
**Output S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and implement**

# of volunteers and employees with appropriate visibility items (100)

# of volunteers insured (80)

# of security briefing provided to volunteers and staff (02)

#### Activities planned

<table>
<thead>
<tr>
<th>Week / Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP040</td>
<td>Provide complete briefings on volunteers’ roles and the risks they face with regular security briefings and update through phones and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP040</td>
<td>Ensure volunteers involved in the operation are insured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP040</td>
<td>Ensure volunteers are aware of their rights and responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP040</td>
<td>Ensure volunteers’ safety and wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP040</td>
<td>Ensure volunteers are properly trained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### P&B Output Code  
**Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place**

# of jackets provided to volunteers. Target: 80

30 finance FP deployed for supervision and reporting (01)

# of finance report provided by finance FP (02)
<table>
<thead>
<tr>
<th>P&amp;B Code</th>
<th>Output Code</th>
<th>Activities planned</th>
<th>Week / Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP042</td>
<td></td>
<td>Personal protective equipment and visibility for volunteers and staff</td>
<td></td>
</tr>
<tr>
<td>AP042</td>
<td></td>
<td>Mobilised and Provide incentive for NDRT (finance) to support implementation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>#of monitoring missions conducted by IFRC (04)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>#of briefings provided to staff on CEA and protection (01)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of feedback system set (at least 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of feedbacks collected which has been treated (100%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of lesson learnt workshop organised and reported (01)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of IFRC monitoring visits Target: 4 monitoring visits</td>
<td></td>
</tr>
<tr>
<td>P&amp;B Output Code</td>
<td>Outcome S2.1: Effective and coordinated international disaster response is ensured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;B Output Code</td>
<td>Outcome S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP049</td>
<td>IFRC Monitoring visit to provide technical support to the NS.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>AP049</td>
<td>Ensure regular security briefing for IFRC staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP084</td>
<td>Briefing CEA and protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP084</td>
<td>Ensure method are put in place to engage the communities during this response from targeting to the response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP084</td>
<td>Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP046</td>
<td>DREF lessons learned workshop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Funding Requirements

Overall budget for this operation is CHF 96,180. Details as below:

International Federation of Red Cross and Red Crescent Societies

DREF OPERATION
MDRSL012 - SIERRA LEONE - CIVIL UNREST

Budget by Resource

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; First Aid</td>
<td>1,379</td>
</tr>
<tr>
<td>Cash Disbursement</td>
<td>20,895</td>
</tr>
<tr>
<td>Relief items, Construction, Supplies</td>
<td>22,274</td>
</tr>
<tr>
<td>Distribution &amp; Monitoring</td>
<td>517</td>
</tr>
<tr>
<td>Transport &amp; Vehicles Costs</td>
<td>16,316</td>
</tr>
<tr>
<td>Logistics, Transport &amp; Storage</td>
<td>16,833</td>
</tr>
<tr>
<td>National Society Staff</td>
<td>2,676</td>
</tr>
<tr>
<td>Volunteers</td>
<td>8,586</td>
</tr>
<tr>
<td>Personnel</td>
<td>11,261</td>
</tr>
<tr>
<td>Workshops &amp; Training</td>
<td>24,343</td>
</tr>
<tr>
<td>Workshops &amp; Training</td>
<td>24,343</td>
</tr>
<tr>
<td>Travel</td>
<td>3,724</td>
</tr>
<tr>
<td>Information &amp; Public Relations</td>
<td>10,275</td>
</tr>
<tr>
<td>Communications</td>
<td>276</td>
</tr>
<tr>
<td>Financial Charges</td>
<td>1,324</td>
</tr>
<tr>
<td>General Expenditure</td>
<td>15,599</td>
</tr>
<tr>
<td>DIRECT COSTS</td>
<td>90,310</td>
</tr>
<tr>
<td>INDIRECT COSTS</td>
<td>5,870</td>
</tr>
<tr>
<td>TOTAL BUDGET</td>
<td>96,180</td>
</tr>
</tbody>
</table>

Budget by Area of Intervention

<table>
<thead>
<tr>
<th>Area of Intervention</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF1 Disaster Risk Reduction</td>
<td>22,804</td>
</tr>
<tr>
<td>AOF2 Shelter</td>
<td>46,475</td>
</tr>
<tr>
<td>AOF3 Livelihoods and Basic Needs</td>
<td>18,441</td>
</tr>
<tr>
<td>AOF4 Health</td>
<td>4,788</td>
</tr>
<tr>
<td>AOF5 Water, Sanitation and Hygiene</td>
<td>3,672</td>
</tr>
<tr>
<td>AOF6 Protection, Gender and Inclusion</td>
<td>19%</td>
</tr>
<tr>
<td>AOF7 Migration</td>
<td>19%</td>
</tr>
<tr>
<td>SF1 Strengthen National Societies</td>
<td>24%</td>
</tr>
<tr>
<td>SF2 Effective International Disaster Management</td>
<td>4%</td>
</tr>
<tr>
<td>SF3 Influence others as leading strategic partners</td>
<td>4%</td>
</tr>
<tr>
<td>SF4 Ensure a strong IFRC</td>
<td>48%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>96,180</td>
</tr>
</tbody>
</table>
Sierra Leone: Civil Unrest

21 August 2022

458,113
PP Affected

1,500
PP Targeted

220
HHs Targeted

The map used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or its authorities.

Map data sources: GADM, Sierra Leone RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi.

NB: Immediate surrounding chiefdom in grey are location where protestant are potentially coming from there.
For further information, specifically related to this operation please contact:

**In the Sierra Leone National Society:**
- Kpawuru Sandy, Secretary General; phone: +232 76 800 073; email: ksandy@sierraleoneredcross.org
- Yusufu Camara, Director of Programs and Operations; phone: +232 79 492 611; email: ycamara@sierraleoneredcross.org

**IFRC Country Cluster Delegation:**
- Ghulam Muhammad Awan, Head of Country Cluster Delegation; email: ghulam.awan@ifrc.org; phone: +232 78 811 584
- John K Gbao, Senior Operations Officer; email: john.gbao@ifrc.org; phone: +232 79 102 910

**IFRC office for Africa Region:**
- Rui Alberto Oliveira, Head of Disaster Crisis Prevention, Response and Recovery Department a.i, Nairobi, Kenya; email: rui.oliveira@ifrc.org

**In IFRC Geneva**
- **Programme and Operations focal point:** Nicolas Boyrie, Senior Officer Operations Coordination; email: nicolas.boyrie@ifrc.org
- **DREF:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

**For IFRC Resource Mobilization and Pledges support:**
- IFRC Africa Regional Office for Resource Mobilization and Pledge: Louise Daintrey, Head of Unit, Partnership and Resource Development, Nairobi, email: louise.daintrey@ifrc.org

**For In-Kind donations and Mobilization table support:**
- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

**For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)**
- IFRC Africa Regional Office: Philip Komo Kahuho, PMER Coordinator; email: philip.kahuho@ifrc.org; phone: +254 732 203 081

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.