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Final Report

Sierra Leone: Oil Tanker Explosion

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRSL011
Date of Issue: 29 September 2022	Glide number: FR-2021-000169-SLE
Operation start date: 07 November 2021	Operation end date: 28 February 2022
Host National Society: Sierra Leone Red Cross Society	Operation budget: CHF 61,614
Number of people affected: 101 confirmed dead and 123 injured	Number of people assisted: 1,917 people - Direct beneficiaries: 1,120 people (224 HH) - Indirect Beneficiaries: 797 people
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC, and British Red Cross	
Other partner organizations actively involved in the operation: WFP, Plan International, CARITAS, GOAL-SL, UNICEF, Catholic Relief Services, Concern Worldwide, National Disaster Management Agency (NDMA), Freetown City Council (FCC), National Commission for Social Action (NaCSA), National Civil Registration, Authority (NCRA), ALL 4 ONE-SL, Ministry of Health, and Sanitation (MOHS)	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, 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 British Red Cross replenished the DREF on the occasion of this allocation. On behalf of the 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 5 November 2021, a fire incident occurred in the Wellington PMD Junction east of Freetown involving a loaded fuel tanker that collided with a truck carrying granite stones while the fuel tanker was about to enter a nearby filling station to discharge its fuel. This resulted to fuel spillage which the population rushed to collect, but a fire broke out due to unidentified reasons and the [tanker exploded](#), killing nearly a hundred people and injuring more than a hundred.

Following the incident, the Government, through the Ministry of Health and Sanitation (MoHS) convened the National Public Health Emergency Management Committee (PHEMC) on 6 November and informed partners of the incident and their initial actions. The PHEMC also activated Emergency Operation Center (EOC) to level two incidence response. The government informed partners that over 100 burn patients were transported to various hospitals across Freetown and medical practitioners are being pulled from their locations to support the case management in these hospitals. There was a challenge with relatives identifying their relatives due to the extent of the burns.



Oil tanker exploded in Wellington area of Freetown (Photo: SLRCS)

According to the joint in-depth assessment carried out by the Humanitarian Organizations involved in the response including Sierra Leone Red Cross Society (SLRCS), Catholic Relief Services (CRS), CARITAS, Freetown City Council, Social Welfare, WFP, World Vision, and led by National Disaster Management Agency (NDMA), 98 people were confirmed dead (76 people burnt beyond recognition) and 123 (who were badly burnt) were taken to various treatment centers within the municipality of Freetown including Connaught (the national referral hospital), 34 Military hospital, Rokuper hospital, Emergency, and Choithram hospitals. The multi-sectoral assessment also revealed that 256 people

were directly affected (some could not be traced due to missing information) including children, whilst 28 vehicles, 5 dwelling houses, 1 gas station, 3 shops, 43 motorbikes, and 15 tricycles were burnt down completely.

Summary of response

Overview of Operating National Society Response Action

Upon receiving the news of the fire incident, the Sierra Leone Red Cross Society (SLRCS) deployed 50 volunteers and 06 staff to the scene to deal with issues that required prompt actions. Among the actions taken by the SLRCS Rapid Response staff and volunteers included first aid services, psychosocial support, and ambulance service for referrals of affected persons, amongst others. A total of 123 injured victims were provided with first aid services in collaboration with the Ministry of Health and Sanitation (MoHS). SLRCS also provided support in conveying the dead to Connaught mortuary, while also supporting the referral of injured victims to health facilities for intensive treatment. Injured persons who knew the phone numbers of their relatives were also supported during referral and at health facilities to inform family members of their whereabouts. Volunteers of SLRCS were also assigned to make constant follow-ups to referral sites to track the progress of the health condition of affected people.

During the response, 50 volunteers were deployed to provide psychosocial counseling services to some 1,120 people who were distressed and had anxieties. This helped the affected people to restore their hope and confidence as well as cope with the situation with which they were confronted. A team of volunteers also pitched a tent at the crash site to be used as Incident Command Center to support the coordination effort which was led by the NDMA.

To scale up the response intervention, on 7 November 2021, the SLRCS through the technical support of the International Federation of Red Cross and Red Crescent Societies (IFRC) launched a [DREF Operation](#) for CHF 61,614 to support the immediate needs of 1,120 people (224 HH). The funds were to provide emergency assistance to at least 1,120 directly affected persons (224 households) by the oil tanker explosion in the Wellington area of Freetown. This was done through the provision of first-aid services, supporting the restoration of family links, and providing psychological first aid to both the affected and volunteers. Hygiene promotion was ensured by the provision of essential items and ensured the basic needs of affected families through one-off cash disbursement. As planned, the objectives of the operation were met, and these emergency funds enabled volunteers to assist 1,120 people (224 households) with first aid, health care, water, sanitation, hygiene promotion, unconditional cash, and distribution of hygiene kits as detailed in this report.

The Response was also supported by in-country PNSs including British Red Cross (BRC) and Finish Red Cros (FRC). Finnish Red Cross directly supported with funds for the deployment of volunteers at the various Treatment and Care Centers to help the government medical team in providing the much-needed assistance to care for the injured persons due to hospitals being overwhelmed with cases of serious burns. FRC also provided funds to support the orientation of burial teams and supported burial activities. The International Committee of the Red Cross (ICRC) also provided funds for Family Tracing, Burial, and other logistical support for the response.

SLRCS maintained active participation in national coordination meetings organized by the National Disaster Management Agency (NDMA) with other partners. The coordination meeting from the onset of the disaster led planning and response mechanism, and together with partners assessed the situation and took necessary steps to support the Government of Sierra Leone in providing humanitarian support to the affected persons.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) has a Cluster Delegation in Freetown that coordinates and provides technical assistance to Sierra Leone, Liberia, Guinea, and Guinea Bissau National Societies. The Country Cluster Delegation was proactive in supporting initial response action, and on 06 November, published a press release to inform the humanitarian community of the disaster.

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 Tanker Explosion. Through representation and coordination, the IFRC Delegation throughout the Response engaged SLRCS leadership and 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.

Overview of other actors in the country

Other key actors played a crucial role in assessing and responding to the impact of the Oil Tanker Explosion including WFP, Plan International, CARITAS, GOAL-SL, UNICEF, Catholic Relief Services, Concern Worldwide, National Disaster Management Agency (NDMA), Freetown City Council (FCC), National Commission for Social Action (NaCSA), National Civil Registration, Authority (NCRA), ALL 4 ONE-SL, Ministry of Health, and Sanitation (MOHS). The Office of the National Security played a coordinating role from the onset of the incident, consolidating the different response

support actions to the operation and coordinating resource mobilization along with partners. The table below summarizes some of their contributions:

Actor	Activity
WFP – Sierra Leone	Served as a technical lead for the assessment.
MSF-SL	Provided medical supplies at the treatment care centers
GOAL-SL	Provided drinking water
UNICEF	Provided WASH facilities and services
CRS	Provided WASH facilities and services
Concern Worldwide	Provided non-food items
National Disaster Management Agency	Overall coordination of all responses of the Wellington Oil Tanker Explosion
Freetown City Council	Assisted with the overall coordination
National Civil Registration Authority	Led the registration pillar and were key in the multi-sectoral assessment
ALL 4 ONE-SL	Provided psychosocial support and played a key role in Contact Tracing for locating relatives of victims
NEMS	Assisted with Ambulance for referral cases and burial of victims

Needs analysis and scenario planning

Need Analysis

The National Disaster Management Agency coordinated a multifactorial assessment to confirm the preliminary status of the situation and started with the registration of families affected by fire due to the Oil Tanker Explosion. Findings from the multisectoral assessment highlighted that 101 people died due to the explosion with a further 123 people seriously injured. Immediate needs identified included medical support to host treatment centers, first-aid services, restoration of family links, psychological support to the affected, hygiene promotion, safe and dignified burial for the badly burnt victims (who could not be identified), and a provision of cash grants to support medical care and basic livelihood to the directly affected fire victims. Given the extent of the damages which destroyed infrastructure in the area and the burning of human bodies, support to clean up the rubbles and provision of adequate WASH services to the community to avoid outbreaks of waterborne and hygiene-related diseases were among the needs identified.

Wellington is a poor community in the eastern part of Freetown known for petty trading. The assessment report indicated that affected families lost their livelihoods, which exposed them to greater vulnerability. There was a need for these families to access support to restart their livelihoods to avoid slipping into intense poverty and hunger.

Scenario planning

The emergency plan of action was based on the most likely scenario that the affected population will not have access to adequate health and mental care and remain highly exposed to the spread of Covid-19 within the affected community because of overcrowding in unsanitary conditions. Against this backdrop, SLRCS requested the DREF funds to kick off emergency activities and planned to request a second allocation based on the outcome of the multi-sectoral needs assessment. Findings from the multi-sectoral needs assessment however did not trigger the revision of DREF EPoA to seek additional funding. It is worth noting that, the affected population received emergency assistance within three months from the partners and government while waiting for necessary measures to facilitate their return to a normal life. Also, health facilities rapidly regained the capacity to care for emergencies and the health needs of the affected population which was why the operation continued and ended without any revisions.

Risk Analysis

The Wellington Oil Tanker Explosion response operation exposed the affected communities to substantial risks including but not limited to armed robbery and sexual and gender-based violence (SGBV) which could have affected the operation in several ways. Likewise, Red Cross teams were equally exposed to these crimes, in addition to potentially having the affected community attack them if they deem the support provided was not sufficient. Ambush, Armed robbery, Banditry, looting, and theft of assets were also possible risk to have affected the operation. Mitigating these risks, security measures of both the Movement and the Government were strictly adhered to by all volunteers and staff involved in the operation. The security management as part of this operation was based on the RCRC Fundamental Principles and humanitarian values. In addition, the following actions related to security were implemented: respect for visibility through the wearing of jackets and regular communication on all the movements, ensured community engagement to provide clear explanations of the role of the Red Cross, the support being provided and beneficiary selection criteria communicated, regular briefings were organized to remind volunteers and staff on their behaviour and Safer Access, coordination was maintained between the National Society and IFRC to ensure that all security measures were adhered

to. Similarly, constant communications check-in measures with base by all operation staff were sustained, including regular security updates organized, and information disseminated. All staff and volunteers had previously undergone the Stay Safe security course, and those who had not were encouraged to complete the course and abide by the Code of Conduct,

The DREF operation and its operational strategy considered the risks related to the current COVID-19 pandemic and the operation was aligned with and contributed to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. SLRCS integrated COVID-19 prevention and containment measures in all community meetings and engagements in alignment with the regional plan of action and its national COVID-19 country plan.

B. OPERATIONAL STRATEGY

The overall objective of the operation was to provide emergency assistance to at least 1,120 directly affected persons (224 households) by the oil tanker explosion in the Wellington area of Freetown. This was through the immediate provision of first-aid services, supporting the restoration of family links, and providing psychological first aid to both the affected and volunteers. Hygiene promotion was ensured by the provision of essential items, and basic needs were ensured by supplying affected families with a one-off cash disbursement.

Proposed strategy

The Sierra Leone Red Cross Society ensured a collective response to the direst needs of the fire-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 following:

Livelihoods and Basic needs:

- Provided unconditional cash grants to 224 households to support their livelihoods and cover medical expenses based on the food basket in Sierra Leone which is pegged at 425,000 Sierra Leonean Leones (SLL). SLRCS estimates that 1,250,000 SLL was an acceptable contribution to support both families of the injured and deceased. In total, a total of 1,675,000 SLL was disbursed to 224 families to allow them access to food and basic needs.
- 15 volunteers were mobilized to support cash activities focusing on sensitizing targeted families on the use of the cash following IFRC guidelines for medical assistance and basic needs, supporting them in accessing their cash grants as they are stationed at the Financial Service Provider (FSP) cashing points.
- 15 volunteers were mobilized to support food distribution to targeted beneficiaries. Following the distribution of unconditional cash, 15 volunteers were trained to support a day of post-distribution monitoring (PDM) in Wellington and neighboring communities that had beneficiary homes.

Health

SLRC provided Psychosocial Support (PSS) to families affected by the disaster and supported authorities with family tracing for ten days. Psychological first aid (PFA) was provided to families affected by the disaster as well as the volunteers. This was aimed at easing the stress experienced from the tragedy. Volunteers held PSS sessions in affected communities and conducted health talks on key health messages relating to COVID-19. Awareness raising of community members on the use of facemasks was done by volunteers during their community engagement activities to both promote adherence to COVID-19 regulations and protect them from contracting the virus. Activities implemented included:

- Psychosocial support provided to affected families: A total of 100 SLRCS volunteers focused on providing PSS support to affected persons within their communities. PFA was also provided to targeted communities and volunteers, once a week in a group session (4 sessions) throughout the first month of operation.
- Health promotion activities, including awareness on Covid-19 and Ebola virus disease: Some 50 SLRCS volunteers were deployed 3 days a week for 12 weeks to ensure community awareness of health issues resulting from the fire.
- Some 100 volunteers supported Search and Rescue and Restoring family links.

Water, Sanitation, and Hygiene – WASH (1,120 people or 224 HH)

Following the explosion, the entire affected area was filled with rubbles. The need to support sanitation was crucial, thus the following activities were carried out by volunteers of SLRCS

- Procured and distributed hygiene kits to 123 families of injured persons. The kits contained bathing soap, toothpaste, toothbrushes, etc. for household personal hygiene
- Provided dignity kits to 24% of the targeted females, amounting to 175 women and girls of childbearing age to serve for 2 months. Each kit contained sanitary pads, panties, and bathing soap for women and girls.
- Conducted hygiene and sanitation campaigns twice a month for 2 months, to clear the rubbles and remove all signs of the traumatic event. This activity was coupled with health promotion, including awareness against Covid and EVD. A total of 15 volunteers were deployed and conducted these sessions and cleared the rubbles to wipe the physical traces of this traumatic event.

Protection, Gender, and Inclusion (PGI):

Women and children were more vulnerable, especially owing to the fact of their homeless condition with the affected community. As such, PGI was streamlined throughout the intervention, ensuring that volunteers received adequate briefing during the various refreshers. SLRCS ensured that protection issues were considered and that everyone felt protected despite age, gender, and disability status. Awareness-raising and orientation sessions on protection were held. For the inclusion of everyone, engagement with community members was done to ensure that all the assistance was distributed equitably and impartially. As part of the needs assessment and analysis, a gender and diversity analysis was included in all sector responses including Shelter, Livelihoods, Health, and WASH, which showed how different groups were affected in line with IFRC minimum standards for protection, gender, and inclusion in emergencies.

Community Engagement and Accountability (CEA):

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

The following activities relating to CEA were carried out.

- Conducted orientation of 25 volunteers in CEA which ensured they conveyed to communities the objectives of the operation, ensured a good flow of information as well as clear roles and responsibilities between representatives, community leaders, and committees.
- Feedback system setup which captured and processed complaints received. Feedback was also provided to the community to ensure they are aware their feedback had been considered.

C. DETAILED OPERATIONAL PLAN

Indicators:	Target	Actual
# of people reached with one-off multipurpose cash support	1,120	1,120
# of volunteers supporting cash activities	15	15
# of PDM conducted	1	1
Narrative description of achievements		
<ul style="list-style-type: none"> • Identification of caseloads and verification of household beneficiaries: Considering that affected people had varying levels of vulnerability and that there were other partners on the ground, SLRCS focused its intervention to target the families of 101 casualties affected, and the families of the 123 people injured and hospitalized. As such, the total number of targeted was 1,120 people (224 households) directly affected by the tanker explosion in the community of Wellington. Reverification of targeted households was done by referencing the standard selection criteria. Community members were consulted, listened to, and informed of the selection process through meetings with key stakeholders within the affected communities to outline the response options suggested by the Red Cross. The beneficiary's selection criteria were discussed and decided with these stakeholders, ensuring to be fair and transparent. 		

- **Deployment of volunteers to sensitize targeted families on the details of Mobile money transactions:** Some 15 volunteers were deployed to support cash activities. Before the disbursement, volunteers sensitized targeted families on the use of the cash following IFRC guidelines for medical assistance and basic needs, supporting them in accessing their cash grants, and were stationed at the Financial Service Provider (FSP) cashing points in the Wellington community.
- **Distribution of one-off cash to the affected families:** Africell Mobile company (the designated financial service provider) distributed unconditional cash to 224 beneficiary households to address their basic livelihood support and medical expenses. Cash transfer for livelihood and medical expenses by the beneficiaries was one-off support. This was meant to provide livelihood and medical expenses resulting from the blast effect. This was based on the food basket in Sierra Leone which is pegged at 425,000 Sierra Leonean Leones (SLL). SLRCS estimated that 1,250,000 SLL would be an acceptable contribution to support both families of the injured and deceased with mortuary costs and medical bills as relevant. In total, a total of 1,675,000 SLL amount was disbursed to 224 families to allow them access to food and basic needs.



Distribution of cash to affected HHs



Verification of beneficiaries before disbursement

Post Distribution Monitoring: Post-distribution monitoring was conducted involving 15 volunteers for one day, geared towards determining the level of satisfaction of communities regarding the targeting and the distribution process. The satisfaction survey revealed that 92% of the households surveyed were satisfied with the targeting process as they were well informed about the whole process. About 89% of the targeted households also showed satisfaction with the distribution process; distribution sites were well organized, and volunteers were available and welcoming.

Challenges

- National authorities' decision to centrally control the distribution of relief packages to the affected people slowed down the commencement of operation due to bureaucracy of the process. This was addressed by constantly engaging the authorities and explaining to them the time sensitivity of the DREF operation.
- The other challenge was the limited liquidity of the cash out agents designated to serve the beneficiaries, especially on the first day of distribution as many sim cards were distributed. Engagement with the FSP saw an increase in the financial portfolio of the agents, and more beneficiaries received their cash.
- The imposition of COVID-19 prevention and containment regulations also affected part of the operation. Indeed, restrictions on gathering crowd beyond 100 people was a big challenge to the smooth implementation of the operation. To deal with this challenge, volunteers and staff had to work more hours than expected and ensured that services were provided in batches while ensuring adherence to COVID-19 containment measures including handwashing and physical distancing at distribution points.

Lessons Learned

- Agreements in place with key actors before an emergency enhances swift response interventions. Also, agreement with FSPs and adhering to Terms of Reference helped to swiftly respond to the tanker blast within the agreed timeframe without requesting an extension.
- Best practice is always to involve community stakeholders and national authorities in every phase of the DREF operation. They will help communicate selection criteria and help to deal dealing with potential problems.



Health

People reached: 1,120

Male: 437

Female: 683

Indicators:	Target	Actual
% of people provided with emergency health care	100%	100%
# of volunteers supporting emergency health care and rescue	50	50
% of people provided with PSS services	1,120	968
# of volunteers supporting PSS provision	25	50

Narrative description of achievements

- Deploy volunteers to provide first aid and referral of injured persons:** A total of 50 volunteers were deployed to render first aid service to injured persons, reaching out to 123 injured victims in collaboration with the Ministry of Health and Sanitation (MoHS). SLRCS also provided support in conveying the dead to Connaught mortuary and supported referral of injured victims to health facilities for intensive treatment. Some victims were on their way from their daily economic activities and lost their properties including phones. Injured persons who know the phone numbers of their relatives were supported during referral and at health facilities to inform family members of their whereabouts and how they could be reached. Families of affected victims appreciated the move of the Red Cross in linking them with their relatives.



SLRCS volunteers supporting referral of injured victims

- Refresher training of volunteers on PSS:** SLRCS used volunteers who have experience in disaster response specifically providing PSS to affected populations. Thus, special training was not conducted on PSS but instead provided a day orientation to the 100 volunteers who were engaged in the operation on psycho-social support. The activity supported the strengthening of volunteers' skills and knowledge of PSS to provide psychological first aid to individuals, and communities affected by the blast.
- Provide PSS support to targeted households:** The initial plan was to deploy 25 volunteers to support 4 PSS sessions once a week in group sessions (4 sessions). Considering PSS needs at hospitals were more than anticipated, and the fact that affected HHs were not in clustered community with some families outside Wellington, volunteers who were supporting first aid and referral of injured persons were requested to support PSS sessions. Overall, 50 PSS volunteers were deployed and provided psychological first aid to 968 people, through household PSS talks with distressed persons in the affected community. Volunteers during the PSS sessions gave chance to the affected population to express their emotions on how they felt since some had family members burnt by the fire, others were seriously injured and some at the initial phase did not have access to their loved ones. These affected families were provided with PSS to continue their normal mode of living and interact with other people to let go of the stress. Through the household PSS sessions held, the psychosocial well-being and resilience of individuals, families, and communities affected by fire were improved. During the PSS support, key health messages relating to COVID-19 were shared.



PSS Session in affected homes



Providing PSS to victims at a treatment centre

Challenges

Some affected family members were constantly requesting to see their admitted loved ones in the treatment centres thus putting undue pressure on the volunteers on the ground. Attempting to calm down their numerous requests and refer them to the appropriate authorities expanded their scope of work. In mitigating this challenge, the team engaged the incidence command centre authorities to organize a community meeting and explained the limitation of the volunteers' work and how community members can access their loved ones.

Lessons Learned

Providing timely psychosocial support, especially at the onset of disaster to affected persons and their families is essential for maintaining good physical and mental health and provides an important coping mechanism for people during difficult times.



Water, sanitation, and hygiene

People reached: 1,917

Male: 748

Female: 1,169

Indicators:	Target	Actual
% of the target population supported with sanitation of the affected area	100%	171%
# of families receiving personal hygiene kits	123	123
# of women and girls receiving dignity kits for 2 months	175	175
# of hygiene promotion sessions conducted	4	4
# of people reached with hygiene promotion activities	1,120	1,917
# of volunteers supporting hygiene promotion	50	50

Narrative description of achievements

- Provision of hygiene and Dignity kits:** The DREF operation provided households affected by the Oil Tanker Explosion with hygiene kits, soap, and dignity kits. Some 123 families of injured persons were provided with bathing soap, toothpaste, toothbrushes, etc. for household personal hygiene. Also, 175 women and girls of childbearing age were provided dignity kits for two months, each kit containing sanitary pads, panties, and bathing soap.
- Conduct hygiene and sanitation campaigns:** A total of 50 volunteers were deployed for hygiene promotion in collaboration with the Ministry of Health and Sanitation. The volunteers conducted four (4) hygiene promotion sessions, twice a month for 2 months, and during the process educated the community on good hygiene practices and the use of hygiene materials. The campaign was coupled with health promotion and awareness raising on Covid-19 and EVD, with a special focus on the use of facemasks and the need to be vaccinated.



Community engagement on hygiene promotion



Hygiene promotion session with children

Challenges

The DREF operation did not include tools for community cleaning as such, it was a bit difficult to intensify sanitation in the Wellington community. However, the volunteers liaised with other relevant actors to mobilize the entire community to clear the wreckage left behind by the fire incident.

Lessons Learned
Constructive coordination especially at the operational level is an effective problem-solving tool. The SLRCS' staff and volunteers bank on the trustworthy relationships with other actors and thus approached them to galvanize efforts to intensify community sanitation through a joint clearing of wreckages in the community.

Strengthen National Society		
Indicators:	Target	Actual
# of volunteers involved in the response	100	100
# of volunteers insured	100	100
# volunteers were provided with visibility material and protective clothing for their safety	100	100
# of monitoring visits conducted by Country delegation	3	2
# of CEA orientation conducted	1	1
# of feedback mechanisms setup	1	1
# of feedback responded to	TBD	61
# of documentaries produced	1	1
# of Lessons learned workshops held	1	0
Narrative description of achievements		
<ul style="list-style-type: none"> • Orientation of volunteers: A total of 100 volunteers were deployed to support the DREF operation. To guide their community engagement and ensure the quality of the response, these volunteers were orientated on their roles and responsibilities and the types of risks they were likely to face. Additionally, the volunteers were provided refresher training in psychosocial support to subsequently deal with any psychological related cases that might ensue and got detailed orientation on how to facilitate community complaints and feedback mechanisms using the Community Engagement & Accountability (CEA) approach. Strong emphasis was placed on protecting the dignity of the beneficiaries and making sure that women and men were treated equally. Additionally, volunteers were refreshed in cash transfer processes and best practices in the distribution of relief items. • Monitoring of the operation: Two separate monitoring visits by the SLRCS HQ PMER team were conducted to monitor the day-to-day operation to ensure accountability, transparency, and financial management of the operation. Regular monitoring of the activities was carried out by the operation team while one monitoring two monitoring visits were made jointly by IFRC/SLRCS teams. • Complaint and feedback mechanism: A feedback mechanism was set up in the affected community to allow beneficiaries to express their concerns or displeasure with the cash transfer process and hygiene promotion kits that were supplied. Also, a complaint mechanism that allows beneficiaries to confidentially report corruption or abuse of power, and to seek redress was set up. The trained volunteers supported the CEA team in collecting feedback and complaints from the community members and advertised the SLRCS 300 hotline system. Both feedback and complaint mechanisms helped build a culture of transparency and accountability and improved operations quality. 		
Challenges		
<ul style="list-style-type: none"> • N/A 		
Lessons Learned		
Having existing community-based volunteers trained on cash transfer, hygiene promotion, and skills to support awareness raising is crucial for Rapid Response during emergencies. Trained volunteers could easily be deployed to support response and will save time and cost as they will require refresher training/orientation than specialized training during disasters and crises.		

D. Financial Report

The overall amount allocated for implementation of this operation was CHF 61,614 of which CHF 57,492 (93%) were expensed. A balance of CHF 4,122 will be returned to the DREF pot.

Under the Funds Transfer modality, 57,468.27 were transferred to Sierra Leone Red Cross, of which CHF 51,961.27 were spent per Annex 5 financial report, on which variances are explained.

Contact information

Reference documents



Click here for:

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

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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DREF Operation

Selected Parameters			
Reporting Timeframe	2021/11-2022/08	Operation	MDRSL011
Budget Timeframe	2021-2022	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 26/Sep/2022

All figures are in Swiss Francs (CHF)

MDRSL011 - Sierra Leone - Oil Tanker Explosion

Operating Timeframe: 07 Nov 2021 to 28 Feb 2022

I. Summary

Opening Balance	0
Funds & Other Income	61,614
DREF Allocations	61,614
Expenditure	-57,492
Closing Balance	4,122

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	34,404	61,203	-26,800
PO04 - Health	6,702		6,702
PO05 - Water, Sanitation & Hygiene	5,862		5,862
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability	1,742		1,742
PO11 - Environmental Sustainability			0
Planned Operations Total	48,709	61,203	-12,494
EA01 - Coordination and Partnerships	1,608		1,608
EA02 - Secretariat Services	1,340	20	1,321
EA03 - National Society Strengthening	9,957	-3,731	13,688
Enabling Approaches Total	12,905	-3,711	16,617
Grand Total	61,614	57,492	4,122

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/11-2022/08	Operation	MDRSL011
Budget Timeframe	2021-2022	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 26/Sep/2022

All figures are in Swiss Francs (CHF)

MDRSL011 - Sierra Leone - Oil Tanker Explosion

Operating Timeframe: 07 Nov 2021 to 28 Feb 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	38,932		38,932
Water, Sanitation & Hygiene	5,302		5,302
Medical & First Aid	1,678		1,678
Cash Disbursement	31,951		31,951
Logistics, Transport & Storage	1,259		1,259
Transport & Vehicles Costs	1,259		1,259
Personnel	8,157	263	7,894
National Staff	1,259		1,259
National Society Staff	839		839
Volunteers	6,059	263	5,797
Workshops & Training	4,069		4,069
Workshops & Training	4,069		4,069
General Expenditure	5,437	19	5,419
Information & Public Relations	420		420
Financial Charges	1,259	19	1,240
Other General Expenses	3,759		3,759
Contributions & Transfers		53,702	-53,702
Cash Transfers National Societies		53,702	-53,702
Indirect Costs	3,760	3,509	252
Programme & Services Support Recover	3,760	3,509	252
Grand Total	61,614	57,492	4,122