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Emergency Plan of Action Operation update

Sierra Leone: Ebola Virus Disease



Emergency appeal n° MDRSL005	Glide n° EP-2014-000039-SLE
Date of Issue: 18 March 2015	
Operation manager: Moulaye Camara	Point of contact: Constant Kargbo, Acting Secretary General, Sierra Leone Red Cross Society
Operations update: 6 Months Update	Timeframe covered by this update: 6 April 2014 to 4 October (additional information provided up to 31 December 2014)
Operation start date: 07 April 2014	Timeframe: 15 Months, End date 30 June 2015
Appeal budget: CHF 40,396,719	Appeal coverage: 100%
Disaster Relief Emergency Fund (DREF) allocated: CHF 113,217	
N° of people being assisted: Nationwide, with specific actions in high risk communities (6,348,350)	
Host National Society presence (n° of volunteers, staff, branches): about 5,000 active volunteers from Sierra Leone Red Cross Society, over 27 technical working group staff, 13 branches)	
Red Cross Red Crescent Movement partners actively involved in the operation: None	
Other partner organizations actively involved in the operation: Ministry of Health and Sanitation, World Health Organization, Médecins sans Frontières, UNICEF, Save the Children, Action Contre la Faim, Catholic Relief Services, Concern Worldwide, World Vision, CARE, Cafod.	

Summary:

In March 2014 an outbreak of Ebola virus disease (EVD) was detected in Guinea close to the borders of Sierra Leone and Liberia. At that time, the Sierra Leone Ministry of Health and Sanitation established a National Ebola Taskforce to coordinate activities to prevent and prepare for the detection of EVD in the country.

Following the confirmation of cases in Guinea on 28 March 2014 the IFRC allocated CHF 113,217 from its [Disaster Relief Emergency Fund \(DREF\) for Ebola preparedness activities in Sierra Leone](#). A report on the progress achieved under the DREF money can be accessed [here](#). Following the confirmation of cases within the border of Sierra Leone the DREF allocation was converted into a start-up loan for the [Emergency Appeal](#) operation launched on 26 June 2014. On 26 May, the Ministry of Health and Sanitation announced that the first case of EVD had been detected in Sierra Leone. Soon after, a further seven cases were identified. All of these early cases resided in the Kissi Teng Chiefdom which forms the easternmost part of Kailahun District. All eight persons had attended the funeral of a traditional healer in Guinea.

Until the outbreak, the IFRC did not have representation in the country and had been supporting Sierra Leone Red Cross Society (SLRCS) through its regional office for West Africa in Cote d'Ivoire. Currently IFRC has a coordination hub in Accra, Ghana which is coordinating the whole response in the affected countries. Before the confirmation of cases in Sierra Leone, regional staff were deployed to support the SLRCS in preparedness activities. As the situation deteriorated and the National Society initiated response to active cases, an IFRC Field Assessment and Coordination Team (FACT) was deployed and arrived in Freetown in early June, followed by staff from the Basic Health Care ERU and IT/Telecomm Emergency Response Units.

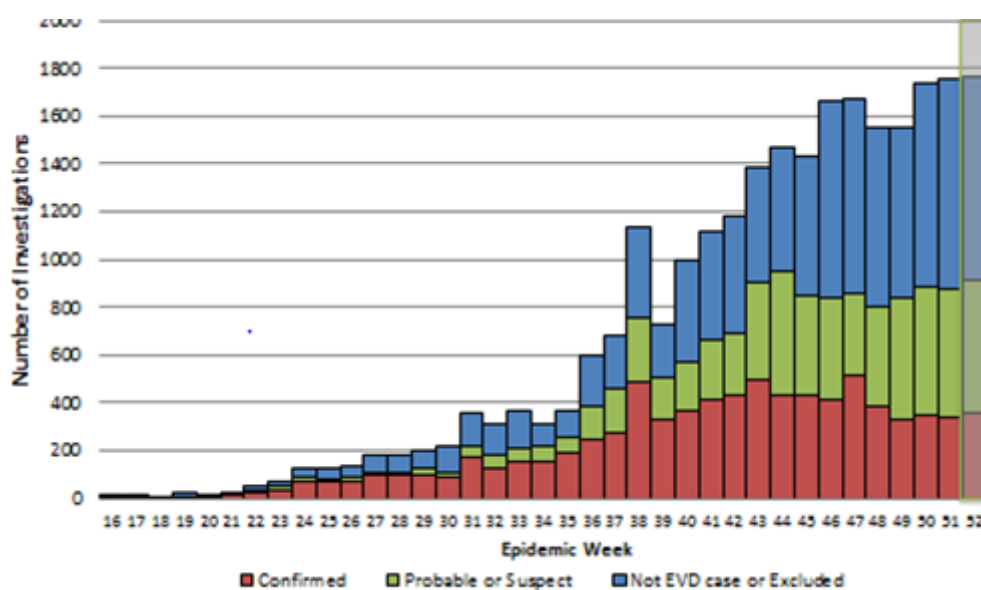
IFRC initially set up a base in Kailahun and now has ETCs in Kenema and Kono and a main operation centre located in Freetown. IFRC Delegates are supporting SLRC branch activities in Port Loko, Bombali and Koinadugu. As part of the scaling up process, IFRC is supporting the NS in implementing activities outlined

in all the pillars in all districts across the country. Safe and Dignified Burial teams have been trained and are operational in all districts carrying out 400 – 450 safe and dignified burials per week by end 2014. Contact tracing activities are carried out in coordination with MoHS and other partners and Red Cross is becoming increasingly more involved in surveillance. Psychosocial support (PSS) is offered through visits to families living in quarantined homes, the distribution of survivor kits and interventions with staff and volunteers. Social mobilization and beneficiary communications activities are being implemented at the community level through traditional methods including distribution of IEC material and, increasingly, by using beneficiary communications methods. Clinical management is offered through the IFRC 60 bed Ebola Treatment Centre in Kenema which opened in September 2014 and the ETC in Kono will open in January 2015 with 30 beds.

As the cases load soared and spread across all the districts in the country, IFRC revised the Emergency Appeal in 18 July and further revisions were made 9 September and again on 22 October increasing the operational budget to CHF 41 Million to support the revised strategy by the Red Cross response ramping up Surveillance and Contact Tracing, Safe and Dignified Burials, Social Mobilisation and Psychosocial Support from an initial 6 districts to all 14 districts.

The graph below shows the trend of Ebola cases and deaths in Sierra Leone since April 2014 to end December.

Figure 1: Ebola investigations by case status , MOH VHF Data 14 April 2014- 31 December 2014



By year-end, incidence of Ebola virus disease in Sierra Leone continued to remain very high and spreading with cases reported in all districts. The epidemic has been particularly bad in Western Area (Urban) which refers to the capital Freetown, Western Area Rural, Port Loko, Bombali and Kono. Hotspots erupt with frequency aided by population movement across the country aided to a great degree by an extensive road network. Transmission elsewhere such as in Bonthe, Pujehun, Kailahun and Kenema is relatively stable but care is required to ensure surveillance systems are in place to quickly detect and deal with suspected cases.

Difficulties in accessing communities to track potential contacts, alongside insufficient infrastructure to deal with the rapidly increasing caseload, make it difficult to ascertain precisely the evolution of the outbreak. The number of reported cases and deaths, contacts under medical observation and the number of laboratory results are in constant flux.

Coordination and partnerships

The SLRCS is a member the National Ebola Response Centre (NERC) and attends the daily briefings and presents on activities under the Safe and Dignified Burials Pillar. It is also a member of the District Ebola Response Centres (DERC) with branches participating in daily meetings and briefings. SLRC has a permanent representation at the Western Area Command Centre which coordinates all Ebola activities in respect of alerts, ambulances and burials in the populous Freetown area.

The SLRC is actively involved at the district level in the development of the District Ebola Plans including submitting activities and geographical focus for inclusion in the Catalogue for Partner Support to the DERC as coordinated by UNMEER Field Crisis Managers. The Red Cross also participated in the development of District Surveillance Plans in partnership with the DHMT and WHO.

Regular meetings are held with agencies who co-facilitate other pillars such as with UNICEF (social mobilization), WHO (case management) and UNFPA (surveillance and contact tracing).

Red Cross (SLRC & IFRC) are the co-facilitators along with the MoHS of the Safe and Dignified Burial Pillar and chair weekly meetings which are attended by representatives from the MoHS, NERC, WHO, CDC, DFID, USAID, Concern Worldwide, CRS, World Vision, MSF and UNMEER. Typically twenty five representatives participate in these meetings which have resulted in the development of a number of national standard operating procedures for burials and household disinfection as well as other decision on SDB which have been presented to and approved by the NERC.

Updates on the epidemiological situation are provided at the NERC and DERC meetings and are also published on the Ministry of Health and Sanitation's web page and the WHO Global Alert and Response website and in the weekly UNMEER Situation Report.

Operational implementation

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

Output 1. Social Mobilization and Beneficiary Communications: Community understanding, engagement, ownership and implementation of prevention and control measures is ensured through effective social mobilization and two-way communication with beneficiaries, community leaders and religious leaders to prevent further transmission and control the outbreak

Progress

A KAP conducted in December 2014 in Bombali, Port Loko and Kailahun found that although general knowledge about the disease has improved since the onset of the crisis, significant gaps can still be identified. The main objective of the study was to highlight the gaps in the community engagement activities of the Red Cross by comparing the results from three districts in the country, targeting a district with *high transmission*, one with *on-going sustained transmission* and one with *limited or no transmission*. The most important gaps in information in Port Loko and Bombali revolve around:

- modes of transmission
- treatment
- referral mechanisms

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

One of the most promising findings of this survey is the fact that over 85% of respondents in all three districts believe that “It is possible to survive Ebola” which mean that the initial belief that infections can only lead to death is mostly overcome and at this point in the crisis people have an incentive to seek treatment. There is a need to regularly review and fine-tune the key messages to ensure they are relevant to the current situation and meet the information needs of the community. It is important to specifically address perceptions about EVD that lead to stigmatisation of families affected by the disease.

In the reporting period;

- 9,312 HH were reached through door to door campaigns
- 1,109,549 people were reached by 360 volunteers in 14 Branches with Ebola awareness sessions from through house to house, meetings and Focus group discussions.
- 35 phones were programmed with MAGPI software for Ben Communication volunteers attached to SDB. The phones would to collect data from bereaved family members during collection and burying of dead bodies.
- 2 weekly one hour interactive Radio Broadcasts was broadcast on national radio
- One hour live interactive weekly Television program broadcast on national TV
- Cumulative social mobilise reach is shown below;
- 602 Ebola flyers were distributed in Bombali in partnership with UNICEF and MoH Emphasis has been placed on:
 - House to house campaign celebrating survivors, stigma and discrimination, and early reporting to community care centres.
 - Focus group discussion with children and religious authorities
 - Hygiene promotion (hand washing with children)
 - Construction of Community Red Cross Information Kiosk has started in Bombali. This will be followed by constructions in Port Loko, Western Area and Tonkolili. In total, the Red Cross will construct 140 information kiosks and hand washing stations in all the 14 districts.

Output 2. Safe and Dignified Burial (SDB) and Disinfection: Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials.

Progress

SLRCS has been undertaking the appropriate and efficient safe and dignified burial of dead bodies in all the affected districts coordinating with other partners. This include collection of corpses ensuring religious and cultural practices are adhered to when possible and pays particular attention to families concerns and feelings. The SDB teams assist in the disinfection of contaminated homes in selected districts in collaboration with other partners. The SDB teams are adequately trained and well-equipped , comprising ten SLRCS volunteers: four (4) stretcher-bearers, two (2) sprayers, one (1) dresser, one (1) beneficiary communication volunteer and 2 drivers.

SLRCS Safe & Dignified Burial Supervisors at its national headquarters and branch level coordinates and supervises the collection of corpses and perform safe and dignified burials under the overall management of the National Ebola Coordinator and a highly experienced Safe & Dignified Burials Supervisor at headquarters

with specifically identified SDB officers in each of the branches. IFRC ensures longer-term oversight and management of the operation with additional and specialised human resources providing technical support and maintaining links with other parts of the operation – especially logistics and fleet.

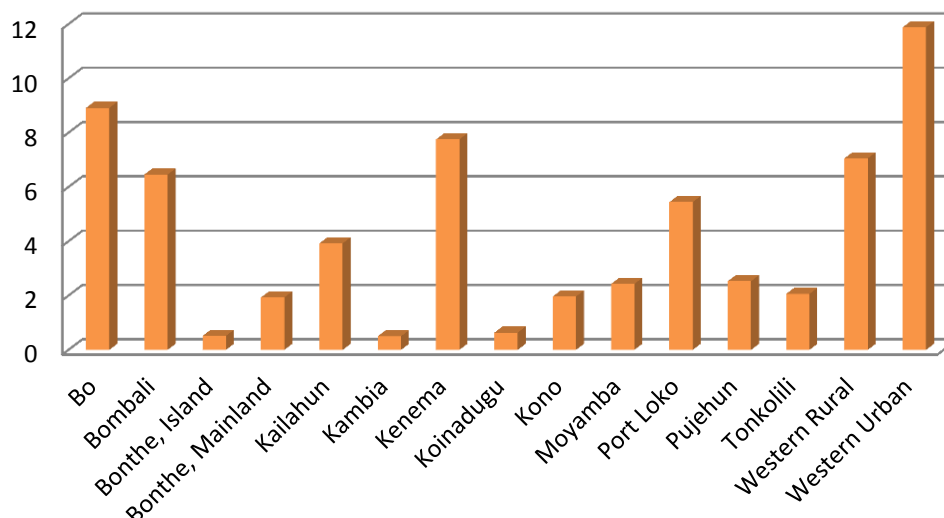
The Red Cross continues to emphasise safety and care for volunteers and staff involved in SDB through refresher training in the use of PPE (every six weeks) and teams are visited by trained supervisory staff that make quality assurance checks. Checks are also conducted by external specialists such as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

As the caseload continue to increase and spread to new districts IFRC significantly increased the safe and dignified burial teams from the initial 3 teams to 29 teams across the country. In December 2014 another significant scaling-up occurred resulting in the SLRC / IFRC having 54 SDB teams operating throughout the country burying at that time between 400 and 450 corpses per week. By end 2014, there were over 550 staff and volunteers working on safe and dignified burials that had carried out 4,718 safe and dignified burials without any infection of staff and volunteers. Red Cross have also trained supervisors of MoHS burial teams and members of the SDB Consortium including Concern Worldwide, CRS, World Vision and CAFOD promoting standardized training packages and procedures.

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

Table 1: Number of burials and teams across the districts

Districts	Burials Conducted	No. teams	volunteers
Bo	615	4	28
Bombali	478	4	28
Bonthe, Island	15	1	7
Bonthe, Mainland	56	2	14
Kailahun	659	3	21
Kambia	27	3	14
Kenema	372	3	21
Koinadugu	33	3	14
Kono	57	3	14
Moyamba	17	2	14
Port Loko	430	5	35
Pujehun	43	2	14
Tonkolili	68	4	28
Western Rural	529	6	42
Western Urban	1,319	9	63
TOTAL	4,718	54	357

Figure 2: Daily average of the burials across the Districts

Output 3: Psychosocial support- Psychosocial support is provided to families affected by the epidemic with a sick person in the family or a deceased, including a survival kit (essential food and non-food).

Progress

Activities consisted of PSS support and the provision of a “survivor’s kit” to families that have lost material goods through disinfection or who are unable to manage their normal lives because of isolation schemes or other measures related to having an Ebola patient in the family, or being a contact. The kits are offered to families with a sick person who are experiencing social exclusion and stigma or after the safe burial and disinfection team has completed their task or on discharge of a survivor from the ETC.

400 trained Red Cross volunteers, from their own communities, have conducted door-to-door visits, working with elders, community and religious leaders to engage people and families in a meaningful dialogue to address stigma, dispel rumours or cultural misperceptions about the disease. Door-to-door visits are a key community interaction that should be used to provide support, information and improve engagement with the community and individuals affected. By year end, some 27,000 people have been reached with PSS support in the reporting period.

SDB volunteers of the national society in particular continue to be rejected by their own families, friends and even communities. Alternative strategies are being designed to cater for their welfare or to alleviate these prevailing conditions. These include explicit PSS sessions with such families, allocation of rooms for SDB volunteers, increasing their daily incentives, complementary insurance packages, and special family allowances in case of death.

Output 4: Community surveillance and Contact Tracing- In coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care

Progress

Red Cross in collaboration with other partners such as the MoHS, DHMT, IRC, DFID, CDC, WHO and others have taken a lead role in the introduction of community event based surveillance in Port Loko, Koinadugu and Bonthe. The project is in its formative planning stages but will make a significant contribution to the early detection of suspected Ebola cases in communities across these districts which have a cumulative population of 1,062,178. Event based surveillance will form the foundation of early warning systems that in the future will prevent the size and scale of this type of epidemic from occurring again. Early warning

systems like event based surveillance when coupled with rapid response teams are the key to early prevention and detection

A total of 800 volunteers have been trained in contact tracing in all the response districts. The Psychosocial Support delegate has participated in the trainings, conducted and supervised by the MoHS. These volunteers are part of the larger +200 group of volunteers managed and supervised by the MoHS.

The IFRC epidemiologist has assisted MoHS, WHO and MSF in data collection and management activities and to identify potential gaps in contact tracing and supported the SLRCS to develop a strategy for monitoring daily activities of the Red Cross volunteers engaged in tracing.

SLRCS will continue to have volunteers attend the trainings and join the surveillance networks as they are expanded to other districts. The next two districts to be prioritized are Kenema and Bo.

By year end, 27,156 contacts had been traced and followed up by the Red Cross volunteers.

Output 5: Case Management

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

The IFRC completed and operationalised a 60 bed ETC, 17kms west of Kenema city. The ETC has managed a cumulative total of 584 patients by end 2014, with 247 deaths and 287 discharged. Initially the ETC had 13 local staff employed in a variety of tasks and is supported by an expat team on average of 16 ERU. The constraints of limited expat staff and the need to train and supervise 126 new local staff has meant the use of a controlled and steady increase in bed numbers through phases to ensure staff health and safety. To ensure the ETC could safely manage at its full capacity a third and final phase of increase in staff numbers was completed in mid-October and the improvement in availability of more expats has also ensured patient numbers were able to increase safely with an average of 22 per rotation.

In addition to the initial unit in Kenema a second ETC was opened in Kono district in January. In early December, a large number of cases started to arrive in Kenema ETC from Kono district. An initial assessment found the general hospital was overwhelmed with cases and was ill prepared for managing Ebola. A rapid response team was deployed from Kenema to initially decontaminate the hospital, transfer all patients and to construct a temporary triage and holding centre. This was completed within 6 days of arrival. In less than three weeks the holding centre admitted 206 patients, with 150 of them being transferred to Kenema for further investigation and support. In addition a 30 bed ETC was constructed and will officially open on the 10th of January 2015. To support these activities, a health ERU was deployed by the Norwegian / Canadian Red Cross as well as Logs ERU from Finnish Red Cross and Logistics ERU from the Danish RC.

Output 5: National Society Capacity Development and support costs- The capacity of Sierra Leone Red Cross Society to manage Ebola virus disease outbreak response has been expanded & strengthened.

Progress

The SLRCS recruited a National Ebola Coordinator based at HQ in Freetown and at branch level, District Operation Managers, SDB Coordinators and Community Engagement Officers, will be recruited. Their responsibilities will be devoted exclusively to the Ebola response operation. At HQ at Mobile Team for surge support to branches will be established, consisting of 1 doctor/nurse, SDB and Contact Tracing specialists and 1 driver. Once a confirmed case is registered in a district, and gaps in response capacity are identified, the rapid response team from Freetown will be deployed. The objective of this team is to quickly implement key activities in a safe and controlled way and undertake training, capacity building and supervision of new teams that are established in response to the new cases. This will also assist in sharing learning and best practice across districts

The 14 SLRCS branch offices are fully operational (well-functional offices: internet facility, generators, IT equipment, vehicles, stationary and trained personnel). The SDB teams have been allocated accommodation

in each of the operational areas to enable them to recuperate; shower and rest as a considerable number of volunteers are exposed to rejection by their own families. A cook has also been engaged to help with their living arrangements.

SLRCS has mobilized and trained 1,864 volunteers in eleven operational areas to carry out the activities outlined in this operation. This number has been distributed as follows: Social Mobilisation-550, Safe and dignified burials-224, Contact Tracing-220, Psychosocial Support-400, and Beneficiary Communications-470. Each of the districts involved in the response, there is a cadre of trained volunteers engaged in hygiene promotion and community mobilization, contact tracing and surveillance, psychosocial support activities and safe and dignified burials. The number of volunteers will be increased to 2,188 in the coming months as shown in the table below.

Table 2: Proposed number of volunteers to be engaged in the operation per Operational area

Serial No.	Branch /District	# of volunteers	Social mobilisation	Safe and dignified burials	Psychosocial support	Surveillance & tracing	Clinical case management
1	Bo	166	X	X	X	X	
2	Bombali	196	X	X	X	X	
3	Kailahun	216	X	X	X	X	
4	Kenema	216	X	X	X	X	
4	Kenema (ETC)	0					X
5	Port Loko	200	X	X	X	X	
6	Western Area (Urban)	268	X	X	X	X	
7	Western Area (Rural)	252	X	X	X	X	
8	Moyamba	196	X	X	X	X	
9	Tonkolili	166	X	X	X	X	
10	Pujehun	166	X	X	X	X	
11	Kambia	166	X	X	X	X	
	Total	2,188					

Contact information

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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

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

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

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 15 Jun 15

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2014/10	Programme	MDRSL005
Budget Timeframe	2014/4-2015/6	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		40,396,719				40,396,719	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		497,548				497,548	
British Red Cross		452,700				452,700	
British Red Cross (from British Government*)		7,263,245				7,263,245	
Canadian Red Cross		4,127				4,127	
Canadian Red Cross (from Canadian Government*)		45,958				45,958	
European Commission - DG ECHO		500,100				500,100	
Finnish Red Cross		1,446				1,446	
French Red Cross (from Total*)		201,009				201,009	
Icelandic Red Cross		14,754				14,754	
Japanese Government		68,052				68,052	940,817
Japanese Red Cross Society		87,854				87,854	
Norwegian Red Cross		42,728				42,728	
Red Crescent Society of Islamic Republic of Iran		10,000				10,000	
Red Cross of Monaco		18,097				18,097	
Spanish Red Cross		263				263	
Swedish Red Cross		130,823				130,823	
Swiss Red Cross		300,000				300,000	
The Netherlands Red Cross (from Netherlands Government*)		845,355				845,355	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund*)		51,875				51,875	
United States Government - USAID		141,521				141,521	3,175,040
C1. Cash contributions		10,677,457				10,677,457	4,115,857
Inkind Goods & Transport							
Finnish Red Cross		37,380				37,380	
Spanish Red Cross		14,040				14,040	
C2. Inkind Goods & Transport		51,420				51,420	
Other Income							
DREF Allocations		1,000,000				1,000,000	
C4. Other Income		1,000,000				1,000,000	
C. Total Income = SUM(C1..C4)		11,728,877				11,728,877	4,115,857
D. Total Funding = B + C		11,728,877				11,728,877	4,115,857

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		11,728,877				11,728,877	4,115,857
E. Expenditure		-3,795,103				-3,795,103	
F. Closing Balance = (B + C + E)		7,933,774				7,933,774	4,115,857

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 15 Jun 15

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2014/10	Programme	MDRSL005
Budget Timeframe	2014/4-2015/6	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			40,396,719			40,396,719		
Relief items, Construction, Supplies								
Shelter - Relief	324,819		26,546			26,546	298,273	
Shelter - Transitional			41,730			41,730	-41,730	
Construction Materials			16,050			16,050	-16,050	
Clothing & Textiles	95,550		56,292			56,292	39,258	
Food	530,712		1,289			1,289	529,423	
Water, Sanitation & Hygiene	904,117		91,488			91,488	812,629	
Medical & First Aid	7,815,893		574,428			574,428	7,241,465	
Teaching Materials	7,917		20,764			20,764	-12,847	
Utensils & Tools	457,054		1,964			1,964	455,090	
Other Supplies & Services	212,720		6,842			6,842	205,878	
ERU	400,000						400,000	
Total Relief items, Construction, Sup	10,748,782		837,393			837,393	9,911,389	
Land, vehicles & equipment								
Vehicles	457,140		60,177			60,177	396,963	
Computers & Telecom	339,191		70,453			70,453	268,738	
Office & Household Equipment	102,997		28,069			28,069	74,928	
Total Land, vehicles & equipment	899,328		158,699			158,699	740,629	
Logistics, Transport & Storage								
Storage	859,620		61,799			61,799	797,821	
Distribution & Monitoring	1,576,122		250,473			250,473	1,325,649	
Transport & Vehicles Costs	4,375,309		251,214			251,214	4,124,095	
Logistics Services			69,998			69,998	-69,998	
Total Logistics, Transport & Storage	6,811,051		633,485			633,485	6,177,566	
Personnel								
International Staff	7,370,482		382,195			382,195	6,988,287	
National Staff	76,500		26,759			26,759	49,741	
National Society Staff	3,950,826		191,137			191,137	3,759,689	
Volunteers	2,567,968		91,149			91,149	2,476,819	
Total Personnel	13,965,776		691,240			691,240	13,274,536	
Consultants & Professional Fees								
Consultants	358,977		24,950			24,950	334,027	
Professional Fees	12,000		42,623			42,623	-30,623	
Total Consultants & Professional Fees	370,977		67,573			67,573	303,404	
Workshops & Training								
Workshops & Training	1,355,218		95,292			95,292	1,259,926	
Total Workshops & Training	1,355,218		95,292			95,292	1,259,926	
General Expenditure								
Travel	578,252		105,024			105,024	473,228	
Information & Public Relations	860,389		50,542			50,542	809,847	
Office Costs	1,697,194		50,831			50,831	1,646,363	
Communications	553,753		76,861			76,861	476,892	
Financial Charges	90,000		38,831			38,831	51,169	
Other General Expenses	472		12,109			12,109	-11,637	
Shared Office and Services Costs			11,044			11,044	-11,044	
Total General Expenditure	3,780,060		345,242			345,242	3,434,818	
Operational Provisions								

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 15 Jun 15

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2014/10	Programme	MDRSL005
Budget Timeframe	2014/4-2015/6	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			40,396,719			40,396,719		
Operational Provisions			718,012			718,012	-718,012	
Total Operational Provisions			718,012			718,012	-718,012	
Indirect Costs								
Programme & Services Support Recov	2,465,527		228,917			228,917	2,236,610	
Total Indirect Costs	2,465,527		228,917			228,917	2,236,610	
Pledge Specific Costs								
Pledge Earmarking Fee			18,036			18,036	-18,036	
Pledge Reporting Fees			1,215			1,215	-1,215	
Total Pledge Specific Costs			19,251			19,251	-19,251	
TOTAL EXPENDITURE (D)	40,396,719		3,795,103			3,795,103	36,601,616	
VARIANCE (C - D)			36,601,616			36,601,616		

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 15 Jun 15

Appeal Launch Date: 26 Jun 14

Interim Report

Selected Parameters

Reporting Timeframe	2014/4-2014/10	Programme	MDRSL005
Budget Timeframe	2014/4-2015/6	Budget	Approved
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	40,396,719		11,728,877	11,728,877	3,795,103	7,933,774	4,115,857
Subtotal BL2	40,396,719		11,728,877	11,728,877	3,795,103	7,933,774	4,115,857
GRAND TOTAL	40,396,719		11,728,877	11,728,877	3,795,103	7,933,774	4,115,857