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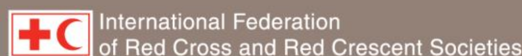
Emergency appeal operations update
Sierra Leone: Ebola Virus Disease



Emergency appeal n° MDRSL005	**Glide n°** EP-2014-000039-SLE
Date of Issue: 31 July 2015	
Operation manager: Andrew Jarjou	**Point of contact:** Constant Kargbo, Acting Secretary General, Sierra Leone Red Cross Society
Operations update: 12 Months Update	**Timeframe covered by this update:** 7 April 2014 to 15 April 2015
Operation start date: 07 April 2014	**Timeframe:** 45 Months, End date 31 December 2017
Appeal budget: CHF 94,595,428	**Appeal coverage:** 58%
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(ies) presence (n° of volunteers, staff, branches): about 2,600 active volunteers from Sierra Leone Red Cross Society, 13 branches)	
Red Cross Red Crescent Movement partners actively involved in the operation: American RC, Australian RC, Botswana RC, British RC, Canadian RC, Finnish RC, Kenya RC, Norwegian RC, Spanish RC and Swiss RC	
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:

- March-April 2014: Ebola outbreak first detected in Guinea; National Ebola Task Force established in Sierra Leone.
- **DREF** of CHF 113,217 issued on 7 April to support the Sierra Leone Red Cross Society to respond to the Ebola outbreak.

- May 2014: First Ebola case reported in Sierra Leone near the border with Guinea, with rapid caseload spread as a result of the movement of health care workers.

- June 2014: IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); **Emergency Appeal** launched for CHF 880,000.

- July 2014: IFRC **Appeal revision n° 1** issued for CHF 1.36m; Emergency Response Units deployed to establish the Ebola Treatment Centre in Kenema with extraordinary DREF allocation of CHF 1m.

- September-October 2014: with confirmed caseload spiralling out of control and twelve out of thirteen districts affected; IFRC issues Appeal **revision n° 2** for CHF 12.9m, followed by **revision n° 3** for CHF 41.1m.
- March 2015: **Appeal revision n° 4** issued for CHF 56.75m.

<click here for the interim financial report, or here for contact details >

Coordination and partnerships

The IFRC Country Representation is well positioned and resourced to support the Sierra Leone Red Cross Society (SLRCS) in operational and institutional capacity development initiative related to the EVD response, and indirectly to other structures and programmes. Due to magnitude of the response, the IFRC established an EVD coordination unit based in Accra, Ghana, which provided surge capacity and regional coordination in multiple

countries following the same response strategy – Liberia, Guinea, Nigeria and Mali. The West Coast Regional Representation (WCRR) and the Africa Zone coordination team also had the capacity to provide technical guidance and support including resource mobilization/grant management, logistics, finance development, reporting, communication and beneficiary communications - in order to ensure sufficient capacity for the response and preparedness operations across West Africa.

Locally, SLRCS is a member the National Ebola Response Centre (NERC) and attends the daily briefings to share progress on activities under the SDB Pillar – to which the National Society has had the lead role. SLRCS is also a member of the District Ebola Response Centres (DERC) with branches participating in daily meetings and briefings. SLRCS has a permanent representation at the Western Area Command Centre that coordinates all EVD activities in respect of alerts, ambulances and burials in the populous Freetown area.

The SLRCS has been actively involved since January 2015 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 District Ebola Response Committee (DERC) as coordinated by UN Mission for Ebola Emergency Response (UNMEER) Field Crisis Managers. IFRC/SLRCS have also participated in the development of District Surveillance Plans in partnership with the District Health Management Team (DHMT) and WHO. Regular meetings are held with agencies that co-facilitate other pillars such as with UNICEF (social mobilization), WHO (case management) and UNFPA (surveillance and contact tracing).

Red Cross (SLRCS and IFRC) are the co-facilitators along with the Ministry of Health and Sanitation (MoHS) of the SDB pillar and chair weekly meetings attended by representatives from the MoHS, National Ebola Response Committee (NERC), WHO, CDC, DFID, USAID, Concern Worldwide, CRS, World Vision, MSF and UNMEER. Typically 25 representatives participate in these meetings that have resulted in the development of a number of national standard operating procedures for SBD and household disinfection, as well as other decisions on SDB that 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 MoHS' Facebook page, WHO Global Alert and Response website and in the weekly UNMEER Situation Report.

Partner National Societies (PNSs) that have provided *bilateral support* to the SLRCS include; American Red Cross, Austrian Red Cross, Belgian Red Cross, Botswana Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Iranian Red Crescent, Norwegian Red Cross, Spanish Red Cross and Swiss Red Cross. Additionally, 14 Partner National Societies have provided multilateral support through the deployment of technical specialists and through financial contributions to the EVD emergency appeals.

Operational implementation

Overview

IFRC's Ebola Strategic Framework is organised around five outcomes:

i. The epidemic is stopped;
ii. National Societies have better Ebola virus disease (EVD) preparedness and stronger long-term capacities;
iii. IFRC operations are well coordinated;
iv. Safe and Dignified Burials (SDB) are effectively carried out by all actors; and
v. Recovery of community life and livelihoods

Overall objective:* *Contribute to ending EVD 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 1.1: 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

Output 1.2: Community Engagement: To engage people and families in a meaningful dialogue to address stigma, dispel rumours or cultural misperceptions of the disease, bury bodies safely and respectfully and highlight the importance of seeking early treatment and provide opportunities for communities to voice their say and ask questions using different communication mediums.

As part of its continued community engagement approach, Red Cross launched 140 information kiosks across the country. The kiosks provide information on Ebola and other epidemics affecting Sierra Leone. IFRC/ 2015.

Achievements

According to the latest KAP (Knowledge, Attitude and Practice) survey conducted between February and March 2015 in Kambia, Kenema and Freetown:

- Over 80 per cent of the people surveyed felt they needed more information on EVD, which implies that the level of acceptance of the messages distributed in communities is high but there are still areas of confusion or gaps in the information provided. In this sense, the level of understanding of the messages circulated should be evaluated at the time of dissemination by focusing on receiving feedback from the people targeted.
- Most respondents feel they need more information regarding prevention measures and around half of respondents believe they are at 'moderate' to 'great' risk of infection in the next six months, which implies that their confidence in the prevention measures they have been informed of is still not at the intended level. As such, the manner in which these messages are disseminated requires revision to account for the difficulties in comprehension or acceptance of some of the people.
- In all districts, especially in Kambia, the information circulating in communities presents an unbalanced emphasis on 'bush meat' and 'blood' as a means of transmission while there is less focus on the infectiousness of body fluids and body contact. The messages related to prevention measures and modes of transmission should be reinforced with even degree of significance placed on 'bush meat', 'blood/body fluids' and 'physical contact with a suspected case'.
- Religious venues appear to be well engaged in disseminating messages regarding EVD, notably in Kambia; however this does not imply that they are necessarily trusted and followed. It appears that the information circulated in communities is well accepted if it is coming from the MoHS or other recognised health/medical professionals. The information disseminated at religious events should be monitored, addressed where there are gaps identified, and reinforced under the banner of the MoHS or health/medical professionals.
- As observed in some of the findings, it would appear that adequate knowledge around early referral of a suspected case is mostly present in the communities but proper attitude and action around this issue are yet to be achieved. In this sense, the messages passed to the public should place greater emphasis on the necessity of early treatment.

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 EVD outbreak than what was witnessed at the beginning of the operation. It is also 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.
The Red Cross continues implementing social mobilization and beneficiary communication activities, modifying messaging with the changing phases of the outbreak and response, particularly as *contact tracing* and *community-based event surveillance* is scaled up. As the EVD response operation transitions to the recovery phase and the National Society resumes traditional health activities, *social mobilization* and *beneficiary communication* approaches utilized in the current outbreak will be integrated into ongoing preparedness activities, and activated during response operations to future disasters and disease outbreaks.

During the reporting period, the Red Cross had **570** trained active volunteers across the **14** operational areas that have reached **1,872,586 people** through house-to-house campaigns and targeted focus group discussions.

The other key achievements in the reporting period include;

- Improved two-way communication with beneficiaries as the volunteers were trained in effective beneficiary communications and subsequently integrated into SDB teams, so that they could engage with families during the process of collecting bodies and disinfection. Beneficiary communications volunteers collected key data from bereaved family members during this process, and 35 phones were programmed with MAGPI software to enable quick and efficient data collection and processing.
- Twice weekly interactive radio programmes were broadcast on a national radio station, which enabled the SLRCS to reach wider population with EVD prevention messages.
- Live interactive television programs were broadcast on national TV on a weekly basis, and the general population had an opportunity to call in, ask questions and give feedback on their experiences.
- With regards to information, education and communication material, 2,000 EVD flyers (prevention, treatment and anti-stigma etc.) were distributed in Bombali in partnership with UNICEF and the MoHS.
- A house-to-house campaign was conducted to celebrate survivors and address stigma and discrimination at the community level, while also emphasizing on the importance of early reporting of suspected cases to community care centres.

Output 3: Health Care, ECV and CBHFA - Quality care is provided to Ebola patients in Kenema and Kono districts

Achievements

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.

Initially, the Red Cross ETC in Kenema had 13 local staff employed in a variety of tasks and supported by an expatriate team on average of 16 ERU. The constraints of limited expatriate staff and the need to train and supervise 126 new local staff 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 operate at its full capacity, a third and final phase of increase in staff numbers was completed in mid-October 2014 and the improvement in availability of more expatriates also ensured patient numbers could 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 2015. In early December 2014, a large number of cases started to arrive in Kenema ETC from Kono district. An initial assessment found that the general hospital was overwhelmed with cases and was ill prepared for managing EVD. 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 six 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 the reporting period, the two Red Cross ETCs have admitted **859** patients of which unfortunately **301**deaths were recorded, whilst **450** patients were discharged and **108** referrals made.

Output 4: Effective CBHFA interventions with emphasis on malaria, diarrhoea, respiratory infections, cholera measles are integrated and maintained (community health)
Activities under this output will commence and be reported on in the next reporting period.

Output 5*:* <u>Safe and Dignified Burial (SDB) and Disinfection</u>: Risk of transmission of disease in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials.

Achievements
SLRCS has been undertaking the appropriate and efficient SDB of dead bodies in all the affected districts coordinating with other partners. These include collection of corpses ensuring religious and cultural practices are adhered to when possible and paying particular attention to families concerns and feelings. Alongside, the SDB teams assisted in the disinfection of contaminated homes in selected districts also in collaboration with other partners.

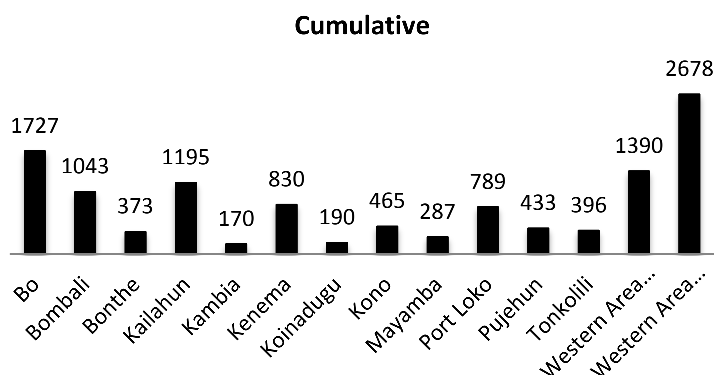
The SDB team has been composed of adequately trained and well-equipped teams of SLRCS volunteers of ten members per team: four (4) stretcher-bearers, two (2) sprayers, one (1) dresser, one (1) beneficiary communication volunteer and two (2) drivers. SLRCS SDB supervisors at the national headquarters and branch level coordinates and supervises the collection of corpses and perform safe and dignified burials under the overall management of the national EVD coordinator and a highly experienced SDB supervisor at headquarters with specifically identified SDB officers in each of the branches. IFRC ensured 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 continued emphasising safety and care for the volunteers and staff involved in SDB through refresher training in the use of personal protective equipment (PPE) every six weeks. The teams were visited by trained supervisory staff that makes quality assurance checks. Checks are also conducted by external specialists such as from CDC, MSF or WHO on a regular basis.

As the caseload continued increasing and spreading to new districts IFRC significantly increased the SDB teams from the initial 3 teams to 29 teams across the country. In December 2014 another significant scaling-up occurred resulting in the SLRCS/IFRC having 49 SDB teams operating throughout the country, burying as of December 2014 between 400 and 450 corpses per week. The teams were further increased to 54 with over 550 staff and volunteers working on safe and dignified burials and as of 15 April 2015 had carried out 11,169 safe and dignified burials without any infection of the staff and volunteers. Red Cross has 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.

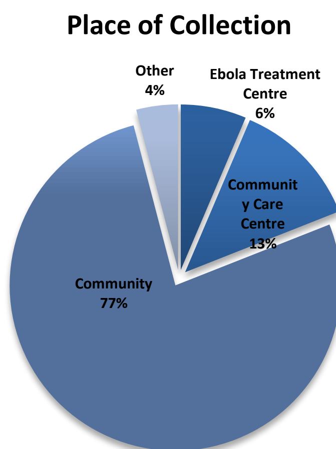
With support from CDC and other partners the Standard Operating Procedure for Home Disinfection after Collection of Corpses or Transfer of Suspect/Probable EVD Cases was developed and approved since the homes and possessions of many confirmed cases were not being disinfected. Partners are engaged in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

Graph 1: Cumulative burials conducted by the Red Cross teams per district

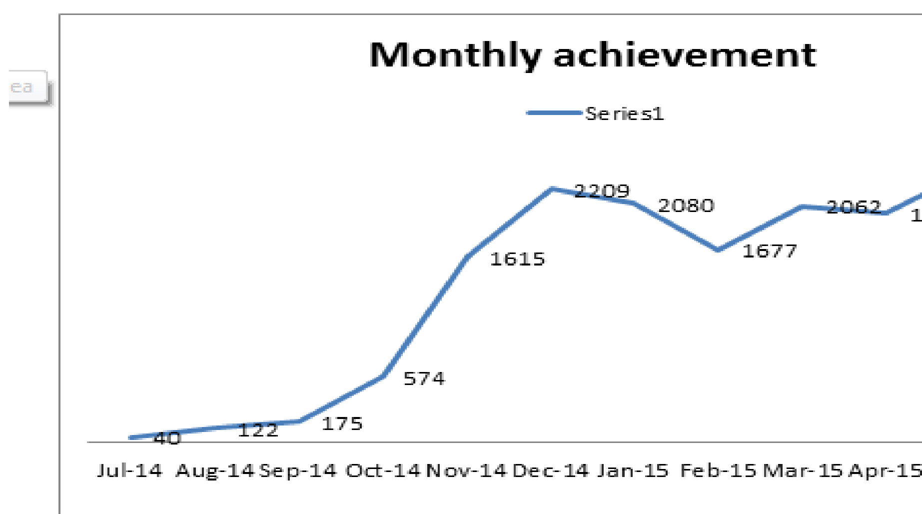


In the reporting period, the 54 Red Cross burial teams picked up 77 per cent of the bodies for burial from the community, 13 per cent from the community care centres, 6 per cent from EVD treatment centres (ETCs) and 4 per cent were picked from other locations. This is illustrated in Chart 1 below.

Chart 1: Places where bodies were collected for burial in the reporting period



Graph 2: Monthly average of Safe burials conducted by Red Cross Burial teams



Output 6: *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).*

Achievements

The activities to reach this output consist of psychosocial support (PSS) and the provision of a survivor's kit containing key items 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 EVD 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 SDB team has completed their task or on discharge of a survivor from the ETC.

A total of **400** trained Red Cross volunteers, from their own communities 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 used to provide support, information and improve engagement with the community and individuals affected. In the reporting period, **229,437** people were reached with PSS activities at community level.

SDB volunteers in particular continue to be rejected by their own families, friends and even communities. Alternative strategies have been designed and are still being improved to ensure they cater for the welfare of the volunteers at the same time alleviating the prevailing stigmatisation and rejection. The activities 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.

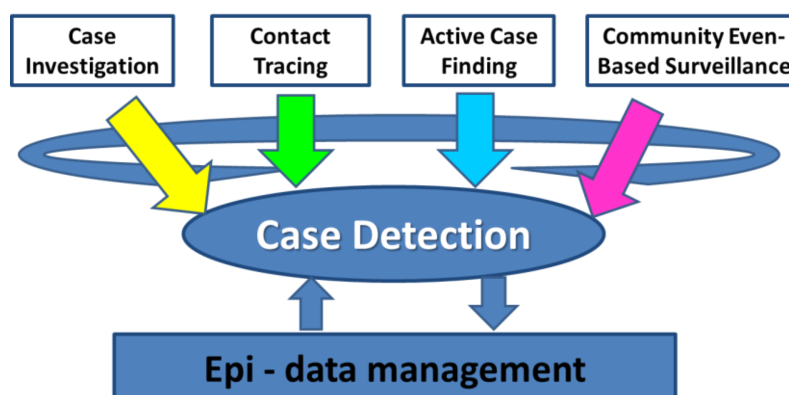
Output 7: Community surveillance and Contact Tracing - In coordination with partner agencies, an effective alert investigation and contact tracing system is implemented to ensure rapid referral and care

Achievements

In coordination with other agencies – in particular the MoHS and UNFPA – the Red Cross trained over **800** volunteers in contact tracing. At the district level these trained volunteers are working in close coordination with the DERC and other agencies monitoring contacts as part of the national surveillance system. By the end of the reporting period, **27,156** contacts had been traced and followed up by Red Cross volunteers.

In addition, IFRC and SLRCS have taken the lead role in introducing *Community Event-Based Surveillance* (CEBS) in Port Loko, Koinadugu and Bonthe. The project, which is being implemented in collaboration with other partners including the MoHS, DHMT, IRC, DFID, CDC, WHO and others, is in its formative planning stages, and is envisaged to make a significant contribution to the early detection of suspected EVD cases in communities across these districts, which have a cumulative population of 1,062,178. CEBS will form the foundation of an *early warning system* that will help prevent epidemics of this size and scale, EVD or otherwise, from reoccurring. Early warning systems such as the CEBS when coupled with *rapid response teams* are the key to early prevention and detection of disease outbreaks and epidemics.

Figure 1: Surveillance system framework



Output 8*: National Society Capacity Development and support costs* - *The capacity of Sierra Leone Red Cross Society to manage EVD outbreak response has been expanded and strengthened*

Achievements

IFRC has partnered closely with SLRCS to enhance and strengthen their capacity to manage Red Cross EVD response operations, and effectively implement activities at the community level. Significant surge human resourcing has been mobilized to strengthen coordination and response planning and implementation, in addition to the provision of essential equipment and materials, including vehicles, water and sanitation supplies, shelter materials, medical and laboratory equipment and medicines.

The capacity of the SLRCS has been strengthened further through dedicated support to improve branch infrastructure and equipment, and support systems including information and technology (IT) and telecommunications. Through this operation the IFRC supported the operationalization of all 14 SLRCS branch offices, which are now fully functional. IFRC technical delegates were deployed to provide support in the sectors of health, logistics, water and sanitation, psychosocial support, infection prevention and control, resource mobilization, PMER, communications, information technology, finance and administration. The in-country delegates worked closely with National Society counterparts and supporting volunteer teams to strengthen the required skills and competencies.

To meet the operational needs of the EVD outbreak, the SLRCS recruited a national EVD coordinator based at the national headquarters in Freetown, and reinforced human resourcing at the branch level through the recruitment of district operation managers, SDB coordinators and community engagement officers. These roles are focused exclusively on the EVD response operation and will be further strengthened to support the implementation during the recovery phase.

At headquarters a mobile team for surge support to branches has been established, consisting of a doctor/nurse, and SDB and contact tracing specialists, accompanied by a driver. If gaps in response capacity are identified following the registration of a confirmed case, the rapid response team from Freetown is deployed. The objective of having the surge mobile team in place is to ensure the National Society quickly implements 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 also helped in sharing learning and best practice across districts.

Contact information

For further information specifically related to this operation please contact:

- **Sierra Leone**: Constant HS Kargbo, Acting Secretary General, Phone:+233 766 266 74; **E**mail: ckargbo@sierraleoneredcross.org

- **IFRC Sierra Leone**: Moulaye Camara, Head of Delegation, Mobile 1 (Sierra Leone): + 232 79 23 67 95, Email : moulaye.camara@ifrc.org

- **IFRC Sierra Leone:** Andrew Jarjou, Operations Manager, phone: + 232 76 738 116 (cell), email : andrew.jarjou@ifrc.org

- **IFRC Ghana:** Norbert Allale, Ebola Regional Operations Coordinator; Phone Accra: +233 266 444 141; Mob Guinea: +224 628 345 159; Roaming: +221 777 406 205; Email: norbert.allale@ifrc.org

- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org

- **IFRC Africa Zone:** Lucia Lasso, Disaster Management Delegate, Africa; Nairobi; phone: +254 20 283 55252; email: lucia.lasso@ifrc.org

- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of Zone Logistics Unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Ghana:** Terry Carney, Ebola Resource Mobilisation Coordinator; Accra; phone: +233 266 444 147; email: Terry.carney@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- IFRC Zone: IFRC Africa Zone: Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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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.

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 31 Dec 17
Appeal Launch Date: 26 Jun 14

12 Months Report

Selected Parameters			
Reporting Timeframe	2014/4-2015/4	Programme	MDRSL005
Budget Timeframe	2014/1-2015/12	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		**54,330,063**				**54,330,063**	
B. Opening Balance							
Income							
Cash contributions							
American Red Cross		*1,308,722*				*1,308,722*	
Australian Red Cross		*212,746*				*212,746*	
Bill & Melinda Gates Foundation		*1,040,238*				*1,040,238*	*13,179*
British Red Cross		*458,549*				*458,549*	
British Red Cross (from British Government)*		*19,836,708*				*19,836,708*	
British Red Cross (from Children's Investment Fund Foundation)*		*1,765,141*				*1,765,141*	
British Red Cross (from DEC (Disasters Emergency Committee))*		*674,887*				*674,887*	
Canadian Red Cross		*277,432*				*277,432*	
Canadian Red Cross (from Canadian Government)*		*894,349*				*894,349*	
Czech Government		*130,033*				*130,033*	
European Commission - DG ECHO		*988,885*				*988,885*	
Finnish Red Cross		*24,406*				*24,406*	
Finnish Red Cross (from Finnish Government)*		*266,936*				*266,936*	
French Red Cross (from Total)*		*179,657*				*179,657*	
Icelandic Red Cross		*714,155*				*714,155*	
Icelandic Red Cross (from Icelandic Government)*		*195,600*				*195,600*	
Italian Government Bilateral Emergency Fund (from Italian Government)*		*1,203,910*				*1,203,910*	
Japanese Government		*784,847*				*784,847*	*625,898*
Japanese Red Cross Society		*208,287*				*208,287*	
KPMG International Cooperative(KPMG-I)		*32,348*				*32,348*	
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 Government		*3,872,916*				*3,872,916*	
Spanish Red Cross		*284,955*				*284,955*	
Swedish Red Cross		*763,778*				*763,778*	
Swiss Red Cross		*308,312*				*308,312*	
Swiss Red Cross (from Swiss Government)*		*1,700,000*				*1,700,000*	
The Netherlands Red Cross		*74,329*				*74,329*	
The Netherlands Red Cross (from Netherlands Government)*		*1,206,285*				*1,206,285*	
The Netherlands Red Cross (from Netherlands Red Cross Silent Emergency Fund)*		*51,875*				*51,875*	
United States Government - USAID		*4,519,976*				*4,519,976*	*2,117,714*
C1. Cash contributions		***44,051,087***				***44,051,087***	***2,756,791***
Inkind Goods & Transport							
British Red Cross		*100*				*100*	
Finnish Red Cross		*204,488*				*204,488*	
Spanish Red Cross		*14,040*				*14,040*	
Swiss Red Cross		*127,872*				*127,872*	
The Netherlands Red Cross		*58,436*				*58,436*	
C2. Inkind Goods & Transport		***404,935***				***404,935***	
Inkind Personnel							
Australian Red Cross		*36,973*				*36,973*	
Austrian Red Cross		*7,600*				*7,600*	
Belgian Red Cross (Francophone)		*7,600*				*7,600*	
British Red Cross		*35,163*				*35,163*	
Canadian Red Cross		*21,819*				*21,819*	
Finnish Red Cross		*28,150*				*28,150*	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

12 Months Report

Selected Parameters			
Reporting Timeframe	2014/4-2015/4	Programme	MDRSL005
Budget Timeframe	2014/1-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

German Red Cross		*32,641*				*32,641*	
Italian Red Cross		*7,118*				*7,118*	
New Zealand Red Cross		*85,053*				*85,053*	
Norwegian Red Cross		*48,498*				*48,498*	
Spanish Red Cross		*23,781*				*23,781*	
Swedish Red Cross		*18,387*				*18,387*	
Swiss Red Cross		*24,293*				*24,293*	
The Netherlands Red Cross		*16,137*				*16,137*	
C3. Inkind Personnel		***393,215***				***393,215***	
Other Income							
Fundraising Fees		*-1,617*				*-1,617*	
Sundry Income		*53,636*				*53,636*	
C4. Other Income		***52,019***				***52,019***	
C. Total Income = SUM(C1..C4)		**44,901,257**				**44,901,257**	**2,802,464**
D. Total Funding = B +C		**44,901,257**				**44,901,257**	**2,802,464**

* 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		44,901,257				**44,901,257**	**2,802,464**
E. Expenditure		-26,424,440				**-26,424,440**	
F. Closing Balance = (B + C + E)		18,476,817				**18,476,817**	**2,802,464**

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

12 Months Report

Selected Parameters			
Reporting Timeframe	2014/4-2015/4	Programme	MDRSL005
Budget Timeframe	2014/1-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

		Expenditure						
Account Groups	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Variance
	A						B	A - B
BUDGET (C)			54,330,063				54,330,063	
Relief items, Construction, Supplies								
Shelter - Relief	211,800		148,634				148,634	63,166
Shelter - Transitional	47,140		41,730				41,730	5,410
Construction - Facilities	950,000		6,113				6,113	943,887
Construction Materials	205,190		274,065				274,065	-68,875
Clothing & Textiles	497,700		470,828				470,828	26,872
Food	647,524		42,592				42,592	604,932
Water, Sanitation & Hygiene	1,503,435		881,325				881,325	622,111
Medical & First Aid	6,332,490		3,091,041				3,091,041	3,241,449
Teaching Materials	173,325		24,459				24,459	148,866
Utensils & Tools	111,813		37,443				37,443	74,370
Other Supplies & Services	280,520		320,817				320,817	-40,297
ERU	0							0
Cash Disbursment			204				204	-204
Total Relief items, Construction, Sup	10,960,937		5,339,252				5,339,252	5,621,685
Land, vehicles & equipment								
Vehicles	2,780,440		409,745				409,745	2,370,695
Computers & Telecom	334,482		276,494				276,494	57,988
Office & Household Equipment	459,930		130,043				130,043	329,887
Others Machinery & Equipment	4,000		9,280				9,280	-5,280
Total Land, vehicles & equipment	3,578,852		825,563				825,563	2,753,289
Logistics, Transport & Storage								
Storage	290,335		347,033				347,033	-56,698
Distribution & Monitoring	5,097,297		2,837,883				2,837,883	2,259,414
Transport & Vehicles Costs	3,854,082		2,539,245				2,539,245	1,314,837
Logistics Services	217,272		490,038				490,038	-272,766
Total Logistics, Transport & Storage	9,458,986		6,214,199				6,214,199	3,244,787
Personnel								
International Staff	5,573,401		3,147,145				3,147,145	2,426,257
National Staff	45,000		145,893				145,893	-100,893
National Society Staff	6,549,720		2,315,081				2,315,081	4,234,639
Volunteers	6,822,134		2,689,405				2,689,405	4,132,729
Total Personnel	18,990,255		8,297,522				8,297,522	10,692,733
Consultants & Professional Fees								
Consultants	272,171		48,220				48,220	223,951
Professional Fees	312,000		105,670				105,670	206,330
Total Consultants & Professional Fee	584,171		153,891				153,891	430,280
Workshops & Training								
Workshops & Training	2,516,484		411,390				411,390	2,105,094
Total Workshops & Training	2,516,484		411,390				411,390	2,105,094
General Expenditure								
Travel	741,780		516,664				516,664	225,115
Information & Public Relations	1,444,054		277,711				277,711	1,166,343
Office Costs	1,925,168		515,165				515,165	1,410,003
Communications	695,299		431,871				431,871	263,427
Financial Charges	100,198		-35,265				-35,265	135,463
Other General Expenses	15,120		16,075				16,075	-955
Shared Office and Services Costs	2,840		46,602				46,602	-43,762

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17

Appeal Launch Date: 26 Jun 14

12 Months Report

Selected Parameters			
Reporting Timeframe	2014/4-2015/4	Programme	MDRSL005
Budget Timeframe	2014/1-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						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	TOTAL	
	A						B	A - B
BUDGET (C)			**54,330,063**				**54,330,063**	
Total General Expenditure	4,924,458		1,768,824				**1,768,824**	**3,155,634**
Depreciation								
Depreciation and impairment			246,760				**246,760**	**-246,760**
Total Depreciation			246,760				**246,760**	**-246,760**
Operational Provisions								
Operational Provisions			1,360,842				**1,360,842**	**-1,360,842**
Total Operational Provisions			1,360,842				**1,360,842**	**-1,360,842**
Indirect Costs								
Programme & Services Support Recove	3,315,919		1,571,529				**1,571,529**	**1,744,390**
Total Indirect Costs	3,315,919		1,571,529				**1,571,529**	**1,744,390**
Pledge Specific Costs								
Pledge Earmarking Fee			221,786				**221,786**	**-221,786**
Pledge Reporting Fees			12,882				**12,882**	**-12,882**
Total Pledge Specific Costs			234,668				**234,668**	**-234,668**
TOTAL EXPENDITURE (D)	**54,330,063**		**26,424,440**				**26,424,440**	**27,905,623**
VARIANCE (C - D)			**27,905,623**				**27,905,623**	

Disaster Response Financial Report

MDRSL005 - Sierra Leone - EVD Preparedness

Timeframe: 06 Apr 14 to 31 Dec 17
Appeal Launch Date: 26 Jun 14

12 Months Report

Selected Parameters			
Reporting Timeframe	2014/4-2015/4	Programme	MDRSL005
Budget Timeframe	2014/1-2015/12	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	54,330,063		44,901,257	44,901,257	26,424,440	18,476,817	2,802,464
Subtotal BL2	54,330,063		44,901,257	44,901,257	26,424,440	18,476,817	2,802,464
GRAND TOTAL	**54,330,063**		**44,901,257**	**44,901,257**	**26,424,440**	**18,476,817**	**2,802,464**