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## Emergency appeal Sierra Leone: Ebola virus Disease

 International Federation  
of Red Cross and Red Crescent Societies

Revised Emergency Appeal  
(MDRSL005)

**6.3 million people** to be assisted

**CHF 227,366** DREF allocated

**CHF 1.0 million** DREF pre-  
financing of the ERU

**Appeal timeframe:** 15 months

**CHF 12.90 million** budget

Glide n° [EP-2014-000039-SLE](#)

**End date:** 15 June, 2015

**Launched:** June 2014, **revised**  
September, 2014

This revised Emergency Appeal seeks a total of **CHF 12,901,729** (increased from CHF 1,366,156) to enable the IFRC to support the **Sierra Leone Red Cross Society (SLRCS)** to respond to the worsening EVD outbreak through delivering assistance and support to **6,348,350 people**, with a focus on information and communication, education, awareness raising, and social mobilization, surveillance, case identification and contact management, case management (including management of dead bodies), psychosocial support, and regional preparedness and response. The revised appeal also covers establishment of an Ebola treatment centre in Kenema district through the deployment of an Emergency Response Unit (ERU). The revised plan reflects an increase in activities (including dead body management) and geographic scope. The response reflects the current situation and information available at this point of the evolving operation, and will be adjusted based on further developments and more detailed assessments.

Details are available in the [Emergency Plan of Action \(EPoA\)](#).

### The disaster

**March:** Ebola outbreak detected in Guinea

**April:** Sierra Leone established National Ebola Task Force. IFRC makes first DREF allocation of CHF 113,217 for preparedness.

**26 May:** First Ebola case reported in Sierra Leone near the border with Guinea, followed by 7 further cases detected. The spread is largely the result of the movement of health care workers while caring for the first cases.

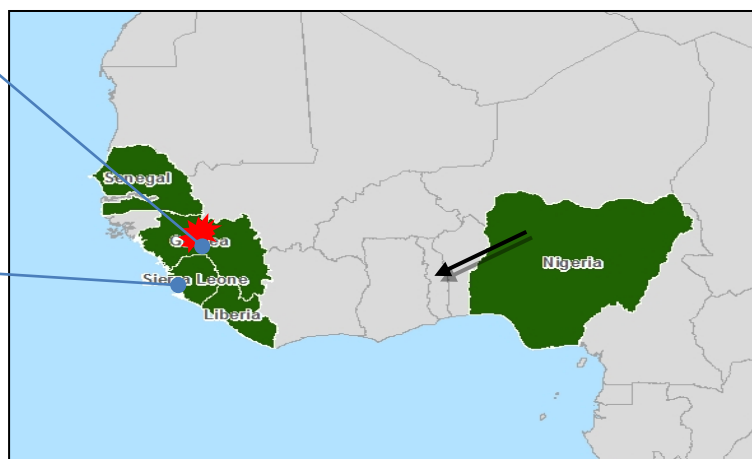
**June:** IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); IFRC makes second DREF allocation of CHF 114,119

**26 June:** IFRC launches Emergency Appeal for CHF 880,000. **June:** 337 confirmed cases, 142 deaths.

**18 July:** IFRC issues revised appeal for CHF 1.36m

**29 July:** IFRC deploys Emergency Response Units for establishment of Ebola Treatment Centre in Kenema upon request from WHO and the Government of Sierra Leone. Extraordinary DREF allocation of CHF 1m to secure the deployment.

**1 September:** confirmed caseload totaling 1,077 with confirmed deaths of 388. Twelve out of thirteen districts affected. **9 September:** IFRC issues revised appeal for CHF 12.85 m



## The operational strategy

The overall goal is to contribute to the reduction of mortality and morbidity related to the Ebola virus disease in Sierra Leone through awareness messaging and social mobilization and provide psychosocial support to those affected.

### **Needs assessment and beneficiary selection:**

The initial needs assessment identified the following needs:

- Information and communication.
- Surveillance, case identification and contact management.
- Case management (including body management).
- Psychosocial support.
- Regional preparedness and response.

The revised plan of action will build on the activities already being conducted and the lessons learnt related to the evolution of the outbreak. The ongoing escalation in cases and the engagement of other partners in some areas of the response requires a change of strategy that allows more integration of the key pillars and a focus on areas where the National Society can contribute most effectively to breaking the chain of transmission in effort to control the outbreak. Case management will be an additional component in this appeal due to the severe shortage of appropriate facilities for care of confirmed cases.

Since the President's declaration of the state of emergency and the implementation of a number of interventions including a 'day of stay at home reflection', quarantine, the banning of gatherings among others. There has been increased community compliance with safe practices indicating that the knowledge and awareness raising activities are being effective.

In contrast to this, there are still isolated communities that are experiencing large clusters of cases, are reporting cases late and possibly even still undertaking community burials. This requires a change in strategy to ensure targeted interventions designed to impact the spread of the epidemic rather than general awareness raising.

The evolution of the epidemic requires a flexible strategy that is now focused on a disciplined approach to breaking the chain of transmission down to the very last case. To ensure that this is possible, every interaction with the community needs to be utilised and should enhance community cooperation and trust to limit transmission, burry safely, and admit to isolation early. A focus on safe burial, target health education and coordinated contact tracing is required to curb the epidemic.

The SLRCS is strategically placed to help intervene at the household level through its extensive network of community-based volunteers. Because they are community based and because of the trust in the Red Cross, access and engagement with communities is available to the SLRCS that may be denied to others.

Despite efforts to contain it, the outbreak has kept spreading to areas outside of Kailahun, and Kenema has become a hotspot with a surge in cases. The resources deployed so far in the response – by the country's authorities, the RC/RC Movement, MSF and other partners - are proving insufficient.

Most recently, in regards to the ERU request for treatment response at the Kenema Hospital, the need to scale up is mostly manifested in clinical staff and logistics, in addition to needs initially proposed through the Emergency Appeal launched in June, including expansion of volunteer mobilization in education, awareness raising and social mobilization, contact tracing and surveillance, PSS support and dead body management, supervision of burials and disinfection of houses.

The revised plan of action will build on the activities already being conducted in these districts to enhance the response to EVD and focus on the needs of Kenema Hospital. In addition to clinical staff, the ERU requested needs logistical, finance and administrative support.

## Proposed sector of intervention:

### Health and care

<b>Outcome 1 The immediate risks to the health of affected populations are reduced</b>
<b>Output 1: The capacity of Sierra Leone Red Cross to manage Ebola virus disease outbreak response has been strengthened</b>
Activities planned
<ul style="list-style-type: none"> <li>Establish a National Society task force at headquarter level to coordinate with internal and external partners</li> <li>Development and maintenance of a detailed Emergency plan of action</li> <li>Longer term capacity is provided through international deployment of Operations management and programme support team</li> <li>Provide surge capacity through the deployment of a Basic Health Care, Logistics and IT and Telecommunications Emergency Response Units</li> <li>A sequence of assessments, situation analyses and knowledge, attitude and behaviour surveys guide the planning and implementation.</li> </ul>
<ul style="list-style-type: none"> <li>One National Ebola Coordinator assigned at SLRCS headquarters exclusively responsible for Ebola response.</li> <li>National Society Operations manager, dead body management coordinator and community engagement officers will be assigned to each district to ensure supervision at field level</li> <li>Establishment of Mobile Team consisting of a doctor/nurse, DBM specialist, Contact Tracing specialist, and a driver</li> <li>Mobilisation of 18 surge vehicles and 30 motorbikes</li> <li>Provision of office equipment and materials for the operational offices in Kailahun Kenema, Port Loko Western Area, Bo and Bombali (computers and accessories, generators, internet connectivity, stationery)</li> <li>volunteer recognition - ceremony and certificate award to all volunteers and staff involved in the Ebola operation</li> </ul>
Output 1.2 : Effective staff and volunteer safety and security system, including pre, during and post-deployment support
Activities planned
<ul style="list-style-type: none"> <li>Local health insurance cover for 400 volunteers of the NS</li> <li>International Federation insurance cover against accidents and injuries for 1,640 volunteers</li> </ul>
Output 1.3 Risks to volunteers are minimised
Activities planned
<ul style="list-style-type: none"> <li>Procure protective raingear, footwear and sanitizer for volunteers</li> </ul>
<b>Output 2: Community-based disease prevention and health promotion is provided to targeted population</b>
Activities planned
<ul style="list-style-type: none"> <li>Develop communication strategy for targeted awareness</li> <li>Train 1,640 volunteers nationally in EVD signs, symptoms, prevention and referral mechanisms</li> <li>Refreshers training for 650 volunteers on community-based awareness-raising, social mobilization and PSS.</li> <li>Produce 75,000 (leaflets/brochures) and disseminate context-specific Information, Education and Communication materials.</li> <li>Procure 5,000 Personal Protective Equipment (PPE) and distribute to branches</li> <li>Re-production of 1,640 T-shirts, caps and ID cards.</li> <li>Conduct health promotion campaigns using house-to-house or street-to-street community sensitization and media campaign in all the 13 districts.</li> <li>Continuous monitoring and evaluation</li> </ul>
<b>Output 3: Contribution to epidemiological investigation and epidemic control</b>
Activities planned
<ul style="list-style-type: none"> <li>Provide surge vehicles for teams involved in activities related to Dead Body Management teams in the 6 operational areas.</li> <li>Dead Body Management: Perform safe burials from communities and clinical management centres in the 6 operational areas.</li> <li>Train 325 volunteers in all the 13 branches for Surveillance and Contact Tracing (of suspected, probable and</li> </ul>

confirmed cases.)
<ul style="list-style-type: none"> <li>Establish coordination and clear referral mechanism with county health teams</li> </ul>
<ul style="list-style-type: none"> <li>Train 975 volunteers (325 contact tracers + 650 Social Mob. and PSS) in all the 13 branches in the basic use Personal Protective Equipment</li> </ul>
<ul style="list-style-type: none"> <li>Sensitize, Recruit, prepare and train volunteers in Dead Body Management and house disinfection in the 6 operational areas.</li> </ul>
<ul style="list-style-type: none"> <li>Quality assurance check of DBM team by an external partner or supervisor</li> </ul>
<ul style="list-style-type: none"> <li>Regular refresher training (4 sessions) on the dressing and proper removal (best practices) of the PPE as well as disinfection every 6 weeks</li> </ul>
<ul style="list-style-type: none"> <li>Refreshers training sessions of DBM teams on regular bases.</li> </ul>
<ul style="list-style-type: none"> <li>Procure 5000 DBM and Disinfection Kit as well as DBM Starter Kit (1 kit per team, for every 3 months),</li> </ul>
<ul style="list-style-type: none"> <li>Provision of phone top-ups for contract tracers.</li> </ul>
<ul style="list-style-type: none"> <li>Organise cross-border workshop on Dead Body Management</li> </ul>
<ul style="list-style-type: none"> <li>Procurement of 20 infra-red thermometers for offices if the national society</li> </ul>
<b>Output 4: Psychosocial and economic support is provided to affected population</b>
Output 4.1: Psychosocial support provided to affected individuals, families and communities
Activities planned
<ul style="list-style-type: none"> <li>Train 650 volunteers in all the 13 districts who are following up contact in psychosocial first aid</li> </ul>
<ul style="list-style-type: none"> <li>Provide psychosocial counselling to affected persons, family members, and volunteers</li> </ul>
<ul style="list-style-type: none"> <li>Conduct community visits for mitigation and reduction of stigma and fear</li> </ul>
<ul style="list-style-type: none"> <li>Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases</li> </ul>
<ul style="list-style-type: none"> <li>Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and reassure communities</li> </ul>
<ul style="list-style-type: none"> <li>Establish volunteer care mechanisms and systems</li> </ul>
Output 4.2 : Support is provided to individuals or families who have lost belongings due to disinfection and epidemic control measures
Activities planned
<ul style="list-style-type: none"> <li>Procurement and distribution of appropriate resettlement packages/survival kits for 1,000 affected families</li> </ul>
<b>Output 5: Clinical case management.</b>
Activities planned
<ul style="list-style-type: none"> <li>Deploy IFRC basic health unit emergency response unit</li> </ul>
<ul style="list-style-type: none"> <li>Establish unit for isolation and life support in Kenema.</li> </ul>
<ul style="list-style-type: none"> <li>Supervision and capacity building of local nursing staff</li> </ul>
<ul style="list-style-type: none"> <li>Refresher course on contact tracing for volunteers in Kenema</li> </ul>

## Coordination and Partnerships

The Sierra Leone Red Cross Society is a member the National Ebola Taskforce with the Ministry of Health, World Health Organization and NGO partners including Médecins Sans Frontières, Save the Children and Action Contre la Faim. It is also a member of the taskforces established at a district level and daily coordination meetings take place in Kailahun under joint MoHS/WHO leadership. Under the national taskforce are five pillars: laboratories and surveillance; case management, social mobilization, logistics and coordination. The same technical coordination structures have been established in Kailahun and each of these groups meet twice a week. Updates on the epidemiological situation are provided at the taskforce meetings and are also published on the Ministry of Health and Sanitation's Facebook page and the WHO Global Alert and Response website.

The overall IFRC response is coordinated from the IFRC Ebola coordination centre in Conakry where the IFRC head of emergency operation leads a team of programme support functions in order to maintain a coordinated response in multiple countries following the same response strategy but adapted to specific contexts and National Society capacity, role and mandate.

## Budget

The budget reflects the high human-resource intensive nature of this operation.

- See attached IFRC Secretariat budget for details.

Walter Cotte  
**Under Secretary General**  
**Programme Services Division**

Elhadj As Sy  
**Secretary General**

Reference documents



Click here for:

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

### Contact Information

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

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

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



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.

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# Sierra Leone: Ebola Emergency Appeal

16/09/2014

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	326,254			326,254
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	35,100			35,100
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	279,937			279,937
Medical & First Aid	2,328,915			2,328,915
Teaching Materials	68,867			68,867
Utensils & Tools	400,000			400,000
Other Supplies & Services	0			0
Emergency Response Units	400,000		722,000	1,122,000
Cash Disbursements	0			0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>3,839,073</b>	<b>0</b>	<b>722,000</b>	<b>4,561,073</b>
Land & Buildings	0			0
Vehicles Purchase	162,300			162,300
Computer & Telecom Equipment	107,000			107,000
Office/Household Furniture & Equipment	97,000			97,000
Medical Equipment	0			0
Other Machinery & Equipment	0			0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>366,300</b>	<b>0</b>	<b>0</b>	<b>366,300</b>
Storage, Warehousing	6,000			6,000
Distribution & Monitoring	128,950			128,950
Transport & Vehicle Costs	1,036,401			1,036,401
Logistics Services	70,977			70,977
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>1,242,328</b>	<b>0</b>	<b>0</b>	<b>1,242,328</b>
International Staff	2,508,000			2,508,000
National Staff	36,000			36,000
National Society Staff	610,187			610,187
Volunteers	921,525			921,525
<b>Total PERSONNEL</b>	<b>4,075,712</b>	<b>0</b>	<b>0</b>	<b>4,075,712</b>
Consultants	77,000			77,000
Professional Fees	0			0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>77,000</b>	<b>0</b>	<b>0</b>	<b>77,000</b>
Workshops & Training	518,729			518,729
<b>Total WORKSHOP &amp; TRAINING</b>	<b>518,729</b>	<b>0</b>	<b>0</b>	<b>518,729</b>
Travel	387,114			387,114
Information & Public Relations	108,082			108,082
Office Costs	375,062			375,062
Communications	263,001			263,001
Financial Charges	90,000			90,000
Other General Expenses	93,966			93,966
Shared Support Services	0			0
<b>Total GENERAL EXPENDITURES</b>	<b>1,317,225</b>	<b>0</b>	<b>0</b>	<b>1,317,225</b>
Programme and Supplementary Services Recovery	743,364		0	743,364
<b>Total INDIRECT COSTS</b>	<b>743,364</b>	<b>0</b>	<b>0</b>	<b>743,364</b>
<b>TOTAL BUDGET</b>	<b>12,179,729</b>	<b>0</b>	<b>722,000</b>	<b>12,901,729</b>