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Emergency appeal

Sierra Leone: Ebola Virus Disease (Recovery)

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency Appeal n°
MDRSL005

Glide n° EP-2014-000039-SLE

6.3 million people to be assisted

CHF 94 million revised budget
Current funding gap: 46.2m

Operation start date: April 2014

Revision n° 5 issued June 2015

Appeal ends: 31 December, 2017

This revised appeal seeks a total of **CHF 97m** (increased from a total budget of CHF 56.8m). This amount includes **CHF 44m** that will enable the IFRC to support the Sierra Leone Red Cross Society (SLRCS) to deliver **recovery assistance and support to EVD-affected populations (includes EVD survivors, orphans and vulnerable children; affected households; Red Cross and community volunteers)**. With available resources (including bilateral) of some CHF 50.7m, the net Appeal needs are **CHF 43.3m** to be implemented over a total timeframe of **45 months**. The revised appeal has a focus on (i) disaster risk reduction; (ii) health and care (CBH, PSS, case management, water and sanitation); (iii) food security and livelihoods; and (iv) National Society development, through community and institutional development strategies.

The ultimate goal of post-EVD recovery is to re-establish the conditions for a quick return to a healthy society, with viable livelihoods, psychosocial well-being, economic growth, and overall human development that can foster a more inclusive society in the future. However, the immediate priority is to end the epidemic, and address the adverse conditions that enabled a localized epidemic to escalate into a national crisis with regional and global ramifications. IFRC also recognises the importance minimizing the risk of a resurgence in cases by strengthening the health system in Sierra Leone with support of the regional and global disease surveillance networks.

[Click here for the revised Emergency Plan of Action \(EPoA\)](#)

The disaster and the Red Cross and Red Crescent response to date

March-April 2014: Ebola outbreak first detected in Guinea; National Ebola Task Force established in Sierra Leone

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.

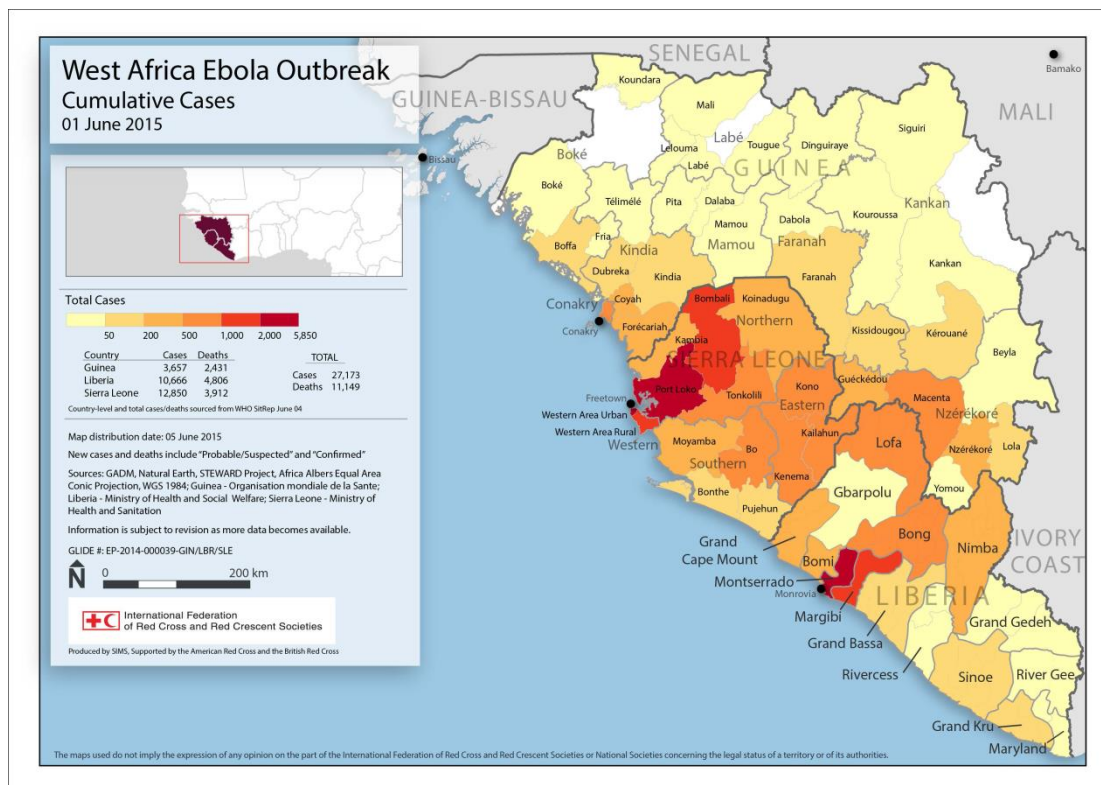
June 2014: IFRC Field Assessment and Coordination team (FACT) deployed (rapid assessment); Emergency Appeal launched for CHF 880,000.

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 12.85m, followed by revision n° 3 for CHF 41.1m.

March 2015: Appeal revision n° 4 for CHF 56.8m.

June 2015: Appeal revision n° 5 for CHF 94M to extend from emergency to recovery phase



The operational strategy

Overall objective: The strategy underpinning this appeal revision builds on the revised [Ebola Strategic Framework](#), which identifies five outcomes: 1) The epidemic is stopped; 2) National Societies have better Ebola preparedness and stronger long-term capacities; 3) IFRC operations are well coordinated; 4) Safe and dignified burials (SDB) are effectively carried out by all actors; and 5) Recovery of community life and livelihoods. As there is still ongoing transmission, the appeal revision will continue to focus on stopping the epidemic and introduce early recovery activities.

The operational strategy seeks to:

- **Get to zero and maintain EVD response capacity** Safe and dignified burial (SDB) activities will continue in line with the Safe and Dignified Medical Burials Standard Operating Procedures, and IFRC and SLRCS will maintain the same number of teams and personnel. Whilst it is anticipated that transmission rates will continue to decline, and the need for SDB will lessen, Red Cross will maintain its response capacity under this pillar.
- **Strengthen early warning systems for quality and timely interventions for regular epidemics and other disasters** Activities will be undertaken to strengthen early warning and rapid response systems through Community Event-Based Surveillance in seven districts across Sierra Leone, including Bonthe, Pujehun, Kailahun, Koinadugu, Port Loko, Western Area Rural and Western Area Urban. This geographical area covers 21 chiefdoms and 20 wards. The strengthening of alert mechanisms at the community level will also be progressed through a cross-border initiative.
- **Build community resilience through health-focused disaster risk reduction and management** SLRCS will continue to implement existing community-based health programme, focuses on reproductive and child health, HIV and AIDS, water and sanitation and hygiene promotion, prevention and control of communicable diseases, public health in emergencies, and on establishing referral mechanism for cases to the PHUs in their respective communities. Community-Based Health and First Aid (CBHFA) and Epidemic Control for Volunteers (ECV) are being integrated into normal programming, and trainings commenced in April 2015, which are planned to be scaled up to enable 560 volunteers to be trained in CBHFA and ECV across the country.
- **Strengthen National Society Capacity** The National Society Development Strategy sets out how SLRCS intends to manage, develop and engage its staff and volunteers to optimise their contribution to

be a leading, sustainable and resilient organization delivering quality services. A number of areas have been identified for support to enhance the capacity of SLRC: *Leadership and accountability, Volunteer recruitment, retention and recognition, Psychosocial Support, Human Resources, Training and Professional Development, Partnership Development and Resource Mobilisation Financial accountability, PMER and Beneficiary Communication, Fleet, procurement and warehousing.*

Beneficiary selection: While the EVD operation has had a national focus due to the country-wide risk of EVD, assessments and information provided by the MoHS have highlighted the specific needs of high risk groups, which have informed the plan of action. These groups include those with greater vulnerabilities as well as opinion leaders, including EVD patients, survivors and their households, orphans and vulnerable children, youth and women's groups and associations, health workers, schools, religious and traditional healer leaders, and Red Cross volunteers,.

Special attention will be given to women and women's groups since this is an especially vulnerable group. To date, MoHS reports indicate that 59 percent of the people affected by the EVD are women. The health workers affected have been mainly women as they are the ones that take care of their sick family members and relatives. They are also the ones that care for the body of the person that has died, which is highly infectious

Coordination and partnerships

Until the outbreak, the IFRC did not have representation in Sierra Leone, and had been supporting SLRCS through the West Coast Regional Representation Office in Cote d'Ivoire. Since the first case of Ebola was reported in Sierra Leone in May 2014, significant surge human resourcing has been mobilised, and an in-country EVD operation established, which is managed by the IFRC Country Representative, and supported by a team of international and national staff and the Regional EVD Coordination Office based in Accra.

IFRC has partnered closely with SLRCS to enhance and strengthen its capacity to manage the Red Cross Ebola response operation, and effectively implement activities at the community level.

Overview of non-RCRC actors in country

From the onset of the crisis, the Government of Sierra Leone facilitated the Ebola response through the MoHS, and with the support of various humanitarian agencies. The main objectives of this response included:

- Provision of free care to EVD patients
- Intensified community sensitization
- Distribution of PPE to affected regions
- Strengthened disease surveillance
- Development of a case management protocol
- Training and deployment of healthcare workers to staff isolation rooms and treatment centres
- Robust national and district level coordinating mechanisms

Regular meetings are held with agencies who co-facilitate other response pillars, including UNICEF (Social Mobilization), WHO (Case Management) and UNFPA (Surveillance and Contact Tracing). SLRCS and IFRC co-facilitate the Safe and Dignified Burial Pillar with the MoHS, 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.

On 1 April 2014, the MoHS formally requested SLRCS to lead on awareness and social mobilization campaigns at the county level with respect to its large number trained and active volunteers. On September 2014, a Memorandum of Understanding (MoU) was signed between the Government and SLRCS regarding SDB in Kailahun. A further meeting was held with the MoHS in which assistance was requested for volunteers to support contact tracing and psychosocial support activities.

Proposed sectors of intervention



Health & care

Outcome 1.1: Community Based Health (CBH): The immediate and medium term health needs of targeted communities are met through enhanced capacity in CBHP and improved access to health and care

Output 1.1.1: Strengthened capacity of branches, volunteers and community to implement CBH activities

Activities planned:

- Hold workshop to review and update existing PMER tools for the CBHP Pre-test reviewed CBHP planning, monitoring, evaluation, and reporting (PMER) tools
- Carry out baseline survey in 25 communities in 5 districts
- Conduct training for staff (ToT) on infection prevention and control (IPC) using CBHFA and epidemic control for volunteers (ECV) for 20 staff in 5 districts Cascade IPC training to volunteers using CBHFA and ECV approaches for 1250 volunteers in 5 districts

Output 1.1.2: Social mobilisation campaigns efficiently and effectively carried out in target communities

Activities planned:

- Print and distribute IEC on CBHFA and ECV materials to branches and communities.
- Roll out CBHFA and ECV approaches in 25 communities in 5 branches
- Carry out health awareness campaign through house-to-house visits by community-based volunteers and another means of communication in support of the National Immunization Day campaigns (NIDs) in May, June, and July
- Monitoring and supervision visits to branches and communities
- Conduct mid-term and end-line survey to evaluate the progress and impact of activities

Output 1.1.3: Revitalise existing community health clubs - fathers, mothers and youth peer educators (YPE) clubs to help in promoting safer and healthy communities

Activities planned:

- Conduct CBH meetings with various community health groups (Mother, Fathers and & YPE)
- Hold 3 Annual Mothers congress.

Outcome 1.2: Treatment (Case Management): Treatment and case management facilities available and accessible throughout the early recovery phase and contribute to a greater number of EVD survivors

Output 1.2.1: Maintain with effective case management capacity at least one Ebola Treatment Centre (ETC) in Sierra Leone

Activities planned:

- Provide a safe isolation and treatment facility for suspected EVD patients to protect the community and cease transmission.
- Operate a safe ETC as outlined in the Standard Operating Procedures to protect staff and patients.
- Provide training on safe ETC operations and patient care to both ETC staff and other healthcare staff in the district.
- Vaccination and health check program for Red Cross ETC national staff
- Caretaker responsibility for Kenema ETC with surge capacity support until case management facilities are available in the district
- Provide technical support in Kenema Government Hospital VHF ward to strengthen case management in the district Level 3 FACT health Coordinator training West Africa

Outcome 1.3: Psychosocial interventions have contributed to enhanced psychosocial well-being of targeted communities

Output 1.3.1: The psychosocial (PS) interventions with a gender and diversity perspective designed based on the post-EVD needs

Activities planned:

- Conduct a PS detailed needs and capacity assessment
- Recruitment of National PS Officer
- Develop a 3 year PS Strategic Plan
- Develop a PS baseline assessment tool and conduct a PS baseline assessment including a PFA survey targeting all the SLRCS SDB and decontamination teams
- Develop a ToT curriculum on PFA for SDB Team leaders
- Develop a PS training curriculum on CBPSS, child care and "Caring for Volunteers"
- Conduct a 3-day ToT in PFA for SDB Team leaders
- Cascade ½ day PFA trainings at branch level for SDB team members
- Recruit and train 42 PS focal points (28 CBHP and 14 child carer centers) in CBPSS
- Rehabilitate child care centres to accommodate needs of orphans and other vulnerable children
- Establish a nation-wide working group of PS focal points

Output 1.3.2: Psychosocial interventions provided to survivors, families staff and volunteers and orphans and other vulnerable children**Activities planned:**

- Establish CBPSS groups at branch level
- Conduct CBPSS activities for survivors and their families, staff and volunteers, and orphans and other vulnerable children
- Cascade two-day CBPSS training for volunteers at branch level
- Convene an annual nation-wide PS focal points meeting
- CBPSS volunteer groups conducting house-to-house visits to survivors
- Establish and put in use a nation-wide referral system for specialised care (mental services, child care facilities, child protection measures)
- Monthly Monitoring and supervision

Outcome 1.4: Reduced death and illness related to Water and Sanitation diseases in the targeted communities and schools**Output 1.4.1: Targeted communities and schools are provided with safe and clean water****Activities planned:**

- Conduct detailed needs assessment/baseline survey to identify most at risk communities to be targeted
- Plan and design water facilities
- Construct/rehabilitate community water points (protected springs, wells, drilling of boreholes)
- Establish and train water management committees (water quality, basic operation and maintenance etc.)
- Construction of a gender sensitive and child friendly water supply facilities in Schools

Output 1.4.2: Targeted communities and schools are provided and using sanitation facilities**Activities planned:**

- Conduct needs assessment/baseline survey and produce reports on appropriate sanitation option for post-EVD.
- Construct appropriate sanitation facilities including urinals and hand washing facilities in school and communities
- Procure and distribute sanitation kits in targeted schools and communities
- Conduct awareness sessions on operation and maintenance of WASH facilities
- Train and support local artisans in construction of appropriate sanitation options
- Refresher training for 360 volunteers on sanitation

Output 1.4.3: Households and students demonstrate increased knowledge and practice safe hygiene and sanitation**Activities planned:**

- Conduct PHAST training for staff, volunteers, community groups and school students
- Engage the community through household, focus group discussions, and mass hygiene promotion campaigns

- Procure and distribute hygiene kits and IEC material to households and school trained on safe hygiene and sanitation
- Engage the community groups in the maintenance of WASH facilities through PHAST/CHAST methodology
- Set up/reactivate WASH committees in targeted school and communities
- Participate in global hand washing day
- Participate in world toilet day
- Training of parents teachers association on WASH
- Monitoring and supervision

Outcome 1.5: SDB: Risk of transmission of Ebola in the communities at household level and in health facilities reduced through disinfection and safe and dignified burials.

Output 1.5.1: Safe burials of human remains carried out in the 14 operational areas, including from ETCs and within communities in close collaboration with the Ministry of Health and Sanitation (MoHS) and District Health Management Teams (DHMTs)

Activities planned:

- Regular refresher training sessions on the dressing and proper removal (best practices) of the PPE as well as disinfection every 2 months for SDB teams.
- Perform regular burials of human remains safely and with dignity
- Perform household decontamination as per Standard Operational Procedures in selected areas.
- Conduct regular SDB activity monitoring by NS and IFRC
- Conduct a specialized training in Water and Sanitation, and Infection Prevention and Control for selected volunteers
- Develop of SDB standard operating procedures and IFRC guidelines on EVD cross border epidemics (including translation)
- Conduct SDB research
- Conduct SDB lesson learned workshop
- Monitoring and supervision



Disaster Risk Reduction

Outcome 2.1: Community Event-Based Surveillance (CEBS) functional enabling effective early warning for epidemics and natural disasters

Output 2.1.1: SLRCS and community volunteers trained on CEBS

Activities planned:

- Recruit and orient two volunteer supervisors per targeted chiefdom
- Conduct 5 training of trainers (ToT) for volunteer supervisors, chiefdom health officers (CHOs) and branch staff on CEBS (5 workshops at 50 participants per workshop)
- Identify and train 2,400 community-based volunteers (CBVs) in CEBS
- Conduct 33 chiefdoms and 6 community level consultations and focus group discussion to introduce CEBS 12 FGDs
- Master training of SLRCS and IFRC staff in the use of Magpi for CEBS every six month
- Recruit, train and deploy at headquarters, 1 national SLRCS Magpi Database Manager to coordinate all data collection, analysis and mapping activities of the SLRCS

Output 2.1.2: CEBS established and functional in three districts

Activities planned

- Conduct joint SLRC IFRC workshop (DM and Health) to identify, define and review CEBS triggers in health and natural hazards (EVD, cholera, measles, bush fire, floods, storms) - 5 training spread along the appeal period covering a total of 200 participants
- Introduce CEBS to DHMT and establish CEBS implementation teams in 5 districts (Chiefdom prioritization and timeline)
- Develop data collection tools and protocols using Magpi for digital data collection and management
- Develop and print reporting guidelines (booklets) for CEBS
- Monthly district-level monitoring visits

- Quarterly headquarters monitoring visits to district
- 33 communities in rural areas and hazard prone urban communities in the Western Area undertake CEBS and report

Output 2.1.3: Establish and sensitise communities on early warning system

Activities planned

- Organize external early warning workshop at national level for key stakeholders
- Raising awareness on impending hazards through targeted messaging using TERA (mass messaging using SMS)
- Participate actively in the National Surveillance, Early Warning/DRR Forums
- Ensure information exchange between neighbour branches cross-border (Guinea and Liberia) through exchange visits, meetings and regular communication (phone, email, sharing good practice etc.)

Outcome 2.2: Capacity of SLRCS staff and volunteers strengthened to effectively and efficiently undertake disaster preparedness, response and recovery interventions is improved

Output 2.2.1 Established and trained disaster response teams

Activities planned:

- Establish branch disaster response teams (BDRT) consisting of 20 volunteers and staff in 7 targeted branches.
- Train 140 BDRT members in disaster preparedness and response (incl. contingency planning, PSS and beneficiary communication)
- Train 7 District Disaster Response Teams on response to epidemics and other disasters
- Conduct 2 Specialized NDRT training for 30 staff and volunteers (Health and DRR), Identify and train community-based volunteers to form 103 CBRTs in First Aid, disaster preparedness and response 10 workshops for 24 participants
- Conduct refresher training for 30 NDRT members Establish and regularly update NDRT Roster
- Conduct feasibility study for ambulance service
- Engage and plan with MoHS the national ambulance service

Output 2.2.2 Contingency Plans (CP) developed at district and national level

Activities planned:

- Develop CP in 7 districts prone to common epidemics and disasters
- Train 7 District disaster management committees (DDMCs) in CP
- Conduct Simulation exercises on contingency planning

Output 2.2.3 Emergency response materials strategically pre-positioned where they can be easily deployed in case of an emergency

Activities planned:

- Procure selected emergency response materials
- Preposition emergency response materials in 4 regional points
- Assess and improve storage in the 4 branches

Outcome 2.3: DRR interventions reduce the risk of disaster and improve community resilience in targeted communities

Output 2.3.1: The target communities are sensitized on risks and involved in their prevention

Activities planned:

- Conduct detailed needs assessment/ baseline survey to identify most at risk communities to be targeted
- Procure and distribute clean up tools and material to target communities in the 7 districts

- Continuously support communities to improve drainage and build containment walls in flood prone communities
- Distribute of emergency response IEC materials
- Carry out community sensitisation campaigns of risks
- Conduct radio broadcast once monthly in 7 districts
- Conduct TV broadcast / Media coverage in WU
- Roll-out DRR education programmes targeting 42 schools (6 per district) with established clubs
- Produce IEC material and radio-TV PSAs (public service announcement) to carry out community sensitization campaign of risks

Food Security and Livelihoods

Outcome 3.1: The immediate food needs of households and communities affected by EVD significantly improved

Output 3.1.1: Food-for-work actions provided to target communities in Kailahun, Pujehun, Kambia, Port Loko, Bombali, Moyamba, Kono and Western Area Rural districts

Activities planned:

- Engage with community leaders to define the 'kind' of work/activities for the food-for-work project
- Register farm households to benefit from food-for-work project
- Procure and pre-position food stocks for food-for-work distribution
- Distribute food parcels to food-for-work targeted households in 8 districts
- Regularly meet and support target communities doing food-for-work activities
- Conduct midterm and end-line survey in targeted communities to evaluate the progress and impact of activities

Outcome 3.2: Households severely affected by EVD improve access to essential needs through receiving unconditional cash grants in 2015

Output 3.2.1: EVD households of survivors, with orphans and other vulnerable groups (200 in Kenema and 150 in Kono) received unconditional cash grants

Activities planned:

- Unconditional cash grant strategy developed with the communities by July 2015
- Training on cash transfer programming for NS staff
- Verify beneficiaries for unconditional cash grants in Kono and Kenema
- Develop MoU with services providers for E-payment (Airtel and Africel) developed by July 2015
- Training sessions at district level for the use of the money transfer facility (electronic payment)
- Select community monitors in the districts (2 in Kenema and 2 in Kono) by July 2015.
- Disburse unconditional cash grants to 350 households
- Post distribution monitoring

Outcome 3.3: Communities in eight districts severely affected by EVD meet their basic needs through conditional cash grants provided by 2016

Output 3.3.1: 400 community groups receive cash grants (25 communities x 2 groups x 8 districts) - Kailahun, Pujehun, Tonkolili, Port Loko, Bombali, Moyamba, Kono and Western Area rural districts

Activities planned:

- Form and register conditional cash grants groups for 400 groups by Sept 2015
- Facilitate development of business plan for the registered groups
- Train beneficiaries in entrepreneurship skills

- Develop MoU with conditional cash grants beneficiary groups
- Disburse cash grants to beneficiary groups
- Conduct refresher training in entrepreneurship skills
- Meeting with beneficiary groups
- Monitor project activities

Outcome 3.4: Food production increased by 20% in the targeted households in 8 districts (Kailahun, Pujehun, Tonkolili, Port Loko, Bombali, Moyamba, Kono and Western Area Rural) by 2017

Output 3.4.1: Target households to be supported with food production selected and trained

Activities planned:

- Conduct detailed needs assessments/baseline survey to determine the actual needs of beneficiaries selected for the food production project
- Develop a food production and livestock training curriculum (in collaboration with Ministry of Agriculture and Food Security, FAO and Metrological Department)
- Conduct training for 800 selected farmers (14 training for each planting season) for farm heads) by 2017

Output 3.4.2: Agricultural inputs and material provided to 800 target households in 2016 and 2017

Activities planned:

- Procure seeds and tools for 800 farm households between in 2016 and in 2017
- Distribute seeds and tools to selected farm households Construct/rehabilitate community seed bank and dry floors (10 communities x 8 districts) by 2017
- Organise mini agricultural and marketing shows in 8 districts in 2016 and 2017 Conduct post distribution monitoring

Output 3.4.3: Livestock project established targeting 800 households in 8 districts

Activities planned:

- Beneficiary selection for the livestock project
- Procure livestock (2 goats per household) for selected households
- distribute livestock to selected communities per district

Outcome 3.5: Vocational skills and knowledge of EVD survivors, orphans, teenage mothers and SLRCS volunteers engaged in the EVD response improved through training and capacity building strategies

Output 3.5.1: SLRCS vocational training centres rehabilitated and equipped

Activities planned:

- Rehabilitate 5 vocational training centres (Kailahun, Kambia Moyamba, Port Loko and Western Area Rural)
- Establish additional 2 training centres (Pujehun and Bombali)
- Update the training curriculum with Ministry of Education and the Ministry of Youth and Sport
- Register vocational training beneficiaries for 700 participants
- Identify 3 vocational skills trainers (carpentry, masonry and tailoring) and 1 supervisor per district by end of 2015
- Procure teaching and learning material for various vocational disciplines
- Conduct vocational training for beneficiaries (100 for each of the centres)
- Distribute start-up kits to groups of beneficiaries by first quarter of 2016 and in 2017

Outcome 3.6: Improved community engagement and communication on livelihood strategies

Output 3.6.1: Mass communication action carried out through mass media and community meeting

Activities planned:

- Produce 4 radio jingles and TV Public Service Announcements about food security, nutrition and livelihood by 2017
- Organise live weekly radio discussions (nutrition education, good agricultural practices, climate change adaptation and natural resource conservation) in target branches from July 2015
- Organize and produce live TV show as part of the current weekly TV show
- Organise monthly focus group (Ebola survivors and orphans, farm households, mothers clubs and youth) meetings in target branches from August 2015
- Organise community drama/cultural performances
- Production of 20 minutes TV drama to broadcasted in TV station and distribute it to the community in VCD/DVD version
- Conduct beneficiary satisfaction survey in 2016 and 2017

National Society Development (Organisational Development)

Outcome 4.1: The quality and performance of national Society leadership (governance and management) improved at all levels of SLRCS structures

Output 4.1.1: Training and meetings of the leadership held according to statutory requirement and capacity building needs

Activities planned:

- Organise and hold weekly management meetings
- Conduct audits for branch accounts
- Organise and hold quarterly statutory meetings at the branches and at HQ
- Facilitate leadership training in collaboration with the AGG (Africa Governance Group)

4.2: Mass base of the National Society i.e. membership increased and used as the major venue to reach the grass roots population

Output 4.2.1: Membership recruitment drive enhanced at all levels of the Society

Activities planned:

- Reactivate operation 10,500 monthly to expand pool of fee paying RC members
- Establish and strengthen a membership database system (disaggregated by age, gender, educational statuses, etc.)
- Conduct monthly regular awareness campaigns on RC principles and values

Output 4.2.2: Membership and volunteer recognition mechanism in place

Activities planned:

- Develop a rewarding and recognition mechanisms and system at all level of SLRCS structures
- Organise annual membership events to recognise members (World Red Cross Day)
- Distribution of gifts to 2,380 EVD volunteers on 5 December 2015
- Procurement of 3,000 dynamo and solar powered radio for community volunteers

Outcome 4.3: Mass base of the National Society i.e. membership increased and used as the major venue to reach the grass roots population

Output 4.3.1: Viable income generating activities for the National Society established

Activities planned:

- Conduct Market research for sustainable businesses for the SLRCS by December 2015
- Three new pharmacies established by December 2015 at regional points
- Rehabilitate/construct SLRCS ware houses, guest houses and fundraising shop at regional points 2015-2016 (Five branches and the regional points)

Output 4.3.2: New and existing partnerships strengthened**Activities planned:**

- Develop and establish new partnerships within country
- Establish Project Development Committee at HQ
- Convene annual partnership meeting per year
- Evaluate Partnership using MPC tool
- Participate in movement and partnership forums

Outcome 4.4: Financial accountability strengthened by a new financial system integrated into the national society**Output 4.4.1: Financial management system strengthened****Activities planned:**

- Revise National Society financial manual by July 2015
- Develop an Internal Audit Policy
- Establish standard procurement Manual and procedures by August 2015
- Conduct a Financial Management Training for finance staff and for non-finance/programme staff and Branch staff.)
- Conduct quarterly Internal Audit and Control
- Conduct a Risk Management Workshop for senior management staff at headquarters Develop and roll out an Anti-fraud policy

Outcome 4.5: PMER and beneficiary communication systems, structures, tools and methodologies are strengthened in the national society**Output 4.5.1: PMER capacity improved at all levels of the organisation****Activities planned:**

- Review PMER guidelines and develop PMER manual and tools in August 2015
- Conduct tailored training and dissemination of guidelines and manuals in September 2015
- Review reporting system for tracking 'reports due' and evaluations
- Organise quarterly planning & review workshop

Output 4.5.2: Beneficiary communication strengthened yield good feedback from beneficiaries**Activities planned:**

- Conduct half yearly -beneficiary and stakeholder satisfaction surveys Develop complaint mechanism and beneficiary accountability manual July 2015
- Conduct an 'accountability to the beneficiary' training for HQ and district officers and BC volunteers
- To operate the control room in the HQ to facilitate 'accountability to the beneficiary' through the advocacy unit at the HQ and the BC officers in district level

Outcome 4.6: Digital Divide Initiative (DDI) project enhance the information technology and communication (ICT) capacity of the National Society**Output 4.6.1: DDI implemented with support of the IFRC****Activities planned:**

- Procurement of relevant ICT resources
- Facilitate implementation of DDI-related projects

Outcome 4.7: Improved human resource management system contribute to a sustainable and favourable work environment**Output 4.7.1: The human resource recruitment and motivation system strengthened****Activities planned:**

- Maintain a list of staff and volunteers working in high risk epidemic operations

- Establish “whistle-blower” communication channels to senior management for staff/ volunteers to raise concerns about breached protection
- Update staff and volunteers guidelines
- Review duty and care protocols for staff and volunteers with reference to lessons learnt from the EVD response (pre-/ during-/post emergency activities; insurance; others)
- Review and disseminate the Gender Policy
- Recruit a Gender Focal Person
- Plan for human resource needs in transitioning from emergency to recovery and development
- Conduct staff satisfaction survey
- Organise quarterly orientation/dissemination sessions for staff
- Facilitate workforce planning



Budget

See attached [IFRC Secretariat budget \(Annex 1\)](#) for details.

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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.

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.**