### Emergency Plan of Action Operation Six months Update
### Sierra Leone: Mudslide

<table>
<thead>
<tr>
<th>Emergency appeal n° MDRSL007</th>
<th>GLIDE n° MS-2017-000109-SLE</th>
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</thead>
<tbody>
<tr>
<td>EPoA update n° 2; date of 5/4/2018</td>
<td>Timeframe covered by this update: 6 months-March to August 2018</td>
</tr>
<tr>
<td>Operation start date: August 2017</td>
<td>Operation timeframe: 18 months and end date February 2019</td>
</tr>
<tr>
<td>Operation manager: Gyula Kadar, Operations Manager, IFRC responsible for management, compliance, monitoring and reporting of the operation</td>
<td>National Society contact: Mr. Kpawuru E. T. Sandy, Secretary General, Sierra Leone Red Cross Society (SLRCS)</td>
</tr>
<tr>
<td>Overall operation budget: CHF 4,631,088</td>
<td>If Emergency, DREF amount initially allocated: CHF 271,032</td>
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</table>

**N° of people being assisted:**

In total, the project expects to deliver assistance and support to some 26,000 people (6,000 directly and 20,000 indirectly) for a total of 18 months. With the shift in focus of the planned activities from shelter to disaster risk reduction and community resilience, the operation has been extended from 10 to 18 months. More specifically, the revised plan will focus on the following: livelihoods, health, water, sanitation and hygiene, disaster risk reduction / community resilience, and National Society capacity strengthening and institutional preparedness. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments.

**Red Cross Red Crescent Movement partners currently actively involved in the operation:**
The operation coordinates with movement partners in country, IFRC, SLRCS, British Red Cross, Finish Red Cross. The operation has calendar first Monday of every month as coordination meeting for internal update and review.

**Other partner organizations actively involved in the operation:**
The SLRCS in collaboration with ONS, government ministries of health, water and agriculture forest and food security among other non-governmental partners including CRS, care international UNICEF and UNDP and WFP and Save the children, Concern worldwide, Oxfam and other stakeholders in WASH or DRR.

**Summary of major revisions made to emergency plan of action:**
The Emergency Appeal was launched on 15th August 2017 immediately after the catastrophic mudslides which killed more than 500 people and left an estimated 11,800 people homeless. The operation kicked off with initial CHF 270,000 through DREF which was eventually turned into Emergency Appeal. A revision of Emergency Appeal was done in December 2017.

The operation was initially designed to focus on emergency response and more specifically support in resettlement of the displaced populations from the camps through provisions of semi-permanent emergency shelters. However, this strategy was challenged by unforeseen policy limitations from the government. Most of the directly affected population are poor squatters residing in undesignated land within city pockets. The government classified the settlements as risky or undesignated and would not allow any permanent presence. Instead directing the relocation of the displaced persons to a site that is six miles away from Freetown called mile’ six, where the government was already implementing units of public housing as means to decongest the city. The Government further directed that all shelter support/ interventions should be implemented this site. The communities whose livelihoods and social networks were vested in the city settlements were hesitant and reluctant to comply.
Given this limited humanitarian space, the emergency operation re-strategized to work with the communities that were directly affected by the disaster by targeting some 1,000 families (about 6,000 persons) in Juba, Regent, Culvert, Kamayama, Kaningo and Dwazark for provision of basic needs support and early recovery support for reintegration through unconditional cash transfers, another 20,000 people at risk would indirectly benefit from DRR support and awareness activities. Consequently, the EPoA was reviewed to adopt the new changes to the initial operational plans. The overall appeal budget remains unchanged. However, budget reallocations were carried out to scale up the WASH and DRR components, also to support early recovery effort, cash transfer was considered as an alternative to the shelter interventions. Additionally, the operation timeframe was extended from 10 months to 18 months in order to accommodate the longer-term programming required to realise the DRR and WASH outcomes.

The overall implementation of the operation is on track and it reached 52% expenditure during the reporting period.

A. SITUATION ANALYSIS

Description of the disaster

In the early hours of 14th August, torrential rains caused parts of Mount Sugar Loaf, a range of hills surrounding Freetown, to slide into the Regent Village vicinity. This led to heavy loss of life and property at the epicentre and downstream at Juba, Lumley, Kaningo/Kamayama axis.

According to the Public Health National Emergency centre, 413 bodies were conveyed to the central morgue between 14-15 August 2017. Of these, only six bodies were identified by family members. Upon request from the family members, two bodies were handed over to the families. The rest of the bodies were buried at Waterloo cemetery. The search and rescue continued and to date, the Office of the National Security (ONS) has confirmed to 502 deaths and 600 more classified as missing.

The event caused widespread destruction of habitats with at least 1,245 houses and over 300 houses destroyed and partially damaged respectively. According to ONS’s latest information, the mudslides rendered 11,816 people displaced of which over 7,000 are sheltered in temporary camps in Freetown.

Response teams, led by the Sierra Leone Armed Forces and SLRCS volunteers, conducted evacuation, search & rescue, removed dead bodies and provided medical care to the injured. The role of the Red Cross has been well recognized in the media. Reuters, AFP, ABC, CNN, BBC (various), EFE, DPA, CTV (Canada) recognized the SLRCS as the first respondent with communities and government armed force units deployed to support the search and rescue efforts.

The biggest damage was on the shelters; houses were demolished by the floods with most of them rendered without a salvage value, those that remained were either inhabitable or partially damaged. Moreover, the livelihoods of the affected people were completely disrupted. According to primary ONS assessments: 52% of the populations was living on small trade whereas 18% relied on physical labour skilled or non-skilled and 6% were in formal transport including motor cyclists with 7% formally salaried.

The government established IDP camps in Freetown. Temporary shelters and other basic services such as water, sanitation, health was provided to the displaced families. Food was provided by WFP in a wet ration of three meals a day. During this period, Red cross is provided hygiene promotion and psychosocial support with ambulance referral service on daily basis to the camp population.

The locations affected around Freetown of Juba, Regent, Matome, Bambaira Culvert, Kamayama, Jahkingdom Kaningo and Dwazark are densely populated settlements. The site of the mudslide on the hill at Regent is adjacent to a squatter settlement on a restricted and high-risk area. On the foot of the same hill a permanent stream was interfered with by the mudslide, the saturated and highly mobile debris flow carrying soft clay (mud), boulders altered the width of the river causing it to change its course and increasing its volume acerbating the effect in terms of scope of coverage and destruction. Indeed, an equal proportion of death and destruction was inflicted by the increased water volume and change of course of the natural water way. In most of the affected places were extended pockets of squatter settlements in unplanned, risky and undesignated settlement according to the government.
Down the valley the populations that were flooded and destroyed comprised of poor population that already lived in a deplorable condition of housing, hygiene and sanitation in crowded informal settlements. Apart from the over 11,000 directly affected, over 20,000 more are in risk in the cross section of the affected villages.

Apparently, the human effects on the fragile and risky hilly, valley and drainage topography in competition for settlement is daring. The hills are deforested, and the water ways are squeezed with fragile banks and with multiple break points which make it susceptible to flood with the heavy rains and any other slight changes.

Moreover, the poor living conditions of the populations high at risk, exposes them to other environmental hazards including disease outbreaks. The water sources especially their traditional wells are damaged and or contaminated and the sanitation situation is extremely wanting, open defecation and using rivers and flowing water bodies as disposal agents is a glaring disaster.

Apart from emergency interventions of the current disaster, increasing the level of information and preparedness capacity of the affected communities is desirable for mitigation of apparent potential hazards. Unfortunately, many communities, which already pre-existing poor infrastructure and weak basic services were the most affected by mudslide and floods in the country’s capital city. All six communities were badly hit by the mudslide making scores of households homeless and destroying their means of livelihood. Water sources were contaminated posing the threat of water borne diseases. Gardens and agricultural fields were affected by the floods leaving crops, including vegetables and root crops damaged. The SLRCS and IFRC reached out and provided both relief and recovery support to the communities to restore their dignity and improve their livelihoods.

B. Summary of current response

- **Overview of Host National Society**

IFRC Sierra Leone Country Office remains committed to play its vital coordination role in four targeted project components; WASH, DRR, HEALTH, LIVELHOOD and Basic needs. The mudslide early recovery operation continues to be guided by the revised EPoA Recovery Plan. The plan focuses on comprehensive actions during the recovery phase and community-based actions that foster resilience building. It targets 6 communities that were affected by the 14 August 2017 flood/mudslide in the country’s capital. Between February and July 2018, the Single Recovery Plan focused on increasing the rhythm of implementation to support these target communities. SLRCS continues to play a key role in ensuring the access to water and the immediate reduction in the risk of water borne and water related diseases. The last section of this document provides details on the exact status of the operation. In general, the predominantly focus of the activities so far have revolved around:

- Ensuring daily access to safe water, which meets Sphere and WHO standards in terms of quantity and quality;
- Ensuring adequate sanitation, which meets Sphere standards in terms of quantity and quality;
- Providing hygiene promotion activities, which meet sphere standards in terms of the identification and use of hygiene items;
- Developed community specific action plan and preparedness capacity to tackle disaster and climate risks;
- Most vulnerable households identified and provided with support on livelihood diversification, skill development and appropriate mitigation measures focusing on women empowerment;
- Strengthened National Society capacities to deliver and sustain scaled up programmes in disaster risk reduction.

IFRC continues to support the national society in key technical program areas and is also contributing to strengthening the organizational capacity of the NS. SLRCS also has support from other Partner National Societies (PNS) including the British, Swedish, Finnish, and from the ICRC. Whereas, the IFRC country team continues to receive support from various technical and management layers from both the IFRC Regional Office for Africa and HQs at Geneva.

- **Action already taken by the National Society to respond to the disaster**
The project has started addressing critical community needs described in subsequent sections of this report. The mudslide project which focuses on enhancing the response and recovery capacity for people affected by mudslide and floods in Freetown, is been implemented in 6 communities. These communities have had previous records of recurrent flooding. Most of these communities are located on the wet coastline of Sierra Leone that are prone to localized flooding especially during the peak of the rainy season. The eighteen months project was designed to work with the most vulnerable and affected communities and other stakeholders to support affected populations recover from the impacts of mudslide and floods and at the same time to build resilience through preparedness actions and creation of early warning systems.

The mudslide operation highlights and address the need to strengthen the Disaster Management (DM) system, empower communities to take on actions toward safety and resilience, and to strengthen the capacity of the National Society. As part of the integrated approach to the disaster risk mitigation strategy, NS with IFRC Country Office during the reporting period worked closely with the ministry of agriculture, Forestry and Food Security (MAFFS) to purchased 20,000 seedlings from the MAFFS forestry division. Planting of seedlings is ongoing in disaster prone areas in the mudslide operational communities. Planting of seedling in the selected communities have been completed. Selected schools will now be targeted with the tree planting exercise. The reforestation will help to reduce the water runoff that contribute to flood and landslide risks in the city.

The DRR team conducted Community Early Warning System (CEWS) training with technical assistance from the Meteorological Department, Office of National Security and the Freetown City Council. The training capacitated members in 6 mudslide affected communities on how to identify early warning signs and set up a system that would help community members to save lives and properties.

The WASH and Health components of the project continue promoting behavior change, attitudes and practices regarding hygiene and health among some of the most vulnerable communities in Western Area. It is here to mention that the extensive needs in all mentioned above areas require further support to the extremely poor communities beyond the scope of this Emergency Appeal. Trainings of volunteers in WASH assessment and psychosocial support have been conducted, and community groups are being mobilized to carry out health related sensitization visits.

Under this project scope IFRC has constructed 6 bore-holes with submersible water pumps driven by solar power each with feeding from a 10-meter elevated water towers with 20,000 litres PE water tank in targeted communities in line with Ministry of Water Resource recommendation. This will Improve daily access to safe water, which meets Sphere and WHO standards in terms of quantity and quality to target population. Other
key activities which gear towards improving the daily access to safe, adequate water of good quality for the target population are also in progress. Initial distribution of 108,000 Aqua tabs tablets was done followed by an additional distribution of 75,000 tablets. Forty SLRCS volunteers were trained on how to use aqua tabs, and on household water treatment and safe storage. Another 20 people were trained on water quality testing using pool testers. 769 mudslide affected families have been issued with Hygiene Kits (1 per family) and jerrycans to support early recovery efforts of the mudslide affected families.

Bore-hole with submersible water pumps driven by solar power

Approval obtained from the Office of National Security, Ministry of Health through the Ministry of Water Resources to carry out Clean-up of storm drainage channels in Culvert community consisting small-scale engineering work and community cluster clean-up through cash for work arrangements for skilled and unskilled Labour. 100 clean up kits have been distributed to communities in Culvert to carry out household cluster level clean-up activities intended to improve the storm water drainage systems and targeting some 2,400 indirect beneficiaries.
Drainage cleaning exercise in culvert community

Procurement of services to implement locally-adopted institutional latrines is also in progress with consultations with the Ministry of Water Resources to identify institutions including schools, hospitals, health centres etc in Juba Regent and Kamayama, in need of the new latrines or rehabilitation of existing ones. The WASH team is working with the Ministry of Water Resource to develop the operational framework for the National water Resources Management Authority (NWRMA).

The overall results of activities undertaken during the reporting period were successful based on design and approaches employed by the Sierra Leone Red Cross Society (SLRCS) project management team and the International Federation of the Red Cross Red Crescent (IFRC) Sierra Leone Office team. The SLRCS and IFRC are using innovative real-time project management styles that propelled the implementation of the project.

Overview of non-RCRC actors in country

The National Society maintains a permanent cooperation framework with the office of National security; a body responsible for the coordination of all disasters in the country. To complement State actions, this SLRCS-led operation is engaging in actions to support the risk reduction strategy at the national and district levels. While many international humanitarian institutions have departed from the flood/mudslide affected areas, the following humanitarian actors remain active: UNICEF, OXFAM, Save the Children, Concern worldwide, Catholic Relief Service, Israel-Aid, VSO. A joint partners Disaster Management Team regularly meet once every month, hosted and chaired by Office of the National Security (ONS) to share update on mudslide recovery implementation, and other disaster management activities undertaken by different partners.

C. Coordination and partnerships

The mudslide was unprecedented and drew the attention of not only the Sierra Leone Red Cross and the IFRC, but also other humanitarian actors who have played a very important role in supporting the operation in different ways to enable the communities’ recover from the devastating effects of the mudslide.

The National Society maintains a permanent cooperation framework with the office of National security; a body responsible for the coordination of all disasters in the country. Since the onset of the disaster SLRCS and IFRC have been working closely with partners throughout the emergency response, supporting the operation in different ways to enable the communities’ recover from the shocking effects of the 14 August 2017 mudslide. During the response phase, SLRCS and IFRC worked closely with the Ministry of Health and other relevant actors in search, rescue and safe evacuation, WASH and health care activities. The SLRCS and WFP collaborated in registering people for food assistance.

At the recovery phase, the SLRCS and IFRC have been taking part in a coordinated response plan through a regular multi-agency coordination forum meeting. We have been working closely with the Ministry of Health and other relevant actors in DRR, WASH and health care activities. This has made the Sierra Leone Red Cross keep focus and be able to better respond to key humanitarian needs aimed at improving the lives of vulnerable people in a sustainable way. Initially, there were some duplication of functions and overlapping roles until the government through its offices in Freetown (ONS) intervened and coordinated the response
operation by assigning roles and responsibilities to each party. This has created much impact on the lives of the people that were affected.

As part of the disaster preparedness and mitigation plan, a coordination and collaboration meeting has been ongoing at Freetown City Council with the ONS, CRS and other disaster risk reduction institutions. The meeting has created DRR coordination platform which work towards community engagement in relation to the 2018 flood plan. CRS and Red Cross were agreed to lead the coordination and chair on rotational basis. Short and long-term mitigation plans have been agreed by different institution including UNDP, IOM, City Council among others who are part of the coordination.

D. Needs analysis and scenario planning

Needs analysis

The initial focus of response efforts was directed towards search and rescue, including evacuation. Injured people were transported to hospitals and support was provided to the government in dead body management. In addition, 7,000 people including women and children of the affected population were transferred to safe holding locations in several tented camps. Humanitarian efforts are now geared towards supporting the remaining displaced population and plans for the transition and reintegration of people back to their everyday lives through the provision of livelihood and basic needs, water, sanitation and hygiene, health (community-based health and psychosocial support), and disaster risk reduction / community resilience.

For more sustainable longer-term solutions there is a need to support 26,000 vulnerable people to reduce potential risks evident within the affected locations in Freetown. This means addressing the lack of knowledge and awareness of the prevailing and potential hazards in their localities ranging from floods, mudslides and public health-related risks, and increasing the community preparedness organisation and skills.

The operation was initially designed to focus on emergency response and more specifically support in resettlement from the camps through provisions of semi-permanent emergency shelters. However, this strategy was challenged by unforeseen policy limitations from the government. Most of the directly affected population are poor squatters residing in undesignated land within city pockets. The government classified the settlement sites as risky and would not allow any permanent presence and / or any intent to live in the original villages classified as undesignated places. The government opted for relocation to a site designated “six-mile” on the condition that all shelter support was to be permanent / concrete housing as it was already constructing public housing units as a means to decongest the city and to provide dwellings for the homeless. Compliance to the conditions at the “six-miles” site was an immediate challenge. The communities, whose livelihood and social networks were vested in the city settlements hesitated or resisted, and the Red Cross was limited by resources and mandate in the government redirection policy. Given this limited humanitarian space, the emergency operation re-strategized to work with the directly affected communities in Juba, Regent Culvert, Kamayama, Kaningo and Dwazark to undertake risk reduction / community resilience approaches to deal with basic humanitarian imperative needs to reduce vulnerability and increase their awareness and skills to mitigate potential environmental hazards and strengthen their resilience. The timeframe of the Emergency Appeal is limited since any DRR, community development and engagement programming need longer timeframe to became effective and self-reliant. Therefore, IFRC has engaged in longer term planning in this direction to maintain working with the exposed communities.

Risk Assessment

A significant percentage of affected communities in Freetown comprises of residents with poor economic means that live in squatter, slums in weakly constructed houses. These residential areas are situated on collapsible soils increasing risk of hazards from flooding. Collapsible soils appear to be strong and stable in their natural (dry) state, but rapidly consolidate under intensive wetting. This can yield disastrous consequences for structures unwittingly built on deposits. As these structures and communities are located on hillsides and coastlines, the integrity of the buildings is further challenged by poor drainage systems, ineffective waste management and lack of town planning. The indiscriminate depletion of the forest cover for settlement and other economic reasons occasioned by intense rainfall increase vulnerability of those
communities to landslides and flooding. Consistently, in the last two years, these hillside and coastal communities have had incidents of mudslide, flooding and windstorm with fatalities, injuries and forced displacements. However, government efforts to evacuate or relocate these communities have proved unsuccessful. For instance, after the 16 September 2015 landslide and flooding incidents, affected communities were relocated to “six-Mile” on the outskirt of Freetown but by November 2015, those relocated returned and began new settlements in the same localities. This suggests weakness on the part of the Lands and Environment Ministry and law enforcement agencies to ensure appropriate government’s actions are adhered to and sustained. The severity of the recent mudslide and flooding in Freetown reawakens the necessity for action to prevent or mitigate a reoccurrence of similar disaster. The scale and impact of the disaster could be attributed to limited knowledge of disaster risk reduction strategies and resilient capacities by affected population. Without adequate emergency response to the current crisis, there is an increased likelihood of opportunistic disasters from possible outbreak of water-borne diseases such as cholera, typhoid etc. Therefore, this requires collective effort from the Disaster Management Department of the Office of National Security (ONS), emergency management and aid agencies.

Response analysis

Community Engagement and Accountability

In view of the current impression from the beneficiaries, it is evident that the activities will help to reduce risks in the communities. The project captured key grassroots stakeholders to work together with a long-term vision. Community engagement was innovative with community members being involved in various local capacities including dissemination, co-ordination and networking.

Community Engagement and Accountability (CEA) was used as an approach to reach out people living in disaster prone areas on disease outbreak and preparedness, IFRC supported the training of 30 community-based volunteers in affected communities. The training capacitated volunteers on how to use forum theatre as a means of engaging and educating their communities about disaster outbreaks and adverse environmental practices. The training has been followed by drama performances in the affected communities concentrating on the effect of selling protected areas and subsequent effect of building in disaster prone zones. This will also serve as a medium for early warning call to stop activities that would endanger their communities.

Community-based volunteers using forum theatre to pass on DRR messages

Greater community resilience has been engendered through the community engagement and mobilization, early warning System knowledge and disaster preparedness and mitigation skill strengthening all of which has contributed to more empowered communities.

The Environmental Impact this project will includes the reduction of air pollution, by the pending constructing modern institutional latrines that reduce open defecation outside. The used of the bushes as toilet facilities are now being look at as being an environmental hazard due to greater awareness and sensitization of local communities. Reduction of water borne diseases will arise due to the ongoing construction of boreholes in the communities. Thus, the health and dignity of the beneficiaries will be promoted.

The project has developed capacities in training, setting up and monitoring community-based EWS. With this capacity provided during implementation, the communities will be able to continue with the activities independently. Community beneficiaries are eager and willing to take over these activities since they are directly involved at all levels.
In terms of sustaining efficiency, programmes are focused for a longer period of time. This is done through continuing to support community development and awareness and extending support to middle-income groups. Hence the goal of the project is to build resilience of vulnerable people enhanced to disaster and climate change risk.

A joint monitoring visit also made by the PMER team observed the sustainability trend had been emerged among the local authorities, for example, stakeholders agreed to integrate the project activities into their normal activities and promised to continue to provide guidance to the formed groups within their community. In conclusion, the sense of sustainability among the local authorities is there, with groups formed and built capacity, they will be continuing the work to have a safe community.

E. OPERATIONAL STRATEGY

Proposed strategy

Overall objective

The government and its development partners, including the Red Cross are aware of the high risk of an outbreak of waterborne diseases, especially cholera, amoeba, and other viral and bacterial infections diseases. This is due to contamination of water sources in and around the epicentre and further downstream. There is generally extremely low sanitation coverage in all the affected areas. In crowded vulnerable slum communities close to rivers and the sea, open defecation is commonly practiced or flushing latrines into the river. At the same time the river is used as the source for washing clothes, taking bath and seeking valuable metal scrap for income generation by the slum community. This situation poses a high public health risk to the population. The operation supports the early recovery with immediate effect through reaching 26,000 affected people with awareness raising on possible risks, hygiene promotion and basic household items, jointly coordinated with the ONS and partners, to save the lives of people in mudslide affected communities.

Proposed strategy

This operation is expected to be implemented over 18 months. The proposed operational strategy aims at reaching out to the people affected and providing basic needs. The total number of people targeted is 26,000, which has been calculated based on the number of people in the affected areas as well as the capacity of the National Society to respond.

The Red Cross engagement with target communities is participatory and diversity responsive. The interventions are aligned with government priorities, as well as IFRC global strategy 2020. The community’s self-management structures, knowledge and value system is accommodated to ensure do no harm engagement and inculcate inclusivity and sustainable ownership of process, delivery and effect in the implementation of the operation activities. SPHERE standards, IFRC minimum standard commitment to gender and diversity in emergency programming, etc. will guide the operation to address typical needs of people.

SLRCS is ensuring that communities are kept informed of recovery activities, including selection and distribution processes. This includes creating awareness through social mobilization, providing information on the criteria for targeting and entitlements and establishing complaints and feedback mechanisms to ensure transparency, efficiency and effectiveness in all RC humanitarian interventions.

Red Cross intervention was organised into three gradual facets; the initial phase consisted of emergency lifesaving response activities, focused on search and rescue, casualty management, first aid, psychosocial support, referral and evacuation and population movement. The second phase supported the population in the IDP camps through the provision of basic needs including NFI, food, psychosocial support, health and WASH. The third phase has been supporting integration of the IDPs back into communities, early recovery and build capacities to reduce vulnerability to potential hazards in their ordinary live.
The RC intervention focus on the following strategy outcomes: SLRCS institutional capacity support will be mainstreamed in all the strategic outcomes to increase the national society preparedness for emergencies:

- Health and psychosocial support (all phases).
- Water, hygiene and sanitation (all phases).
- Livelihoods and support to basic needs (phases 2 and 3).
- Disaster risk reduction / community resilience (phase 3).
- National society capacity development / institutional preparedness.

### F. DETAILED OPERATIONAL PLAN

This Appeal Focuses on 4 major areas: HEALTH, WASH, DRR, LIVELIHOODS and basic needs. These lines of action respond to the humanitarian needs of the most vulnerable populations and have sufficient flexibility to allow adjustment and adaptability to the changing context. All four major areas will be implemented in the project target communities. Below shows consolidated data within the reporting period and are based on the four lines of action from the revised appeal.

#### Disaster Risk Reduction

**People reached:** 4704  
**Male:** 2341  
**Female:** 2363

**Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster.**

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<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
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<tbody>
<tr>
<td># of countries with national and local disaster risk reduction Strategies</td>
<td>1</td>
<td>0</td>
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**Output 1.1:** Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

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<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
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</thead>
<tbody>
<tr>
<td># of community contingency plans in place.</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td># of community early warning systems established or improved and linked with local or national meteorological systems</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td># people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks</td>
<td>6,000</td>
<td>3,635</td>
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</tbody>
</table>

**Outcome 2: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices**

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<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
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<tr>
<td># of NS supporting communities to develop longer term risk reduction plans that address long-term adaptation needs and unexpected climate related risks</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Output 2.2:** Community awareness raising programmes on climate changing risks and environmentally responsible practices are conducted in target communities

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached by climate change mitigation and environmental sustainability awareness raising campaigns</td>
<td>6,000</td>
<td>720</td>
</tr>
</tbody>
</table>

#### Progress towards outcomes

**Population to be assisted:** More than 6,000 people from the affected communities of Regent, Juba, Kaningo, Kamayama, Dwazark, and Culvert and 20,000 people at risk will be reached through DRR activities.

**Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster.**

**Output 1.1:** Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

- To ensure a coordinated approach in DRR activities coordination mechanisms have been initiated with other DRR actors including the Office National Security, Freetown City Council, Catholic Relief Service, UNDP, Save the Children, BRAC. SLRCS is leading the working group on DRR
together with Catholic Relief Service. Continuous activities and meetings aim to the activation of the DRR platform by the Office of National Security.

- Trained 20 (13 male / 7 female) SLRC and IFRC staffs and volunteers on first aid to build their readiness to respond to emergency.
- Trained 26 staff and volunteers (21 male / 5 female) from the 14 Branch of SLRCS nationwide for 9 days, to become trainers in first aid. This training strengthened the nationwide response capacities of SLRCS with trainers who can cascade the first aid training to branch volunteers and communities. On top of that, trainers are also responsible to organise and conduct commercial first aid training with companies in order to raise fund for the branch.
- Trained 29 (19 male /10 female) volunteers on basic knowledge and activities for disaster risk management at community level.
- Trained 14 (8 male /6 female) SLRCS volunteers to become trainer on community-driven early warning system for floods (CEWS) through a 14 days intensive training. The trainings focused on the four components of an Early Warning System, namely Risk Knowledge, Monitoring, Response Capacity and Communication. Trainers will constitute the pool that will duplicate the training in the future.
- Trained 29 (19 male /10 female) community participants (9 days), five per community, to support the formulation, establishment and dissemination of their community early warning system. During the training sessions, volunteers were oriented on Risk Reduction Plans, EWS Indicators, Monitoring Action Plans (MAPs) and Communication and Response Plans (CARPs).
- Established a flood early warning system in the 6 communities with the installation of 6 rain gauges and identification of 16 river / stream monitoring points of water level. The appointed early warning system community volunteers (60 people) responsible to monitor and alert people have also been provided with rain gears and lights to work in night and rainy condition. The system is linked with
- Formation of Community Managed Disaster Risk Reduction committee (CMDRR) has been completed during the formulation of the flood early warning system. Those committees are responsible to lead DRM activities within the community.
- The 6 Community Managed Disaster Risk Reduction committee (CMDRR) have formulated their flood early warning system during 2 days' community workshop that involved 157 (84 male/73 female) participants, supported by CEWS trained community participants and trainers. This strengthens the preparedness capacities of those communities to be ready for the rainy season.
- Trained 24 (18 male / 6 female) volunteers to become trainers on light search and rescue technics with the support of Maritime Wing of Sierra Leone army and the National Fire force. This activity strengthens the preparedness of SLRC by building the capacities to respond to disaster with lifesaving technical skills. This pilot training is the first of its kind in Sierra Leone.
- Trained 40 (32 male / 8 female) Freetown branch SLRCS volunteers on light search and rescue technics, with support of 4 new SLRCS trainers. These volunteers will be deployed to contribute to search and rescue operation following disaster in Freetown.
- 200 Megaphones with batteries are procured and prepositioned in the warehouse, two pieces have been distributed to Red Cross volunteers in each target communities to support mobilization and conduct awareness activities on flood early warning system.
- 250 First aid kits are procured and pre-positioned in the warehouse to be deployed and used by SLRCS volunteers to respond to emergencies.
- 1,000 Personal Protection Equipment’s are procured and prepositioned in SLRCS warehouse, to be distributed and used by SLRCS volunteers and CMDRR to protect themselves when responding to disaster.
- 3,635 people (1,663 male / 1972 female) have been reached by the 6 community DRR volunteers through weekly sessions of house to house visit to raise awareness of the local population on disaster risk management topics such as flood early warning.

Outcome 2: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices.

Output 2.2: Community awareness raising programmes on climate changing risks and environmentally responsible practices are conducted in target communities.

- Trained 120 (104 male / 16 female) community people from the 6 communities in seedlings management, planting technics and maintenance of seedlings, with the support of the government forestry division. The trained community volunteers are forming the tree planting committee that will be responsible to coordinate and supervise the seedlings planting in their communities.
The project has procured and donated tools and equipment to plant the 20,000 seedlings. The tools have been donated to tree planting committee witnessed by community chief and the ministry of agriculture for sustainability purpose.

The 20,000 seedlings have been procured and planted in the mudslide communities by tree planting committee volunteers and mudslide affected households (around 600 Household participated – 350 male / 250 female), during the months of June and July which is the best period to plant seedlings. The 20,000 seedlings have been planted in water catchment, deforested area, along rivers and sea embankment. In addition, students of local schools have been involved to plant and maintain few seedlings around their houses.

### Livelihoods and basic needs

People reached: 4,500  
Male: 1,800  
Female: 2,700  

**Outcome 1:** Communities, especially in the affected areas, restore and strengthen their livelihoods  

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people targeted/reached (Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods)</td>
<td>4,500</td>
<td>4,500</td>
</tr>
</tbody>
</table>

**Output 1.2:** Basic needs assistance for livelihoods security including food is provided to the most affected communities

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with food assistance or cash for basic needs</td>
<td>4,500</td>
<td>4,500</td>
</tr>
</tbody>
</table>

### Progress towards outcomes

**Population to be assisted:** 750 HH to receive food vouchers for three months and household NFIs as they leave the IOP camps. In addition, 210 orphans and vulnerable children and 300 special vulnerability households will receive cash grant in fees or unconditional basic needs support.

**Output 1.2:** Basic needs assistance for livelihoods security including food is provided to the most affected communities

- Support the Early recovery of 1,000 affected households. An extra 250 affected households supported by SLRCS bilateral funding from non-appeal sources. Increases households reached with cash from 750 to 1,000.
- There is an ongoing identification of women’s group doing business activities in the target communities. The women’s group will then participate to a workshop

### Health

People reached: 6000
Male: 2700  
Female: 3300  

**Outcome 1:** The immediate risks to the health of affected populations are reduced.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached by NS with services to reduce relevant health risk factors</td>
<td>6000</td>
<td>6280</td>
</tr>
</tbody>
</table>

**Output 1.1:** Community-based disease prevention and health promotion is provided to the target population.
<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people reached with community-based disease prevention and health promotion programming</td>
<td>6,000</td>
<td>6,280</td>
</tr>
</tbody>
</table>

**Health Output 1.2: Psychosocial support provided to the target population**

<table>
<thead>
<tr>
<th># of people reached by psychosocial support</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6,000</td>
<td>6,000</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

**Needs analysis:** No additional need analysis has been conducted covering health Population to be assisted: About 1,000 households (5,000 people from the affected communities of Regent, Juba, Kaningo, Kamayama, Dwazark, and Culvert) are being reached through health promotion messages, disease surveillance and psychosocial support.

**Outcome 1.1** Community-based disease prevention and health promotion is being provided to the target population through the following activities:
- Twenty volunteers have been trained on Community Based Health and First Aid (CBHFA). The volunteer’s basic topics covered include The Red Cross, Red Crescent Community Based Health and First Aid (CBHFA) in Action, Community mobilization, Communicating and building relationships, Organizing Communities, Assessment-based action in my community, Performing the community assessment: learning by doing, and Reporting on Community Based Health and First Aid (CBHFA) activities within the community. The project used the Community Based Health First Aid (CBHFA) approach to increase health promotion. Volunteers are working with their communities to promote and enhance health education and behaviour change through messages on disease prevention and control related to poor personal or environmental hygiene or lack of appropriate shelters.
- 250 First Aid Kits have been procured and Distributed
- 20 volunteers have been trained on Community Based Health and First Aid (CBHFA)
- Oral Rehydration Salts (ORS) have been Procured and pre-positioned
- House-to-house visits by volunteers and health awareness on priority diseases. The house to house visits done by the volunteers is enhancing communities’ responses in detecting early illnesses and thus reporting them to the local authorities including health facilities.

**Outcome 1.2** Psychosocial support (PSS) is being provided to the target population through the following activities:
- 30 new community-based volunteers were trained on PSS. The activity supported the strengthening of volunteers in skills and knowledge of PSS to provide psychological first aid to individuals, and communities affected by disasters and other crises. The psychosocial well-being and resilience of individuals, families, and communities affected by disasters, and other crises were improved through the PFA trainings and counselling sessions. Targeted recipients included affected families, communities that are prone to disasters or epidemics, vulnerable children in- and out-of-schools.
- Ten sessional community healing dialogues for seven communities have been completed. This will contribute to acceptance of community bye-laws thus leading to a safer and more prepared community.
- 25 PSS volunteers were deployed and provided Psychological First Aid, one to one and group PSS talks with survivors and other distressed persons in affected communities.
- Three (3) day PSS training for 30 new community-based volunteers has been conducted.
- A two (2) day refresher training was conducted for 30 volunteers on psychological First Aid and community based psychosocial support for disaster affected persons. Volunteers are currently providing PSS to their respective communities with special attention to those that were greatly affected by the mudslide. They now have the capacity of conducting PSS activities in emergencies.
- A five (5) day ToT for 20 volunteers has been conducted on psychosocial support in emergencies. These volunteers will cascade, and replicate knowledge gained to selected volunteers on stress management skills.
- Ten schools have been identified to provide PSS training to teachers. 40 teachers are trained from the 10 selected schools on PFA, who will later cascade the training to their pupils.
**Water, sanitation and hygiene**

People reached: 6,000
Male: 2,700
Female: 3,300

**Outcome 1:** Immediate reduction in risk of waterborne and water related diseases in targeted communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people targeted / reached (Immediate reduction in risk of waterborne and water related diseases in targeted communities.)</td>
<td>6,000</td>
<td>4,612</td>
</tr>
</tbody>
</table>

**Output 1.1:** Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people targeted / reached (Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities)</td>
<td>6,000</td>
<td>4,812</td>
</tr>
</tbody>
</table>

**Output 1.2:** Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population Immediate reduction in risk of waterborne and water related diseases in targeted communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of people provided with safe water (according to WHO standards)</td>
<td>6,000</td>
<td>3,670</td>
</tr>
<tr>
<td>% of target population with access to an improved water source</td>
<td>100%</td>
<td>60%</td>
</tr>
</tbody>
</table>

**Output 1.3:** Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population Immediate reduction in risk of waterborne and water related diseases in targeted communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of constructed sanitation facilities maintained by target population</td>
<td>30%</td>
<td>0</td>
</tr>
<tr>
<td># of people with access to an improved sanitation facility</td>
<td>6,000</td>
<td>0</td>
</tr>
</tbody>
</table>

**Output 1.4:** Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># households reached with key messages to promote personal and community hygiene</td>
<td>1,000</td>
<td>876</td>
</tr>
<tr>
<td># of volunteers involved in hygiene promotion activities</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

**Output 1.5:** Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population Immediate reduction in risk of waterborne and water related diseases in targeted communities.

<table>
<thead>
<tr>
<th>Indicators:</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households provided with a set of essential hygiene items</td>
<td>1,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**Progress towards outcomes**

**Population to be assisted:** needs of 1,000 families (6,000 people) affected by the floods in 3 affected areas of Freetown (Culvert, Juba, Kaningo, Kamayama, Dwarzark and Regent), are being met through the provision of safe drinking water, sanitation and hygiene items to address the Immediate reduction in risk of waterborne and water related diseases in targeted communities under the following outcome and activities:

**Output 1.1:** Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

- To ensure a coordinated approach in Wash activities, coordination mechanisms have been initiated with other WASH actors including the MoWR, MoHS, UNICEF, Freetown WASH Consortium (FWC) made of up OXFAM, Concern international;
• community focal points were trained on carrying out WASH and DRR rapid needs assessments. This has capacitated the SLRCS volunteer focal points to conduct the assessment within their respective communities;
• WASH and DRR rapid needs assessments were conducted in the six target communities;
• 40 volunteers were trained on health, water, sanitation and hygiene services in emergencies;
• Community volunteers conducted weekly water quality monitoring within the target communities.

Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population
• Trained 40 Community based volunteers on household water treatment and safe storage (HWTSS). This has built the capacity of the SLRCS volunteers to cascade and support the affected community to improve household water quality;
• Activities towards the improving the daily access to safe, adequate water of good quality for the target population were carried out. Initial distribution of 108,000 Aqua tabs tablets was done followed by an additional distribution of 75,000 tablets;
• Trained 20 community-based volunteers on water quality testing using pool testers. This has built the capacity of the SLRCS to implement water quality monitoring for safe water access by affected/target communities;
• Forty SLRCS volunteers were trained in Household Water Treatment and Safe Storage (HWTSS), In addition 30 Volunteers were trained on water quality testing using pool testers;
• The drilling and development of 6 boreholes including the construction of the 10 meters high water towers with 20,000 litres PE water tanks have been completed in the six target locations in Juba, Kamayama and Kaningo. The contractor installed the submersible pumps and solar EPV panels;
• Trained 11 community people in pump operation system to operate the borehole installation.

Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.
• One hundred clean up kits have been distributed to the to support the communities in Culvert to carry out household cluster level clean-up activities intended to improve the storm water drainage systems within the community;
• Improving existing natural storm water drainage in Culvert community is in progress. An excavator has dredged the bed of the main storm water stream, clearing the accumulated silt/sand, debris, garbage, washed by erosion from the hills to this drainage channel. The use of the machine is one way of mitigating the possibility of flooding in this community. Community members in culvert have also been engaged to improve gutters and drainage cannels within the community clusters through Cash for work arrangements. This activity will generally improve environmental sanitation conditions in Culvert community by mitigating potential flooding and reduce incidents of water borne diseases from the leachate emanating from the nearby solid waste dump site;
• Contract has been awarded to supplier for construction of 30 institutional latrines in schools, hospitals, health centres etc targeting Juba, Regent and Kamayama in need of the new latrines and/or rehabilitation of existing ones. completion will improve access to adequate excreta disposal facilities. Construction has started in 5 / 30 sites.

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.
• 40 SLRCS volunteers were trained in hygiene promotion in collaboration with MoHS.

Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population.
• Seven hundred sixty-nine mudslide affected families were equipped with Hygiene Kits (1 per family) and jerrycans to support early recovery efforts of the mudslide affected families.
Strategies for Implementation

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td># of insured volunteers</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td># of trained NDRT members</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td># of NS branches provided with technical support and equipment in disaster preparedness</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Outcome S2.1: Effective and coordinated international disaster response is ensured

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

ratio of people reached by the IFRC disaster response operations to the people affected by these emergencies | TBD

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

% of evaluation which are followed up by a management response | TBD

Progress towards outcomes

The above pending activities will soon be started as all project technical team and volunteers are now onboard to enhance full implementation.

D. BUDGET

Interim financial report annexed
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For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):
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How we work

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

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.