SIERRA LEONE: Ebola Emergency Weekly Situation Report No. 07
01 - 07 December 2014

This report is produced by the UN for Ebola Emergency Response (UNMEER) and the National Emergency Response Centre, in collaboration with the UK, and response partners. The next report will be issued on or around 16 December 2014.

Highlights

- As of 7 December, the cumulative number of confirmed, probable and suspected cases of Ebola virus disease (EVD) in Sierra Leone is estimated to have reached 7,897, with a total of 1,768 deaths.
- The Western Area and Port Loko remain Locations of high transmission. New hotspots are emerging in remote areas including parts of Kambia and the Tambaka chiefdom in Bombali.
- As of 3 December, 9,524 children have been identified as being directly affected by the Ebola Crisis, including 4,349 children having lost one or both parents to EVD.
- WFP continues to deliver weekly over 730 metric tonnes of food, reaching some 65,000 patients, quarantined homes, and survivors.
- In the efforts to support the Western Area Surge, the UN has deployed 11 additional staff from WFP, WHO, UNICEF and UNMEER to support the National Ebola Response Centre (NERC) and the District Ebola Response Centre (DERC) in the urgent implementation phase.
- As part of scaling up the response, UNMEER will be sending over 15,000 lab vials, an EU lab from Liberia and 20 motorcycles for sample transport.

Progress Overview

The proportion of live cases in isolation or treatment continues to be estimated at 53%, with a margin of error of approximately 8. Over 90% of known patients are moved to a facility on the day the alert is received. However, it is believed that many cases are not reported, especially in rural areas. This has been reinforced by a recent survey in Kono by CDC and WHO.

Over 95% of dead bodies notified to the burial teams are buried within 24 hours, but it is believed that under-reporting in rural areas is high, with anecdotal reporting of illegal burials made on a regular basis. The proportion of people who died from EVD and were buried safely within 24 hours is estimated at 60% (accounting for under reporting), with a margin of error of approximately 10.
Funding

Sierra Leone Funding Needs:

**US$ 378.5 million required**
(estimate based on October planning assumptions)

Overall pledges, commitments, and contributions,
(including those unrelated to a specific appeal):

**US$ 335 million earmarked**

All donors/recipient agencies should inform OCHA’s Financial Tracking Service (http://fts.unocha.org) of cash/inn-kind contributions by e-mailing: fts@un.org

Case Management - Pillar leads: MoHS, WHO

Infection Prevention and Control (IPC)

**Needs:**

- All isolation/treatment centres need to be assessed for IPC compliance and all medical staff, social mobilisers, and burial teams must be trained on IPC.
- Social mobilisation materials and efforts must also include IPC.
- Some 200,000 Personal Protective Equipment (PPE) sets are needed every month.
- Each ambulance team should have 1 vehicle, 1 stretcher, 2 PPE personnel, 1 communicator and 1 driver. Each ambulance should be cleaned and maintained daily.

**Response:**

- IPC trainings in Peripheral Health Units (PHU’s) continue throughout the country. 43% of targeted PHUs (521 of 1,200) have now completed the training, with a total of 2,333 health workers and 946 support staff (cleaners, security, etc.) trained. The distribution of IPC supplies continued in all districts, with a total of 680 PHUs receiving IPC kits to date.
- IPC monitoring to evaluate protocols and patient care is on-going in most isolation/care centres by MoHS, WHO, UNICEF, CDC and partners. A rapid IPC assessment tool for use in new Ebola care facilities is being developed. Priority has been given to the Port Loko and Western Area hotspots.
- As of last week, over 600 households were placed under quarantine in the Western Area.
- 300 to 400 nurses, nurse aids and few doctors have been trained in IPC and PPE procedures, thus far, in Bombali, Port Loko, and Moyamba.

**Gaps & Constraints:**

- Lack of space in holding centres in the Western area continues to leave a number of symptomatic patients to be cared for by relatives – sometimes for up to 4 days – which poses significant risks for the community.
- Cross-infection issues remain critical, particularly during transport and in holding facilities as suspected cases are often kept together with confirmed cases.
- Migrations between chiefdoms or districts remain a big challenge in the implementation of quarantine by-laws. With the holidays approaching, more population movements might occur across the country.

Ebola Treatment Centres (ETCs)

**Needs:**

- Over 1,500 treatment beds are needed in a setting that is safe for patients and healthcare workers. Each treatment centre should have a capacity of 50 to 100 beds.
- Each of these facilities is to be managed and staffed by Foreign Medical Teams (FMTs, composed of 25-35 clinical and infectious disease experts) as well as national staff (200-250 required per facility).

**Response:**

There are 12 operational ETCs with approximately 550 available beds, and total bed capacity of 800. They are run by the MoHS, Médecins Sans Frontières, Save the Children, China, IFRC, Plan International, Partners in Health, and other partners.

United Nations Mission for Ebola Emergency Response
www.un.org/ebolareponse
• 40 Cuban Medical Brigade health professionals deployed to Port Loko to support the ETU run by Partners In Health.
• The first ETC in Makeni, Sierra Leone, opened this week with a bed capacity of approximately 100 beds.
• Since 3 October, the UK has delivered over 1,450 tonnes of essential equipment. These include materials to equip 6 UK constructed ETCs and other UK supported ETCs, PPEs, in addition to consumables drugs for up to three months.

Gaps & Constraints:
• At least 200 additional beds are needed for satisfactory coverage of the country. When patients are cared for at home, it poses major risks for the caregivers as they are often unable to adequately protect themselves.
• A major constraint is that safe-bed capacity must be scaled-up gradually in each facility to ensure that health workers can work in the safest possible environment, explaining the gap between operational and existing beds.
• As bed capacity increases in ETCs and CCCs, the need for FMTs will keep increasing.

Community Care Centres (CCCs)

Needs:
• A fast, community-based, holistic approach to isolation/care is critical.
• Some 1,300 CCC beds – each CCC having an 8 to 28 bed capacity – are required to complement the larger-scale treatment facilities.

Response:
• In the Western Area, 4 large CCCs, each with around 20 beds, are being constructed, 2 by UNICEF and 2 by Oxfam and Medair.
• 28 CCCs are open around the country. In Bombali, 15 CCCs are fully operational and receiving patients, while all 13 CCCs in Tonkolili are conducting “dry-run” to ensure IPC protocol. Construction is underway for 12 sites in Kambia.
• 7 CCCs in Tonkolili are fully operational, while the remaining will start receiving patients by the end of that week.
• In total, 224 clinical staff and 224 hygienist have been trained in Ebola case management, including IPC, to work at the 28 UNICEF supported CCCs.
• WHO is monitoring CCC operations daily, including adherence to personal protective equipment (PPE), IPC and safe practices for patients and staff.

Gaps & Constraints:
• Another 764 CCC beds are required to ensure good coverage of the territory.
• The main challenge in the rapid roll out of CCCs is securing implementing partners, supplies and training.

Surveillance - Pillar leads: MoHS, UNFPA, CDC, WHO

Case Finding and Contact Tracing

Needs:
• An approximate total of 5,000 volunteers are required for active case-finding and contact tracing, in addition to existing district surveillance officers.
• It is expected that a 2-person surveillance team can cover 40 households in urban areas and 20 households in rural areas. Each surveillance team needs an ambulance team in support for pick-up of suspected cases.
• Each of the country’s 394 wards requires 14 contact tracers and 1 Ward Councillor Supervisor.
• Three Rapid Response and Stabilisation Teams (RRST) need to be established to halt new spikes of infection.

Response
• As of 4 December, over 3,100 UNFPA contact tracers had followed up a cumulative total of 51,294, of whom 30,915 had finished their 21-day follow-up. 18,580 contacts were still being followed up.
• Following the training of 38 National and District Surveillance Officers on GPS, UNFPA has provided them each with a handheld GPS device to use in mapping confirmed cases of Ebola Virus Disease (EVD). The 10 National Surveillance Officers will participate in training 111 surveillance personnel from other districts on GPS devices.
• 14 District Contact Tracing Monitors (DCTMs) supported by UNFPA have been deployed to each district, and is supporting coordination of contact tracing.
• The Ebola Response Consortium is supporting surveillance in 10 of the 14 districts through Care, IRC, Save the Children and Action Contre la Faim.

Gaps & Constraints:
• Uneven terrains and unpaved roads in conjunction with poor mobile coverage in Koinadugu, Kailahun, and Pejahun impede the surveillance efforts.
• Surveillance must be continued and/or strengthened in districts with low or no infection rates (Bo, Kenema, Kailahun, Pujehun, Kono and Bonthe) in order to prevent new outbreaks.
• Movements of EVD-suspected people across districts and chiefdoms are impeding effective surveillance.
• High number of walk-in cases, particularly in the Western area, points to the fact that case finding is still falling short: more volunteers are needed in the capital for 100% coverage.

Laboratories

Needs:
• EVD diagnosis to be provided to patients within 24 hours following the collection of samples to ensure adequate treatment, and prevent transmission.
• With October caseload projections, the Laboratory Technical Working Group (LTWG) estimates that 300 swabs are needed daily.

Response:
• In addition to the 5 laboratories operating with a total capacity of approximately 600 samples per day, PHE labs in Port Loko and Makeni opened on 5 December and 8 December respectively. The US CDC, as well as the Governments of South Africa, Canada, UK and China run these laboratories.
• As a remedy to the absence of labs in or near Koinadugu, six shipments of blood samples have been transported by UNMEER helicopters from Kabala to Bo.
• A new mobile lab run by IRRUA and supported by EU Consortium will be housed at the MSF ETC in Prince of Wales. It is expected to be operational by 12 December 2014.

Gaps & Constraints:
• Acceleration of ETC and CCC roll-out keeps increasing demand for higher, faster sample testing capacity.
• A major challenge is making the labs accessible to all districts. If additional labs cannot be built, stronger and more reliable sample transportation networks need to be put in place to connect isolation/care centres to labs.

Safe and Dignified Burials - Pillar leads: MoHS, IFRC

Needs:
• An estimated 90 burial teams are required nationally. Each team should be composed of 10-12 members (handlers, sprayers, drivers, and one communicator).
• Bodies must be buried within 24 hours following death.
• Safe burials must be performed with dignity, respectful of families’ wishes and SOPs.
• Decontamination processes must follow body removal in homes to avoid further infections with family members and the community.

Response:
• There are currently 101 burial teams operational in the country, conducting more than 190 EVD-confirmed or suspected burials/day. The MoHS, the Red Cross, Concern Worldwide, World Vision, CRS, CAFOD are in the lead.
• IFRC trained Concern Worldwide in RAMP
• Despite little or no cases in the Bonthe and Koinadugu districts, IRFC have prepositioned 3 burial teams and trained 3 teams respectively, in case new outbreaks occur.
• It is estimated that approximately 95% of reported bodies nationally are buried safely within 24 hours of reporting. In the Western Area, the rate is 100%.

Gaps & Constraints:
• Behavioural change remains challenging, particularly in the Western area. As Social Mobilisation becomes more effective, the number of alerts should increase, increasing the need for safe burial capacity.
• A decontamination SOP has been developed, but due to lack of funding and clarity on responsibilities, no homes are being decontaminated following body removal.
• Unsafe burials, including the washing of dead bodies, late reporting and lack of isolation continue to be the major factors in the high rates of transmission across the country, especially in Freetown and in rural areas.

Social Mobilisation & Communications - Pillar leads: MoHS, UNICEF

Needs:
• Fully functional district social mobilisation teams are needed to promote the necessary behavioural changes for reducing transmission, early isolation, as well as safe and dignified burials.
Some 415-district social mobilization coordinators are needed, and some 22,800 volunteer social mobilizers are needed to ensure 100% coverage across the country.

**Response:**

- Working with local NGO, One Family People, UNDP in Sierra Leone, has completed the first stage of a sensitization campaign for people living with disabilities, reaching out to 10,000 women, men and children who are deaf, blind or physically.
- 1,970 social mobilizers composed of health workers, youth, media personnel, and teachers trained on prevention measures, home protection, safe burial practices, quarantine procedures and stigma reduction.
- Social mobilizers reached out to 458 religious leaders and 125 paramount chiefs in Bo, Moyamba, Tonkolili and Western Area Urban and Rural to motivate them to support social mobilization; representing an increase of 64% and 46% in leaders reached from previous week.
- In preparation of the Western Area Surge (WAS), WHO and the Social Mobilization Consortium (SMAC) will conduct a joint training session of 900 community mobilizers.

**Gaps & Constraints:**

- Last-mile transportation for SocMob activities remains insufficient, making it challenging to reach remote areas.
- Community sensitisation must remain active and on-going in districts with low or no infection rates (Bo, Kenema, Kailahun, Pujehun, and Bonothe) for long-lasting Ebola outbreak eradication.
- Insufficient funding and logistical support is limiting the potential impact of social mobilisation nationwide.
- About half of the districts continue to fail to report weekly their activities/reach to the pillar, impeding coordination and accurate monitoring.

### Psycho-social support, Gender, Children - Pillar leads: MoSWGCA, UNICEF

**Needs:**

- Psycho-social support (PSS) is required for EVD-affected families, with a special focus on vulnerable groups (women, children, disabled persons, survivors).
- Gender-disaggregated data needs to be collected for a more targeted response.
- Observational Interim Care Centres (OICCs) are to be placed in each district (14) for children who have been in contact with an EVD-infected person so they can be closely monitored for 21 days.

**Response:**

- Some 9,524 children have been directly affected by Ebola since May (orphaned, infected, unaccompanied, or quarantined). Approximately 50% of them have received psycho-social support to date.
- Six OICCs are operational, with over 80 children admitted. An additional seven to be open by 15 December 2014. OICCs are supported by UNICEF and managed by the MoSWGCA.
- As schools remain closed, DFID supports emergency education with a funding of USD 1.6 million to UNICEF for involving teachers in the Ebola response and for reopening of schools with an additional USD 391,000, granted for the distribution of learning materials and mobile libraries.

**Gaps & Constraints:**

- Additional vehicles are still required to transport unaccompanied children safely.
- Every ETC should be delivered a stock of children’s clothes and diapers for young patients.

### Enabling Services - Leads: MoHS, UNMEER, WFP, UNDP, WHO

**Essential Services: WASH, Nutrition, Protection, Public Health, Early Recovery**

**Response:**

- Facilitating the distribution of nutrition, in response to an urgent request from the NERC in Sierra Leone, WFP and the UK have delivered 218 metric tonnes of food to 3,200 households. The Logistic Cluster has dispatched 400 bags worth of WFP food parcels from Freetown to 15 remote locations around Bonthe districts.
- Phase I of the mass drug administration (MDA) campaign, led by the Ministry of Health and Sanitation (MoHS), through its National Malaria Control Programme (NMCP), with support from MSF and UNICEF has ended. More than one million doses of anti-malarial drugs was delivered to Bombali, Kambia, Koinadugu, Moyamba, Port Loko, and Tonkolili.
- UNICEF is providing nutrition supplies to 5 ETCs, around 40 Ebola Holding Centres (EHC), the 15 UNICEF-supported CCCs in Bombali, and the OICC in Port Loko.
Gaps & Constraints:

- The country’s public health system is overstretched and struggling to deliver non-EVD care.
- Food distributions are based on lists issued by the District Ebola Response Centres (DERC), and authorities responsible for surveillance, but poor information flow and road access issues remain major challenges in rural areas, sometimes making it impossible for distribution teams to reach families in need within 24 hours after placement in quarantine.
- The economic impact of the crisis will have long-lasting consequences: inflation is estimated at 10% for 2014, all regional markets remain banned, unemployment is rampant due to lack of demand and reduced production.

Logistics

Response:

- There is a transit Logistics hub (Lungi airport), a main hub (Port Loko), and 4 Forward Logistics Bases in Makeni, Freetown, Kenema and Kailahun. Additionally, 10 satellite hubs are in the pipeline. UNMEER/UNHAS flights support the response nationally and regionally.
- The Logistics Cluster, through WFP, has been facilitating the dispatch of medical equipment from the main hub in Port Loko. Most recently, essential supplies have been dispatched on behalf of UNICEF to the Forward Logistics Base (FLB) in Makeni for inclusion in CCC kits.
- Sierra Leone has been allocated 150 motorbikes by the Government of Germany. The Logistic Cluster is facilitating the transport of an initial 20 motorbikes from Accra to Freetown, commencing on 8 December.
- WFP has facilitated the provision of three Mobile Storage Units (MSU) to MSF, one to Save the Children, one to MDM and 2 to Aspen.

Gaps & Constraints:

- Additional vehicles and motorcycles are needed for surveillance, burials and transportation of EVD-patients.
- Confusion remains on pipeline and stock management processes.

Human Resources: Staff, Training, Payments

Response:

- At the request of the Government, UNDP, UNMEER, the World Bank and AfDB supported the first and second round of payments to MoH Ebola response workers; the first disbursement went successfully, achieving 89% of staff number planned, and 93% of planned cash disbursement. The second cash payment aimed to digitize records including through photo IDs and mobile data collection of personal details of Ebola response workers, a third payment is planned through mobile money/E-payment, and direct cash payments.
- With support from the African Union, a team of 100 health professionals from Nigeria arrived in country and were sent onward to the districts.
- With support from the West Africa Health Organization (WAHO), a team of 28 health professionals from a range of countries arrived in country and are undertaking training in Freetown pending deployment assignments.

Gaps & Constraints:

- Strikes and tensions continue to be reported across the country due to lack of clarity and harmonization on payments and incentives. Better communication on cash payments needs to be established with targeted workers so they know what to expect, when to expect it and how to submit questions and/or complaints. Additionally, monitoring mechanisms need to be reinforced to avoid double payments and ghost workers.
- The lack of sufficient foreign medical and management teams remains one of the greatest staffing challenges.

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