



This is a situation report by the Interagency Collaboration on Ebola replacing situation reports previously produced by UNMEER. The report is produced by OCHA Regional Office for West and Central Africa in collaboration with WHO and humanitarian partners. It covers the period from 30 November to 12 December 2015. This is the final report from the Interagency Collaboration on Ebola.

Highlights

- No confirmed cases of Ebola virus disease (EVD) were reported in the two weeks to 13 December. In Liberia, all 166 contacts, including 15 high-risk contacts associated with the recent cluster of 3 confirmed cases reported in Greater Monrovia completed their 21-day follow-up period on 11 December.
- In Guinea, no prefecture has active transmission and no known contact is being followed in the entire country
- In Sierra Leone, Kenema and Western Area districts have been chosen as pilot areas for the transfer of Ebola coordination from the District Ebola Response Centre (DERC) to the District Health Management Teams (DHMT) under the Ministry of Health and Sanitation (MoHS). At the national level, the coordination is being transferred from the National Ebola Response Centre (NERC) to the Office of National Security (ONS) and the Ministry of Health and Sanitation (MoHS). The transfer will be effective as of 31 December. Three core areas of responsibilities to be transferred are fleet management, asset transfer and hazard payment systems. A similar transition for the other 12 districts is ongoing and will be completed in the course of December 2015.
- The Inter-Agency Collaboration on Ebola (ICE) held its last board meeting on 17 December to discuss the transition of leadership and coordination of Ebola-related activities from the ICE to UN regional and country teams. The leadership and coordination at the country-level will be transferred to the Resident Coordinators, while at the regional level responsibility will go to the regional team and the Assistant Administrator and Director of UNDP's Regional Bureau for Africa. The transfer of the overall responsibility will be completed by the 31 December.

Epidemiological status

- On 29 December, Guinea will have completed the 42 day follow-up period if no new confirmed cases are reported. It will then enter a 90-day period of enhanced surveillance, which will end on March 27, if no further cases are identified.
- If Guinea completes its 42 day follow-up on December 29 without another confirmed case identified, it will indicate that all three countries have interrupted the initial chains of human-to-human transmission. Nonetheless, on-going vigilance will be required across the three countries to manage the residual risk of potential re-emergence of Ebola virus disease, e.g. from persistence of virus in body fluids in a small proportion of the survivor population. Measures are being put in place to strengthen national capacities to prevent, detect and respond to re-emergence of the disease. In Liberia, 210 people have so far been vaccinated in the ring vaccination campaign. The initial target was 900 people, but the number is being revised as the primary contacts are no longer being followed up after having completed the 21-day observation period.
- Human-to-human transmission linked to the recent cluster of cases in Liberia will end on 14 January 2016, 42 days after the two most-recent cases received a second consecutive negative test for Ebola virus, if no further cases are reported.
- Sierra Leone is currently observing 90-day period of enhanced surveillance which will end on 5 February 2016.

Survivors

It is estimated that there are more than 10,000 Ebola survivors in Guinea, Liberia and Sierra Leone. After recovering from Ebola, many survivors suffer from physical and psychological complications, including severe joint pains, eye problems leading to loss of vision in some cases, severe fatigue, headaches, poor concentration and depression. Ebola survivors often times also face rejection by their communities and difficulty resuming their previous working lives or finding new ways to earn a livelihood.

WHO and partners are developing a framework for survivor support that identifies essential health services and addresses food security, livelihoods, psychosocial support and water hygiene and sanitation issues. All the three affected countries now run survivor clinics serving 5,850 registered Ebola survivors. Besides having access to

essential primary and referral health care, survivors should be able to participate in screening programmes that assess whether Ebola virus disease is still persistent in their body fluids such as semen and breast milk. This will allow survivors to take precautions to prevent transmission to their close contacts.

Guinea has 1,268 Ebola survivors. The National Coordination on Ebola is leading the survivor support programme. It held a national workshop in October gathering key actors to discuss the issues faced by survivors and how to address them. A strategy developed following the meeting is awaiting validation.

The strategy recognizes the need to provide medical, mental health, socio-economic help and support against stigmatization. It not only recognizes those infected with the disease (i.e. the cured), but also those affected by it (i.e. family members, widows).

The National Coordination has established an in-house senior management team tasked with leading the implementation and monitoring of the project at the strategic level. WHO is leading the inter-agency coordination for health and mental health. The National Coordination plans to roll out the health and mental health programme in the course of December. These activities will focus on strengthening the capacity of 12 health centres in 11 prefectures with personnel and equipment to cater for the needs of survivors and the wider population.

On 8 December, the National Coordination deployed evaluation teams to conduct a rapid assessment of location and needs of the 1,268 registered survivors. There are at least 17 actors currently providing support to survivors in 31 prefectures. However, most inter-agency support provided to survivors is neither medical nor psychological support, but focuses on mitigating social stigmatization through socio-economic support and other community reintegration activities. There has been no formal inter-agency mechanism to coordinate the many activities underway to support survivors and most inter-agency projects to support survivors will end the end of December 2015.

New projects are planned for 2016 by several actors. However, some gaps still remain. They include the validation of a final comprehensive version of the survivors support strategy and technical-level personnel in the survivor coordination cell to ensure project implementation or subsequent monitoring and reporting.

Liberia has 1,538 EVD survivors registered by the Ministry of Health. However, it is estimated that the actual number could be between 2,800 and 3,200, taking into account survivors in communities, unaccounted-for survivors during the peak of the epidemic before August 2014 among other factors. Over 90 per cent of registered survivors were discharged from Ebola treatment units more than 11 months ago mainly in Lofa, Montserrado, Margibi, Bong and Nimba counties. It is estimated that about two thirds of survivors are in the Greater Monrovia area. Eight international partners (UN, INGOs and Red Cross) have provided household kits and cash transfers to an estimated 2,600 survivors. Most of these programmes have ended in the course of 2015, but survivors are also enrolled in long-term livelihood or community programmes.

Medical care and follow-up are critical, as up to 40 per cent of survivors are suffering from various illnesses unknown to them prior to infection. Currently the Ministry of Health and nine partners are providing medical care and follow-up to survivor patients in 11 medical facilities. However, most of these are located in Monrovia. Coverage outside Montserrado, Bong and Lofa counties is limited. Ophthalmological care is only available in Monrovia.

The Men's Health Screening Program (MHSP), a partnership programme of the Ministry of health, WHO and CDC which aims to monitor the presence of Ebola virus in semen samples from Ebola survivors is ongoing. As of early December, 297 male survivors were enrolled from four counties (Montserrado, Margibi, Bomi and Grand Bassa). MHSP was launched in Bong county in early December and is scaling up to include Lofa county. MSF has also begun a study on EVD antibodies based on voluntary blood sampling from survivors of several communities in the Greater Monrovia area.

The Ministry of Health and Ministry of Gender and Social Protection are working with CDC and UN partners (WHO, UNICEF, UN Resident Coordinator's Office) to draft national survivors' policy and strategic framework which will guide future actions and assistance to Ebola survivors. The national policy and harmonized support package also needs to take into account the unregistered survivors to have them registered and ensure their access to specialized care (e.g. eye care) offered to non-EVD survivors.

Sierra Leone has 4,051 registered Ebola survivors discharged from various treatment centres, the highest number of the three worst affected countries, according to the country's Comprehensive Programme for EVD Survivors and the National Ebola Response Centre. The Comprehensive Programme for Ebola Survivors is a Government

initiative, with WHO and UNICEF being the main UN partners. The estimated budget for the next two years is currently under review, but may reach US\$12 million, the bulk of which has yet to be received, posing a significant challenge to the implementation of survivor care.

Currently there are 10 survivor clinics in 10 districts and mobile outreach teams in 13 districts offering free services to survivors. Implementing partners also offer support in other specialized hospitals where survivors are referred to when the clinics are overwhelmed.

As of 9 December, 2,668 survivors underwent eye examination and 331 of them were found to have uveitis – eye inflammation. Sierra Leone’s “Project Shield” which aims at addressing the risk of re-emergence of Ebola through survivor’s body fluids is currently being implemented in Port Loko, Bombali and Western Area districts, which have the highest number of survivors.

Across the country there are survivors’ associations which are active in each district. National, regional, district and local-level social network and media campaigns in support of the survivors have been held.

Guinea

As of 14 December no new cases were reported and no prefectures had active transmission. No known contact is being monitored throughout the country. During the weeks 49 and 50, Guinea reinforced rapid surveillance to ensure rapid detection and isolation of suspected cases. A national surveillance plan has been set up by the national Ebola coordination with the support of WHO and others partners to ensure all the levels of the surveillance system at the prefectural level will be strengthened during phase III until the re-implementation of integrated disease surveillance response.



*A representative of a local community organization (R) in Boké prefecture being interviewed during IOM’s field work in preparation for the implementation of an economic reintegration programme for Ebola survivors
Credit: IOM/2015*

Survivors

- UNICEF and partners held sessions with 107 Ebola survivors, including 64 women (six of whom are pregnant) to explain the importance of adopting protective practices to keep them, their families and their communities safe. In the past two weeks, 60 local leaders have been trained in the provision of psychological support to support Ebola survivors, bringing the total number of community leaders trained in this regard to 7,875. UNICEF and partners organized 463 community forums at which 1,124 key leaders and 5,073 other members of the general population (2,403 women) were given information about the importance of supporting Ebola survivors.
- WHO and Government partners conducted a three-day survey from 8 December to update the database on survivors. It was carried out under the supervision of the prefectural and the regional health directors with the support of WHO field coordinators.
- During week 49 and 50, the International Organization for Migration (IOM) conducted psychosocial needs assessment activities of people affected by Ebola in Forécariah, Boke and Conakry prefectures to set up activities and economic reintegration for survivors and their communities.
- On 1 December, IOM organized a focus group meeting in Boké as part of the psychosocial care activities for Ebola survivors. During the session, Ebola survivors discussed the challenges they still face in their communities: stigmatization, social exclusion, loss of income, pain due to the loss of their family members, etc. This focus group was an opportunity to bring the survivors together to communicate and exchange experiences about their difficulties.

Health

- From 5 to 8 December, UNICEF supported the Ministry of Health in organizing the third round of the latest polio vaccination campaign, targeting 2,189,521 children in 38 health districts. In addition to being vaccinated, all children aged 6 to 59 months received treatment for worms and were given vitamin A supplementation.

Community engagement and social mobilization

- To mark the re-opening of the weekly market in Tana, the last village to be active for Ebola in Forécariah, UNICEF social mobilizers conducted public sensitization, stressing the importance of maintaining good hygiene practices that will protect the community from eventual Ebola outbreaks.
- UNICEF' social mobilization partners sensitized 64 traditional healers in Forécariah about the importance of encouraging patients to health centres.
- The final version of the national communication strategy (road map) to support disease surveillance and response was harmonized. Now there is a common document that shows the way forward for communication and social mobilization activities for phase III and above.

Water, Sanitation and Hygiene (WASH)

- UNICEF in partnership with the NGO Action for the Protection of Humanity (APH) completed the rehabilitation of 15 latrine blocks at 15 primary schools in the prefectures of Macenta and Guéckédou. UNICEF also continues to supervise Community-Led Total Sanitation (CLTS) activities to stop open defecation and improve sanitation and hygiene in 400 villages in six prefectures in the Forest Region. This week 210 community leaders, who will now supervise activities, were trained in Yomou and Beyla.

Liberia

Following the recent emergence of 3 cases, 85 people (41 children and 44 adults) under observation have been visited every day by psychosocial support workers (social workers, mental health clinicians and Red Cross volunteers) to help them cope with the restrictions and fears of Ebola. All 166 contacts have completed their 21-day observation period, but heightened surveillance - active case finders in the field and swabbing of all bodies as a policy - is ongoing. County-specific epidemic preparedness and response plans are being rolled out simultaneously in all the 15 counties as a first step towards forming rapid response teams at the county level.



*A woman who contracted Ebola while helping deliver the baby of another Ebola patient makes her mark on a wall of hand prints made by survivors of the disease at the ELWA MSF Ebola Treatment Unit
Credit: MSF-B 2015*

Child protection

- As of 8 December, the Government of Liberia has identified 8,613 (4,171 boys and 4,442 girls) children as being affected¹ by Ebola. To date, 15,953 children (7,203 boys and 8,750 girls) have been provided with care and support and case management.
- The Ministry of Health's Mental Health Department and a partner completed a five-day training on techniques for working with children affected by Ebola, including listening to children, engaging in child-friendly activities in groups, and working with parents. Forty-five participants from local NGOs, mental health clinicians and social

¹ The Government defines 'affected' children as: quarantined, orphaned, unaccompanied, and separated children in treatment and discharged. Orphans are children who have lost one or both parents/primary caregivers due to Ebola.

workers are being trained for the work they do running children's clubs that provide structured recreation for Ebola affected communities.

Social mobilization

- On 30 November 2015, UNICEF, the Ministry of Health and the social mobilization pillar partners conducted refresher trainings for mobilizers prior to the deployment of 454 general community health volunteers/frontline mobilizers and 24 supervisors in communities surrounding the new Ebola flare. The learning topics included: key facts about the Ebola virus disease, interpersonal communications, monitoring, and reporting. The trainings were conducted in seven locations simultaneously.

WASH-Education

- As of 14 December WASH partners and the WASH National Secretariat (Ministry of Public Works) conducted WASH in Schools assessment in 4,719 schools, representing 88 per cent of the schools targeted.

Food Security

- The Food Security cluster has transitioned to a permanent Food Security technical group led by the Ministry of Agriculture, with active support from FAO and WFP. Its current priority is setting up a countrywide food security monitoring and early warning mechanism.

Logistics

- The Logistics cluster is phasing out at the end of December and handing over the management of forward logistics bases to the Government's General Services Agency. From January 2016 logistics support will continue on a reduced scale by the WFP country programme.

Sierra Leone

Sierra Leone is focusing on the transition from the National Ebola Response Centre to the Office of National Security and the Ministry of Health and Sanitation.

Surveillance is ongoing with swabbing of dead bodies and the maintenance of the alert system. Plans are being put in place to ensure inter-agency rapid response teams are available to respond to any eventual outbreak.

Health

- During the reporting week, WHO trained 30 district lab technicians and surveillance officers. The training in Freetown's Connaught Hospital in Freetown focused on specimen collection, packaging and screening. Two GeneXpert machines were installed in Port Loko Government Hospital and four lab technicians trained to use them. The GeneXpert shortens the turnaround time for results.
- Validation of district and health facility integrated disease surveillance and response support supervision checklists as well as the supervisory books were validated by WHO during the week. The use of the checklists will provide standardized supervision and feedback on IDSR
- Integrated disease surveillance response training in Kambia district covering 33 health facilities was conducted during the week with 34 participants in attendance. Kambia was one of the two districts where the training was postponed due to the persistence of Ebola infections.
- A joint IDSR/Case Management feedback meeting on the pilot training on roles of clinicians in IDSR was held during the week to review the training methodology.
- A delegation of WHO and the Directorate of Nursing /Ministry of Health visited Malawi for training on nursing and midwifery and allied health workforce planning, education, management and regulation with the aim of improving such expertise in Sierra Leone.



*UNICEF delivers hygiene supplies to the Rural Education Community Primary School in Bassa Town, Western Rural District
Credit: UNICEF Sierra Leone/2015/James*

- UNICEF is supporting the Ministry of Health and Sanitation to complete the fourth quarter Free Health Care (FHC) mass distribution from the central level to the 13 districts and 22 Hospitals across the country. UNICEF also supported the distribution from the districts to the 103 PHUs in five districts (Pujehun, Bombali, Kambia, Tonkolili and Kenema).

Contact tracing / surveillance

- During the period of enhanced surveillance, reporting of deaths and swabbing of dead bodies remains mandatory. Active surveillance at health facilities, community engagement and cross-border surveillance continues. Safe and Dignified Burials are only being conducted for suspicious deaths meeting the EVD case definition. There were four EVD suspicious deaths, all from Western Area, during the reporting week. Swab samples from those corpses all tested negative.

Community engagement and social mobilization

- Following a drop in the number of sick and death alerts to the 117 helpline since the end of the outbreak, the Social Mobilization Pillar in partnership with the Communication Pillar has intensified messaging across communities. A revised messaging guide highlighting the continued need to report cases based on new case definition, mandatory swabbing for all deaths and the revised safe and dignified burial SOPs has been prepared and widely disseminated. District Social Mobilization Pillar partners have re-oriented their social mobilizers on the revised messaging. Other frontline workers have also been briefed on the new guidelines and messages by their respective Pillars.
- Social mobilizers from UNICEF partners Restless Development and Marie Stopes Sierra Leone engaged 143 Kambia district communities, reaching over 3,789 people across the seven chiefdoms. 217 Village Development Committees (VDC) were trained on the formation of VDCs, their roles and responsibilities. During the reporting period, 157 VDCs have begun developing action plans.
- UNICEF supported partners Restless Development, OXFAM and Sierra Leone Red Cross, to engage Port Loko communities on the new swabbing and safe and dignified burials procedures. 41,379 community members and 55,053 school children in 2,820 communities were reached.

Survivors

- Implementation of Project Shield, a component of the Comprehensive Package for Ebola Survivors that deals with the registration of survivors, National Counselling and Safe Sexual Practices and the testing of semen of male survivors older than 15 years commenced in Port Loko, Bombali and Western area districts in the second week of December. 65 males have been tested. In January 2016, the project will be extended to Kono, Kambia and Tonkolili districts.

Logistics

- WFP will maintain one helicopter for medical evacuations until the end of 2015, as the Ebola emergency scales down. An extension of UNHAS is being proposed up to 31 March 2016.

Child Protection

- 413 children survivors and their families received psychological first aid and individual counselling. Eleven Ebola survivors were visited in five communities of Magbema Chiefdom, Kambia district. The verification and vulnerability assessment of Ebola affected orphans in the district is ongoing. Thirteen children were reached.
- UNICEF, WHI and the Ministry of Social Welfare, Gender and Children Affairs are supporting the ongoing review of the registration of Ebola and survivors and the mapping of health facilities in Bombali district.
- UNICEF supported the recreational activities in different communities in Tonkolili as part of the psychosocial support for Ebola affected chiefdoms.

Education

- Data collection from 2,772 government-owned and -assisted primary schools in all districts ended on 11 December. The findings will guide the resumption of the school seeding programme which was put on hold due to the outbreak.
- UNICEF supported the Ministry of Education, Science and Technology (MEST) and partners during 6-12 December 2015 to launch the Week of Education. As part of post-Ebola recovery and the return to normalcy, the objective of this event is to remind the nation on the critical importance of education and the need to provide quality services.