Situation Overview & Humanitarian Needs

In Sierra Leone, the Ebola virus disease (EVD) continues to spread at a rapid rate in most of the country – over 530 cases have been confirmed since the last reporting period. The Western Area continues to be hit hard by the outbreak with over 1,500 confirmed cases, of which a significant number are in the capital Freetown. The UK sponsored Ebola treatment unit (ETU) in Kerry Town (Western Area) has opened for admission, starting with five patients and will gradually increase – it has a capacity of up to 100 beds. The ETU also has lab facilities operating on site. This should start to address the increasing caseload and delays in lab result confirmation in the Western Area.

High rates of transmission are also being reported in the north of the country, in the districts of Bombali, Kambia, Koinadugu and Port Loko. Moyamba and Tonkolili are also reporting a significant increase in cases since last week.

As of 12 November 2014

4,683
# of cumulative confirmed Ebola cases
(GoSL, 12 Nov 2014)

1,160
# of confirmed Ebola deaths
(GoSL, 12 Nov 2014)

3,483
# of children affected by Ebola
(FTR network, 12 Nov 2014)

3.12 million (1.01 million under 5)
# of children living in affected areas
(GoSL 2014)

6.34 million
Population of Sierra Leone
(GoSL 2014; OCHA, Sept 2014)

Priority Humanitarian Funding needs September 2014 to February 2015

US$ 61 million--
Funding gap of 12%

*The Government is defining the number of children affected as: quarantined, orphaned, UASC, in treatment & discharged. Orphans are children who have lost one or both parents.

**In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF is appealing for US $60,997,749 for Sierra Leone over the next 6 months: [UNICEF]
Secret and unsafe burials, not isolating suspected cases at an early stage and lack of ETUs are seen as the major contributors to the intense and widespread transmission rates across the country.

**Humanitarian Strategy**

Given the scale of the crisis and lack of facilities to cope with the growing caseload, in collaboration with DfID, UNICEF is supporting the MoHS to provide another layer of dignified care for EVD patients that will aid in curbing the high rates of transmission and bring Ebola care services closer to communities. Community Care Centres (CCC) will encourage early isolation for suspected cases, in which people presenting symptoms consistent with EVD and have been potentially exposed to the virus, can be isolated from families and receive symptomatic care. CCCs will be small in size, four to eight beds and separate patients with dry and wet symptoms. Dry symptoms could include fever, headache and a strong possible history of contact with an EVD case, whereas wet would be a patient presenting those symptoms as well as body fluids, such as diarrhoea, vomit or blood. Therapeutic nutrition supplies, protection services including psychosocial support, with a focus on children as well as safe and dignified burials and community engagement activities will be available at the centres.

In the district of Bombali, initially ten CCCs started to accept patients, with another five to open in the district by the end of the month. 240 clinical and hygiene staff have been trained for the first 15 sites and will be equipped with personal protective equipment procured by UNICEF. The CCCs in Bombali are run by the Government through their District Health Management Team (DHMT), with local non-governmental (NGO) partner World Hope International. Consultation with Paramount Chiefs and engagement with community members began in Tonkolili, the next district the UNICEF supported CCCs will be established in. With the completion of phase two at the end of November 2014, the plan is to have a total of 40 UNICEF supported CCCs operating.

**Communications for Development (C4D)/Social Mobilization**

- UNICEF continues to support rapid social mobilization response activities, including street-to-street announcements, motorbike rallies and home visits focusing on safe burial practices, early referral/isolation and home-based care in all hotspot areas in the districts of Bo, Bombali, Kambia, Koinnadugu, Moyamba Port Loko, Tonkolili and Western Area.
- Since mid-October 2014, UNICEF has engaged three major mobile companies in the country to promote key behaviours using SMS technology. The three service providers have reported sending Ebola prevention messages to over 1.5 million subscribers. The key messages are tailored to district Ebola trends based on the knowledge, attitude and practice (KAP) findings and epidemiological data. In addition, 600 minutes of radio programming continue to be broadcast weekly over 55 radio stations. Since June 2014, UNICEF has delivered over 400,000 Ebola factsheets, 200,000 posters and 100,000 frequently asked questions (FAQs) to communities through partners.
- As co-chair of the Social Mobilization pillar, this week UNICEF assisted in the coordination and provided technical support to NGO partner, Focus 1000 to conduct training of 600 religious leaders (200 imams, 200 female leaders and 200 youth leaders) in the Western Area. The training focused on safe and dignified burials, early referral of suspected cases, and respect for survivors and health workers. Training and engagement of over 12,000 religious leaders is being planned up to the end of November 2014 through 2,400 mosques and 1,600 churches. A mapping of all the registered mosques, churches and Muslim and Christian religious leaders has been initiated at community level.
- UNICEF supported BBC Media Action to broadcast Ebola programme and public service announcements (PSAs) focusing this week on the impact of Ebola on children/child protection on 40 radio stations. In addition, a total of 48 radio stations continue broadcasting a one-hour daily simulcast programme under the SLAJ network with 31 of these

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1 UNICEF is the lead agency for the UN for social mobilization and community engagement in the Ebola response and is co-chairing the Social Mobilization Pillar with the Health Education Division (HED) of the MoHS. The SM Pillar meets three times a week at UNICEF.
Health

- This week in Kailahun, 28 health staff participated in the infection prevention and control (IPC) training of trainers (ToT). These trainers will now be tasked with training all staff in the 81 peripheral health units (PHUs) in the district. ToTs in IPC have now been conducted in all 14 districts, with 440 health staff trained as trainers. The rollout of IPC training for PHU staff continues across the Western Area - all 51 PHUs in Western Area Urban and 35 of the 54 PHUs in Western Area Rural have been completed in which 970 health workers have been trained. Last week, IPC supplies were delivered to Bombali for 105 PHUs and in Port Loko for 70 PHUs of the 106 PHUs so that training could begin in PHUs in these districts.

- UNICEF is supporting the Ministry of Health and Sanitation (MoHS), through its National Malaria Control Programme (NMCP), to plan for a possible mass distribution of artemisinin-based combination therapy (ACT) in hotspot areas in the districts of Bombali, Kambia, Koinadugu, Moyamba, Port Loko, Tonkolili and in all of the Western Area. Household distribution in district hotspots and the WA will target 2.4 million people above 6 months old. The aim of the campaign is to reduce the number of malarial morbidity and mortality in the context of the current weakened health system as well as to reduce the number of malaria related fevers leading to hospitalization as a suspected Ebola case prior to lab confirmation.

- With UNICEF support, guidelines on appropriate management of childhood illness and administration of expanded programme of immunization (EPI) vaccines in the context of Ebola were finalized. The revised guidelines encourages the "No Touch Policy" unless unavoidable.

Nutrition

- A total of 423 PHUs with outpatient therapeutic centres (OTPs) continue to provide treatment for children (6-59 months) with severe acute malnutrition (SAM). With implementing partners, UNICEF supports the identification of children with SAM at the community-level in five districts (Bombali, Kambia, Kono, Moyamba, and Port Loko). Last week, 1,099 children were screened and referred for treatment, of which 662 were severely malnourished and 437 were moderately malnourished. In these five districts, comparing to the previous month, there is no significant increase in the number of children admitted for SAM in OTPs. Approximately, 209 cartons of ready-to-use therapeutic formula (RUTF) were utilized to treat 1,472 children with SAM in 148 of PHUs with OTP services last week.

- In the context of Ebola, UNICEF supported training in six districts (Bo, Bonthe, Kenema, Moyamba, Port Loko and Pujehun) for partners on how to use nutrition supplies for different age groups. In addition, in Port Loko, UNICEF supported the training for 16 staff from our implementing partner, Development Initiative Programme (DIP), on how to implement nutrition interventions in the Ebola context.

- Five ETUs have started using nutrition supplies (high energy fortified biscuits (BP100), ready-to-use infant formula (RUIF) and Ultra High Temperature (UHT) whole/full cream milk) provided by UNICEF for Ebola patients and survivors. Last week, 10 infants (0-5 months) and 21 children were admitted and receiving nutrition supplies. In communities, eight Ebola affected infants (0-5 months) have been provided with RUIF.

- UNICEF, in collaboration with the Food and Nutrition Directorate and nutrition partners, conducted an Ebola nutritional supply forecast for the next six months. Based on this forecast, with available funding, UNICEF has ordered some of the nutrition supplies needed to support Ebola patients, suspected cases and survivors – including children at ETUs, Ebola holding centres (EHCs) and interim care centres (ICCs) for affected children. A total US$ 588,310 of nutrition therapeutic supply was ordered this week which will provide adequate nutrition care to approximately 160 infants and 3,800 patients and survivors. Support for infants is until they reach six months and for Ebola patients is during all of their treatment and a month after discharge for survivors.

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1 IPC trainings will be conducted in all 1,185 PHUs in the country, targeting around 4,000 health staff and other workers.

2 UNICEF is in the process of amending or establishing partnership agreements in the remaining districts with partners.
- Lack of data of infants (0-12 months) at ETUs, EHCs and ICCs remains challenging for planning and ensuring infants receive nutrition supplies on time. UNICEF continues to support the MoHS and the nutrition in emergency coordination mechanism, and is working with implementing partners, the Center for Disease Control (CDC), the Child Protection, Psychosocial and Gender Pillar as well as the MSWGCA to strengthen data management systems.

WASH

- Together with the government, UNICEF is coordinating the WASH sector response, including the monitoring of WASH facilities and actors involved in all the 48 Ebola ETUs and EHCs currently receiving patients. This week, to support 1,250 quarantined households (QHHs) in Port Loko and Western Area, UNICEF is providing 5,000 collapsible jerry cans (four 10L/per QHH) together with a 21-day supply of aqua tabs for water purification. To date, UNICEF has provided 3,450 QHHs with 13,800 jerry cans and 172,500 aqua tabs benefiting around 24,150 people in quarantine households and communities. Supplies have been distributed through WFP packages.
- UNICEF has been supporting 18 ETUs and EHCs with WASH facilities in eight districts (Bo, Bombali, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili and Western Area Urban). Currently, these centres have a capacity of 324 beds. In hotspot districts of Koinadugu and Kambia, UNICEF supports EHCs with essential WASH interventions (waste management and water supply for drinking, personal hygiene and disinfection).
- Since June 2014, UNICEF’s WASH partners operating in seven districts have reached more than 547,500 people (78,200 households) with essential Ebola prevention messages and held 3,100 Ebola sensitization meetings.

Child Protection⁵

- As of 12 November 2014, the MSWGCA/UNICEF-led Family Tracing and Reunification (FTR) network has identified 3,483 children as being directly affected by the Ebola crisis (1,734 girls and 1,749 boys), with 884 children having lost one or both parents to Ebola⁴ and 483 children, (253 girls, 230 boys) confirmed EVD cases, with over 261 child survivors. 528 children have been provided with psychosocial support (PSS) services and 200 have been reunited with their families or placed in foster care.
- To date, 950 kits for Ebola-affected children involved in the FTR network have been delivered to nine NGO partners in all districts. The kits which include blankets, clothes and kitchen utensils have been prepositioned and are intended to support a range of Ebola-affected children, including those who have lost one or both parents, have been rejected by their communities, or do not have any means of support.
- UNICEF, in collaboration with MSWGCA and NGOs (Ben Hirsch, St. Georges Foundation, AMNET, Plan, Christian Brothers, Child Fund, and GOAL), continued to roll out PSS training across the country. In the reporting period, 14 PSS trainings were completed in all districts and approximately 420 frontline workers were trained, bringing the total number of frontline workers trained in PSS to 524.
- The MSWGCA announced support to set up Observational Interim Care Centres (OICCs) in all districts, for contact children who need to be closely supervised within the 21 day period in the event they become symptomatic. UNICEF is coordinating the rapid establishment of OICCs in every district and finalizing partnerships in eight districts. Standard Operating Procedures (SOPs) for working with OICCs are being developed.
- There are 18 UNICEF-supported Interim Care Centres (ICCs) functioning in 10 districts to provide interim care for affected children. UNICEF is working closely with MSWGCA and NGO partners to set up ICC in the remaining four districts (Bo, Bombali, Kambia, Koinadugu).
- To strengthen Child Protection coordination at the district level, this week UNICEF donated 28 motorcycles to the MSWGCA.

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⁴ UNICEF is the lead agency in WASH, and is supporting the Ministry of Water Resources (MoWR) and MoHS to coordinate the WASH response among partners. WASH coordination meetings are organized by UNICEF once a week. In each district, a WASH partner has been designated as lead agency to ensure district level coordination.

⁵ UNICEF is the lead agency for the UN on child protection in the Ebola response and is co-chairing the Child Protection, Psychosocial and Gender Pillar with MSWGCA. The pillar meets once a week at the MSWGCA.

⁶ A data cleaning exercise has recently been conducted for children who have lost one or both parents to Ebola.
MSWGCA has endorsed the rollout of a data management system to capture the total number of affected children, their needs, status, and the services provided. This will be linked with open data kit (ODK) software for rollout next week.

Education

To ensure school age children have access to continued learning, with UNICEF support, the Emergency Radio Education Programme (EREP) has entered its fifth week, broadcasting across the country. This week, a total of 1,729 households across 10 districts (Bo, Bombali, Bonthe, Kailahun, Kambia, Kenema, Moyamba, Port Loko, Pujehun, Tonkolili) were visited by our implementing partners, World Vision, DIP and Action Aid, to determine if children were engaging in programme. Of these households, 39 percent had children listening to lessons. To date, 4,833 households across 10 districts have been monitored of which on average approximately 42 percent are actively engaging in the EREP.

Challenges to accessing the EREP have been reported over the past few weeks, including: availability of radios, lesson broadcasts do not adequately cover certain areas; awareness of the EREP is still low, especially in border areas (where Guinean and Liberian stations are more popular); competing priorities within the family/household, with most school age children reported to be supporting their parents in activities such as farming or mining. UNICEF is working with the MoE and partners to address these issues.

Approximately, 81,000 radios are immediately needed to support children in vulnerable households to engage in the EREP. The Radio Procurement working group agreed it was necessary to do a mapping for procuring these radios.

HIV/AIDS

UNICEF continues to work with partners to trace and encourage women and children on antiretroviral (ARVs) to go to health facilities and continue their treatment. Over the past four weeks, the HAPPY network has been able to reach 94.4 percent of defaulters (569 of 603) in its operating area, of which 356 are women and 213 children. 54.8 percent (203 women, 109 children) have received treatment (3-month supply of ARVs) at home or in a health facility. Efforts to provide treatment to the remaining defaulters continues, including following up with home visits.

The Network of People living with HIV in Sierra Leone (NETHIPS) reported that 18 people living with HIV have died from Ebola since the start of the outbreak - 14 children and 4 women. In addition, 38 households with at least one person living with HIV, including four children, are in quarantine and 124 persons had to disclose their HIV status due to the Ebola suspicion.

UNICEF supported the National Aids Control Program to develop a training manual on HIV in the Ebola context which will be used to train all HIV staff in the next few weeks. The training will be rolled out in 135 antiretroviral therapy (ART) centers across the country.

Media & External Communication

UNICEF continues to facilitate visits for journalists and media organisations including the BBC, Belgian Radio, the Danish Newspaper, Dutch TV, The Sun, and RFI. Some stories covered the EREP and orphans in interim care centres

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7 The EREP broadcasts daily one-hour lessons across a network of 41 radio stations nationwide, coordinated by the SLAJ and the Independent Radio Network (IRN).
8 Listenership monitoring data was received from 91 supervision areas covered by three implementing partners across 10 districts: World Vision with 84, supervision areas in Bo, Bonthe, Kailahun, Kenema, Moyamba and Pujehun; DIP with five in Port Loko; and, Action Aid with three in Bondi, Kambia and Tonkolili.
9 UNICEF’s partner, HIV and AIDS Prevention Project for Youths (HAPPY), is working to alleviate the impact of HIV on children, focusing on tracing and ensuring they continue their treatment. HAPPY is currently working in Bo, Bombali, Kailahun, Kenema, Port Loko, Pujehun and Western Area.
supported by UNICEF. UNICEF staff were interviewed by ABC (Australia), Dutch TV, IRIN, and USA Today. UNICEF continues to be active in social media including Facebook and Twitter. During the reporting period, on Facebook, there were 54 new page likes, 256 post likes and 8 comments.

Supply and Logistics

- This week, three charters arrived with 162 MT of personal protective equipment (PPE) and medicines for the Ebola response as well as chlorine, vaccines and medicines for the Free Healthcare Initiative. To date, a total of 15 charters have delivered 927 MT of essential supplies in response to Ebola crisis in Sierra Leone. Supplies delivered this week included all the PPEs and medicines needed for the 15 UNICEF supported CCCs in Bombali.

Funding

- In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF is appealing for US$ 61 million for Sierra Leone to support the needs of women and children affected by the Ebola crisis. This appeal will cover six months of the emergency response, from September 2014 to February 2015. 10 To date, US$ 53.5 million has been received, 88 percent of the current appeal. However, given the unprecedented scale of the crisis and increasing needs in the country, UNICEF’s current funding appeal is under revision.

- UNICEF greatly appreciates the contributions that have been received to date including from the Governments of Canada, Germany, Ireland, Japan and United Arab Emirates, DFID, ECHO, OFDA/USAID, SIDA, OCHA, the World Bank, SLFA and the UK and US Fund for UNICEF, as well as the private sector. Continued funding from donors is urgently needed to ensure that UNICEF and its partners can meet the rapidly growing needs of women and children affected by the crisis.

Next Situation Report: 19 November 2014

UNICEF Sierra Leone Facebook: https://www.facebook.com/unicefsierraleone
UNICEF Sierra Leone Twitter: https://twitter.com/UnicefSL
UNICEF Sierra Leone YouTube: https://www.youtube.com/user/UNICEFSL

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Summary of Programme Results

Given the rapidly evolving context in the country, UNICEF is currently adjusting its performance indicators and methods for data collection, monitoring and evaluation. Changes will be reflected in upcoming situation reports.

<table>
<thead>
<tr>
<th>UNICEF Results Table. Period 16th September 2014– 15th March 2015</th>
<th>UNICEF Target</th>
<th>Total Cumulative UNICEF Results</th>
<th>% Target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio stations airing daily messages on Ebola</td>
<td>64</td>
<td>61</td>
<td>95%</td>
</tr>
<tr>
<td>Districts where all radio stations air Ebola content every day</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>House Holds receiving Inter-Personal Communication on Ebola prevention messages</td>
<td>886,480</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health Structures in Ebola affected areas provided with essential commodities package</td>
<td>1,185</td>
<td>120</td>
<td>10%</td>
</tr>
<tr>
<td>Health personnel in health facilities trained in infection prevention and control and Ebola triage</td>
<td>2,000</td>
<td>970</td>
<td>49%</td>
</tr>
<tr>
<td>Community Health Workers (CHW) trained on revised guidelines on provision of community-based maternal, new-born and child health (MNCH) care</td>
<td>6,000</td>
<td>860</td>
<td>14%</td>
</tr>
<tr>
<td><strong>HIV and AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV positive women (including pregnant women) continuing to receive ARTs</td>
<td>1,142</td>
<td>203</td>
<td>18%</td>
</tr>
<tr>
<td>HIV positive children continuing to receive ARTs</td>
<td>539</td>
<td>109</td>
<td>20%</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Treatment centres providing nutrition support to Ebola patients</td>
<td>5 (700 patients)</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Children 6-59 months screened for SAM and referred for treatment*</td>
<td>70 % (18,000)</td>
<td>2758</td>
<td>15%</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Care Centres provided with essential WASH services</td>
<td>40</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Ebola Treatment and Holding Centres supported through coordination of emergency WASH response (and remediation of water supply and sanitation problems in 20% of centres)</td>
<td>70 (14)</td>
<td>48 (18)</td>
<td>69% (129%)</td>
</tr>
<tr>
<td>Non-Ebola Health centres in Ebola affected areas provided with hand-washing stations</td>
<td>562</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>People in quarantine households receiving WASH support (as part of “home protection and support” kit)</td>
<td>420,000</td>
<td>55,428</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio Lesson Listenership Coverage during EREP monitoring**</td>
<td>No target (100%)</td>
<td>42% (primary)</td>
<td></td>
</tr>
<tr>
<td>Teachers trained on psycho social support, Ebola prevention, and safe and protective learning environments</td>
<td>7,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Radio stations broadcasting emergency learning programmes</td>
<td>41</td>
<td>41</td>
<td>100%</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola affected children and caregivers provided with psychosocial support</td>
<td>5,000</td>
<td>528</td>
<td>11%</td>
</tr>
<tr>
<td>Affected children placed in interim care****</td>
<td>TBD</td>
<td>57</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children reunified with their families</td>
<td>TBD</td>
<td>200</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children and adult survivors who receive non-food items</td>
<td>TBD</td>
<td>132</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely poor households directly affected by the EVD that receive a cash transfer through the national safety net programme</td>
<td>8,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Partial data reported from 148 out of 423 centres

**Listenership coverage is defined as the proportion of Households with school going age children that are actually observed by monitors to have at least one child listening to the Radio Lesson of his/her age Level during lesson broadcast time

***Partial data reported from 7 out of 10 current partners. Affected children are: children in quarantine, in treatment centres, and discharged; including children who have lost one or both parents to Ebola, and children who are separated or unaccompanied. Denominator and target currently under revision.

****This is the number of affected children in ICC for the reporting period, not easy to maintain cumulative data.