Sierra Leone
Humanitarian Situation Report

Weekly SitRep – Reporting Period: 9-15 October 2014

SITUATION IN NUMBERS

2,977
# of cumulative confirmed Ebola cases
(GoSL; WHO, Oct 2014)

932•
# of confirmed Ebola deaths
(GoSL, Oct 2014)

1,965**
# of children affected by Ebola
(GoSL, Oct 2014)

3.12 million (US$’s 1.01)
# of children living in affected areas
(GoSL 2014)

6.34 million
#of people
(GoSL 2014; OCHA, Sept 2014)

Priority Humanitarian Funding needs Sept 2014 - Feb 2015
US$ 61 million***
Funding gap of 58%

* Deaths reported are not new but have been updated retrospectively from hospital records reviewed by GoSL & WHO. Data cleaning is ongoing therefore the figures will keep on changing as the cleaning continues.

**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]

Highlights

- As of 15 October 2014, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 2,977. The number of confirmed deaths is 932 with 571 survivors.*

- Of the EVD confirmed cases, around 22% are children and youth (0-17 years). To date, 1,965 children have been identified as being affected by the Ebola crisis (972 girls and 993 boys), including 568 children who have been orphaned.**

- All districts now have confirmed EVD cases, with Koinadugu reporting its first two on 15 October 2014. Cases in Western Area surge above 700.

- The Ministry of Education with support from UNICEF, school-aged children are now benefiting from the Emergency Radio Education Programme (EREP). In its second week, daily lessons are broadcast across the country on a network of over 40 radio stations. All 7,740 schools remain closed across the country.***

- On 16 and 17 October 2014, the Government, with the support of UNICEF is holding a Survivor’s conference in Kenema.

- With ECHO support, a UNICEF charter flight arrived on 10 October 2014, with almost 100 metric tons of supplies funded by DFID and the World Bank. To date, UNICEF has chartered six flights with over 330 metric tons of supplies, worth over US$ 2.5 million for the Ebola response in Sierra Leone.

- Funding is urgently needed to scale-up UNICEF’s response to the crisis; over 58 percent of the US$ 61 million appeal remains unfunded.

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* All statistics, other than those related to UNICEF support, are from the GoSL Daily EVD SitRep issued by the Ministry of Health and Sanitation and WHO’s Ebola Response Road Map Weekly Updates. For more details on breakdown of cases see: [MoHS] & [WHO]

** 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.

***The Ministry of Education, Science and Technology (MEST) school campus data from 2010/2011, which includes, pre-primary (644), primary (6,000), junior secondary (888) and senior secondary (208).
Situation Overview & Humanitarian Needs

In Sierra Leone, despite efforts to scale-up and control the spread of the Ebola virus disease (EVD), the overall situation continues to deteriorate across the country, with transmission rates widespread. The alarming increase in the number of EVD cases in the western part of the country, including the capital Freetown, call for urgent measures to be put in place to curb the spread. The Western Area alone now has the highest prevalence of EVD, with over 720 cases confirmed. There has also been at least two confirmed cases in Koinadugu, which was the only district to have no known cases. Although stable for the past few weeks, Kailahun and Kenema are again seeing a rise in cases. The districts of Bombali, Kailahun, Kenema, Moyamba and Port Loko all remain under quarantine.

Coordination and capacity continue to be the main factors contributing to delays in all areas of the response. This includes the need for more health staff as well as major backlogs in lab result confirmation, burials (delays and safe practices), timely payment of incentives for workers, and the inadequate number of facilities to cope with the increasing caseload, including the short supply of beds in the existing Ebola holding centres (EHCs) and treatment units (ETUs). According to WHO, there are only 304 beds in the country for Ebola patients, but 1,148 are needed.1 Adequate water and sanitation facilities is also an issue in most EHCs and ETUs.

The lack of treatment facilities means people are remaining at home, increasing the risk of transmission within families and communities, including among children. Although varying across districts, many people are dying of EVD even before receiving any type of care. According to the Government, over 20 percent of confirmed cases have died of Ebola prior to being diagnosed. Delays are also contributing to the surge in confirmed cases in recent weeks. In the past week alone, 485 new EVD cases have been confirmed across the country. The delays in response are also having a significant impact on children, with over 1,965 affected, including 568 now orphaned. Of the EVD confirmed cases, around 22 percent are children and youth (0-17 years).

Although UNICEF and the Ministry of Health and Sanitation (MoHS) are working to strengthen the provision of routine essential health services throughout the country, people are still not visiting facilities because of fear of EVD. This prevents children from receiving routine immunizations, ARVs, and medicines for the treatment of common childhood diseases. Further, maternal and infant deaths could escalate above their current alarming rates as fear of getting Ebola keeps pregnant women from going to health facilities. Also, given the potential risk for health workers, without proper infection prevention and control (IPC), many are reluctant to deliver babies. Adding to the crisis, 98 out of the 124 health workers confirmed EVD cases have died.2

While the magnitude of the crisis is unparalleled, response efforts cannot overlook the unique needs and attention of children who have been affected. The entire school system has also been disrupted since the EVD outbreak was declared a state of emergency on 31 July 2014. Nearly 2 million children have not been attending school, as they remain closed. According to the Minister of Education, schools are not likely to reopen until March 2015, which means school going children will miss out on almost a full year of academic studies. This will leave many vulnerable to dropping out completely as well as potentially leading to an increase in child labour. Another concern is for young girls. The prevalence rates for teen pregnancy were extremely high prior to the outbreak and now without school, the fear is that these rates will rise. This compounded by high transmission rates of EVD could be deadly for children.

Humanitarian leadership and coordination

On 8 October 2014, as part of the UN Mission for Ebola Emergency Response (UNMEER), the UNSG Ban Ki-Moon announced the appointment of Amadu Kamara of the United States as Ebola Crisis Manager for Sierra Leone. In this role,

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1 WHO RoadMap Situation Report, 8 October 2014: [WHO](http://www.who.int/)

2 According to WHO, deaths reported amongst health care workers are not new but have been updated retrospectively from the districts.
Mr. Kamara will work with the Government along with other UN agencies, partner NGOs and civil society to ensure a coordinated, rapid and effective response to crisis.

Programme Response

In partnership with the Government, UN actors and NGOs, UNICEF is contributing to national efforts to control and respond to the Ebola crisis in Sierra Leone. UNICEF is working closely with partners to provide innovative education programmes, protection, health, WASH as well as essential medicines and personal protective equipment (PPEs). UNICEF has deployed staff to all districts, including hotspots areas to support and monitor the response at the district and community levels. Large-scale social mobilization and communication campaigns continue throughout the country.

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

- The Messaging and Dissemination subcommittee and Capacity Building subcommittee are working to develop messages to inform and engage communities and burial teams on safe burial practices. The standard operating procedures (SOPs) on safe burials was recently approved by the Emergency Operations Centre (EOC) and now being fully operationalized.

- The Coordination and Monitoring and Evaluation (M&E) subcommittee finalized the monitoring framework for the district SM committees and SM interventions at the community and district levels. The Special Needs subcommittee has developed a plan of action for special target populations, including children. Similarly, other working groups such as Media, Youth and Adolescents and Faith Based Organization (FBOs) are working on implementation plans.

- The SM pillar three-month activity plan (October to December 2014), which is part of the Sierra Leone National Ebola Response Plan, was submitted to the EOC on 7 October 2014, with a budget of US$ 6.8 million. Districts are now requested to submit similar three-month SM plans.

- On 9 October 2014, the SM pillar organized a one-day workshop with all District SM Teams. Each team comprises of a District Councilor in charge of health issues, the District Medical Officer (DMO), the District SM Coordinator and an NGO who has been identified in every district to support the district SM committee. The workshop brought together 39 participants from all districts and 22 national partners to develop a plan for rolling out of the national communication strategy at the district level.

Health

- UNICEF is supporting the MoHS to strengthen the provision of routine essential health services at the community level and at health facilities across the country. This includes partnering with the Center for Disease Control (CDC), and the Ebola Response Consortium (ERC),* to build the capacity of health workers in IPC. This week, 22 health workers from the Western Area participated in the IPC training of trainers (ToT) and will now begin to train health staff in the 110 peripheral health units (PHUs) in the district. Given the rapid increase in EVD incidence in the Western Area, it was selected as the first district for the rollout of the training, which is planned for all of the 1,185 PHUs in the country. The training was technically facilitated by the CDC and funded by DFID.

- On 10 October 2014, the first shipment of IPC supplies and consumables for PHUs arrived. The supplies which include gloves, aprons, coveralls, goggles and face shields, are critical as they will allow PHU staff to continue providing the population, in a safe way, with highly needed health interventions such as malaria treatment, antenatal care, postnatal care, HIV, nutrition and immunization. The supplies will be distributed starting with PHUs in the most affected districts – Western Area, Port Loko, Bombali, Tonkolili, Moyamba and Bo. The second batch is expected next week.

WASH

- In support of 1,450 quarantined households (QHHs) in Port Loko and Western Area and in an effort to reduce the risk of transmission, UNICEF is distributing 5,800 collapsible jerry cans (four 10L/per QHH) and a three week supply of aqua tabs (water purification), through WFP by the end of this week. For the next six months, UNICEF is planning on supporting 10,000 QHHs per month with four 10L jerry cans and a three week supply of aqua tabs.

- UNICEF continues to support four centres with increased water storage and waste management facilities in Hastings, Lakka (Western Area), Zimmi (Pujehun) and Moyamba.

- Since June 2014, UNICEF’s WASH partners have reached more than 296,000 people (49,400 households) with essential Ebola prevention messages and held 1,030 Ebola sensitization meetings in seven districts.

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1 UNICEF is the lead agency for the UN on social mobilization 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.

2 The ERC comprises of IRC, Save the Children, Concern Worldwide, Marie Stopes Sierra Leone (MSSL) and Care.
Nutrition

- To ensure that nutritional needs of children affected by Ebola are met, UNICEF will distribute nutritional supplies to all types of interim care centres across the country, including faith-based/private and government operated. UNICEF is also working with partners, including Save the Children to strengthen mechanisms in place to identify immediate nutritional needs and preposition supplies.
- Although WFP is taking the lead on providing food and nutritional supplies to QHHs, UNICEF and partners are working to ensure continuum of care for the treatment of severe acute malnutrition (SAM) in children under-five while their households or communities are under quarantine. This includes follow up of SAM cases who were already admitted in outpatient therapeutic centres (OTPs) prior to their houses being quarantined. It has been agreed that the follow-up will be conducted by implementing partner NGOs, as surveillance teams do not visit QHHs regularly.
- The treatment of SAM, which was integrated into primary health care (prior to the outbreak) and is currently provided in 423 PHUs, have different feeding days where each child receives a weekly ration. Ready-to-use-therapeutic food (RUTF) is supplied by UNICEF on quarterly basis to each District Medical Store (DMS), and the OTPs receive a two month supply from these stocks.
- A total of 18,955 children, 6-59 months with SAM have been treated and discharged since January 2014, with 7,002 children in Q1 (January-March); 7,326 children in Q2 (April-June); and in Q3, with only 50 percent of OTPs reporting, 4,627 children.
- UNICEF is working with the Food and Nutrition Directorate of the MoHS to prepare a distribution plan of ready-to-use infant formula (RUIF), high energy fortified biscuits (BP100), and Ultra High Temperature (UHT) whole/full cream milk to ETUs this week. The distribution will be integrated with the distribution of PPEs, which is happening on a two-week rotation.
- In collaboration with the MoHS, UNICEF and partners are conducting a rapid assessment of Nutrition, Health and WASH services in all of the 1,185 PHUs in the country. The assessment is expected to be completed by 17 October 2014, with the final report released at the end of the month.

<table>
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<th>Month</th>
<th>Total</th>
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<tr>
<td>September</td>
<td>-</td>
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<tr>
<td>Total</td>
<td>18,955</td>
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* Nb. only 50 percent of OTPs reporting.

Education

- UNICEF and education development partners are supporting the Ministry of Education, Science and Technology (MEST) with the emergency radio education programme (EREP). The EREP, which has entered into its second week, broadcasts daily one-hour lessons across a network of 41 radio stations nationwide, coordinated by the Sierra Leone Association of Journalists (SLAJ) and the Independent Radio Network (IRN). Different timeslots have been allocated throughout the day for primary, junior and secondary schoolchildren. In addition, the MEST has just announced that the emergency education will be expanding to include television programming, airing daily throughout the day for primary, junior and secondary schoolchildren. In addition, the MEST has just announced that the emergency education will be expanding to include television programming, airing daily one hour lessons on the national television station.
- In collaboration with the MoHS, UNICEF and partners are conducting a rapid assessment of Nutrition, Health and WASH services in all of the 1,185 PHUs in the country. The assessment is expected to be completed by 17 October 2014, with the final report released at the end of the month.
- UNICEF continues to work on messaging targeting parents and caregivers of school aged children about the importance of continuing their education and encouraging their participation in the EREP. In addition, community leaders and 1,187 teachers are also being mobilized at the community level to support children’s engagement and parental support for the innovative programming.
- UNICEF and partners have started using the WhatsApp Group Chat instant messaging platform to collect feedback on the EREP and will support the MEST to improve the child friendliness of the program, and adapt the lessons to the needs of children of all ages.
- UNICEF, the MEST and education development partners will provide solar powered radios to children from vulnerable households, given that radio access is the country is around 75 percent and fewer than 21 percent have access to a televisions.
Child Protection

- Across the country, UNICEF is working with partners to reunite unaccompanied and separated children (UASC), including orphans, with family members through an extensive family tracing and reunification (FTR) network, which also provides children with psychosocial support (PSS). As of 13 October 2014, the FTR network has identified 1,965 children as being directly affected by the Ebola crisis - 972 girls (49 percent) and 993 boys (51 percent). Of the affected children, 530 are under-five years old (27 percent); 691 are between five and nine (35 percent); 502 are 10 to 14 years old (26 percent); and, 240 are 15 to 17 (12 percent).  
- Of the affected children, 474 (237 girls, 237 boys), around 25 percent have lost both parents as a result of Ebola and 94 (40 girls, 54 boys), about five percent, have lost one parent. 
- This week, the MSWGCA, UNICEF and Plan International visited every district to establish and build the capacity of the chair and deputy chairperson to convene the CP/PSS/Gender pillar meetings. As a result, coordination pillars are now operational in all districts, ensuring that the national child protection response plans are being implemented. Also, the psychosocial training manual for Ebola affected communities was finalised by UNICEF for the MSWGCA.
- In preparation for the Survivors conference, hosted by the Government and UNICEF on 16 and 17 October 2014 in Kenema, 25 Ebola survivors and 15 supporters (including councilors, teachers, nurses, and community leaders) have been identified to participate. Survivor conferences will be rolled out in each district through FTR partners.

Media & External Communication

- UNICEF continues to provide international media outlets with interviews, including with the BBC, Washington Post, AFP, RFI (English and French), BBC, Berliner Morgenpost – especially about last week’s launch of the EREP.
- UNICEF remains active on social media, including the Sierra Leone Facebook page and on Twitter, used this week to highlight the International Day of the Girl and Global Handwashing Day.

Supply and Logistics

- With the support of ECHO, another UNICEF charter flight arrived on 10 October 2014, with almost 100 metric tons of supplies, amounting to US$ 582,345. The charter included protective overalls, heavy duty gloves, face shields, boots, goggles, essential medicines and consumables as well as free health care (FHC) medicines for PHUs.
- To date, with funding provided by the World Bank and DFID, UNICEF has chartered six flights with over 330 metric tons of supplies, worth over US$ 2.5 million for the Ebola response in Sierra Leone. Supplies included PPEs, essential medicines, nutrition and medical supplies. Around 240 metric tons have been distributed from the central medical store (CMS) in Freetown to 12 (DMSs), 33 EHCs and four ETUs, covering about one month of needs.
- The distribution of antimalarial medications, funded by the Global Fund has been completed for all districts and distribution from the DMSs to PHUs will commence next week.

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.  
  To date, US$ 25.5 million has been received, 42 percent of the appeal.

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1 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.
2 The ages of two of the affected girls is not yet known. UNICEF is working with the MSWGCA to obtain disaggregated data for infants 0-5 months and 6-12 months, currently the data is group with one year olds.
UNICEF greatly appreciates the contributions that have been received to date from the Government of Japan, ECHO, DFID, OFDA/USAID, OCHA, the World Bank, SLFA, and US Fund for UNICEF, and private sector (Dawnus and Heidelberg Cement). 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: 22 October 2014

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