As of 19 November 2014, according to the Government of Sierra Leone, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 5,152. The number of confirmed deaths is 1,240 and 956 have been discharged from treatment (survivors). The government estimates that around 22 percent of cases are children and youth (0-17 years).

To date, the UNICEF-led Family Tracing and Reunification (FTR) network has identified 4,374 children as being affected by the Ebola crisis (2,184 girls and 2,190 boys), including 1,500 children who have lost one or both parents to EVD. This is an increase of 891 affected children from the previous reporting period.**

The first ten UNICEF supported community care centres (CCCs) in Bombali started admitting its first patients this week. In Tonkolili, the sites for the next 13 CCCs have been confirmed and construction is underway. An initial 40 UNICEF supported CCCs are planned to be completed in the coming weeks.

With UNICEF support, the first Observational Interim Care Centre (OICC) for contact children without parental care was opened in Lunsar, Port Loko and is already providing care for 30 children who need to be closely monitored during the 21-day period in the event they become symptomatic.** The Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) is working with UNICEF and other partners to rapidly open OICCs in other districts. OICCs will provide care for unaccompanied contact children between the ages of four and 12 years of age.

UNICEF Sierra Leone is 88 percent funded against the six month humanitarian action for children (HAC) appeal of US$61 million. However, given the unprecedented scale of the crisis and increasing needs in the country, the current funding appeal is under revision.

*All statistics, other than those related to UNICEF support, are from the Government Daily EVD SitRep issued by the Ministry of Health and Sanitation. For more details on breakdown of cases see: (MoHS)

**Contact children, are children who have been in close contact with someone infected with EVD.

### Situation Overview & Humanitarian Needs

The magnitude of the Ebola virus disease (EVD) crisis in Sierra Leone continues with over 5,100 confirmed cases, an increase of 469 cases since the last reporting period. Transmission rates remain intense and widespread, especially in the Western Area, including the capital of Freetown and in the districts of Port Loko and Bombali. There has also been an increase in cases in the districts of Tonkolili, Bo, Koinadugu and Kono. Stabilization of cases in Kailahun and Kenema, the epicentre of the outbreak, continue to be reported. Main contributors to the spread continue to be secret and unsafe burials, lack of timely referral/isolation and an inadequate number of burials, lack of timely referral/isolation and an inadequate number of

**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](http://www.unicef.org)]
facilities. Further, ‘demand creation versus provision of services’ such as surveillance team/ambulance, contact tracing and burial team collection continues to be a challenge. Many people are now calling 117 to report a suspected case or death but the service are not always responding fast enough.

According to British scientists working in Sierra Leone, delays for EVD test results have significantly reduced, from nine to two days, as a result of a new laboratory in Kerry Town, Western Area which was opened by the British government in October 2014. The lab is next to the UK-funded 100 bed Ebola treatment unit (ETU) which became operational two weeks ago. Two additional labs are being constructed by the British, alongside the ETUs they are building in Port Loko and Bombali. After becoming operational, the labs are expected to quadruple the number of tests that can be conducted daily. Also, this week an ETU opened in Bombali at the Mabenteh Hospital in Makeni, which has a capacity of up to 110 beds; an initial six patients have been admitted and will gradually be scaled-up. As well, two additional Ebola holding centers (EHCs) are now functional in Port Loko (12 in the district), which is helping to reduce the number of suspected cases staying in communities.

Rising food prices caused by the crisis is also a growing concern, especially as this could lead to an increase in malnutrition among children. According to the International Fund for Agricultural Development, in the most affected areas in the country, up to 40 percent of farms have been abandoned and of the surveyed farmers, around 47 percent claimed that EVD is having considerable adverse effects on farming activities. Experts are also warning of food shortages in early 2015.

Communications for Development (C4D)/Social Mobilization

- Targeting hotspots and hard-to-reach areas, UNICEF continues to support rapid social mobilization response activities, including street-to-street announcements, motorbike rallies and home visits focusing on safe and dignified burial practices and early referral/isolation/home-based protection. This is complemented with the distribution of information, education and communication (IEC) materials. In addition, to reinforce community engagement with targeted messaging in quarantine and hard to reach communities, UNICEF and WFP are planning to undertake social mobilization activities during WFP’s food distribution.

- This week, engagement with communities around setting up CCC’s was carried out in Tonkolilli’s 11 chiefdoms - the next district where the UNICEF supported CCCs will be built. This was followed up with a half-day meeting with the district health management team (DHMT), district councillors, paramount chiefs and partners. Following this, 13 sites were selected. District social mobilisation and WASH partners were oriented around community engagement of CCCs and community dialogue will be carried out by our partners.

- With UNICEF support, local radio discussions at district level were organised focusing on key messages determined by the needs and epidemiological data of each district. Topics included: safe and dignified burials; early referrals of suspected cases to health facilities; proper isolation/home-based care while waiting for a referral; and, the importance of quarantine.

1 Britain slashes wait for Ebola test results in Sierra Leone: (AFP) & (DFID)
2 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.
As co-chair of the Social Mobilisation (SM) pillar, UNICEF has supported the development and implementation of the monitoring mechanism being used by the DHMTs. This week, 34 out of 105 partners (32 percent) in seven out of 14 district SM pillars sent their weekly report. According to the reports, all seven districts have functioning SM committees and action plans in place and most committees have their operational strategies, terms of reference and budgets. Social mobilisers visited 5,334 households (HHs) with SM messages in four districts, supported by 52 paramount chiefs and 392 religious leaders. Mobilisers reported that they have faced resistance while discussing the need of contact tracing, safety in burials, sending patients to CCCs, and reducing stigma and discrimination towards infected HHs. Visits did not take place in the other three districts due to lack of funding.

Under the SM pillar, “Safe Burials Save Lives,” was covered in depth throughout the week in press conferences, national radio shows, television, and print media as Week One of “Ebola Big Idea of the Week” kicked off on 10 November 2014. Journalists developed their own content, engaging religious leaders, burial teams, epidemiologists, medical personnel, and government spokespersons. Week Two, “Get Early Treatment” was launched on 17 November 2014. In addition, as of 17 November 2014, a total of 63 radio journalists from 21 radio stations were trained on the local radio production by BBC media action and 70 radio journalists (producers, presenters and DJs) were trained on Ebola programing by the Sierra Leone Association of Journalist (SLAJ).

Health

This week, training of peripheral health unit (PHU) staff in infection prevention and control (IPC) 3 has been completed in 104 PHUs in Western Area – both Urban and Rural. Only one PHU in the district remains, which could not be conducted because it was under quarantine. In addition, 57 of the 105 PHUs in Bombali have completed training in IPC. To date, 1,268 PHU staff have been trained. The distribution of IPC supplies continued during the reporting period, with eight districts receiving 748 pre-packed IPC kits. In the coming week the remaining districts of Bonthe, Kenema, Kono and Pujehun will receive the kits. These supplies are essential for the IPC training to be rolled out.

Further, 240 staff (half clinical and half hygienist) have been trained in Ebola case management, including IPC, to work at the 15 UNICEF supported CCCs in Bombali. Training for an additional 208 (half clinical and half hygienist) will begin on 24 November 2014 in Tonkolili to work at the 13 CCCs to be opened there at the end of the month.

In an effort to scale-up bed capacity, UNICEF delivered 435 beds and mattresses to support seven EHCs and an ETU – one EHC in Kambia (20 beds), four in Port Loko (150 beds) and one in Western Area Rural (65 beds) as well as an ETU in Western Area Urban (200 beds), which is expected to open in Freetown (Hastings 2) in the next two weeks.

UNICEF supported the Directorate of Primary Health Care to finalize the revised Community Health Worker (CHW) Guidelines for the ‘No Touch Policy’ and a training manual for CHWs in the context of Ebola. 2,150 copies of each have been printed and will be distributed to all PHUs and DHMTs as well as community health implementing partners working across the country. A one day refresher training of trainers (ToT), for CHWs, focusing on the Ebola context, was completed on 18 November 2014, with 39 participants from all districts – these included two DHMT and one representative from our community health implementing partners. Participants will now be tasked with conducting training for around 10,175 CHWs across the county, with the exception of Bonthe and Western Area as they do not have CHWs supported by UNICEF.

Nutrition

During the second week of November 2014, 1,048 children under 5 were screened at the community level in 113 out of 149 chiefdoms across the country and referred for treatment at PHUs continuing to provide nutrition treatment services. 692 severe acute malnourished (SAM) children were identified, of which 286 SAM cases were admitted for treatment at an outpatient therapeutic feeding programme (OTP) and 36 children with medical complications were referred to an inpatient facility (IPF) to receive paediatric and nutrition care. In total, almost 1,300 children under 5

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3 IPC trainings will be conducted in approximately 1,200 PHUs in the country, targeting around 4,000 health staff and other workers.
are receiving adequate treatment as part of the OTP, and approximatively 206 cartons of ready-to-use therapeutic food (RUTF) were utilized.

- Seven ETUs are 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 — including children. These supplies have also been prepositioned to support the newly opened UNICEF supported CCCs in Bombali. Last week, at least eight young children received specific nutrition care at an EHC or ETU.
- The non-availability of data of infants (0-12 months) at EHCs, ETUs and interim care centres (ICCs), and delays in reporting remains challenging for planning and ensuring infants receive nutrition supplies on time.
- UNICEF continues to support the Ministry of Health and Sanitation (MoHS) and the nutrition in emergency coordination mechanism. Partner mapping (4W) is being updated to strengthen the planning and the overall nutrition response.

**WASH**

- In collaboration with the government, UNICEF is coordinating the WASH sector response, including the monitoring of WASH facilities and actors involved in all 48 Ebola ETUs and EHCs currently receiving patients.4 UNICEF is supporting 20 ETUs and EHCs with an essential WASH package (waste management and water supply for drinking, personal hygiene and disinfection) in eight districts,5 with a total capacity of 348 beds. UNICEF has completed work in WASH facilities in two EHCs in Lokomasama and Kamasonda in Port Loko and work is ongoing at a new EHC in Pujehun.
- This week, to support 454 quarantined households (QHHs) in Bombali and Western Area, UNICEF provided 1,816 collapsible jerry cans (four 10L/per QHH), together with a 21-day supply of aqua tabs for water purification. In addition, 1,400 bars of soap (250g) were included in the distribution to Bombali. To date, UNICEF has provided around 3,900 QHHs with 15,616 jerry cans and 195,000 aqua tabs benefiting around 27,300 people in quarantine households and communities. Supplies have been distributed through WFP packages.
- Together with local implementing partners, UNICEF has completed the construction of ten CCCs, including WASH facilities in Bombali, with another five to be completed in the district by end of November 2014. Construction is underway for the 13 CCCs to be established in Tonkolili, which will also be completed by the end of the month.

**Child Protection**6

- In coordination with the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA), the UNICEF-led Family Tracing and Reunification (FTR) network, to date has identified 4,374 children as being directly affected by the Ebola crisis (2,184 girls and 2,190 boys), with 1,500 children having lost one or both parents to Ebola and 615 children, (314 girls, 301 boys) confirmed EVD cases, with over 386 child survivors. Through this network, 1,305 children have been provided with psychosocial support (PSS) services and 294 affected children without parental care have been reunited with their families or placed in foster care.
- 420 affected children received FTR kits through 11 partners in all districts but Koinadugu. The kits provide essential materials for affected children to be reunified with families, or integrated into communities. To date, 1,200 kits have been provided by UNICEF, of which 973 have been delivered to children.
- With UNICEF support, the first Observational Interim Care Centre (OICC) children was opened in Lunsar, Port Loko, to provide observational care for contact children without parental care – 30 children have already been admitted.7 Plans are underway to urgently open another seven OICC through the MSWGCA, one through Save the Children and two through Child Fund.
- UNICEF is supporting the MSWGCA to set up protection desks at the newly established Ebola Command Centres in each district. Terms of reference (TOR) were developed, and nine

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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 supporting WASH facilities in the following districts: Bo, Bombali, Koinadugu, Moyamba, Port Loko, Pujehun, Tonkolili and Western Area Urban.

6 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.

7 OICCs will provide care for contact children between four and 12 years of age, who need to be closely monitored during the 21-day period in the event they become symptomatic.
UNICEF staff are being deployed to the districts to ensure that these desk are operational. Six protection desks are currently functioning.

- 31 partners endorsed the revised and simplified data collection system for identification of children in need and services provided. Open Data Kit (ODK) was piloted with one partner, Defence for Children International (DCI), in Aberdeen, Freetown, before being rolled out across the country.

**Education**

- While schools remain closed, to ensure continuity in learning for children, in collaboration with the Ministry of Education, Science & Technology as Lead (MEST), with the support of UNICEF, the Emergency Radio Education Programme (EREP) continues airing daily one hour-long lessons countrywide. This week, a total of 3,243 households across nine districts (Bo, Bombali, Bonthé, Kailahun, Kambia, Moyamba, Port Loko, Western Area Urban & Rural) were visited by UNICEF implementing partners (World Vision, FAWE, DIP, CARL, CIFORD, and Action Aid) at the time the EREP was airing, to determine if children were engaging in the programme. The visits showed that 65 percent (2,124 households) had children in primary and 34 percent (1,119 households) had children in junior and secondary school listening to the programme.

- Compared to data from last week across nine districts, there has been an increase among primary listenership, from 42 percent to 65 percent, and a decline among junior and secondary, from 54 percent to 34 percent. To date, 8,076 households have been visited to monitor listenership of the EREP.

- Some challenges being reported include: non-availability of radios and outages either as a result of battery rundown/unavailability or erratic electricity supply, especially in the Western Area. Preliminary data suggests that children are not linking up with the lessons during airing because of household chores and engagement in petty trading to augment family income offset by the crisis. Another challenge relates to the presentation of lessons, which was reported in some cases to be too fast, making it difficult for some children to follow. Some data, mostly coming from Western Area Rural, indicates that children are beginning to lose interest in the programme due to poor reception/coverage.

- The School Re-opening Technical Working Committee, led by the MEST with support from UNICEF and partners, are working on a draft guidance note for operating safe school environments in EVD outbreaks.

**Media & External Communication**

- During the week, UNICEF worked with journalists from AFP, BBC, the New York Times and the UK’s Channel 4 News, which covered the distribution of FTR kits to Ebola affected children in Western Area Rural through St George’s Foundation, and supported by UNICEF. There was also good coverage by IRIN on the EREP: School lessons by radio in Sierra Leone, Liberia and a couple of profile pieces in the Israeli media, and in Japan. Two UNICEF press releases were issued referring to the launch of the CCCs: Battle against Ebola being waged at community level issued by UNICEF’s headquarters in New York and, one issued by the country office: Ten Ebola Community Care Centers to open in Bombali district. Photos and video b-roll on the construction and training of staff was also released to the media, while the team facilitated media briefings on the CCCs on 11 and 14 November 2014 in Geneva. UNICEF continues to be active in social media including Facebook and Twitter. During the reporting period, on Facebook, there were 55 new page likes and over 11,000 posts viewed on the site.

**Supply and Logistics**

- This week, one charter arrived with 18 MT of personal protective equipment (PPE) and medicines for the Ebola response as well as pediatric HIV medicines. The cargo included supplies for the expansion of CCCs in Bombali and Tonkolili. Logistic planning for delivery of 800 MT of supplies to 40 CCCs is ongoing. To date, a total of 16 charters have delivered 945 MT of essential supplies in response to Ebola crisis in Sierra Leone.

**Funding**

- In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF humanitarian action for children (HAC) 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$ 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, The Netherlands and United Arab Emirates, DFID, ECHO, OFDA/USAID, SIDA, SLFA, OCHA, the World Bank, 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: 26 November 2014

UNICEF Sierra Leone Facebook: https://www.facebook.com/unicefsierraleone
UNICEF Sierra Leone Twitter: https://twitter.com/UnicefSL
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### Annex A: 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>Households receiving Inter-Personal Communication on Ebola prevention messages</td>
<td>886,480</td>
<td>5,334*</td>
<td>1%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Structures in Ebola affected areas provided with essential commodities package</td>
<td>1,185</td>
<td>195</td>
<td>16%</td>
</tr>
<tr>
<td>Health personnel in health facilities trained in infection prevention and control and Ebola triage</td>
<td>2,000</td>
<td>1,268</td>
<td>63%</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>
</tr>
<tr>
<td>Treatment centres providing nutrition support to Ebola patients</td>
<td>7 (700 patients)</td>
<td>7</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>3,450</td>
<td>19%</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>10</td>
<td>25%</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 (20)</td>
<td>69% (143%)</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></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>27,300**</td>
<td>6.5%</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>65% (primary) 34% (junior/secondary) (based on 3,243 households in 10 districts)</td>
<td>N/A</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></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>1,305****</td>
<td>11%</td>
</tr>
<tr>
<td>Affected children placed in interim care</td>
<td>TBD</td>
<td>126</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children reunified with their families</td>
<td>TBD</td>
<td>161</td>
<td>N/A</td>
</tr>
<tr>
<td>Affected children and adult survivors who receive non-food items</td>
<td>TBD</td>
<td>615</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>

* Monitoring of district implementation and reporting from the DHMTs has been put in place since the end of October. This week, the national SM Pillar received weekly reports from seven district SM pillars and 32.4% partners (34 partners out of 105 partners) submitted their weekly report for the district SM pillar.*

**This number has been adjusted to reflect quarantine households/communities that have received WASH support in the form of jerry cans and aqua tabs. The previous data reflected households supported with additional water supply (water storage tanks) during the house-house campaign in September 2014. The storage tanks continues to supply communities with clean water.**

***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 as their level during lesson broadcast time. Data provided is for the reporting period only – not cumulative.***

****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.****

*****Currently, data only reflects PSS provided to affected children in the FTR network.**