As of 28 April 2015

8,588
Confirmed cases of Ebola

3,535
Confirmed deaths from Ebola

1,459
Confirmed cases of infected children under age 18 registered by MSWGCA

8,619
Registered Ebola Orphans

UNICEF funding needs to June 2015
USD 178 million

UNICEF funding gap
USD 61 million*

1. Source: Ministry of Health and Sanitation; data is cleaned and adjusted continuously, including for those previously reported
2. Source: Ministry of Social Welfare, Gender, and Children’s Affairs. No new data was provided this week.

* Funding status as of 22 April 2015

HIGHLIGHTS

In the week to 28 April 2015, weekly case incidence decreased to seven cases from 13. There were five EVD deaths in the community this week.

From 24 to 27 April 2015, Maternal and Child Health Week was rolled out across the country for the first time since the beginning of the EVD outbreak. Children received the following interventions: vitamin A supplementation, albendazole for deworming, Mid-Upper Arm Circumference (MUAC) screening for nutritional status, Elimination of Mother to Child Transmission of HIV/AIDS (eMTCT) and defaulter tracing for routine vaccination.

On 14 April 2015, schools reopened across the country, with 1.8 million children expected to resume education after almost nine months. UNICEF and partners are continuing to conduct monitoring of safety and hygiene supply distribution to ensure safety of all schools. Distribution of learning materials is expected to be completed next week.

On 23 April 2015, a consultative meeting on child protection case management and information management system was held, with 15 participants from the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) and partner NGOs. The draft case management tools were reviewed and will be standardized for use by all child protection actors.

UNICEF Sierra Leone requires USD 178 million for its response to the Ebola crisis until end of June 2015. To date, USD 117.2 million has been received – 61 percent of the total*. 

1. Source: Ministry of Health and Sanitation; data is cleaned and adjusted continuously, including for those previously reported
2. Source: Ministry of Social Welfare, Gender, and Children’s Affairs. No new data was provided this week.

* Funding status as of 22 April 2015
Situation Overview & Humanitarian Needs

In the week to 28 April 2015, there were seven cases, down from 13 the previous week. More than half of these cases were from Kambia (four - of which some were reported post-mortem), the northwestern district bordering Guinea, with two others from Western Area Rural and one from Western Area Urban. Western Area Rural had gone more than three weeks without a case before these two cases were reported. The Guinean prefecture of Forecariah across the border from Kambia district also continues to report cases, with 17 of 22 cases in Guinea from Forecariah in the week to 26 April 2015. A Memorandum of Understanding (MoU) has been signed between Kambia district and Forecariah prefecture to share case information and strengthen cross border surveillance, as coordinated district and chiefdom-level multi-sectoral efforts continue in surveillance and community engagement.

Meanwhile, there have been no further cases reported in Koinadugu district where one EVD death was reported from a health facility on 16 April 2015, after having no cases for over a month. In Wara Wara Yagala, the chiefdom where the case originated, 2 households have been quarantined including seven children, and 21 contacts are being closely followed. Food and non-food items (NFIs) have been provided to these quarantined households, and UNICEF is supporting the close monitoring of these children for any protection concerns.

There have been a total of 8,588 people who have contracted EVD in Sierra Leone, of whom 3,535 have lost their lives. 19,030 children have been directly affected by the Ebola crisis, nearly half of whom have lost one or both parents.

Summary Analysis of Programme Response

Health

With the support of UNICEF, WHO and other partners, the Ministry of Health and Sanitation (MoHS) launched the Maternal and Child Health Week (MCHW) across the country from 24 to 27 April 2015. MCHW targeted approximately 1.5 million children below five years of age with the following interventions: vitamin A supplementation (6 to 59 months), deworming with albendazole tablets (12 to 59 months), nutritional status assessment of children under five using MUAC measurement conducted by trained mothers, defaulter tracing for routine immunization (0 to 24 months) as well as referral of pregnant women for prevention of mother to child transmission of HIV/AIDS. The nationwide campaign was carried out following the training and deployment of over 10,000 health staff and community volunteers to deliver these interventions house-to-house in all corners of the country. UNICEF provided financial and technical support for implementation of the campaign in addition to the deployment of 39 staff to support the monitoring of the campaign. Extensive social mobilization activities were implemented in support of the campaign, including a press briefing, meeting with community leaders, banners, posters, flyers, and radio jingles. Discussions with the public through radio call-in programs are also ongoing.

Overall, the MCHW campaign went well and communities were largely aware of and participated in the campaign. Few communities rejected the interventions for fear of transmission of Ebola Virus Disease (EVD), however social mobilization teams were successful in addressing these concerns and convincing them to participate. The campaign was also successful in reaching mothers and pregnant women who had previously never attended antenatal clinics for fear of EVD, with many encouraged to continue attending antenatal clinics after the end of the campaign.

100 trained independent monitors from colleges and graduate schools were deployed to the field to ensure that all communities in every chiefdom was fully covered. Data entry for collected data on MCHW is ongoing in each district, and the compiled results at the national level will be available for dissemination within one week following the campaign.
**Nutrition**

In the last week, as part of the Integrated Management of Acute Malnutrition (IMAM), a total of 32,470 children under five were screened at the community level in 89 out of 149 chiefdoms (807 communities). A total of 460 (1.4 percent) children were identified to have severe acute malnutrition (SAM), of which 341 were admitted for treatment at the Outpatient Therapeutic Programmes (OTP), while 132 children who had SAM with medical complications were referred to an In-Patient Facility (IPF) to receive paediatric and nutrition care. During the past week, 1,505 children received treatment for SAM, with consumption of 198 boxes of Ready-to-Use Therapeutic Food (RUTF).

UNICEF is providing nutrition supplies to 14 Ebola Treatment Units (ETUs), 26 Ebola Holding Centres (EHCs), two ETU/EHCs, eleven interim care centres (ICCs) and seven observational interim care centres (OICCs) as well as 17 Community Care Centres (CCCs). Nutrition supplies have been prepositioned at District Medical Stores (DMS) for replenishment to all ETUs, EHCs, CCCs, ICCs and OICCs countrywide. Ready-to-Use Infant Formula (RUIF) is supplied regularly to all EVD-affected infants below six months of age including those who have been separated or orphaned. Currently there are 80 infants being supplied with RUIF on bi-weekly basis in Port Loko, Kambia, Tonkolili, Koinadugu, Western Area, Moyamba, Kenema, Pajehun and Kono. UNICEF continues to support the Food and Nutrition Directorate to ensure a harmonized nutrition response for the EVD outbreak through twice-a-month Nutrition in Emergency Coordination meetings.

**WASH**

As the lead agency for WASH, UNICEF is coordinating the WASH sector in the Ebola response, helping to identify and fill gaps, in addition to monitoring the functionality of WASH facilities in Ebola Care Centers (ECCs), decommissioning of Community Care Centres (CCCs) and disposal of infectious waste following established standard operating procedures (SOP), as well as supporting capacity building of implementing partners in WASH information management. UNICEF continues to support 17 CCCs, as well as 28 ETUs and EHCs in eight districts with essential WASH packages (sanitation facilities, waste management and water supply for drinking, personal hygiene and disinfection).

During the past week, the Ministry of Water Resources (MoWR), with the support of UNICEF, delivered more than 950,000 litres of water to affected communities including ECCs. Decommissioning of the second phase of 14 CCCs, including relocation of two CCCs to new sites away from schools, is ongoing and work is also continuing to improve the physical structure of the remaining CCCs to mitigate the anticipated impact of the coming rainy season.

During the past week, through UNICEF’s WASH implementing partners, 85,130 people, including 36,970 children were reached with Ebola prevention messages including the importance of hand washing with soap. To date, UNICEF’s WASH partners have reached more than 1,003,560 people (approximately 173,069 households) with essential Ebola prevention messages. Additionally, 24,170 Ebola-affected persons benefited from receiving WASH supply kits in the past week, totalling approximately 172,330 people to date.

**Community Care Centres (CCCs)**

Since 17 November 2014, UNICEF-supported CCCs have triaged 17,673 patients, admitted 802 (5 percent), and conducted rapid ambulance transfers for 372 (2 percent) patients across four districts. During the past week, 732 patients were triaged at UNICEF-supported CCCs, representing a daily average of 104 patients per day. 0.7 percent of patients triaged were EVD suspects. There were five new admissions in CCCs across five districts, of which 20 percent presented within 48 hours of symptom onset. 80 percent (4/5) of lab tests were received within 48 hours of patient admission.

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1 This represents 74 percent cases who attended OTPs following referral from the community. Efforts are continuing to encourage mothers whose children have been identified with malnutrition to attend.

2 Supplies include high energy fortified biscuits (BP100), ready-to-use infant formula (RUIF) and Ultra High Temperature (UHT) whole/full cream milk for Ebola patients and survivors – including Infants
Decommissioning of select CCCs: During the second phase of decommissioning, 12 CCCs were safely decommissioned and two were selected for relocation, leaving 17 CCCs (with 136 total bed capacity) currently operational across four districts, out of the initial 46. The two CCCs that are in the process of relocation in Kambia are nearly completed and will resume operations in the next week. Active engagement from the community was solicited in the second phase of decommissioning just as it was during the first phase. To enable effective community dialogues and participatory discussions around the CCCs, a set of key Frequently Asked Questions (FAQ) was designed and circulated to the communities addressing queries surrounding supplies and materials for the CCCs.

Community engagement interventions have been continuing in all districts for this second phase of decommissioning. The social mobilization and community engagement package includes key messages on decommissioning, FAQs for the communities, C4D specialists and the WASH implementing partners. The focus also has been on improving the quality of community engagement dialogues. Key messages focusing on decommissioned CCC areas being safe for use, encouraging appropriate use of peripheral health units (PHU) and lifesaving messages on Ebola have been relayed to the communities. A total of 3,234 households across 358 villages have been engaged on the CCC decommissioning and select relocation process. 274 community dialogues have been held mobilizing the communities to be engaged actively in the decision making during decommissioning. A total of 3,225 youth, 1,571 men and 2,004 women have been engaged in the last week.

Communication for Development (C4D) and Social Mobilization (SM)³

UNICEF continues to provide technical support to Social Mobilization (SM) Pillars in all 14 districts. During the week of 20 April to 27 April 2015, mobilizers of SM Pillar partners in eleven districts⁴ reached out to 52,653 households through interpersonal communication and group discussions. From this week's DERC/WHO list of hotspots, the SM partners conducted social mobilization in 376 communities through 1,707 social mobilizers deployed in these communities.

During the week, social mobilizers from UNICEF’s five CCC implementing partners⁵ visited 1,062 villages and reached out to 15,012 households in Bombali, Kambia, Kono, Tonkolili, and Western Area⁶ for active case finding, community surveillance, and community engagement. 621 women and youth networks and 444 traditional and religious leaders were engaged in community dialogues focusing on the key message “Ebola is not gone yet”, safe and dignified burials, Back-to-School, sustaining preventive behaviours in relation to Ebola and preventing complacency among communities. 700 patients were referred to the CCCs during the past week, with the majority coming from Kambia and Kono.

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³ UNICEF is the lead agency for the UN for social mobilization and community engagement and is co-chairing the Social Mobilization pillar with the Health Education Division (HED) of the MoHS.
⁴ Bonthe, Tonkolili, Koinadugu, Port Loko, Kambia, Kenema, Kailahun, Bo, Pujehun, Moyamba and Western Area Urban
⁵ World Hope International, Marie Stopes International, Partners in Health, Concern Worldwide, Action Aid
⁶ Action Aid in Western Area continued SM activities following decommissioning of CCCs in Western Area Rural
As the Ebola response continues to focus on high priority districts, in order to combat complacency and ensure sustained community engagement in all districts, Health for All Coalition, with support from UNICEF, completed the mapping and functionality status of village development committees (VDCs) across all 149 chiefdoms in the country. VDC is a community-based structure established by the MoHS as part of the local government, tasked with following health and other developmental issues in their respective communities. It is structured such that it is inclusive of marginalized communities and ensures collective decision making on key issues at the community level. Whereas previously the focus was on Neighborhood Watch Groups, UNICEF is now re-engaging the VDCs to ensure their involvement in deepening community engagement and social mobilization activities at the community level for the EVD response, transition and recovery.

As part of these efforts, a total of 1,121 VDCs comprising of 11,403 members covering 12,269 catchment villages were mapped this week. Only 19 percent (212) of the mapped VDCs across the nation were found to be currently active7. The Terms of Reference for the VDCs are finalized and plans have been put in place to activate the rest of the 81 percent (908) of VDCs during this week. The active VDCs have all been provided with the Back-to-School messages to motivate children to go back to school, focusing in areas where there was found to be reluctance.

Child Protection8

Registration: No new data has been reported since 14 April 2015. 19,030 (9,422 boys and 9,608 girls) have been documented by MSWGCA through child protection service providers, of whom 8,619 (4,311 boys and 4,308 girls) have lost one or both parents. 742 (349 boys and 393 girls) were reported as separated and/or unaccompanied. As reported last week, an independent body was commissioned to conduct a data verification exercise to determine the accurate caseload of EVD-affected children. The results are expected to be finalized and reviewed by the MSWGCA in the coming weeks, and during this time MSWGCA has made the decision to not report any new data in order to avoid confusion.

Psychosocial Support: Cumulatively, 11,044 children and their families have benefited from EVD-specific psychosocial support services. This represents 85 percent of those identified to be in need of such services. No new data was reported by MSWGCA pending outcome of the data verification exercise.

Observational Interim Care Centres (OICCs): Currently there are 14 OICCs covering eleven districts with a total capacity of 275 beds. The OICCs provide care for asymptomatic contact children with no caregivers. As of 27 April 2015, a total of seven contact children were in quarantine in three centres: one in Western Urban, five in Kambia, and one in Tonkolili. From 21 to 27 April 2015, two children were reunified with their families, and two children were newly admitted9. A cumulative total of 547 contact children have received care and support in OICCs across ten districts as of 27 April 2015: 21 in Bo, 24 in Moyamba, eight in Tonkolili Magburaka, 91 in Bombali, 54 in Kenema, 23 in Kono, 100 in Port Loko Town, 65 in Port Loko Lunsar, 90 in Kailahun, 54 in Western Urban, 17 in Kambia.

Interim Care Centres (ICCs): There are currently six Interim Care Centres (ICCs) receiving children out of twelve that are ready to receive children upon referral. As of 27 April 2015, there were 92 children in six ICCs: one in Bo, two in Kenema, 68 in Western Rural10, 19 in Western Urban and two in Tonkolili. Between 21 and 27 April 2015, three children were newly admitted to the ICCs, and four children were reunified with their families. All children in the ICCs received psychosocial support. These ICCs provide care and support as a last resort for Ebola-affected, non-contact children without a caregiver. It is of paramount importance that Ebola-affected children are kept together with their respective families and communities as much as possible. UNICEF is advocating with NGOs and donors to ensure that instead of bringing children out of their communities and into institutions, support should be provided to children and families at the community level. This will ensure an accepting and nurturing environment for children in the long run.

7 Functionality defined as having capacity to meet at least once a month
8 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
9 OICC status data is reported on a daily basis through the RapidPro SMS service.
10 There are two ICCs in Western Area Rural
Child Protection District Coordination: 666 referrals were made to the Protection Desks (331 boys, 335 girls) from 22 to 28 April 2015. 424 (64 percent) were referred for appropriate services. This included 14 referred to OICCs, 17 to ICCs, 159 referred to other forms of alternative care services. 164 benefited from psychosocial services and 70 received other services including food, water and other non-food relief items. Currently all 13 desks are operational, staffed by the MSWGCA and supported by UNICEF. As a result of a referral, a joint assessment was undertaken by UNICEF and MSWGCA at an orphanage in Kamakwi’e town, Bombali district. The assessment revealed that living conditions were unconducive for children’s wellbeing, and there was no evidence of reunification efforts. Family tracing and reunification (FTR) was initiated and is ongoing for 16 children residing in this facility.

Education
Since schools reopened across the country on 14 April 2015, UNICEF has continued the monitoring of school reopening with partners, including real-time monitoring using SMS-based RapidPro. Of 300 schools monitored across the country on 28 April 2015, 94 percent were open. 96 percent had hand washing kits including soap and water, and were practicing hand washing, 97 percent had thermometers, but only 70 percent were using them consistently. UNICEF is working with the Ministry of Education, Science and Technology (MEST) and its partners to mobilize resources to identify and address the gaps through supporting the distribution of supplies in the remaining schools not covered. UNICEF is also supporting MEST and District Education Offices to sensitize more teachers and school-based Back-to-School committees on the use of school thermometers. Additionally, UNICEF has continued the distribution of learning materials to over 1.8 million children, expected to be completed next week.

Teachers trained
Prior to school opening, UNICEF had supported MEST in the training of teachers across the country to equip and empower them to support safe school reopening and to provide a protective learning environment for children. The disaggregated data of teachers trained in EVD prevention, social mobilization, protocol and guidance note on the safe operation of schools, as well as psychosocial support in the classroom setting has been compiled with the following result: almost nine thousand teachers were trained by UNICEF and partners in EVD prevention, social mobilization, protocol and guidance note on the safe operation of schools, as well as psychosocial support in the classroom. Among them are 459 pre-primary teachers (71 percent women), 7,006 primary school teachers (23 percent women), 1,532 secondary and vocational school teachers (17 percent women).

Social Mobilization on Back-to-School
During the past week, UNICEF’s Education and Social Mobilization team worked jointly to conduct a U-report poll to capture communities’ perceptions and experiences on going back to school. Out of the 850 U-reporters who responded, 94 percent expressed their happiness on school reopening. 84 percent of respondents reported either returning to school themselves or that they had sent their child back to school. Of these respondents, 93 percent felt their experience of returning to school has been good. From the group that did not return to school or did not send their children to school, a large majority (77 percent) is ‘waiting to see if all is ok at school’.

The triangulated data from U-report and RapidPro monitoring underscores the importance of community engagement that UNICEF is continuing with all partners. SM pillar partners continue to support the Back-to-School social mobilization activities in their respective areas. The partners reported reaching 928 communities and 56,868 households on Back-to-School and engaging with 171 community influencers.

Supply and Logistics
The supply and logistics teams have supported the distribution of education materials for the Back-to-School campaign to all 14 districts, with over 2,000 cubic meters of supplies delivered to MEST/National Electoral Commission facilities across the country. UNICEF logistics activities at the port have been increased with the team clearing between six and ten containers per day of personal protective equipment (PPE), medications, vehicles and nutrition supplies. The logistics team also continues to provide support to UNICEF teams in the field, ensuring urgent delivery of medications to CCCs, WASH hygiene and cleaning materials, as well as 100 mattresses to children in survivor families in Bombali district.

Child receiving deworming tablet during MCW week © 2015 / UNICEF / Mason
Human Resources
As of 29 April 2015, the total number of international staff in the country office is 75, of whom 21 are deployed in the field. Out of 159 national staff members, 67 are based in the field. The total number of staff on surge and stand-by-partner staff is 16, with 11 in Freetown and five in the field. These staff members, including 232 outsourced third party and government staff, continue to support the CCCs.

<table>
<thead>
<tr>
<th>UNICEF Personnel in Sierra Leone</th>
<th>Freetown</th>
<th>In the field</th>
<th>Total Staff Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Staff</td>
<td>54</td>
<td>21</td>
<td>75</td>
</tr>
<tr>
<td>National Staff</td>
<td>92</td>
<td>67</td>
<td>159</td>
</tr>
<tr>
<td>Staff on Surge and SBP</td>
<td>11</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Outsourced third party / government staff for CCCs</td>
<td></td>
<td>232</td>
<td></td>
</tr>
</tbody>
</table>

Media & External Communication
This week was dominated by the build up to the country’s first Mother and Child Health Week (MCHW) since the start of the Ebola emergency. The External Relations and Advocacy team drew up a press release, which included quotes from the Minister of Health and Sanitation and WHO, which was then distributed under a government heading, and circulated globally by WHO. Concomitantly, the team supported a regional UNICEF press release on the restart of health campaigns in the Ebola-affected countries. The campaign led to local media interest, including on the popular ‘Dreb Ebola’ radio programme, produced by BBC Media Action.

Content gathered during the MCHW will be published in the coming days and weeks, with two photographers/videographers deployed to work on a regional health campaign video, and separate films to highlight various aspects of the campaign including the vitamin A distribution, and the first use of mother MUAC screenings on such scale. The campaign also coincided with World Malaria Day (25 April 2015), which was an opportunity to premier a documentary highlighting our work last year at distributing bed nets across the country.

The team also published a web story on the main UNICEF website on the use of cash transfers to help Ebola affected children and adolescents. Separately, a blog post highlighted the use of funds from the IKEA Foundation and the UAE to procure solar radios to boost the impact of the school radio programmes. Finally, we continued to receive mentions for our work on the Back-to-School campaign in the national and international media.

Last week, the UNICEF Sierra Leone Facebook page received 1,068 post likes, 41 new page likes, 25 post comments and reached 18,627 accounts. We witnessed an additional 37 followers to our Twitter account, with 11 retweets and 47 mentions.

Funding
In line with the UN inter-agency response strategy for the Ebola Outbreak, UNICEF humanitarian action for children (HAC) is appealing for USD 178 million for Sierra Leone to support the needs of children and communities affected by the Ebola crisis until end of June 2015. As of 22 April 2015, USD 117.2 million has been received, 61 percent of the current appeal.

UNICEF greatly appreciates the contributions that have been received to date including from DFID/UKAID, OFDA/USAID, the World Bank, the African Development Bank, SIDA, the Governments of Canada, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Switzerland, and the United Arab Emirates, ECHO, OCHA, and the Danish, Japan, Swedish, Swiss and UK Committees for UNICEF, as well as the US Fund for UNICEF, and the private sector.

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11 Reduction reflects second phase of CCC decommissioning
12 The received funding is as of 22 April 2015. It was adjusted from 126.4 million 2 weeks ago, due to a grant that was reduced upon a mutual agreement between DFID, the NERC and UNICEF to scale down the number of CCCs in the context of decreasing case incidence
## Programme Results

### UNICEF and Pillar/Sector Results for EVD response (21 to 27 April 2015)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Pillar / Sector</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Results</td>
</tr>
<tr>
<td><strong>EPIDEMIOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of EVD cases with onset in the past week</td>
<td>0%</td>
<td>0.08% (7/8,587)</td>
</tr>
<tr>
<td><strong>COMMUNICATION FOR DEVELOPMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of District Social Mobilization Taskforces (SMT) reporting on the dashboard each week (UNMEER)</td>
<td>100% (14)</td>
<td>79% (11/14)</td>
</tr>
<tr>
<td>Percentage of districts with list of identified key religious leaders (including priests, imams, pastors, tribal leaders) or community groups who promote safe funeral and burial practices according to standard guidelines (UNMEER)</td>
<td>100% (14)</td>
<td>100% (14/14)</td>
</tr>
<tr>
<td>Percentage of districts with at least one security incident or other form of refusal to cooperate in the past week (UNMEER)</td>
<td>0% (0)</td>
<td>36% (5/14)</td>
</tr>
<tr>
<td>Radio stations airing daily messages on Ebola</td>
<td>100% (64)</td>
<td>97% (62/64)</td>
</tr>
<tr>
<td>Districts where all radio stations air Ebola content every day</td>
<td>100% (14)</td>
<td>100% (14/14)</td>
</tr>
<tr>
<td>Households receiving Inter-Personal Communication on Ebola prevention messages (on a quarterly basis)</td>
<td>100% (886,480)</td>
<td>139% (1,229,356/886,480)</td>
</tr>
<tr>
<td><strong>CCC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of CCCs functional against target set for the current reporting period (UNMEER)</td>
<td>100% (19*)</td>
<td>89.5% (17/19)</td>
</tr>
<tr>
<td>Percentage of CCCs established after a community dialogue process aligned with Global SOPs or according to norms established in country (UNMEER)</td>
<td>100% (58)</td>
<td>100% (58/58)</td>
</tr>
<tr>
<td>Percentage of patients admitted to CCCs with a provisional diagnosis of possible EVD who received a confirmatory positive or negative test (rapid or laboratory test) within 48 hours of admission to treatment facility</td>
<td>100%</td>
<td>80% (4/5)</td>
</tr>
<tr>
<td>Percentage of admitted patients who present at a CCC within 48 hours of</td>
<td>100%</td>
<td>20% (1/5)</td>
</tr>
</tbody>
</table>

\(^{13}\) Tonkolili, Koinadugu, Port Loko, Kambia, Kenema, Kailahun, Bo, Pujehun, Bonthe, Moyamba and Western Area Urban

\(^{14}\) Change of data source. Now based on observational reports submitted by independent monitors using RapidPro mobile technology.

\(^{15}\) Currently 17 CCCs are open and functional. An additional 2 CCCs that are being relocated will become operational next week.
becoming ill with any symptoms that could be EVD (UNMEER)

<table>
<thead>
<tr>
<th>WASH</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percentage of all Ebola community, treatment and holding centres with essential WASH services</td>
<td>100% (94)</td>
<td>72% (69/94)</td>
<td>100% (52)</td>
<td>69% (36/52)</td>
</tr>
<tr>
<td>CCCs provided with essential WASH services</td>
<td>100% (58)</td>
<td>100% (58/58)</td>
<td>100% (46)</td>
<td>100% (46/46)</td>
</tr>
<tr>
<td>Non-Ebola health centres in Ebola-affected areas provided with hand-washing stations</td>
<td>100% (1,162)</td>
<td>100% (1,162/1,162)</td>
<td>100% (1,162)</td>
<td>100% (1,162/1,162)</td>
</tr>
<tr>
<td>People in quarantine households receiving WASH support (as part of “home protection and support” kit)</td>
<td>100% (420,000)</td>
<td>41% (172,328/420,000)</td>
<td>100% (420,000)</td>
<td>41% (172,328/420,000)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD PROTECTION16</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percentage of EVD-affected children provided with care and support, including psychosocial support</td>
<td>100%</td>
<td>84%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of children who have lost one or both parents/caregivers or who are separated from their parents/caregivers reintegrated with their families or provided with appropriate alternative care</td>
<td>100%</td>
<td>75% (1,852/2,481)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVD-affected children provided with psychosocial support</td>
<td>100% (13,101)</td>
<td>84% (11,044/13,101)</td>
<td>100% (13,101)</td>
<td>84% (11,044/13,101)</td>
</tr>
<tr>
<td>EVD-affected caregivers provided with psychosocial support</td>
<td>75% (15,000)</td>
<td>69% (10,416/15,000)</td>
<td>75% (15,000)</td>
<td>69% (10,416/15,000)</td>
</tr>
<tr>
<td>EVD-affected children placed in interim care</td>
<td>TBD</td>
<td>1,025</td>
<td>TBD</td>
<td>1,025</td>
</tr>
<tr>
<td>EVD-affected children reunified with their families</td>
<td>TBD</td>
<td>1,852</td>
<td>TBD</td>
<td>1,852</td>
</tr>
<tr>
<td>EVD-affected children and adult survivors who receive non-food items</td>
<td>100% (13,282)</td>
<td>75% (10,013/13,282)</td>
<td>100% (13,282)</td>
<td>75% (10,013/13,282)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health structures in EVD affected areas provided with essential commodities package</td>
<td>100% (1,185)</td>
<td>101% (1,195/1,185)</td>
<td>100% (1,185)</td>
<td>101% (1,195/1,185)</td>
</tr>
<tr>
<td>Health personnel in health facilities trained in infection prevention and control and Ebola triage</td>
<td>100% (2,000)</td>
<td>218% (4,368/2,000)</td>
<td>100% (2,000)</td>
<td>218% (4,368/2,000)</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>100% (6,000)</td>
<td>158% (9,495/6,000)</td>
<td>100% (6,000)</td>
<td>158% (9,495/6,000)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV AIDS</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>HIV positive women (including pregnant women) continuing to receive ARTs</td>
<td>NA</td>
<td>NA</td>
<td>100% (1,142)</td>
<td>80% (916/1,142)</td>
</tr>
<tr>
<td>HIV positive children continuing to receive ARTs</td>
<td>NA</td>
<td>NA</td>
<td>100% (539)</td>
<td>56% (300/539)</td>
</tr>
</tbody>
</table>

**NUTRITION**

| Treatment centres providing nutrition support to Ebola patients | 100% (150) | 53% (80/150) | 100% (150) | 53% (80/150) |
| Children 6-59 months screened for SAM and referred for treatment | 70% (18,885) | 121% (22,895/18,885) | 70% (18,885) | 121% (22,895/18,885) |

**EDUCATION**

| Radio Lesson Listenership Coverage during EREP monitoring | 100% | Not Available | 100% | Not Available |
| Teachers trained on psychosocial support, Ebola prevention, and safe and protective learning environments | 7,000 | 128% (8,992/7,000) | 7,000 | 128% (8,992/7,000) |
| Radio stations broadcasting emergency learning programmes | 100% (41) | 100% (41/41) | 100% (41) | 100% (41/41) |

**SOCIAL PROTECTION**

| Extremely poor households directly affected by the EVD that receive a cash transfer through the national safety net programme (***) | 8,000 | 0% | NA | NA |

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* Adjusted target reflects 27 decommissioned CCCs (Initial target: 46; New target: 46-27=19)

** The launch of the Social Safety Net Programme is scheduled on 4 May 2015, and according to the National Commission for Social Action (NaCSA), actual payment to beneficiaries will start in May 2015

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20 Listenership coverage is defined as the proportion of households with school-age children observed by monitors to have at least one child listening to the Radio Lesson of his/her age Level during lesson broadcast time.

21 All partners were focused on monitoring for Back to School.

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22 Adjustment has been made to reflect the number of children screened for SAM and referred for treatment. Previous reporting on this indicator had focused only on the number screened, and not those screened and referred. 22,895 includes the cumulative total screened and referred from September 2014 to date in 6 districts where UNICEF has PCAs with partners (8,143), as well as cumulative number of admissions in other districts as of March 2015 (14,752). The target for screened and referred is 18,885 children, calculated as 70% of the total SAM cases nationwide, however results have surpassed this target.