This report provides an update on the UNICEF response to the Ebola emergency in Sierra Leone. All statistics, other than those related to UNICEF support, are from the daily Sit-Rep issued by the Ministry of Health and Sanitation.

Highlights

Situation Overview

- The cumulative number of laboratory confirmed cases is 652 (112 new cases since last week). The number of confirmed deaths is 240 with a Case Fatality Rate (CFR) based on confirmed cases of 36.8% (9 August 2014).
- Ninety seven (97) patients are currently admitted at the Kenema and Kailahun Isolation Units with cumulative discharges of 175 (survivors).
- The total number of contacts listed is 2309: Kailahun (875), Kenema (1036), Port Loko (52), Kambia (10), Bo (119), Bombali (65), Bonthe (26), Moyamba (9), Tonkolili (10), Kono (35) and Western, Area (72). 1215 have completed 21 days and are dropped off from follow-up.

Most Urgent Humanitarian Needs

In order to be more effective in the Ebola response there is an urgent need for the following:

- Additional Health Workers (doctors & nurses),
- Transport – Ambulances (4x4), Pick-ups (4x4), motorcycles,
- Medical supplies (including personal protective equipment),
- Nation-wide community outreach/social mobilization programmes,
- Scaling-up of Contact Tracing,
- Support to survivors & affected communities (including Family Tracing & Reunification and Psychosocial Support).

Funding requirements (Summary)

- The current total requirements for UNICEF are US$3,499,706 to offer comprehensive support to the six pillars: Coordination; Social Mobilization; Surveillance and Contact tracing; Supplies and Logistics; Child Protection; and Case Management (+WASH)1.

Inter-Agency Collaboration, Coordination, and Key Partnerships

- UNICEF participates in the Ebola Operations Centre (EOC). The EOC serves as the Sierra Leone National Central Command and Control Center for Ebola Outbreak Response activities (24/7). During daily meetings the situation is reviewed and strategic decisions are taken.
- National Task Force on Ebola meets once a week with a focus on updating the broader development group, including UN, donors, local and international NGOs.
- UNICEF supports and participates in five Pillars that are set up for the fight against Ebola as follows: (i) Coordination, (ii) Logistics, (iii) Social Mobilization, (iv) Child/Social Protection, and (v) Surveillance and Laboratory pillar.

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1 Total budget for National Ebola Virus Disease Outbreak Response Plan is US$ 25,817,130
• UNICEF staff have been out-posted to eight districts around the country most affected/at risk. In five of the districts UNICEF is co-chair of the District Ebola Operations Centre. Two international experts (C4D and Emergency Coordination) provide support at national level. Additional international experts in process of being recruited.

• On 6th August 2014, UNICEF convened a meeting with 37 National and International NGOs (Implementing Partners). The aim was to discuss the impact of the Ebola Outbreak on their regular development programmes, their potential engagement in the Ebola response and challenges encountered. Partners raised concerns that have been shared with the National Ebola Taskforce, EOC as well as with Government and Development partners (see Annex 1). Furthermore:
  ➢ 8 out of 35 NGOs who responded to a questionnaire stopped working due to Ebola in at least 1 district²; 12 organizations reduced activities in one or more sectors³.
  ➢ Key challenges identified, included: Risk of infection [21 out of 35 responding NGOs]; Confusion around social mobilization messages [11/35]; and Funding [9/35].
  ➢ Of the 12 INGOs present 7 had reduced # international staff.
  ➢ 30 of the 35 organizations were somehow involved in the Ebola response [Social Mobilization: 30/35; Contact Tracing: 7/35; Child Protection: 7/35]

**UNICEF SLCO Ebola response**

**Social Mobilization**

• The Social Mobilization pillar met daily during the week. Activities included:
  ➢ New communication material reviewed, edited and approved by partners.
  ➢ Updating Strategic Plan on Social Mobilization to fully align it with the overall plan.
  ➢ Coordination & updating of 3Ws (who, what, where) mapping for NGOs doing Social mobilization.

• An intensive street-to-street social mobilization campaign for Western Area/Freetown (WA) continued – Trained social mobilizers on motorbikes (50) with provision of hand megaphones and placards visited all neighborhoods in WA. IEC/BCC materials were distributed to the communities and Questions and concerns raised by communities clarified on the spot.

• Redesigned Information, Education, Communication (IEC) materials have been reprinted a third time which includes T-shirts, posters, leaflets and fact sheets. These materials have been distributed to thirteen districts and to all trainees who attended ToTs this week.

• A number of Training of Trainers (ToT) workshops in Social Mobilization/Community Sensitization were organized.
  ➢ 5th August: A one-day ToT workshop for 53 NGO staff on Social Mobilization and community outreach;
  ➢ 6th August: A special ToT for 37 staff from the Health for All Coalition (Civil Society Organization partner). The trained staff are based in all thirteen districts and will sensitize communities on Ebola in their catchment areas.
  ➢ 7th August: 60 University Students and 24 volunteers from Mano River Women’s Peace Network were trained in order to work in the National Call Centre – 117

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² [Kailahun: 5; Kenema: 4; Pujehun 4]
³ [Health: 7; WASH 6; Education 4]
A data base of best Training-of-Trainers has been established in order to further roll out the training in the districts. A training plan has been developed to provide trainings across the country.

The Vice President chaired a meeting of parliamentarians, traditional leaders and paramount chiefs (30) from Kailahun, Kenema & Kono districts to share social mobilization plans for their district and requested UNICEF to conduct training for social mobilizers at chiefdom level. As representatives of their people and custodians of local traditions, they are true mobilizers, and will thereafter sensitize their communities. Different IEC materials were provided as well as T-shirts with key messages on Ebola prevention and mitigation.

The transportation sector has been targeted with bumper stickers (4 types), passenger "Public Ebola Notices" for taxis and CDs with songs for the minibus sound systems.

UNICEF produced a 10-minute documentary film (and 3 minute summary) for social mobilization against denial/myths surrounding Ebola and is ready for broadcasting on SLBC (TV) and other outlets.

The Sierra Leone National Emergency Call Center - of Toll Free Number “117” - moved to the EOC at WHO and is now operational on a 24/7 basis. The line can be used by concerned citizens as well as DHMTs.

The Rumour Bank is functioning and now tied into the Social Mobilization pillar. Rumours going around among population are addressed by the Social Mobilization pillar in meetings every Tuesday and Friday and key responses are approved and distributed. They will soon be posted on the website.

A Social Mobilization strategy for Western Area (Freetown) has been drafted and shared with the DHMT & Social Mobilization pillar for approval.

An information flier for the airport is under development.

Forty (40) radio stations around the country transmitted programmes on Ebola awareness and prevention during the week – including a special Prime-Time slot (8.30-9PM). This slot was used by the EOC to inform the general public on issues related to the response.

IEC materials on Ebola have been reviewed, updated and additional copies have been printed. Distribution is ongoing. The materials include; 100,000 posters, 75,000 fact sheets, 73,000 key messages, FAQs 5000, and 900 banners.

Jingles, radio slots in six local languages & songs continue to be developed and aired on national and key community radio stations across the country esp. in the Ebola affected districts.

Outreach activities by community mobilizers going door to door in Kailahun and Kenema are continued to be monitored.

Surveillance/Contact tracing:

Forty-two (42) off-road Motorcycles were donated by UNICEF to the Ministry of Health & Sanitation in order to supervise the contact tracing teams in the affected areas.

For Western Area (Freetown), UNICEF is assisting the District Health Management team (DHMT) in developing a Neighborhood Watch (NW) Programme. The NW volunteers are carefully selected and trained community members that are tasked with the following: Act on behalf of their communities as volunteers to prevent Ebola; Facilitate contact tracing by preventing and resolving difficulties including threats, violence, rejections, protests and abusive language, etc.; Report persons/homes that develop signs and symptoms of Ebola; Report individuals that may be evading health workers; Conduct outreach sensitization activities on Ebola within their communities.

UNICEF is supporting DHMTs in Kailahun & Kenema with training of 242 Peripheral Health Units staff and 1,245 community health workers/volunteers (Kenema) and 210 volunteers (Kailahun). This should improve understanding and knowledge on Ebola among the affected communities facilitating improved contact tracing.

UNICEF has drafted a plan to roll out contact tracing in four additional affected districts – pending funding availability.
Logistics

- **Supplies** including intravenous fluids, gloves, facial masks, disinfectants and goggles were distributed to the affected districts and will continue to be distributed as required.

Child Protection

- A mapping of CP agencies engaged in Ebola response ‘Who is doing What, Where’ (3W) has started to help identify resource gaps and interventions needs.
- A report on a Rapid Assessment (RA) of the Impact of the Ebola Outbreak on Children and their communities in the two most affected districts (Kenema and Kailahun) is being finalized.
- Considering the findings of the assessment the response plan was updated – including: (i) Community sensitization; (ii) Interim care for abandoned children and engagement of community mechanisms for reunification of affected children; (iii) Psycho-social care & support; and (iv) Basic needs/Livelihood support.
- The content of five relief packages (food and non-food items) for five vulnerable groups have been developed in collaboration with Ministry of Social Welfare, Gender and Children Affairs (MSWGCA), nutrition department of the MoHS and WFP.
- Thirty eight (38) frontline workers of Community Based Organizations, NGOs and social workers have benefitted from training on Child Protection in Emergencies and psychosocial support for children in Freetown.

WASH

- Implementing Partners in WASH from affected and non-affected districts have been trained on Ebola and have started engaging in Social Mobilization activities in their catchment districts.

Human Resources and Surge Capacity

- Two additional International Communication for Development experts are expected to join the team the coming week. There is a need for an additional Child Protection in Emergencies expert.

Media and Communication

- Interviews were conducted with PR Week, The Guardian, The Mirror, CBE News, SKY News, ITV News, ARA Newspaper (Spain), NOS, RTL4. UNICEF continues to respond almost daily to relevant media enquiries.


- Sierra Leone Football Association (SLFA) donated US $ 50,000 to UNICEF as part of their contribution in the fight against the Ebola outbreak in Sierra Leone. The President of Sierra Leone, HE Ernest Bai Koroma handed over the cheque to UNICEF Representative, Roeland Monasch at State House in the presence of Miatta Kargbo, Minister of Health & Sanitation, and Isha Johansen, president of SLFA. For details: http://thenationonlineng.net/new/ebola-slfa-donates-50000-to-unicef/

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4 (i) Discharged patients (survivors); (ii) Families of Ebola patients who have died; (iii) Quarantined families/Isolated individuals having had contact with Ebola positive patients; (iv) Children affected/abandoned as a result of Ebola death in family in interim care centres/residential care homes; (v) Orphaned or abandoned children placed in kinship care/foster families.
Challenges

- Continued denial and myths surrounding Ebola seriously affect prevention and mitigation measures.
- The cases of affected people escaping from treatment centers continued. Some infected people, including medical personnel, are still disappearing with their families, leading to fear and tension in the communities and great uncertainty in the control of the disease.
- Refusal by health workers to work in isolation wards and Ebola treatment hospital.
- Placement of abandoned children in Kailahun is still a concern with no interim care centre or residential care facilities available.
- Misconception about the need to use chlorine instead of soap.
- Inadequate financial resource (including technical and human resources) is a major constraint to the fight against Ebola.

Funding

- Within the broader framework of the National Accelerated Ebola Virus Disease Outbreak Response Plan, UNICEF Sierra Leone Country Office (SLCO) has identified a number of key priority thematic areas: Coordination, logistics, surveillance, Social Mobilization/public information, and child protection which it seeks to support through financial and technical support as well as through provision of supplies.

- The current total estimated funding requirements for UNICEF\(^5\) are US$ 3,499,706 to offer comprehensive support to the five pillars: (i) Coordination, (ii) Supplies and Logistics, (iii) Social Mobilization, (iv) Surveillance and Contact Tracing; (V) Child/Social Protection. Since the beginning of the Ebola outbreak in Sierra Leone, UNICEF has received a total amount of US$ 856,248 which includes; US$ 200,000 (OFDA), US$ 131,248 (CERF), and US$ 200,000 (UNICEF Global - Thematic Humanitarian Response - WCARO), US$ 300,000 US Funds, and US$25,000 (Dawnus). The current funding gap is US$ 2,643,458. Keeping in view the fast spread of Ebola additional interventions/support are required, hence the funding requirements are being revised and will go up.

<table>
<thead>
<tr>
<th>Country Office</th>
<th>Ebola Response Requirements (US$)</th>
<th>Funds Received (US$)</th>
<th>Funding Gap (US$)</th>
<th>% Funding Gap</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Leone</td>
<td>3,499,706</td>
<td>856,248</td>
<td>2,643,458</td>
<td>76%</td>
<td>US$ 200,000 (OFDA), US$ 131,248 (CERF), US$ 200,000 (UNICEF Global - Thematic Humanitarian Response - WCARO), US$ 300,000 (US Fund for UNICEF), and US$25,000 (Dawnus).</td>
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Next steps

- A nation-wide house-to-house Ebola mobilization campaign is planned. The strategy involves 25,000 community volunteers who will be going from ‘door-to-door’, interacting with household members, clarifying concerns and questions, strengthening contact tracing, identifying children affected by Ebola and building confidence between people and health workers. Each house visited will be provided with a bar of soap to promote hand washing and a sticker stamped in each house with a message “Prevent Ebola in your house”. The campaign will be first conducted in Freetown. Lessons learned from Freetown will be used to scale up the campaign in other districts.
- Roll-out ‘street-to-street campaign’ using social mobilizers on motorcycles to all district towns.

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\(^5\) The funding requirement will be increased the coming week.
• Finalize recruitment of additional International staff in areas of: Coordination, C4D and Child Protection/Psychosocial Support.
• Continue fundraising in order to ensure comprehensive support to the six pillars.
• An anthropologist from Senegal who lead the anthropological study (WHO) will return to Sierra Leone next week to work with the Social Mobilization and Protection pillar to translate the findings of his study in new messages and programmatic interventions.
• Hand washing facilities with Ebola messages are expected to be installed in district hospitals and major markets.

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Annex 1

Consultation among 37 NGO Partners/UNICEF related to Ebola Outbreak & Response

Key messages

On 6 August, UNICEF convened a meeting with representatives from 37 National and International NGOs to discuss the impact of the Ebola Outbreak on their development programmes, their potential engagement in the Ebola response and challenges encountered. In summary the following ten points came out which the group shared with the Ebola Emergency Operations Centre, Government, and Development partners:

1-The Ebola Response needs to be scaled up further – Partners see a clear role for themselves – especially in Social Mobilization and Child Protection/Social Welfare.

2-There is a need for better communication by the EOC to partners. There are many issues unclear – examples are: When recommended to use of Chlorine?; What is the role of the military?; What gatherings are permitted and which are discouraged; Is Kenema quarantined or parts of the town? Who is supposed to provide information at district level? Who coordinates? What are the risk levels for staff?

3-There is a need for better coordination – even clarity on who is coordinating what? Who, is doing What, Where (W3) is needed, with support from OCHA.

4-There is a need to build the capacity of staff of implementing partners on Social Mobilization related to Ebola.

5-There is a need to continuously revisit and update the Social Mobilization communication materials.

6-A Lessons Learned exercise is needed to understand what components in the response work in Kailahun which could be replicated in other districts.

7- There is a need for comprehensive assessment of the impact of Ebola on the country. The impact of Ebola is devastating for entire society. Aside from the tragic suffering and deaths of Ebola cases, we see that the health, education and social welfare systems are collapsing and the economic growth is at risk.

8-There is a need for comprehensive planning for next 6 months beyond the immediate Ebola Response Plan. Implications of scenarios need to be translated in plans. For example, what happens if schools don’t open in September? Broader programming addressing the broader response. NGOs need clarity on what will be expected from them.

9-NGOs will need financial support in order for them to take their responsibility. Also clarity on what happened to funds committed by Government?

10-Partners are concerned about the level of protection provided to the health workers – the nurses and doctors - in the clinics and hospitals. They need to be properly equipped and supported to do their work.

7 August, 2014