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Zeinabou, 4, is a survivor, reunited with her family thanks to the support of the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA).

Sierra Leone

Humanitarian Situation Report

unicef 

Weekly SitRep – Reporting Period 29 Sept - 8 Oct 2014

SITUATION IN NUMBERS

Highlights

- As of 7 October 2014, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 2,492. The number of confirmed deaths is 703 with a Case Fatality Rate (CFR) of 28.2 percent (based on confirmed cases).*
- Of the EVD confirmed cases, around 22% are children and youth (0-17 years), approximately 549 children. To date, 1,480 children have been identified as affected by the Ebola crisis (737 girls and 743 boys).**
- A UNICEF charter flight arrived on 2 October 2014, with over 37 metric tons of essential supplies. To date, UNICEF has chartered five flights and delivered over 237 metric tons of supplies, worth over US\$ 1.95 million for Sierra Leone's Ebola response.
- Funding is urgently needed to scale-up UNICEF's response to the crisis; over 62 percent of the US\$ 61 million appeal remains unfunded.
- SRSB Anthony Banbury, head of the new United Nations Mission on Ebola Emergency Response (UNMEER) arrived in Sierra Leone on 3 October 2014, to meet with the President and ministers, NGOs, women's groups, and the UN country team about the UNMEER mission.

* 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 GoSL is defining the number of children affected as: quarantined, orphaned, UASC, in treatment & discharged.

Situation Overview & Humanitarian Needs

The situation in Sierra Leone continues to deteriorate, with transmission rates remaining high and widespread. Despite the scale-up of response efforts, the trend continues to see an alarming increase in the number of newly reported cases in the western area (rural and urban), which includes the capital Freetown, as well as in the districts of Port Loko and Bombali. At least 492 EVD confirmed cases have been reported over the past ten days across the country.

Although the border crossing between Guinea and Sierra Leone was officially reopened on 30 September 2014, the districts of Bombali, Kailahun, Kenema, Moyamba and Port Loko remain under quarantine. The impact of the crisis, combined with the measures taken by the GoSL to

2,492

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

703*

of confirmed Ebola deaths
(GoSL, Oct 2014)

1,480**

of children affected by Ebola
(GoSL, Oct 2014)

3.12 million (U5'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

62%

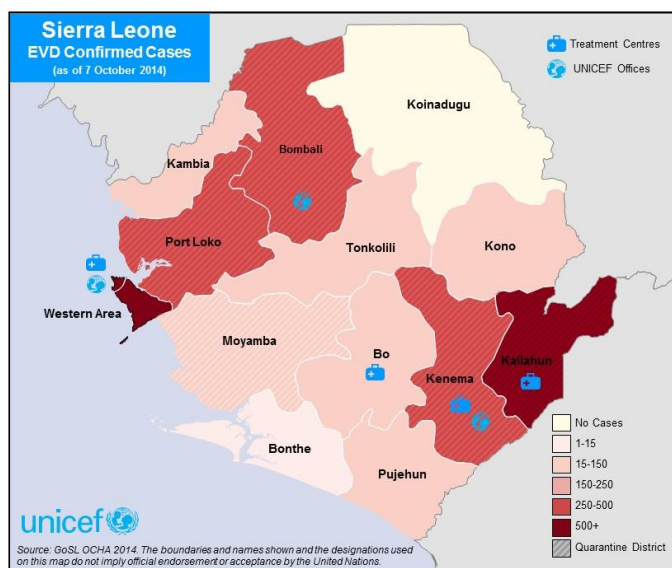
* Deaths reported are not new but have been updated retrospectively from hospital records reviewed by GoSL & WHO. Data cleaning is ongoing therefore the figures will keep on changing as the cleaning continues.

**The GoSL is defining the number of children affected as: quarantined, orphaned, UASC, in treatment & discharged.

***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: [\(UNICEF\)](#)

contain the spread, have led to limited access to education, health services, information and the freedom of movement (quarantined districts, communities and households). Further exacerbating the country's weak health system, 97 out of the 123 confirmed EVD cases among health workers have died.¹ In addition, although a new Ebola treatment unit (ETU) was recently opened in Bo, ETUs are operating beyond capacity and there continues to be need for more, particularly in the hotspots such as Bombali, Port Loko and the Western Area. The inadequate number of beds also remains a major challenge.

Children comprise over 49 percent of the population in Sierra Leone, approximately 3.12 million, with children under five making up 16 percent – slightly over one million. Of the EVD confirmed cases, around 22 percent are children and youth (0-17 years), approximately 549 children. Through the extensive family tracing network across the country, to date, UNICEF and its partners have identified 1,480 children as being directly affected by the Ebola crisis - 737 girls (49.8 percent) and 743 boys (50.2 percent). Out of these 1,480 children, 254 (17 percent) are in need of psychosocial support (PSS); 161 (11 percent) need family reunification/ placement with kinship families; 87 (51 girls, 36 boys) have been reunified with extended family; 1 girl has been placed in alternative care (foster parent); and, 23 (9 girls, 14 boys) were placed in interim care centres (ICCs) in Kailahun and Kenema, while family tracing is ongoing.



Although schools remain closed, the Ministry of Education, Science and Technology (MEST), with UNICEF support, school-going children are now engaging in the innovative emergency radio education programme, which started on 6 October 2014. The MEST 2011-2012 school census indicates that 1,547,237 (812,984 boys/734,253 girls) children were enrolled in primary, junior and secondary school. For primary school (grade 1-6), there was 1,194,503 students (611,604 boys/ 582,899 girls); junior secondary, 244,490 (134,096 boys, 110,394 girls) and secondary school, 108,244 (67,284 boys/40,960 girls).

Some of the major child protection concerns that are being raised is the significant increase in orphans and unaccompanied and separated children (UASC); the poor condition of children in quarantined households (QHHs) and the quality of care, including psychosocial support for children in ETUs, Ebola Holding Centres (EHCs) and (ICCs). Stigmatization and discrimination also remain high in communities. In terms of nutritional requirements for children, there is also a need for supplementary food for infants and under-fives in QHHs, ETUs, EHCs and ICCs.

Humanitarian leadership and coordination

On 3 October 2014, UNICEF's Executive Director, Anthony Lake, announced that an Ebola Crisis Cell will be established at its Headquarters in New York to coordinate UNICEF's scale-up efforts. Dr. Peter Salama has been appointed as the Global Emergency Coordinator (GEC) and tasked with leading the cell. Also, the UN Secretary General has launched a common financing mechanism, the Multi Donor Trust Fund (MDTF), to ensure a coherent UN System contribution to the Ebola response as well as rapid scale-up and action.

Programme Response

In partnership with the GoSL, 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 protection, health, water, sanitation and hygiene services (WASH) as well as essential medicines and protective equipment. UNICEF has deployed staff to all districts, including hotspots areas to support and monitor the response at the district and community level. Large-scale social mobilization and communication campaigns continue throughout the country.

¹ According to WHO, deaths reported amongst health care workers are not new but have been updated retrospectively from the districts.

Communications for Development (C4D)/Social Mobilization²

- Social mobilization activities have been strengthened with the recent release of the Knowledge, Attitude and Practice (KAP) findings; the rollout of the National Communication Strategy Response to Ebola and the updated mapping of partners' interventions by district. The study can be found [here](#).
- To further enhance SM interventions, the Messaging and Dissemination subcommittee agreed on six key focus areas, under the message, *Act against Ebola*: i) Take action to protect individuals and families in the home while waiting for help; ii) Promote safe funeral and burial practices; iii) Address misconceptions about Ebola; iv) Support and provide accepting environment for survivors; v) Eliminate stigma and provide accepting environment for Ebola service providers; and, vi) Promote unity, cooperation, and hope against Ebola.
- On 2 October 2014, a one-day workshop on rolling out of the national communication strategy was organized by the SM pillar, which included 63 participants, representing over 40 organizations. With support from UNICEF, the Health Education Division (HED) plan to organize a one day workshop with the districts SM teams, which comprise of district councilors, District Medical Officer (DMO), district SM coordinator and NGO partners) to rollout the national communication plan at the district level. The monitoring and feedback mechanism between the National SM pillar and District SM committees is being developed to be in place before the rollout of the National Strategy at the district level.

House to House campaign. One hundred independent monitors were deployed to all districts to assess the implementation of the Social Mobilization campaign. The Independent Monitoring Team has confirmed that 94.7 percent out of the 1.5 million households targeted were visited during the 'Ose to Ose Ebola Tok', from 19 to 21 September 2014.

Health

- UNICEF continues its support to the MoHS to build capacity of health workers in all health facilities across the country in infection prevention and control (IPC), in collaboration with the Center for Disease Control (CDC) and the Ebola Response Consortium (ERC). The ERC comprises of IRC, Save the Children, Concern Worldwide, Marie Stopes Sierra Leone (MSSL) and Care.
- With funding provided by DFID, in collaboration with the CDC and ERC, UNICEF supported a two-day training of *master trainers* to rollout the IPC training of trainers (ToT) in each district. In total, 12 senior nurses and midwives, two community health officers and a physician were trained on IPC and Ebola screening at primary health units (PHUs). Over the next few weeks, 246 trainers will benefit from the ToT on IPC. The training will be further conducted in the 1,185 PHUs across the country.
- The IPC training is a crucial intervention as it allows PHU staff to continue providing the population with highly needed health interventions such as malaria testing and treatment, antenatal care, postnatal care, HIV, nutrition and immunization. The trainers will also deliver supplies for infection control system implementation and adherence to standard universal precautions, including personal protective equipment (PPEs). The training was technically facilitated by the CDC.
- UNICEF, in partnership with the MoHS and four NGO partners (IRC, Save the Children, World Hope International and Child Fund), are supporting a network of 8,158 community health workers (CHW), currently operating in 10 districts. The partnership is reviewing the progress of the community-based interventions, including Ebola sensitization in an effort to strengthen the network.
- UNICEF is planning to expand the network of CHWs to the district of Port Loko. The district is the third most affected after Kailahun and Kenema, with almost 80 cases reported in the past week. 1,100 CHWs will be trained in maternal, child and newborn community based interventions as well as in Ebola prevention. The CHWs will aid to increase communication efforts to lower EVD transmission in the district and rebuild confidence in the health system.



With funding provided by DFID, in collaboration with the CDC and ERC, UNICEF supported a 2-day TOT on IPC in Freetown.

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² 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.

WASH

- WASH is now an established component of the Case Management (CM) pillar.³ The WASH Strategy – Emergency Ebola Response, including the provision of WASH facilities in health structures, should be endorsed by the GoSL this week. Together with its partners, UNICEF is working on the operational plan to be implemented as soon the strategy has been approved.
- UNICEF and partners have also included two WASH criteria in the Standard Operating Procedure (SOPs) for ETUs, EHCs and Ebola care units (ECUs), which are currently under review by the Emergency Operations Centre (EOC). The criteria require any site to have access to adequate water and space within the compound for waste management.
- UNICEF continues to support four centres with water and waste management facilities in Hastings, Lakka (Western area), Zimmi (Pujehun) and Moyamba. This includes a 30,000 liter water storage tank and an electric water pump installed at Hastings, which benefits the 100 beds at the centre. At Zimmi's holding centre, the water supply system has been rehabilitated with a submersible pump and a 9,000 liter elevated water storage tank.
- Through UNICEF's WASH partners, more than 102,500 people (17,450 households) were reached this week with essential Ebola prevention messages and 670 Ebola sensitization meeting were held in seven districts.
- Plans are underway for Global Hand Washing Day which will be held on 15 October 2014.
- Funding availability and sector coordination continue to be the main issues affecting scale-up of the WASH response.

Nutrition

- With funding provided by IrishAid, UNICEF continues to support the technical committee established by the Nutrition Coordination group as well as providing technical support to the MoHS and other partners.
- To support the provision of nutrition services, the technical committee agreed: i) to strengthen the treatment of severe acute malnutrition (SAM) through the orientation and training of health workers in PHUs with outpatient therapeutic centres (OTPs), as well as the scale-up of treatment of SAM as planned on the revised integrated management of acute malnutrition (IMAM) protocol. This also includes the orientation of implementing partners on screening for SAM identification in the Ebola context; and, ii) the scale-up of community infant and young child feeding (IYCF), monitoring and supportive supervision for nutrition services through partners at the district level.

Education

- To address the issue of children not in school, the MEST, with UNICEF support, officially launched the Emergency Radio Education Programme (EREP) on 3 October 2014. EREP is targeting primary, junior, secondary school going children across the country, with lessons commencing on 6 October 2014. Sessions for primary, junior and secondary students will air Monday to Thursday, with one hour dedicated for each level. Pre-primary broadcasts will air on Fridays for one hour. The programmes will focus on core subjects (mathematics, English language, science, economics, business studies and social studies). Lessons on life skills, PSS, Ebola prevention, sanitation and hygiene will begin next week. The EREP is being broadcasted by the Sierra Leone Association of Journalists (SLAJ) and the Independent Radio Network (IRN) through a network of 41 radio stations across the country.
- UNICEF aims to provide exercise books/pencils and radios to about 15 to 20% of school-going children from vulnerable families/HHs.
- UNICEF is also working with the MEST and District Education Officers to mobilize teachers at the community level to raise awareness around the EREP as well as working with the Ministry of Social Welfare, Gender & Children's Affairs (MSWGCA) to engage teachers in PSS.

Child Protection

- In order to strengthen the Child Protection and Social Protection pillar, gender has officially been incorporated.⁴ In addition, four subcommittees have been established focusing on key areas: i) psychosocial support (PSS); ii) family tracing and reunification (FTR) and coordination; iii) social mobilization; and, iv) logistics.
- The MSWGCA, UNICEF and Plan International will conduct a monitoring mission to all districts to assess and provide technical support to child protection partners with the aim of improving overall coordination, and the care and support provided to children affected by Ebola.

³ The CM pillar has coordination meetings twice a week at WHO.

⁴ UNICEF is the lead agency for the UN on child protection in the Ebola response and is co-chairing the Child Protection, Social Protection and Gender Pillar with MSWGCA. The pillar meets once a week at the MSWGCA.

- Further, to address some of the misinformation around services and procedures specific to children in the Ebola response, UNICEF held a half day workshop on 1 October 2014 for child protection agencies that are part of the FTR and Coordination subcommittee. A session on how to appropriately address the needs of children in quarantine and children who are discharged was also covered. Plans are underway for the Survivors conference which is tentatively planned for 15-17 October 2014 in Kenema.

HIV/AIDS

- UNICEF is working with partners to trace and encourage persons on ARVs, including children, to go to health facilities and continue their treatment. Prior to the EVD crisis, approximately 540 children were receiving ARV treatment. During the first week of implementation, HAPPY⁵ was able to contact 197 people living with HIV - 96 children and 101 women, by home visit or telephone.
- Further, in six districts, 51 people living with HIV went directly to a treatment centre; 18 received their treatment at home; eight moved to another treatment center; 30 were not found at the address provided or did not answer the telephone; and 98 were no shows and will be scheduled for home visits next week.
- A concern raised by people living with HIV is the fear of exposing themselves to Ebola at hospitals or treatments centres. Also, incorrect contact information is hindering the tracing process of women and children on ARVs. In order to address specific needs of their members, the network of HIV positive persons in Sierra Leone (NETHIPS) has recently joined the SM pillar.

Media & External Communication

- UNICEF continues to provide international media outlets with interviews, including with the German Berliner Morgenpost; German Press Agency (DPA); DPA Kinder (German Press Agency branch focusing on news for children); RNE; Spanish Television, Dutch Radio (NOS), El Mundo; and, Bloomberg.
- Information on the impact Ebola is having on children as well as the overall situation in the country was shared with UNICEF National Committees and various media platforms. UNICEF remains active on social media, including the Sierra Leone Facebook page and on Twitter.

Supply and Logistics

- A UNICEF charter flight arrived on 2 October 2014 with over 37 metric tons of supplies. The charter included oral rehydration salts (ORS)/infusions and tents to be used at ETUs and EHCs.
- To date, with funding provided by the World Bank and UKAID, UNICEF has chartered five flights with over 237 metric tons of supplies for the Ebola response in Sierra Leone, of which 200 metric tons have been distributed. The supplies worth over USD 2m, included PPEs, essential medicines and medical supplies. Supplies were distributed from the central medical store (CMS) in Freetown to 12 district medical stores, 33 EHCs and four ETUs, covering about one to two month needs.
- UNICEF handed over 22 tents to WHO, of which 17 will be used for the ECUs at the chiefdom level in Port Loko. The distribution of antimalarial medications for PHUs was completed for eight districts – Bo, Bombali, Bonthe, Kailahun, Kambia, Kenema, Koinadugu and Kono. UNICEF continues deliver PPEs, critical health, nutrition and WASH supplies to the districts on the planned two-week distribution schedule, based on availability of supplies at the CMS in Freetown.

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 2015.⁶ To date, USD 23m has been received, 38 percent of the appeal.
- UNICEF greatly appreciates the contributions that have been received to date from the Government of Japan, 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: 16 October 2014

⁵ UNICEF's partner, HIV and AIDS Prevention Project for Youths (HAPPY), is working to alleviate the impact of HIV on children, focusing on tracing and ensuring they continue their treatment.

⁶ Ebola Virus Disease Outbreak - Overview of Needs and Requirements - September 2014: [\(OCHA\)](#) & UNICEF Ebola Response Appeal: [\(UNICEF\)](#)

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UNICEF Ebola Response Appeal: http://www.unicef.org/appeals/files/20140915_HAC_Ebola_Response.pdf

Who to
contact for
further
information:

Roeland Monasch, Representative
UNICEF Sierra Leone
Tel: +44 2033579278/9 x1001
Mobile : +232 79 250 230
Email: rmonasch@unicef.org

Gopal Sharma, Deputy Representative
UNICEF Sierra Leone
Tel: +44 2033579278/9 x2001
Mobile: +232 76 291 023
Email: gsharma@unicef.org

Issa A. Davies, Communication Officer
UNICEF Sierra Leone
Tel: + 232 76 601 310
Mobile: +232 78 368 975
Email: idavies@unicef.org