



During the House to House campaign, a team of social mobilizers provides Ebola prevention messages to residents at Moe Wharf, one of the many densely populated slums in Freetown.

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# Sierra Leone

## Humanitarian Situation Report

unicef 

Weekly SitRep – Reporting Period 22-28 September 2014

### SITUATION IN NUMBERS

## Highlights

- In an attempt to curb the spread of Ebola, almost half of Sierra Leone's 6.34 million population is under quarantine after the President's announcement on 24 September 2014 to add the districts of Port Loko, Bombali, and Moyamba. Kailahun and Kenema are also under quarantine.
- As of 28 September, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 2,000; (360 new cases since last week). The number of confirmed deaths is 568 with a Case Fatality Rate (CFR) of 28.4 percent (based on confirmed cases).\*
- Of the Ebola confirmed cases, around 22% are children and youth (0-17 years), approximately 440 children. To date, 1,131 children have been identified as affected by the Ebola crisis (575 girls and 556 boys).\*\*
- Preliminary results of House to House campaign, supported by UNICEF indicate that 75-80 percent of the population was reached.
- A UNICEF chartered flight with over 60 metric tonnes of supplies arrived on 26 September 2014. Another 25 metric tonnes arrived earlier in the week on an MSF flight. The charters included 41,000 protective coveralls as well as other critical health, nutrition and WASH supplies.
- Funding is urgently needed to scale-up UNICEF's response to the crisis; over 79 percent of the US\$ 61 million appeal remains unfunded. A donor conference, led by the UK was held for 2 October 2014 in London.
- On 23 September 2014, the UNSG appointed David Nabarro as UN Special Envoy for Ebola and Anthony Banbury as Special Representative and Head of the UN Mission for Ebola Emergency Response (UNMEER). SRSB Banbury plans to visit Sierra Leone on 3 October 2014. An advance UNMEER team has arrived in Sierra Leone this week.
- IMF has approved US\$ 40 million in emergency aid to Sierra Leone to cover part of the immediate balance of payments and budget needs.

\* 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.

**2,208\***

# of cumulative Ebola cases  
(GoSL; WHO, Sept 2014)

**616\*\***

# of cumulative Ebola deaths  
(WHO, Sept 2014)

**1,131\*\*\***

# of children affected by Ebola  
(GoSL, Sept 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**

**79%**

\*The GoSL & WHO are defining the number of cumulative cases as: all suspect, probable and confirmed cases. ([WHO](#))

\*\*Deaths reported are not new but have been updated retrospectively from hospital records reviewed by 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](#))

## Situation Overview & Humanitarian Needs

The EVD outbreak in Sierra Leone has just entered its fifth month and transmission rates are widespread and on the rise. More resources are urgently needed to cope with the increase caseload with over 360 new confirmed cases reported this week. Over the past few weeks there has been a sharp increase in the number of newly reported cases in the capital, Freetown, as well as in the districts of Port Loko, Bombali, and Moyamba. Newly reported cases in Kailahun and Kenema appear to be stable or slowly declining but this still needs to be verified. The impact continues to be unprecedented. The country's health infrastructure is not equipped to handle the crisis, and with only one doctor for 33,000 people, it is placing a massive strain on the already existing fragile health system. Further exacerbating the system, 82 health workers have died out of a total of 105 confirmed cases, according to WHO.

EVD continues to place a considerable strain on the economy and food security – exacerbating already fragmented and poor households, undermining service delivery and safety nets in all areas. A recent report published by IASC in September, emphasized that in particular, female and child headed households were among the most vulnerable. The economy has taken a significant blow, FAO has warned of soaring food prices and the World Bank estimates that the medium-term impact could reduce outputs by 8.9 percentage points of the GDP. Concern that food and other shortages will cause unrest and force infected people to travel.

The nutritional status of children and women is concerning. Although, preliminary results of SMART survey, undertaken between June and August 2014, indicate that the nutritional situation of children under five and women of child bearing age has improved significantly since 2010, the fear now is that these advancements will decrease due to the high cost of food, less farming activities, etc. The survey was conducted in all districts except for Bonthe and Kailahun.

On 24 September 2014, President Ernest Bai Koroma announced that in addition to the eastern districts of Kenema and Kailahun, three more districts - Bombali and Port Loko in the north and Moyamba in the south, would also be under quarantine, in an attempt to curb the spread of the virus. These five districts comprise over half of Sierra Leone 6.34 million population. People travelling in these areas require a special pass issued by the Emergency Operations Centre (EOC) and security and medical screening check points have been set for people going in and out of these districts. The President also announced that hotspots in Tonkolili, Pujehun and Kambia would be in isolation.<sup>1</sup>

The outbreak has spread to 13 of the 14 districts since the first case was confirmed on 23 May 2014. Koinadugu remains the only district that has not registered a confirmed case. According to data released by the Ministry of Health and Sanitation (MoHS) and WHO, as of 28 September 2014, 568 people have died from EVD with a cumulative number of laboratory confirmed cases reaching 2,000. Transmission remains high in Freetown (Western Urban) which has 207 confirmed cases, as well as in the districts of Kailahun (529), Kenema (426), Port Loko (231), and Bombali (223). The current CFR based on confirmed cases is 28.4 percent

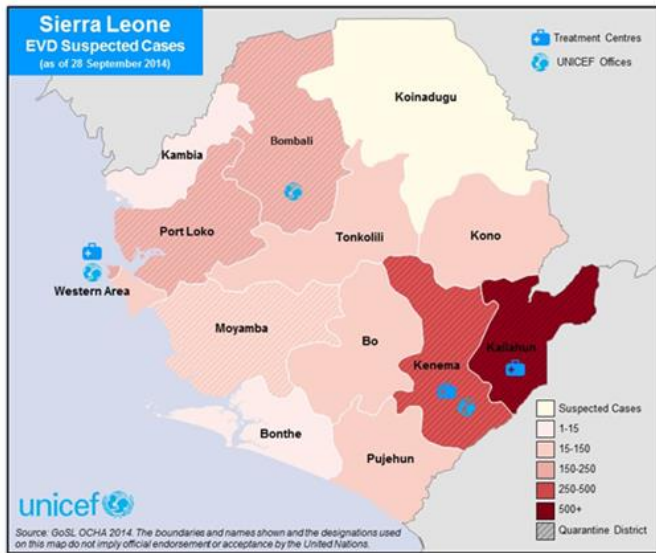
Of the EVD confirmed cases around 22 percent are children (0-17 years) approximately 440. Sierra Leone has a young demographic, with children comprising over 49 percent of its population, approximately 3.12 million children. Children under five comprise 16 percent of the population, just over one million children. The last figures of children affected have been amended from 1,138 to 1,131 as there were duplications in the previous registration. Of the 1,131 affected children, 575 are girls (51 percent) and 556 boys (49 percent), of which 40 (3.5 percent) need family reunification / placement with kinship families, 23 (10 girls, 13 boys) have been reunified with extended family, 1 girl has been placed in alternative care (foster parent) and 6 (4 girls, 2 boys) have been placed in temporary interim care, while family tracing is ongoing. Data is from all affected districts, except Kambia and Koinadugu.

### House to House campaign

From 19 to 21 September 2014, the *House to House campaign* ('Ose to Ose Ebola Tok'), 19- 21 September, supported by UNICEF, aimed at reaching every household with life-saving information on the prevention and response to Ebola, has been observed by GoSL, general public and partners as a major success. Preliminary results indicate that between 75- 80 percent of the population was reached. However, data is still being compiled by independent monitors, which should give a more accurate report on the coverage. Immediately after the campaign, the GoSL started its "mopping up" exercise where it targeted higher risk areas (areas under quarantine) and hard to reach areas that were missed during the initial campaign.

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<sup>1</sup> GoSL official press release on the outcome of the 'Ose to Ose Ebola tok' campaign, issued 24 September 2014. ([GoSL](#))



Cumulative Summary of EVD cases in Sierra Leone (23 May - 27 September 2014)							
14 Districts/149 Chiefdoms							
District/ Population	Cumulative Cases			Cumulative Deaths			CFR %
	Suspect	Probable	Confirmed	Suspect	Probable	Confirmed	
Bo (654,142)	19	1	89	0	0	16	18.0%
Bombali (494,139)	8	1	223	0	0	11	4.9%
Bonthé (168,729)	2	0	1	0	0	1	100%
Kailahun (465,048)	18	32	529	4	35	210	39.7%
Kambia (341,690)	1	0	12	0	0	1	8.3%
Kenema (653,013)	33	0	426	4	0	232	54.5%
Koinadugu (335,471)	0	0	0	0	0	0	0.0%
Kono (325,003)	40	1	18	1	0	2	0.0%
Moyamba (278,119)	12	0	55	0	0	7	12.7%
Port Loko (557,978)	10	1	231	1	1	17	7.4
Pujehun (335,574)	1	0	16	0	0	3	18.8%
Tonkolili (434,937)	4	0	65	0	0	5	7.7%
Western Rural (263,619)	9	0	128	0	0	4	3.1%
Western Urban (1,040,888)	14	1	207	1	1	9	4.3%
<b>Population: 6,348,350</b>	<b>171</b>	<b>37</b>	<b>2,000</b>	<b>11</b>	<b>37</b>	<b>518</b>	<b>25.9%</b>
<b>Total</b>			<b>2208</b>			<b>566</b>	

Data from the GoSL Daily EVD SitRep issued by the Ministry of Health and Sanitation: (MoHS)

## Humanitarian leadership and coordination

A Presidential Taskforce has been established for the overall leadership and coordination of the Ebola response in Sierra Leone. The Emergency Operations Centre (EOC) is responsible for implementing the national Outbreak Response Plan which consists of six pillars: 1) Coordination 2) Social Mobilization 3) Surveillance and Contact Tracing 4) Case Management 5) Supplies and Logistics and 6) Child Protection and Psychosocial Support. Each thematic area has two co-chairs, one from the GoSL and the other from the UN. The GoSL is considering establishing additional pillars for Education and Gender. UNICEF is co-chairing the Social Mobilization Pillar with the Health Education Department of the MoHS as well as the Child Protection and Psychosocial Support Pillar with the Ministry of Social Welfare, Gender & Children Affairs (MSWGCA). UNICEF's WASH, Nutrition, Education, and HIV/AIDS interventions have been integrated throughout all of the pillars.

## 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 health, water, sanitation and hygiene services (WASH) as well as essential medicines and protective equipment. Large-scale social mobilization and communication campaigns continue throughout the country.

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

- UNICEF is the lead agency for the UN on social mobilization in the Ebola response and is co-chairing the Social Mobilization (SM) Pillar with the Health Education Division of the MoHS.<sup>2</sup> The House to House campaign was well organized and rolled out over the 3-days without any major issues. Preliminary data from the MoHS indicates that over 75-80 percent of the population was reached.
- The SM pillar and sub-committee meetings continue to occur regularly. Priority areas include: the rollout of the national communication objectives and overall strategy (which will be finalized in the coming week); the national monitoring and evaluation (M&E) framework; messaging priorities based on the knowledge, attitudes and practices (KAP) findings as well as gender and persons with special needs.
- The SM pillar agreed that the response needs to move into a "Phase two" approach of interventions after the successful implementation of the House to House campaign. Phase two will focus more on evidence-based, result-oriented and targeted interventions under the following planned objectives in the national communication strategy:
  - By end December 2014, 80 percent of the population has comprehensive knowledge about Ebola (accurately rejects at least three misconceptions and identifies three means of prevention).
  - By end December 2014 more than 90 percent of the population believe that it is possible to recover from and survive EVD by seeking prompt medical care and services within 24 hours
  - By end December 2014 90 percent of suspected EVD deaths have safe burial practice.

<sup>2</sup> The Social Mobilization Pillar meets three times per week at UNICEF.

- By end December 2014 less than 50 percent of the population will hold any form of discriminatory attitude towards EVD survivors.
- Messaging will need to address issues around burial practices, early reporting to health facilities, household actions that will break/ limit transmission, socio-cultural activities that may fuel transmission and rumours that continue to surface.
- UNICEF is working with its counterpart, Health Education Department (HED), within the MoHS, to ensure adequate levels of communication materials are in stock and available for order/replenishment when needed, in coordination with District Health Management Teams (DHMTs).
- TV screens showing Ebola focused videos at the airport were recently installed and a monitoring visit took place to ensure they were operational. The Ebola Partnership Maps have been uploaded on the EOC site: ([MoHS](#))

## 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 Centre for Disease Control (CDC) and the Ebola Response Consortium (IRC, Save the Children, Concern Worldwide, Marie Stopes Sierra Leone (MSSL), and Care)
- This week, UNICEF procured essential IPC materials for 1,200 peripheral health units (PHUs) for a period of three months (including gloves, face masks, plastic aprons, googles and boots). This equipment, worth over US \$1.7million, will help protect health workers during triage and screening of all persons presenting at health facilities. It will also be used by health workers during temporary isolation of suspected Ebola cases while waiting their referral to an Ebola treatment unit (ETU).
- Two program cooperation agreements (PCAs) with two international NGOs - Doctors with Africa CUAMM and World Hope International, were approved to support the Ebola response in the districts of Pujehun and Bombali.
- There is a critical need for beds and additional space in the holding centres (HCs) and ETUs. There continues to be a shortage of trained staff in all areas, particularly for case management and surveillance. In many districts, ambulances and vehicles are still in short supply, which translates into lengthy delays in transporting suspected cases to the HCs, processing of lab results, dispatching burial teams and contact tracing. Contact tracing also remains a significant challenge.

## WASH

- UNICEF and WASH partners agreed on the National WASH Sector Response Strategy, including the provision of WASH facilities in health structures. This strategy will be presented to the GoSL for endorsement in the coming days.
- In addition to the 1.5 million 250 gram bars of soap distributed for hand washing promotion during the 3-day House to House campaign, UNICEF procured and distributed an additional 180,000 bars of soap to three districts requiring an extra supply.
- 750,000 liters of water were distributed to 50,000 people in eight unserved communities in western and eastern part of Freetown during the campaign.
- Four HCs were identified as a priority for WASH interventions – Hastings and Lakka (Western area), Zimmi (Pujehun) and Moyamba junction (Moyamba). These HCs are being supported depending on their needs with appropriate WASH package consisting of water supply ( increase water storage and water trucking), sanitation facilities and waste management facilities)
- Discussions were held with the GoSL's main water providers, GUMA valley and SLWACO, on how to structure a sustained supply of safe water to both ETUs and quarantined areas/communities. A detailed list of requirements/gaps is being compiled.
- Household Ebola prevention messaging continues, hand washing posters have been finalized. They will be shared with the Social Mobilization Pillar for approval. In addition, 845 Ebola sensitization meetings were held this week through our 37 WASH implementing partners who operate in seven districts.
- Funding availability and sector coordination are the main issues affecting the scale-up of the WASH response. Also, there is currently no WASH partners in the district of Bo.

## Nutrition

- UNICEF continues to support the technical committee as well as the Nutrition Coordination group which was established by the Food and Nutrition Directorate.
- Due to the perceived reduced access to health and nutrition centres, UNICEF is supporting the MoHS to conduct a rapid assessment of the functionality of all PHUs, both Nutrition and Health sectors are involved. The aim of the assessment is to get a snapshot of the impact the epidemic is having on the quality of health service delivery to

develop a comprehensive scale-up and response plan. A total of 90 enumerators were trained, including more than 50 staff from implementing partners in 9 of the 14 districts. The assessment is expected to begin on 30 September 2014 and will cover all of the 1,164 facilities in Sierra Leone. WASH capacity is also being assessed.

- UNICEF continues to support the Food and Nutrition Directorate of MoHS to adapt, develop and finalize training and education materials for community nutrition interventions. In response to the 'No touch' guidelines for community volunteers, including other support group a pictorial instruction manual for mothers of children 6-59 months, showing steps of middle upper arm circumference (MUAC) has been developed. With support of implementing partners, the instructional manual will be pre-tested, produced and disseminated to all mothers of children 6-59 months to allow them to screen their own children under the supervision of trained community health workers (CHWs).
- UNICEF distributed 5,000 boxes of Ultra High Temperature (UHT) whole/full cream milk that has been prepositioned at each district medical store together with instruction manual. The DMS will deliver these directly to the government run HCs and ETUs. The milk is to be used by 206 infants (6-12 months) in holding, treatment and interim care centres who cannot feed. A total of 39,960 packs of ready to use infant formula (RUIF) arrived in Sierra Leone on 26 September 2014 and will be distributed to all four ETUs as soon as the shipment has been cleared by airport authorities. This will benefit 174 infants for a period of 60 days (four months of treatment). Additional stock will arrive next week.

## Education

- Primary (including pre-primary) and secondary schools continue to be closed across the country. As lead agency in education, UNICEF supports the Ministry of Education, Science and Technology (MEST) with coordination of the Education in Emergency response. This is also in partnership with the Education Development Partners (EDPs). Although, an Education pillar has not been established yet, an Education Taskforce has been setup and is now finalizing work plans from the two defined priority areas of the Technical Working Groups - the *Media campaign* and *Continued learning opportunities* which focuses on the emergency radio education programming.
- The MEST, in collaboration with the EDPs and other education stakeholders, are finalizing preparations for the formal launch of the Emergency Radio Education Programme by the Minister of Education early next week. The aim of EREP is to reach all school children, including preschool aged, with quality education opportunities. This has a number of components, including psychosocial support and a life skills component related to coping with the impact of the Ebola crisis. UNICEF is aiming to link the programme with health services.

## Child Protection

- UNICEF is the lead agency for the UN on child protection in the Ebola response and is co-chairing the Child Protection and Psychosocial Support Pillar with MSWGCA.<sup>3</sup>
- Child registration data collection is on-going by Family Tracing and Reunification (FTR) partners to update numbers and status of children affected by Ebola from all districts. To date, 150 FTR relief non-food items were distributed to affected children in Kailahun, and 50 in Bo. An additional 1,000 were ordered. The FTR packages include, toys, sleeping mats, clothes, cooking utensils and jerry cans. Partnerships with six NGOs – (Defence for Children International (DCI), Restless Development, Christian Brothers, St Georges, & Family Homes Movement (FHM) & Ben Hirsh), have been finalised. FTR partners will that ensure Psychosocial Support (PSS) and FTR services are provided to all affected children.
- An additional 1,300 posters and 2,600 leaflets will be given to PHU staff during a health Ebola training, for distribution to the 1,222 PHUs. This is in addition to the 1,000 posters and 2,000 leaflets already distributed to child protection partners.
- Consensus was reached to move the Don Bosco 116 Child Line to the 117 toll free Ebola response line premises to benefit from joint resources and training, and improve coordination between the two referral systems.
- The PSS manual for Ebola affected communities was approved by the MSWGCA and training will commence next week in all districts. A scaled up training for NGO partners will commence once partners have selected participants.
- Consensus has been reached for a Survivors conference to provide PSS to survivors, while also equipping them as potential community advocates and helpers, who could provide practical care and support to quarantined persons, and persons in ETUs due to their acquired immunity to EVD. This could be a potential area to explore for providing care for children in HCs and ETUs.

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<sup>3</sup> The Child Protection and Psychosocial Support Pillar meets once a week at the MSWGCA.

## HIV/AIDS

- Since the Ebola outbreak in Sierra Leone, persons who are on ARV treatment, including children, have not been able to access health facilities as fear around Ebola has made families hesitant to go to health facilities. UNICEF is working with partners to encourage persons on ARVs to go to health facilities and continue their treatment.
- The Global Fund against AIDS, tuberculosis and malaria has confirmed USD 626,000 to put towards a plan to minimise the impact Ebola, specifically on HIV and TB. Although the plan is still being finalized, the objectives of the program are:
  - To maintain routine HIV and TB services in health facilities by training health staff on infection prevention and control (IPC) and use of personal protective equipment (PPEs).
  - To raise awareness on Ebola among HIV and TB patients and their communities.
  - To task HIV support groups and community directly observed treatment (DOT) providers in charge of tracing defaulter patients.
- UNICEF will be tasked with procuring and distributing PPEs to HIV and TB centers and involved in awareness raising. Malaria is also receiving funds from the Global Fund and similar plans are underway with partners and MoHS.

## Technology for development (T4D)

- UNICEF is exploring the possibility of integrating technology for development (T4D) into its Ebola response. Currently, there is limited, but growing, T4D usage in place to support efforts. An Ebola Hotline (#117) has been set up with a voice short code. Twitter, Facebook and other social media platforms are being used for messaging purposes. Outside of emergency response activities, Airtel Money and Splash Mobile Money operate a Mobile Money service in Sierra Leone, allowing for the transfer of funds via the GSM network with the aim of increased financial inclusion.
- World Vision run a health project in Bonthe to support their maternal, newborn and child health (MNCH) programme. Their platform helps community health workers (CHWs) with registrations, visits and referrals via sms over the mobile phone network.
- The Mobile Phone Operators Industry body, GSMA, which is behind the Ebola response initiative, reported that the coverage of 3G (mobile Internet signal) is low but rising. So there is considerable scope for T4D interventions to assist almost every aspect of the response and programming here, while at the same time putting in place foundations for future programming opportunities.

## Media & External Communication

- UNICEF continues to assist international media with interviews and facilitating visits to Sierra Leone. This was heightened during the *House to House campaign* and the significant amount of coverage it received from The New York Times, The Guardian, BBC, El Pais, RFI, French Television, Liberation and TVE. UNICEF in collaboration with the EOC, also supported the Sierra Leone Association of Journalists (SLAJ) and the Independent Radio Network (IRN) to broadcast messages and information on the *House to House campaign* and on Ebola prevention through a network of 51 radio stations across the country. Feedback on this programming was positive and was acknowledged in the Presidential speech after the campaign.

## Supply and Logistics

- UNICEF continues to deliver supplies to the districts. The draft supply plan for the next six months is in the process of being finalized so that stocks are replenished and no disruptions occur in the pipeline. A UNICEF chartered flight with over 60 metric tonnes of supplies arrived on 26 September 2014. Another 25 metric tonnes arrived earlier in the week on an MSF flight. The charters included 41,000 protective coveralls as well as other critical health, nutrition and WASH supplies.
- An additional 400,000 PPE coveralls, equivalent to a six month requirement, are in the pipeline and will be shipped over the next three months. Distribution for ETUs in Bo and Kalilahun has started. In response to Presidential announcement to quarantine three additional districts, Bombali, Moyamba and Port Loko, UNICEF is also providing supplies to these areas.
- UNICEF continues to provide logistical support on the distribution of donated medical supplies as well as supplies procured by UNICEF. These supplies have been delivered to three ETUs in Freetown, Kailahun and Kenema and some HCs. Daily monitoring by District Logistical Officers (DLO) of stock levels of Ebola supplies at all HCs, district medical stores (DMS) and other facilities continues. The distribution, which is currently ongoing for the HCs, is a seven day supply.

- UNICEF and the Logistics Cluster visited the Lungi International Airport on 25 September 2014 to assess warehouse capacity and meeting with the airport authorities. UNICEF is looking to collaborate with airport authorities to ensure there is absolutely no delay in pipeline supplies – especially Ebola response supplies.
- UNICEF's Supply Division is establishing a regular air bridge to Freetown.
- Some of the challenges include insufficient burial vehicles and ambulances and heavy rain continues to hinder transportation and distribution of supplies in several districts.

## Security

- The announcement on 24 September 2014 by the President to quarantine three more districts, Bombali, Moyamba and Port Loko, basically means that exit routes from Freetown to other districts have been closed. People in these designated areas are prohibited to move outside their districts. Vehicles and people coming from outside are allowed to pass daily from 9h-17h, provided they have a valid pass issued by the EOC. Temperatures checks are also conducted at various checkpoints along the way. UNICEF is facilitating the issuance of passes for our Field Office staff and vehicles in Kenema and Makeni as well as the consultants who have been deployed to all of the districts to support the DHMT, monitor social mobilization activities and report on the Ebola response.
- Rumors about fuel shortages caused some panic on 23 and 24 September 2014 resulting in long queues at petrol stations. The situation normalized by the second night. On 24 September 2014, youths in Adonkia blocked the Godridge highway in Freetown in protest over the delay in removing two corpses that were lying on the road. A similar disturbance was also reported in Devil Hole along Waterloo highway where police resorted to use teargas to disperse the angry crowd and arrested some of the protestors. On 25 September 2014, youth in Congo Town, Freetown, went on the rampage when three corpses were found abandoned close to the Peace Bridge on the main Congo Cross-Brookfields road. Police were able to restore calm while the burial team removed the bodies.
- There was a security threat in Port Loko town on the morning of 26 September 2014. The hospital was attacked by people in the community who complained of the way Ebola patients were treated and the death toll. Stones and bottles were thrown into the compound, aimed at destroying the maternity ward which now serves as a HC for suspect cases. Police quickly intervened and the situation was brought under control. The EOC was informed and 160 security personnel (military and police) have been deployed in the district to enforce security.
- MSF reported of attacks on ambulances bringing in cases to Kailahun from other districts. They reiterated their earlier statement that the case management centre (CMC) is for all Sierra Leoneans.
- Security has been increased with more military deployment at the crossing points between Sierra Leone and Liberia to prevent people crossing from Liberia into Sierra Leone.

## 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.<sup>4</sup>
- To date, US\$ 12.75 million has been received, which represent 21 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, and US Fund for UNICEF, and 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: 9 October 2014

UNICEF Sierra Leone Facebook: <https://www.facebook.com/unicefsierraleone>

UNICEF Sierra Leone Twitter: <https://twitter.com/UnicefSL>

UNICEF Sierra Leone YouTube: <https://www.youtube.com/user/UNICEFSL>

UNICEF Ebola Response Appeal: [http://www.unicef.org/appeals/files/20140915\\_HAC\\_Ebola\\_Response.pdf](http://www.unicef.org/appeals/files/20140915_HAC_Ebola_Response.pdf)

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<sup>4</sup> Ebola Virus Disease Outbreak - Overview of Needs and Requirements - September 2014: [\(OCHA\)](#) & UNICEF Ebola Response Appeal: [\(UNICEF\)](#)