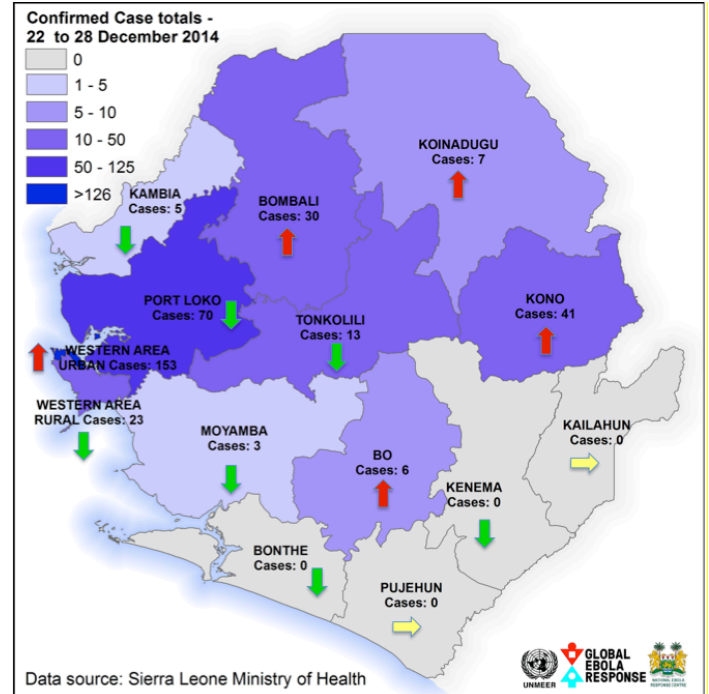




This report is produced by the UN for Ebola Emergency Response (UNMEER) and the National Emergency Response Centre, in collaboration with the UK, and response partners. The next report will be issued on or around 07 January 2015.

Highlights

- As of 28 December, the cumulative number of confirmed, probable and suspected cases of Ebola Virus Disease (EVD) in Sierra Leone is estimated to have reached 9,446 with a total of 2,392 confirmed deaths.
- As of 17 December, 11,337 children have been identified as being directly affected by the Ebola Crisis, including 5,135 children having lost one or both parents to EVD. As of 16 December, 373 children have died from Ebola, while 575 have survived.
- Two additional shipments of hospital beds (240 beds in total) and three ambulances have also arrived in Freetown on behalf of UNMEER to support the Western Area Surge (WAS). WFP has provided the airlift and in country transport/storage support for the additional beds.
- As a result of the WAS there has been a 25% increase in lab test (swabs/blood) conducted at six laboratories.
- With a commitment of over \$361 million to the response in Sierra Leone, the UK is supporting a total of 1052 treatment/isolation beds and over 100 burial teams nationally and their fleet; while supporting GoSL national and district command and control capability.
- The Second EVD Survivor Conference in Kailahun district took place with over 220 attendees. Stigmatization and rejection in communities were leading concerns expressed. More than 400 Ebola survivors have taken part in four separate survivors' conferences over the past few days.
- Since the beginning of the emergency operation, more than 1.15 million persons have been assisted in Sierra Leone, including 13,879 in need of care and over 1.14 million persons in quarantine or in areas of intense transmission; assistance is provided at request of health authorities and partners.
- Under the government's authority – all districts are to restrict movement of people from other districts during the festive season, while Kenema and Kailahun still remain quarantined. All trading activities have been banned from 0600-1800 weekdays, and 0600 - 1200 on Saturdays, with no trading on Sunday's inclusive of shops and supermarkets. The government has indicated that it will deploy soldiers across the country to enforce the measure.
- Based on the reports from the MNOs (Mobile Network Operators) 100% payments to the Ebola Response workers (ERW's) were received, with approximately 85% cash-out rate by recipients (13,370 ERWs) as of 25 December 2014. A total of 6.8 billion Leones was disbursed for this third payment cycle. The mobile payment, method is poised to be re-conducted for the next payment cycle.



9,446 Cumulative confirmed, probable, & suspected cases	7,354 Confirmed cases	2,758 Deaths from confirmed, probable, & suspected cases	2,392 Laboratory-confirmed deaths	143 Health care workers who have contracted EVD in Sierra Leone	110 Health care workers who have died from EVD in Sierra Leone
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Source: WHO – Figures as of 28 Dec 2014. Kindly note that data cleaning is on-going.

Progress Overview

The number of new cases reported in the past week is 337. This shows an increase in the number of cases as compared to the past three weeks. This slight increase in cases was mostly during the second half of the week. Alerts levels rose slightly this week (1955) from last week (1884). There were reports about unsafe practices in Western Area, Port Loko, Tonkolili and Moyamba Districts. The Western Area Surge continues to increase the number of suspect cases identified. There has also been an increase in the number of confirmed cases. Western Area continues to register the highest number of cases (153), followed by Port Loko (70) Kono (41) and Bombali (30) Districts respectively. Kono still remains a concern. Of significance this week is the large increase in cases in Kono, from 11 last week to 41 this week.

Funding

Sierra Leone Funding Needs:

US\$ 378.5 million required

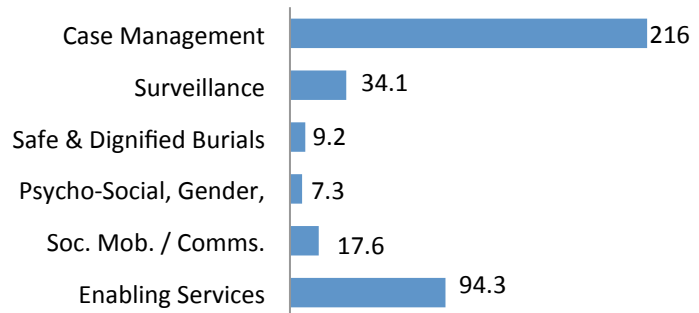
(estimate based on October planning assumptions)

Overall pledges, commitments, and contributions,

(including those unrelated to a specific appeal):

US\$ 369 million earmarked

Funding needed by pillar (in million US\$)



All donors / recipient agencies should inform OCHA's Financial Tracking Service (<http://fts.unocha.org>) of cash / in-kind contributions by e-mailing: fts@un.org

Case Management - Pillar leads: MoHS, WHO

Infection Prevention and Control (IPC)

Needs:

- All isolation/treatment centres need to be assessed for IPC compliance and all medical staff, social mobilizers, and burial teams must be trained on IPC.
- Some 200,000 Personal Protective Equipment (PPE) sets are needed every month.
- Each ambulance team should have 1 vehicle, 1 stretcher, 2 PPE personnel, 1 communicator and 1 driver. Each ambulance should be cleaned and maintained daily.

11

Additional IPC training is required for PHU's.

Response:

- An additional 215 Peripheral Health Units (PHUs) benefitted from the UNICEF and other partners supported training on Infection Prevention and Control and Screening during the reporting period bringing the cumulative number of PHUs trained to 1,149, 97% of the targeted PHUs.
- The District Health Management Teams (DHMT) with the support of UNICEF and in collaboration with NGOs, were able to deliver cascade trainings on the "No Touch Policy" to all 187 PHUs in Tonkolili (103) and Kono (84). The staff trained in these PHUs will in turn, cascade the trainings to Community Health Workers in their PHUs' catchment areas
- IOM's Border Management Team in Sierra Leone began production of an Ebola Pocket Guide, health advisory signage and 1-day training sessions for airport personnel to detect travellers with Ebola-like symptoms.

Gaps & Constraints:

- Migration between chiefdoms or districts remains a big challenge in the implementation of quarantine by-laws. During the holiday season, more population movements might occur across the country.
- Cross-infection issues remain critical, particularly during transport and in holding facilities as suspected cases are often kept together with confirmed cases.

Ebola Treatment Centres (ETCs)

Needs:

- Over 1,500 treatment beds are needed in a safe setting for patients and healthcare workers.
- Each treatment centre should have a capacity of 50 to 100 beds.
- Each of these facilities is to be managed and staffed by Foreign Medical Teams (FMTs, composed of 25-35 clinical and infectious disease experts) as well as national staff (200-250 required per facility).

896

Current bed capacity

Response:

- There are 19 operational ETCs with approximately 896 available beds, and total bed capacity of 1,413. They are run by the MoHS, U.K, Médecins Sans Frontières, Save the Children, China, IFRC, Plan International, GOAL, Partners in Health, and other partners.
- As of 28 December, the construction of 6 UK constructed ETC's are fully operational and have started accepting patients in Port Loko, 2x Freetown, Makeni and Moyamba. GOAL, Save The Children, Emergency, Aspen Foundation, Emergency; International Medical Corps, Médecins du Monde and Solidarités International run these ETC's, respectively.

- In response to urgent requests from the Deputy Minister of Health and the Junior Doctors' Association of Sierra Leone, Direct Relief delivered two 10-bed medical tents to Sierra Leone for the treatment of local health workers who contract Ebola while fighting the outbreak.
- WHO distributed the first 1,000 copies of the national adaptation of the WHO Pocket Guide for Clinical Management of patients in the ETC's and other care centers in Sierra Leone.

Gaps & Constraints:

- At least 605 additional functional beds are needed for satisfactory coverage of the country.
- A major constraint is that safe-bed capacity must be scaled-up gradually in each facility to ensure that health workers can work in the safest possible environment.
- As bed capacity increases in ETCs and CCCs, the need for FMTs will keep increasing.

Community Care Centres (CCCs)

Needs:

- A fast, community-based, holistic approach to isolation/care is critical.
- Some 1,300 CCC beds – each CCC having an 8 to 28 bed capacity – are required to complement the larger-scale treatment facilities.
- Minimum of 46 CCCs are required across the country.

339

Current bed capacity

Response:

- Thirteen 8 bed CCCs (totalling 104 beds) are operational in Tonkolili and receiving patients.
- Fifteen 8 bed CCCs (totalling 120 beds) are fully operational in Bombali district and receiving patients.
- The two new CCCs in (totalling 48 beds) Western Area are expected to open shortly as part of the rapid response to emerging outbreaks.
- A total of 16 CCCs are under development in Kono and Kambia districts. To date, a cumulative total of 259 patients have been seen since the first Centres opened on 10 November in Bombali district.
- By year-end, a total of 46 UNICEF CCCs will have been established across the country with a 400-bed capacity to isolate and treat patients.
- WHO is monitoring CCC operations daily, including adherence to PPE, IPC and safe practices for patients and staff.

Gaps & Constraints:

- Another 1,000 functional CCC beds are required to ensure good coverage of the territory.
- Securing implementing partners, supplies and training continue to be the main challenge in the rapid roll out of CCCs.

Surveillance - Pillar leads: MoHS, UNFPA, CDC, WHO

Case Finding and Contact Tracing

Needs:

- An approximate total of 5,000 volunteers are required for active case finding and contact tracing, in addition to existing district surveillance officers.
- More epidemiologists and surveillance specialists are needed to provide better analysis of the data collected from contact tracers.
- It is expected that a 2-person surveillance team can cover 40 households in urban areas and 20 households in rural areas. Each surveillance team needs an ambulance team to support the pick-up of suspected cases.
- Each of the country's 394 wards requires 14 contact tracers and 1 Ward Councillor Supervisor.

Response

- To support the GoSL in responding to the EVD, World Bank and UNFPA have designed a project to strengthen the existing surveillance system through the reinforcement and scale-up of contact tracing. The project will have the 1,600 contact tracers trained and equipped with mobile phones with access to CUGs.
- As of 17 December, over 3,100 contact tracers have followed up a cumulative total of 56,753 contacts of whom 38,017 finished their 21 day follow up and 18,601 contacts were still being followed up.
- As continuous support for the WAS, UNFPA's has engaged 483 contact tracers, 57 Ward Councilor Supervisors (WCS) and 43 supervisors in case findings.

Gaps & Constraints:

- Uneven terrains and unpaved roads in conjunction with poor mobile coverage in Koinadugu, Kailahun, and Pujehun impede the surveillance efforts.

- Surveillance must be continued and/or strengthened in districts with low or no infection rates (Bo, Kenema, Kailahun, Pujehun and Bonthe) in order to prevent new outbreaks.
- Movements of EVD-suspected people across districts and chiefdoms are impeding effective surveillance.
- High number of walk-in cases, particularly in the Western Area, points to the fact that case finding is still falling short: more volunteers are needed in the capital for 100% coverage.

Laboratories

Needs:

- EVD diagnosis to be provided to patients within 24 hours following the collection of samples to ensure adequate treatment and prevent transmission.
- With November caseload projections, the Laboratory Technical Working Group (LTWG) estimates that 300 swabs are needed daily.

11

Labs are operational around the country

Response:

- 11 laboratories nationwide are operating with a total capacity of approximately 200-600 samples per day. The US CDC, South Africa, Nigeria, Canada, UK, and China run these laboratories.
- Work is underway to improve the rapid sharing of laboratory data from lab to district command centre and back to the community as improved reporting impacts the operations of clinical management, surveillance, quarantine, and contact tracing teams.
- As a result of the Western Area Surge (WAS) there has been a 25% increase in lab test (swabs/blood) conducted at six laboratories.

Gaps & Constraints:

- Acceleration of ETC and CCC roll-out keeps increasing demand for higher, faster sample testing capacity.
- Despite a 6 hour turnaround time an improve mechanism for transmitting lab results need to be put in place.
- A major challenge is making the labs accessible to all districts. If additional labs cannot be built, stronger and more reliable sample transportation networks need to be put in place to connect isolation/care centres to labs.
- Additionally, proper storage capacity and maintenance of blood samples need to be established in several districts.

Safe and Dignified Burials - Pillar leads: IFRC, MoHS,

Needs:

- An estimated 90 burial teams are required nationally. Each team should be composed of 10-12 members (handlers, sprayers, drivers, and one communicator).
- Bodies must be buried within 24 hours following death.
- Safe burials must be performed with dignity, respectful of families' wishes, and SOPs.
- Decontamination processes must follow body removal in homes to avoid further infections with family members and the community.

107

Burial teams are operational nationwide

Response:

- There are currently 107 burial teams operational in the country, conducting more than 190 EVD-confirmed or suspected burials/day. The MoHS, the Red Cross, Concern Worldwide, World Vision, CRS, CAFOD are in the lead.
- In addition to the 5 burial teams in Kono, Red Cross has trained 3 burial teams, along with moving two additional teams this week to Kono, due to the recent spike of cases.
- IFRC have trained 2 teams in Kambia and will soon be operational. In addition, CAFOD will, also, have 6 teams in Kambia.
- It is estimated that approximately 95% of reported bodies are buried safely within 24 hours of reporting. In the Western Area, the rate ranges between 97-100%.

Gaps & Constraints:

- Due to the increased cases of EVD in the Western Area (Urban and Rural), the burial teams are facing difficulty with cemetery spaces.
- Incinerators are required for disposal of PPE's at cemeteries.
- Unsafe burials, including the washing of dead bodies, late reporting and lack of isolation continue to be the major factors in the high rates of transmission across the country, especially in Freetown and in rural areas.

Social Mobilization & Communications - Pillar leads: MoHS, UNICEF

Needs:

- Fully functional district social mobilization teams are needed to promote the necessary behavioural changes for reducing transmission, early isolation, as well as safe and dignified burials.
- Approximately 415-district social mobilization coordinators are needed, and some 22,800 volunteer social mobilizers are needed to ensure 100% coverage across the country.

4,300

Social Mobilizers are operational nationwide

Response:

- The UK-funded Social Mobilization consortium (SMAC) is intensifying their activities in the Western Area during the surge. SMAC is meeting with communities across the Western Area to deliver key messages on safe burials, early referral and respect for survivors and engaging with religious leaders. SMAC has 955 social mobilization teams active in the Western Area covering all communities.
- As the pillar lead, UNICEF has mapped over 5,000 social mobilizers, including traditional and religious leaders, committed by various civil society partners working in the districts.
- The Hot Spot Busters project funded by UNICEF and the Health for All Coalition (HFAC), has trained 788 ward level social mobilisers (2 per ward) to intensify social mobilization activities in hot spot areas in all districts across the country.
- A recent survey of frontline health workers and the general public, funded by the UK and conducted by Ground Truth Solutions reveal that 63% of people in their communities are ready to support the families of Ebola sufferers. A further 23% "don't know", while 8% answered "No"
- In collaboration with the Health Education Division of MoHS, FOCUS1000, developed and disseminated 200 banners covering all 69 wards in the Western Area.

Gaps & Constraints:

- Last-mile transportation for SocMob activities remains insufficient, making it challenging to reach remote areas.
- Community sensitisation must remain active and on-going in districts with low or no infection rates (Kenema, Kailahun, Pujehun, and Bonthe) for long-lasting Ebola outbreak eradication.
- Insufficient funding and logistical support is limiting the potential impact of social mobilization nationwide.
- Half of the districts continue to fail to report their activities/reach to the pillar, impeding coordination and monitoring.

Psycho-social support, Gender, Children - Pillar leads: MoSWGCA, UNICEF

Needs:

- Psycho-social support (PSS) is required for EVD-affected families, with a special focus on vulnerable groups (women, children, disabled persons, survivors).
- Observational Interim Care Centres (OICCs) are to be placed in each district (14) for children who have been in contact with an EVD-infected person so they can be closely monitored for 21 days.

3

Additional OICCs are required nationwide

Response:

- Basic welfare items have been provided to 4,084 children and 1,902 caregivers, while family tracing and reunification services have been provided to 637 children so far. 195 children without family based care have been placed in the Interim Care Centers (ICC) awaiting family reunification, 2 child survivors were placed in the ICC this week. 57 contact children who require observation/surveillance for 21 days and have no suitable caregiver to provide care and support during the required surveillance period at home have received care in the OICCs.
- 13 OICCs have been established and are operational in Bo, Bombali, Kailahun, Tonkolili, Kono, 2x Kenema, 2x Port Loko and Western Area - both 2x Urban & Rural. UNICEF will support 10 OICCs through partners and managed by MSWGCA.
- 40 protection cases were referred to the protection desk concerning quarantine families needing quarantine packages and psychosocial support and survivor discharges. The support desk provisions included family tracing and reunification, quarantine packages, referral to the surveillance pillar and provision of psychosocial support.

Gaps & Constraints:

- More staff (Ebola survivors) is needed to care for children less than 5 years old at OICCs.
- Additional vehicles are still required to transport unaccompanied children safely.
- Every ETC's should receive a stock of children's clothes and diapers for young patients.

Enabling Services - Leads: UNICEF, MoHS, UNMEER, WFP, UNDP, WHO

Essential Services: WASH, Nutrition, Protection, Public Health, Early Recovery

Response:

- During this past week, as part of the Integrated Management of Acute Malnutrition (IMAM), a total of 7,867 children under-5 were screened at the community level in 44 out of 149 chiefdoms (274 communities), with 102 referred for treatment at the Peripheral Health Units continuing to provide nutrition treatment services.
- Last week, WFP assisted over 86,300 people across the country, including 168 patients, 500 survivors, more than 5,000 contact cases and over 80,600 persons in areas of widespread transmission.
- 29,435 people including 6,835 children have received Ebola prevention messages including the importance of hand-washing with soap.
- WFP and its partner World Vision began distributing food to 29 hotspot communities in Kono district following a WFP mission to prepare for registration and distribution.
- UNICEF has ensured that two newly constructed CCCs of 24 beds in Western Area have been fully installed with complete WASH packages. WASH technical assessments of 4 further sites for CCCs' construction were completed.
- With support from the UNDP and the Global Environment Facility (GEF), Sierra Leone has begun to use new environmentally-friendly sterilizing equipment to help dispose of the vast amounts of contaminated protective equipment and infectious waste generated in treating Ebola patients. The equipment are now functioning at PTS2 treatment center and No. 34 Military Hospital in Freetown.

Gaps & Constraints:

- The country's public health system is overstretched and struggling to deliver non-EVD care.
- Food distributions are based on lists issued by the District Ebola Response Centres (DERC), and authorities responsible for surveillance, but poor information flow and road access issues remain major challenges in rural areas, sometimes making it impossible for distribution teams to reach families in need within 24 hours after placement in quarantine.

Logistics

Response:

- A total of 94 motorcycles, procured by WFP on behalf of UNMEER, have arrived in Freetown and transported from Lungi Airport to UNMEER/Special Court. The motorcycles will be used to support the WAS additional surveillance, social mobilization, and collection of lab samples.
- Two ablution units, two 6m x 9m tents, two containers, and additional technical assets have been loaned to UNMEER for use at Hastings Airfield fleet decontamination centre. The fleet decontamination site opened on 18 December and will remain operational while final works are being completed (expected completion - first week of January).
- WFP has been requested by UNMEER to support the WAS in Sierra Leone with the augmentation of health facilities and additional logistics and engineering support projects. This includes engineering support in Waterloo for the clearing of 200m x 300m land and digging a landfill, which will be used for the disposal of contaminated household items and burials. Several projects are on-going including support at Cockerill RSLAF airstrip, Hastings airfield, Waterloo, and Kambia.
- WFP has ordered a shipment of 5,000 swabs from UNHRD on behalf of WHO to increase procurement speed and delivery time. The swabs will be used to collect laboratory samples.

Gaps & Constraints:

- Additional vehicles and motorcycles are needed for surveillance, burials and transportation of EVD-patients.

Human Resources: Staff, Training, Payments

Response:

- 105 Ethiopians medical practitioners are awaiting assignments from MoHS to support basic health care facilities in the treatment of non-Ebola patients.
- The 3rd Payment Cycle for Hazard Pay to Ebola Response Workers (ERW'S) was made from 15-19 December for the pay period 1-15 December. The payments were made via Africell, Airtel and Splash Money, referred to as the Consortium. Splash was specifically in charge for ERWs who had not provide valid telephone numbers or located to non-network coverage areas (17% Of the total 15,691 registered ERWS).
- With the support of UNICEF, in collaboration with the GoSL and CDC, training of trainers took place on the revised maternal and new-born health guidelines in the context of Ebola, ensuring the risk of Ebola infection is minimized during services delivery. A total of 29 national trainers were trained to cascade the trainings to District trainers nationwide, before training personnel in 1,200 health facilities.

Gaps & Constraints:

- Strikes and tensions continue to be reported across the country due to lack of clarity and harmonization on payments and incentives. Better communication on cash payments needs to be established with targeted workers so they know what to expect, when to expect it and how to submit questions and/or complaints. Additionally, monitoring mechanisms need to be reinforced to avoid double payments and ghost workers.
- The lack of sufficient foreign medical and management teams remains one of the greatest staffing challenges.

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