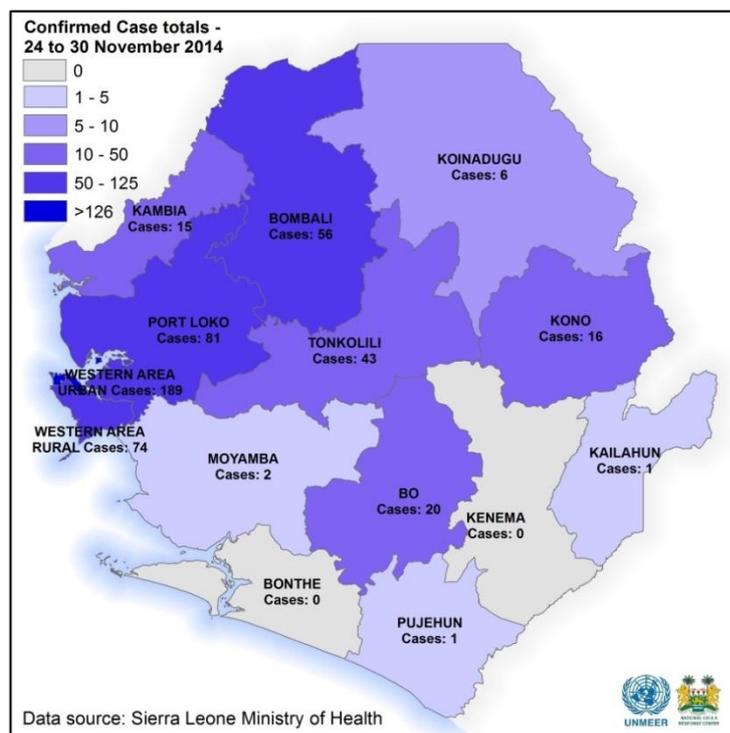




This report is produced by the UN for Ebola Emergency Response (UNMEER) and the National Emergency Response Centre, in collaboration with the UK, and response partners. The next report will be issued on or around 9 December 2014.

Highlights

- As of 30 November, the cumulative number of confirmed, probable and suspected cases of Ebola virus disease (EVD) in Sierra Leone is estimated to have reached 7,312, with a total of 1,583 deaths.
- In the past seven days, the Western Area, Port Loko and Bombali accounted for 80% of all cases nationwide.
- In mid-December, the National Ebola Response Centre (NERC), UNMEER, the UK, and partners, are planning a two-week response surge in the Western Area. This will be focused on Social Mobilisation and Surveillance, to bend the curve of transmission.
- Over 7,050 children have been directly affected by EVD in Sierra Leone since May; almost 2,800 of them have lost at least one parent to EVD.
- A second round of cash payments for all Ebola workers is on-going. Payments commenced mid-November with 89% targeted personnel reached.
- WFP continues to deliver weekly over 730 metric tonnes of food, reaching some 65,000 patients, quarantined homes, and survivors weekly.



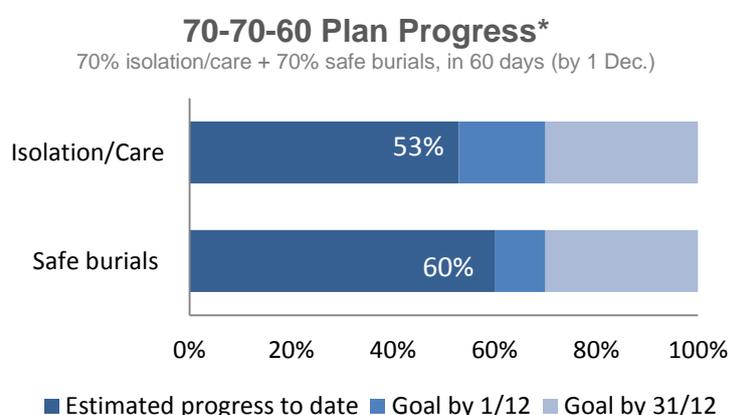
7,226 Cumulative confirmed, probable, & suspected cases	5,978 Confirmed cases	1,556 Deaths from confirmed, probable, & suspected cases	1,374 Laboratory-confirmed deaths	138 Health care workers who have contracted EVD in Sierra Leone	106 Health care workers who have died from EVD in Sierra Leone
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Source: GoSL and WHO – Figures as of 30 Nov 2014. Kindly note that data cleaning is on-going.

Progress Overview

The proportion of live cases in isolation or treatment is estimated at 53%, with a margin of error of approximately 8. Over 80% of *known* patients are moved to a facility on the day the alert is received. However, it is believed that many cases are not reported, especially in rural areas. In addition, on most days this week, 50 to 100 patients had to stay in their community due to lack of bed availability.

The proportion of people who died from EVD and were buried safely within 24 hours is estimated at 60%, with a margin of error of approximately 10. Over 95% of dead bodies notified to the burial teams are buried within 24 hours, but it is believed that under-reporting in rural areas is high. Additionally, there are reports of traditional unsafe rituals being performed on bodies *before* safe burials are conducted, which contributes to blurring the lines.



*Kindly note that these figures have not changed since the previous week as nothing no new relevant information was reported. Additionally, please note these numbers are approximate and have been adjusted to account for estimated under-reporting.

Funding

Sierra Leone Funding Needs:

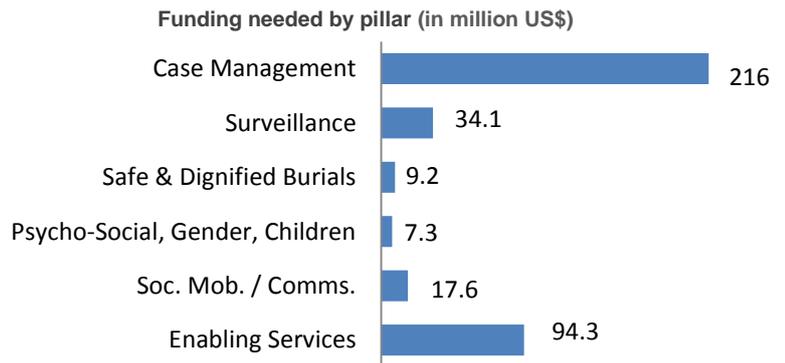
US\$ 378.5 million required

(estimate based on October planning assumptions)

Overall pledges, commitments, and contributions,

(including those unrelated to a specific appeal):

US\$ 324 million earmarked



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 mobilisers, and burial teams must be trained on IPC.
- Social mobilisation materials must be created 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.

200,000
PPEs are needed
monthly for Sierra Leone.

Response:

- The Ebola Response Consortium, comprised of ten NGOs and led by the International Rescue Committee has been leading the scale-up of IPC trainings at all 1,185 Peripheral Health Units (PHUs) in the country.
- To ensure staff/ patient safety as well as high standards of care, IPC monitoring is on-going in most isolation/care centres by MoHS, WHO, UNICEF and partners. A rapid IPC assessment tool for use in new Ebola care facilities is being developed.
- Over 500 households were placed under quarantine this past week in the Western Area.
- A UNDP project for holding areas in prisons was submitted to donors for funding and has been approved. The roll-out of the project is expected to start shortly.

Gaps & Constraints:

- Lack of space in holding centres in the Western area continues to leave a number of symptomatic patients to be cared for by relatives – sometimes for up to 4 days – which poses significant risks for the community.
- Cross-infection issues remain critical, particularly during transport and in holding facilities as suspected cases are often kept together with confirmed cases.
- Migrations between chiefdoms or districts remain a big challenge in the implementation of quarantine by-laws. With the holidays approaching, more population movements might occur across the country.
- Due to the global shortage of PPEs, stock levels in country are permanently low in all districts and distributions are required weekly across the country to prevent shortage from becoming stock-out.

Ebola Treatment Centres (ETCs)

Needs:

- Over 1,500 treatment beds are needed in a setting that is safe 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).

200
additional ETC
beds required

Response:

- There are 12 operational ETCs with approximately 550 available beds, and total bed capacity of 800. They are run by the MoHS, Médecins Sans Frontières, Save the Children, China, IFRC, Plan International, Partners in Health, and other partners.

- Seven additional ETCs are under construction with a total eventual bed capacity of 750. The MoHS, WHO and the UK are working on rapidly repurposing existing sites to increase safe-bed availability.
- FMTs are expected to arrive in the next two weeks from the UK, Norway, and the African Union.
- Sierra Leone's ethics and regulatory bodies have approved a pilot project for the use of survivor whole blood to treat Ebola patients. This week, a study will be launched with 100 patients in the Western Area.

Gaps & Constraints:

- At least 200 additional beds are needed for satisfactory coverage of the territory. When patients are cared for at home, it poses major risks for the caregivers as they are often unable to adequately protect themselves.
- 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, explaining the gap between operational and existing beds.
- 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.

900

additional CCC
beds required.

Response:

- 22 CCCs are now operational with a 236 bed capacity. 13 are under construction in Tonkolili and five are planned in Western Rural, for a total bed capacity of over 164. These facilities are being rolled out by the MoHS, UK, WHO and UNICEF in collaboration with Plan International, RSLAF, Partners In Health, Oxfam, Medicos del Mundo, and other partners.
- WHO is monitoring CCC operations daily, including adherence to personal protective equipment (PPE), IPC and safe practices for patients and staff.

Gaps & Constraints:

- Another 900 CCC beds (some 90 CCCs) are required to ensure good coverage of the territory.
- The main challenge in the rapid roll out of CCCs is securing implementing partners, supplies and training.

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.
- 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 in support for pick-up of suspected cases.
- Each of the country's 394 wards require 15 contact tracers.
- Three Rapid Response and Stabilisation Teams (RRST) need to be established to halt new spikes of infection.

1,900

additional volunteers
needed for 100%
coverage

Response

- Over 3,100 Contact Tracers and more than 350 district and chiefdom supervisors have been trained to date.
- The Ebola Response Consortium is supporting surveillance in 10 of the 14 districts through Care, IRC, Save the Children and Action Contre la Faim.
- UNFPA has deployed 14 Contact Tracing Monitors to improve coordination, and training of teams in the districts.
- An RRST roll-out proposal was submitted to donors for funding and has been approved. Funds will be disbursed in the first week of December and the project will be launched shortly.

Gaps & Constraints:

- Surveillance must be continued and/or strengthened in districts with low or no infection rates (Bo, Kenema, Kailahun, Pujehun, Kono 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 October caseload projections, the Laboratory Technical Working Group (LTWG) estimates that 300 swabs are needed daily.

300
swabs are needed in
Sierra Leone daily

Response:

- Currently, 5 laboratories are operating with a total capacity of approximately 600 samples per day. The US CDC, as well as the Governments of South Africa, Canada, UK and China run these laboratories.
- As a remedy to the absence of labs in or near Koinadugu, blood samples are being transported by UNMEER helicopters from Kabala to Bo on a regular basis.
- Two new UK-funded labs are expected to open in the first week of December in Port Loko and Makeni, each with a 300 sample-per-day capacity.

Gaps & Constraints:

- Acceleration of ETCs and CCCs roll-out keeps increasing demand for higher, faster sample testing capacity.
- A major challenge is making the labs accessible to all districts. If additional labs cannot be built, more strong and reliable sample transportation networks need to be put in place to connect isolation/care centres to labs.

Safe and Dignified Burials - Pillar leads: MoHS, IFRC

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.

95
burial teams are
operational nationwide

Response:

- There are currently 95 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.
- The pillar issued a recommendation not to conduct night burials for safety reasons: police cordon off the area and cover the body until a safe and dignified burial can take place in day light.
- It is estimated that approximately 95% of reported bodies nationally are buried safely within 24 hours of reporting. In the Western Area, the rate is 100%.

Gaps & Constraints:

- Behavioural change remains challenging, particularly in the Western area. As Social Mobilisation becomes more effective, the number of alerts should increase, increasing the need for safe burial capacity.
- A decontamination SOP has been developed, but due to lack of funding and clarity on responsibilities, no homes are being decontaminated following body removal.

Social Mobilisation & Communications - Pillar leads: MoHS, UNICEF

Needs:

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

Response:

- Flyer distributions, door-to-door outreach, radio sensitization and trainings are on-going, especially in hotspot and hard-to-reach areas. Messaging focuses on safe burials, early treatment and promotion of safe practices to avoid transmission. Monitoring mechanisms are in place at the national, district and local levels.
- A national call center (117) was established by the UK and received some 1400 calls/day in November. About 57% of those calls require follow-up action by the district ambulance, surveillance and/or burial teams. Another 12 UK-funded district call centres have been established across the country.

- WFP and UNICEF are now systematically integrating social mobilization activities and Ebola awareness messaging in their food distributions at isolation/care centres.
- Handicap International is ensuring that Social Mobilisation messaging and products are developed specifically to target special needs populations (people with disabilities, people living with HIV, children, sex workers...).

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 (Bo, Kenema, Kailahun, Pujehun, Kono and Bonthe) for long-lasting Ebola outbreak eradication.
- Insufficient funding and logistical support is limiting the potential impact of social mobilisation nationwide.
- About half of the districts continue to fail to report weekly their activities/reach to the pillar, impeding coordination and accurate monitoring.
- Coordination and coherence of Social Mobilisations activities/teams remains insufficient in the districts.

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).
- Gender-disaggregated data needs to be collected for a more targeted response.
- While schools remain closed, educational programmes through radio stations and television channels must be made available and accessible for all children. 81,000 solar-powered radios are required nationwide.
- Observational Interim Care Centres (OICCs) are to be placed in each district for children who have been in contact with an EVD-infected person so they can be closely monitored for 21 days.

31,000

additional radios needed for children to listen to educational programmes

Response:

- Some 7,050 children have been directly affected by Ebola since May (orphaned, infected, unaccompanied, or quarantined). Approximately 50% of them have received psycho-social support to date.
- The MoSW, UNICEF, Save the Children, Plan International, and others continue to facilitate family tracing and reunification processes. To date, some 360 children have been reunited with their families or placed in foster care.
- As schools remain closed, two million children are affected. The Emergency Radio Education Programme (EREP) continues to broadcast daily lessons through 41 radios nationwide. Some 47% of 2,489 surveyed households have children listening. The Ministry of Education and UNICEF are working to increase listenership through community outreach. UNICEF is in the process of procuring 50,000 solar-powered radios for the most vulnerable households.
- Five OICCs are now operational: two in Port Loko, one in the Western Area, one in Bo, and one in Bombali. Another one is expected to open in Moyamba in the next few days.
- Four pick-up vans were donated by UNICEF to the MoSW for Child Protection services.
- The MoSW, UN Women and Oxfam are spearheading a nationwide impact study on the gender dimensions of the Ebola outbreak so that women's specific needs can be addressed during and after the outbreak.

Gaps & Constraints:

- Challenges to increasing EREP listenership include: availability of radios, broadcasts not reaching certain areas, lack of knowledge about EREP's existence, competing priorities in households (e.g. children expected to participate in farming/mining activities). An additional 31,000 solar-powered radios are needed.
- Additional vehicles are still required to transport unaccompanied children safely.
- Every ETC should be delivered a stock of children's clothes and diapers for young patients.

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

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

Response:

- WFP continues to deliver weekly over 730 metric tonnes of food, reaching some 65,000 patients, quarantined homes, and survivors. Food baskets include rice, pulses, super-cereal, vegetable oil and salt for one month. The Sierra Leone Red Cross will soon start distributing food to quarantined homes in Bo.
- Some 1,300 children are screened weekly for severe acute malnutrition and receive adequate treatment.
- UNICEF continues to coordinate WASH assessments in all isolation/care centres across the country.
- Between 5 and 8 December, the MoHS – supported by UNICEF and MSF – is planning a mass distribution of anti-malaria medicine in Bombali, Kambia, Koinadugu, Moyamba, Port Loko, Tonkolili and the Western Area to reduce

malaria-related fevers leading to EVD-hospitalization. This will alleviate the pressure on Ebola facilities and reduce the risk of cross-infection from EVD-infected patients to malaria patients. 2.4 million are targeted.

- An SOP has been developed for IPC in non-Ebola hospitals to ensure staff/patient safety, as well as high standards of care.

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 DERCS, and authorities responsible for surveillance, but poor information flow and road access issues remain major challenges in rural areas, making it sometimes impossible for distribution teams to reach families in need within 24 hours after placement in quarantine.
- The economic impact of the crisis will have long-lasting consequences: inflation is estimated at 10% for 2014, all regional markets remain banned, unemployment is rampant due to lack of demand and reduced production.

Logistics

Response:

- Two UNMEER helicopter routes are available for responders in the North (Freetown, Makeni, Kabala, Kumala, Bo) and the South (Freetown, Moyamba, Bo, Kenema and Kailahun) for last-mile transport of staff/ goods.
- UNMEER/UNHAS flights continue to link Conakry, Monrovia, Freetown, Accra, Dakar for response partners.
- There is a transit Logistics hub (Lungi airport), a main hub (Port Loko), and 4 Forward Logistics Bases in Makeni, Freetown, Kenema and Kailahun. Additionally, 10 satellite hubs are in the pipeline.
- A base camp is available in Port Loko for responders. Another one is being set up in Kumala by WFP.
- Out of 400 motorcycles donated by Germany for the response in Sierra Leone, 200 will be brought to support surveillance teams across the country.

Gaps & Constraints:

- Additional vehicles and motorcycles are needed for surveillance, burials and transportation of EVD-patients.
- Confusion remains on pipeline and stock management processes.

Human Resources: Staff, Training, Payments

Response:

- The GoSL, UNMEER, UNDP, the World Bank and AfDB are ensuring that all EVD-workers receive payments. With a first round of payments covering 89%, a second round is underway with record digitization, and mobile data collection. A third round will be undertaken through bank accounts (50%), mobile money (30%) and cash (20%).
- UNMEER has deployed 12 UN Field Crisis Managers (FCMs) for better last-mile coordination in every district.
- A 13th FCM is to deploy to Kailahun in the coming days.
- An inter-pillar coordinator is in place to improve action/cooperation between pillars at the national and local levels.
- IOM has taken over the management of the UK-funded Ebola Training Academy in Freetown. More than 3,000 health care workers can graduate monthly. In collaboration with WHO, trainings are being strengthened with additional sessions, more sophisticated ETC mock-ups in Freetown, and the design of mobile training solutions.
- UNDP is supporting the training of 2,000 military/police personnel in new SOPs for quarantines/checkpoints.

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.

For further information, please contact [Yasmina Guerda](mailto:Yasmina.Guerda@un.org), +232 7615 7223, guerda@un.org or visit: www.un.org/ebolaresponse
To be added or deleted from this Sit Rep mailing list, please e-mail: baud@un.org