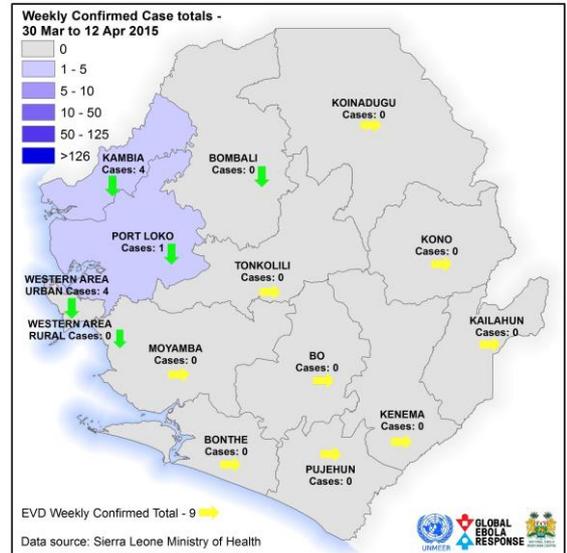




This report is produced by the UN Mission for Ebola Emergency Response (UNMEER), The National Emergency Response Centers (NERC), and UN response partners. The next report will be issued on or around 20 May.

## Highlights

- Schools across the country opened on 14 April 2015, with some 1.8 million students expected to return. There were intensive preparations with multi-sector involvement including Education, Social Mobilization, Logistics, Health and WASH to prepare for the safe reopening. Teachers have been trained, and hygiene and school preparation kits were distributed to all schools with the support of UNICEF.
- During March, WFP provided food and nutritional support to over 200 patients in Ebola Treatment Centers (ETCs) and Community Care Centers (CCCs). WFP also continued to provide over 800 caretakers of EVD patients with food supplies. Upon discharge, 44 survivors were provided with one month of food assistance. Additionally 8,917 individuals were provided with one month of food assistance to ensure their basic food needs were met during their quarantine period. WFP is also working with partners to streamline the response to quarantined homes so that assistance is delivered in a timely and unified manner.
- In response to a request from the NERC to UNMEER, work commenced on fully renovating two abandoned classrooms at Police Training School 1 (PTS1) in Hastings (Western Area) as an off-site quarantined location for high risk contacts. Along with the renovation, the buildings were fitted with new water tanks, showers and toilets. Doors, windows, floors were repaired and 31 beds and mattresses were provided.
- With effect from 1st April 2015, the number of contact tracers operating in the districts was reduced from 4,956 to 1,163.
- The UK has been working closely with the Government of Sierra Leone (GoSL) to build on President Koroma's announcement of a new Social Services Delivery Pact at the Brussels Conference. At the President's request, the UK has been supporting key line ministries to develop a clearly prioritized and costed early recovery plan focused on re-starting essential services safely, and defining associated delivery mechanisms and costs.
- The second UNMEER national Information Management workshop was held in cooperation with the NERC. Advanced Excel training was given to more than 80 participants from the Sierra Leone Government, national and international NGOs as well as UN partners.
- Results from the 3 day stay at home campaign suggests there was quality surveillance and extensive contact tracing, which indicates that the campaign was successful on social mobilization and outreach. However, contact tracing did not fully meet expectations due to the few numbers of people found to have EVD-like symptoms.
- Operational ETCs have scaled down to 16 from 23 with approximately 500 beds currently available. There are 2 ETCs in the Eastern province, one in the Southern Province, 4 in the Northern Province and 9 in the Western Province. They are run by the MoHS, UK, Médecins Sans Frontières (MSF), Save the Children, China, IFRC, Plan International, GOAL, Partners in Health, and other partners. Discussions are ongoing among partners and the government to scale down further the number of beds across the country.



|  |                                 |  |   |  |
|--|---------------------------------|--|---|--|
| <b>12,201</b><br>Cumulative confirmed, probable, & suspected cases | <b>8,547</b><br>Confirmed cases | <b>3,804</b><br>Deaths from confirmed, probable, & suspected cases | <b>3,491</b><br>Laboratory-confirmed deaths | <b>3,357</b><br>Patients have survived the EVD and have been discharged. |
|--|---------------------------------|--|---|--|

Source: MoHS – Figures as of 12 April. Note that data cleansing is on-going.

## Progress Overview

From 30 March – 5 April 2015 (Week 14), there was a significant decline in both Ebola cases and deaths as compared to Week 13. Overall, 9 confirmed EVD cases were reported that week. For Week 15, the total number of EVD positive cases in the country has been maintained at 9. Since Week 14, all EVD cases have only been coming from 3 districts: Western Area, Port Loko and Kambia. While these districts continue to experience constant EVD transmission, 11 other districts in the country did not report any positive cases.

## District Focus

The previous reports suggested that majority of cases in Western Area were coming from quarantine homes. So to assist in preventing cross infection of EVD within quarantine homes, the social mobilization team engaged with heads of households of all quarantine homes in the Western Area Urban and Rural on key Ebola messages and provided materials focusing on social distancing, early reporting, not hiding/treating the sick and the use of the 117 phone line.

## Funding

### Overall pledges, commitments, and contributions,

(including those unrelated to a specific appeal):

## US\$ 547 million earmarked

Overall pledges, commitments, and contributions represent the Subtotal for Ebola Virus Outbreak – West Africa

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



## Case Management - Pillar leads: MoHS, WHO

### Infection Prevention and Control (IPC)

#### Needs:

- All isolation/treatment centers need to be assessed for IPC compliance and all medical staff, social mobilizers, and burial teams must be trained on IPC.
- Each ambulance team should have one vehicle, one stretcher, 2 PPE equipped personnel, one communicator and one driver. Each ambulance should be cleaned and maintained daily.

#### Response:

- The MoHS plans to capture the knowledge of the international IPC specialists to lay a sound foundation to improve the nation's healthcare system.
- Following the departure of the Cuban Brigade, Ola During Children Hospital and ADRA Hospital requested medical officers to run their isolation units and the treatment centers. The African Union offered to deploy their medical officers to the two Hospitals.
- Last week over 150 Healthcare Workers (HCWs) received IPC training to decommission and decontaminate Ebola facilities, and to keep themselves and patients safe. These included staff at 2 CCCs in Kambia, clinicians and support staff in Kailahun, and General Hospital workers in Kono.
- In Port Loko, WHO social mobilization officers continued community engagement activities for the two hotspot chiefdoms, Kaffu Bullom and Lokomasama, and visited several villages to engage with community leaders. The team, together with the DHMT and UNICEF, also facilitated a meeting with Okada Bike Riders as part of the campaign against Ebola in Kaffu Bullom since these motorcycle taxis often ferry sick people and do not have the means to disinfect afterwards. They now have veronica buckets and proper training for this purpose.

### Ebola Treatment Centers (ETCs)

#### Needs:

- Bed capacity in ETC is currently sufficient; however, maintaining readiness for rapid response is crucial.

**500**

Current bed capacity (ETC)

#### Response:

- Operational ETCs have scaled down to 16 from 23 with approximately 500 beds currently available. There are 2 ETCs in the Eastern province, 1 in the Southern Province, 4 in the Northern Province and 9 in the Western Province. They are run by the MoHS, UK, Médecins Sans Frontières (MSF), Save the Children, China, IFRC, Plan International, GOAL, Partners in Health, and other partners. Discussions are ongoing among partners and the government to scale down the number of beds across the country.
- Discussions continue on the staffing norms for the core ETCs, isolation units in the hospitals and the triage areas. Partners have been consulted about the number of staff that should continue to receive hazard pay. The final decision on the issue is expected during the next pillar meeting

#### Gaps & Constraints:

- In line with the scaling down of ETCs, a simultaneous scaling up of all frontline health facilities must occur to adhere to minimum standards in order to ensure a defence against future Ebola outbreaks, particularly in preparation for the rainy season.

## Community Care Centres (CCCs)

### Needs:

- Treatment bed capacity in CCCs is currently sufficient; however, maintaining readiness for rapid response is crucial.

197

Current bed capacity (CCC)

### Response:

- As of 12 April, operational CCCs have scaled down to 20 from 53 with approximately 197 beds currently available. There are 2 CCCs in the Eastern Province, 17 in the Northern Province and 1 in the Western province. UNICEF, MoHS, Partners in Health, Plan International, World Hope, Marie Stopes, Oxfam and other partners run these CCC's. Discussions are ongoing among partners and the government to scale down the number of beds across the country.
- During the past week, more than 3.8 million litres of water was delivered to affected communities including ECCs and ETC by the Ministry of Water Resources (MoWR) with the support of UNICEF. The second phase of CCC decommissioning has been initiated, with decontamination started in 8 centers and 6 other centers at different stages of preparations. Preparations for renovations for the remaining CCCs in anticipation of the rainy season have started. Work on the rehabilitation of WASH facilities in schools where CCCs were decommissioned during the first phase is progressing.
- Since 17 November 2014, UNICEF-supported CCCs have triaged 15,216 patients, admitted 774 (5%), and conducted rapid ambulance transfers for 363 (2%) patients across 5 districts. In the past week, the number of patients triaged was 879 at UNICEF-supported CCCs, representing a daily average of 125 patients per day. 2% of patients triaged were EVD suspects. There were 16 new admissions in CCCs across 5 districts, 25% of admitted patients presented within 48 hours of symptom onset during the reporting period. 54% (6/11) of lab tests were received within 48 hours of patient admission.

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

### Case Finding and Contact Tracing

#### Needs:

- As the epidemic declines, the goal of enhanced contact tracing is to ensure improvements in timeliness and quality of contact tracing efforts; strengthening of the links between contact tracing and surveillance teams and to immediately evacuate all sick contacts to health care facilities.
- With the reconfiguration of contact tracing, it is now expected that one contact tracer can cover 10 cases per day in rural areas and 15 cases in urban areas. Each surveillance team needs an ambulance team to support the pick-up of suspected cases.

#### Response

- As of 7 April 2015, a total of 3,374 contacts were being followed up in 6 districts. Kenema, Kono and Tonkolili districts passed the 42 day mark without any confirmed case of Ebola and hence no contacts. Country-wide, a cumulative total of 95,144 contacts have been monitored since the beginning of the outbreak of whom 91,385 contacts finished their 21-day follow up while 3,398 contacts of those currently been followed up were seen and healthy.
- In Week 15, 5 of the 9 new confirmed cases (55%) came from contact lists, 2 of the cases had links to existing chains of transmission and 2 are new chains of transmission. Investigations are underway. Of the 4 cases in Western Area, 2 were from contact list. The only case in Port Loko was from contact list too. While the one blood positive case in Kambia was from contact list, all 3 swab positive cases in the district were not from the contact list. Importantly, of the 3 swab positive cases in Kambia, 2 were from Samu chiefdom that shares a long international boundary with Guinea. The detailed epidemiological investigation of these swab positive cases is ongoing to identify any possible linkage with ongoing transmission in Guinea.
- Five contacts in Kaffu Bullom chiefdom of Port Loko district were completely lost to follow up in spite of concerted efforts from the DHMT, WHO, UNFPA and community leadership to track them.
- The majority of contacts being followed up and monitored are from Western Area (83%). Other districts with remaining Ebola contacts are Port Loko, Kambia, Koinadugu, Bombali.

#### Gaps & Constraints:

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

## Laboratories

### Needs:

- EVD diagnosis needs to be provided to patients within 24 hours following the collection of samples to ensure adequate treatment and prevent transmission.
- Laboratories need to be placed strategically to support facilities as the response moves into a phase of “right sizing”

13

Labs are operational around the country

### Response:

- WHO interim guidance on the use of Ebola rapid antigen detection test was published last week. The rapid antigen tests will be used in the investigation of Ebola outbreaks in remote settings and in triage settings where the number of suspects overwhelms the capacity of the health staff.
- All 13 labs are testing all samples received with no backlog, and have capacity to test more. In efforts to improve the quality of the labs, the Lab Technical Working Group (LTWG) is working closely with CDC, WHO and other partners to refine reporting of lab results.

### Gaps & Constraints:

- Ensuring that detailed and accurate case information is provided to the lab is a current priority.
- A review is underway to identify areas where logistic improvements can be made in order to improve turnaround times
- Additionally, proper storage capacity and maintenance of blood samples need to be established in several districts.

## Safe and Dignified Burials (SDB) - 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 a communicator.)
- Safe burials must be performed with dignity, respectful of families’ wishes and accordance SOPs.
- Decontamination of homes must follow body removal to avoid further infections of the family members and the community. Decontamination teams are composed of 5 individuals: 2 disinfectors, 2 sprayers, and one driver.
- Adequate security presence at the cemeteries is needed to prevent burial malpractices.
- Improved engagement with communities is needed to help overcome some of the cultural barriers that still prevent some deaths from being reported to safe burial teams.

102

Burial teams are operational nationwide

### Response:

- There are currently 102 burial teams operational in Sierra Leone conducting more than 190 EVD-confirmed or suspected burials per day. The Red Cross has 54 burial teams across the country. In addition, MoHS, Concern Worldwide, World Vision, Catholic Relief Services (CRS) and CAFOD have also deployed burial team across the country.
- The SDB pillar is working closely with social mobilization pillar on exchange of information and active participation in the respective pillar meetings as a way to strengthen coordination and collaboration.
- IOM facilitated a inter pillar meeting on the Involvement of traditional /religious members in burials, focusing mainly on Port Loko, Kambia and Bombali, and suggest training for these community members to participate in burials. IOM, World Vision and CRS are mapping the initiatives
- World Vision shared with the pillar members about the organization decision to recruit swabbers in Tonkolili and Bo alongside their burial teams as the persistent strike actions by swabber has in some ways been impacting activities in their operational districts.
- UNMEER regional SDB Coordinator continues to share a regional update on the SDB weekly situation and provides technical support on SDB data analysis on weekly basis.

### Gaps & Constraints:

- The backlog payment of swabbers is still a challenge in few of the districts.
- Washing of dead bodies continue to be the major concern in some of the districts, especially in Kambia, which continue to report positive corpses in past couple of weeks.

## 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.

**Response:**

- Bombali, WHO social mobilization officers and partners participated in the official release of Rosanda village in Paki Masagbong chiefdom from quarantine on 1 April. Rosanda village has recorded 58 Ebola cases that resulted in nearly 40 deaths between February and March 2015. The entire village was quarantined and completed 21 days on 31 March without a new case.
- In response to the increased number of health workers in district non-Ebola facilities who have contracted Ebola over the past month, the WHO social mobilization team facilitated a workshop on 2 April with health workers in Makeni, Bombali District. The participatory dialogue assessed attitudes towards Ebola among the 23 health workers participating. Specific programs will be designed to counter the drivers of current practices and behaviors among non-ETC Health Workers.

**Gaps and Constraints:**

- Discrimination and stigmatization against Ebola survivors is still widely reported.
- Last-mile transportation for Social Mobilization 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 Districts) for long-lasting Ebola outbreak eradication.


**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 and front-line).

**Response:**

- WHO is supporting the MoHS to establish an EVD Survivor Care framework. This includes work to identify the size of the cohort, map current clinic services, develop standardized guidelines for assessment and treatment, and ensure appropriate management and retention of clinical and administrative records.
- WHO continued its support to the MoHS by assigning a mental health and psychosocial (MHPSS) coordinator to join the Focal Person for Mental Health at the MoHS.
- The cumulative number of children documented through child protection service providers is 18,956 (9,387 boys and 9,569 girls) of which 8,617 (4,311 boys and 4,306 girls) have lost one or both parents. 742 (349 boys and 393 girls) have been reported as separated and/or unaccompanied.
- The Mental Health and Psychosocial Support (MHPSS) strategy and Minimum Standards were revised by the sub-working group. Counselling support is provided as part of the follow up on children after quarantine, when reunified or placed in alternative care. To date, a total of 11,002 out of 13,057 (84% children and their families have benefited from specific psychosocial support services.
- Currently there are 14 Observational Interim Care Centers (OICCs) covering 11 districts with a total capacity of 275 beds. The OICCs provide care for asymptomatic contact children with no caregivers. Of these 14 OICCs, 5 were receiving children during the past week. On 6 April 2015, a total of 27 contact children were in quarantine in the 5 centers: 16 in Bombali, 3 in Port Loko, 5 in Western Urban, 2 in Kambia, one in Moyamba. Between 31 March and 6 April 2015, one child was reunified upon OICC discharge. As of 5 April 2015, a cumulative total of 534 contact children have been receiving care and support in OICCs across the country. There are OICC in the following districts: 1x in Bo, 1x Kambia, 1x Moyamba, 2x Tonkolili, 1x Bombali, 2x Kenema, 1 Kono, 2x Port Loko (Maforki and Lunsar), 1 Kailahun, 1x Western Area Urban, 1x Western Area Rural.

**Gaps & Constraints:**

- The KAP report found that at least 50% of respondents knew someone who had died from Ebola, thus underscoring the need for community grief counseling as well as integration of psycho-sensitization into social mobilization activities.


**Enabling Services** - Leads: UNICEF, MoHS, UNMEER, WFP, UNDP, WHO
**Essential Services: WASH, Nutrition, Protection, Public Health, Early Recovery****Response:**

- UNMEER provided mobile phones for data collection and solar lights to different partners such as MSF, WHO, eHealth, UNICEF and DERCs. Projects range from collecting data on survivors to helping provide lighting facilities at border crossing and quarantine homes
- While the overall number of new EVD cases has significantly declined, WFP continues to support the health response by providing support to patients in treatment centers, survivors upon discharge, quarantined households, and communities with intense transmission.

- Sierra Leone now has apheresis capabilities, a “wet run” was successfully completed at the start of the week, meaning a survivor gave his plasma and the machine worked properly to extract the plasma and return his other blood components. The Convalescent Plasma trial will start as soon as an enrolled patient is matched by blood type.
- With financial support from UNICEF, Italians, and German Natcoms, the Kailahun Government Hospital is to benefit from a 100 Beds Pediatric and Maternity Project worth \$1.1 Million.
- In Tonkolili, Kono, Kailahun District, and Kenema township WFP and partners are conducting a second round of general food distributions to improve the food security amongst vulnerable populations.
- UNICEF continued to support the MoHS to conduct the second round of the Health Facility Survey. Preliminary results show that the majority of health facilities are open, and utilization trends in all except the heavily affected districts have increased, though still lower compared to the period before the EVD epidemic. The timely results of this Health Facility Survey are being used to guide the country's planning process for the health system recovery and strengthening.
- Through the Purchase 4 Progress (P4P) channel, WFP is working with small holder farmer's organizations to purchase locally produced commodities for distribution in WFP activities. These commodities include rice and pigeon peas.
- CDC, WHO and UNICEF continued to support the MoHS in preparing for health campaigns that will deliver a package of essential interventions for prevention of diseases affecting children and their mothers. Three campaigns are scheduled for the end of April, May and June as part of the early recovery process. The campaign in April will be held from 24 to 27 April 2015 as part of the World Vaccination week, and the following interventions will be provided: Vitamin A supplementation, albendazole for deworming, Mid-Upper Arm Circumference (MUAC) screening for nutritional status, Elimination of Mother to Child Transmission of HIV/AIDS (eMTCT) and defaulter tracing for routine vaccination. The chronogram and training manuals have been finalized by the technical team.
- Currently, the number of EVD centers that UNICEF is providing nutrition supplies for include: 16 ETCs, 47 Ebola Holding Centers (EHCs), 7 ETU/EHCs, 12 Interim Care Centers (ICCs) and 14 Observational Interim Care Centers (OICCs) as well as 31 CCCs. During the past week, out of the 9 CCCs in Bombali, 4 CCCs started the process of decommissioning and plans are in place to redistribute the nutrition supplies to other centres that are operational.

#### Gaps & Constraints:

- The country's public health system is overstretched and struggling to deliver non-EVD care.
- Food distribution is based on lists issued by the 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 of placement in quarantine.

#### Logistics

##### Response:

- In preparation for the opening of schools, UNICEF distributed 8,300 hand washing stations and soap to districts as well as cleaning materials. Distribution of posters and other materials is ongoing, as well as the distribution of learning materials to all schools in the country. Distribution of hygiene kits (hand washing kits, soap and cleaning materials) and school IPC kits (protective wear, gloves, face masks for use in case there is a suspected case in the school) has been completed
- The extension of the main logistics hub in Port Loko is on track to augment storage from 3,000m<sup>2</sup> to 7,680m<sup>2</sup> by 20 April.
- Work continued in Kambia for the WFP-WHO project, where 7 prefabricated offices and one ablution unit were built. Internet connectivity, a dedicated vehicle fleet and installation of electricity is ongoing. 66 WFP staff in Kambia, Port Loko, Koidu and Makeni are supported by 4 international WFP site managers and 4 local staff.
- 10 vehicles of the WFP Common Services operation are being made available to the WFP-WHO project, replacing the existing car rental arrangement for WHO, leading to significant cost-savings. The vehicles are currently planned to be dispatched to the 4 locations of the partnership. An agreement has also been reached with UNMEER for WFP to take over and provide former UNMEER vehicles for the joint partnership.
- On 11-12 April, WFP Sierra Leone hosted a workshop for WFP and WHO focal points, regional coordinators and site managers from Guinea, Liberia and Sierra Leone to deepen the WFP-WHO joint partnership. The workshop allowed WFP and WHO logistic teams to evaluate the first month of the cooperation and extracting best practices for a consolidated approach across the region. The project builds on the mutual strengths of the two organizations enabling WHO health responders to focus on their expertise in infection prevention and control, epidemiology, and contact tracing.

Human Resources: Staff, Training, Payments

##### Response:

- The final 66 Cuban Medical Brigade members departed on 1 April after 6 months in Sierra Leone. Implementation of right sizing phase 2 capacity continues and work is underway to ensure continued provision of safe triage and isolation capability in Kenema and Kono district where IFRC would like to handover ETCs functions to another partner.
- The March Hazard Payment has been initiated to almost 23,000 Ebola Response Workers including the holding list across the country. Almost 40% of the ERWs will receive their Hazard Payment through bank accounts and the remaining 60% will receive their March payment through the mobile money.

- The Hazard Cash Transfer Team through the support of World Bank this week commenced a Financial Education Campaign for the Ebola response workers across the country. The campaign aims at providing financial education on how ERWs should manage their hazard incentive.
- The hazard pay team supported the National Ebola Response Centre (NERC) in drafting and revising the Post March risk allowance policy for ERWs. This policy will span from April till July 2015. The policy is drafted and decimated to DERCs and facilities as well as posted on the NERC website for wider distribution.
- In collaboration with National Registration Secretariat and funding support from the World Bank - issuing of the national ID cards to about 15,000 ERWs was initiated. This was one the most important request of ERWs as an incentive for recognition of their contribution to the Ebola Response.



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