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Emergency appeal operations update

Sierra Leone: Ebola Virus Disease

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRSL005	GLIDE n° EP-2014-000039-SLE
Operations update n° 1	Timeframe covered by this update: 26 June to 26 July 2014
Operation start date: April 2014	Timeframe: 8 months (end date: 26 December 2014)
Appeal Budget: CHF 1,366,156; Appeal coverage: 19%	Total estimated Red Cross and Red Crescent response to date: CHF 265,352
Disaster Relief Emergency Fund (DREF) allocated: CHF 227,336	
N° of people being assisted: 6.3 million people (Nationwide, with specific actions in high risk communities)	
Host National Society presence: Sierra Leone Red Cross Society; 1,230 volunteers, 10 technical working group staff, 13 branches	
Red Cross Red Crescent Movement partners actively involved in the operation: None	
Other partner organizations actively involved in the operation: Ministry of Health and Sanitation, World Health Organization, Médecins sans Frontières, Save the Children, Action Contra la Famme; Concern International; Plan International	

Summary: It is now three months since the announcement by the Sierra Leone Ministry of Health and Sanitation of the first Ebola virus disease (EVD) case detected in the country. In an attempt to fight the spread of the disease, the Government established a national task force to coordinate activities to prevent spread of the disease and prepare for the detection of cases.

In response the International Federation of Red Cross and Red Crescent Societies (IFRC) provided emergency funding to the Sierra Leone Red Cross Society (SLRCS), which enabled mobilisation and training of volunteers in preparation of the response operation. Following the increase in the number of cases, the IFRC launched an [Emergency Appeal](#) on 26 June 2014 for CHF 880,000. The Appeal has since been [revised](#) with an increased appeal budget of CHF1, 366,156 seeking to reach the entire population of Sierra Leone.

This operations update provides progress on the activities implemented against the [revised emergency plan of action \(EPOA\)](#) for the main operational areas including surveillance case identification and contact management, case management (including dead body management), psychosocial support services (PSS), regional preparedness and response and organisational risk.



SLRCS dead body management team completing the disinfection of an Ebola affected house and corpse as well as in the process of PPE removal after a community burial in Sandiaru, Luawa Chiefdom, Kailahun on 17 July 2014. Photo/ IFRC

Reports from the Ministry of Health and Sanitation reveal that the current cumulative number of laboratory confirmed cases is 435 cases, 146 death cases and a Case Fatality Rate (CFR) on confirmed cases of 33.6 per cent.

The operation is only 19 percent funded to date. Cash contributions have been gratefully received from Icelandic Red Cross Society, Norwegian Red Cross Society, Canadian Red Cross Society and Canadian Government, Netherlands Red Cross/Government/Silent Emergency Fund. Bilateral support towards the Appeal has been received from British Red Cross. More donors support for the appeal is encouraged.

[<click here to view contact details and here for the donor response report >](#)

The Kailahun Case Management Centre (CMC) recorded 58 deaths, 13 cured and 129 in the isolation wing of the centre in Kailahun Township from the start of the MSF field operations in Kailahun to 26 July 2014. Currently there are 41 admissions with 35 confirmed cases at the CMC in Kailahun.

At county level, districts task force have been established led by the district health management teams to coordinate work on control, preparedness and prevention of EVD. In Kailahun for instance, the task force meetings are attended by several organizations to deliberate on the best ways to respond to the precarious situation. The traditional healers, an influential group in the community will be targeted with sensitization measures by both Red Cross and Save the Children. The social mobilization committee is reviewing its response plans as well as developing tools to monitor the effectiveness of the response.

Unfortunately the situation in Kenema is deteriorating. Whilst several nurses and a senior medical doctor in Kenema hospital have been infected with EVD, many of the remaining staff members have temporarily stopped going to their work, which has led to many unattended patients. The situation in Kenema hospital is considered very serious that the government of Sierra Leone has requested the IFRC for clinical hospital staff surge support. An emergency response unit (ERU) alert has already been launched and the field operation team is waiting response from the Partner National Societies (PNS).

Table 1: National cumulative summary of Ebola cases as at 23 July 2014.

District	District Population	Cumulative cases as of 20 May – 23 July 2014				Cumulative deaths			
		Non-Case	Suspected	Probable	Confirmed	Suspected	Probable	Confirmed	CPR*
Kailahun	465,048	117	0	29	291	2	30	101	34.7
Kenema	653,013	139	15	6	124	1	6	42	33.9
Kono	325,003	11	0	0	0	0	0	0	0.0
Kambia	341,690	1	0	0	1	0	0	0	0.0
Koinadugu	335,471	8	0	0	0	0	0	0	0.0
Bombali	494,139	4	0	0	1	0	0	1	100.0
Tonkolili	434,937	5	0	0	0	0	0	0	0.0
Porto Loko	557,978	2	0	1	4	1	1	0	0.0
Pujehun	335,574	2	0	0	0	0	0	1	20.0
Bo	654,142	48	1	2	9	0	2	0	0.0
Moyamba	278,119	9	1	0	0	0	0	0	0.0
Bonthe	168,729	0	0	0	1	1	0	0	50.0
Western area urban	1,040,888	33	0	0	4	0	0	0	0.0
Western area rural	263,619	3	0	0	0	0	0	1	0.0
National	6,348,350	382	17	38	435	5	38	146	33.6
Total		382		490		183			

*CPR: Case fatality Rate.

Source: Ministry of Health and Sanitation of Sierra Leone

Coordination and partnerships

The IFRC has established an operational hub in Kailahun Township to work with the SLRCS Kailahun Branch and other partners (MSF, World Health Organization and Save the Children), whilst national-level operations are coordinated by the SLRCS headquarters and the IFRC in Freetown.

A Field Assessment and Coordination Team (FACT) comprising a team leader, an epidemiologist, a hygiene promoter and a PSS specialist had been deployed to provide technical support to the National Society in its initial

planning and implementation stages. This team was supported by a water and sanitation (WatSan) officer of the IFRC Regional Representation in West Coast Africa. An ERU was deployed to support the SLRCS and the Ministry of Health and Sanitation with community-based surveillance and health promotion activities. The ERU has concluded its deployment mission in the country but an information technology (IT), a PSS and a logistics specialists continue to provide the needed support services at the IFRC operational hub in Kailahun, while the IFRC WatSan coordinator for West and Central Africa relocated in the interim as surge support for the operation coordination and team leading.

An IFRC operations manager has been deployed through this emergency appeal to oversee the response operation and ensure that necessary support is provided to the SLRCS for successful implementation of the operations. The supplementary technical assistance (delegates and/or regional disaster response teams - RDRTs) to further build the response capacity of the national society field operations has been solicited.

The SLRCS Kailahun Branch is an active member of the district task force and other sub-committees that meet on daily basis. These task force meetings chaired by the district medical officer are usually attended by representatives of the Ministry of Health and Sanitation in collaboration with WHO, international organizations thus UNICEF, Medecins Sans Frontier (MSF), Save the Children, Plan International, Concern International and IFRC, SLRCS, District Medical Officer, Paramount Chiefs from the 14 chiefdoms in Kailahun, religious leaders, national radio and private radio stations, and other interlocutors.

The Ministry of Health and Sanitation and WHO have established an Ebola Emergency Operations Centre (EOC) at the WHO Country Office in Freetown, which started functioning on the 15th of July with support from a Centre for Disease Control (CDC) consultant. The EOC is currently focusing on effectively distributing Personal Protective Equipment (PPE) for healthcare, recruiting new nurses to reinforce those on the frontlines, as well as coordinating additional resources needed to contain the epidemic.

The MSF is running a care management centre in Kailahun and supporting pre-referrals in Kuindu and Daru districts. The World Food Programme (WFP) will also provide food for the discharged patients. United Nations Population Fund (UNFPA) has provided the contact tracers with mobile phones in Kailahun. MSF case management centre refers vulnerable discharges and affected families to the Kailahun branch BHO for follow-up by SLRCS PSS volunteers. Save the Children serves as referral point on child protection issues.

The revised appeal has already received generous cash and in-kind contributions from the European Commission–DG ECHO, United Kingdom Department for International Development (DFID) and form partners namely Canadian, Icelandic, Japanese, Netherlands, Norwegian and the Swedish Red Cross. The IFRC and SLRCS are most grateful to the support.

Operational implementation

Update on activity implementation status against revised EPOA:

Health and care	
Outcome 1: The immediate risks to the health of conflict affected population are reduced	
Outputs (expected results)	Activities planned
1. The capacity of Sierra Leone Red Cross (SLRCS) to manage the Ebola virus disease has been strengthened.	<ul style="list-style-type: none"> • Establish a National Society task force at headquarters level to coordinate with internal and external partners. • Long-term capacity is provided through the deployment of an IFRC operations manager, emergency health delegate and a hygiene promotion/sanitation delegate. • Conduct rapid and on-going assessment in Bo, Kailahun, Kenema, the Western Regions (Freetown) and other districts as dictated by the evolution of the outbreak and incorporate findings into plan of action. • One NS focal point will be assigned to each district to ensure supervision at field level • Mobilise surge vehicles and maintain operational capacity at field level.
2. Increased public awareness	<ul style="list-style-type: none"> • Develop communication strategy for targeted awareness.

about EVD (signs and symptoms, transmission risk factors, actions for suspected cases and anti-stigma information)	<ul style="list-style-type: none"> • Train 390 volunteers nationally in disease signs, symptoms, prevention and referral mechanisms. • Refresh volunteers on community-based awareness-raising and social mobilization techniques. • Produce and disseminate context-specific Information, Education and Communication materials. • Procure visibility equipment and personal protective equipment (PPE) and distribute to branches. • Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in targeted counties
3. Epidemiological investigation and epidemic control measures carried out (contact tracing and dead body management (DBM))	<ul style="list-style-type: none"> • Provide surge vehicles for teams involved in activities related to dead body management. • Train 350 volunteers in up to 7 districts for daily monitoring and tracing of contacts of confirmed cases • Establish coordination and clear referral mechanism with county health teams. • Train volunteers in Dead Body Management (transport of body, burials and disinfection) • Procure materials and equipment to carry out DBM (body bags, PPE, chlorine, gloves, goggles, rubber boots).
4. Psychosocial support (PSS) provided to the target population	<ul style="list-style-type: none"> • Train 350 volunteers in up to 7 districts who are following up contact in psychosocial First Aid. • Provide psychosocial counselling to affected persons, family members, and volunteers. • Conduct community visits for mitigation and reduction of stigma and fear • Prepare communities for re-integration / acceptance of suspects / probable / confirmed cases • Accompany and support individuals discharged from isolation back to their communities to assist in re-entry and re assure community • Establish volunteer care mechanisms and systems
5. Provide support to individuals or families who have lost belongings due to disinfection and epidemic control measures	<ul style="list-style-type: none"> • Procurement and distribution of appropriate resettlement packages.
6. Risks to volunteers are minimized	<ul style="list-style-type: none"> • Procure protective raingear, footwear and sanitizer for volunteers. • Insure up to 1,050 volunteers (complementary insurance to IFRC's global accident insurance).

Achievements: An operation manager has been recruited and deployed in mid July 2014 while a Health delegate has also been recruited and shall be in place at the end of July 2014. A Dead Body Management (DBM) and WatSan delegate with RDRT surge are being mobilised. A focal point (a senior volunteer) has been deployed from SLRCS headquarters to supervise and monitor dead body management activities since 13 July 2014. In addition, 3 leased vehicles with drivers have been sourced from a registered company in Freetown and deployed to the operation.

In-service training sessions were conducted for 25 Kailahun Branch volunteers on radio drama and information management. The training sessions were introduced to strengthen the capacity of the group for radio drama discussions/presentation. Up to 70 community volunteers have been trained (5 volunteers per chiefdom in Kailahun district). Additionally 30 volunteers were trained in Bo district and another 30 volunteers in Western Area district (Freetown) while 40 traditional healers were trained Kailahun district in July.

Refresher trainings for 10 volunteers in social mobilization and awareness raising techniques for volunteers were conducted in July and subsequently, awareness raising and sensitization amongst security forces (25 police officers, 50 military personnel and 20 prison officers) conducted in July.

More than 2,000 EVD information materials (posters and fact sheets) are being distributed in public places, institutions, community/faith-based organizations, humanitarian institutions, and among individuals. Total of 200 PPE kits were procured by partners (WHO) and used for dead body management activities.

Kailahun Branch reached up to 895 households (7,333 people) on house-to-house awareness and sensitisation activities in Kailahun Township, Luawa Chiefdom. These activities are being intensified and extended to other chiefdoms as the disease outbreak tends to escalate. 1,632 households and 18,415 people were reached by 18 July in Kenema. Two additional vehicles to support DBM are in the pipeline.

A total of 25 SLRCS contract tracers have been trained in June at the District Health Management Team offices in Kailahun District. Up to 426 contacts or families visits of EVD confirmed cases were accomplished and continue to be made within the EVD incubation period of between 2 to 21 days. Referral mechanisms have been developed with the health teams and are working well.

Up to 20 SLRCS volunteers and staff of the Kailahun District medical office have been identified and trained in dead body management in July. A total of 24 burials were successfully undertaken by the SLRCS dead body management between 17 and 26 July 2014. These include 17 burials from the Kailahun Care Management Centre and 7 community burials.

To support the response operation 45 kgs of chorine, 5 megaphones, 39 boxes of latex gloves, 80 boxes of face masks, 30 boxes of surgical masks, 41 pieces of hand disinfectants, 500 plastic gowns (aprons, 50 pieces of goggles, 200 body bags, 5 units of sprays, some mattocks, machetes, axes and tarpaulins were procure on 20 July and more DBM equipment is expected from IFRC international procurement unit.

A total of 561 people reached (prison officers 21 people, 470 religious people, and 70 volunteers) through the PSS training and PSS through counselling services is currently undertaken in all the chiefdoms in Kailahun. These services are provided by the 70 trained SLRCS volunteers. Developing appropriate strategies for intervention modalities are being further negotiated and discussed with MSF.

In order to minimized risks to volunteers, the volunteers' incentives have been reviewed, as well local and international insurance coverage. Protective clothing has also been procured and includes 20 pieces raingear, 4 boxes of hand sanitizers and 40 pairs of boots.

Outcome 2: Regional Ebola preparedness measures and coordination mechanisms are in place	
Output	Activities planned
1. Sierra Leone and bordering National Societies are prepared and respond in a coordinated manner	<ul style="list-style-type: none"> Organise field level regional workshop on learning Organise regional headquarter level workshop on learning Deploy IFRC Ebola Response Coordinator Develop IFRC guideline management of an EVD epidemic that crosses borders

Achievements: The operations manager has been deployed by the IFRC. Other activities planned under this outcome are in progress and will be reported on in the next update.

Outcome 3: The management of the operation is informed by a comprehensive monitoring and evaluation system	
Output	Activities planned
1. A process of monitoring and evaluation maintained and reported on throughout the program	<ul style="list-style-type: none"> Establish regular monitoring system to map cases and National Society field capacity

Achievements: Monitoring is being done in collaboration with stakeholders such as Ministry of Health and Sanitation/WHO, District surveillance teams, MSF and SLRCS branches.

The SLRCS in close collaboration and in partnership with IFRC, MSF and the Ministry of Health and Sanitation/WHO, Save the Children, is highly engaged in community awareness, service delivery and activities coordination. The National Society continues to benefit and learn from the good working relationships and partnerships with these stakeholders. The operation also enjoys the effective coordination between the SLRCS branches and headquarters and partners. The Kailahun Red Cross Branch has over 700 volunteers out of which only 142 volunteers supported by 11 staff are actively involved in the Ebola related in the district. There is political will/commitment from the Government, politicians, religious leaders of different faith-based and women's groups etc. towards the fight of the disease.



Dead body management team on training at the SLRCS CAR Centre in Kailahun on 11 July 2014. Photo/IFRC

Dead body management (DBM) the most complicated part of the operation, which involves mobilising and training personnel (volunteers) who are ready and willing to perform services, which entails fumigation or disinfection of houses or corpses with confirmed or suspected or none Ebola cases, as well as taking samples/ of swab of corpses, the proper handling and disposal/burial of the dead/corpses, stringent personnel protection processes and procedures, and relaying swab results either positive or negative to the concerned families. SLRCS volunteers carry out such routine work on daily basis thus exposing themselves to risks and dangers of EVD infection. In this regard, vigorous training sessions are being organised and proper supervision and monitoring undertaken to minimise risks.

A committee for coordination and distribution of the discharge package has been set and criteria for beneficiary selection / identification adopted.

Development of a memorandum of understanding (MoU) on DBM between the SLRCS and the Ministry of Health and Sanitation is underway. This MOU records the agreement between the SLRCS and the Ministry to co-operate in DBM. The MoU further describes the working relationships and coordination modalities between the partners. It defines the respective roles and responsibilities of each partner.

Information management and communication techniques/dealing with local and international journalists/media, is being supported by SLRCS headquarters by the temporarily deployment of its communications coordinator in Kailahun for more than a week.

Challenges:

- *Surveillance data:* Line listings of confirmed, probable and suspect cases are not shared with stakeholders. Periodic summary presentations are projected but request for hard or soft copies were denied. Surveillance field teams continue to have difficulties in responding to all community alerts.
- *MoH Sitreps:* As of 1 July the Ministry of Health and Sanitation agreed to circulate the situational reports (sitreps), which aggregates data by district. Multiple requests for a complete set of these sitreps have been made but to date have not been received.
- *Transport:* currently only 4 ambulances in Kailahun district. The ambulances are also used to transport dead bodies.
- Rumours about trade with organs, cannibalisms, mutilation in the MSF or during burials continues to be spread around in the communities. Community leaders are engaged in battling this.
- *Stigma:* people who are discharged from treatment centres or health workers and volunteers are stigmatized and ostracized by their fellow community members. People continue to hide from health personnel.
- *Dead body management:* The SRLCS is stepping into an area which is new to them. Considering it is an area of high risk we are moving cautiously.
- *Health Facilities:* The hospital in Kenema is in disarray. Nine nurses and a senior doctor are infected and many others have left their jobs.

- *Resources:* As the disease is moving closer to Freetown it is very likely that Kailahun might receive even less resources.
- *Communication:* Major disconnection between the district level and the national level.
- *Social Mobilization:* There is still a big need to continue with awareness and sensitization sessions as there are still plenty of misconceptions among the communities.

Contact information

For further information specifically related to this operation please contact:

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How we work

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The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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