4 November, 2014 - Combined Ebola Operations Update Nº 7

Summary

IFRC supports National Societies with international emergency appeals to combat Ebola in Guinea, Liberia, Sierra Leone, Nigeria and Senegal. The appeals employ a 5 pillar approach spelled out in an Ebola regional framework, comprising: (1) Beneficiary Communication and Social Mobilization; (2) Contact Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management; and (5) Safe and Dignified Burials (SDB) and Disinfection. In addition, a regional appeal was launched to accommodate multi-country support needs. IFRC also continues to support smaller preparedness and response operations financed under its Disaster Response Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya and Guinea Bissau and now Ethiopia, making a total of 16 countries that have emergency operations relating to this outbreak.¹

On 29 October the World Health Organization (WHO) stated that the rate of new Ebola Virus Disease (EVD) infections in Liberia appears to be slowing down, as evidenced by the number of empty beds in treatment centres, the declining number of burials and plateauing lab confirmations. However, this is no cause for celebration as the disease is still raging in parts of the country and also in neighbouring Sierra Leone and Guinea and hence there is a risk that the decline in Liberia won’t be sustained. Neither does it mean that the disease is under control in Liberia itself, as Ebola has the potential to appear in waves. Red Cross figures show new deaths are still increasing in areas outside Monrovia.

In another development, as part of an international response to the EVD epidemic in West Africa, Switzerland’s drug regulator recently approved the testing of an experimental Ebola vaccine on 120 healthy volunteers. The volunteers are health-care workers who will be expected to work on medical teams in Liberia, Sierra Leone and Guinea. Other similar trials are currently ongoing in the U.K., U.S. and Mali.

IFRC is in the process of establishing a regional hub in Accra, Ghana. The status agreement with Ghana is being reactivated to make sure that the Federation has offices there. This move is strategic as the United Nations Mission on Ebola Emergency Response (UNMEER) is based in Accra. This will make coordination efforts with UNMEER and other partners easy.

¹ An operation in Democratic Republic of Congo was launched to combat the separate Ebola outbreak that is not part of the West African outbreak.
Last week, IFRC held meetings with some Partner National Societies (PNS) regarding scale-up of operations in the most affected West African nations. German Red Cross, together with Canadian Red Cross have carried out assessments in Liberia and Sierra Leone. German Red Cross has plans of putting up an Ebola Treatment Centre (ETC) in Liberia. In Sierra Leone, they will increase support to the IFRC ETC in Kenema. Canadian Red Cross has no plans of putting up an ETC but will continue supporting Kenema ETC.

French Red Cross will open up an ETC in Macenta, Guinea with an initial 20 beds to be scaled to a 50 bed capacity. The proposed opening date for this facility is 15 November.

### Operation Updates

<table>
<thead>
<tr>
<th>Operational Countries and Appeals</th>
<th>Guinea</th>
<th>Liberia</th>
<th>Sierra Leone</th>
<th>Nigeria</th>
<th>Senegal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MDRGN007)</td>
<td>(MDRLR001)</td>
<td>(MDSRL005)</td>
<td>(MDRNG017)</td>
<td>(MDRSN010)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Cumulative Cases</strong></td>
<td>1,675</td>
<td>6,454</td>
<td>4,487</td>
<td>21</td>
<td>1</td>
<td>12,638</td>
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<tr>
<td><strong>Cumulative Health Care Worker Deaths</strong></td>
<td>46</td>
<td>146</td>
<td>101</td>
<td>5</td>
<td>-</td>
<td>298</td>
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<tr>
<td><strong>Cumulative Deaths</strong></td>
<td>1,022</td>
<td>2,609*</td>
<td>1,429</td>
<td>8</td>
<td>0</td>
<td>5,068</td>
</tr>
<tr>
<td>Fatality rate</td>
<td>61%</td>
<td>40.4%</td>
<td>32%</td>
<td>38%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Safe and Dignified Burials(SDB) conducted by NS</td>
<td>1,203</td>
<td>2,292</td>
<td>909</td>
<td>0</td>
<td>-</td>
<td>4,404</td>
</tr>
<tr>
<td>Trained RC volunteers active in Ebola</td>
<td>1,898</td>
<td>3,719</td>
<td>1,864</td>
<td>184</td>
<td>80</td>
<td>7,745</td>
</tr>
<tr>
<td>Contacts traced by NS</td>
<td>6,449</td>
<td>17,445</td>
<td>25,217</td>
<td>891</td>
<td>75</td>
<td>50,077</td>
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<tr>
<td>Houses disinfected by NS</td>
<td>16,451</td>
<td>289</td>
<td>1,882</td>
<td>14</td>
<td></td>
<td>18,636</td>
</tr>
<tr>
<td>People reached through social mobilization</td>
<td>959,846</td>
<td>556,927</td>
<td>812,089</td>
<td>723,955</td>
<td></td>
<td>3,052,817</td>
</tr>
<tr>
<td>People reached through Psychosocial support</td>
<td>487</td>
<td>1,088</td>
<td>4,984</td>
<td>290</td>
<td></td>
<td>6,849</td>
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<tr>
<td>People treated by NS (Kenema)</td>
<td>NA</td>
<td>NA</td>
<td>169</td>
<td>NA</td>
<td>NA</td>
<td>169</td>
</tr>
</tbody>
</table>

NA= Not applicable - Treatment currently only in Sierra Leone
Source: WHO Sitreps, Ministries of Health (Guinea, Liberia, Sierra Leone, Nigeria, Senegal) and IFRC
*Figure has gone down as a result of revision of Liberia statistics

### Liberia

The rate of new Ebola infections has been slowing down according to WHO. Empty beds in treatment centres, fewer burials taking place and plateauing laboratory confirmations all point to a possible decline in infections. The epidemic is far from over, WHO cautioned. This decline could be short-lived, as Ebola is known to appear in waves. Furthermore there is still widespread and intense transmission in some hotspots in the country, parts of the neighbouring Sierra Leone, and Guinea, which increases Liberia’s risk because of the porous borders.

Currently in Liberia, there is a 760 bed case management capacity. There is free capacity in Monrovia and elsewhere. The epicentre of the outbreak still remains as Montserrado and Margibi. On average, 150 bodies are being retrieved weekly.

Communities are increasingly resisting cremation and still prefer the traditional way of interring the remains of their loved ones. In response to this, Liberian Red Cross and the communities are looking for cemetery land where water levels are low. LRCS continues to engage the community in SDB, community protection and burial grounds.
German Red Cross is in the country and has made a commitment to establish an ETC in the shortest time possible. A Memorandum of Understanding (MoU) with Global Communities yet not finalised. Nevertheless, working modalities have already been established.

The operation is faced with challenges in human resource recruitment, particularly for emergency health delegates mainly due to unwillingness of candidates to apply and unqualified applications. Also, the rapidly evolving nature of the emergency keeps overtaking resources availed by the government and international partners.

Social mobilisation
The LNRCS has so far reached a total of 556,927 people (Male 256,096 and Female 300,851) and a total of 75,050 households since it began its interventions in the communities. The total number of people reached during the reporting period were 36,701 (Male 17,311 and Female 19,390) while the total households covered were 8,311.

Contact tracing and surveillance
- Meetings with contact tracing teams at Ministry of Health to facilitate flow of data
- Swab results not given out to families, which is putting the SDB teams in a difficult situation
- CDC working on verifying negative results. There is a concern about false negatives.
- WHO will be doing cardiac puncture samples on Saturday for comparison.
- Scaling up of contact tracing teams in progress.

Safe and Dignified Burials and Disinfection of Houses
- 94 bodies were collected from Saturday 25 October to Wednesday 29 October.
- Mobile data collection is in process.
- Swabs are being collected and transferred to CDC lab.
- Burial site working group in place and working on social mobilisation with help of community leaders.

Sierra Leone
Social Mobilization and Beneficiary Communication
The Social Mobilization pillar in EVD response in Sierra Leone is getting more organized both at national and district levels with the support of UNICEF who are leading the Social Mobilization pillar with the Ministry of Health and Sanitation (MoHS). For now, SLRC/IFRC have scaled up in 7 operational areas (Kailahun, Kenema, Bo, Port Loko, Makeni Western area Urban and Western area Rural. 210 volunteers have been mobilized to carry out large-scale awareness-raising and house-to-house sensitization sessions with a focus on children regarding the key hand washing messages.

For a better impact of sensitization in the community, the Mothers Clubs and Youth groups of SLRC’s community-based health programme program will be used as an entry point to the community.

51,843 community members were reached with Ebola prevention messages in October.

Contact Tracing and Surveillance:
Data collection and coordination remain challenges in surveillance and contact tracing. The last week SLRC and IFRC participated in the first meeting with the participation of UNFPA, UNICEF, WHO, Concern, GOAL, MSF Spain, FAO, Poverty-Action, Health for all coalitions, Mission ACF and MOH representatives in the surveillance pillar. The objective was to identify who is doing what and where and to establish a
coordination mechanism among these organizations in the field. 261 volunteers have been trained in contact tracing in Bombali, Port Loko, Western Urban and Western Rural.

**Psychosocial Support:**

4,984 beneficiaries including community members, RC staff and volunteers have been reached with psychosocial support services in Kailahun, Port Loko and Bombali since July. 261 volunteers are involved in PSS activities

**Case Management in Kenema IFRC ETC**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Admissions</td>
<td>169</td>
</tr>
<tr>
<td>Cumulative Deaths</td>
<td>76</td>
</tr>
<tr>
<td>Cumulative Discharges</td>
<td>58</td>
</tr>
<tr>
<td>Cumulative Transfers</td>
<td>10</td>
</tr>
</tbody>
</table>

**Personnel in Kenema IFRC ETC**

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Expatriate</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>WatSan</td>
<td>5</td>
<td>63</td>
</tr>
<tr>
<td>Clinicians</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Support staff</td>
<td>2</td>
<td>29</td>
</tr>
</tbody>
</table>

The current Red Cross partners include; CRS, MOH, UNFPA, WHO, UNICEF, CDC, CARE, CAWEC, NETHIPS and CORDSL

**Safe and Dignified Burials and Disinfections:**

So as to reduce chances of infection through unsafe burial practices, an estimated 90 SDB teams are required countrywide. As per UNMEER guidelines, each burial team should be composed of approximately 9-12 members including handlers, sprayers, drivers and a beneficiary communications volunteer. Currently there are 22 IFRC active SDB teams to be increased to 29 in a week’s time. We are continuously scaling up efforts to increase this number.

SDB pillar coordination will be started in Freetown. It will be run by MoHS and Sierra Leone Red Cross Society.

156 volunteers in 8 districts were trained on safe and dignified burials along with 20 beneficiary communication personnel and 9 officers. 20 more volunteers will be trained next week. The total number of active SDB teams is currently 22 but will increase to 29 teams by next week.

From 17 July to 31 October, a cumulative total of 909 burials have been carried out by Red Cross in six districts. No volunteer or staff member has become infected.

<table>
<thead>
<tr>
<th>Districts</th>
<th>Burials Conducted</th>
<th>Starting date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kailahun</td>
<td>412</td>
<td>17 July, 2014</td>
</tr>
<tr>
<td>Western Urban</td>
<td>273</td>
<td>13 Sept., 2014</td>
</tr>
<tr>
<td>Western Rural</td>
<td>99</td>
<td>18 Oct., 2014</td>
</tr>
<tr>
<td>Port Loko</td>
<td>73</td>
<td>14 Oct., 2014</td>
</tr>
<tr>
<td>Bombali</td>
<td>33</td>
<td>19 Oct., 2014</td>
</tr>
<tr>
<td>Bo</td>
<td>19</td>
<td>24 Oct., 2014</td>
</tr>
<tr>
<td>----</td>
<td>----</td>
<td>--------------</td>
</tr>
<tr>
<td>TOTAL</td>
<td>909</td>
<td></td>
</tr>
</tbody>
</table>

An increasing workload is being experienced in Western District and Western Rural. To better coordinate RC activities with other agencies, SLRC has placed a staff member in the Command Centre situated at the British Council.

Operational capacity is being greatly enhanced by arrival of vehicles.

Disinfection is done every time a dead body is retrieved from a home. 357 houses were disinfected this week.

**Guinea**

The Red Cross of Guinea has been conducting safe and dignified burials across the country since April. There are currently 41 active burial teams. In October four new teams, in Yomou, Lola and Baila, in the Guinea Forest area, were trained in the safe and dignified burial (SDB). Training of new teams will continue until a target of 70 burial teams is reached by December 2014.

Scale up of interventions is ongoing and efforts are being made to improve coordination with the National Society. Some gains are being made in addressing lingering resistance from some communities in Guinea. In Dandano, a village in Macenta prefecture, Guinea Red Cross outreach teams were allowed to conduct outreach activities and to transport 3 suspected cases to a treatment centre. Other areas where Community reluctance has reduced include Koropara village in Nzérékoré Prefecture –where investigation of 13 community deaths was carried out and two suspected cases were transported to Gueckédou treatment centre.

Human resources remains a huge challenge as it is getting increasingly difficult to recruit some key functions like technical support in logistics, coordination, training facilitators and supervisors to oversee and manage the huge number of volunteers currently on the ground. There is also need for competent staff to train and oversee volunteers engaged in SDB and sick patient transportation (SPT). SDB and SPT are the most dangerous activities the Red Cross is performing country-wide in terms of risk of contamination and requires heavy logistics and material needs in body bags, disinfectants and personal protection equipment (PPE).

Beyond HR needs, there is also a need for more vehicles with more 4x4 pick-ups (for SDB) and ambulances (for SPT) and additional vehicles for coordination and supervision work. Ideally the need would be to have 4 vehicles for the burial and patient teams and one for supervision and coordination for each of the 17 districts. The Guinea Emergency Appeal is currently being revised to cater for the scale –up.

**Social mobilization and beneficiary communication.**

- 23,859 community members mobilized in the week
- 261 volunteers involved in social mobilization during the week

**Contact tracing and surveillance**

- 198 contacts traced and monitored during the week

**Psychosocial support**

- 80 individuals including 26 staff and volunteers benefited from psychosocial support

**SDB and disinfections**
- **119** safe and dignified burials conducted during the week. **60** from the treatment centres and **59** from the community
- **40** houses disinfected during the week

Trainings conducted by Guinea Red Cross society in conjunction with IFRC as at 28 October

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Number of volunteers trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social mobilization</td>
<td>1,139</td>
</tr>
<tr>
<td>Safe and dignified burials and Disinfections</td>
<td>393</td>
</tr>
<tr>
<td>Case finding and contact tracing</td>
<td>75</td>
</tr>
<tr>
<td>PSS and economical support</td>
<td>233</td>
</tr>
<tr>
<td>Sick Patient Transportation (SPT)</td>
<td>36</td>
</tr>
<tr>
<td>Interactive Radio Broadcasts/Beneficiary Communication</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,898</strong></td>
</tr>
</tbody>
</table>

**Nigeria**

On 20 October, WHO declared Nigeria Ebola-free after six weeks with no new cases reported.

**Beneficiary Communication and Social Mobilization:**

- Continuous social mobilization and sensitization on infection control and prevention will continue
- A total of 723,955 people were reached through market rallies, house to house and street outreach.

**Contact Tracing and Surveillance:**

- No further cases in the country and no contacts being followed up
- 58 volunteers are working at the international airport in Lagos carrying screening of in-bound and outbound passengers

**Psychosocial Support:**

- A Training of Trainers (ToT) is planned for to train 35 people in 10 States.
- All 184 active volunteers and staff involved in the Ebola operation receive regular counselling and stress management sessions. The federal government is providing high level psychosocial support to the survivors and relatives of the deceased.
- A total of 290 people including survivors, family members of survivors and family members of the deceased received psychosocial support from trained Red Cross volunteers.

**Senegal**

As previously reported, the monitoring of 75 contacts ended after 21 days. The last contact of Senegal’s single confirmed case of Ebola virus disease completed the requisite 21-day monitoring period, under medical supervision and tested negative for the virus. On 17 October, WHO officially declared Senegal Ebola free. While the outbreak in Senegal is currently considered contained, risk analyses define Senegal as a high-risk country and continued strengthening of response capacity and preparedness is vital for an early and effective response to potential new cases.

IFRC’s [Emergency Appeal](#) launched in September supports the Senegalese Red Cross Society to respond to the ongoing Ebola outbreak risk through information and communication, education, awareness raising, social mobilization, psychosocial support, and regional collaboration.
Voices from the frontlines of the Ebola fight:
Interview with Lucy Senesie, a forty year old Sierra Leonean nurse working at the IFRC Ebola Treatment Centre in Kenema.

I am a nurse. We take care of sick people, those infected with Ebola. We nurse them, give them medication, and try as much as possible to see that they make it through their illness.

The personal protective equipment (PPE) is not an option. We have to wear it. We work in the high risk area and we have to protect ourselves. It's very hot being in that gear, but this is standard procedure in this epidemic. You just have to if you want to protect yourself. It’s not really easy.

Why I decided to come and work here is because one, Sierra Leone is my country. This disease is destroying my brothers and sisters. And it is my job to save lives of the sick. That is my job. That’s why I took the chances and risked my life to come and save my people from this scourge.

In the beginning I was afraid and uncertain. But as time goes by, you get used to it. When you heard the term Ebola and saw how it felled some of our colleagues – doctors, nurses and other health care workers you just had to be afraid and wished to keep off.

We work as a team here. Teamwork is what keeps us going. When you are not properly dressed, your co-worker will say to you, “Man, you are not properly dressed, get out” Or when something goes wrong, you call on your colleague. Patients will often yell and cry out, “Come to my aid, come and help, I need your help” But before you go to the patient’s rescue, you have to check with your colleague if you are safe. You have to think of your safety first.

How does your family feel about you working here?

Ah, they don’t feel good about me really, but sometimes my elder son says “Mommy that is your job, you just have to do it. The only thing we can do is pray that God’s grace be upon you. You need God’s protection.”

After I took up the job, I was asked by my landlady to vacate my house for the safety of my children and others. Though I felt bad at first after leaving my family behind I have no hard feelings now since I did it for the safety of my own children and others.

The hardest part has been seeing my fellow citizens suffering and dying. That is the hardest part really. When I come here, I see every day the dead, and others suffering, that is the hardest part.

What is it like when you have survivors leave the ETC?

That’s great news for us. It just shows to the public that the Red Cross, the international and the national staff are really doing their best to see that the epidemic comes to an end and see our people getting well. All this will soon be over by the grace of God.
### Funding

<table>
<thead>
<tr>
<th>Country</th>
<th>Guinea</th>
<th>Liberia</th>
<th>Sierra Leone</th>
<th>Nigeria</th>
<th>Senegal</th>
<th>Africa Coordination and Preparedness</th>
<th>Total</th>
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<tbody>
<tr>
<td>Amount</td>
<td>8,752,366</td>
<td>8,387,155</td>
<td>40,396,719</td>
<td>1,619,444</td>
<td>1,380,962</td>
<td>2,893,667</td>
<td>63,430,313</td>
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<td>Received</td>
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<td>5,969,361</td>
<td>14,899,927</td>
<td>634,760</td>
<td>46,250</td>
<td>1,587,945</td>
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<tr>
<td>Coverage</td>
<td>62%</td>
<td>71%</td>
<td>37%</td>
<td>39%</td>
<td>3%</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

### Multilateral donors to IFRC Ebola appeals

- American Red Cross
- Australian Government
- British Red Cross
- British Red Cross (from British Government)
- China Red Cross Hong Kong branch
- Danish Red Cross
- Danish Red Cross (from Danish Government)
- European Commission - DG ECHO
- Finnish Red Cross
- French Red Cross
- Icelandic Red Cross
- Japanese Government
- Japanese Red Cross Society
- Luxembourg (private donors)
- Norwegian Red Cross
- Qatar Red Crescent Society
- Red Crescent Society of Islamic Republic of Iran
- Red Cross of Monaco
- Sime Darby Berhad
- Swedish Red Cross
- Switzerland (private donors)
- Taiwan Red Cross Organisation
- The Canadian Red Cross Society
- The Canadian Red Cross Society (from Canadian Government)
- The Netherlands Red Cross (from Netherlands Government)
- The Republic of Korea National Red Cross
- Tullow Guinea Limited
- United States Government - USAID
Contact information

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- **IFRC Sierra Leone**: Stephen McAndrew, Ebola Operations Manager; Free town; Email: stephen.mcandrew@ifrc.org
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- **IFRC Geneva**: Cristina Estrada, Senior Officer Operations Quality Assurance; phone: +41.22.730.4260; email: cristina.estrada@ifrc.org
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For Resource Mobilization and Pledges:

- **IFRC Africa Zone**: Martine Zoethoutmaar, Resource Mobilization Coordinator; phone: +251 930034013; email: martine.zoethoutmaar@ifrc.org. Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone**: Robert Ondrusek, PMER Coordinator; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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.

The IFRC’s work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
West Africa Ebola Outbreak
Movement Restrictions
28 October 2014

**Guinea**
- Non-specific cordon sanitaire since 13 August and ban announced on moving bodies between towns.
- Health workers attacked and killed by locals in Wonmy, Nzérékoré.
- Macenta City has restricted entry and exit.

**Sierra Leone**
- New law since 22 August forbids the burial of Ebola victims with maximum jail sentence of two years.
- New law since 29 August imposes six month jail sentence for entering or leaving Ebola-affected area without medical authorization.
- A standard procedure for enforcing quarantines has been approved involving the training of 4000-5000 enforcement officers.

**General Context**
- Aid and aid workers have no restrictions.
- Schools remain closed in Guinea, Liberia and Sierra Leone.
- State of emergency declared in both Liberia and Sierra Leone on 1 August with closure of schools, markets and any public or mass gatherings.
- On 1 August, Guinea, Liberia and Sierra Leone agreed to impose a cross-border isolation zone at the epicentre of the outbreak.

**Liberia**
- Nationwide curfew of 23:00-06:00.
- Aid workers attacked in Boegeezay Town, River Cess on 24 October.
- New law since 3 October criminalizing the concealment of people with Ebola.
- As of 13 October, around 60 percent of markets outside Monrovia were closed.
- All non-essential workers ordered to stay at home since 6 August.
West Africa Ebola Outbreak
Liberia Movement Restrictions
28 October 2014

Map sources: GADM, OpenStreetMap and Logistics Cluster
Movement restrictions information: based on local news reports and government statements as detailed in https://goo.gl/zqlm5y
Data is partial and subject to change as more information becomes available.

Closed border crossing
Closed international country border
Quarantined county
Quarantined district
Quarantined settlement
Airport with suspended flights
Port with limited and monitored entry

General Movement Restrictions Context
- National curfew between 23:00 and 06:00.
- On 3 October concealment of information about people with Ebola was criminalised.
- State of Emergency declared on 1 August with closure of schools, markets and any public or mass gatherings.
- Since 1 August non-essential workers told not to come to work.
- On 1 September Ivory Coast announced that it would open a ‘humanitarian corridor’ into Liberia and the affected region.
- International flights to and from Liberia have been restricted by 21 countries.
- International ports in Ivory Coast, Senegal and Gabon have closed their sea border to ships from Liberia.
- Liberia is denying any crew to disembark at seaports until Ebola epidemic has subsided.

FOR INTERNAL OPERATIONS ONLY
Glide # EP-2014-000039-SLE
West Africa Ebola Outbreak
Sierra Leone Movement Restrictions
28 October 2014

Port Loko, Bombali and Moyamba Districts
Quarantined by government since 25 September. Corridors for travel to and from non-quarantined areas have been established but will only operate between 09:00 and 17:00.

Chiefdoms
6/11 in Port Loko, 4/13 in Bombali and 3/14 in Moyamba Districts
Quarantined by government since 25 September. Residents must not travel to any other chiefdom until further notice.

Pehe Bongre Chiefdom
Local villages imposing own methods of quarantine.

General Movement Restrictions Context
- A standard operating procedure (SOP) for enforcing quarantines was approved on 16 October and involves training 4000-5000 enforcement officers.
- New law since 29 August imposes six month jail sentence for entering or leaving Ebola-affected areas without medical authorisation.
- New law since 22 August forbids the ‘harbouring’ of Ebola victims with maximum jail sentence of two years.
- State of Emergency declared on 1 August leading to the closure of schools, markets and any public or mass gatherings.
- International flights to and from Sierra Leone have been restricted by 21 countries.
- International ports in Ivory Coast, Senegal and Gabon have closed their sea border to ships from Sierra Leone.

FOR INTERNAL OPERATIONS ONLY
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Map sources: GADM, OpenStreetMap and Logistics Cluster
Movement restrictions information: based on local news reports and government statements as detailed in http://goo.gl/zpim5y
Data is partial and subject to change as more information becomes available.