

UN Mission for Ebola Emergency Response (UNMEER) External Situation Report

30 March 2015

KEY POINTS

- Three-day stay-at-home initiative in Sierra Leone end
- President Condé of Guinea declare 45-day emergency measures in five districts
- Number of cumulative EVD cases passes 25,000 with 10,398 reported deaths

Key Political and Economic Developments

1. The three day stay-at-home initiative (27 to 29 March) in Sierra Leone to re-energize EVD response efforts ended on 29 March. Government officials, UNMEER and response partners monitored implementation and assessed that overall compliance was good. There was a particular focus on Port Loko, Kambia, Moyamba, Koinadugu districts and Western Area – all current EVD hotspots. The border between Guinea and Sierra Leone was closed and people in border towns and villages stayed in their homes like everyone else. Emphasis was placed on adherence to the lines of action, particularly community participation, contact tracing, and safe and dignified burials (not washing dead bodies). UNMEER and response partners supported the DERCs in selected districts to develop localized monitoring plans. In the Western Area (Ward 372), the community informed partners of a person who died just before the exercise began, leaving a 10-year old son behind, and prompting health workers to make quick efforts to quarantine the child while further investigations are ongoing. In Bombali, an EVD case was discovered and the chain of transmission established which linked it to an EVD death on 12 March from the local hospital, itself linked back to Aberdeen in Freetown. Challenges observed so far are largely attributed to logistics and communications, some of which were addressed during the implementation. While some complained that the initiative restricted livelihood activities, overall, it was well received as many among the community, government and response partners believed complacency was setting in.
2. On 28 March, President Alpha Condé of Guinea declared a state of sanitary emergency for a period of 45 days in the districts of Forecariah, Coyah, Dubreka, Boffa and Kindia. Conakry will also be subject to enforcement of the measures. The declaration enables authorities to restrict movements in those EVD hotspots. President Condé also announced the closing and quarantining of private hospitals and clinics where the cases have been detected, limitations on participation in burials (only the close relatives should participate) and EVD testing of all corpses during the 45-day period. He reminded Guineans that any person hiding EVD cases or transporting dead bodies can be prosecuted. The declaration was endorsed by the Grand Imam and the Archbishop. These measures followed consultations on efforts to accelerate response among the President, the UNMEER SRSG Mr. Ismail Ould Cheikh Ahmed, response partners and the diplomatic community from 26 to 30 March.
3. Today in Guinea, the trial commenced in N'zérékoré of persons accused of killing eight EVD response workers in the locality of Womey in September 2014.

Response Efforts and Health

4. In total, 25,030 confirmed, probable and suspected cases of EVD have been reported in the three most affected countries. There have been 10,398 reported deaths.

Logistics

5. The WFP-constructed extension of the military hospital at the Wilberforce barracks in Freetown, was officially handed over to the Government of Sierra Leone on 25 March. This extension will provide a place for the treatment of Ebola survivors suffering from impairments caused by the disease.
6. For regular logistics operational information please visit <http://www.logcluster.org/ops/ebola14>.

Resource Mobilisation

7. The OCHA Ebola Virus Outbreak Overview of Needs and Requirements, now totaling USD 2.27 billion, has been funded for USD 1.42 billion, which is around 63% of the total ask.
8. The Ebola Response Multi-Partner Trust Fund currently has USD 138.9 million in commitments. In total nearly USD 142 million has been pledged.
9. All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (<http://fts.unocha.org>) of their contributions via the e-mail address: fts@un.org.

Outreach and Education

10. In Guinea, sensitization campaigns are ongoing in all Conakry communes targeting youth groups, religious leaders (Imams), women responsible for washing the dead bodies and the quartiers chiefs in particular. The messages are being delivered through door-to-door campaigns, loud- speaker announcements during prayers, and during the funeral services of safe burials. However, in Matoto, the biggest commune in Conakry, it is reported that 4 out of its 37 quartiers are still reluctant to accept any sensitization campaign. Response partners continue to tailor EVD social mobilization activities to the local context.
11. In Sinoe County, Liberia, a radio talk show was organized by the County Health Team (CHT) and Voice of Sinoe (a radio station broadcasting only in Greenville city) as part of an UNMEER Quick Impact Project (QIP) which seeks to enhance community awareness on prevention and treatment of measles. The importance of role of the community in taking the lead in instituting preventive measures and surveillance of priority diseases as well as routine immunization was emphasized. Questions from the audience were also answered. This is part of the campaigns that are underway following a reported measles outbreak in the county.

Essential Services

12. On 27 March, UNMEER and WHO met with the Lofa County Superintendent who shared the county's three- month (March – May) activity plan. The development of the activity plan is one of the outcomes of the EVD specific border management and community based orientation and training that was held on 25 and 26 March in Voinjama. The plan aims to enhance the operational capacity of county surveillance and monitoring activities by the provision of ledgers to town chiefs to record travelers moving in and out of their communities. And strengthen community awareness through radio programs and distribution of hygiene and infection prevention and control (IPC) materials to border communities.
13. On 27 March, UNMEER Liberia monitored the QIP implemented by the NGO, Community Health Education and Social Services (CHESS) in Nimba County. The project aims to enhance the capacity of the Bureau of Immigration and Naturalization (BIN) personnel through training and provision of supplies as well as mapping illegal and legal border crossing points carried out by the Liberia Institute of Statistics and Geo-Information Services (LISGIS). As of 25 March, mapping of Cote D'Ivoire - Liberia borders and 30% of Guinea-Liberia borders has been completed. On March 25, 41 (9 female) BIN officials were trained in Ganta.
14. On 27 March, the USAID's Governance and Democracy team accompanied by the County Superintendent of Rivercess County met with the CHO and the county's Information Management System team (IMS). The USAID fact finding mission sought to understand the relationship between the local government - line ministries and the level of decentralization at the county. The CHO provided an overview of the challenges/gaps in the county on the delivery and quality of health services and how they address/mitigate them and reach out to the communities. Rivercess and Grand Kru counties are two remote and less developed counties where 42% of the inhabitants have no easy access to health facilities. The IMS meeting was also informed that 3 cases of measles have been reported in Kayah community (a community previously affected by the EVD outbreak). A surveillance team has been dispatched to the area.

Upcoming Events

15. NTSR

Attachments and resources

16. Reliefweb: [Maps on the EVD response](#).