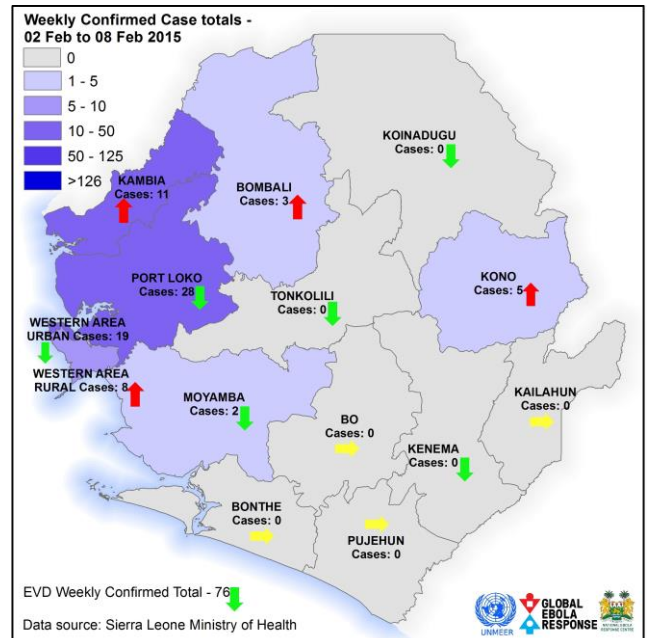




This report is produced by the UN Mission for Ebola Emergency Response (UNMEER) and the National Emergency Response Centre (NERC), in collaboration with the UK, and response partners.

## Highlights

- As of 8 February 2015, the cumulative number of laboratory confirmed Ebola virus disease (EVD) cases is 8,135. The number of confirmed deaths is 2,975. Total survived and discharged cases is 2,203.
- On 3 February, President Ernest Bai Koroma of Sierra Leone paid a surprise visit to the National Ebola Response Centre (NERC) Situation Room where he was briefed on response efforts by government officials, UNMEER and UN agencies. The President expressed appreciation for the efforts of the NERC and added that easing of restrictions of movement should not be seen as a sign that the fight against Ebola is over. He underscored the continued need for response efforts as problems with people washing corpses still continue. The President highlighted the support required to the health sector and with Ebola transmission declining, encouraged the excess NERC capacity towards strengthening the health sector.
- In close coordination with UNOPS, UNMEER provides a broad range of assistance to those responding to the Ebola crisis, including contracts, remuneration, transportation and accommodation in Sierra Leone.
- UNICEF has developed a network of Ebola survivors who play an important role in supporting affected children. Survivors volunteer to interact with children who are under observation, providing them with the physical interaction “contacts” would not normally receive. This also reduces stigma often attached to survivors.
- The Government has announced that it will reopen the country's schools (more than 8,000 schools) on 30 March, after a seven-month shutdown to limit the spread of the Ebola virus. The shutdown caused by the Ebola crisis has left 1.8 million children out of school. With UNICEF support, preparation is underway for the decommissioning of 11 Community Care Centers (CCCs) that are situated in or within 200m of school compounds. A total of 16,200 hand washing facilities have been ordered for the back-to-school initiative.
- Biometric re-verification of Ebola Response Workers (ERWs) concluded successfully in the Western Area and the Northern Province. In the Western Area, 6,047 ERWs on the NERC Payroll were re-verified; 1,106 new ERWs were verified; and 1,948 ERWs did not show up for re-verification. 1,797 ERWs paid for by nine other pay partners were also re-verified and registered in the national Hazard Payroll System. 59 of these were caught receiving hazard pay from NERC and other paying partners and have been reported to the Anti-Corruption Commission (ACC). The ACC is participating at all biometric re-verification sites to help curb corruption.



**10,924**

Cumulative confirmed, probable, & suspected cases

**8,135**

Confirmed cases

**3,341**

Deaths from confirmed, probable, & suspected cases

**2,975**

Laboratory-confirmed deaths

**443**

HCW's who have contracted EVD in Sierra Leone\*

**221**

Health care workers who have died from EVD in Sierra Leone

Source: WHO – Figures as of 2 Feb Jan 2015. Kindly note that data cleansing is on-going. HCW's who have contracted EVD in Sierra Leone (confirmed, probable, & suspected cases).\*

## Progress Overview

There has been a plateau in the number of confirmed cases this week; 76 compared to 80 recorded the previous week. The number of death alerts reported has increased, whilst the proportion of those testing positive for EVD has remained low at 1%. Port Loko continues to account for the highest number of cases in the country, with 27 confirmed cases this week. The northern region continues to record the highest number of cases and there has been a continuation of the downward trend in the Western Area, albeit only a small drop in cases compared with the previous week. Kono and Moyamba are the only districts in the east and south respectively to have recorded any confirmed cases this week. This week there has been significant decrease in the number of households under quarantine; 509 compared to 921 last week. We expect this to continue over the coming weeks as people quarantined 3 weeks ago when case numbers were higher come to the end of their 21 day quarantine period.

# Funding

## Sierra Leone Funding Needs:

**US\$ 378.5 million required**

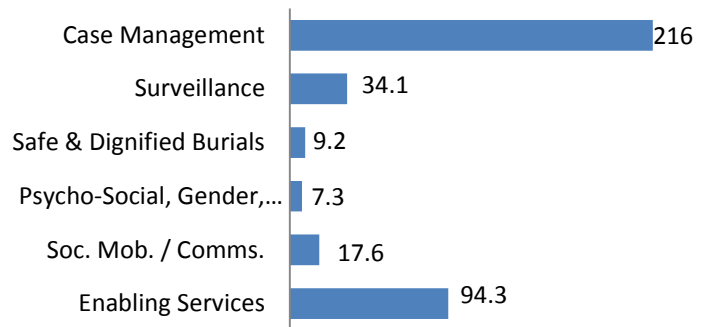
(estimate based on October planning assumptions)

## Overall pledges, commitments, and contributions,

(including those unrelated to a specific appeal):

**US\$ 530 million earmarked**

## Funding needed by pillar (in million US\$)



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 centres 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 personnel, one communicator and one driver. Each ambulance should be cleaned and maintained daily.

#### Response:

- With support from IOM, the faculty of Nursing at Sierra Leone University has now trained a total of 2874 health care workers since 01 December 2014 as of the week ending 7 February 2015.
- Due to the extreme focus on eradicating Ebola, MoHS, UNICEF AND WHO and other partners started discussions on implementing a multi-intervention mass campaign to catch up with low coverage in essential interventions during the Ebola outbreak, including Vitamin A supplementation, deworming, polio and measles vaccination among others.
- UNICEF continues to support the MoHS to train PHU health personnel in the revised guidelines for the appropriate management of childhood illnesses during Ebola outbreak. An additional 204 health care workers from 102 PHUs in Bonthe (13) and Kono (89) were trained. This brings the cumulative number of trained health workers to 2,174, which amounts to 91 percent of the targeted 2,400 health workers from 1,200 PHUs.
- With WHO support, the national IPC and quality improvement project continued this week. A second group of 59 trainees were trained for five days on basic IPC practices. The trainees will become IPC Champions and will be appointed by MoHS to work as IPC practitioners in Ebola facilities. This effort will strengthen IPC in Ebola facilities in the short- term, and non-Ebola facilities in the long-term. Over the past few weeks more than 360 HCWs were trained on basic IPC principles.
- UNMEER is currently mapping IPC activities and programs across partner organisations in collaboration with WHO and key IPC partners for a clear view of existing programs, gaps and future directions.

#### Gaps & Constraints:

- Several facilities visited by IPC assessment teams face financial constraints in implementing IPC recommendations.
- Cross-infection issues remain critical, particularly during transport and in holding facilities, as suspected cases are often kept together with confirmed cases.

### Ebola Treatment Centres (ETCs)

#### Needs:

- Treatment bed capacity in ETC's is currently sufficient; however, maintaining readiness for rapid response is crucial.
- 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).

**1,174**  
Current bed  
capacity (ETC)

**Response:**

- According to WHO and partners, there is a need to rethink and scale down the bed capacity. Guidelines have been drafted which will help to rationalize isolation capacity and facilitate recovery of the non-Ebola health system, while ensuring adequate access to Ebola care until the epidemic is over. Recommendations under discussion include: (1) every district should maintain the capacity to rapidly and safely isolate patients with Ebola until the epidemic is over. (2) Ebola Holding Units should be closed as soon as possible, unless they are needed to maintain district capacity under principal one. (3) Wherever possible, District Health Management Teams (DHMT) should be released from Ebola facilities to accelerate recovery of the non-Ebola health system. (4) The development of national IPC standards and clinical quality improvement should be emphasized in Ebola facilities.
- The number of ETCs remains the same as the previous reporting period. 23 ETCs are operational with approximately 1,174 beds currently available, and a total bed capacity of 1,693. There are 3 ETCs in the Eastern province, 2 in the Southern province, 6 in the Northern province and 12 in the Western province. They are run by the MoHS, U.K, Médecins Sans Frontières, Save the Children, China, IFRC, Plan International, GOAL, Partners in Health, and other partners.
- The MoHS list of ETCs that will remain open and those that will close during the transition has been released.

**Gaps & Constraints:**

- 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.

**Community Care Centres (CCCs)****Needs:**

- Treatment bed capacity in CCCs is currently sufficient; however, maintaining readiness for rapid response is crucial.
- A fast, community-based, holistic approach to isolation/care is critical.
- Minimum of 46 CCCs are required across the country.

**536**  
Current bed  
capacity (CCC)

**Response:**

- Since 17 November, UNICEF-supported CCCs have triaged 3,962 patients, admitted 439 and conducted rapid ambulance transfers for 171 patients across 5 districts. The number of patients triaged at UNICEF-supported CCCs remained consistent with the number triaged last week, which is about a 100% increase in the number of patients triaged since the first week of January.
- From 28 January to 4 February, there were 71 new admissions in CCCs in 5 districts, representing a 31% increase since the last reporting period. 21% of admitted patients presented within 48 hours of symptom onset during the reporting period. 44 lab test results from CCC patients were able to be tracked during the period. 96% of these lab results were available at the District Ebola Response Centre (DERC) within 48 hours of the patient test. In total, 2 patients were found EVD positive; one from Kambia and one from Western Rural.
- As of 8 February, there are 53 operational CCCs with approximately 536 current available beds, and total bed capacity of 538. There are 4 CCCs in the Eastern province, 46 in the Northern province and 3 in the Western province. The UNICEF, MoHS, Partners In Health, Plan International, World Hope, Marie Stopes, Oxfam and other partners run these CCC's.

**Gaps & Constraints:**

- Securing implementing partners, supplies and training continues to be the main challenge in the rapid roll out of CCCs.

 **Surveillance** - Pillar leads: MoHS, UNFPA, CDC, WHO
**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 a new strategy to contact tracing, WHO, UNFPA, MoHS, have placed greater emphasis on the quality of contact tracing by re-purposing contact tracing activities to stopping the chains of transmission and ensuring that all new cases come from known contact lists. Training will be provided to all remaining contact tracers that considers community engagement practices and the psychosocial welfare of communities. This reporting period, confirmed cases came

mostly from contact list in Kenema, Kono, Port Loko and Western Area. Three districts - Kambia, Koinadugu, and Tonkolili - each had a single confirmed case not found on a contact tracing list. All confirmed cases missed by contact tracing list are investigated to determine if these cases came from new sources of infection or were missed by the contact tracing system. Compared to last week, Western Area made a lot of progress in following up contacts. The most important concern is the 6 cases who died in quarantine homes, which suggests the need for higher quality contact follow-up. All 40 cases identified by contact tracers were isolated within 4 hours.

- As of 3 February 2015, eleven districts with a total of 4,423 UNFPA contact tracers are still with contacts to monitor. A cumulative total of 79,377 were monitored of whom 70,805 had finished their 21 day follow up while 8,432 contacts were still on the follow up list. Bonthe, Kailahun and Pujehun districts continued to have no contacts being followed up. Between 27 January and 3 February 2015, new contacts added totaled 2,940; and 2,168 finished their 21 days' of follow up, while 47 contacts were reported ill. Fifty seven contacts not seen in previous 24 hours were investigated to establish the reasons and their whereabouts.
- Kono District has made tremendous progress in its response over the past two months. A multi-partner response has enabled the creation of 13 surveillance team, 8 burial teams and a rapidly improving contact tracing program, as well as an ETC and four CCCs in the district. The number of new cases in the district decreased significantly during the month of January to only five new cases in each of weeks 5 and 6.

#### Gaps & Constraints:

- Uneven terrain and unpaved roads in conjunction with poor mobile coverage in Koinadugu, Kailahun, and Pujehun impede the surveillance efforts.
- Surveillance must be continued and/or strengthened in districts with low or no infection rates (Bo, Kenema, Kailahun, Pujehun 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, point 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.
- Laboratories are to be placed in each district.

13

Labs are operational around the country

##### Response:

- A site inspection of the Chinese CDC lab, to be donated to the MoHS, was conducted this week. The site visits enable us to determine that molecular tests and biosafety principles are adhered to. The group also conducted laboratory assessment visits to selected labs in the Western Area.
- Swabbers and lab technicians in Kenema, Mayomba and the Western Area will be trained next week to improve the quality of specimen collection so that we can ensure a negative swab result is truly negative and not negative due to poor storage, transport or specimen collection.
- The use of Malaria Rapid Diagnostic Tests (RDTs) has recently been made mandatory by MoHS for all mobile labs. Malaria RDTs were suspended due to IPC issues, however some labs were doing the testing but not consistently. No testing was done routinely as malaria treatment was given at all the treatment centres. Malaria RDT's will be distributed to all mobile labs located throughout the country.
- 13 laboratories nationwide are operating with a total capacity of approximately 200-700 samples per day. There are 6 laboratories in Western Area, 3 in Northern Province, and 2 each in Eastern and Southern provinces. The US CDC, South Africa, Italy, Nigeria, Canada, U.K., Netherland and China run these laboratories.
- 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 to refine reporting of lab results.

#### Gaps & Constraints:

- Acceleration of ETC and CCC roll-out, keeps increasing demand for higher, faster sample testing capacity.
- Despite a 6-hour turnaround time an improved mechanism for transmitting lab results needs to be put in place.
- A major challenge is making the labs accessible to all districts. If additional labs cannot be built, stronger and more reliable sample transportation networks need to be put in place to connect isolation/care centres to labs.
- Additionally, proper storage capacity and maintenance of blood samples need to be established in several districts.

## Safe and Dignified Burials - 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 SOPs.
- Decontamination of homes must follow body removal to avoid further infections with family members and the community. Decontamination teams are composed of 5 individuals: 2 disinfectors, 2 sprayers, and one driver.
- Improved engagement with communities is needed to help overcome some of the cultural barriers that have until now prevented some deaths from being reported to safe burial teams.

125

Burial teams are operational nationwide

**Response:**

- As part of the process of developing decontamination SOPs to get rid of potential Ebola related infection in non-Ebola facilities, the following key areas were highlighted: justification for the decontamination of Ebola facilities alongside the scaling down process; specific recommendation for handling water waste; principles to be followed by IPC officers carrying out the decontamination exercise across the country; a stepwise procedure that needs to be followed by the IPC Officers in the decontamination exercise; spray disinfectants are not recommended for decontamination as they are considered ineffective at some point.
- There are currently 125 burial teams operational in the Sierra Leone conducting more than 190 EVD-confirmed or suspected burials/day. The Red Cross has 54 burial teams and the teams conducted a total of 768 burials (30 January to 6 February.) In addition to Red Cross, the MOHS, Concern Worldwide, World Vision, CRS, CAFOD have also deployed burial team across the country.

**Gaps & Constraints:**

- Incinerators are required for disposal of PPE at cemeteries.
- Unsafe burials, including the washing of dead bodies, late reporting and lack of isolation continue to be the major factors in the high rates of transmission across the country, especially in Freetown and in rural areas.
- Some districts have reported a need for refresher training due to non-compliance of ambulance drivers around PPE (Bombali) and also a lack of training around sensitization around families experiencing grief.

## 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:**

- For the period 25–31 January, UNICEF's 5 implementing partners (World Hope International, Marie Stopes, Concern Worldwide, Partners in Health, Action Aid) visited 276 communities and reached out to 4,335 households around the CCCs in support of social mobilization activities for active case finding, community surveillance, and community dialogues to ensure that sick people are moved to CCCs and focused messages on survivors, safe and dignified burials and sustaining positive behavior change.
- Social Mobilization Implementing Partners Forum held on 30 January, hosted by UNICEF, SMAC, UNMEER and NERC, agreed on three key commitments, (i) intense integration of Social Mobilization across other pillars to focus on cases, contacts and burials, (ii) targeting at chiefdom level to improve quality and rapid results, and (iii) harmonization and increased utilization of strategic information. The District Plans will be rolled out during February to support the implementation of these commitments. The first of the District level meetings was held in Kenema on 31t January to implement the key commitments.
- For the period 26 January to 1 February 2015, Health For All Coalition (HFAC) social mobilizers working on the UNICEF supported Hotspot Busters project covered 50 hotspot (including 19 that were newly identified) communities, reaching 72,462 households through door-to-door community sensitization. The mobilizers reported 103 suspected cases of Ebola (39 from existing hotspots and 64 from non-hotspot areas); of these 38 cases were referred to CCCs/holding centers/treatment units within 48 hours.
- From 26 January to 1 February, with UNICEF and the MoHS, a total of 2,175 traditional healers and religious leaders were engaged in promoting safe and dignified burials and demystifying rumours about Ebola.

**Gaps & Constraints:**

- Although reporting from districts continues to remain a challenge; reporting by social mobilization partners from the districts has improved significantly.
- 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) 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).
- Observational Interim Care Centers (OICCs) are to be placed in each of the 14 districts for children who have been in contact with an EVD-infected person so they can be closely monitored for 21 days.

2

Additional OICCs are required nationwide

### Response:

- A two day technical Meeting from 29-30 January, was concluded in Dakar on Ebola Survivor support. The meeting was jointly organized by the Joint UNMEER and UN Agencies West and Central Africa Regional offices to develop a framework for providing support to Ebola survivors. Sierra Leone participants included NERC, UNFPA and UN Women. From a gender perspective, one of the most important discussions were on the issues of male survivor-female transmission. While sexual transmission of Ebola virus disease has not been documented, viral presence in semen has been reported up to 82 days after onset of symptoms. Anecdotal reports of male-female transmission continue and the recommendation of abstinence or full and consistent condom use in male survivors for at least three months is the WHO recommended norm. It must be assumed that sustained good practice in this area of work is essential to prevent recurrent outbreaks in areas with high numbers of survivors.
- There are 13 functioning OICCs covering 12 districts, though due to decreasing needs only 8 of the OICCs have children. The OICCs provide care for contact children with no caregivers. 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. On 1 February, a total of 87 contact children were in quarantine in the 8 centers.
- The MoSWGCA organized a two-day workshop on the National Strategy for the Child Protection and Psychosocial pillar. The importance of MHPSS was highlighted by the Ministry and recognized as one of the main priorities if we aim to provide the necessary support to orphans, survivors and communities. The coordination between ministries was also noted as a key issue, in line with the role of WHO in supporting the Mental Health Units.
- A total of 111 out of 256 (43%) in need of psychosocial services (PSS) received one-on-one counseling and group counseling support within their communities during this reporting period. Counseling support is provided as part of the follow up on children when they are reunified or placed in alternative care. To date 9,534 out of 11,635 (82%) identified to need PSS have benefited from specific psychosocial support services.
- Given the results of the third Knowledge, Attitude and Practices (KAP 3) study about grief, WHO is strengthening the capacity of the District Mental Health Units (DMHU) to provide adequate community grief counseling.

### Gaps & Constraints:

- More staff (Ebola survivors) is needed to care for children less than 5 years old at OICCs.
- Additional vehicles are still required to transport unaccompanied children safely.
- Every ETC should receive a stock of children's clothes and diapers/nappies for young patients.
- Psychosocial support and sensitivities to the community and families around grief need to be incorporated into all social mobilization, contact tracing and community surveillance training to improve the quality of these services.
- The KAP 3 report found that at least 50% of respondents knew someone who had died from Ebola so community grief counselling is a high need.



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

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

#### Response:

- Since 04 September 2014, the WFP Logistic Cluster has facilitated the transportation of 8,808m<sup>3</sup> of cargo on behalf of 19 organizations and the storage of 7,413m<sup>3</sup> on behalf of 15 organizations.
- Additionally, 3,162 people, totaling to approximately 46,139 people to-date, in quarantined households have benefited from WASH supplies distributed through WFP packages. A total of 150,000 liters of water was also delivered by Ministry of Water Resources (MoWR) to 4 Ebola care centers including one OICC. Through UNICEF's WASH implementing partners a total of 14,625 persons including 3,696 children have been reached with Ebola prevention messages including the importance of hand washing with soap.
- In January, WFP provided food assistance to more than 274,000 beneficiaries throughout Sierra Leone. WFP's response focuses on providing food and nutritional support to patients in treatment centres, survivors discharged, quarantined homes, and hot-spot communities.
- Alongside continued food and nutrition support, WFP provided non-food items donated by Irish Aid to an orphanage in Kenema hosting 24 children whose parents are deceased due to EVD.

- WFP held the 6<sup>th</sup> food coordination working group for NGO partners providing food assistance to groups directly or indirectly impacted by EVD.

#### 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 District Ebola Response Centres (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 after placement in quarantine.

#### Logistics

##### Response:

- 16 trucks of a dedicated fleet of 33 are operational and have been stationed at Moyamba, Makeni, Port Loko, Freetown and Kenema. The remaining trucks are pending minor repairs and insurance and registration after customs clearance. Additional drivers to operate the trucks are under recruitment. For food dispatches 49% of the transport was done with WFP trucks, 48% with commercial transport and 3% using partners' vehicles.
- In response to the lack of warehouse space in Freetown and the Western area, the WFP-led Logistics Cluster is planning to extend the main logistics hub at Port Loko with additional storage space. The hub is currently close to capacity, due to increased storage requests and cargo remaining in storage for longer than expected durations. The hub will continue to be operational during the extension. The proposal was presented and endorsed at the Logistics Cluster Coordination meeting on 2 February.
- Warehouses in Freetown, at district level and at the ETCs are well stocked, with additional humanitarian relief and medical supplies arriving by air and sea. At the Coordination meeting, participants shared that they will be shifting from a push to a pull system, with items being called forward as needed, due to a lower demand at ETC and district level.
- In response to the shortage of storage space at CMS, WFP agreed to erect one extended Mobile Storage Units (MSUs) for CMS. Work is commencing on 9 February and expected to be completed by 13 February.

#### Gaps & Constraints:

- Additional vehicles and motorcycles are needed for surveillance, burials and transportation of EVD-patients.

#### Human Resources: Staff, Training, Payments

##### Response:

- January Hazard Payment to 19,413 ERWs via mobile money concluded successfully, with 100% ERWs paid on time, and cash-out rate of 90%.
- The MSB Sweden team of about 5 clinicians has announced that they will depart on 8 February from Sierra Leone. With the number of Ebola cases decreasing, the team made sure that local clinicians are fully equipped to take over from them.

#### Gaps & Constraints:

- More field epidemiologists and clinical mentors are needed for the districts.
- 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. Hazard pay system needs to be monitored to ensure accessibility and transparency across the country.



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