

Regarding the OICC:

Currently nine children between six months and 15 years are cared for in the Ebola shelter. Similar to the Pikin Paddy the children are cared for by Caregivers. Differing only by the fact that the children are kept in an isolation zone and the Caregivers are Ebola survivors who are no longer at risk to be fatally infected. For employment the Caregivers must submit a certificate that proves that they survived Ebola. The OICC of Cap Anamur is the only Ebola shelter for children from Freetown.

The OICC was created to provide a better environment for the children while they are quarantined. The Ebola survivor Caregivers were trained by the staff of our street children project Pikin Paddy. In addition to the Caregivers, experienced social workers are assigned to work with the primarily very young children. Should a child develop symptoms, it is cared for by Caregivers wearing protective suits. When the children have been tested positive for Ebola they are transferred to a Treatment Center.

Regarding the Holding Unit:

The unit was created in order to take the ODCH back into operation after the Ola During Children's Hospital had to be closed. All children should at first be kept in the holding unit and after a screening they should then be distributed in the various areas. This way another undetected Ebola case should be avoided in the hospital. For us as a small German NGO, it was a difficult decision to undertake such a task. With experts from Germany, we began planning the station and in the initial phase checked the plans again and again and adapted them to implement the latest findings and experiences of other institutions. This was all realized with available funds of our organization. Without secure support we have started this project.

In exchange with all local partners on site our Holding Unit at Ola During Children's Hospital was built. In June alone, 1,900 patients have been screened. In total, there are now approximately 8,700 patients.

Of these, 7,782 patients are under five years old. 4,062 were hospitalized. 1,678 were included in the isolation ward and 2,392 in hospital.

To date, the Holding Unit is an important means in the fight against Ebola. The numbers of patients in the holding unit are stable high. In the last week the number of patients exceeded the usual degree, so patients had to sleep outside on chairs.

In the Holding Unit children are admitted who have symptoms unspecific for Ebola. Since these symptoms are also specific for Malaria, these children are treated on Malaria. In this Holding Unit laboratory parameters are analyzed for Ebola and Malaria. Is the child Ebola negative, it can be transferred to a hospital ward. The holding unit is the only isolation ward in Freetown and the surrounding area.

Regarding the hygiene project in the slums:

The slum area in Freetown is divided into three areas: Susan's Bay, Magazine Wharf and Moa Wharf. On the one hand we have placed tons with water and chlorine (0.05%) at strategic points (such as the entrances and exits of the slums). Chlorine is highly effective against the Ebola virus. So the people who pass by can disinfect their hands. The monitoring of the hand sanitization is performed by people from the community.

Secondly, Cap Anamur cleans and disinfects ten toilet houses located in the slums. These public toilets are the only sanitation facilities for many people. We also provide opportunities for disinfection after using the toilets. The cleaning and disinfection of equipment is performed by Ebola survivors from the community. Cap Anamur provides the materials, the handling and the expertise. Materials are chlorine, soap, plastic bags for disposal, gloves and buckets of water.

The community in the slums is very active and deserves to be supported also after the Ebola epidemic. Especially the waste problem must be solved, which is certainly important as a preventive measure. Unfortunately, the scope of the tasks is very large and might probably exceed the financial possibilities of our NGO.