**HOW EBOLA IS AFFECTING COMMUNITIES IN SIERA LEONE**

* Ebola continues to have an effect on the people in Sierra Leone. The figures of infected and death cases continue to rise every day. More than 3000 people have been infected and 1047 have died. The situation in Makeni where I am talking is very frightening. In two months Makeni is almost taking the lead in the number of confirmed cases and deaths. Makeni city in fact has been isolated.
* The situation in quarantined homes is itself contributing to the high number of new cases. There are poor hygiene practices in these homes, inadequate food and safe water for drinking and domestic use.
* In all of these there is a looming social problem. Ebola is leaving behind many widows and orphans. There is an increase in single parent families. A recent survey conducted on 56 quarantined homes by a group of pastors shows the following results: **18 widows, 60 orphans without both parents and 130 with single parents.**
* Ebola affects the minds of people. People suffer depression due to the death of loved ones. When a sick person is taken away treatment center for example, relatives do not have the opportunity to follow up the progress of the patient and worst still when they die they do not know where they are buried.
* The situation of health workers in the fight against Ebola is critical. As frontline workers they stand the risk of being infected with Ebola. This is the situation in Sierra Leone. In Makeni alone over 35 health workers have been infected and 12 of them have died. This is due mainly to inadequate or lack of resources such as protective gears and skills in handling these gears.

**WHAT ARE WE DOING IN THE FRONTLINE**

* The Ebola situation is a real threat to the people of Sierra Leone. Collective efforts have been done in the fight. I was able to mobilize colleague pastors as frontline workers to join in the fight. We primarily targeted quarantine homes. As pastors we were engaged in psychosocial care. But while we were doing this we realized that there were physical needs to be addressed. We shared these needs with our various congregations and friends who were able to provide food, clean water and hand washing materials such as rubbers, soap and chlorine. We recorded the situation of people in quarantine homes and communicated the information to the District Medical Team (DHMT) for their attention. DHMT is the central body for the management of the response to Ebola.

**WHAT CAN BE DONE TO MAKE A DIFFERNCE?**

The task in the fight against Ebola is great. We have doing great things but greater things have to be done. The following can be done to make a difference:

* Establish a psychosocial group to provide counselling for widows, orphans and other people affected and infected with the Ebola virus. Their minds need to be healed.
* Train psychosocial counsellors (pastors, teachers and health workers)
* Provide livelihood support for victims such as persons in quarantine homes, widows, orphans and survivors. This can be sustained by skill training, educational support and orphanages. Government’s provision is often one off.
* Establish welfare groups such as widows. This will give them the opportunity to meet together, share their problems and find solution to their problems.
* Establish orphanages: This will include tracking orphans in holding, treatment centers and quarantines homes and bring them to orphanage centers where they can be cared for.
* Establish information base. Information and feedback on the Ebola situation can be obtained from communities through mobile phones; internet etc. Communication is useful in the fight against Ebola.
* Train health workers on infection prevention and control practices.

**WHAT SUPPORT IS NEEDED?**

* Training manual and other resources for psychosocial counselors and health workers on infection prevention and control practices.
* Financial and other material supports for victims of Ebola
* Logistics for the establishment of orphanages and provide livelihood and educational support for children.
* Provision of livelihood support such as skill training , startup kits, micro business support and agricultural inputs
* Provision of communication facilities, mobile phones and internet.
* Provision of infection of prevention and control materials for health workers.