



Kate – and the whole Eleanor Palmer community,

Your donation is fantastic - thanks so so much!

Well. It has been a pretty extraordinary few weeks back here in Sierra Leone.

Amongst the people of Sierra Leone, the impact and the scale of the problem we are facing here, as a country, as a society, is starting to sink in. In the big picture, that is such a good thing: it's the only way that Ebola will be defeated here. Prevention is better than cure - as there is no cure.

But what that looks like on the ground is actually quite ugly. People understand that those with Ebola, if in the community, can cause an infection risk. So they are prevented from being part of that community: sometimes, just quarantined in houses; sometimes, by being essentially chased into a hospital or isolation unit. In the rural areas, communities are enforcing self-quarantines of whole villages and, in some cases, whole chiefdoms. This is for the best. But to see a boy chased down the street until he collapses, or to see a community shut away, and starving, both of which I saw last week, is a horrible thing.

Yet this is producing results. In the areas where the outbreak was first discovered and confirmed, Kenema and Kailahun districts, infection rates are significantly down. This is good. Unfortunately, Ebola is cutting a terrible path through the main urban centres of Sierra Leone now: it is raging unabated in Freetown, Port Loko and Makeni: three major urban centres in the north of the country.

The scale of the problem is quite staggering. All the more so when contrasted with the scale of the resources to fight the problem: for example, in Freetown alone yesterday there were 50 cases. There will be another 50 today. There are 70 beds total in Freetown: you don't need a maths degree to understand that that doesn't really add up.

I had dinner last night with a friend of mine, one of the few 'long term-ers' still here. He's from Kings College London, and runs the main government hospital in Sierra Leone as part of their health partnerships project. 6 months ago he was catapulted into managing the response to Ebola in Freetown, and probably now knows more than anyone in the UK about Ebola: he has personally treated 650 patients in Freetown. He walks through the hospital where he works and can't escape the troubling memories of all the people he has known, and all the people who have died, in the fight against Ebola. Every office has a memory of someone who he has shared jokes, or a lunch, or an evening beer, with; and each of them are dead. It's heartbreaking for him. He is tasked with managing the 1000 beds we will now be installing across the infected areas - but with simply not enough staff to do it. Kerry Town, the first clinic we have opened, has 200 foreign staff. The new units will have 1 because there simply are not the resources.

So: it's difficult. There are signs of hope: decreasing infection rates in the south and east, and a sense that the virus is easing in Liberia. But there are still very genuine and very real concerns in the major urban centres.

And as Ebola fades, which it will, we just don't know when, the next challenge will become so horribly clear: that of the economy and people's livelihoods. Planted areas are significantly down, food shortages are already a minor problem here, but they will probably get larger. And the country has been on a pause for the last 6 months: people are bored, and people are suffering.

Our teachers are all well, thankfully. But they, like everyone, are bored of sitting on their hands, and worried, as I'm sure you would be, about the fact that we will have missed the whole term! The longest one too. It doesn't look, at the moment, as though the schools will be able to reopen in January, but at some point that decision will have to be reversed: what little chance mothers had of making enough to get by on has also been ripped away by the increased need for childcare for children who have had nothing to do, and no structures to work in, since the end of June.

So it's a tough picture. We are here, we are waiting, we are desperate to be able to do the things we can. But at the moment we continue to wait, we continue to keep our staff and our beneficiaries alive by giving them what limited support your help allows us to give. And we are waiting for the point where we can once again fire into action and deliver to Sierra Leoneans the opportunities to try to rebuild from the horrors of this disease.

With huge, huge thanks for your support!
Rocco

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