OVERVIEW

Since the Ebola outbreak in West Africa was first reported in March 2014, to date, there have been 23,218 confirmed, probable and suspected cases of Ebola Virus Disease (EVD) with 9,365 fatalities (40%), according to the current UNMEER report, dated 18 February 2015. IOM is continuing to implement local and regional Ebola response projects and activities in West Africa, to strengthen containment and control capacities to prevent the spread of EVD, reduce disease burden, and to contribute to “getting to zero cases.”

HIGHLIGHTS

- The mobile outreach team from IOM’s ETU in Buchanan, Liberia provided routine vaccination and primary health care services to 115 villagers.
- IOM was named the secretariat of the Border Coordination Group, under the Chairmanship of the Government of Liberia’s Presidential Advisory Committee for Ebola.
- 167 emergency interim care kits distributed in the Western Area, Sierra Leone, in the Kontolloh and John Thorpe wards, recently placed under quarantine, due to a rise in EVD cases.
- IOM, in partnership with World Hope International (WHI), met with over 200 community leaders in the chiefdoms of Gbendebu Ngowahun and Magbainba Ndowahun in Bombali district, Sierra Leone, to discuss safe, culturally-sensitive burial practices.
- The National Ebola Training Academy in Freetown, Sierra Leone, has trained a total of 3,326 health care workers as of 14 February.
- From 1-31 January 2015, a total of 71,195 travellers were screened and recorded at 15 Flow Monitoring Points throughout Mali.
IOM is supporting County Health Teams (CHT) in three counties by providing mobile clinics and community outreach programmes and training community health volunteers. Community members from the County, District, Chiefdom and Townships levels have been empowered by community outreach and social mobilization activities to drive the behavioural change, that have been critical in the recent progress in the fight against Ebola.

Buchanan ETU staff with the Grand Bassa CHT are conducting a weekly mobile primary care clinic outreach programme to vulnerable communities. Over two weekly visits, Buchanan ETU staff provided primary care and vaccination services to 65 villagers in Jonny Tutu Town. The mobile clinic also supported the Periodic Intensification of Routine Immunization programme being led by the CHT, providing 50 vaccination services to villagers in No Way Camp. The routine immunizations included vaccinations for tetanus, whooping cough, and diphtheria.

The Sinje ETU social mobilization team is promoting awareness of the ETU and its activities amongst the community. The Sinje ETU staff conducted a Town Hall meeting with 43 religious leaders from Grand Cape Mount County on 5 February. General Community Health Volunteers (GCHVs) were trained by IOM’s social mobilization team and were provided with 1,500 graphic stories and 600 feedback line fliers for distribution.

To prevent possible Ebola infection among migrants crossing between Bomi, Montserrado, Gbarpolu and Grand Cape Mount counties, health workers are stationed at key border checkpoints. On market days, these border points record a sharp increase of up to 85 percent in migrants.

To support active case finding and regular screening at these border points, the team of nurses who form the Outreach Team at the Ebola Treatment Unit (ETU) in Tubmanburg, partner with the Bomi County Health Team. These health workers are equipped with thermometers, sprayer cans, and an ambulance on standby in case a suspect Ebola case is identified.

To date, IOM and its partners have trained over 3,326 health care workers in Freetown, Bo and Kambia.

Through their community-based active case finding activities in the Western Area, IOM’s implementation partner, Oxfam, continues to distribute interim home care kits, which contain Oral Rehydration Salts (ORS), water purification tablets, a tablespoon, soap, gloves, chlorine granules, buckets, and EVD awareness materials.
pamphlets. 167 emergency interim care kits have been distributed in the Western Area by Oxfam’s teams in the John Thorpe and Kontolloh communities. Active case finding continues in these wards and has extended to four additional hotspots in Congo Town, Thunder Hill, Robis and Mayenkineh due to the increase of reported cases in these communities. In addition, support of referrals continues in Kontolloh where eight probable EVD cases were referred to the local Community Care Centre. After all cases had negative test results, they were referred to the local peripheral health unit (PHU) for follow up care. Since Friday, 13 February the Freetown city ward of Aberdeen, of which many of these communities are a part, has been placed under quarantine, due to a rise in suspected Ebola cases.

**Community Outreach and Social Mobilization**

In partnership with World Hope International (WHI), IOM has initiated pre-engagement meetings in Bombali district to kick off efforts towards identifying safe, culturally-relevant burial practices. Pre-engagement meetings were held with traditional leaders in two chiefdoms, Gbendebu Ngowahun and Magbainba Ndowahun. Societal heads, comprising of Sowehs, Gbagbani, Poroh and traditional healers (herbalists), were in attendance together with their Paramount Chiefs and Section Chiefs. The gathering brought together over 200 persons. Sensitization for EVD prevention and other EVD messaging were delivered, along with a discussion on the current impact of EVD, and issues contributing to infection rates, including the late reporting of sick persons and unsafe burials. The leader of the traditional healers said that they are ready and willing to work with stakeholders to end the EVD and that the community had tried to limit unsafe practices while emphasizing livelihood support.

**Mali**

**Health and Humanitarian Border Management**

To ensure the epidemiological surveillance of migrants from countries affected by EVD, in coordination with the Mali Ministry of Health (MoH), IOM has implemented health screening and data collection at 15 Flow Monitoring Points (FMPs) at the Guinea border in Mali on major road, river, and rail entry points. Each FMP has at least two health workers recording temperatures, as well as collecting demographic and travel data. This is done with support of the World Health Organization (WHO) and Office of US Foreign Disaster Assistance (USAID / OFDA).

From 1-31 January, a total of 71,195 migrants were screened at all 15 FMPs for a combined total of 100,974 migrants since 22 November 2014. Overall, nearly 2/3 of migrants (64.5%) recorded are Guinean; 25.1% are Malians, and 3.1% are Senegalese. The remaining 7.4% mainly come from other neighbouring countries.

**NATIONAL DATA (from 1 to 31 January)**

- **FMPs:** Badogo, Figouana, Kabaya, Kalana, Selingue, Siradjouba, Yanfolila, Diaka, Sirakoro, Kita, Mahinamine, Djoulafoundou, Koflatie, Kouremale, Nougani

- **71,195** Migrants screened and sensitized at FMPs

- **7,429** Vehicles recorded at FMPs

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IOM staff collect a migrant’s information for contact tracing at a Flow Monitoring Point in Mali
With the assistance and support of donors and implementing partners, IOM delivers an ongoing coordinated response to the Ebola crisis in West Africa, including such services as:

- Management of three Ebola Treatment Units in Liberia
- Training airport staff to screen passengers for Ebola at Lungi International Airport and educating frontline responders to work safely and efficiently with Ebola patients in Sierra Leone
- Rehabilitation and equipping of Provincial Emergency Operations Centres in Guinea-Conakry
- Distribution of hygiene kits and home health kits to mitigate the spread of Ebola

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**For more information on IOM’s Ebola Crisis Response Programme, please contact:**

IOM Ebola Crisis Response Programme Coordination Office, IOM HQs | ebolaresponse@iom.int | +41 22 717 9111

Donor Relations Division, IOM HQs | drd@iom.int | +41 22 717 9271

IOM Regional Office, Dakar (Senegal) | rodakarebolacoordination@iom.int | +221 33 869 6200