OVERVIEW

Since the Ebola outbreak in West Africa was first reported in March 2014, to date, there have been 27,952 confirmed probable and suspected cases of Ebola Virus Disease (EVD) with 11,284 fatalities (41%), according to the current WHO report. IOM is continuing its Ebola response in West Africa, which aims to strengthen containment and control capacities to prevent the spread of EVD, reduce disease burden, while contributing “getting to and maintaining zero cases, and building back better”.

HIGHLIGHTS

- 456,408 travellers screened and sensitized at 15 FMPs in Mali, since the start of the project on 22 November 2014.
- IOM Mobile Training units delivered Infection Prevention and Control (IPC), Personal Protective Equipment (PPE), and clinical decontamination training to 108 participants throughout Bombali district in Sierra Leone.
- 9,218 healthcare workers trained at the Ebola Training Academy in Sierra Leone.
- 56,512 travellers screened and sensitized at five Flow Monitoring Points (FMPs) in Kourémale, Nafadjé, Niany, Niantanina and Balandougou in Guinea, near the Mali border.
- 40 community leaders and traditional healers trained on EVD preparedness in the regions of Kolda and Kédougou in Senegal.
- Over 400 community members trained on EVD awareness and preparedness in Senegal along the border with Guinea and Guinea-Bissau.
- IOM and Global Communities (GC) expanded operations with the addition of two new screening points in Grand Cape Mount at Kru Town and Robertsport, Liberia.
IOM DIRECTORS' MISSION TO SIERRA LEONE, GUINEA AND LIBERIA

IOM’s Director of the Department of Operations and Emergencies and the Director of the Migration Health Division conducted a joint consultative mission in West Africa from 9-16 August. With the closure of UNMEER at the end of July 2015 and post-EVD recovery strategy discussions gaining momentum, the purpose of the trip was to engage with the IOM Missions in Sierra Leone, Liberia and Guinea in articulating IOM’s EVD response transition phase strategy.

SIERRA LEONE

Health & Mobility Management

With support from the US CDC border health team, a secondary screening facility was donated to IOM Kambia for use at the international border crossing at Gbalamuya. This secondary screening facility will deal with any and all persons deemed in need of more intensive screening procedures after temperature check and observation of symptoms.

On 13 August, the IOM Port Loko office began rolling out basic Infection, Prevention and Control (IPC) training for IOM and District Health management Team monitoring staff deployed at Vehicle Checkpoints. To date, training has been provided to screeners at Gbaneh Bana and Bundelai. The training also targets the police and military personnel stationed at the checkpoints.

On 14 August, IOM Port Loko facilitated the fifth Emergency Simulation Exercise, since the commencement of the project at the Freetown International Airport to test the Ebola Virus Disease response preparedness of key agencies. The exercise involved two scenarios focusing on airport workers on the runway and at the General Manager’s Gate. The exercise revealed several gaps in the response that IOM will address through practical and classroom training.

Social Mobilization & Community Outreach

In order to share best practices and lessons learned from the Cultural Burial Liaison (CBL) intervention in Bombali, a one-day conference was held on 18 August 2015. Delegates included the District Coordinators from Kambia, Bombali, and Port Loko, the Chief of Staff from Tonkolili, paramount chiefs and representatives from all 13 chiefdoms in Bombali.

IOM, World Hope International (WHI) and partners will continue to work with the Social Mobilization and Burial Pillars in Bombali and other districts. The aim will be to turn CBLs into district burial teams and make the
programme financially self-sustaining by adding a livelihoods component to the training for CBLs.

Unsafe burials have been a significant barrier to disease prevention and control across Sierra Leone. In Bombali, 130 Liaison officers across 13 chiefdoms were recruited in March 2015 with training beginning in April. The Liaisons are tasked with ensuring community deaths are reported to the District Emergency Response Centre and that community members comply with safe, dignified medical burial practices, as mandated by the Government of Sierra Leone.

Liberia

IOM and Global Communities (GC) have expanded operations to establish two additional screening points in Grand Cape Mount at Kru Town and Robertsport, which will be supported with further training and supplies.

From 11-12 August IOM, GC and WHO conducted a joint assessment of the seven Border Crossing Points and two checkpoints in Grand Cape Mount. The purpose was to assess screening operations, gaps in supply of IPC and screening materials, as well as collecting data on mobility flows.

Health Systems Support & Revitalization

IOM continues its support to CHT health system restoration plans, through seven mobile clinics in Bomi, nine in Grand Cape Mount, and seven in Grand Bassa, offering primary health care and psychosocial support services to communities.

To support Grand Bassa CHT efforts to ensure IPC standards in public health facilities, IOM completed construction of triage and isolation facilities at the Liberia Government Hospital in Buchanan.

Guinea

Health & Mobility Management

As part of its health border projects, IOM continues to carry out EVD awareness-raising activities for travellers and local communities, as well as Entry-Exit screenings at the Forecariah-Kambia border. This aims to contribute to collaborative, multi-sectorial efforts in “getting to zero” and “maintaining zero” goals, by ensuring comprehensive Entry-Exit Health Screening (EEHS) and mobility pattern mapping at strategic Points of Entry (PoE) along the border with Sierra Leone.
IOM’s approach includes the deployment of Flow Monitoring Point agents to map mobility patterns and raise travellers’ EVD awareness, as well as the transition to a sustainable system, capable of responding to other epidemic-prone diseases affecting the areas.

Additionally, IOM provides logistical support to targeted health check points in prefectures currently affected by EVD. To date, a total of 56,512 travellers have been screened and sensitized at the five Flow Monitoring Points (FMPs) in Kouremale, Nafadjì, Niany, Niantanina and Balandougou in Guinea, near the Mali border.

**Mali**

Since November 2014, in collaboration with the Ministry of Health and Public Hygiene of Mali and with the support of WHO and USAID/OFDA, IOM has installed Flow Monitoring Points (FMPs) at security check points on major transportation routes (road, river, rail and airports), especially at border entry points, to reinforce the epidemiological surveillance of travellers entering Mali from countries affected by the EVD epidemic.

During the month of July 2015, 41,716 travellers were screened and sensitized at the 15 FMPs in Mali, bringing the cumulative total to 456,048 persons recorded, since the start of the project in November 2014.

For the month of July, demographic data collected from travellers at the 15 operational FMPs in Mali, shows the following:

- 20,712 travellers, who crossed the border in a total of 2,247 vehicles, were screened and sensitized.
- Nearly 3/4 of all travellers (74%) entering Mali through the FMPs were Guinean, 18% Malian, 3% Senegalese, and the remaining 5% were mainly from neighbouring countries.
- 82% of travellers (17,005) travelled “round trip” between Guinea and Mali.
- 59% of travellers indicated “economic/professional” as the top reason for travel, whereas 39% travelled for “family visit”, 1% stated “health reasons”, and the remaining 1% travelled for “other” reasons.
- Stays of “one day or less” were the most common with 69% of travellers reporting, while 15% of travellers stayed for “2 to 5 days” and 16% stayed in Mali for “More than 5 days”.

**Côte, d’Ivoire**

IOM conducts a participatory mapping assessment of a Fishermen’s landing in Dubréka, Guinea
From 03 to 14 August, IOM in collaboration with the National Institute of Public Hygiene delivered EVD preparedness and awareness training to 145 individuals from 38 border villages in Minignan, Touba, Toulépleu and Taboo. Recipients of the training included 46 community health workers, 33 practitioners of traditional medicine, 48 community leaders, and 18 motorcycle and taxi drivers.

From 26-27 July, IOM delivered Ebola awareness and prevention training to 40 community leaders and traditional healers in Kalifourou and Velingara. The purpose of the courses was to train participants on procedures and behavioural best practices to observe in the fight against Ebola, as well as remind them of their pivotal roles within the community to share the important information, particularly within border communities. Examples were given on how to improve current collaboration with the medical and administrative authorities for the follow-up of suspect cases.

Furthermore, IOM mobilised the border communities of Ndindéferlo (Kédougou) at the weekly market in Cambadiou (Guinea-Bissau), near Salikégné (Kolda). Over 400 people were present to receive essential EVD messaging, as well as IPC measures.
IOM’S REGIONAL RESPONSE TO THE EBOLA CRISIS

Grand Cape Mount County, Liberia

Bomi County, Liberia

Grand Bassa County, Liberia

FUNDING FOR IOM’S EBOLA CRISIS RESPONSE PROGRAMME IN WEST AFRICA IS PROVIDED BY:

FOR MORE INFORMATION ON IOM’S EBOLA CRISIS RESPONSE PROGRAMME, PLEASE CONTACT:

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