Situation Overview

The WHO declared the end of the most recent outbreak of Ebola Virus Disease in Liberia on 9 June 2016. This announcement comes 42 days after the last confirmed Ebola patient tested negative for the disease for the second time. A 90-day period of heightened surveillance will follow. Across the border in Guinea, the end of Ebola was declared on 1 June 2016. IOM continues to support the Government of Liberia (GoL) in its surveillance efforts in the border counties, both in communities and at points of entry, to prevent possible cross-border transmission of the disease.

Despite the declaration of the end of the recent outbreak, the border with Côte d’Ivoire remains officially closed. Though the border remains closed, the UNHCR-led voluntary repatriation (VolRep) of refugees through designated humanitarian corridors continues. IOM supports the VolRep operation by assuring all refugees are screened at the border for priority diseases before they cross the border to Côte d’Ivoire.

Progress continues on the UNMIL drawdown and transition of full security responsibilities to the GoL. In May, UN peacekeeping troops withdrew from Margibi County, handing over facilities to the county’s authorities. In addition, UNMIL handed over full security responsibilities of President Ellen Johnson Sirleaf and Vice President Joseph Boakai to the elite Executive Protection Service.

Liberia also marked an important milestone in May – the end of sanctions and arms embargo. On 25 May 2016, United Nations Security Council unanimously voted to lift the sanctions imposed on arms and the export of Liberian timber and rough diamonds.
Now that the reemergence of Ebola, which started in March 2016, has been controlled in both Guinea and Liberia, the scale-up of border surveillance is completed. IOM now supports a total 81 border crossing points in the eight border counties. This includes 63 land PoEs and 18 checkpoints. Screeners check travelers’ temperatures and if needed, refer and/or isolate sick travelers. In Nimba County, a temporary triage facility was completed at the beginning of the month. The temporary triage facility allows screeners to isolate individuals with suspected cases of ebola and other communicable diseases (see photo on next page).

To date, IOM has trained 455 screeners, supervisors, port health and border officials on the new PoE training package with the Integrated Disease and Surveillance and Response (IDSР) component.

During the month of May, the Community Event-Based Surveillance (CEBS) guidelines that will form part of the IDSР Manual revisions were completed with the help of IOM and approved by all relevant departments in the Ministry of Health. These guidelines will form the basis of refresher trainings for general Community Health Volunteers (gCHVs).

In May, gCHVs from 2,917 comminutes monitored and reported 622 disease triggers of which 568 were verified (see chart on next page). In May, the number of verified triggers increased by 59%.

Sources: IOM, OCHA
On 2-3 June 2016, a refresher training of trainers was conducted in Nimba as part of the ongoing CEBS activity. The training brought together 78 participants from eight border counties representing implementing partners, WHO and MoH. The training served to reinforce the importance of CEBS, share improved methodology, increase case finding ability, and strengthen links between the County Health Teams, IPs and IOM. The rollout training will be provided to 2,986 gCHVs by those who attended the ToT throughout the course of June.

Under the Epidemic Preparedness and Response (EPR) project, IOM and other consortium members support Liberia’s ability to respond to disease outbreaks.

In coordination with WHO and County Health teams, IOM supported the distribution of IPC materials to health facilities in Gbarpolu, Bomi, Grand Gedeh, Grand Cape Mount, Maryland, and River Gee counties. IOM has continued conducting health facility spot checks using the standard tools developed by the Consortium. Major health facilities have been checked in five counties, including: Bomi Government Hospital, Robertsport Hospital, Sinje Health Centre, Chief Jallah Leone Health Centre, JJ Hospital, Martha Tubman Hospital.

From 17-19 May 2016, the Ministry of Health conducted a training of trainers for rapid response teams (RRT). The training will be rolled out to all counties. IOM case management coordinators attended and will implement the RRT training in Bomi, Gbarpolu, Maryland, Grand Gedeh, and River Gee.
Revision of Aliens and Nationality Law

As part of the security transition plan for the UNMIL drawdown, IOM – with support from ACP-EU – is providing technical support to the Government of Liberia to review and revise the Aliens and Nationality Act. The Act has not been amended since its enactment more than forty years ago. Working alongside the Bureau of Immigration and Naturalization, consultation with stakeholders including government ministries and agencies (Ministries of Labor, Gender, Foreign Affairs, Commerce & Industry, Justice, LRRRC, National Investment Commission, LISGIS, etc.) and partners (UNMIL/BINAT, UNHCR, UNDP, etc.) has taken place in May, culminating in stakeholder roundtables to discuss issues on nationality and employment.

On 3 June 2016, stakeholders convened at IOM to discuss issues on nationality including the prevention of statelessness, naturalization by marriage, provision for children found on Liberian soil whose parents cannot be located, and grounds for revoking nationality. On 9 June 2016, the stakeholders met again to discuss employment issues related to the Act.

Voluntary Repatriation of Ivorian Refugees

In May, IOM supported the UNHCR-led voluntary repatriation of 1,757 refugees to Côte d'Ivoire. In Maryland and Grand Gedeh counties, IOM screened refugees’ temperatures and ensured hand washing at the border before they returned to Ivory Coast.

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