



# GUINEA EBOLA RESPONSE

## INTERNATIONAL ORGANIZATION FOR MIGRATION

SITUATION REPORT •  
From 9 to 31 May, 2016



First simulation exercise to manage EVD cases at the Point of Entry of Madina Oula, at the border with Sierra Leone. © IOM Guinea 2016

### News

■ Between May 9 and 13, IOM, in partnership with CDC, launched the first simulation exercise to manage EVD cases at the Madina Oula Point of Entry (PoE), at the border with Sierra Leone. Between May 22 and 26, it launched the second simulation exercise at the PoE of Baala, near Liberia. The main objective of these exercises is to prepare the authorities in charge of the points of entry in detecting, notifying and managing any suspected case of potential epidemic disease, especially EVD cases at their various borders.

■ On the 12 May, IOM organized a groundbreaking ceremony at the Tamaransy market, a village in Boké Prefecture that was heavily affected by EVD. This activity is part of IOM's support to the Guinean Government in the socio-economic recovery of Ebola Survivors.

■ On the 14 May, in partnership with International Medical Corps (IMC), IOM officially launched Community Event-Based Surveillance (CEBS) in the prefecture of Kindia. Many prefectural health and administrative authorities participated in the ceremony, during which bicycles and two motorcycles were distributed to community health agents and their supervisors.

### Epidemiological situation

On 29 March 2016, the World Health Organization (WHO) declared the end of EVD in West Africa as a Public Health Emergency of International Concern.

In its situation report of 26 May 2016, WHO underlined that the latest notified case in Guinea during the resurgence of Ebola in mid-March was declared Ebola negative for the second time in a row after final testing on 19 April, 2016. A period of 42 days (two incubation cycles) must be observed before the declaration of the end of the outbreak in Guinea. This period ended on 31 May.

Until then, active surveillance had been maintained. The risk of new outbreaks due to exposure to infected bodily fluids of Ebola survivors persists and requires sustained efforts to reduce it. Some of these efforts include but are not limited to sensitization activities related to potential sexual transmission from survivors to sexual partners and the importance of bodily fluid analysis.

### CONTACTS

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**IOM’s Response**



**Monitoring of the situation**

Guinea has reported no new Ebola Virus Disease (EVD) case during the reporting period.

IOM staff in each sub-office and NGO partners participate in weekly or bi-weekly meetings organized by the Prefectural Coordination for the Fight against Ebola. They monitor post-Ebola response activities in the concerned prefectures and regions, especially activities relating to community event-based surveillance and the strategy related to the active surveillance for survivors.



**Health, Border and Mobility Management (HBMM)**

IOM, through its HBMM approach, continues to lead all health screening activities at borders, sensitization on epidemic prone diseases and community event-based surveillance.

To improve rapid detection of suspected EVD case at borders, IOM, in partnership with CDC, launched the first simulation exercise to manage epidemic prone diseases at the PoE of Madina Oula, at the border with Sierra Leone, from the 9-13 May 2016.



Simulation exercise to manage an EVD suspected case, at the PoE of Baala, at the border with Liberia. © IOM Guinea

The activities of the simulation exercise consisted of:

- ◆ testing health control screening at PoEs;
- ◆ checking availability and functionality of equipment and facilities (hand washing kits, infrared thermometers, isolation room, personal protective equipment (PPE));
- ◆ testing the communication chain from the PoE to the health center (HC); and
- ◆ testing the practical application of PPE operational procedures.



Training on the management of an EVD suspect case at the PE of Madina Oula. © IOM Guinea



Supervision of the health screening point at the PoE of Wolono. © IOM Guinea

From 24-27 May, the same exercise was organized at the PoE of Baala, at the border with Liberia. The four-day training was attended by the PoE staff, the volunteers from the health screening points, staff from the health centers and health posts and representatives of CDC and IOM.

Since the reopening of health screening points at borders with Ivory Coast and Liberia in the Forest region at the end of April (in Baala, Thuo, Zenie, Guela, Dirita, Pine, Wolono, Yalenzou, Kessene, Nongoa, kpaou , Badiaro and Kotizou), IOM provides regular visits to those sites to restock them with hygiene kits and health control equipment.



From 11-12 May IOM organized a training in collecting data on tablets for volunteers of the health screening points of Macenta and Gueckedou.



**Strengthening the health system at borders**

In a bid to support the Guinean Government in strengthening its health system, IOM rehabilitated and equipped some border health posts and points of entry posts in border areas.

From 9-13 May, IOM engineers estimated the costs of the renovation of two health posts: Moribadou health post in Beyla Prefecture, and Pine in Lola Prefecture, both in the Forest region. On 19 May, IOM engineers also carried out an assessment to ascertain the amount of work required to rehabilitate the point of entry and health post of Badiaro, in Macenta Prefecture, on the Guinean border with Liberia.



IOM engineer at the health post of Badiaro, in Macenta Prefecture. © IOM Guinea

From 21-215 May, IOM’s construction unit carried out an evaluation mission at the Prefectural Health Directorate to identify the rehabilitation needs of the building and then to publish the call for tenders for the rehabilitation works. During this mission, they visited the point of entry of Port Fory to assess the final renovation of the main building and sanitation needs.

At the end of May, IOM received several applications following the I calls for tenders to rehabilitate the Prefectural Health Directorates of Forecariah, Kouroussa, Boffa, Boke and Matoto, a district of Conakry. Construction works are now ongoing.



**Capacity building**

As part of its activities related to the reinforcement of the Guinean health system at border areas particularly affected by EVD, IOM continues to provide logistical and technical support to the Operational Prefectural Emergency Centers (PEOCs).

On 19 May, IOM delivered office supplies and laptops to the point of entry of Port Fory, near Boke. On 26 May,, the organization distributed furniture and equipment to the Conakry PEOCs: Matam, Ratoma, and the Health Directorate of the city of Conakry.



IOM engineer at the health post of Badiaro, in Macenta Prefecture. © IOM Guinea

On the request of the National Coordination for the Fight against Ebola, IOM has been planning new training sessions in health emergency management with Guinean health officials in the Prefectures of Kindia and N'Zérékoré.



**Support to survivors**

In Boke, on 12 May, IOM organized a groundbreaking ceremony at the Tamaransy market, a village particularly affected by EVD. IOM also provided socio economic support to Ebola survivors. The Representative of the Prefect, Jean Beavogui, accompanied by several administrative authorities, took part in the ceremony. The Emergency Coordinator of IOM Guinea and representative of the Chief of Mission Brad MELLICKER, assisted the authorities in the ceremony.



Groundbreaking ceremony at Tamaransy market by IOM Guinea Emergency Coordinator. © IOM Guinea



### Information management

To support its Ebola and post-Ebola activities, IOM uses reports, maps, atlases and other materials developed by the Information Management Unit (IMU).

From 10-19 May, the IMU supported IOM Liberia mission in exploiting all the data they collected at the country's health screening checkpoints. The week after, they helped planning activities related to the Public Health Risks and Mobility Mapping program in Liberia, in the border zones with Guinea.

From 23-27 May, IOM Guinea received a cartographer from the IMU team of IOM regional office in Dakar, Agnes Couvray. She was trained in data collection, analytics and tools for Public Health Risks and Mobility Mapping.



Handover of strategic maps of public health risks to the sub-prefect of Khorira. © IOM Guinea

On 24 May, IOM handed over to the authorities of the sub-prefecture of Khorira, in Dubréka Prefecture, strategic maps of their areas which identified zones of public health risks and vulnerable points of entry. Those maps are the result of IMU work with the communities concerned during the data collection period.



### Community engagement

The Community Engagement Team (CET) is a unit that operates under IOM's Health Border and Mobility Management (HBMM). Established in August 2015, the objective of this unit is to act as the bridge between IOM programs and the communities they work with and for, supporting communication and best practices.

The primary project for the CET is Community Event-Based Surveillance (CEBS), which is one of the top priorities for Phase III of the Ebola response in Guinea. Its aim is to involve the communities themselves in the prevention, detection and reporting to the health authorities of any suspected EVD case or other epidemic prone diseases.

On 14 May, IOM, in partnership with International Medical Corps (IMC), officially launched CEBS activities in the prefecture of Kindia. The ceremony was attended by many health and administrative authorities of the prefecture. Several bicycles and two motorcycles were symbolically handed over to the Community health agents and their supervisors. They had previously received all of their equipment (telephones, solar chargers, backpacks, bicycles and motorcycles).

From 17-19 May, IOM held several meetings with the Prefectural health authorities and NGO partners of Macenta, Gueckedou and Yomou prefectures, in the Forest region, to prepare the implementation of CEBS activities. The week after, they began with a training session of community health agents in Lola, Macenta, Gueckedou and Yomou.

In Boffa, IOM prepared the launch of CEBS. From 16-27 May, the materials and equipment for community

health agents of the Prefecture were transported to Boffa then delivered to 254 community health agents (HCA), including 254 bicycles, 167 phones and SIM cards, 254 solar chargers and six tablets with included SIM cards.

In Forecariah, the first Prefecture of Guinea to have launched CEBS, IOM organized several community meetings in many districts (Tatagui, Wondifary, Siramoia) with the heads of districts or villages, religious leaders, women, youth and children. The objective of the meetings was to sensitize communities in identifying health public risk areas and vulnerable points of entry in their areas. These meetings were also an opportunity to raise community awareness in good hygiene practices to prevent the resurgence.



IOM'S PARTNERS ON THE EBOLA RESPONSE IN GUINEA INCLUDE:

