



LIBERIA EBOLA RESPONSE

INTERNATIONAL ORGANIZATION FOR MIGRATION

MONTHLY SITUATION REPORT •
1– 30 November 2015



Highlights

Clementine is one of the Ebola survivors receiving regular visits from the IOM Psychosocial Support teams ©IOM 2015

■ During November, IOM completed the training of 861 clinical (293) and non-clinical (568) health care workers (HCWs) in three counties on the Ministry of Health (MoH) Safe and Quality Health Services (SQS) package to ensure nationwide quality health service delivery, IOM has trained 1,232 HCWs on SQS since September 2015.

■ In response to the reemergence of EVD in Montserrado county, IOM is supporting the MoH to reinforce community awareness on the importance of dead-body testing and EVD preventive measures by broadcasting daily radio jingles in and around Monrovia.

■ To ensure essential IPC capacity and standards at health facilities, IOM has completed Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) infrastructure upgrades at 5 of 29 targeted health facilities, with completion planned for December 31 in 3 counties.

Fostering Ties between Survivors and Communities

Over the past six months, the IOM psychosocial team in Grand Bassa was offering support to Mathaline, a pregnant Ebola survivor facing discrimination and unsure of the outcome of her pregnancy. Today, she is the healthy mother of a 1 week old daughter and is working with the team towards smoother reintegration into her community.

“When we met her, she told us her landlady and neighbours were stigmatizing her and threatening her life because they thought she was a witch”, Mathew Bryant the IOM Grand Bassa PSS Assistant explains. Mathaline lost her first husband to Ebola after which she was rejected by their family in Monrovia and moved back to her village. While in the village, she remarried a man who eventually died following a leg infection. She was expelled from the village and moved to Buchanan where she was receiving food from BRAC, an NGO partner and was introduced to IOM.

Mathew explains, “We tried to address the myths surrounding Ebola survivors by educating the landlady and others. We then decided to form a joint team including the County PSS staff and staff of Concern [an NGO partner]. Together, we probed further in order to change attitudes”. [Read on](#)

CONTACTS

For more information on IOM's Ebola Response in Liberia:

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IOM RESPONSE



Case Management

The Ebola Treatment Units (ETU) closed to patients on 15th April in Bomi (Tubmanburg ETU) and Grand Bassa (Buchanan ETU). Sinje ETU in Grand Cape Mount (GCM) stopped admitting patients on 19th October.

The ETUs were decommissioned, donated assets and structures (27th and 31st August for Bomi and GB), and have since transferred EVD health services responsibility to County Health Teams (CHTs). [Read on](#)

Since 18 November 2014, when the first ETU was opened, 133 patients have been admitted, 12 survivors discharged and 15 EVD-related deaths.



Surveillance and Capacity Building

IOM in partnership with MoH and the World Health Organization (WHO) continued to strengthen border screening and community event-based surveillance (CEBS) systems in line with the national Integrated Disease Surveillance and Response (IDSR) strategy in 8 border counties. Within the framework of the Border Surveillance project, IOM identified local implementing partners (IPs) in Maryland, Lofa, Nimba, GCM and Gbarpolu. IPs Maryland and Nimba received training on CEBS and baseline assessments were conducted within border communities.



IOM scaled up operational support and mentorship to CHTs and border screening reaching 21 ports of entry (PoE) and 25 border checkpoints (BCP) in Lofa (11PoE, 16BCP), GCM (5PoE, 2BCP) Gbarpolu (6BCP), Nimba (2PoE, 1BCP) and Bong (3PoE). Regular assessments were conducted in all districts of GCM to determine screening and surveillance capacity and provide necessary screening supplies, data management support and mentoring.



Social Mobilization

In response to the recent EVD outbreak in Montserrado, IOM is supporting MoH to buttress community awareness through daily radio jingles on EVD prevention and the need for dead-body testing. Messages, developed in partnership with the MoH, on positive practices for prevention and response to EVD and other priority diseases continued to be broadcast through daily radio jingles and 6 radio talk shows in Bomi (2) GB (2) and GCM (2) in accordance with the national IDSR strategy. Listen below



To engage leaders as champions of hygiene promotion in schools and communities, IOM and the Bomi County Education Team and CHT hosted a public event and encouraged traditional leaders, key community leaders, representatives of teachers, students, women's groups and people with disabilities from each district to support efforts increasing awareness and application of positive hygiene behavior.

Onsite training of 56 teachers and parents to promote positive hygiene practices, pass on critical knowledge and influence students' attitudes was conducted in 15 schools in Bomi (6) and GB (8), to reach 280 students.



Psychosocial Support

Psychological First Aid (PFA) in schools continued with IOM psychosocial support (PSS) teams providing support to teachers and students in schools in GB (8) and GCM (9) to equip students with the skills to manage and cope with stress and provide peer support following traumatic events. PSS



teams specifically include orphaned students, pregnant girls and children with disabilities.

PSS teams conducted follow-up visits to 57 IOM and non-IOM Ebola survivors providing support to survivors, their families and communities in Bomi, GCM and GB.



Essential Services Revitalization

IOMs collaboration with CHTs to boost restoration of essential health services and the reach of routine immunization through mobile clinics services in hard-to-reach

communities was concluded in November. IOM conducted 7 mobile clinics in Bomi (4) GCM (3) including polio, pneumococcal and pentavalent vaccinations, 1,573 consultations were held and 74 patients were referred to Liberia government hospitals, during November. The mobile outreach team continued to provide general health education including messages on family planning and good hygiene practices.

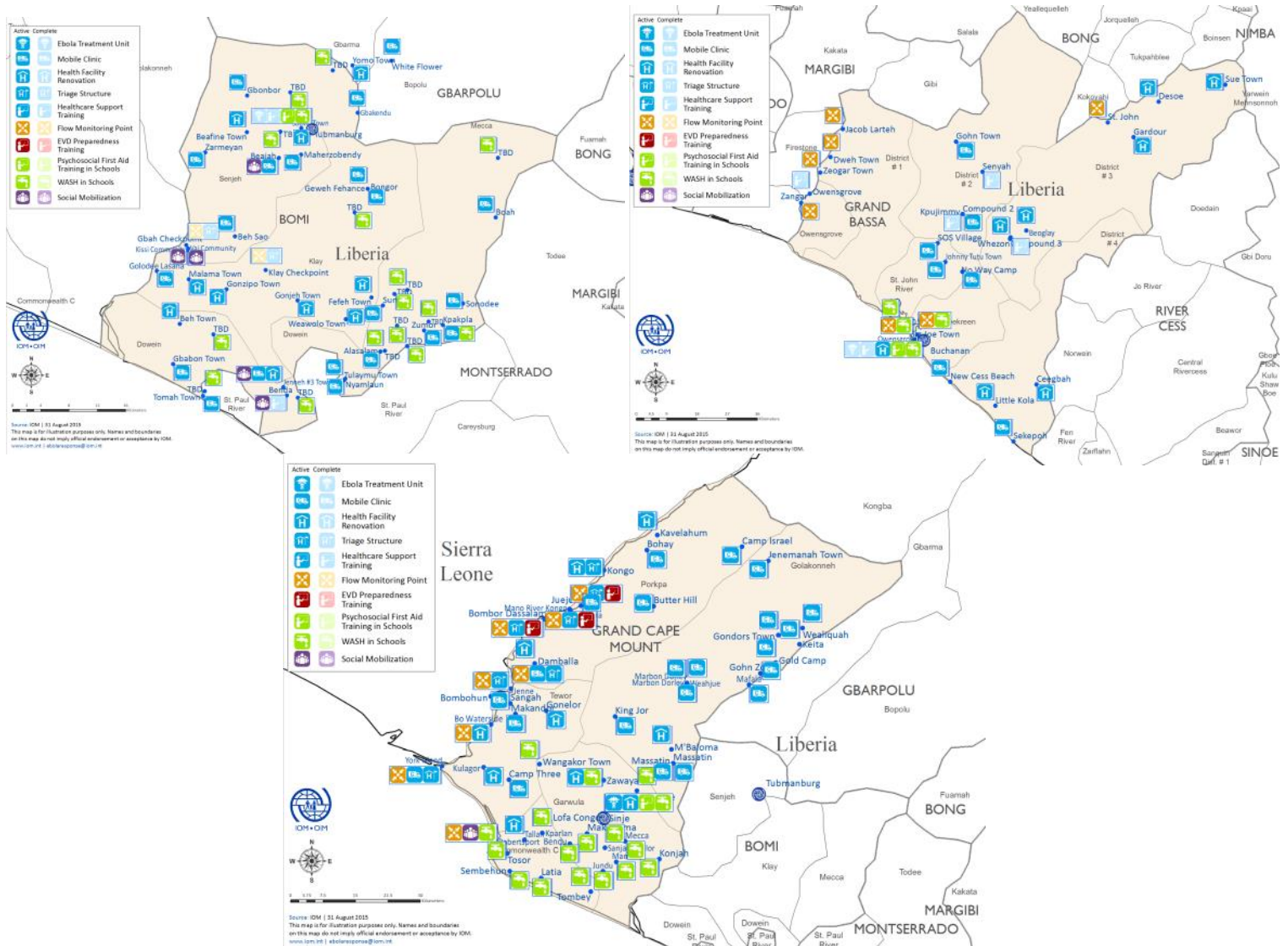
IOM has completed renovation of 5 health facilities in GB (4) and GCM (1) with progress ongoing in 23 HF's including triage, and isolation units and WASH infrastructure, in aid of CHT efforts to build essential IPC capacity. In schools, IOM has completed the repair of 10 of targeted 50 school latrines in Bomi, GB and GCM. [Read on](#)

To support MoH plans to build countrywide capacity to provide quality health service delivery, IOM continued to conduct MoH SQS training in Gbarpolu, GCM and GB — so far IOM has reached a total of 1,232 clinical (489) and non-clinical (743) healthcare workers. Preparations are underway for the IOM training team to roll out SQS training in Montserrado to a targeted 510 clinical (150) and nonclinical (360) healthcare workers.






Distribution of Mobile Clinic vs Referrals to Health Facilities



IOM Ebola Response in Bomi, Grand Cape Mount and Grand Bassa Counties:



Dashboard: November 2014 - November 2015

	Total	Bomi	Grand Cape Mount	Grand Bassa	Other Counties
 Case Management					
# of ETUs operational	0*				
*Sinje, Tubmanburg and Buchanan ETUs have been decommissioned					
 Surveillance, Coordination and Capacity Building					
# border crossing points / county checkpoints supported	9 BCPs 11 CP	2 CPs	9 BCPs 2 CPs	7 Cps	15 PoE 23 BCPs
 Psychosocial Support and Survivor Follow-up					
# of IOM and non-IOM survivors receiving PSS support	77	29	22	26	
 Social Mobilization					
# of people reached with household visits (Sep-Oct)	21,284		21,284		
# of persons trained (WASH in schools)	169	68	65	101	
 Essential Services Revitalization					
# of HCWs trained - SQS	1,232 (inc. Gbarpolu)	371	407	257	
# of HCFs renovated and with triage & isolation units	5		1	4	
# of schools supported: hand pumps & boreholes	48	13	20	15	
# of mobile clinic visits	213	91	58	64	

IOM Operations are supported by:

