



LIBERIA EBOLA RESPONSE

INTERNATIONAL ORGANIZATION FOR MIGRATION

MONTHLY SITUATION REPORT •
1–30 September 2015



Highlights

Bomi County Health Workers receive training on Safe and Quality Health Service Delivery © IOM 2015

■ In September, IOM trained 330 (43% of targeted) health care workers in Bomi and Grand Cape Mount counties on the essential Ministry of Health (MoH) Safe and Quality Health Services (SQS) package to support national strengthening of Liberia's health workforce capacity.

■ IOM efforts to expand support to border surveillance and implementation of the MoH Integrated Disease Surveillance and Response (IDSR) strategy in border counties, were initiated with a joint MoH—IOM mission to Lofa and Nimba counties, targeting county authorities and civil society.

■ IOM completed repair of 45 (of 48 planned) hand pumps in schools in Bomi, Grand Cape Mount and Grand Bassa, as part of Water, Sanitation and Hygiene (WASH) infrastructure upgrades conducted to create safe school environments and promote infection, prevention and control practices.

Starting 7th September, the rollout of the Safe and Quality healthcare Service (SQS) training was set in motion by 2 teams of IOM trainers in Bomi and Grand Cape Mount counties. Each week, up to 70 clinical and non-clinical healthcare workers are equipped with the knowledge and skills contained in the Ministry of Health SQS training package. This effort seeks to improve health workers capacity to provide quality essential health services to communities. [Listen](#) to the trainers and trainees to learn more about the content, methods and key lessons of the SQS training sessions.



“We teach the expert patients to present clinical case scenarios to the participants, the clinicians going through the trainings. After the role play, the expert patient will come up with her feedback.” [Hear](#) Siah Tamba, an IOM Expert Patient Trainer, describing the specific training role of expert patients, who are also Ebola survivors based in Bomi.



“We talked about surveillance cases we find in our facilities and active cases within our communities. It is information that is supposed to flow from community to facility, from facility to the district surveillance officer to the county surveillance offer and to the national. But before we can pass this on to the national, we have to investigate it.” Joseph F Kanneh, Nurse and OIC, Jenne # 3 clinic. [Learn more](#) from health workers, reflecting on the main lessons of their training experience and the expected application within the health facilities and communities they represent.

CONTACTS

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IOM RESPONSE



Case Management

IOM is responsible for clinical and operational management of one Ebola Treatment Unit (ETU) in Sinje, Grand Cape Mount County (GCM). Following recommendations from MoH and OFDA, IOM has begun decontamination and decommissioning processes of Sinje ETU.

Tubmanburg ETU, Bomi and Buchanan ETU, Grand Bassa (GB) stopped admitting patients (15th April), decommissioned, donated assets and structures (27th and 31st August), and have since transferred EVD health services responsibility to County Health Teams (CHTs).

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



Coordination, Surveillance and Capacity Building

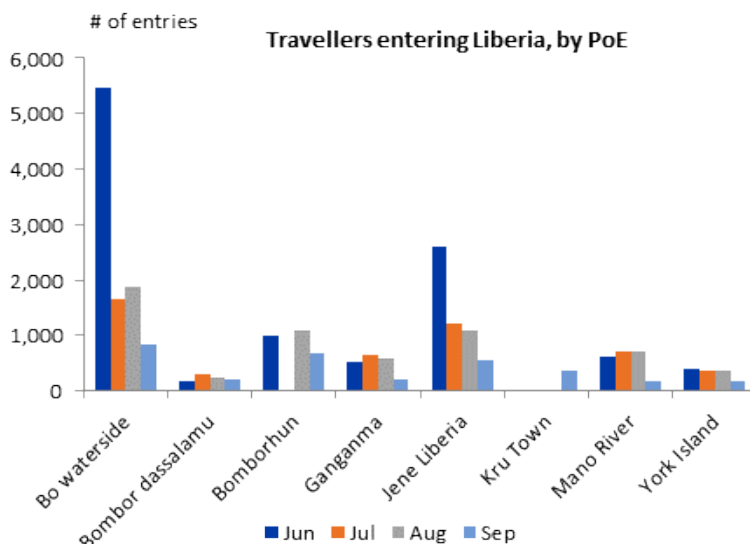
IOM is strengthening border screening and community event-based surveillance (CEBS) systems in 8 border counties. A joint mission was held by the MoH, IOM and WHO to Nimba and Lofa (15th to 17th September) to introduce CEBS to CHTs, county authorities and civil society and lay a foundation for implementation of the national Integrated Disease Surveillance Response (IDSR) strategy. [Read more.](#)

UNMIL, UNDP and IOM conducted a fact-finding assessment in Maryland and River Gee county bordering Cote d'Ivoire (21st to 23rd September), to identify needs and possible interventions to address human security and resilience in border areas. [Read more.](#)



The assessment team met county representatives including the Bureau of Immigration and Naturalisation (BIN) and Liberia National Police.

IOM continues to provide operational support and mentorship to CHTs and border screening in GB and GCM. Assessments were conducted at 9 ports of entry and 9 checkpoints in GCM and GB, to inform provision of required screening supplies, on-the-job training and mentorship. Border surveillance training was provided to 62 border actors including community volunteers and health workers in Grand Cape Mount.



The number of entries has fallen sharply since the rainy season due to inadequate infrastructure limiting the capacity to cross the border at key PoEs.



Social Mobilization

Following a meeting (on 10th September) with the Incident Management System (IMS), CHT, WHO and OFDA, determining a timeframe and action plan for Sinje ETU decommissioning, IOM initiated social mobilization activities to facilitate the process. On 16th September, IOM, GCM County Superintendent and the CHT hosted a town hall meeting with local religious leaders, youth leaders, women's groups and civil society representatives, to inform of the closure of the ETU and the transfer of EVD health care responsibility in the region (Gbarpolu, Bomi and GCM) to the Tubmanburg Local Government Hospital.

Messages on the ETU decommissioning and EVD prevention have been broadcast through 2 radio talk shows and radio spots in GCM, as well as through household visits by a team of 240 trained community volunteers.

To reinforce the community component of IDSR, IOM, as a member of the MoH Messages and Materials Development group, is developing key messages and has produced a radio spot educating communities on the new legal requirement to have all dead bodies tested for Ebola. Listen below.



Psychosocial Support

Following training of teachers and school administrators to provide Psychosocial First aid, IOM psychosocial support (PSS) teams now conduct follow-up training and mentorship support in 23 schools in Grand Bassa (19) and GCM (4). PSS teams also conduct community outreach to support 55 IOM and non-IOM Ebola survivors, their families and communities in Bomi (18), GCM (22) and GB (15).

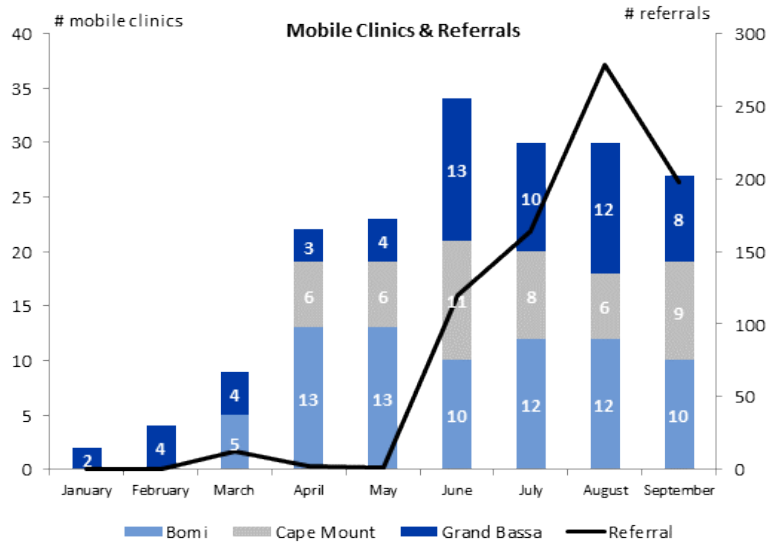


Essential Services Revitalization

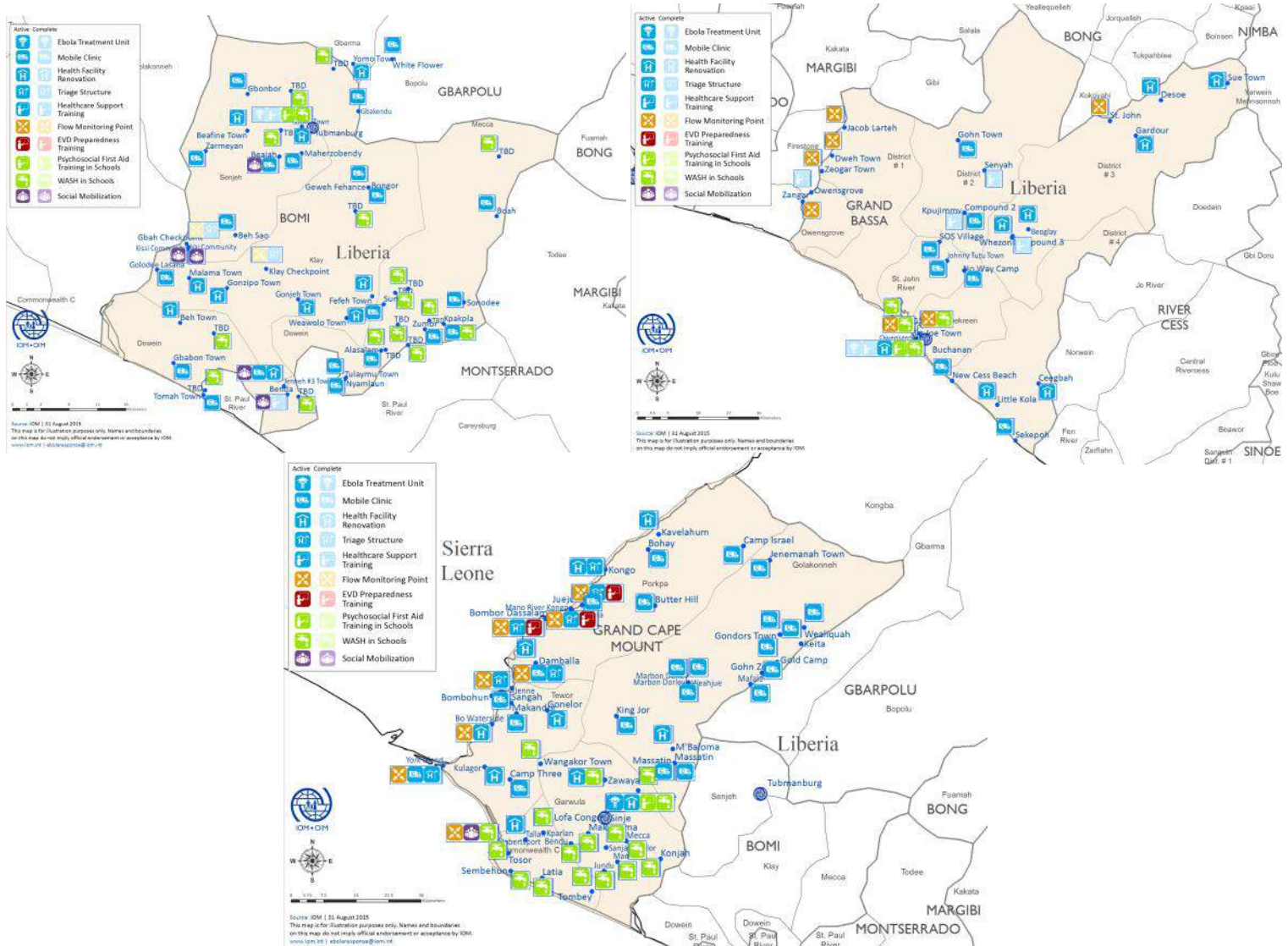
IOM continues to collaborate with CHTs to boost reactivation of basic health services including essential vaccinations. IOM conducted 27 mobile clinics in Bomi (10) GCM (9) GB (8) including 248 child vaccinations, 6735 consultations, with 100 patients referred to Liberia government hospitals in respective counties.

IOM support to national efforts to rebuild health workforce capacity is ongoing with teams of IOM trainers rolling out the MoH Safe and Quality Services (SQS) training to 330 clinical and non-clinical health workers in Bomi (170) and GCM (160). The training builds health workers capacity in emergency care, infection prevention and control and psychosocial support.






To promote IPC practices and safe environments in schools, IOM has completed the repair of 45 (out of 48 planned) hand pumps in Bomi (13), GB (15) and GCM (17). Preparations for the installation of 40 handwashing facilities in schools identified by respective County and District Education Officers is ongoing.



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



Dashboard: November 2014-September 2015

	Total	Bomi	Grand Cape Mount	Grand Bassa
 Case Management <p>Tubmanburg and Buchanan ETUs have been decommissioned</p>				
# of ETUs operational	1		1	
 Surveillance, Coordination and Capacity Building				
# border crossing points / county checkpoints supported	9 BCPs 11 check points	2 checkpoints	9 BCPs 2 checkpoints	7 checkpoints
 Psychosocial Support and Survivor Follow-up				
# of IOM and non-IOM survivors regularly receiving PSS support	60	23	22	15
 Social Mobilization				
# of persons reached at mobile clinics	1,574	660	914	-
 Essential Services Revitalization				
# of HCWs trained - SQS	330	170	160	-
# of schools supported through repaired hand pumps, new boreholes, and latrine infrastructure	45 (boreholes)	13	17	15
# of patient consultations by IOM mobile clinics	31,940	17,569	7,357	7,014
# of mobile clinic visits	181	75	46	60

IOM Operations are supported by:

