



Implementing partners and the Bong County Health Team at the Community Event-Based Surveillance Training of Trainers.

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Highlights

■ To support the restoration of basic health services and ensure essential IPC capacity and standards, IOM completed 78 WASH upgrades and renovations at health care facilities in Bomi, Grand Cape Mount, and Grand Bassa.

■ To support the national Integrated Disease Surveillance and Response (IDSR) strategy, IOM's implementing partners have trained 1,856 community health volunteers on community-event based surveillance in eight counties.

■ IOM is part of the IRC-led Epidemic Preparedness and Response (EPR) Consortium that will support the Government of Liberia with technical and operational support related to epidemic preparedness and response.

Situation Overview

2016 will be a year of transition and recovery for Liberia. In June 2016, the United Nations Mission in Liberia (UNMIL) will hand over security responsibilities to the Government of Liberia (GOL), ending nearly 13 years in the country. As part of the GOL's Security Transition Plan, IOM is providing technical assistance to the Bureau of Immigration and Naturalization (BIN) in revising Liberia's Alien and Nationality Law, which will support the government's migration management efforts.

On the public health front, Liberia enters a new phase in its response to the Ebola Virus Disease (EVD). On 14 January 2016, the WHO declared the end of the latest EVD outbreak in Liberia. The declaration comes 42 days after the last confirmed patient in Liberia tested negative for the disease twice (WHO). Despite this critical milestone, Liberia remains in a heightened surveillance period that will last 90 days – ending in April 2016. The Government of Liberia and partners are focused on ensuring Liberia's Integrated Disease Surveillance and Response (IDSR) system is strengthened in order to detect and identify cases of Ebola and other priority diseases and ultimately respond to public health events in an efficient way. Additionally, the government is working with partners to formulate a standard resettlement package for EVD survivors as part of the national EVD Survivors Care and Support Policy. The Ministry of Health, in collaboration with WHO and partners, is also finalizing national clinical guidelines for EVD survivors. Two USAID-funded IOM projects are underway supporting surveillance efforts and Epidemic Preparedness and Response in the eight border counties of Liberia (see Programme Updates). [Read on](#)

CONTACTS

PROGRAMME UPDATES



POST-EBOLA RECOVERY

On 31 December 2015, the IOM Ebola Virus Disease (EVD) Response Programme officially ended – capping a successful 15-month duration. By October 2015, all three Ebola Treatment Units (ETUs) had officially closed and undergone decommissioning and decontamination processes. In December 2015, IOM concluded the final programme activities, which included social mobilization efforts and essential services revitalization.

End of programme highlights include the overall provision of WASH infrastructure upgrades at 63 schools in three counties: 48 hand pump repairs, installation of 80 hand washing facilities and renovation of 60 school latrines. IOM also trained teachers and representatives of parent associations (316) from 63 schools to promote appropriate WASH practices among students.



Students from 63 schools learned about appropriate WASH practices such as hand washing. © IOM 2016

To support restoration of basic health services and ensure essential IPC capacity and standards, IOM provided temporary triage and isolation infrastructure and WASH upgrades and renovations at health care facilities in Bomi, Grand Cape Mount and Grand Bassa: triage and isolation units (29), renovations (28), and essential WASH upgrades (21). See maps on Page 4.



SURVEILLANCE IN BORDER AREAS

Community-Event Based Surveillance (CEBS)

IOM continues to strengthen the community event-based surveillance (CEBS) system in eight border counties in line with the national Integrated Disease Surveillance and Response (IDSR) strategy. In December 2015, IOM completed the selection of 12 national NGOs that are serving as implementing partners (IPs) in the eight border counties.

In January and February 2016, IOM conducted a training of trainers (ToT) for representatives of the 12 selected IPs on CEBS, who in turn trained 95 staff in eight counties. The rollout of the CEBS training in the communities is ongoing. To date – 1,856 community health volunteers in 1,765 border communities are trained on CEBS.



CEBS training for general community health volunteers in Tewor District, Grand Cape Mount. © IOM 2016

In the next phase of the project, the community health volunteers will apply what they have learned from the training – how to identify and report disease triggers in their community – with the ultimate goal of contributing to a functional disease surveillance system nationwide.

Ports of Entry (PoE)

IOM and other Border Coordination Group (chaired by the Ministry of Health) partners such as WHO and CDC have finalized the Border Screening and Surveillance Training package. To date, IOM has completed baseline assessments of PoEs in six counties. Five border counties are regularly reporting on border entry and exist health screening, with

the exception of the three counties bordering Ivory Coast that remain closed (see Map on Page 5). IOM is also supporting 202 health screeners at 46 POEs.



IOM conducted an assessment of the Ganta Port of Entry in Nimba County. © IOM 2016

Epidemic Preparedness and Response

In the wake of the Ebola Virus Disease (EVD) in Liberia, ensuring the country is able to quickly and effectively respond to a future outbreak is critical. The Epidemic Preparedness and Response (EPR) Consortium, composed of eight international organizations and funded by USAID-OFDA, will support the Government of Liberia to ensure a timely response to a resurgent outbreak of EVD or other priority diseases. As part of the Consortium, IOM is leading county coordination and technical support for case management in five counties (Bomi, Gbarpolu, Grand Gedeh, Maryland and River Gee) and will provide technical support for case management in Grand Cape Mount.

The Consortium will coordinate with the Ministry of Health (MoH), County Health Teams (CHTs), the U.S. Center for Disease Control (CDC), WHO, and other relevant actors to support the national and local health authorities to effectively operationalize their EPR plans and maintain Rapid Response Teams (RRTs). The planned intervention will ensure continuity of the technical and operational support to CHTs on epidemic preparedness and response and that response capacity remains robust throughout 2016. In case of an outbreak, the Consortium will work closely with the MoH/CHTs, to initiate a rapid, coordinated, and effective response as per their updated EPR plans. The Consortium will also assist CHTs link with partners to facilitate community involvement in the development and operationalization of these plans.



MIGRATION MANAGEMENT

Revision of Liberia's Aliens and Nationality Act

Under the ACP-EU Migration Action, IOM will provide technical assistance to the Bureau of Immigration and Naturalization (BIN) to revise the Aliens and Nationality Act. In January 2016, a baseline assessment was finalized ahead of the technical assistance that will be provided to the BIN on the revision of Act. The baseline assessment report was done in order to describe the migration situational analysis, provide an overview of the state of affairs and review the Act, offer inputs and guidance to the planning of the technical assistance, and map major stakeholders and non-state actors working in the thematic area. An executive summary of the baseline report can be read [here](#). In the next phase of the project, a technical expert and a national consultant will begin revising the Act, approved in 1955 and amended in 1974, in order to reflect the growing border management challenges and the increased migration flows.

Voluntary Repatriation of Ivorian Refugees

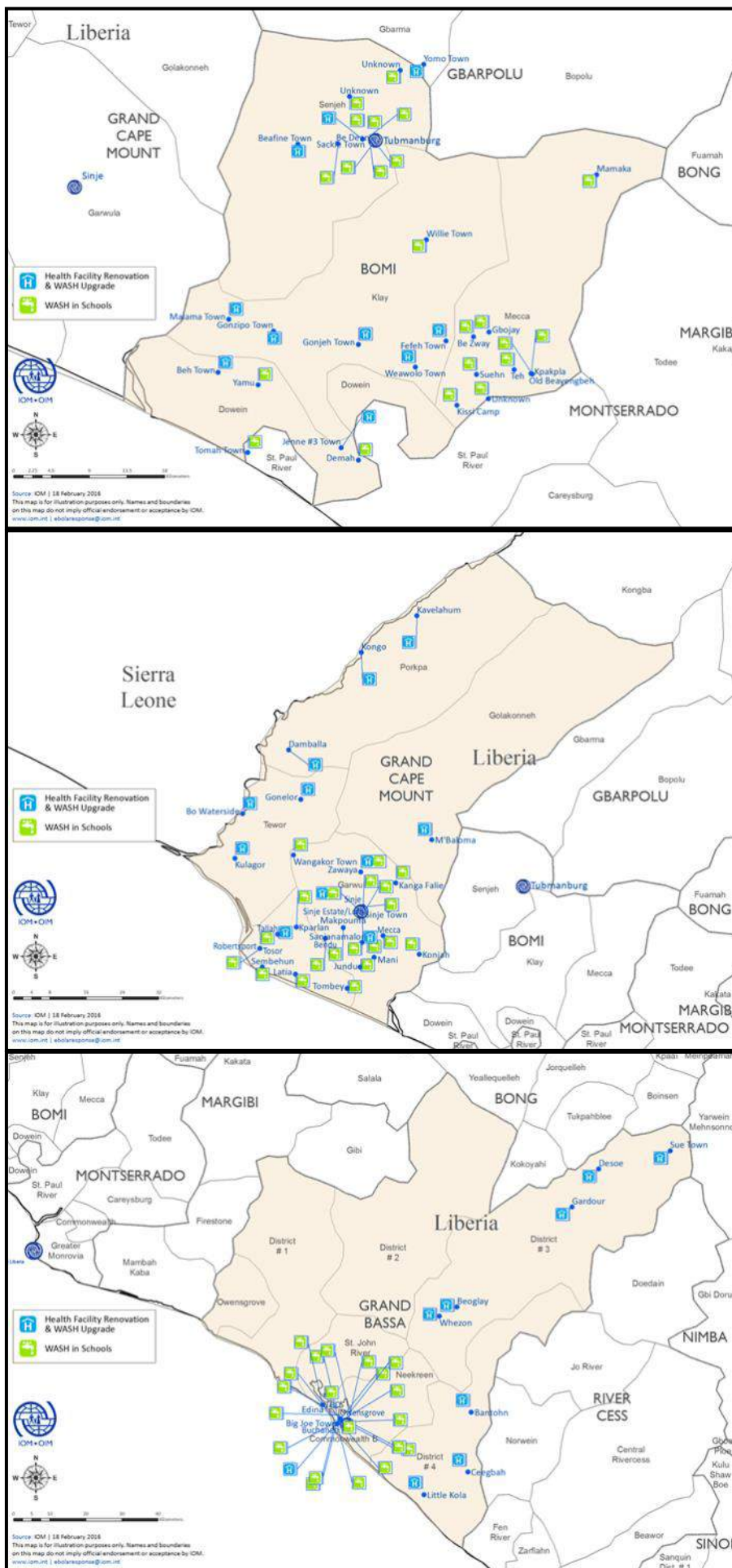
To date, 8,893 refugees have voluntarily repatriated to the Ivory Coast. IOM is supporting UNHCR and other partners in the voluntary repatriation of Ivorian refugees at three Ports of Entry in Nimba, Grand Gedeh, and Maryland counties. IOM-supported volunteers screen refugees' temperatures, ensure hand washing, and brief the refugees on the repatriation process. So far, all refugees have cleared the temperature screening while transiting at the ports of entry in the three counties.



Ivorian refugees at the Doukudi Port of Entry (Maryland County) washed their hands as part of hygiene measures. © IOM 2016

HEALTH FACILITY RENOVATION, WASH UPGRADES, AND WASH TRAINING IN SCHOOLS

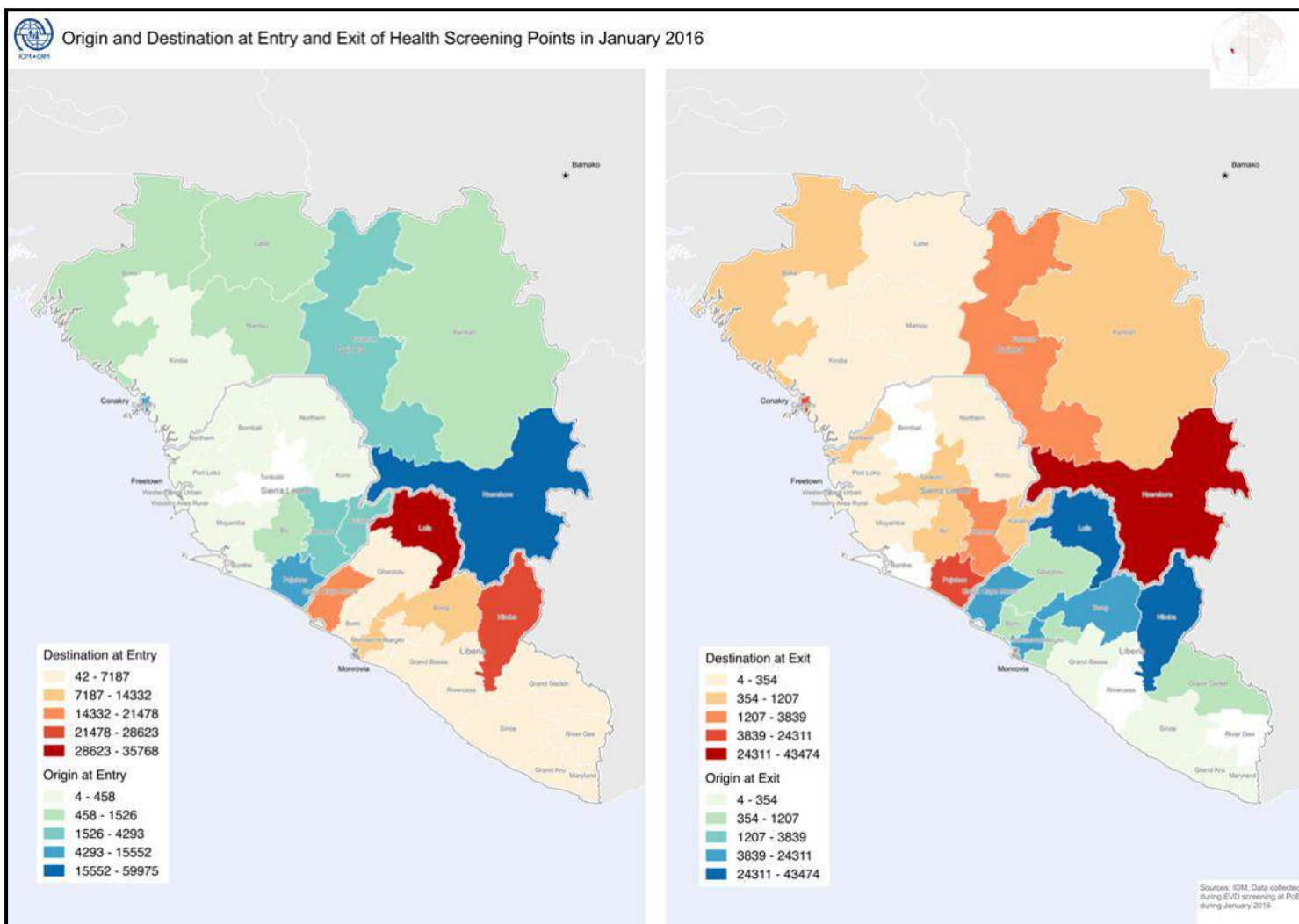
Bomi, Grand Cape Mount, and Grand Bassa Counties





ORIGIN AND DESTINATION AT ENTRY AND EXIT OF HEALTH SCREENING POINTS

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